Board of Directors Meeting in Public

Thursday 23 July 2026 from 13:00 – 16:15
Conference Room, 2nd Floor, Robert Dolan House, 9 Alie Street, London E1 8DE

12:15 – 13:00 Lunch (will be provided)
13:00 – 15:40 Trust Board in Public
15:50 – 16:15 Teatime Presentation

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: My path to recovery and being a Digital Life Coach	Note	Renato Congias	13:05
3	Declarations of Interests	Assurance	All	13:30
4	Minutes of the Previous Meeting held in Public on 21 May 2026	Approve	Eileen Taylor	
5	Action Log and Matters Arising from the Minutes	Assurance	All	
6	Matters Arising from Trust Board Meeting in Private*	Assurance	Eileen Taylor	

Strategy

7	Chair's Report	Assurance	Eileen Taylor	13:40
8	Chief Executive's Report	Assurance	Lorraine Sunduza	13:50
9	Audit Committee Assurance Report	Assurance	Alison Cottrell	14:00
10	Integrated Care & Commissioning Committee Assurance Report	Assurance	Richard Carr	14:05

Quality & Performance

11	Quality Assurance Committee Assurance Report	Assurance	Donna Kinnair	14:10
12	People Participation Committee Assurance Report	Assurance	Dr Durka Dougall	14:15
	5 Minute Break			14:20
13	Quality Report	Assurance	David Bridle Claire McKenna	14:25
14	Performance Report	Assurance	Edwin Ndlovu	14:40

			David Bridle Claire McKenna	

People

15	People & Culture Committee Assurance Report	Assurance	Deborah Wheeler	14:50
16	People Report	Assurance	Tanya Carter	14:55
17	Appointments & Remuneration Committee Assurance Report	Assurance	Deborah Wheeler	15:05

Finance

18	Charitable Funds Committee Assurance Report	Assurance	Sue Lees	15:10
19	Finance, Business & Investment Committee Assurance Report	Assurance	Sue Lees	15:15
20	Finance Report	Assurance	Mike Fox	15:20

Closing Matters

21	Board of Directors Forward Plan	Note	Eileen Taylor	15:30
22	Any Other Urgent Business*: *previously notified to the Chair*	Note	Eileen Taylor	
23	Questions from the Public*		Eileen Taylor	
24	Dates of Future Meetings • Thursday 24 September 2026 (Conference Room) • Thursday 3 December 2026 (Conference Room) • Thursday 28 January 2027 (Conference Room) • Thursday 18 March 2027 (Luton)			
25	Close			15:35

*verbal update

Eileen Taylor
Chair of the Trust

15:45 – 16:10 **QI Teatime Presentation:** Increasing the use of Interpreters in Tower Hamlets Community Health Services

Presenter
Project Lead: Christina Rego

Board of Directors Register of Interests: as at 15 July 2026

East London NHS Foundation Trust is committed to openness and transparency in its work and decision making. As part of that commitment, we maintain and publish this Register of Interests which draws together Declarations of Interest made by members of the Board of Directors. In addition, at the commencement of each Board meeting, members of the Board are required to declare any interests on items on the agenda.

Name	Job Title	Interests Declared
Dr David Bridle	Chief Medical Officer	• Member, British Medical Association • Member, General Medical Council • Member, Medical Protection Society • Member, Royal College of Psychiatrists
Richard Carr	Senior Independent Director	• Director, Richard Carr Consulting Ltd, Management Consultancy • Managing Director Commissioner, Woking Borough Council (Ministry of Housing & Local Government) • Non-Executive Director, Society of Local Authority Chief Executives and Senior Managers (SOLACE) • Chair, SOLACE in Business Ltd • Senior advisor to the National Association of Primary Care • Minority Shareholder and Director of Tolcarn Property Ltd, Suffolk
Tanya Carter	Chief People Officer	• Director & Founder Apex Synergy Styling and Coaching Ltd
Vivek Chaudhri	Non-Executive Director	• Director, Global AI Leaders Network (GAIL) • Director, Purposeful AI • Non-Executive Director (NED), National Highways
Peter Cornforth	Non-Executive Director	• Director, Field Doctor Ltd – frozen meals producer • Director, Good Way Ltd – music venue operator • Director, Kind Canyon Digital Ltd – music rights owner • Director, Music Venue Properties Ltd. – community benefit society • Non-Executive Director, Community Health Partnership • Governor, John Whitgift Foundation – care homes and schools • Parent Member, National Autistic Society • Independent Investment Advisory Group – Property, Transport for London

Name	Job Title	Interests Declared
Alison Cottrell	Non-Executive Director	• Non-Executive Director at LINK Scheme Ltd • Charity, Ley Community Drug Services • Trustee, Phoenix Futures • Fellow, Society of Professional Economists • Liveryman, Worshipful Company of International Bankers
Professor Dr Durka Dougall	Non-Executive Director	• Non-Executive Director & Deputy Chairman, Kingston & Richmond NHS Foundation Trust • CEO, Centre for Population Health (not for profit company) • Chair, The Health Creation Alliance (community interest company) • Associate providing ad hoc freelance work and consultancy for the following consultancies ➢ Integrated Development, ➢ People Opportunities, ➢ Panoramic Associates, ➢ Acorn Leadership Development. • Consultant in Public Health Medicine, Kent County Council. • Visiting Professor in Public Health and Population Health supporting University College London (including University College London & Royal Free Medical Schools) and University of East London. • Fellow of the Faculty of Public Health and CPD Advisor for London's Public Health workforce on behalf of Faculty of Public Health • Member of the General Medical Council • Member of British Medical Association • Member of Seacole Group for Black & Ethnic Minority NHS Chairs and NEDs • Husband is a GP & Senior Partner in Tower Hamlets GP Practice, Primary Care Network Clinical Director, Director on Tower Hamlets Care Group • Brother-in-law and his partner are employees at ELFT
Mike Fox	Chief Finance Officer	• Nil to Declare
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	• Director, Compass Wellbeing CIC, a trust subsidiary • Partner Works for ELFT
Philippa Graves	Chief Digital Officer	• Director, Health Care & Space Newham (joint venture between ELFT and LB of Newham) • Society of Radiographers • HCSN – Named Director

Name	Job Title	Interests Declared
Dr Farah Jameel	Non-Executive Director	• Non-Executive Director, North London NHS Foundation Trust • Co-Chair and Member Camden Local Medical Committee • Member, Royal College of General Practitioners. • Council Member / London Representative, Medical Women's Federation • Appointment to the Board of Directors for London Medical Committees (LMC)GP at The Museum Practice, Camden • Board of Directors, London Wide Enterprise Limited • Acting as a consultant to LOCSU (Local Optical Committee Support Unit) **ends 31 July 2026** • Husband is a Consultant Neurologist in the Headache & Facial Pain Group at the National Hospital for Neurology and Neurosurgery.
Professor Dame Donna Kinnair DBE	Non-Executive Director	• Board Member, NHS Race & Health Observatory • Non-Executive Director at Royal Free Hospital NHS FT • Director at DDK Consultancy Ltd (provides ad hoc training and other consultancy support; clients NHS organisations) • Trustee, Burdett Trust for Nursing • Chair, Runnymede Trust • Trustee, College of Medicine • Member of Advisory Board, Race and Health Observatory (NHSE)
Susan Lees	Non-Executive Director	• Non-Executive Director Barking, Havering & Redbridge University Hospital Trust
Claire McKenna	Chief Nurse	• Nil to Declare
Edwin Ndlovu MBE	Chief Operating Officer	• Director East Bedford PCN • Director, EEHN Co Ltd • Director, Phoenix Sunrisers PCN • Member of Race Health Observatory Mental Health Working Group • Health Trustee, St Mungo's Homeless Charity • Member, Jabali Men's Network Community Interest Company • Member of UNISON • Registered Mental Health Nurse NMC

Name	Job Title	Interests Declared
Lorraine Sunduza	Chief Executive	• Named shareholder for Health E1 • Named shareholder for Tower Hamlets GP Care Group • Named shareholder for City & Hackney GP Federation • Named shareholder for Newham GP Federation • Named shareholder for Greenhouse Practice • Member of Central Bedfordshire Health & Wellbeing Board • Member of Newham Health & Wellbeing Board • Member of City & Hackney Health & Wellbeing Board • Member of East of England Provider Collaborative Board • Member of North East London Community Health Collaborative Committee • Member of North East London Population Health and Integrated Care Committee • Member, Unison
Eileen Taylor	Chair	• Joint Chair, East London NHS Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) • Member, Mid & South Essex Community Collaborative • Chair, MUFG Securities EMEA plc • Member of the US Democratic Party
Deborah Wheeler	Vice-Chair (Bedfordshire & Luton)	• Non-Executive Director and Senior Independent Director, North East London NHS Foundation Trust • Board Trustee, Revitalise Charity (funds breaks for disabled people & carers) • Registrant, Nursing and Midwifery Council • Member, Royal College of Nursing • Churchwarden, St Laurence Church Barkingside (Church of England) • Benevolent Committee member, Barts League of Nurses
Marie Price	Joint Director of Corporate Governance, ELFT & NELFT	• Joint Director of Corporate Governance at North East London NHS FT

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Board of Directors

DRAFT Minutes of the Board of Directors meeting held in Public on Thursday, 21 May 2026 from 1.00pm at Riverside Suite, Venue 360, 20 Gipsy Lane, Luton, LU1 3JH

Present:	
Eileen Taylor	Trust Chair
Dr David Bridle	Chief Medical Officer
Richard Carr	Non-Executive Director
Tanya Carter	Chief People Officer
Vivek Chaudhri	Non-Executive Director
Peter Cornforth	Non-Executive Director
Kevin Curnow	Chief Finance Officer
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO
Philippa Graves	Chief Digital Officer
Susan Lees	Non-Executive Director
Professor Dame Donna Kinnair	Non-Executive Director
Claire McKenna	Chief Nurse
Edwin Ndlovu	Chief Operating Officer & Deputy CEO
Lorraine Sunduza	Chief Executive Officer
Deborah Wheeler	Vice-Chair (London)
In attendance:	
Christopher Aherne	People Participation Lead for Paths 2 Recovery, Bedfordshire
Lea Alexander (online)	CQC Inspector
Renato Congias (online)	Public Governor, Hackney
Tina Bixby (online)	Community Engagement and ELFT Charity Manager
Bob Cazley	Central Bedfordshire Governor
Carys Esseen	Deputy Director of Integrated Care
James Goss	Patient story presenter
Linda McRoberts	Minute Taker
Caroline Ogunsola	Lead Governor
Jamu Patel	Deputy Lead Governor and Luton Governor
Meena Patel (online)	Corporate Governance Support Manager
Marie Price	Joint Director of Corporate Governance ELFT & NELFT
Anne Thevarajan	Member of public
Hazel Thomas (online)	Public Governor, Newham
Jane Ray (online)	CQC Inspector
Susan Sharmash (online)	CQC Inspector
Sinead Rampat (online)	CQC Inspector
Apologies:	
Alison Cottrell	Vice-Chair (Bedfordshire & Luton)
Professor Dr Durka Dougall	Non-Executive Director
Derek Feeley	Board Adviser
Dr Farah Jameel	Non-Executive Director

The minutes are presented in the order of the agenda.

1	**Welcome and Apologies for Absence**

1.1	Eileen Taylor: • Welcomed everyone to the meeting, particularly Governors, members of staff and the public who have joined either in person or online. Eileen welcomed Susan Shamash, Lea Alexander and Jane Ray, CQC Inspectors, joining online to observe the board as part of the Well Led Assessment. Welcomed back Tanya Carter to her first Board meeting since returning from maternity leave. • Congratulated Lorraine Sunduza for again being named in the HSJ's top 50 CEOs. • Acknowledged this is Kevin Curnow's last Board meeting before he leaves ELFT. Eileen thanked Kevin for the strong leadership he provided and for guiding the Trust through financial challenges while keeping patients, staff and communities at the heart of decision-making. EIleen also commended Kevin for creating a shared ownership for the delivering the financial programme across the Trust. He will be greatly missed and was wished every success in his new role. Eileen noted that recruitment for a new Chief Finance Officer is close to concluding. • Acknowledged awareness dates and celebrations in May and June and recognised their role in promoting understanding of key health, social and cultural issues. These include: Men's Health Month, Day of the Midwife, International Nurses Day, Maternal Mental Health Awareness Week, Mental Health Awareness Week, Loneliness Awareness Week, Pride Month, Gypsy, Roma and Traveller History Month, Autistic Pride Day, Dying Matters Week, World Refugee Week, Windrush Day and it is Eid at the end of May. • Reminded everyone that this is a meeting of the Trust Board held in public. Questions relating to agenda items can be asked at the end of the meeting if time allows, otherwise they will be responded to outside the meeting and questions submitted online will be answered online after the meeting. • Noted the meeting will be recorded for minute taking purposes. • Reminded everyone of ELFT's values – we care, we respect and we are inclusive.
1.2	Apologies were noted as above.
2	**Patient Story – Path 2 Recovery**
2.1	James Goss, a member of People Participation (PP) at the Path 2 Recovery (P2R) service shared his experiences: • James has lived experience of addiction and came into P2R about 3 years ago. He stressed the importance of the relationship with the key worker and explained he had struggled with that until his newer key worker, Nigel, made him feel listened to and he felt it was more like talking to a friend than a medical professional. Through Nigel, James said he started to feel human again. After he was discharged, he met Chris and joined PP. • James has since been Chair of the Working Together Group and had the opportunity to get to know more about how services work. James also delivered some well received training recently to the P2R team. James would like to work helping people in services if possible. He understands the barriers in access, the importance of equitable treatment and that a high percentage of those with experience of addiction fall into neuro-diverse categories. • James has sometimes found communications with senior managers quite challenging. He recounted how he was trying to give them feedback from service users and put a workplan together, but it took a lot of energy to move things along. However, lately there has been progress and he feels the policy and culture is slowly changing - he recognises this takes time.
2.2	In discussion the Board:

	• Noted that when James talked of cultural barriers, a physical example is the glass window between someone coming in and staff, which can feel segregating. He felt that staff need to understand it can make people feel like they're being treated as a potential problem. He stressed that small things – like a smile from staff can make a difference. • Noted that James felt an area where there is a lot of room to improve is that people are treated by two different services – one for their substance misuse and another for mental health issues. The mental health service was not available while James was getting help from P2R and that is something he feels needs to change. The Board thanked James for sharing his story and bringing his lived experience into his work.
3	**Declarations of Interests**
3.1	Declarations are as recorded on the published register of interests circulated with the papers. There were no additional declarations in respect of agenda items today.
4	**Minutes of the Previous Meeting Held in Public on 26 March 2026.**
4.1	The minutes of the meetings held on 26 March 2026 were **APPROVED** as a correct record, subject to the following corrections: • Para 11.2 remove the 's' from (UEC) Board**s** – should be (UEC) Board. • Para 7.2, the last bullet point, last sentence – add a 't' – changing hey to **T**hey.
5	**Action Log and Matters Arising from the Minutes**
5.1	**Action 418 –** *Understand who is waiting for ADHD and autism assessments* – The work has been **completed** and presented to QAC and the Council of Governors. This topic will continue to be monitored in the performance reports. Agreed to CLOSE the action. **Action 420 –** To review *the sickness absence figures* – this is being reviewed by the performance and workforce planning teams and assurance is provided in the Finance report. The issue related to different reporting periods hence the perceived inconsistency in the reports. Agreed to CLOSE the action. **Action 421 –** *review consequences of inflationary pressures on utility contracts* – an update was provided to the Finance, Business and Investment Committee (FBIC) and there is no impact on utilities. Agreed to CLOSE the action. Action 419 is due in July. There were no further outstanding actions.
6	**Matters Arising from Trust Board Meeting in Private**
6.1	Eileen Taylor reported that the Board in private discussed: • Whether the committee reports that come to Board give enough detail about the debate and evidence considered. It is felt there is room for further detail and they will be reviewed. • The annual Equity Diversity and Inclusion report contains information which could be embedded into all the other reports and not be separate. • That after nine months of work, it is exciting to present the Trust strategy.
7	**Chair's Report**
7.1	Eileen Taylor highlighted:

	• There is a link in the report to the Mental Health, Learning Disabilities and Autism Collaborative Spring newsletter and Eileen encouraged everyone to take a look. Lived experience leads set the priorities for the collaborative and share their personal stories in the newsletter, reminding everyone about the importance of sharing different experiences and creating a positive culture. Eileen expressed her gratitude to all the lived experience leads for their contributions. • The joint ELFT-NELFT Board meeting discussed the need to focus on reducing variation, addressing inequalities and reaffirmed the benefits of collaboration. • Eileen, Lorraine Sunduza and Paul Calaminus, CEO of NELFT, had met with the new Chair of the London region, Ian Peters. Ian came in to learn about both organisations and about the benefits that had been achieved through collaboration and how this had been done through strong clinical and lived experience leadership. • There was an engaging Council of Governors meeting, where farewells were said to four long-standing Governors – Beverley Morris, Liz Birch, Suzana Stefanic and Yasmin Begum.
7.2	**Non-Executive Directors' Visits** Peter Cornforth reported on his visit with Hazel Thomas, ELFT Governor, to City and Hackney Adult Mental Health Services Home Treatment Team. He highlighted: • This is a team of about 30 people, including a wide range of professions. They co-ordinate packages of treatment for service users with severe mental health problems. Referrals generally come in from GPs or other ELFT services. • They are proud of reducing their caseload from about 500 to about 250 through effort and focus; they also set up a Christmas foodbank for service users which had gone well. • Issues raised were pressures and organisation change, which had reduced some roles, such as Clinical Associates, occupational therapists (OTs) and Community Connectors and that has created some anxiety. Slow discharge to other services is also an issue – this can mean they hold on to clients, creating greater caseloads. • The team support each other – they have monthly lunches together and had set up a team parents and carers group, although the funding for that has run out at the moment. • There is People Participation (PP) engagement and they are helping PP to recruit new people. • There was some concern reported about a possible re-location to the Newham Centre for Mental Health, as it is more of an in-patient facility, which could create issues for service users. Richard Carr reported on his visit, with Farah Jameel and Vivek Chaudhri, to the Bedfordshire Talking Therapies service and highlighted: • There was a strong team culture, with emphasis on collaboration and a sense that leadership was accessible. • Challenges include a concern that the services they deliver are not keeping pace with the changing scale and complexity of need – this is a cause of difficulty for the team who find at times they are not equipped or resourced to provide what is required. • Estates issues were raised, particularly the availability of spaces where staff can come together and share the burdens they deal with. There is hybrid working, which staff clearly value, however, that presents a challenge for cultivating a sense of team. • This is a team ELFT can be proud of who are very committed to the client base.
7.3	The Board **RECEIVED** and **NOTED** the report.
8	**Chief Executive's Report**
8.1	Lorraine Sunduza highlighted:

	• The staff experience programme has now been running for about six months and will be the main delivery platform for the staff experience priority in the strategy. The next phase will be a focus on leadership and management, safe and well and workplace culture. This is about moving away from set up to delivery. • Financial sustainability – through Going Further Going Together, ELFT delivered just under £37m of savings, which is a significant achievement. Thanks go to all colleagues for the effort that went into this. This year's target is just over £20m and needs to remain a focus. • The CEO discussion group focussed on staff survey results, CQC feedback and clinical variation. The common thread is the need to continue to strengthen supervision, training and appraisal, also the need to look at how to balance local leadership with oversight and be clear about unwarranted variation. • On the wider system – both ICBs continue to transition into new arrangements. ELFT is committed to supporting both systems throughout this period of change. • The paper highlights ELFT's response to safety and external events, including planned protests and the raised national threat level. Mindful this can have an impact on staff and need to ensure staff safety, particularly for lone workers in the community. • 'Pathway' – a co-produced digital app developed at the John Howard Centre, is a powerful example of co-production, digital innovation and quality improvement. It gives patients a clear visual overview of their care pathway, encourages active engagement in treatment decisions and gives staff real time visibility of patient status. It has now won the HSJ Digital 2026 Award for Empowering Patients through Digital, adding to previous national recognition. • Lorraine updated on people developments, advising that following the attempts to recruit to a Chief Quality Officer (CQO), agreement has been reached to recruit to a Director of Quality role to be advertised internally as a secondment for twelve months at senior management level, The postholder will report to the CEO, with executives continuing with some of the CQO responsibilities as they have been over the past few months. • As this is Kevin Curnow's, last Board meeting, Lorraine thanked him for his work at the trust, including his positive advice and for embracing the ELFT culture, all of which has shaped the Going Further, Going Together (GFGT – financial programme) work. Kevin's leadership and support has been instrumental and he will be missed.
8.2	In discussion the Board: • Commended the Executive team response to the financial challenge and the GFGT work. • Praised the Bronze Microhive Award – where hundreds of staff have signed up to donate the pennies from their salary to the ELFT charity. • Noted a possible concern related to the ICB system changes is the loss of staff with considerable knowledge and experience, impacting on capacity and capability for community and mental health in the system. However, it was recognised that there is opportunity for the Trust to explore new ideas. The challenge is to build on the things ELFT knows work well in the new environment and to continue to encourage a systems approach. There is a risk of becoming more transactional and ELFT will try to guard against that. Also, over the last few years there has been a move to a form of governance for clinical leadership in which GP leadership is less prominent and ELFT feel there is a requirement to find ways to re-create opportunities for GP leadership because of the value this can bring to the system.
8.3	The Board **RECEIVED** and **NOTED** the report.
9	**Audit Committee Assurance Report**

9.1	In Alison Cottrell's absence, Richard Carr presented the report of the meetings held on 30 April 2026, highlighting: • There was assurance about progress on both internal and external audits. The internal audit opinion is moving in the right direction and is a more positive position than the previous year. • There was a discussion about the BAF risk relating to digital – it was concluded there is merit in separating the digital risk from the cyber risk, as the progress in one is masking progress in the other in the scoring. As the BAF is reviewed these could be separated and possibly consider links to other infrastructure. • Noted on the BAF, when the new strategic risks are agreed, there is a need to get better at tracking the effectiveness of the steps to address control gaps and unwarranted variation. It will also be important to challenge BAF actions at committees if they are not specific in terms of substance and timing. • Commended the progress made regarding declaration of interests and gifts and hospitality – including the policy and new electronic system.
	In discussion: • Queried whether BAF risks should separate the risk of failing to innovate through use of digital technology from infrastructure risks from cyber risks. The deep dives on the BAF risks are about to begin, so that may come back in a different format, including something separate on innovation. • Raised the amber rating on the fraud report and felt that the sentence "further guidance is awaited to support an informed decision around further work" was insufficient to give Board assurance. Noted that sentence relates to guidance awaited from the national Counter Fraud office to the Trust – this is in common with other Trusts and ELFT is not an outlier. On the rating, the national counter fraud team have now advised that ELFT's rating should change to green.
9.2	The Board **RECEIVED** and **NOTED** the report.
10	**Integrated Care & Commissioning Committee Assurance Report**
10.1	As chair of the committee, Richard Carr presented the report of the meeting held on 7 May 2026 highlighting: • The collaboratives continue to be success stories. However, there is a lack of clarity about whether commissioners will continue to support them, due to the changes in the wider NHS landscape, so that brings with it a degree of risk. The next ICCC will look further at the risks to the collaboratives and what the appropriate mitigations might be. • Another risk is in relation to the peri-natal collaborative, specifically the issue about temperature control affecting the mother and baby unit –there are plans to address this. • The 2026-27 Population Health plan has now been completed and is an important part of ELFT's commitment to Marmot principles and the 'left-shift' agenda. • Discussed the Neighbourhood development national framework. ELFT are instinctively supportive of the neighbourhood approach, but the concern is whether this is becoming a transactional approach. It is not clear if the focus is on working with the communities on tackling the determinants of ill-health or whether it is a mechanism for delivery of specified NHS services. Stressed the need to be thoughtful about how ELFT are involved in these arrangements as the financial accountability does not appear clear.
10.2	In discussion the Board: • Received assurance there are mitigations being put in place for the high temperatures in the mother and baby unit and that capital is in this year's plan for air conditioning. This will stay on the register until the work is completed.

	• Praised the Children and Adolescent Mental Health Services (CAMHS) collaborative and particularly the close involvement of families. Noted there has been investment in a range of voluntary sector grants and last year the collaborative took over commissioning responsibility for Home Treatment Teams in North East and North Central London, to allow for a joint commissioning approach. • Noted the CAMHS collaborative has had great success, resulting in a joined-up offer with the Home Treatment teams. This has enabled people to be treated closer to home, reduced average length of stay and enabled people to be treated in the community rather than being in-patients. Noted that the reference to 'break-even' encompasses monies reserved for investment generated as the result of improved performance. • The collaborative is currently undertaking a needs assessment for children and young people who wait for longer than ELFT would want them to in Emergency Departments.
10.3	The Board **RECEIVED** and **NOTED** the report.
11	**Equalities Annual Report - 2025**
11.1	Tanya Carter highlighted: • The report is structured around three areas – population health and equity, service user access, outcomes and engagement and improving staff experience. • There has been some deterioration in the 2025 Workforce Race Equality Scheme (WRES) submission – showing that a racialised member of staff is five times more likely to enter formal disciplinary processes. • There has been some improvement in the disability declaration and workplace adjustments. The declaration has increased from 7.5% to 8.4%. • The 2026 submission is due and will be brought to the People & Culture committee. • There are an ongoing QI projects into disciplinaries and there is support for line managers to look at consistency in decision-making and application of processes. • There was a point raised previously about the gender pay gap – it related to clinical excellence awards, which have now changed so that is no longer an issue. Claire McKenna highlighted patient issues: • The service user section has shown real improvements in use of disaggregated data, building on existing governance. • The multi-year pursuing equity work has successfully reduced DNAs. • The new strategy focus on equity next year will help to integrate equity in all ELFT do. It is an opportunity to make this part of the annual planning and have clear deliverables that will be measurable and shared with the Board.
11.2	In discussion the Board: • Acknowledged that this report has improved from presenting data without much analysis, however, there is still a need to continue the shift from commitment to delivery, so that the impact and what needs to change is clear. • Highlighted that disabled staff are reporting a poorer experience than other people and the persistent high rate of disciplinaries for racialised staff is concerning, as that improved but has dropped back. Noted a Workforce Equality Plan is being produced and will be presented to the next People & Culture committee and that will show what is being done. • Emphasised the need for managers to have other tools to help when staff are not doing what they should be, such as training, rather than slipping back into the mindset of disciplinaries as a solution. Noted there is a deep dive analysis looking at the various initiatives and that will go through to the People Board to agree a way forward. • The Quality Assurance Committee (QAC) discussed the need for evidence on how equality impact assessments are being used and associated impact on this.

	• Felt gender pay gap reporting does not explain the causes or give a sense of comparative either with previous years or other organisations. Requested making it clearer what is being done and the information more accessible – Tanya agreed to look at this. **ACTION: Tanya Carter** • Suggested there are so many areas here that there is a need to decide which are priorities. Supported making the experience of disabled staff, particularly of bullying and harassment, an area of further focus. Agreed there are many issues to respond to and that there is a need to triangulate with the staff experience data. **ACTION: Tanya Carter** • Agreed there is a need to build the data into all the other reports rather than have a standalone one, albeit note that there may be a requirement from the national team to produce such a report. Noted the information will need to come back to several committees, with People & Culture taking the lead.
12	**Trust Strategy**
12.1	Eileen Taylor and Lorraine Sunduza introduced the strategy, noting at the last Board meeting, the strategy was signed off in principle, and it is here today for approval. Eileen expressed pride that the values have stood the test of time – we care, we respect and we are inclusive remain ELFT's core values. On behalf of the Board, Eileen thanked all the people who have been involved, particularly the representative group that has tested all the feedback and Carys Esseen for her extraordinary leadership. Thanks also went to Richard Fradgley, not least for being the key Executive coordinating following the departure of the former CQO. • The strategy has been co-produced, with contributions from over 1,700 people: • The values and the core aim – to improve the quality of lives of those we serve – do not change. There are some updates to the language, for example 'treasures' has been changed to 'essentials for the journey'. • The strategy reflects what ELFT know works and what needs to change. It is also about ensuring that excellence is not isolated to individual teams or services but experienced more consistently. • The biggest change is the introduction of the Delivery Framework. The aim is set for five years, although the Delivery Framework may evolve as we learn. There will be a need to look at what this means for the leadership team, to consider whether our committees are focussing on the right things and to tie this into the BAF. Richard Fradgley presented the Delivery Framework, highlighting: • The Delivery Framework is in response to the discussions about the need to be more intentional in the delivery of the strategy and to be able to identify what was delivered. • The first element of it is 'translation' – to translate the strategy into the lived reality for service users and staff. It articulates the ambition ELFT is striving to achieve. Secondly there is the approach to setting direction, focussing on the areas that matter most for each year of the strategy. Thirdly, is about how to ensure ELFT get the balance right for a small number of important priorities where there is variation. The fourth part is about how we lead – so that everyone feels able to lead in the delivery of the strategy and to ensure the right corporate resources are oriented around its delivery. • For the first time there is a balanced scorecard – to enable the Board to monitor the progress and enable the strategy to connect to performance reporting. • There will be a formal launch of the strategy on 15 June. David Bridle highlighted:

	• The strategy must talk to what matters clinically and that does come through. The strategy is not in isolation, it recognises where ELFT is now and builds on the good practice and focusses on the areas that need attention as we go forward. • The areas of focus include – Equity, which is a quality issue, and there will be an equity lens put on all that is done – Quality and experience, particularly the importance of continuity and how to avoid fragmentation and inconsistencies. – Access, experience and outcomes are a key focus – To enable staff to do their best work, the ability to reduce unnecessary tasks for staff is really important to free them up to focus on what is needed. – Prevention - which builds on work that has been done and moves us into looking at what innovation means for ELFT. Edwin Ndlovu highlighted operational implications: – DMTs are now doing annual plans and have been asked to weave the strategy in, using a new co-produced template. It is important to give teams space to balance the pressures they deal with and to deliver the objectives we aspire to. – The Delivery Framework looks at how to measure what is done and there will be work on how to engage teams around performance, quality and safety issues and around the people experience, so we can respond to things that emerge. – This will be a journey and the more we work together, with our teams and with partners, the further it will go.
12.2	In discussion the Board: • Praised the strategy document and the work and engagement that had gone into it. • Noted that work has started on the balanced scorecard and the aim is to include that in Board papers from July. • Supported the Delivery Framework as key to being more deliberate about delivery, and as a great example of learning from the last strategy. • Agreed the need to consider how to structure the agendas for the committee meetings to ensure some elements of their discussion are aligned to the strategy. Suggested there needs to be work on the committee forward plans and a need to ensure the committees know how to break down the intent to see progress. **ACTION: Richard Fradgely/Marie Price**
12.3	The Board **APPROVED** the strategy.
10 minute break	
13	**Quality Assurance Committee Assurance Report**
13.1	As chair of the committee, Donna Kinnair presented the report of the meeting held on 27 April 2026, highlighting: • The Committee considered emerging quality and safety issues since the previous meeting and discussed recent patient safety incidents and the learning arising from them. Members discussed how learning from incidents is identified, was escalated and reviewed through patient safety reporting, executive quality oversight and clinical governance structures, enabling triangulation and a clearer understanding of both local and Trust-wide themes. • There were deep dives presented from Tower Hamlets and Newham Mental Health Services, looking at their challenges and the mitigations in place.

	• Review of the BAF was undertaken, noting the score remains at 16/ The committee is undertaking a BAF refresh in line with the launch of the new strategy • Reviewed the EDI report noting that disparities in experience and outcomes persist for some groups and require sustained and systematic focus.
13.2	In discussion the Board: • Welcomed the work on Emergency Departments (ED) waits and understanding the patient experience. The Board questioned what might be done differently as a result. Noted that the emphasis is on waiters in EDs, but there is also a need to look at waiters in community teams to consider the prevention element. • For ED, there are two Improvement Boards, one in London and one in Bedford & Luton - their membership reflects the partnerships involved and brings in the service user's voice. There is also work with local authority colleagues, to improve waits for housing etc. ELFT are part of wider system learning and the 'Get it Right First Time' national initiative is focussing on EDs. • There is also work on Mental Health Crisis Assessment Services and there are plans in place to use capital to set up those centres in Luton and in NE London. The DMTs are committed to eliminating 72 hour waits in ED. The Executive regularly review the waits in ED and look at what can be done to support with that. • Noted that the Getting It Right First Time team recently visited the Newham ED and commended the model of specialing that has been introduced – when someone needs a mental health specialist to sit with them to ensure they are safe. ELFT employ those staff and provide the clinical supervision and that has resulted in improved quality of experience and been more cost effective. Currently working with Barts to look at rolling out that approach. • Commended the Estates report, particularly the capital investment in patient environments, dealing with issues such as odours, blocked drains etc. Noted that the food scores remain lower than other Trusts and were pleased to hear there is work going on in that area, such as the PP Food committees. • Mentioned that Acute Hospitals are employing their own mental health nurses. Noted in the Homerton they employ their own, but ELFT support with training and supervision and there is a similar model in Luton. • There was a request from the QAC chair that the quality report presented to board comes to QAC before presentation to the board, and more broadly to agree the dataset and timing of reporting. There was a further request that QAC members be involved in outlining priorities for deep dives in the quality report. **ACTION: Claire McKenna**
13.3	The Board **RECEIVED** and **NOTED** the report.
14	**Quality Report**
14.1	Claire McKenna and David Bridle highlighted: • There has been a slight sustained increase in violence and aggression, although no corresponding increase in restrictive practices. The paper outlines initiatives to reduce incidents of violence and the impact of violent incidents on our staff. • There is an ongoing focus on inequalities, especially around the use and impact of restrictive practices. There is Trust-wide work around that and ELFT is part of a tri-Trust learning system. • The quality improvement section gives an update on the QI plan and the plan for the year ahead is being developed.

	• In the population health section there is a nice example of the Therapies Team working with local care homes to increase the number of referrals into the service focussing on prevention of contractures. • The experience of care section gives an update on the Observation to Engagement programme – phase 2 has now launched. That launch introduced the Care that Counts bundle to participating wards. • In the Improved Staff experience section there is information on a positive Doctor-led initiative to improve the management of physical health emergencies. This has built clinicians' confidence and improved links with the Acute services and is part of wider work on deteriorating patients. • In the Improved value section there is a good example of money saved through reducing medication waste.
15	**Performance Report**
15.1	Edwin Ndlovu highlighted: • Community Mental Health follow up at 72 hours is holding at 82%, which is good news. • In CHS, our urgent care teams continue to perform well in the national two-hour target – an important measure in reducing people going into hospital. • For in-patient bed occupancy there has been a drop, which appears to suggest actions are working. • In Bedfordshire & Luton, the number of out of area beds has now been reduced to three – and they are in use due to clinical need. The DMT is committed to eliminating the use of private beds. • There are some areas to watch, including the ADHD waits, which are still high, although there is a new tool to triage those waiting and to better support those most in need, so the list is being managed. • The National Oversight Framework has gone from 11 to 13 measures for 2026/27 and the guidance has been received and is being worked through. There are new measures about staff sickness and absence. This will go to the Quality Assurance Committee.
15.2	In discussion the Board: • Suggested a deep dive into waiting to look at options to move some of the waiting lists forwards. Noted there was progress last year on waiting lists through non-recurrent investment. There is some funding for this year to support waiting list reduction in NE London and discussing funding for Beds & Luton. There are also great examples of people being supported to wait well and a need to look at how to scale those up. • Noted that people were not just dismissed from the ADHD waiting lists – there is a clinical formulation used to sign-post people to the right support for them. There was a 71% response rate to the digital questionnaire in the ADHD project, and the Board was assured the balance of 29% were being followed up with letters. • Noted the two wards that did not have improvements on the Observation project were due to key people leaving the wards and a delay in getting started. Received assurance that this work is not financially driven – it looks at using observation most appropriately for those who need it. This is about the MDT working together to make the environment feel safer to reduce the need for observations for some service users, but safety is always the priority. • In the NOF, the CMH survey satisfaction rate, showed a 10% decrease in overall quality of care and Board questioned if this was perceived as fair. Noted there are generally just around 200 people from ELFT that respond to that survey, so it is a limited sample size, however, it is a source of insight to act on to improve the community mental health offer. ELFT were in an average position to other Trusts nationally.

	• Highlighted that the numbers in the Quality report on inequalities in restraints were national, not Trust, data, which is inconsistent with other reporting. Requested that the Trust figures from the EDI report are used. **ACTION: Claire McKenna** • Suggested it would be useful for there to be a session on the NOF for NEDs to further their understanding of the different measures and sample sizes. **ACTION: Edwin Ndlovu**
15.3	The Board **RECEIVED, DISCUSSED** and **NOTED** the reports.
16	**People & Culture Committee Assurance Report**
16.1	As chair of the committee Deborah Wheeler presented the report of the meeting held on 28 April highlighting: • The People risk on the BAF is unchanged. There is work to do on that, as issues ebb and flow resulting in the score staying the same and disguising change. • There has been further industrial action by resident Doctors and huge thanks go to staff for covering and supporting colleagues, but the emotional toll on people is recognised and it is important the Trust do not lose sight of that. • There were deep dives from the same Directorates that go to QAC and some really positive points from London Mental Health Services. They had significantly higher response rates from the staff survey this year and they are using that data to make improvements. The two Directorates share learning and best practice between each other and the committee discussed how to widen that further to improve consistency, perhaps inviting Beds & Luton MH to their meetings. • The professional group presentation was from the People Participation Befriending and Volunteers team. The service is supporting 250 people and many befriendees have moved into being befrienders or joining PP in other roles.
17	**People Report**
17.1	Tanya Carter presented the report, highlighting: • Many of the workforce metrics are stable. • There has been progress in the vacancy rate through improved recruitment and on-boarding. Progress also continues on reducing agency and Bank use. • Statutory & mandatory training and appraisal compliance has improved – since submission it is now at 90%. However, immediate and basic life support and other safety training are below target and that is being followed up, with additional training on offer. • The staff experience plan is now in three workstreams, each led by an Executive Director and there will be progress reports at future meetings. • Sickness absence remains high – there are queries about data inconsistencies and People & Culture and Finance colleagues are working on aligning these. There are 158 sickness cases and, of those, 18 are involved in other issues such as disciplinaries and the team are looking at whether there is also a link to management of change cases. • There is a move to a new Occupational Health Provider and that is being managed through the contract management process.
17.2	In discussion the Board: • Agreed the importance of showing consistent data for the same period, as the data in the Performance Report showed different figures. Would also welcome some stepping back and looking at the data presented in this report, as some of the charts are not helpful and

	difficult for the Board to interpret. Agreed to review the people data in the people report and review the most useful way to present this information. • **ACTION: Tanya Carter**
17.3	The Board **RECEIVED** and **NOTED** the reports.
18	**Appointments & Remuneration Committee Assurance Report**
18.1	The Board **RECEIVED** and **NOTED** the report.
19	**Finance, Business and Investment Committee Assurance Report**
19.1	As chair of the committee, Sue Lees presented the meetings held on 30 April and 14 May 2026, highlighting: • The committee has been looking at lessons learned work, for example there was a report on one of the initiatives to reduce waiting lists and there will be a fuller report on all those initiatives at the next meeting. Received feedback on a bid process in which ELFT were unsuccessful. It was important to learn why this was unsuccessful and there was useful feedback – particularly in recognising there needs to be improvement in how to demonstrate the benefits of holistic services. • Looked at digital and continue to look at how to refine this. Have asked that the plan is more action-oriented with deadlines. • The North East London procurement partnership brings together five provider Trusts. The committee approved the final form of the legal agreement for the partnership, which had been reviewed by all the Finance Directors supported by legal advisers. • There was a paper on investments, and the committee concluded it would be sensible to put slightly more of the money into the national loan fund to receive improved interest, having gained assurance there is sufficient cash to operate the business. • Considered the BAF and arranging some additional meetings to do deep dives into the three BAF risks which come to this committee.
20	**Finance Report**
20.1	Kevin Curnow presented the report for 2025/26 and month 1 this year, highlighting: • Commended the progress made by the Finance team that has enabled reporting on month 1. Month 1 is on plan, that is a deficit position of about £200k but that was planned. The GFGT programme increases in terms of savings throughout the year and the deficit will convert to break even by the end of the year as those savings increase. • There has been a reduction in spend on the temporary workforce of about £1m from March to April. The sickness level has dropped in April, and annual leave is returning to more normal levels. Will maintain scrutiny over annual leave planning this year to avoid the spike in spend to cover holidays at the end of the year. • There was some private bed spend in Bedfordshire & Luton in April – although there is only one private bed as two of three out of area placements are in NHS provision. The aim is to see that reduce to zero. • The agency spend is slightly above the NHS England target and was about £570k in April. Over the year this needs to be reduced to about £400k per month. • Planning for GFGT is still short of the £20m target. Best case is that it will be £25m and most likely is £18.7m. So, there is still work to do to get to the target figure. 73% of the schemes are now signed off for financial and quality impact assessment and hope to report the other 27% are signed off by next Board. • Overall, as of month 1 ELFT are delivering on plan.

	On wider points to watch, Kevin highlighted: • The risk about private beds, which is being managed. • Agency spend, which needs monitoring. • Recruitment levels – there are still high levels of vacancy requests coming through. Suggest the process needs reviewing – as it may be that all Directories do not need to go to Panel if they are performing well and are on plan. There is also a need to understand why some Directorates are recruiting more staff than are leaving, and whether this reflects planned growth, vacancy reduction, or another issue •
20.2	In discussion the Board: • Questioned if the cash reserves could be leveraged, despite the restrictions on its use. Noted that the money does generate interest and ELFT can benefit from that. In addition, there are normally some financial opportunities during the year, due to slippage in other areas and national funds becoming available - it would be good to plan now for that, as it is always valuable to have some plans ready should funds become available. • Supported the possible change to the vacancy panel process to give local autonomy. The Board praised Kevin – saying he has transformed the organisation's approach to the stewardship of finance and resources. Kevin thanked the Board and all his teams. He highlighted particular thanks for the praise, support and shared response from Executive colleagues to the financial challenge and the success being a collective achievement.
20.3	The Board **RECEIVED** and **NOTED** the report and **ENDORSED** the Terms of Reference.
21	**Board of Directors Forward Plan**
	Noted.
22	**Any Other Business**
	None
23	**Questions from the Public**
	None
24	**Date of the Next Meeting**
	• Thursday 23 July 2026, Conference Room Alie Street

The meeting closed at 4pm

ELFT
Action Log Trust Board (Part 1)

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

Ref	Meeting Date	Agenda item	Action Point	Executive Lead	Due Date	Status	Comments
419	26-Mar-26	Performance Report	**Review sickness absence data** to reconcile the reported increase from 4.28% to 5.3% with the figures shown in the graph and correct any inconsistencies.	Tanya Carter	23-Jul-26		**Update:** The Performance team and P&C team have reviewed the reporting and will be the same this month based on internal position. Our external published NOF sickness rate is showing as higher than our internal reports, which is where some of the discrepancies are coming from. We are still investigating and will report to a future board meeting.
425	21-May-26	Performance Report	**Use Trust restraint inequality data** in the Quality Report instead of national figures to ensure consistency with EDI reporting.	Claire McKenna	23-Jul-26	Propose closing	**Update:** This has been noted and will form part of future reporting, out power BI dashboard includes this level of detail and is accessable at team level
426	21-May-26	Performance Report	**Quality Reporting to QAC** - agree the process, timing, dataset and reporting arrangements re the quality report to QAC and involve QAC members in identifying priorities for future quality report deep dives.	Claire McKenna	24-Sep-26	Propose closing	Discussed with QAC Chair
427	21-May-26	Performance Report	**Arrange a development session for NEDs on the National Oversight Framework (NOF)** to improve understanding of measures, metrics and sample sizes.	Edwin Ndlovu	23-Jul-26	Close	Pre July Board Workshop Session on NOF being held
422	21-May-26	Equalities Annual Report - 2025	**Improve gender pay gap reporting** by explaining the key drivers, providing comparisons with previous years and peer organisations, and clearly setting out actions being taken.	Tanya Carter	24-Sep-26	Not due	
423	21-May-26	Equalities Annual Report - 2025	**Prioritise EDI focus areas**, with particular attention to reducing bullying and harassment experienced by disabled staff, using staff experience data to identify priority actions.	Tanya Carter	24-Sep-26	Not due	
428	21-May-26	People Report	**Review reporting processes** to ensure consistent data is presented across Board reports for the same reporting period, and to review the presentation of people data and report charts to improve clarity.	Tanya Carter	24-Sep-26	Not due	
424	21-May-26	Trust Strategy	**Review committee agenda structures and forward plans** to ensure discussions are aligned to strategic priorities and progress against intended outcomes can be tracked	Richard Fradgely/Marie Price	24-Sep-26	Not due	Work continues on delivery framework and monitoring of strategy delivery
429							
430							
431							

In progress with delay
Closed
Forward plan
Not due
In progress

NHS East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
23 July 2026

Title	Chair's Report
Author	Eileen Taylor, Trust Chair

Purpose of the report

- To provide updates on the key strategic points arising from Chair and Non-Executive Director activity as part of the Board's commitment to public accountability

Committees / meetings where this item has been considered:

N/A	

Key messages

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

7

Strategic priorities this paper supports

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

Implications

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

Chair: Eileen Taylor Chief Executive: Lorraine Sunduza OBE

1. Introduction

1.1. This report provides the Board with key updates on my activities, Non-Executive Director (NED) visits, and discussions with the Council of Governors. These insights reflect our shared commitment to transparency, partnership, and continuous improvement for the communities we serve.

1.2. The report also provides a summary of discussions at the Council of Governors (the Council) so that these views may inform Board decisions.

2. Chair's update

2.1. Since my appointment as Joint Chair of East London Foundation Trust (ELFT) and North East London NHS Foundation Trust (NELFT) on 1 January 2023, I have shared my vision for both Trusts: to improve equity of access and population health outcomes across the communities we serve.

2.2. Underpinning this vision, I have four key areas of focus:

- Patient and carer leadership
- Staff support and empowerment
- Board effectiveness
- System leadership

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

Patient and carer leadership

2.3 **ELFT Carers Event**

On 8 July, I attended the ELFT Carers Event at Bedford Recovery College, which brought together carers, staff and partner organisations to recognise the invaluable contribution carers make to the lives of those who use our services. The event provided an opportunity to hear directly from carers about their experiences and priorities, and reinforced the importance of continuing to strengthen carer leadership and involvement across the Trust.

The programme included a presentation from a Dementia Nurse, wellbeing activities such as a craft session, and information stalls from ELFT services and community partners including Healthwatch Bedford Borough, Blue Sky Carers Support, Young Carers in Bedfordshire, the ELFT Continence Team and Podiatry Service. It was encouraging to see carers engaging with staff and partner organisations, accessing information and support, and sharing valuable feedback. I would like to thank everyone involved in organising the event and all carers for their ongoing commitment and support.

Staff support and empowerment

2.4 Care Quality Commission (CQC) Visits

I would like to thank all colleagues, service users, carers, governors and partners who contributed to the recent CQC Well-Led review. The review provided an important opportunity to showcase the Trust's work and the commitment, professionalism and compassion demonstrated by colleagues across our services.

Through the review we highlighted a number of areas that are central to the Trust's approach, including our culture, commitment to co-production, quality improvement, staff engagement and partnership working to improve population health and reduce inequalities. I was particularly pleased that the review provided an opportunity to demonstrate the extent to which lived experience is embedded throughout the organisation and the contribution this makes to improving services.

I would like to specifically thank Lorraine Sunduza, Claire McKenna and all colleagues involved in supporting the review process, as well as the service users, carers and governors who gave their time to speak with inspectors. We look forward to receiving the formal report in due course and to considering both the Trust's strengths and any areas for further improvement identified through the review.

Board effectiveness

2.5 Executive leadership

I would like to congratulate Edwin Ndlovu MBE on his appointment as Chief Executive of NELFT. Edwin has made a significant contribution to ELFT as Chief Operating Officer and Deputy Chief Executive and is widely respected for his compassionate, inclusive and values-led leadership. While Edwin will remain with ELFT until his departure date is confirmed, I want to take this opportunity, on behalf of the Board, to acknowledge his outstanding contribution to the Trust and to wish him every success as he prepares for this next stage of his career. Edwin's departure date from ELFT will be communicated in due course.

Following Edwin's appointment, the Trust's Appointments and Remuneration Committee has approved the commencement of recruitment to the Chief Operating Officer post. This is a key leadership role for the organisation and an important opportunity to build on the Trust's strong operational leadership and performance.

2.6 Fit and Proper Persons Test

The annual review of compliance with the Fit and Proper Person Test requirements for Board members has been completed, and I am pleased to report that all Executive and Non-Executive Directors continue to meet the required standards. The annual submission has been made to NHS England. Maintaining robust arrangements in this area is an important part of ensuring confidence in the leadership, governance and accountability of the organisation. The outcome of the review will be reported through to the next meeting of the Trust's Appointments and Remuneration Committee, providing further assurance that the Trust continues to meet its statutory responsibilities in relation to Board appointments and the ongoing assessment of Board members against the Fit and Proper Person requirements.

System leadership

2.7 **Partnership Working Across North East London**
On 11 June, I joined a meeting with the Chairs and Chief Executives of ELFT, NELFT and Barts Health. The discussion reflected a strong commitment to partnership working across North East London and a shared ambition to support neighbourhood-based models of care. It was encouraging to see a positive focus on how our organisations can work together more effectively to improve outcomes for local people.

2.8 **North East London Integrated Care Board (ICB) Engagement**
During June, I met with Marie Gabriel, Chair of NHS North East (NE) London Integrated Care Board, and had an introductory meeting with Nnenna Osuji, Chief Executive of the ICB. These discussions provided an opportunity to reflect on our shared priorities, the evolving health and care landscape, and the continued importance of partnership working in delivering improved outcomes for local communities.

While there remains strong support for collaborative working within NE London, wider changes to commissioning arrangements across the capital are beginning to have an impact locally. I highlighted the example of the successful North Central and East London Children and Adolescent Mental Health Services and Perinatal Provider Collaborative, which has delivered better outcomes for young people while being a more efficient service model, yet is facing uncertainty regarding future funding and commissioning arrangements. This creates risks for the sustainability of well-established and effective programmes. Delays in clarifying future arrangements could adversely affect service quality, workforce stability, and the availability of community-based alternatives to hospital admission.

2.9 **North East London Chairs' Meeting**
The Chairs discussed emerging neighbourhood health arrangements across North East London, including the development of integrator and Integrated Health Organisation models. Discussion focused on the importance of strong provider partnerships, shared data and clear accountability, while recognising that a number of questions remain regarding governance, contractual arrangements and implementation. Members also received an update on the Care Closer to Home programme, which aims to strengthen community-based care and improve patient flow across the system.

2.10 **North East London Integrated Care Partnership (ICP) Meeting, 15 July**
I attended the first meeting of the NEL London Integrated Care Partnership since January this year. Members discussed a refreshed approach to partnership working, with future meetings structured around three agreed priorities: fair employment and good work for all, giving every child the best start in life, and strengthening prevention with a particular focus on mental health. The proposed model would see the ICP meet three times a year, with each meeting focused on a key priority and partners holding one another to account for progress and delivery. The approach is intended to strengthen collective leadership across the system, address barriers to collaborative working and maintain a strong focus on improving health and wellbeing outcomes through shared responsibility and mutual accountability.

2.11 **Bedfordshire, Luton and Milton Keynes (BLMK) Leaders and Chairs Meeting, 28 May**

Alison Cottrell, ELFT Vice Chair for BLMK attended this regular informal discussion on my behalf. Neighbourhood health emerged as a key theme, including Neighbourhood Health Centres, learning from neighbourhood health service pilots, and areas of focus for neighbourhood teams, drawing on impressive work being undertaken across different places and pathways.

2.12 **Central East Leaders and Chairs Meeting, 5 June**

Alison Cottrell attended the first gathering of leaders and chairs from across the new Central East ICB on my behalf. The meeting was designed to facilitate the sharing of ideas and good practice and covered topics including:

- 'Health Promoting Organisations' – the role of all NHS organisations in promoting health through prevention, promoting a therapeutic and inclusive environment, acting as an anchor institution, improving health equity and supporting the health and wellbeing of their workforce;
- The creation, development (using QI) and delivery of a new Advanced Illness Priority Programme in Bedfordshire, Luton and Milton Keynes by a range of partners, including ELFT; and
- Sharing learning from the Hillingdon Health and Care Partnership, one of two place-based partnerships in West and North London.

3. Council of Governors update

3.1 The Council of Governors met in public session on 9 July 2026.

3.2 The Council considered service demand, access, and outcomes through a demographic lens and received an update on a successful cross-Trust Quality Improvement (QI) initiative aimed at reducing the disparity in Did Not Attend (DNA) rates between the most and least deprived population quintiles.

3.3 As part of its strategic priorities programme, the Council commenced discussions on the future of public engagement and accountability beyond April 2027. Governors focused on the opportunities to strengthen impact and engagement for local communities, service users, carers, and staff. In breakout sessions, Governors reviewed current examples of effective engagement across ELFT and explored the characteristics of a best-in-class model for community engagement and public accountability.

3.4 In addition to considering a range of routine business matters, the Council received an update on the recently completed Care Quality Commission (CQC) inspection and approved a number of transitional arrangements to support its work programme over the next six months.

4. NED visits

4.1 Since the last meeting, NEDs have visited a range of services across the Trust. These included:

- Talking Therapies Team, Bedfordshire, May 2026
- Adult Community Health Services Team, Tower Hamlets, June 2026
- Adult Community Health Services, Bedfordshire, June 2026

- Adult Community Health Services, Newham, July 2026

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

5. Action being requested

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

REPORT TO THE TRUST BOARD IN PUBLIC
23 July 2026

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

Purpose of the report

The purpose of this report is to provide the Trust Board with the Chief Executive Officer's update on significant developments and key issues over the past two months. The Board is asked to receive and note this report.

Key messages

This report contains details of CQC inspections of the Trust, awards and recognition and updates on changes and improvements to services across the Trust. The report also provides a brief update on national/regional issues.

Strategic priorities this paper supports.

Improved experience of care	☒	Information presented describes how we are understanding, assuring against and improving aspects related to these four objectives across the Trust and within the local and national systems.
Improved population health outcomes	☒	
Improved staff experience	☒	
Improved value	☒	

Implications

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

1.0 Purpose

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

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

2.1 Launch of ELFT's Five-Year Strategy and Implementation Plan

Our double launch of our new five-year strategy took place on 15 June in a Luton venue and later that day at an East London venue. Each event attracted over 100 colleagues, service users and carers. They were an opportunity to talk about how we will work with service users, carers, colleagues and partners to improve health, wellbeing and care for local communities between 2026 and 2031. Both events featured a service user addressing the room and introducing the strategy. Followed by executive directors and a

panel of service leads talking about how the strategy will be implemented in their services.

The strategy has been shaped through the Trust's "Big Conversation", which over the past year engaged with more than 1,700 staff, service users, carers, governors, members and partners. Through these conversations, we heard a clear message about the need for care that is more joined up, more equitable and more focused on what matters to individuals and communities. Our strategy sets out how we will work together over the next five years to improve experiences of care, support people earlier, reduce inequalities and create better outcomes for local people.

Over the next five years, the Trust will focus on four strategic priorities: improving the quality and experience of care; making ELFT a place where people can do their best work; advancing equity in all that it does; and strengthening prevention and earlier help.

The strategy responds to the challenges facing health and care services, including growing demand, health inequalities and the need for care to be more connected and sustainable. It also builds on ELFT's strengths, including its commitment to quality improvement, people participation, inclusion and clinical leadership.

The strategy will now guide the Trust's work over the next five years, supported by local delivery plans developed in partnership with colleagues, service users, carers and system partners. I want to thank everyone who participated in the development of this work, those who attended our workshops and the launch day, and those who are already formulating how this can be implemented in their service.

I am grateful for the time, the energy, the focus and the good humour brought by everyone involved. It has been a joy to collaborate with so many people as the Strategy has taken shape. I feel as if there is no other way to get things done and that these events have galvanised us to move forward as one.

2.2 Staff Experience Programme – Update

Staff experience remains a key strategic priority for the Trust and continues to be monitored through Board Assurance Framework Risk 5, which remains rated High. While national and local workforce pressures remain significant, a number of key workforce indicators remain stable, including staff engagement, which continues to perform above comparator benchmarks. Staff survey findings also demonstrate areas requiring sustained focus, particularly workload pressure, organisational change, and perceptions regarding staffing capacity.

During this period, the Trust has continued to develop its Staff Experience Programme, aligning delivery to the Trust Strategy and emerging NHS England People Standards. The programme is focused on three strategic themes: Leadership, Safe and Well, and Workplace Culture, supported by a strengthened approach to workforce intelligence and staff engagement.

Work has also continued on reducing inequity in employee relations processes, implementation of the Trust's Anti-Racism programme, improving workforce utilisation, and addressing sickness absence. Industrial relations remain an area of focus following formal dispute activity with Unite, and the Trust continues to work constructively with local and regional trade union colleagues to seek resolution while supporting staff through ongoing organisational change.

The People and Culture Committee has reviewed the Staff Experience risk and is assured that appropriate governance, mitigation and oversight arrangements remain in place. The risk score remains unchanged at 12 (High).

2.3 Going Further, Going Together – update

During 2026/2027, the Trust will need to deliver £20.1m of run-rate impacting savings and live within our budget, to deliver the financial plan we have submitted to NHS England. At this point in the year, we have delivered £1.6m of savings and at month 2 of the financial year, we are forecast to deliver £20.2m of savings.

In month 2, we delivered £1.1m of savings, ahead of our plan by £0.4m. The main drivers for this performance were reduction in bank nursing costs, reduced private bed use in Luton and Bedfordshire ahead of plan, and higher delivery than planned in Specialist Services.

Our savings target for 2026/27 is £20.1m but we are working to identify 20% more than we have planned for to ensure delivery of our savings. This means we are working to a stretch total of £24.1m of savings. The challenge remains in ensuring the sign-off of documentation and the level of risk around delivery.

2.4 CEO Discussion Groups

- Staff Awards and Recognition

  This CEO discussion group focused on staff recognition, including a discussion around the staff awards. Discussions noted that the ELFT staff awards are widely valued for fostering cohesion, pride, and connection across the Trust and should continue in some form despite funding challenges, with support for a more cost-effective, potentially smaller or hybrid model and exploration of sponsorship considering the total cost of the event.

  There was a strong emphasis that recognition should not be limited to a single annual event but embedded throughout the year at both local and organisational levels, with opportunities to better utilise nominations by sharing feedback, identifying talent, and celebrating achievements more broadly. Overall, it was agreed that there is a need for a more consistent, inclusive, and sustainable approach to recognition that ensures all staff feel valued, including those who are less digitally connected.

  The Trust is currently working through a number of options and detailing what the staff recognition mechanism will be going forward. Irrespective of whether there are events, there will be a nomination process for managers and staff to recognise colleagues by nominating them.

- IHI Annual Visit – Prioritising large scale change initiatives

  This CEO Discussion Group was led by the Quality Improvement (QI) Team supported by the Institute for Health Improvement (IHI). It focused on aligning 2026/27 priorities with the new Trust Strategy, highlighting challenges around limited visibility of decision-making and inconsistent delivery of improvement work.

  A structured approach to prioritisation was agreed, categorising work into "make it happen" (critical priorities such as safety, workforce, and compliance), "help it happen" (supporting delivery), "let it happen" (lower-risk, locally led work), and

"stop/wait" (deprioritised activity), with a strong emphasis on being more disciplined in stopping low-value work.

Key themes included the need to better align priorities with capacity and resources, balance consistency with local flexibility, strengthen governance and outcome-focused measurement, and ensure a strong focus on staff wellbeing, patient outcomes, and reducing inequalities.

- Statutory and Mandatory Training

This discussion focused on improving statutory and mandatory training compliance by reinforcing its importance as a non-negotiable element of patient safety. It highlighted the need for stronger leadership, accountability, and governance, alongside a cultural shift where training is prioritised and embedded into supervision, induction, and performance processes.

Key barriers such as time, accessibility, and data issues were identified, with solutions including protected time, improved access, and better use of dashboards. Reducing DNAs, introducing clear consequences for non-compliance, and maintaining momentum beyond CQC through consistent oversight and quick wins were also key priorities. Since the CEO discussion group that focussed on statutory and mandatory training, there is additional oversight, local leadership and increased accountability and ownership in relation to statutory and mandatory training compliance. Services are more involved as matters are escalated to them earlier. Services are ensuring that staff who have booked on training attend and are ensuring that they are released to attend. Improvements have been made to processes to make it easier to recognise training for doctors who are rotating from other trusts. Directors have also commissioned through P&C, local training courses for their directorate staff. The area of focus going forward now are corporate teams

There is more of a focus, and directors continue to report on statutory and mandatory training compliance at the weekly directors' huddle. There is better forecasting in terms of the volumes of staff about to become non-compliant in future weeks and more planning to make the relevant training places available.

- Equality and Human Rights Commission Code of Practice

In our July CEO Discussion Group, we discussed how ELFT can prepare for the anticipated NHS England guidance linked to the updated EHRC Code of Practice, particularly in relation to single-sex accommodation and facilities. Whilst national guidance is still awaited, there was agreement that the Trust should begin planning now to ensure it remains inclusive, person-centred and aligned with its values.

Discussions focused on balancing privacy, dignity and safety with the needs and rights of trans staff and service users. Key themes included the need for clear guidance, staff training, robust risk assessments, consistent decision-making and strong communication to support colleagues through any changes.

There was broad agreement that ELFT should avoid blanket approaches, continue to make individualised decisions where appropriate, and involve trans staff and service users in developing future policies and guidance. Priorities identified included reviewing facilities, strengthening staff support, sharing good practice and ensuring leaders are equipped to have confident and compassionate conversations about these complex issues.

2.5 Mann Review into Antisemitism and Racism in the NHS.

On 4 June 2026, the government accepted the recommendations from Lord John Mann's review into antisemitism and all forms of racism in the NHS. The government's response extends across racism and discrimination in all its forms, setting out new national expectations for how NHS organisations prevent discrimination, respond to concerns and learn from incidents when they occur.

We are currently reviewing the detail of the announcement to understand what it means for our Trust and will provide further updates as national guidance and requirements become clearer. I recognise that racism, antisemitism, Islamophobia or any form of discrimination at work can be deeply hurtful and isolating. Creating an environment where everyone feels safe, respected and able to thrive is a responsibility we all share, and one that our leadership team is committed to upholding.

Equity is a central part of our new Trust Strategy, and our Anti Racism Plan will be published later in the summer 2026, setting out the actions we will take to tackle racism, reduce inequity, and create a fairer and more inclusive workplace for everyone. Our wider Anti-Racism policy and plan also incorporates antisemitism. The plan will be updated to include the International Holocaust Remembrance Alliance (IHRA) Working Definition of Antisemitism and the Government Definition of Anti-Muslim Hostility.

2.6 Independent Review of Maternity Services at Nottingham University Hospitals (Ockenden Review) on 18 June 2026 and the Baroness Amos Independent National Maternity and Neonatal Investigation on 30 June 2026

It was heartbreaking to read the reports. This resonates with me. We too see service users at their most vulnerable, from diverse communities in areas experiencing high levels of deprivation. They rely on us to support and care for them using our training and skills, to listen with respect and kindness, and help them to navigate through their health challenges.

Since the publication of the reviews, there has been renewed national focus on board accountability, organisational culture, psychological safety, quality governance, learning from incidents, and ensuring that patients and families are listened to and involved in improvement. Although both reports focus on maternity services, the findings reinforce broader expectations of NHS boards in relation to leadership, governance and quality oversight.

Relevance beyond maternity: the reports reinforce the expectation that NHS boards should demonstrate:

- Robust board assurance through the triangulation of quality, safety, workforce, operational and patient experience information.
- A culture where staff feel psychologically safe to speak up, challenge and learn from concerns.
- Meaningful co-production with patients, carers and communities to shape services and drive improvement.
- Strong leadership visibility, accountability and governance at every level of the organisation.
- Equity as a core quality and safety priority, with a focus on reducing unwarranted variation and addressing inequalities in outcomes and experience.
- Effective quality governance, with evidence that learning from incidents, complaints, feedback and improvement activity leads to sustained change.

I think the findings and the recommendations of the review are applicable to all health services, not just maternity services. They reinforce the Trust's strategic approach to

quality, safety, continuous improvement and compassionate leadership. As a Trust, we will be considering the recommendations and adopt accordingly any that will improve the experience of care, to ensure that can best support our communities.

2.7 CQC Update

We have received a draft report for our core service visit to Crisis services. We submitted feedback to CQC around factual accuracy and await a final report. We expect a further four reports in due course.

Our well led inspection commenced in May 2026 with CQC inspectors attending meetings, forums and held many focus groups with staff across the organisation. I would like to thank the many staff who joined focus groups to support the inspection process. Our Well led on-site inspection concluded on the 1 July 2026, with the CQC assessors still to attend a number of forums, due to conclude by the 17 July 2026.
Initial written feedback has been received indicating in their findings that they found some positive practice relating to:

- Culture: our staff said they were proud to work for the trust, that they observed kind and caring individualised care.
- People Participation; since the last inspection people participation has become even more embedded, with many examples of co-production making a real difference to the people using services.
- Quality Improvement; continued to embed and develop across all areas of the trust, with quality improvement supporting trust wide clinical improvements.
- Trust Strategy development; developed through extensive internal and external consultation with stakeholders to meet needs of the population, incorporating a strategy delivery framework to support implementation.
- Partnership working and Staff Engagement; working with partners to improve health outcomes and inequalities, with a focus on population health.

Areas for improvement were listed as:

- Quality and Safety; inspectors wanted greater clarity on future patient safety priorities to be supported by our learning management systems to ensure implementation across the trust.
- Staff wellbeing; during their inspection staff outlined pressures which were impacting their ability to provide high-quality care. The CQC acknowledged that the Trust had a plan to address this through the staff experience programme.
- Estates; The CQC outlined that the condition of estates has been a theme through their inspection, which impacts on the quality of experience for people using services and staff. The CQC are undertaking further exploration to understand whether the strategic estates plans are robust and address concerns raised during inspection. We await a final detailed report expected to be received in the Autumn.

2.8 Cavendish Square Group

The Cavendish Square Group (CSG) consists of London-based Chief Executives leading NHS organisations that provide mental health services to the capital. At a recent

CSG Strategy Day on 8 May, we acknowledged the shifting sands in the NHS with the prioritising of mental health reducing, funding for mental health reducing and a series of recent major mental health incidents. The CSG is ambitious about improving the lives of people with a mental health illness. All parties feel that together, we are stronger and have greater influence to address disparities and inequalities, to bring about continuous improvement and innovation. We were in agreement to use our collective voice and expertise to drive commissioning decisions, drive transformation, address stigma and create a highly skilled workforce.

2.9 Quality strategy for NHS-funded care in England

NHS England has just published a new structured approach to making quality the organising principle for all NHS activity in England over the next decade. Its purpose is to ensure people receive high-quality care consistently across all NHS-funded services. By doing so, it aims to:

- improve health outcomes
- improve patient satisfaction with NHS services
- reduce health inequalities

While social care is outside the strategy's scope, it recognises the need for strong partnerships between health and social care to improve quality where services meet. Our strategy and strategy delivery framework has significant focus on population health, plans to improve health outcomes, reducing health inequalities, working in partnership with stakeholders with significant involvement and engagement with service users and our populations. In the coming weeks we will undertake a full review and gap analysis of the Quality strategy for England, to ensure our aims and working plans are aligned.

3.0 Integrated Care System (ICS) and provider collaborative updates

3.1 Both North East London and Central East Integrated Care Boards continue to progress the transition to their new operating models. Whilst staff are continuing to move into new posts, not all posts in the new structures are yet fully filled, and in Central East there have been some senior leadership changes. The Trust continues to work constructively with ICB colleagues as they onboard.

3.2 Contracts for community and mental health services are now signed in Central East, with a small number of important matters long-stopped for resolution over the next several months. Work is ongoing to finalise contract arrangements in NEL. Work to consider and respond to the national neighbourhoods framework is well underway in each of our six place-based systems. Whilst further national guidance is expected, there is momentum amongst partners in each place to refresh plans in light of the guidance we have. Given the work in each system and each place is developing with a unique and local emphasis, the Trust is able to share learning across places and systems.

4.0 Operational update

4.1 NHS Oversight Framework – Move to Segment 2

We are proud to announce that ELFT has moved from Segment 3 to Segment 2 in the NHS Oversight Framework. This is an important milestone for the Trust and a reflection of the work taking place across our services. I want to thank colleagues whose continued focus on delivering high-quality care, improving access and driving improvement has contributed to this success. Operational pressures across the system have remained high throughout this period, with services managing sustained demand

across mental health, community and inpatient pathways. Despite this, our focus on keeping services accessible and safe has held firm, and I want to acknowledge the sustained effort of teams across the Trust in maintaining this standard of care under continued pressure.

4.2 Heatwave Response – After Action Review

Following the recent period of extreme heat, an After-Action Review (AAR) was carried out to assess the Trust's organisational response, capturing what worked well and identifying areas for improvement ahead of future heat events, including ward temperature management, welfare checks for patients and staff, and estates and business continuity arrangements. Strong staff engagement generated valuable discussion and a number of practical actions, including circulation of an updated Heat-Health Preparedness and Response Plan for consultation, reflecting the current UKHSA Weather-Health Alerting System and AAR learning, alongside a proposed wider programme of Business Continuity Planning (BCP) workshops to strengthen directorate resilience across a broader range of disruptive incidents.

4.3 Bedford Train Crash – Impact on the Bedfordshire Community

On 19 June 2026, two East Midlands Railway trains collided near Elstow, south of Bedford. One train driver was pronounced dead at the scene, and over 160 people were injured, with 102 requiring hospital treatment. British Transport Police declared a major incident, with Bedfordshire Police, local Fire and Rescue, and ambulance services responding alongside them.

Our thoughts remain with all those affected in the local community, including the family of the driver who died, and the many people injured or otherwise impacted by the incident. As part of the coordinated system response led by the ICB alongside Fire and Police colleagues, ELFT's Bedfordshire Community Health Services teams played their part in supporting the local response. I want to record my thanks and pride in the professionalism and compassion shown by our staff during a distressing event for the community we serve.

4.4 Industrial Action Update – Resident Doctors

Resident doctors accepted the Government's pay offer on 29 June 2026, ending the national dispute that has seen multiple rounds of industrial action since 2023, a welcome period of stability for the NHS and for our staff and patients. However, this has been quickly followed by a new area of risk: on 6 July 2026, consultants in England voted in favour of industrial action, with 76% of those who took part backing a strike mandate on a turnout of 51.5%. This gives the British Medical Association (BMA) the ability to call strike action over the next 12 months in its ongoing dispute with Government over pay and working conditions. No strike dates have yet been announced, and negotiations continue. We will keep the Board updated as this develops and will continue to work with our medical staff committee and clinical leaders to plan for continuity of safe patient care should industrial action be called.

I want to thank all colleagues who coordinated our industrial action response throughout the resident doctors' dispute, ensuring our services remained safe and accessible to the people who rely on them, even during the most challenging days of action. This was a genuine team effort across clinical and corporate services, and it reflects the best of ELFT's values in practice. That same preparedness and spirit of collaboration will stand us in good stead should further action be called by consultants.

4.5 Cyber Security: Sir Jim Mackey (NHS England Chief Executive Officer) raises the NHS cyber risk nationally.

On 10 June 2026, Sir Jim Mackey wrote to the chief executives and chairs of every trust (*Board and executive assurance: cyber security risk*) asking boards to assure themselves that cyber security risks are being managed effectively, with clear, sustained programmes for improvement. The letter followed widely reported warnings from NHS England. Sir Jim Mackey told NHS leaders, that the cyber-attack risk is "dramatically accelerating" and that cyber security was a dramatically bigger threat than just weeks ago, due to rapidly changing technology. It is a question every NHS board in the country is now being asked, and to address this the Trust Chief Information Security Officer & Chief Digital Officer have tabled an update paper for July 2026 FBIC, addressing areas raised.

RSM (the Trust internal audit independent partner) UK's full independent audit of our cyber security arrangements, aligned to the National Cyber Security Centre's Cyber Assessment Framework, was finalised on 29 June and rated the Trust's overall risk as **Very Low** — the highest assurance band available**,** and presented to the July 2026 Audit and Risk Committee. All 12 assessed national outcomes were met, two were exceeded, both interim actions have been closed, and no open management actions remain. Just as significantly, the auditors recorded "high confidence" in the veracity of our self-assessment, with all 12 of our ratings matching theirs - evidence that we know our estate and judge it honestly. A cyber related tabletop exercise is noted below in item 4.6. On a salient note, the risk continues to evolve, particularly with the advances in Artificial Intelligence (AI) & machine learning, so we will continue to mature our cyber stance, educate our staff & service users, and practice and develop our business continuity plans.

4.6 Exercise Code Blue – Cyber Incident Preparedness

On 11 June 2026, ELFT held Exercise Code Blue, a tabletop exercise testing the Trust's response to a cyber incident resulting in the loss of critical clinical systems. Around 40 colleagues from our clinical and corporate services took part, including representation from our Health & Safety Service User and Carer Group, reflecting our commitment to co-production.

The exercise provided moderate assurance that ELFT has appropriate arrangements in place to respond to a significant cyber incident and protect patient safety during system disruption. Participants showed a good understanding of escalation processes and command and control structures. Three areas for improvement were identified: making incident response and business continuity documentation more accessible and consistent; strengthening communication, escalation and governance arrangements for prolonged disruption; and improving workforce resilience and access to critical information when systems are down. Time constraints limited the exploration of recovery arrangements, so this will be tested further in future exercises. An action plan is in place to take forward the improvements identified, and the Board can be assured this is being treated as a live priority rather than a one-off exercise.

4.7 NHS Leadership and Management Framework and New NHS Staff Standards

The NHS College of Leadership and Management has launched the new NHS Leadership and Management Framework. It sets out the principles, behaviours and skills expected of all NHS leaders and managers, and includes a leadership code, defined standards and competencies at every level, and a self-assessment tool to support development and appraisal. Through 2026/27, the College will build on this with online learning, a 360-degree feedback tool and a national development curriculum. ELFT has

already created a Leadership and Behaviour framework which dovetails with NHS Leadership and Management Framework. Similarly, the recently implemented Staff Experience Programme aligns with the NHS People Standards. We will work to embed all of the tools within the ELFT systems and processes and will incorporate in our routine reporting.

4.8 The Online NHS Trust

The Government has announced plans to establish NHS Online, a new national digital provider expected to begin phased implementation from 2027. Initially, it will focus on delivering virtual outpatient care for selected elective physical health services, including ophthalmology, menopause and menstrual health, prostate conditions, inflammatory bowel disease and iron deficiency anaemia, with patients accessing services through the NHS App where clinically appropriate. Whilst the immediate impact on East London NHS Foundation Trust is expected to be limited, the programme represents a significant strategic shift towards digitally enabled, patient-centred models of care and may have future implications for aspects of the Trust's community health services. The Trust will continue to monitor national developments, assess the implications for our services, and ensure our digital transformation remains aligned with national policy while maintaining a focus on quality, safety, equity and patient experience. Further information is available at onlinetrust.nhs.uk.

4.9 Introduction with the Secretary of State

The Rt Hon. James Murray was appointed as the new Secretary of State for Health and Social Care on 14 May 2026, following the Rt Hon. Wes Streeting's departure. He met with all NHS Chief Executives on 2 June, giving system leaders an early opportunity to engage directly with him on the priorities for the service.

5.0 Connecting with Teams

5.1 CEO Breakfast Meeting – Newham – 2 June 2026

On 2 June, I was delighted to join around 30 Community Health Service colleagues at East Ham Care Centre. These informal sessions are an opportunity for staff to speak directly to me about issues in their working lives, to reflect on. They are also a space for me to share some of the themes uppermost in my mind from strategic meetings that I am involved in. In this meeting, we spoke about the new Trust strategy, leadership across the Trust, financial viability and patient safety. They shared thoughts on digital innovation and AI, staff uniforms, dementia, frailty and end of life care.

The discussion reinforced to me the importance of culture, communication, and psychological safety, recognising the challenge of sustaining behavioural change across a diverse workforce. I am grateful to everyone who came along and made the space energising and inspiring.

5.2 Trust Talk Live: Celebrating our Strengths

Our Trust Talk Live webinars are an opportunity for Executive Directors to meet online with staff to discuss information about key initiatives and share views and ideas.

Attended by over 160 colleagues, June's webinar was an opportunity to take stock and consider what colleagues are most proud of in their work in the Trust. There was a high appreciation of our co-production approach to our work, as well as more specific areas

such as kindness, supporting colleagues, sharing expertise, knowledge and skills, and individual team performance and approach.

Our Chief Nurse Claire McKenna then talked about aspects of health care that frustrate people and asked if those things happened in ELFT. The response was undeniably yes. We spent the rest of the session identifying what we can do to improve care and reduce frustration. Responses included checking in with people, doing what you said you would, communication – explaining what you are doing, what will happen next and anticipating what people might need going forward – all things that are already in our gift to provide. This discussion was very timely coming the day after the launch of our five year strategy and will form part of our implementation plan.

5.3 ELFT Strategy Roadshows May/June

As a precursor to the launch of the Strategy, in addition to Trust Talk Live, myself and our executive directors joined staff at a series of strategy roadshow-workshops around the Trust. These smaller groups (approximately 25 colleagues per session) were a helpful forum to test the ideas in the (then) draft strategy and find out if colleagues thought the objectives were the right focus for us in the next five years. These discussions were extremely helpful and started to bring the strategy to life. I was struck by the energy of colleagues and how much they valued having a forum to talk about their work and their aspirations for the care they provide. Thank you to everyone who came along and got involved.

5.4 Consultants and SAS Doctors Away Day

On the 10 June, I was delighted to join a Trust-wide Away Day for Consultants and Specialist Associate (SAS) Doctors organised by the Chairs of the Medical Committees in London and Luton and Beds, chaired by Chief Medical Officer, Dr David Bridle. The purpose of the afternoon was to come together in person to think together. Topics included: the Trust Strategy, reflections from the Nottingham Inquiry, and a session on Medical Careers. Sadly, I was only able to stay for the first part but it was an opportunity to tell the group how valued they are and to thank them for their commitment to the Trust and to service users/patients.

5.6 London Pride Parade

I was delighted to join London Pride on Saturday 4 July with Dr. David Bridle (Chief Medical Officer and Claire McKenna (Chief Nurse), with over one million people in attendance. ELFT was proudly represented by a large group of around 75 members of the LGBTQIA+ Network marching through central London – including travelling on an open-top double-decker bus! Use of the bus ensured that staff members with accessibility needs could participate in the celebrations too. The day was filled with a strong sense of acceptance, joy, and, most importantly, Pride.

6.0 ELFT people updates

Appointments

6.1 Chief Operating Officer to Leave to Become CEO at NELFT

Our Chief Operating Officer and Deputy Chief Executive, Edwin Ndlovu MBE, has been appointed as the next Chief Executive Officer of North East London NHS Foundation Trust (NELFT). While we are incredibly proud of Edwin and this well-deserved appointment. I know along with me, many colleagues will feel a real sense of loss. Edwin has made an outstanding contribution to our Trust, leading significant operational and strategic progress while always keeping our service users, carers, communities and people at the heart of every decision.

What has always distinguished Edwin is the way he leads. He is a kind, compassionate and authentic leader who consistently lives our Trust values: We Care, We Respect, We Are Inclusive. Whether supporting colleagues, listening to different perspectives or championing inclusion, Edwin has led with humility, integrity and genuine care for others. His leadership has made a lasting difference to our organisation and to many individuals across the Trust. Edwin's departure date has not yet been confirmed, and I will share further details once arrangements are finalised. There will be opportunities to thank Edwin and celebrate his contribution before he leaves.

6.2 Appointment of Chief Finance Officer

Mike Fox has been appointed as our new Chief Finance Officer joining us from NHS South East London Integrated Care Board, where he has served as Chief Finance Officer for the past four years, supporting the development and delivery of the ICB's financial strategy and working closely with system partners. He joined ELFT on 25 June.

Mike brings extensive NHS financial leadership experience, having begun his NHS career through the National Graduate Training Scheme in 2002. Following roles in several large London hospital trusts, he joined Central London Community Healthcare NHS Trust in 2012, where he held a number of senior finance and performance positions before being appointed Director of Finance, Performance and Contracting in 2016.

As a parent and carer of a child with ASD and ADHD, he also brings valuable personal insight into the importance of the services we provide to service users, families and the wider health and care system. On behalf of ELFT, I warmly welcome Mike to the Trust.

6.3 Chief Quality Officer Recruitment Update

I am delighted that Sasha Singh is to be our Director of Quality. Sasha has held a number of leadership roles across the Trust. Most recently, she has been Director of Nursing for Mental Health in London where she has continued to provide professional leadership and champion high-quality care, patient safety and continuous improvement. Prior to this, she was Matron for Perinatal Services, then Borough Lead Nurse, and Associate Clinical Director in Luton and Bedfordshire.

This is a 12-month fixed-term role introduced to provide dedicated leadership for our quality portfolio while we reflect on the longer-term arrangements for the Chief Quality Officer role.

External Appointments

6.4 New Executive Director of System Development for NHS England

Jan Thomas, Chief Executive of NHS Central East ICB, is taking a one-year secondment with NHS England as the new Executive Director of System Development. This national role will include a focus on transforming commissioning and guiding the future development of ICBs and shaping the next phase of for the NHS. Interim arrangements are in place to cover Jan's role during the secondment.

7.0 Other service updates

7.1 Trust Joins Triangle of Care

ELFT has joined the Triangle of Care, a national quality improvement programme that helps NHS organisations work better with unpaid carers. It is run by the Carers Trust and supports our ambition to work more closely with carers and families, recognising the vital role they play in supporting recovery, wellbeing and positive outcomes for service users.

Carers are often the people who know service users best. Their knowledge, experience and support are invaluable in helping us provide safe, effective and person-centred care. But too often, they can feel left out of conversations about care. Triangle of Care gives us a structured way to change that, making sure carers are identified, involved and supported as equal partners throughout a person's care journey. The programme also supports our commitment to co-production by ensuring carers are actively involved in shaping and improving services.

7.2 First Joint NHS and Adult Social Care Practice Educator Conference

Social Work training leads from ELFT, the London Borough and Hackney and the London Borough of Tower Hamlets jointly hosted this conference which was attended by 40 social work Practice Educators from across the three organisations. The conference featured Lucy Davies, Policy Manager at Social Work England. It was a chance to network and for Practice Educators across East London and Luton and Bedfordshire, to come together to talk about developing the next generation of social workers.

7.3 Text Messaging Service Added to 111 Option 2 for Mental Health Crisis Support

People across North East London can now text 07860 009642 to reach NHS 111's mental health crisis support service. The Trust along with neighbouring North East London NHS Foundation Trust (NELFT), have worked together to give people more ways to get mental health crisis support, not just by phone.

I am so pleased that people now have this option to access urgent mental health support. It provides an option for those who would rather text than call; if words are too difficult to say out loud, or if they don't want to risk being overheard making a confidential phone call. They can text 'help', send a blank message or text anything if they can't find the words. A member of the NHS 111, Option 2 team will respond as soon as they can to provide psychological support and signpost to services offering mental health support. This is a great example of what we can do when we work in collaboration and listen to those who use our services.

7.4 ELFT Gardening Network

On 6 May, 25 colleagues and service users visited Kew Gardens for the first in-person meeting of the ELFT Gardening Network. The Hope Garden in Newham provided the tickets, purchasing the Kew Community Access ticket through funds raised by selling products made from plants grown in the garden.

This visit gave the team the opportunity to explore the gardens, taking inspiration for new and ongoing gardening projects. The garden kitchen was of particular interest to consider seasonal fruits and vegetables that might grow on ELFT sites. The group were keen to learn how to make gardening projects more sustainable. They visited the carbon garden to see the impact that nature has on reducing and reversing the effects of human-induced climate change. The visit was a great opportunity for staff members and service users to connect with nature and each other in non-clinical spaces. New projects were discussed and it was a great networking opportunity for gardening leads and Gardening Network attendees. Another trip is planned in September.

7.5 Estates Annual Report 2025-2026

Our Estates, Facilities and Capital Development team has published its annual report covering the past year's work to improve our buildings, safety and sustainability across the Trust. Highlights include millions invested in improving our spaces, new crisis accommodation and progress on making our estate greener.

We invested more than £13 million in improving our buildings and facilities from new crisis accommodation in Bedford to extra bedrooms at Calnwood and Oakley Court and important safety upgrades across many of our sites. We welcomed a new partner, CBRE, to help us look after our buildings and we made real progress on becoming greener through cutting gas use, increasing recycling and improving spaces for people to enjoy.

We also know there's more to do. Like many NHS organisations, we're managing ageing buildings and a long list of repairs and we're tackling these in a planned, sensible way that puts safety first. We are indebted to our hardworking Estates and Facilities team who work diligently behind the scenes to create the best environments for colleagues to work in and for service users to receive care in.

7.6 New Mental Health Crisis House for Bedford

In a welcome development for Bedford, we are establishing a new crisis house that will deliver person-centred, trauma-informed care and help prevent unnecessary hospital admissions. We are working in partnership with people with lived experience, ensuring the service meets real community needs. The building on Kelvin Grove has a long history of supporting mental health services but has been unused since 2023. Renovation work has begun to restore the building and gardens. The service will be delivered jointly by ELFT and SIG Penrose, a health and social care charity. It aims to provide a calm, homely setting, reducing pressure on A&E and enabling local people to benefit from a more social and less overwhelming space to consider, with support, what they need.

7.7 Accessing Patient Data – Don't let Curiosity Kill your Career Campaign

Recent media reports about NHS colleagues at a number of organisations accessing patient records without a legitimate work-related reason have prompted the launch of the national NHS campaign, Accessing Patient Data – Don't let curiosity kill your career. It reminds everyone working in the NHS of the importance of protecting patient and staff confidentiality, the impact that inappropriate access can have on patients and their families, and the serious professional and legal consequences of accessing records without a valid reason.

At the Trust, protecting the personal information entrusted to us is everyone's responsibility, and we have reminded all colleagues of the standards expected and the support available to help keep patient information safe. In addition to annual data security and awareness training for all staff, clear guidance has been circulated about expectations of staff members to supplement the monthly information governance clinics and the information available on the intranet information governance pages. Routine audits of records access take place as well as ad hoc audits where there are concerns. If records are accessed without legitimate clinical or operational reasons, we will give supportive advice but will also be considered under the Disciplinary Policy which may result in dismissal as appropriate. We notify the Information Commissioner who may take action (including fines) against an individual deliberately accessing personal data of other individuals without consent. We also apologise to those affected including patients and their families.

8.0 Visitors to Service

8.1 Primary Care Team Hosts Health Professionals from the Netherlands

Health E1 Homeless Medical Centre welcomed a group of 27 Dutch GPs and nurse practitioners from the Netherlands as part of a wider professional development tour organised by colleagues at DetraCare. DetraCare is an international agency that organises specialised study tours, seminars, and exchange programmes for healthcare professionals.

The group spent time at Health E1, one of the Trust's specialist GP surgeries for people experiencing homelessness. This was a fitting setting, given the visitors' experience of working with underserved communities in Utrecht. They met a range of ELFT professionals who shared knowledge and insights from their work. The visit gave Dutch healthcare professionals an insight into how care is delivered in NHS settings.

9.0 Awards and Recognition

9.1 HSJ Digital Award for ELFT Forensic Service

Congratulations to colleagues and service users from the John Howard Centre (JHC) who have won a prestigious award for their work in developing an app for service users in hospital. The Pathways App Team of occupational therapists and service users won the 'Empowering Patients Through Digital' category at the HSJ Digital Awards.

The JHC provides specialist psychiatric services in east London. The app was created at the Centre to help service users to achieve their goals while staying in hospital. It was co-produced by staff and service users, making patient care easier and more connected across Forensic Services.

It enables all parties to track progress on healthcare objectives that have been set, such as weight loss and progressing through the hospital. It also helps to tackle any setbacks and guides each step of a service user's journey, all in one place. It helps to keep individuals and staff focused on progressing.

The victory follows on from acknowledgements at other ceremonies in previous years. Last year, the project was 'Highly Commended' at the national HSJ Awards in the 'Mental Health Innovation of the Year' category. In 2024, colleagues won the 'Psychiatric Team of the Year: Digital Mental Health' award at the RCPsych Awards.

9.2 Bedfordshire Colleague Receives Support Staff Excellence Award

Congratulations to Jo Saunders from the Trust's Medical Education team who was awarded the 'Support Staff Excellence' award at the Medical Education Leaders' annual Medical Educators Awards in May; recognising her dedication to improving the experience of undergraduate and postgraduate education across Bedfordshire and Luton.

ELFT's Medical Education team delivers training and education for medical students and resident doctors across the Trust. As Medical Education Coordinator for Bedfordshire and Luton, Jo plays a key role in delivering and supporting weekly academic programmes, coordinating student and Resident Dr placements, and providing pastoral support, alongside a wide range of educational activities.

10.0 Action Being Requested

10.1 The Board/Committee is asked to:

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

REPORT TO THE TRUST BOARD IN PUBLIC
23 July 2026

Title	Audit Committee Meeting held on 9 July 2026 – Committee Chair's Assurance Report
Board Lead	Alison Cottrell, Vice-Chair (Bedfordshire & Luton) and Chair of the Audit Committee
Author	Marie Price, Joint Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the Audit Committee meeting held on 9 July 2026 and to note the summary of the meeting held on 17 June to consider the Annual Accounts and Report.
- To seek approval for the updated Modern Slavery Statement (attached), the updates to the Standing Financial Instructions (noted within the report) and the Scheme of Reservation and Delegation (attached)

Key messages

9 July 2026

The Committee received assurance on the internal audit workplan, finalisation of the 2025/26 external audit, counter fraud, waivers, breaches and special payments along with updates to the modern slavery statement, standing financial instructions and the scheme of reservation and delegation. Committee members (non-executive directors) met in private with internal and external audit, along with counter fraud colleagues before the main committee meeting in line with good governance practice .

Internal Audit Plan Progress Update

The Committee reviewed progress against delivery of the 2026/27 Internal Audit Plan, including completed audits, implementation of recommendations and oversight of outstanding actions. Members focused discussion on how delivery of actions is tracked, how revised implementation dates are agreed and how the Committee can gain assurance that agreed actions are resulting in improvement rather than simply remaining open on action trackers.

Key points

- The Committee reviewed progress against the 2026/27 Internal Audit Plan and noted completed reports and associated actions.
- Members welcomed completion of the Data Security and Protection Toolkit audit, which received a positive 'low-risk, high-confidence' opinion.
- The disciplinary processes audit received reasonable assurance, identifying opportunities to strengthen timeliness, consistency and capacity management. The Committee was advised that the report will be considered by the People and Culture Committee the following week due to the timing of meetings.
- Members questioned how revised delivery dates for audit actions are approved and monitored, hearing that this is via executive directors, including where implementation dates are revised. Members requested greater visibility of progress against overdue actions and discussed the importance of understanding whether actions are having the intended impact above updates that work is *in progress*.
- The Committee noted that the 'Freedom Within a Framework' approach is a key component of the Strategy Delivery Plan and emphasised the need for assurance that governance controls, improvement plans and organisational standards are being consistently applied and delivering the intended outcomes. The Committee requested a further update in six months on implementation and impact.
- The Committee received an update regarding clinical coding compliance and welcomed actions being taken to address reduced coding accuracy associated with workforce changes and backlog management.

External Audit Progress Update – Annual Report 2025/26

The Committee received an update from the External Auditors following completion of the 2025/26 audit process. Members welcomed the positive conclusion of the audit and noted that outcomes from a lessons learned session would be reported back to a future meeting.

Key points

- The Committee noted finalisation of the 2025/26 audit and confirmation of an unqualified audit opinion on the Trust's financial statements.
- Members welcomed issue of the final audit report on 25 June 2026.
- Members congratulated both teams on the collaborative approach taken throughout the audit process.

Counter Fraud Progress Report

The Committee reviewed the Counter Fraud Progress Report and considered progress against functional standards together with implications arising from changes in legislation. Members welcomed progress made since the previous report and discussed actions required to respond to updated corporate criminal liability requirements.

Key points

- Full compliance against all functional standards was confirmed following discussions with the NHS Counter Fraud Authority (CFA). Members welcomed confirmation that the previous amber rating had been reassessed, with a green rating awarded following clarification from the NHS CFA.
- The Committee discussed implications arising from changes to corporate criminal liability provisions and associated governance requirements.
- Further work is underway with Legal Services and People and Culture in relation to employment documentation and organisational policies.
- Members noted the importance of maintaining assurance as legislative requirements continue to evolve.

Waivers and Breaches

The Committee reviewed procurement compliance during Quarter 1 and welcomed the position reported. Members explored how assurance can be obtained where no waivers or breaches are reported, recognising that the absence of reported issues does not in itself demonstrate that all risks are being effectively managed or that all relevant activity is being captured through established processes.

Key points

- No tender waivers or breaches of Standing Financial Instructions were reported during Quarter 1.
- Members acknowledged the work undertaken by the Procurement Team and the wider organisation to improve procurement planning and reduce reliance on waivers.
- The Committee discussed the distinction between the absence of waivers and the assurance required that procurement controls are operating effectively.
- Members considered how assurance is obtained that activity is not bypassing established procurement processes and discussed the importance of remaining appropriately sceptical and testing controls.
- The Committee noted that tender waivers can represent an appropriate procurement route where supported by clear justification, value for money and proper governance arrangements.
- Members welcomed confirmation that procurement reconciliations and contract monitoring arrangements are undertaken and continue to support oversight.
- The Committee commended the progress made by the Procurement Team whilst emphasising the importance of maintaining scrutiny and assurance.

Modern Slavery Statement

The Committee reviewed progress made in response to previous Audit Committee challenge regarding modern slavery assurance arrangements and considered updates to the Modern Slavery Statement. Members welcomed the further work undertaken and focused discussion on how the Trust can obtain greater assurance regarding modern slavery risks within complex supply chains.

Key points

- Members welcomed the response to previous Audit Committee challenge and noted the additional work undertaken to strengthen supplier assurance arrangements.

- The Committee reviewed targeted updates including enhanced supplier evidence requirements and use of the NHS England modern slavery assessment tool.
- Discussion focused on obtaining meaningful assurance regarding higher-risk suppliers and sectors rather than relying solely on policy compliance statements.
- Members supported the proposed risk-based approach, recognising that risks are driven by factors such as labour intensity, subcontracting arrangements and supply chain complexity rather than contract value alone.
- The Committee welcomed proposals to pilot the approach within estates services before wider rollout to other high-risk areas.
- Members encouraged alignment of the approach across the North East London Procurement Partnership to maximise learning and reduce duplication.
- The Committee approved the proposed action plan and revised Modern Slavery Statement (attached to this report) for onward recommendation to the Board and agreed future exception reporting arrangements.

Losses and Special Payments
The Committee reviewed losses and special payments reported during Quarter 1 and considered the reasons behind the expenditure incurred during the period. Members were satisfied that appropriate governance and reporting arrangements remained in place.

Key points

- Fourteen losses and special payments were reported during Quarter 1 with a total value of £60k. The majority related to compensation under court order or arbitration and damage to buildings and property.
- Members received additional context regarding the nature of claims and the increase in property-related costs during the quarter.
- The Committee noted the report.

Annual Review of Standing Financial Instructions
The Committee reviewed the outcome of the annual review of the Standing Financial Instructions and considered the proposed amendments. Members discussed whether all references remained necessary and reflected current governance arrangements.

Key points

- The annual review identified a small number of amendments to the Standing Financial Instructions following the significant update undertaken in 2025.
- The proposed changes were minor and as follows, hence the document is not attached to this report:
  - Formal recognition of the North East London Procurement Partnership (NELPP) as the Trust's outsourced procurement service and authorised third-party procurement provider, with associated delegation arrangements incorporated into the SFIs.
  - Amendments were made to contract signatory arrangements to include the Associate Director of Finance as an authorised signatory for contract sign-off up to £50,000, strengthening operational resilience within the existing control framework.
  - The Committee considered references to the Security Management Non-Executive Director role and agreed that oversight responsibilities are more appropriately exercised through formal committee structures. The reference has therefore been removed from the SFIs.
- The Committee approved the revised Standing Financial Instructions and recommended the minor updates as set out above to the Board for approval, being assured that the amendments provide greater clarity in governance and delegation arrangements while maintaining the existing framework of financial control and accountability.

Scheme of Reservation and Delegation
The Committee reviewed the updated Scheme of Reservation and Delegation (SoRD) prior to submission to the Board noting that this was a comprehensive update given the SoRD had not been updated for a number of years. Members welcomed the work undertaken to improve clarity and accessibility, noting that the document provides a clearer summary of existing governance and decision-making arrangements.

Key points

- The updated document consolidates existing provisions contained within the Constitution, Standing Orders, Standing Financial Instructions and Committee Terms of Reference.
- Members noted that no new powers or delegations are proposed.
- The review focused on improving clarity, removing duplication and making governance arrangements easier to navigate and understand.
- The Committee discussed future implications associated with the proposed Health Bill and acknowledged that further amendments, including a new Constitution, may be required should legislation progress.
- Members requested reference within the SoRD of delegation arrangements associated with North East London Procurement Partnership and proposed wording has since been incorporated.
- The Committee discussed the importance of regular review and supported annual updates in future.
- The Committee approved the updated SoRD for onward approval by the Board. The full document is attached to this report.

Standards of Business Conduct Policy Update
The Committee received an update on implementation of the Trust's new Declaration of Interest arrangements and supporting system. Members welcomed progress made and focused discussion on securing compliance and embedding the arrangements effectively across the organisation.

Key points

- Progress towards implementation of the new Declaration of Interest system was reviewed.
- Launch of the system and communications programme is planned for September 2026, subject to final refinements.
- Members discussed how compliance will be monitored and challenged once the system is live.
- The Committee considered the importance of a clear communications and engagement strategy to ensure staff understand both the requirements and rationale for declarations.
- Members discussed learning from other organisations, including use of compliance reporting, benchmarking and management oversight to improve participation.
- The Committee noted that successful implementation will be demonstrated through compliance and ongoing participation rather than system launch alone.

17 June – Meeting to Approve Annual Accounts and Report
The Committee received the External Audit Completion Report and was advised that, subject to Trust Board approval, the external auditors would issue a positive audit opinion on the 2025/26 accounts, with no significant internal control deficiencies or value for money concerns identified. Members welcomed the strong audit outcome, the quality of the accounts and supporting papers, and the constructive working relationship between the finance team and external auditors. The Committee also received a positive Head of Internal Audit Opinion and approved the 2025/26 Annual Report and Accounts for onward submission to the Trust Board. In a private session, the Committee reviewed the Counter Fraud service and supported continuation of the current in-house model, recognising the value provided through fraud prevention, investigation and wider assurance activity

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

EAST LONDON NHS FOUNDATION TRUST

SCHEME OF RESERVATION AND DELEGATION

Updated: July 2026

1. Purpose

1.1 Purpose of the Scheme

This Scheme of Reservation and Delegation ("the Scheme") forms part of the Trust's governance framework and sets out:

- matters reserved to the Board of Directors;
- functions exercised by the Council of Governors;
- authority delegated by the Board to its Committees;
- authority delegated by the Board to the Chief Executive;
- arrangements for further delegation to Executive Directors and officers; and
- arrangements for accountability and assurance in relation to delegated decision-making.

The Scheme supports:

- effective governance;
- transparency in decision-making;
- accountability for decisions;
- stewardship of public resources;
- compliance with statutory and regulatory requirements; and
- delivery of the Trust's strategic objectives.

1.2 Scope

This Scheme applies to:

- the Board of Directors;
- the Council of Governors;
- Board Committees;
- Executive Directors; and
- all officers acting under delegated authority.

No delegation under this Scheme removes the accountability of the Board for the exercise of its statutory functions.

2. Relationship with Other Governance Documents

This Scheme should be read in conjunction with:

- Constitution;
- Standing Orders;
- Standing Financial Instructions ("SFIs");
- Committee Terms of Reference;
- Executive Director Portfolio Schedule;
- Financial Delegation Limits;
- Board Assurance Framework;
- Risk Management Framework;
- Standards of Business Conduct Policy; and
- other relevant Trust policies and frameworks.

The relationship between these documents is summarised below.

Document	Purpose
Constitution	Statutory powers and governance framework
Standing Orders	Rules governing Board and Committee proceedings
Standing Financial Instructions	Financial controls, approvals and delegated financial authority
Scheme of Reservation and Delegation	Allocation of decision-making authority
Committee Terms of Reference	Committee responsibilities and delegated authority
Executive Director Portfolio Schedule	Allocation of executive responsibilities
Financial Delegation Limits	Detailed financial approval thresholds
Policies and Frameworks	Operational standards and controls

In the event of any inconsistency:

- Legislation shall prevail;
- The Constitution shall prevail;
- Standing Orders and Standing Financial Instructions shall prevail within their respective domains;
- This Scheme shall then apply.

3. Governance Principles

3.1 Corporate Accountability

The Board retains collective accountability for all functions of the Trust whether exercised directly or through delegated authority.

Delegation transfers authority, not accountability.

3.2 Subsidiarity

Authority should be exercised at the lowest appropriate level consistent with:

- effective governance;
- risk management;
- patient safety;
- financial control;
- regulatory compliance; and
- public accountability.

3.3 Delegation to Committees

The Board delegates authority to Committees through approved Terms of Reference.

Committees shall exercise only those powers expressly delegated to them by the Board.

3.4 Delegation to the Chief Executive

The Chief Executive is responsible for the day-to-day management of the Trust.

Unless expressly reserved to the Board or delegated to a Committee, authority shall rest with the Chief Executive.

3.5 Assurance

Those exercising delegated authority shall ensure appropriate assurance is provided through:

- committee reporting;
- performance reporting;
- risk reporting;
- exception reporting; and
- annual governance processes.

3.6 Escalation

Notwithstanding any delegation within this Scheme, any matter that is:

- strategically significant;
- novel*;
- contentious*;
- repercussive*;
- outside approved plans or budgets; or
- likely to have a material impact on quality, safety, workforce, finance, reputation or regulatory compliance,

*For the purposes of this Scheme, a *novel* matter is one that is outside the Trust's normal course of business, has not previously been considered by the Trust, establishes a significant precedent, involves the establishment or dissolution of a subsidiary, or introduces a new area of strategic, operational, financial or regulatory risk. A *contentious* matter is one that is likely to generate significant disagreement, challenge or concern amongst staff, service users, carers, governors, partners, regulators or the wider public, or is likely to attract public, political or media interest. A *repercussive* matter is one that may have significant consequences beyond the immediate decision, materially affect the Trust's reputation, finances, workforce, partnerships or regulatory standing, or create wider implications for the Trust, the NHS system or the communities it serves.

3.7 Conflicts of Interest

All persons exercising authority under this Scheme shall comply with the Trust's arrangements for declaration and management of conflicts of interest.

3.8 Financial Governance

Financial authority shall operate in accordance with the Standing Financial Instructions and associated Financial Delegation Limits approved by the Board.

The SFIs remain the primary source of authority for:

- financial thresholds;
- procurement approvals;
- contract approvals;
- capital approvals;
- treasury management;
- investments;
- asset disposals;
- losses and special payments.

Financial thresholds shall not be duplicated within this Scheme.

4. Matters Reserved to the Board

The Board reserves authority for matters that are strategic, statutory, fiduciary or of significant organisational importance.

4.1 Governance

The Board shall approve:

- Constitution and constitutional amendments (subject to Governor approval where required);
- Standing Orders;
- Standing Financial Instructions;
- Scheme of Reservation and Delegation;
- Board Committee structure;
- Committee Terms of Reference; and
- Annual Accounts and Report, including Annual Governance Statement.

4.2 Strategy and Planning

The Board shall approve:

- Trust Strategy;
- Annual Plan;
- strategic objectives;
- major organisational transformation programmes;
- significant partnership arrangements; and
- significant collaborative arrangements.

4.3 Quality and Safety

The Board shall approve:

- Quality Strategy;

- Clinical Governance Framework;
- Risk Appetite Statement;
- Board Assurance Framework; and
- significant quality and safety frameworks.

4.4 People

The Board shall approve:

- People Strategy;
- Executive leadership structure; and
- matters reserved under the Constitution relating to appointments and remuneration.

4.5 Finance and Resources

The Board shall approve:

- Financial Strategy;
- Annual Budget;
- Annual Accounts;
- Annual Report;
- Annual Governance Statement;
- Capital Programme;
- Prudential Borrowing Strategy;
- Significant Transactions;
- Establishment, acquisition, material change, or dissolution of subsidiary companies;
- Major capital investment proposals above delegated limits; and
- matters reserved by the Constitution and Standing Financial Instructions.

4.6 Estates, Digital and Sustainability

The Board shall approve:

- Estates Strategy;
- Digital Strategy;
- Green Plan and Sustainability Strategy;
  Major estate transactions; and
- significant digital transformation programmes.

5. Council of Governors

The Council of Governors exercises those functions conferred by legislation and the Constitution.

The responsibilities of the Council of Governors include:

- appointing and removing the Chair;
- appointing and removing Non-Executive Directors;
- determining the remuneration and allowances of the Chair and Non-Executive Directors;
- appointing and removing the External Auditor;

- receiving and considering the Trust's Annual Report and Annual Accounts following approval by the Board (usually at the Annual Members Meeting);
- responding to the Board's Annual Plan and strategic direction;
- approving constitutional amendments where required;
- approving Significant Transactions where required by the Constitution;
- holding the Non-Executive Directors collectively to account for the performance of the Board; and
- representing the interests of members and the public.

The Council of Governors does not manage the operational affairs of the Trust and does not exercise executive authority.

Further detail is set out in the Constitution and Council of Governors governance arrangements.

6. Committee Delegations

The Committee delegations set out below are intended to summarise the principal delegated authorities of each Committee. Full responsibilities for assurance, scrutiny and review are contained within the relevant Committee Terms of Reference and are not duplicated within this Scheme.

Committee responsibilities for assurance, scrutiny and monitoring remain set out within approved Terms of Reference and are not repeated in full within this Scheme unless they involve a specific delegated authority.

6.1 Audit Committee

Approve

- Internal Audit Plan;
- External Audit Plan and associated audit arrangements;
- Counter Fraud Annual Work Plan;
- Accounting Policies; and
- such other audit and assurance work programmes as may be delegated by the Board.

Review and Recommend to Board

- Annual Accounts;
- Annual Report and associated disclosures;
- Annual Governance Statement;
- Standing Orders;
- Standing Financial Instructions; and
- Scheme of Reservation and Delegation.

Provide Assurance

- internal control;
- governance arrangements;
- risk management;
- counter fraud;

- external audit; and
- compliance with statutory and regulatory requirements.

6.2 Finance, Business and Investment Committee

Approve

- investments within delegated limits;
- capital schemes within delegated limits;
- contract approvals within delegated limits;
- estate transactions within delegated limits; and
- matters delegated through the SFIs.

Recommend to Board

- Financial Strategy;
- Annual Budget;
- Capital Programme;
- Major investment proposals;
- Cash Management and Investment Policy;
- Estates Strategy;
- Digital Strategy; and
- Sustainability Strategy/Green Plan.

Provide Assurance

- financial performance;
- commercial development;
- capital delivery; and
- financial sustainability.

6.3 Quality Assurance Committee

Approve

- Quality Account

Recommend to Board

- Quality Strategy;
- Clinical Governance Framework;
- Patient Safety Framework; and
- significant quality and safety frameworks.

Provide Assurance

- patient safety;
- safeguarding;
- clinical effectiveness; and
- quality governance.

6.4 People and Culture Committee

Recommend to Board

- People Strategy;
- People Plan; and
- significant workforce frameworks.

Provide Assurance

- workforce performance;
- staff experience;
- equality, diversity and inclusion; and
- organisational culture.

6.5 Appointments and Remuneration Committee

Approve

- Executive Director appointments;
- Executive remuneration; and
- Very Senior Manager remuneration arrangements.

Recommend Where Required

- matters requiring Board or Governor approval.

6.6 Integrated Care and Commissioning Committee

Recommend to Board

- significant collaborative arrangements;
- major commissioning arrangements; and
- major partnership proposals.

Provide Assurance

- integrated care;
- provider collaboratives;
- population health; and
- strategic partnerships.

6.7 People Participation Committee

Recommend to Board

- participation strategies; and
- engagement frameworks.

Provide Assurance

- co-production;
- service user involvement; and
- community engagement.

7. Delegation to the Chief Executive

The Chief Executive is authorised to exercise all powers of the Trust not:

- reserved to the Board;
- conferred upon the Council of Governors;
- delegated to a Board Committee; or
- otherwise restricted by legislation, the Constitution, Standing Orders or Standing Financial Instructions.

This includes responsibility for:

- operational management of the Trust;
- delivery of services;
- delivery of strategy and annual plans;
- implementation of Board decisions;
- resource allocation within approved budgets;
- operational partnerships;
- contract management;
- workforce management;
- performance management; and
- risk management arrangements.

The Chief Executive may further delegate authority to Executive Directors and officers.

7.1 Delegation to Shared Procurement Arrangements

The Chief Executive may, subject to the Trust's Standing Financial Instructions, Financial Delegation Limits and approved partnership arrangements, authorise named officers within the North East London Procurement Partnership or other approved shared service arrangements to exercise procurement, commercial, contract management, contract approval and contract signature functions on behalf of the Trust.

Such authority shall be limited to the thresholds, conditions and exclusions set out in the Standing Financial Instructions, Financial Delegation Limits and relevant Trust policies.

This delegation shall not apply to matters reserved to the Board or Board Committees, or to matters that are strategically significant, novel, contentious, repercussive, outside approved budgets, or otherwise requiring escalation under this Scheme.

8. Executive Director Accountability

The Chief Executive has delegated responsibilities to Executive Directors in accordance with approved Executive Director Portfolios and management arrangements.

Each Executive Director is accountable for ensuring that:

- decisions within their portfolio are taken in accordance with this Scheme;
- risks are appropriately managed;
- resources are used effectively and efficiently;
- statutory and regulatory requirements are met; and

- appropriate assurance is provided to the Board and Committees.

Executive Director portfolios shall be maintained separately from this Scheme and form part of the wider governance framework.

9. Financial Delegation

Financial authority shall operate in accordance with:

- Standing Financial Instructions;
- Financial Delegation Limits;
- Procurement Policy; and
- Budgetary Delegations approved by the Chief Executive.

The SFIs remain the authoritative source for:

- Capital Schemes
- Investments
- Borrowing
- Treasury Management
- Procurement
- Contract Approval
- Asset Disposal
- Debt Write-Offs
- Losses and Special Payments

Financial thresholds and delegated limits shall be maintained within the Standing Financial Instructions and associated Financial Delegation Limits and shall not be duplicated within this Scheme.

Appendix A – Governance Framework Documents

The following documents form part of the Trust's governance framework and should be read alongside this Scheme.

Document	Purpose	Link
Constitution	Statutory governance framework	[Insert Link]
Standing Orders	Board and Committee proceedings	[Insert Link]
Standing Financial Instructions	Financial authority and controls	[Insert Link]
Audit Committee Terms of Reference	Delegated Audit Committee authority	[Insert Link]
Finance, Business and Investment Committee Terms of Reference	Delegated financial authority	[Insert Link]
Quality Assurance Committee Terms of Reference	Quality governance responsibilities	[Insert Link]
People and Culture Committee Terms of Reference	Workforce governance responsibilities	[Insert Link]
Appointments and Remuneration Committee Terms of Reference	Appointment and remuneration authority	[Insert Link]
Integrated Care and Commissioning Committee Terms of Reference	Partnership and collaborative governance	[Insert Link]
People Participation Committee Terms of Reference	Participation governance arrangements	[Insert Link]
Executive Director Portfolio Schedule	Allocation of executive responsibilities	[Insert Link]
Financial Delegation Limits	Detailed financial thresholds	[Insert Link]
Board Assurance Framework	Strategic risk and assurance arrangements	[Insert Link]
Risk Management Framework	Organisational approach to risk management	[Insert Link]
Standards of Business Conduct Policy	Conflicts of interest and business conduct	[Insert Link]
Council of Governors Governance Framework	Governor responsibilities and arrangements	[Insert Link]

The documents listed above form part of the Trust's governance framework and should be read alongside this Scheme. Where detailed arrangements are set out within those documents, they shall be regarded as the authoritative source of that information.

ADDITIONS from 2025 statement highlighted in blue font

Modern Slavery and Human Trafficking Statement 2026

This statement is made pursuant to section 54(1) of the Modern Slavery Act 2015 and constitutes the Trust's slavery and human trafficking statement for the financial year ending 31 March 2026. The statement sets out the steps that East London NHS Foundation Trust (ELFT) has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain, or in any part of our business during the year ending 31 March 2026.

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

ELFT has a zero tolerance approach to any form of modern slavery or human trafficking in any part of our business activity. We are committed to acting ethically and with integrity and transparency in all business dealings, and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain.

About the Organisation

ELFT provides a wide range of mental health, community, primary care and inpatient services to children, young people, adults of working age, older adults and forensic services to the City of London, Hackney, Newham, Tower Hamlets, Barking & Dagenham, Havering, Bedfordshire and Luton, as well as remote Talking Therapies service in Norfolk.

The Trust operates from over 120 community and inpatient sites and has 900 general and specialist inpatient beds. We employ over 7,700 permanent staff, and the Trust's annual turnover is just under £744 million.

The Trust has achieved its third consecutive 'Outstanding' rating from the Care Quality Commission; the first community and mental health Trust to achieve this rating for a third time. The CQC found ELFT's overwhelmingly positive culture supported patients to achieve good outcomes.

Further information about ELFT can be found on our website: www.elft.nhs.uk

Our Commitment

- We are fully aware of the responsibilities we bear towards our service users, staff and local communities. Our overall approach will be governed by compliance with legislative and regulatory requirements and we aim to follow good practice and take all reasonable steps to prevent modern slavery and human trafficking
- We are committed to promoting a proactive and inclusive approach to equality in both employment and service provision which supports and encourages an inclusive culture which values diversity; this includes a commitment to building a workforce which is valued and whose diversity reflects the communities it serves, enabling the Trust to deliver the best possible healthcare services to the community
- We aim to design and provide services, implement policies and make decisions that meet the diverse needs of our service users and carers, the population we serve and our workforce ensuring that none are placed at a disadvantage
- We are guided by a strict set of ethical values in all of our business dealings and expect our suppliers to adhere to these same principles. We are committed to ensuring there is no

modern slavery in any part of our business in so far as possible and require our suppliers to hold similar ethos, again in so far as possible

- We are committed to ensuring that all our staff are aware of the Modern Slavery Act 2015 and their safeguarding duty to protect and prevent any further harm and abuse when it is identified or suspected that an individual may be or is at risk of modern slavery and human trafficking.
- We ensure modern slavery guidance is embedded into the Trust safeguarding policies. Staff are expected to report concerns about modern slavery and human trafficking, and management are expected to act upon them in accordance with our policies and procedures. Guidance on modern slavery and human trafficking – what it means, what are the types and who is affected, what to do if you suspect someone of being subjected to slavery, and further advice, support and resources – can be found on the Trust's intranet site
- We adhere to the National NHS Employment Checks/Standards this includes right to work in the UK, employees' UK address and factual references.

Governance and policies

To identify and mitigate the risks of modern slavery and human trafficking in our business and in our supply chain, we:

- Operate a robust recruitment and selection policy, including appropriate pre-employment checks reflecting the national NHS Employment Checks/Standards requirements on directly employed staff. Agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will
- Implement a range of controls to protect staff from poor treatment and/or exploitation which comply with all respective law as and regulations; these include provision of fair pay rates, fair terms of conditions of employment and access to training and development opportunities
- Consult and negotiate with Trade Unions/Staffside on proposed changes to employment, work organisation and contractual relations
- Have systems to encourage the reporting of concerns including a whistleblowing policy so that all staff know that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals; and the promotion of our Freedom to Speak Up Guardian and Ambassadors
- Regular Freedom to Speak Up reports are provided to the Trust Board which includes an overview of the concerns raised by staff and the category they fall in to
- Have a standards of business conduct policy which explains the manner in which we behave as an organisation and about how we expect our staff and suppliers to act
- All our people, procurement and commercial policies are equality impact assessed to ensure that colleagues are always treated fairly.

Working with Suppliers

Our approach to procurement and our supply chain includes:

- Ensuring that our suppliers are carefully selected through our robust supplier selection criteria and processes, and require all suppliers to comply with the provisions of the UK Modern Slavery Act (2015) through our purchase orders and tender specifications, which set out our commitment to ensuring no modern slavery or human trafficking in relation to our business
- Ensuring a human rights issue clause is included as a standard term in all contracts with a requirement for suppliers to have suitable anti-slavery and human trafficking policies and processes in place and that they comply with the provisions of the UK Modern Slavery Act (2015)
- Evaluate specifications and tenders with appropriate weight given to modern slavery and human trafficking points
- Encouraging suppliers and contractors to take their own action and understand their obligations in their processes
- Upholding professional codes of conduct and practice relating to procurement and supply
- Trust staff must contact and work with the procurement team when looking to work with new suppliers so appropriate checks can be undertaken

- The Trust's major supplier of clinical and non-clinical consumables, equipment and maintenance services is NHS Supply Chain (NHSSC) who operates with a Supplier Code of Conduct which outlines main principles for suppliers' labour standards and worker welfare. All suppliers to NHSSC are expected to adhere to these principles, which address issues such as child labour, forced labour, wages, working hours and health and safety. The supplier code of conduct is a contractual requirement and has been part of all NHS Supply Chain framework agreements since 2009.
- We also utilise various public sector framework agreements and these frameworks contain such provision. The contracts set out the behaviours expected throughout procurement and supply chain relationships. We include performance indicators in supplier contracts so we can monitor progress against contractual commitments. These can include Social Value and training commitments, and obligations for suppliers to conduct supply chain analysis.

Compliance monitoring and high-risk sectors

During 2025/26, following the Audit Committee's review of the Trust's 2025 statement, ELFT undertook further work to strengthen assurance over modern slavery compliance monitoring within its supply chain, with a particular focus on high-risk sectors and the estates landscape. This work considered how supplier compliance is monitored after contract award, how high-risk contracts and suppliers can be identified, and how modern slavery risks can be incorporated more consistently into contract management arrangements.

The Trust recognises that modern slavery risk is not limited to contracts of a particular value and can arise in any part of the supply chain. Enhanced monitoring will be prioritised for higher-risk areas including estates, construction, maintenance, facilities management, cleaning, catering, security, laundry/linen, waste, logistics, temporary staffing, textiles/uniforms, PPE, clinical consumables, IT/electronics, medical equipment and relevant commissioned services.

The Trust has reviewed the strengthened national NHS procurement position, including NHS England's statutory guidance on tackling modern slavery in NHS procurement. For new procurements of goods and services for the purposes of the health service, ELFT will apply a proportionate modern slavery risk assessment and, where relevant, include appropriate requirements within specifications, award criteria, contract terms, KPIs, reporting requirements and contract management arrangements.

For medium and high-risk procurements, this may include requesting modern slavery statements, anti-slavery policies, supplier codes of conduct, recruitment and right-to-work processes, worker voice or whistleblowing arrangements, training records, subcontractor controls, supply chain mapping and MSAT or equivalent assurance responses where appropriate and proportionate.
For existing contracts, the Trust's ability to require suppliers to provide further evidence will depend on the relevant contract, framework or call-off terms already in place. Where there is no clear contractual route to compel completion of additional assurance activity, the Trust will seek voluntary cooperation, record any non-response or refusal as an assurance limitation, and consider appropriate follow-up action, including supplier engagement, contract variation where appropriate, or inclusion of strengthened requirements at extension, renewal or re-procurement.

During 2026/27, the Trust will continue to develop its risk-based compliance monitoring approach by identifying suppliers in high-risk sectors, reviewing the contractual route for requesting supplier assurance, embedding modern slavery as a contract management agenda item for medium and high-risk suppliers, and updating procurement templates and guidance to reflect NHS England statutory guidance and Procurement Policy Note 009. Progress will be reported through future statements and escalated through appropriate governance routes where material concerns are identified.

Training

All staff have a personal responsibility for the successful prevention of modern slavery and human trafficking. Advice and training on modern slavery and human trafficking is available to staff through our safeguarding policies, procedures and training, and our safeguarding leads.

Safeguarding training on identifying and supporting victims of modern slavery is mandatory for all staff via our online training system. In addition, the procurement team all undertake the Cabinet Office modern slavery training that is specific to managing our supply chain.

In relation to our supply chain, as part of ongoing professional development and delivery, procurement staff are required to undertake the CIPS Ethical Procurement and Supply training and Social Value Mandatory eLearning via Government Commercial Function. The procurement team will also maintain awareness of NHS England's statutory guidance and relevant government guidance on modern slavery risk management. This helps our teams to do the following when carrying our commercial activity:

- identify modern slavery risks;
- manage risks effectively in supply chains and existing contracts; and
- act when victims of modern slavery are identified.

Confirmation

The Board of Directors has considered and approved this statement and will continue to support the requirements of the legislation.

Eileen Taylor
Chair
July 2026

NHS East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
23 July 2026

Title	Integrated Care and Commissioning Committee (ICCC) 3 July 2026 – Committee Chair's Report
Committee Chair	Richard Carr, Senior Independent Director and Chair of Integrated Care and Commissioning Committee
Author	Marie Price, Joint Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Integrated Care and Commissioning Committee (ICCC) meeting held on 3 July 2026.
To seek approval for the updated Terms of Reference.

Key messages

3 July 2026

The ICCC meeting received assurance on the progress of work to develop a prevention framework as part of the population health plan, an update on the refreshed Compass Wellbeing strategy and progress on Board Assurance Framework mitigations and actions. Further details around the potential risk to two provider collaboratives were received with discussions reflecting ELFT's strong commitment to support these services, amplifying the success in addressing health inequalities and the positive impact within current and evolving systems. Committee members welcomed achievements, recognised persistent challenges and agreed actions to support ongoing assurance.

Future Contractual Arrangements for North Central East London CAMHS and Perinatal Provider Collaboratives and Potential Risks

As lead provider, the Committee received assurance of continuing achievements whilst acknowledging growing concern and uncertainty around contract extensions beyond March 2027. Key points included:

- Acknowledgement of the sustained reductions in admissions, out of area placements, lengths of stay and delayed discharges achieved by both collaboratives, with significant savings reinvested into community services alternatives to admission including home treatment teams and intensive specialist disorder support.
- The committee noted key risks around the potential impact on clinical quality and destabilisation of the robust oversight and case management, staff retention during a time of uncertainty and the financial impact on the Trust of an increased reliance on independent providers. Plans for further development of the model to advance admission avoidance across London will also be put at risk.
- Mitigations are already in place involving contingency funding, secondments and fixed term posts, noting the ringfenced reinvestment in community services will afford some protection against variation and quality risks.
- The committee identified uncertainty regarding future contractual arrangements as a significant strategic risk, noting the potential impact on staff retention, service sustainability and patient outcomes. Members provided their full support for urgent escalation of this issue through regional and system leadership routes to secure early resolution and safeguard the benefits achieved through the collaboratives.

Developing an ELFT Prevention Framework

The committee received an update on the work undertaken to gather an understanding of prevention and develop key principles to support the Trust's approach to influencing work on the wider determinants of population health. Key points included:

- The insights from extensive engagement with a wide cohort of staff and service users which supported a clear appetite for further strengthening of early identification, community outreach, awareness, and physical health and lifestyle interventions. A unique ELFT-specific language also reflected the importance of empathy, trust and the building of individual resilience.
- The committee noted risks and opportunities around leadership, prioritisation, funding and resource, workforce development, data and measurement.

- Assurances were sought on the positioning of this work to achieve maximum impact and learning from opportunities already in place in neighbourhood spaces and schools' teams.
- The committee discussed the importance of maximising the Trust's influence through partnerships, neighbourhood approaches and wider system working, recognising many opportunities for prevention sit within the wider determinants of health and require collective action across organisations.
- The Committee reflected on the potential for negative connotations and differing interpretations of the word 'prevention', particularly amongst service users and carers, and noted that alternative language may need to be considered during the design phase. Members also highlighted the Trust's role in reducing stigma, promoting early help-seeking and raising awareness of mental health issues through partnership and community engagement.
- A draft framework will be presented at the next meeting.

Compass Wellbeing CIC Strategy Refresh 2026-2029
The Committee received the strategy which reflected a focus on sustainability and long-term impact following engagement with key stakeholders. Key points included:

- Presentation of four strategic pillars to support a build, grow and scale approach for more resilience and diversification, with a focus on co-production, growing social value, strengthening corporate partnerships, improving equity and prevention, and building community capacity.
- The ambition is to evidence delivery of wider prevention and equality measures by 2029 through further investment in staffing capacity to improve governance and oversight, pipeline management, business development, financial planning and performance monitoring.
- More detail was sought on the financial plan underpinning the strategy and assumptions on the return on investments, reflecting on the examples provided of current partnerships and intentions around bid and contract support to generate income.
- The Committee discussed the financial assumptions underpinning delivery of the strategy and sought greater clarity. Members requested a supporting financial plan to provide further assurance regarding deliverability and long-term sustainability of the strategy.

Board Assurance Framework – Improving Population Health Outcomes
Risk 1: *If the Trust does not build and sustain the right capability and capacity to support new models of integrated care (particularly neighbourhood care models) this may impact adversely on our ability to deliver the Trust strategy and the 10-year health plan.*
Risk 2: *The Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other organisations*
Risk 11: *Potential changes to the commissioning arrangements for mental health and community health services in Bedfordshire and Luton from 2028.*
The Committee noted updates to actions associated with mitigations and some progress against all three risks, however acknowledged the continuing uncertainty in the external environment and partnership landscape does not support any changes to the current assessment and scoring of these risks. The work underway to refresh the BAF overall, including the BAF risks for ICCC was noted.

ICCC Terms of Reference

- The Committee received proposed revisions to the Terms of Reference to reflect the new Trust Strategy and strengthen the focus on advancing equity and prevention.
- Members also discussed arrangements relating to committee membership and quoracy to ensure sufficient flexibility in Executive Director attendance whilst maintaining effective governance, including ensuring the Chief Executive counts toward the quorum when attending.
- The Committee further reflected on its role in supporting Board oversight of the Trust Strategy, particularly in relation to improving population health outcomes, and requested further consideration of how this is articulated within the Terms of Reference and alongside the wider Board assurance framework.
- Members also requested further refinement to ensure references to primary care reflect the Trust's current operating model and relationships.
- The Terms of Reference are attached for Board approval.

Previous Minutes: The approved minutes of the Integrated Care & Commissioning Committee are available on request by Board Directors from the Joint Director of Corporate Governance.

2024-09-01 FINAL APPROVED

Updates in track changes

Integrated Care & Commissioning Committee

Terms of Reference

1 Authority

1.1 The Integrated Care & Commissioning Committee (Committee) is constituted as a standing committee of the Trust's Board of Directors (Board). Its constitution and terms of reference is set out below, subject to amendment and approval by the Board.

1.2 The Committee is authorised by the Board to act within these terms of reference.

1.3 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its duties. All members of staff are expected to co-operate with any request made by the Committee.

1.4 The Committee is authorised to obtain outside legal or other independent professional advice and to secure the attendance of external individuals/organisations with relevant experience and expertise if it considers this necessary in support of its duties.

1.5 These terms of reference shall be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions as appropriate.

2 Purpose

2.1 The overall purpose of the Committee is to provide oversight and assurance to the Board on:

- The delivery of the Trust's ~~strategic objective~~core ambition to improve population health, ~~and~~ and aims to tackle health inequalities, advance equity, ensure earlier intervention/prevention, ~~-~~and the underlying drivers of poor health in our local populations as part of our commitment to the triple aim (improving patient experience of care including quality and satisfaction, improving the health of populations, and reducing the per capita cost of health care)
- The Trust's approach to integration, and in particular within Integrated Care Systems
- Where the Trust develops or adopts new models of care arrangements that will improve population health and tackle inequalities, including for example where the Trust is a lead provider and contract holder, commissioner or primary care provider.

3 Duties

3.1 **Population health**

- Gain assurance on the delivery of the Trust's ~~strategic objective~~core ambition to improve population health and to reduce health inequalities and the underlying drivers of poor health in our local populations as part of our commitment to the triple aim by:
  - Keeping under review the progress against the Trust's population health, Marmot Trust and Anchor organisation and strategy ~~framework~~ delivery plan, including the ~~s~~
  - Being responsible for connecting to and influencing the policy/strategy relating to the wider determinants of health
  - Ensuring the Trust is working with system partners on improving the health and wellbeing of the local population through prevention, earlier intervention and action to advance equity.

10

3.2 **Integrated care**

- Keep under review the external legal, policy and contracting environment as it relates to integrated care and population health, e.g. Integrated Care Systems (ICS), and the impact on the Trust's strategic direction, and to inform the Board on options for the Trust's future strategic direction
- Oversee and monitor the engagement framework to ensure there is full and effective system engagement and involvement with all key partners including ICSs, provider collaboratives, alliances and partnerships, and any other forms of collaborative or partnership working to improve population health, advance equity, support prevention along with earlier intervention
- Provide oversight and assurance of the Trust's commissioning responsibilities as lead provider in respect of provider collaboratives
- Receive assurance regarding provider collaboratives and other partnership arrangements where the Trust shares oversight responsibilities with partner organisations.

3.3 **New models of care**

Where the Trust is the lead provider or contract holder or commissioner:

- To consider how new models of care arrangements are levered to improve population health and advance equity, strengthen prevention/earlier intervention, and tackle health inequalities.
  - ~~tackle health inequalities~~
- To receive assurance in respect of the overall performance and delivery of new models of care in support of improving population health, earlier intervention/prevention, advancing equity and tackling health inequalities
- To receive assurance on full and effective engagement and relationships with key stakeholders and partners.

3.4 **Primary care**

Recognising the central role played by primary care and Primary Care Networks in improving population health, driving quality and safety, co-production with service users, and coordination of care:

- To consider how primary care transformation plans and/or newly commissioned services involving and/or impacting on primary care will support improving population health, earlier intervention/prevention, advance equity and tackling health inequalities
- ~~To receive assurance in respect of the overall performance and delivery of the Trust's primary care strategy and delivery plan in meeting the required and stated outcomes to support the delivery of the Trust's strategic objective to improve population health and tackle health inequalities~~

3.5 **Stakeholders involvement**

- Receive assurance on the active involvement of staff, governors, service users, carers, system partners and other stakeholders in the development of key Trust strategies and plans to improve population health, earlier intervention/prevention, advance equity and tackle health inequalities including those relating to service transformation, commissioning, new models of care and primary care.

3.6 **Risk Management and internal controls**

- Monitor the risks associated with the Trust's strategic priority in relation to population health, their controls and assurances via the Board Assurance Framework (BAF) providing onward assurance to the Trust's Audit Committee and Board that appropriate controls are in place and operating effectively; and make recommendations to the Board if it proposes to add or remove any risk

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- Escalate to the Board or refer to the relevant standing committee unresolved risks arising within the scope of these terms of reference that require action or that pose significant threats to the operation, resources or reputation of the Trust and, where appropriate, make recommendation to the Board in respect of including such risks in the BAF
- Receive and review the findings of relevant internal audit reports and seek assurance that recommendations are implemented in a timely and effective way.

3.7 Establish such sub-groups/committees as it deems necessary to support it to discharge its functions. In so doing the Committee will inform the Board of the establishment of such sub-groups/committees and present to the Board the terms of reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

3.8 Where appropriate the Committee will liaise with other relevant Trust Board standing committees to ensure an integrated and consistent approach to quality, finance, performance and communication.

4 Membership

4.1 The members of the Committee will be appointed by the Board and comprise:

- At least three Non-Executive Directors, one of whom will be the chair of the Committee
- Executive Director of Integrated Care (Exec lead)
- Chief Quality Officer/Director of Quality
- Chief Medical Officer.
- The Chief Executive will attend the Committee and count towards the quorum when in attendance.

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4.2 The chair of the Committee shall be appointed by the Board.

4.3 In the absence of the chair of the Committee, one of the other Non-Executive Director members will chair the Committee meeting.

5 Quorum

5.1 A quorum will be four members (including the Chief Executive when in attendance), including at least two Non-Executive Directors.

5.2 If the Committee is not quorate, the meeting may be postponed at the discretion of the Committee chair. If the meeting takes place and is not quorate, no decisions may be made at this meeting and such matters will be deferred until the next quorate meeting.

6 Attendance at Meetings

6.1 All members are expected to attend each meeting.

6.2 The Chair of the Trust and CEO attend by invitation.

6.3 Attendees include:

- Consultant in Public Health & Deputy Director of Population Health.

6.4 Other Trust Directors or staff or external advisers may be invited by the Committee chair to attend for all or part of any meeting when appropriate to assist in deliberations.

6.5 Attendance at meetings may be by face to face or remotely. Remote meetings may involve the use of telephone and/or electronic conference facilities. Any Committee member with the agreement of the Committee chair may participate in a meeting by way of telephone, computer or any other electronic means of communication provided that each person is

able to hear and speak. A person participating in this way is deemed to be present in person although their actual location shall be noted in the minutes; and will be counted in a quorum and entitled to vote.

6.6 Where a specific matter is deemed to be of a confidential or commercially sensitive nature, the Committee chair has the authority to restrict attendance at the meeting to members only and to ask all invitees to leave the meeting.

7 Support to the Committee

7.1 The Director of Corporate Governance will act as Company Secretary to the Committee and working with the Executive Director Committee lead(s) will:

- Agree the agenda with the Committee chair
- Ensure meeting papers are distributed in good time
- Ensure minutes are taken, action points and matters arising are recorded and followed up
- Advise the Committee on pertinent areas
- Draft the assurance report for the Board following each Committee meeting
- Draft the Committee's annual report of the review of its effectiveness and the terms of reference.

8 Frequency of Meetings

8.1 The Committee will normally meet six times a year (bi-monthly) and as required to fulfil its duties as the Committee chair shall decide.

8.2 The Committee will meet in common with the equivalent committee of North East London NHS Foundation Trust at least once annually. The purpose of the meeting in common will be to consider matters where both organisations have shared assurance and oversight responsibilities, including provider collaboratives and other partnership arrangements that report to both committees. Each committee will remain separately constituted and retain its own decision-making, reporting and governance responsibilities.
~~8.1~~

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~~8.2~~8.3 Where a decision needs to be taken outside the normal cycle of meetings, and where the matter is not deemed by the Committee chair to require an additional meeting to be called, the decision may be made via email. This approach will be used on an exceptions basis. Decisions via email will be reported to the next meeting and the wording of the decision minuted.

9 Conflicts of Interest

9.1 Where Committee members are involved in discussion, care should be taken to recognise and avoid conflicts of interest.

9.2 Where a Committee member or attendee has an interest, or becomes aware of an interest which could lead to a conflict of interest in the event of the Committee and subsequently the Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, is subject to the provisions of the Trust's Standards of Business Conduct Policy or other protocols or arrangements relating to the management of Conflicts of Interest.

9.3 At the beginning of each meeting as a standing agenda item, the Committee chair will ask members to highlight any conflicts of interest and identify any items/issues that may raise a conflict of interest for any Board member.

9.4 If any member or attendee has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, they will declare that interest as early as possible and not participate in the discussions. The Committee chair has the authority to request that member or invitee to withdraw until its consideration has been completed.

9.5 An up to date Register of Interests will be available on the Trust's website for public scrutiny.

10 Reporting and Minutes

10.1 The Committee chair will provide an assurance report to the Board after each meeting; this will be drafted by the Director of Corporate Governance. The report will set out the matters discussed together with any recommendations to the Board.

10.2 The Committee chair will highlight to the Board any pertinent issues and/or those that require disclosure, escalation, action or approval of the full Board.

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

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

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

11 Review

11.1 The Committee will undertake an annual review of its effectiveness and provide a report to the Board of its findings including highlighting areas for improvement.

11.2 Terms of reference will be reviewed annually and reported to the Board for ratification.

12 Review Dates

12.1 Date originally approved: May 2021

12.2 Date approved: ~~September 2024~~July 2025

12.3 Next review date: ~~September~~ July 2025

REPORT TO THE TRUST BOARD IN PUBLIC
23 July 2026

Title	Quality Assurance Committee (QAC) Meetings on 29 June and 6 July 2026 – Committee Chair's Report
Committee Chair	Professor Dame Donna Kinnair, Non-Executive Director and Chair of the Quality Assurance Committee
Author	Marie Price, Joint Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the Quality Assurance Committee (QAC) meetings on 29 June and 6 July 2026.

Key messages

This report principally summarises the substantive discussions and assurances received at the Quality Assurance Committee meeting held on 29 June 2026, which considered a range of quality, safety and governance matters. It also highlights the key outcomes from the Committee's annual review meeting held on 6 July 2026, at which a suite of annual reports was considered and approved (see Appendix 1).

Summary

The Committee reviewed a number of significant quality and safety matters including recent Prevention of Future Death (PFD) notices, patient deaths, progress following a recent serious incident, the Trust's principal quality and safety risk within the Board Assurance Framework, quality and safety performance within Bedfordshire and London Community Health Services, Internal Audit progress and digital safety.

Discussions focused on learning arising from incidents and investigations, the effectiveness of actions being taken in response to identified risks, workforce pressures, sustainability of service improvements and how evidence is used to demonstrate improvements in quality and safety over time. Members also considered the impact of increasing service demand, financial pressures and workforce challenges, and the importance of demonstrating that learning and improvement activity results in measurable and sustained improvements in care quality and patient safety.

Emerging Quality and Safety Issues

The Committee reviewed a number of significant quality and safety matters arising since the previous meeting, including PFD notices and recent patient deaths. Members discussed learning arising from these events, the actions being taken in response and the arrangements in place to monitor improvement. Particular attention was given to safeguarding, risk assessment, multi-agency working and the effectiveness of current escalation arrangements.

Key points:

- The Committee reviewed recent PFD notices and discussed actions being taken to strengthen safeguarding practice, risk assessment processes, domestic abuse awareness, escalation arrangements and communication between organisations involved in a service user's care. Members sought assurance that learning is being embedded across services and supported through appropriate governance arrangements.
- Members discussed recurring themes identified through coronial findings, including information sharing, multi-agency working, family involvement and recognition of deteriorating risk. Particular attention was given to how services work together when care crosses organisational and geographical boundaries.
- Three recent patient deaths were reviewed. Discussion focused on responses to concerns raised by carers and families, management of risk during periods of deterioration, operation of crisis pathways and the complexities associated with patients moving between services and

care settings. Members discussed the importance of identifying common themes across incidents and ensuring learning is effectively translated into practice.
- The Committee received an update regarding a recent serious incident and reviewed progress against actions arising from the 72-hour review. Members noted that police approval had been obtained to proceed with the investigation, external investigators had been appointed and immediate actions had been completed whilst wider learning continues to be progressed, executive oversight arrangements remain in place.
- Members also considered how learning from deaths, incidents, complaints, PFDs and national reviews is brought together to inform quality improvement and patient safety activity across the Trust and discussed the importance of measuring the effectiveness of actions taken.
- An update on industrial action was received and the Committee discussed the continuing cumulative impact on staff wellbeing, workforce resilience and operational service delivery.

Board Assurance Framework – Risk 4
The Committee reviewed BAF Risk 4: If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increase the risk of harm.
The current residual risk score remains 16 (Significant).

The Committee considered whether the current risk rating continues to reflect both the progress made through existing mitigating actions and the significant operational pressures being experienced across services. Members welcomed the forthcoming refresh of the Board Assurance Framework and discussed how the revised approach could strengthen the relationship between risks, controls, evidence and outcomes.

Key points:
- Members reviewed progress in relation to waiting list recovery, quality improvement activity, patient flow initiatives and developments designed to improve access, quality and patient experience.
- The Committee noted improvements in waiting list performance and discussed the work being undertaken to ensure that gains achieved are sustainable over the longer term through strengthened underlying processes.
- The Committee considered the impact of continuing demand pressures, workforce challenges, financial constraints and wider system pressures on the Trust's ability to maintain quality and safety standards.
- Members challenged what further improvement would be required before the overall risk score could reduce and discussed whether current controls, indicators and mitigations adequately demonstrate risk reduction.
- Members noted the opportunity presented by the forthcoming BAF refresh to strengthen the relationship between risk descriptions, controls, metrics and residual risk ratings.
- The Committee supported retaining the current risk score of 16 (Significant) pending the wider BAF refresh and review.

Quality and Safety Deep Dive – Bedfordshire Community Health Services
The Committee undertook a detailed review of quality, safety, workforce and performance across Bedfordshire Community Health Services. The discussion focused on areas of improvement as well as the risks and challenges impacting services. Members welcomed the significant progress achieved during the year whilst recognising the continuing pressures facing community services.

Key points:
- Members noted significant improvements in waiting time performance, including substantial reductions in both 52-week and 18-week waits achieved through targeted investment, service redesign and quality improvement activity.
- The Committee reviewed patient experience, workforce and quality indicators and heard examples of innovation across urgent community response services, palliative care, medicines optimisation, virtual ward development and neighbourhood-based care models.
- Members welcomed examples of service improvement and external recognition achieved across a number of services, including the achievement of Gold Accreditation within Parkinson's services.

- Discussion focused on workforce sustainability including nursing sickness levels, recruitment and retention challenges, increasing patient complexity and the impact of workload pressures on staff wellbeing and service resilience.
- Members heard that whilst overall caseload numbers have remained relatively stable, the complexity of patients supported within community settings has increased significantly and is becoming a major driver of workforce pressure and burnout.
- Members explored longer-term risks associated with projected population growth, service transformation programmes, neighbourhood working and changes to external funding arrangements, including the potential impact of reduced rehabilitation support funding.
- The Committee considered progress in relation to virtual ward development, integrated discharge pathways and proactive care approaches designed to support people closer to home and reduce avoidable admissions.
- The Committee discussed how current improvements will be sustained and monitored over time and the importance of demonstrating impact through outcomes rather than activity alone.

Quality and Safety Deep Dive – Newham and Tower Hamlets Community Health Services
The Committee reviewed quality and safety performance across Newham and Tower Hamlets Community Health Services with particular focus on access, patient outcomes, workforce pressures and partnership working. Members welcomed continued service improvements while recognising the challenges associated with increasing demand and financial pressures**.**

Key points:

- Members noted significant improvements in waiting time performance alongside positive patient experience feedback and strong performance within urgent community response services.
- The Committee reviewed examples of partnership working across acute, primary care, mental health and voluntary sector organisations designed to improve care coordination, discharge pathways and neighbourhood-based models of care.
- Discussion focused on staff wellbeing, workforce sustainability, supervision compliance, burnout and violence and aggression experienced by staff working within community settings.
- Members considered actions being taken to improve staff safety within community settings, including work to strengthen lone working arrangements and support staff following incidents.
- The Committee discussed the transition from Fothergill Ward and the development of enhanced home-first and community-based pathways designed to support people closer to home wherever possible.
- Discussion also focused on the introduction of nurse-led prescribing for end-of-life medication and the governance, training and safety arrangements supporting implementation.
- Members considered the sustainability of services dependent upon non-recurrent funding and the challenge of balancing quality, safety, workforce and financial pressures.
- The Committee also discussed the increasing complexity of patient need and the implications for future service models and workforce planning.

Internal Audit Progress Report
The Committee reviewed progress against the Internal Audit programme and considered audit recommendations relevant to quality, safety and governance.

Key points:

- Members reviewed overdue recommendations relating to waiting list management and risk management processes.
- Discussion focused on the actions being taken to strengthen governance arrangements and improve consistency of risk management practice across the Trust.
- The Committee noted forthcoming audits relevant to quality and safety, including safeguarding, use of force, complaints and risk management.
- Members agreed that continued visibility of implementation progress is important where audit recommendations have implications for patient safety, quality of care or organisational assurance.
- The Committee highlighted the importance of realistic implementation timescales and robust executive oversight where actions remain outstanding.

Digital Safety
The Committee reviewed digital safety as a cross-cutting quality theme and considered the role digital systems and governance arrangements play in supporting safe and effective care.

Key points:

- Discussion focused on digital clinical safety governance, digital capability, information quality, infrastructure resilience and digital inclusion.
- Members explored how digital technologies can improve access to information, support decision-making and strengthen consistency of care delivery across services.
- The Committee considered how digital solutions contribute to wider transformation programmes and quality improvement activity.
- Particular attention was given to the arrangements in place to identify, monitor and manage digital and clinical safety risks associated with technological change.
- Members requested greater visibility of digital safety assurance arrangements and how governance processes provide assurance regarding implementation of digital solutions and management of associated risks.

Quality Account 2025/26
The Committee approved the 2025/26 Quality Accounts for publication and received assurance regarding the robustness of the process and compliance with statutory requirements. External stakeholder feedback was positive and no material concerns were identified.

Quality Committee – Feedback
The Committee received updates regarding quality reporting arrangements and the Triangle of Care programme.

Key points:

- Members discussed the Quality Committee's request for routine quality dashboard reporting and agreed that further work will be undertaken to identify the most appropriate metrics and datasets to support assurance and oversight. In the interim, the full quality dataset was provided to the Committee as an appendix.
- Members received an update on the Triangle of Care programme and noted that the Trust has now signed up to the initiative. It was agreed that quarterly updates on progress and implementation of the Triangle of Care programme would be reported to the Committee for assurance.
- The Committee reviewed the suite of annual reports at its annual review meeting on 6 July 2026 (see below)

Quality Assurance Committee – Review of Annual Reports (6 July)
The Committee held its annual review meeting on 6 July 2026 and considered a comprehensive suite of annual reports covering key quality, safety and governance functions across the Trust. The annual review provided an opportunity to consider achievements, challenges, emerging risks and priorities for 2026/27 and to identify common themes across all quality and safety workstreams. Members highlighted recurring themes including workforce resilience, organisational learning, action effectiveness, safeguarding, health inequalities, partnership working and the continued development of assurance arrangements across the Trust. A summary of matters discussed is provided in **Appendix 1.**

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

Appendix 1: Quality Assurance Committee: summary of discussions held on 6 July to receive quality and safety related 2025/26 annual reports

Annual Report 2025/26	Key Points	Matters of Concern / Improvements	Positive Assurance
Annual Patient Safety Report	• Report structured around the Trust's Patient Safety Incident Response Framework priorities rather than incident volumes, reflecting a move towards intelligence-led patient safety reporting. • Thematic analysis undertaken across Patient Safety Incident Investigations, incident reporting, mortality reviews and wider safety intelligence. • Recurring themes included record keeping, information flow, referral management, family involvement, physical healthcare and absconsion. • Safety intelligence broadened through triangulation of incidents, investigations, mortality reviews and wider organisational learning. • Significant work undertaken to improve mortality review arrangements and organisational learning processes. • Increased use of learning responses including After Action Reviews, learning seminars and thematic reviews. • Plans developed to refresh Patient Safety Incident Response Framework priorities and strengthen action impact measurement during 2026/27.	• Timeliness of Patient Safety Incident Investigations and learning responses remains variable across services. • Action effectiveness remains difficult to demonstrate and many actions continue to rely on training, reminders and policy changes rather than stronger system controls. • The increase in Absent Without Leave incidents requires further analysis and understanding. • Patient safety equity reporting remains at an early stage of development. • Further work required to demonstrate how learning translates into sustained improvements in practice.	• Increasing maturity of patient safety intelligence and thematic analysis. • Significant progress in embedding Patient Safety Incident Response Framework arrangements and expanding organisational learning beyond formal investigations. • Robust governance arrangements are in place to support incident review, learning and monitoring of improvement actions. • Learning is increasingly triangulated from investigations, mortality reviews and wider safety intelligence. • Clear priorities established for 2026/27 including refreshed Patient Safety Incident Response Framework priorities, action effectiveness measures and patient safety equity analysis. **• The Committee approved the Annual Patient Safety Report.**
Safeguarding Annual Report (Adults and Children)	• Integrated adult and children's safeguarding report reflecting the Think Family approach. • Improved visibility of safeguarding activity through stronger reporting and governance arrangements. • Progress in relation to routine enquiry into domestic abuse, integrated safeguarding training and safeguarding supervision. • National reviews including Valdo Calocane,	• Training compliance for some safeguarding requirements remains below target. • Further development required around outcome measures and demonstrating impact. • Increasing complexity of presentations involving domestic abuse, exploitation, self-neglect and mental ill-health.	• Significant strengthening of safeguarding governance and reporting arrangements during the year. • Reduction in safeguarding risks on the safeguarding risk register. • Learning from reviews successfully incorporated into safeguarding training and improvement work. • Increased visibility and assurance

Annual Report 2025/26	Key Points	Matters of Concern / Improvements	Positive Assurance
	Southport and Sara Sharif informed local safeguarding priorities. • Continued strengthening of safeguarding intelligence and oversight arrangements. • Improved identification and reporting of safeguarding concerns relating to both adults and children. • Continued development of safeguarding audit, review and learning processes. • Clear safeguarding priorities identified for 2026/27.	• Continued focus required on data quality, thematic analysis and evidencing improvement. • Performance relating to some looked after children's measures requires continued improvement.	regarding safeguarding activity across the Trust. • Strong commitment to partnership working and organisational learning. **• The Committee approved the Safeguarding Annual Report.**
Infection Prevention and Control Annual Report	• Review of infection prevention performance, outbreak management, audit outcomes and workforce developments. • No Trust-attributable healthcare associated infections reported during the year. • Effective management of outbreaks and emerging infection risks. • Continued development of environmental audit and assurance arrangements. • Progress made in sustainability initiatives and antimicrobial stewardship. • Strong performance against National Health Service England Infection Prevention and Control assurance standards. • Continued development of respiratory protection and fit testing arrangements.	• Fit-testing compliance remains an area requiring improvement. • Workforce capacity and sickness pressures continue to present challenges. • Estate-related risks require ongoing monitoring and management. • Staff influenza vaccination uptake remains below desired levels. • Demand for specialist infection prevention advice and assurance activity continues to increase.	• No healthcare associated infections requiring formal reporting during the year. • Outbreaks managed effectively without significant impact on patient care. • Strong compliance against national infection prevention standards maintained. • Continued innovation and service improvement activity across the programme. • Effective partnership working supports delivery of the infection prevention programme. **• The Committee approved the Infection Prevention and Control Annual Report.**
Mental Health Law Annual Report	• Review of Mental Health Act and Mental Capacity Act compliance. • Significant improvement in treatment certificate compliance during the year. • Progress in relation to Community Treatment Order arrangements and patient rights. • Increased capacity and resilience within Associate Hospital Manager arrangements.	• Further improvement required to achieve full compliance in some areas. • Ongoing attention required regarding inequalities associated with detention under the Mental Health Act. • Legislative changes will require continued organisational preparation and oversight. • Continued improvement required	• Significant improvement achieved in treatment certificate compliance. • Robust arrangements are in place to support compliance and monitoring. • Increased capacity and resilience within Associate Hospital Manager arrangements. • Strong focus on preparing for future legislative change. • Effective governance arrangements

Annual Report 2025/26	Key Points	Matters of Concern / Improvements	Positive Assurance
	• Preparatory work underway for Mental Health Act reform and Liberty Protection Safeguards. • Continued monitoring of Mental Health Act and Mental Capacity Act compliance arrangements.	regarding treatment certificate transfers and capacity documentation.	support Mental Health Act compliance across the Trust. **• The Committee approved the Mental Health Law Annual Report.**
Emergency Preparedness, Resilience and Response Annual Report	• Review of emergency preparedness, business continuity and resilience activity. • Learning from incidents and exercises used to strengthen emergency planning arrangements. • Progress made in cyber resilience and business continuity planning. • All Business Continuity Plans being migrated to InPhase to improve oversight and assurance. • Increased service user involvement in emergency preparedness activity. • Ongoing preparation for Martyn's Law requirements. • Learning from cyber resilience exercises informing the 2026/27 work programme.	• Cyber security continues to represent one of the Trust's highest risks. • Climate change and extreme weather events present increasing challenges. • Ongoing work required to address actions arising from exercises and assurance reviews. • Continued implementation of Martyn's Law requirements remains a priority.	• Strong compliance against National Health Service England Emergency Preparedness, Resilience and Response standards maintained. • Effective resilience and emergency planning arrangements remain in place. • Significant progress made in organisational preparedness and resilience. • Strong collaborative working demonstrated with emergency planning partners. • Increased service user involvement has strengthened resilience planning. **• The Committee approved the Emergency Preparedness, Resilience and Response Annual Report.**
Health, Safety and Security Annual Report	• Review of health and safety performance, violence and aggression, security incidents and statutory compliance. • Continued development of partnership working through Operation Cavell and police liaison arrangements. • Improvements in lone worker safety arrangements and reporting systems. • Increased service user involvement in health and safety activities. • Continued migration of audit and assurance processes to InPhase. • Review of incident reporting trends and organisational learning.	• Violence and aggression towards staff remains a significant concern. • Continued focus required on lone worker safety arrangements. • Audit and workplace risk assessment completion requires ongoing monitoring. • Further work required to strengthen equality and diversity analysis of health and safety data. • Ongoing monitoring required regarding environmental risks.	• Statutory obligations continue to be met. • Improvements achieved in monitoring, reporting and governance arrangements. • Strong partnership working supports staff safety initiatives. • Service user involvement continues to strengthen health and safety arrangements. • Continued collaboration with police services and Operation Cavell has delivered positive outcomes. **• The Committee approved the Health, Safety and Security Annual Report.**

Annual Report 2025/26	Key Points	Matters of Concern / Improvements	Positive Assurance
	• Development of health and safety governance and assurance arrangements.		
Freedom to Speak Up Annual Report	• Review of speaking up activity, psychological safety and themes arising from concerns raised. • Governance, escalation and reporting processes strengthened during the year. • Concerns raised have informed service reviews, audits, safeguarding reviews and local improvements. • Internal audit provided reasonable assurance regarding Freedom to Speak Up arrangements. • Learning from concerns continues to inform wider quality, safety and culture improvement work. • Greater emphasis placed on evidencing the impact of concerns raised.	• Continued work required to strengthen psychological safety across the Trust. • Confidence that concerns will lead to action remains variable across teams. • Greater visibility of outcomes and improvements resulting from concerns raised is required. • Continued focus required on accessibility and inclusivity of the service. • Particular attention required regarding the experiences of some staff groups.	• Staff continue to utilise Freedom to Speak Up arrangements across the Trust. • Improvements made to governance, accessibility and support arrangements. • Learning from concerns is increasingly informing organisational improvement. • Board and executive oversight arrangements provide effective governance. • Clear priorities identified for 2026/27. **• The Committee noted the Annual Freedom to Speak Up Report.**
Complaints, Patient Advice and Liaison Service and Compliments Annual Report	• Review of complaints, Patient Advice and Liaison Service activity and compliments received during the year. • Improvement in complaint closure rates and reduction in breaches. • Most common themes remained staff attitude, access to services and clinical management. • A Trust-wide complaints framework has been developed to improve consistency and accountability. • New complaints dashboard being developed to improve access to complaints intelligence. • Increased focus on triangulating complaints, patient experience and governance intelligence.	• Further work required to demonstrate the impact of learning and service improvements arising from complaints. • Continued focus required on response quality and timeliness. • Greater visibility of outcome measures would strengthen assurance. • Further detail requested regarding learning arising from Parliamentary and Health Service Ombudsman findings. • Continued focus required on closing the feedback loop with service users and carers.	• Continued improvement in complaints management processes. • Strong focus on learning, transparency and feedback. • Directorate ownership of complaint themes and learning continues to develop. • Effective use of patient and carer experience to inform service improvement. • Stronger governance arrangements support oversight and accountability. **• The Committee approved the Complaints, Patient Advice and Liaison Service and Compliments Annual Report.**

Annual Report 2025/26	Key Points	Matters of Concern / Improvements	Positive Assurance
Legal Claims Annual Report	• Review of legal claims activity and recurring themes arising from claims. • Numbers of legal claims remained broadly consistent with previous years. • Violence and aggression continues to feature significantly within liability claims. • Improved processes supporting more timely management and resolution of claims. • Continued collaboration between legal, complaints and operational services. • Consideration of opportunities for earlier resolution and organisational learning.	• Violence and aggression claims remain a significant area of concern. • Improvements required to incident reporting and documentation in some areas. • Further work required to demonstrate organisational learning arising from legal claims. • Several high-value claims remain under investigation. • Continued work required to reduce avoidable claims.	• Strong collaboration between legal, complaints and quality teams. • Learning from claims increasingly linked to wider patient safety and quality improvement activity. • Improvement work underway in relation to high-volume claim categories. • Continued focus on reducing avoidable claims. • Stronger links are being developed between claims, complaints and patient safety investigations. **• The Committee noted the Annual Legal Claims Report.**
Medical Education Annual Report	• Review of educational performance, trainee experience and workforce development. • Continued focus on supporting international medical graduates and Specialist, Specialty and Associate Specialist doctors. • Expansion of faculty support, simulation training and workforce development programmes. • Continued growth in undergraduate and postgraduate medical education activity. • Positive feedback received from academic partners and trainees. • Continued monitoring of General Medical Council survey findings and educational quality indicators.	• Continued monitoring required regarding educational experience and local variation. • Ongoing focus required on General Medical Council survey improvement actions. • Capacity pressures relating to educational infrastructure require continued oversight. • Continued focus required on resident doctor experience and training quality.	• Positive educational outcomes reported. • Continued innovation in simulation training and workforce development. • Strong focus on equity, inclusion and professional development. • Educational activity continues to support workforce development across the Trust. • Positive relationships maintained with academic and training partners. **• The Committee noted the Annual Medical Education Report.**
Research and Innovation Annual Report	• Review of research activity, participation, innovation and completion of the Trust's five-year research strategy. • Growing integration between research, innovation and quality improvement activity. • Expansion of research activity across	• Funding and workforce constraints continue to impact research capacity. • Research finance management remains a challenge following staffing changes. • Ongoing challenges associated with primary care research activity.	• Significant growth and diversification of research activity achieved. • Continued development of inclusive research practices. • Research and innovation continue to contribute to service improvement and

Annual Report 2025/26	Key Points	Matters of Concern / Improvements	Positive Assurance
	Bedfordshire and Luton. • Increased service user involvement in research activity and study design. • Continued development of research infrastructure and governance arrangements. • Progress made in improving study set-up times and research delivery.	• Further work required to deliver some longer-term strategic ambitions. • Continued focus required on timely recovery of research funding.	patient outcomes. • Strong alignment with organisational priorities and future strategy. • Increased geographical reach and participation in research activity demonstrated. **• The Committee noted the Annual Research and Innovation Report.**

The above annual reports are available on the Trust's website using the following weblink: **QAC Annual Reports**

Appendix

NHS East London NHS Foundation Trust

REPORT TO THE QUALITY ASSURANCE COMMITTEE

23 June 2026

Title	Safer Staffing 5 Monthly Review of In-patient mental health nurse staffing levels and community health Nursing provision.
Author/Role	Sasha Singh - Director of Nursing (Mental Health London) Evah Marufu – Director of Nursing Bedford & Luton (Mental Health) Julie Glyn-Jones- Director of Nursing (Community Health London and Older Peoples Services) Ruth Bradley- Director of Nursing (Community Health, Bedfordshire)
Accountable Executive Director	Claire McKenna – Chief Nurse

Purpose of the report

To present to the Trust Board

- This report summarises the results of the Trust monitoring of staffing levels across all mental health, continuing care inpatient wards and Community Health Adults and Specialist Children's Services covering the 5-month period from November 2025 to March 2025. We have made a one-month adjustment to the reporting time frame to bring us in line with the April-March reporting year. We will return to six monthly reports from October 2026.
- The report provides assurance and outlines issues related to safer staffing for the Board using MHOST (Mental Health Optimal Staffing Tool) and CHPPD (Care Hours per Patient Day) data as comparators
- Regular rota and establishment reviews inform planned and actual staffing decisions. All services have mitigation actions they follow to manage unplanned absences up to and including business contingency plans. Establishment reviews were undertaken across all inpatient areas during November 2025 /January 2026 to inform budget setting in line with safer staffing levels.
- In this period 10 of the 54 wards showed variance in fill rate with immediate actions taken at the time by the managers. In our previous report we had 17 occasions of variance. The ward staffing information is published monthly on the NHS Choices and Trust Website

The board is asked to NOTE the assurance provided and **CONSIDER** if further sources of assurance are required.

Strategic priorities this paper supports

Improved population health outcomes	☐	
Improved experience of care	☒	The right staffing numbers to meet the service user needs and respond accordingly.
Improved staff experience	☒	The right staff numbers create an environment where staff can safely practice and deliver high quality care
Improved value	☐	The right staffing resources reduces the need for agency and promotes consistency of practice.

Implications

Equality Analysis	The Trust has a duty to promote equality in the recruitment of the nursing workforce.
Risk and Assurance	The following clinical risks are associated with inadequate nursing and care staffing capacity and capability: Inadequate staffing numbers compromise safe and compassionate care. Poor monitoring of staffing capacity and capability can give rise to unacceptable patterns of inadequate staffing Not having the right skill mix in clinical environments can place unacceptable, additional demands upon staff and give rise to unsafe and ineffective care.

	If staff feel unable to speak out, then potentially unsafe staffing levels go undetected and reported and steps to maintain patient safety is not taken as required. Inadequate staffing levels can impact on staff wellbeing, attendance at work and retention levels.
Service User/Carer/Staff	Inadequate staffing numbers compromise quality, safe and compassionate care.
Financial	Poor management of staffing resources can lead to financial inefficiencies. This can occur through costs incurred through the use of additional bank and agency staff, costs associated with sickness absence and unfilled vacancies due to poor staff retention.
Quality	Not having the right skill mix in clinical environments can place unacceptable, additional demands upon staff and give rise to unsafe and ineffective care.

Meetings where this item has been considered

Date	Committee/Meeting
24 June 2026	Quality Committee

Supporting documents and research material

a. Reference: How to Ensure the Right People with the Right Skills are in the Right Place at the Right Time: A guide to Nursing, Midwifery and Care Staffing Capacity and Capability (National Quality Board 2013)
b. Mental Health Staffing Framework https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/06/mh-staffing-v4.pdf

c. Safe, sustainable, and productive staffing in district nursing services (National Quality Board 2018) https://improvement.nhs.uk/resources/safe-staffing-district-nursing-services/

Glossary

Abbreviation	In full
CHPPD	Care Hours Per Patient Day
CAMHS	Child and Adolescent Mental Health Services
NQB	National Quality Board
MHOST	Mental Health Optimum Staffing Tool

1.0 Background

1.1 Further to the Robert Francis Report (2013), the National Quality Board (NCB) have published guidance that sets out the expectations of commissioners and providers for safe nursing and midwifery staffing, in order to deliver high quality care and the best possible outcomes for service users.

1.2 In July 2016, the NQB issued a follow up paper "*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing"* which outlines an updated set of NQB expectations for Nurse staffing within Acute Trusts.

1.3 The Trust has moved to daily MHOST data capture to better understand clinical activity and be used more reliably to inform the annual safer staffing reviews. We are continuing work to ensure the integrity of this process as we recognise that it can be led by subjective interpretation if undertaken by individuals in teams. Clinical services are encouraged to complete scoring as part of their handovers or clinical discussion meetings where there are multiple colleagues who can contribute to an agreed MHOST scoring for each service user. Initial limitations to daily data capture and recording have been addressed- this has included system access for recording the scores.

2.0 Analysis of Fill Rates- Trustwide Planned vs Actual staffing.

2.1 The annual cycle of establishment reviews has been completed across all inpatient services. Reviews considered MHOST data, quality indicators, workforce metrics, financial information and professional judgement to assess whether current establishments remain aligned with safer staffing requirements and clinical demand.

Additional investment has been requested and agreed for:

a. Enhancements to support Band 6 night working arrangements across inpatient services, strengthening senior clinical leadership overnight. This will improve support for ward teams, provide additional oversight and escalation support to the Duty Senior Nurse, and increase supervision and mentorship opportunities for a developing Band 5 workforce. This investment recognises that night shifts are often the most vulnerable period within inpatient services and that a number of significant incidents occur overnight.

b. Increased funding to appropriately resource Bevan Ward PICU through the addition of one Band 4 Nursing Associate on long day shifts. The ward's funded establishment did not align with national PICU staffing guidance, resulting in the routine booking of additional staff above establishment to maintain safer staffing levels and creating a recurrent overspend. Bevan ward is our largest PICU with 15 beds; the average number beds across the other PICUs is 11.

c. Increased Band 6 establishment within standalone inpatient units in Luton and Bedfordshire to provide consistent senior nurse cover overnight. This addresses a previously identified risk relating to the geographical isolation of these units and the limited ability of the Duty Senior Nurse and response teams to provide immediate support and oversight. This has been agreed by the CNO and CFO and is now in budget lines.

Ward	Nov	Dec	Jan	Feb	March
Tower Hamlets					
Lea		Day * RMN 86% HCA 115%			
Brick Lane				Day RMN 84% HCA 100%	
Bedford and Luton					

Onyx				Day RMN 89% HCA 95%	
Coral			Day RMN 87% HCA 118%	Day RMN 74% HCA 112%	
Townsend Ct.			Day RMN 87% HCA 116%		
East Ham Care Centre					
Fothergill					Day RN 73% HCA 83%
CAMHS					
Nova		Night RMN 65% HCA 134%			Day RMN 85% HCA 137% Night RMN 89% HCA 120%
Pluto(PICU)	Day RMN81% HCA 232%	Day RMN 82% HCA 236%	Day RMN 89% HCA 226%	Day RMN 87% HCA 180%	Day RMN 85% HCA 157%
City & Hackney					
Mother and Baby Unit		Day RMN 84% HCA 95%		Day RMN 89% HCA 93%	
Forensics					
Aldgate		Day RMN 86% HCA 150%			

Figure 1: Table showing Average Fill rates based on planned vs actual staffing.

2.2 The Average Fill rate reports on the planned vs actual Nursing hours provided over a calendar month. Wards can adjust the skill mix and increase the health care support workers numbers to offset the reduced registered nurse numbers where needed as part of an agreed contingency response, whilst maintaining an expected minimum of two registered nurses per shift. 10 of the 54 wards showed an adverse variance in fill rates of the minimum two registered nurses, with immediate actions taken at the time by the managers to ensure adequate registrant cover.

2.3 There are 10 occasions of variance in RMN fill rate- 6 across acute inpatient wards, 1 on Fothergill in East Ham Care Centre, 2 on the Mother and Baby Unit in City and Hackney and 1 on Aldgate ward in Forensic services. Higher use of HCAs to augment RMN fill rate variance is only seen on 3 singular occasions of these 10- on Lea Ward in

Tower Hamlets and Coral ward and Townsends Court in Luton and Bedford. This continues to demonstrate that the use of HCAs to augment RMN fill rate variance is not common practice.

2.4 There are 7 occasions of variance in RMN fill rate across the East London CAMHS wards. This has been driven by staff sickness. There are higher HCA fill rates in this period and this reflects the use of unregistered staff to supplement unfilled RMN shifts and a period of high acuity in the service and the need to provide a bespoke package of care for a young person.

3.1 East London

3.1.1 Newham and Forensic services have achieved expected fill rates in this period and this is linked to the improvement workstreams described below (effective rostering and effective recruitment).

3.1.2 Tower Hamlets Lea Ward Had one occasion of breeched RMN fill rates but it can be seen that HCA fill rate exceeded 100% and this resource was used to supplement for RMN shortages. Similarly Brick Lane had 1 occasion of breeched fill rates. On both wards there was unplanned sickness absence alongside staff utilising allocated annual leave. Although there is no evidence to suggest additional HCAs were used to supplement RMN shortages on Brick Lane, the service was able to describe the ward manager stepping into clinical numbers on the shift however did not retrospectively amend Healthroster to reflect this. As highlighted above, retrospective Healthroster updates remain an area for improvement.

3.1.3 City and Hackney- The Mother and Baby Unit 2 occasions of breeched fill rates in December and February. This was due to unplanned sickness in the team, x 4 Band 4 Nursery Nurse vacancies and ongoing maternity leave. The staff skill mix on the Mother and Baby Unit includes the use of Band 4 nursery nurses as part of their safer staffing requirement. This staff group are reflected in the unregistered fill rates for the service. It is a unique role and the interest in advertised posts have been low despite the offer of a comprehensive induction into mental health and the service. They currently have 31% vacancy rates for nursery nurses and continue to proactively recruit to fill

these vacancies. They acknowledge the unique positioning of nursery nurses in a mental health setting and have devised a local induction program to reflect this. The team are reviewing the current staffing model and considering alternative posts that can continue to contribute to proving right care for the mothers and babies that are more likely to be successfully recruited into. The ward manager has stepped into clinical shifts to support where the unit has had registered nurses shifts unfilled however this has not been retrospectively entered onto Healthroster.

3.1.4 Forensic service- Aldgate had 1 occasion of RMN breeched fill rate in December but it can be seen that HCA fill rate exceeded 100% and this resource was used to supplement for RMN shortages. This breech occurred due to unplanned absence.

3.2 Luton and Bedford

3.2.1 Onyx Ward-The staffing fill rate on Onyx Ward has been adversely affected over the past six months due to a number of substantive staff absences. These included three unregistered staff members who were unavailable due to suspension, maternity leave and long-term sickness absence, together with one RMN on long-term sickness absence. Active recruitment continues to support workforce resilience and these changes are expected to improve staffing stability and fill rates over the coming months.

3.2.2 Coral Ward- The RMN fill rate on Coral Ward has been impacted by RMN vacancies and unregistered staff vacancies. Active recruitment is underway to address these vacancies, with recruitment processes now being coordinated centrally at Trust level to improve efficiency and oversight. Several appointments are currently progressing through the recruitment pipeline. To maintain safe staffing levels, additional Healthcare Support Worker shifts have been utilised where appropriate to support overall ward staffing numbers. Improvements in fill rates are anticipated as recruitment progresses and vacancies are filled.

3.2.3 Townsend Court- Staffing fill rates at Townsend Court have been affected by RMN and unregistered staff vacancies. Given the ward's geographical location and stand-alone nature, particular emphasis has been placed on ensuring safe night-time staffing cover. Ward managers and the matron continue to provide support during day shifts, while rota management has prioritised maintaining safe staffing levels overnight. Recruitment activity remains ongoing to fill the vacant posts and strengthen the substantive workforce.

3.2.4 Enhanced oversight arrangements are in place across the directorate. Human Resources case management and sickness absence deep dives are reviewed regularly by the Lead Nurse, Borough Director and Human Resources colleagues to ensure timely management of vacancies, sickness absence and workforce challenges. Alongside this,

3.3 CAMHS London

3.3.1 Pluto PICU: Higher HCA fill rates reflect the additional staffing required to support a young person in a bespoke single-occupancy placement outside the usual PICU service specification, funded through an Extra Package of Care (EPOC). The complexity of this placement contributed to increased staff sickness during the period, with some late cancellation of RMN shifts supplemented by HCA cover. Given the small RMN establishment on Pluto, one or two shifts with reduced RMN cover can have a significant impact on fill rate performance. The service is supported by Duty Senior Nurses, Nursing Management and colleagues from other wards to maintain safe staffing levels, particularly in RMN's.

3.3.2 Nova CAMHS: Staffing performance has been influenced by periods of high occupancy and patient acuity. RMN fill rates are also impacted by the Nursing Associate role being recorded within the HCA workforce, contributing to higher HCA fill rates. Study leave across CAMHS has remained high due to training opportunities available through the Provider Collaborative, with HCA cover used to support workforce development and maintain safe staffing levels. Additional support is provided through Nursing Management the other wards where required.

3.4 Older Adults

3.4.1 All the Older Adults wards across Luton and Bedfordshire (Poplars and Fountains Court) and London (Cazabon, Sally Sherman and Leadenhall) wards have achieved expected fill rates in this period and this is linked to the improvement workstreams described below (effective rostering and effective recruitment) and improved oversight of staff sickness in line with Policy. On Fountains Court ward B3 sickness remains significant and in response they are holding deep dives with staff and working on improving staff wellbeing overall. In response to consistent high spend on one-to-one observation on the ward there is now a project in place to look at reducing the need for this in a safe way. This includes participation in the Therapeutic Engagement QI programme, including the daily "Happy Hour" initiative. They have also introduced better roster planning, clear process for authorising additional shifts, participation in the project by the multi-disciplinary team and reducing length of stay. The early results from this project are positive.

3.5 East Ham Care Centre - Fothergill Ward

3.5.1 Reprovision of care from a bedded model on Fothergill ward to a Home First model is in progress and the ward is planned to close altogether in Q3/4 2026 of this year. As part of this work the ward has reduced from 26 to 20 beds since 1/10/25 and the admission criteria revised. Due to implementing the admission criteria consistently, the ward often has empty beds as there are no suitable patients to be admitted. The safe staffing numbers on the ward have therefore been revised to reflect this change down to 20 beds.

3.5.2 Following the closure of 6 beds for end-of-life care on the ward an Advance Care Planner role has been introduced. This is to strengthen anticipatory care, coordination and clinical decision-making in the community. The change is going well and receiving positive feedback from partners.

3.5.3 During this period the ward has been safety staffed and there are no vacancies on the ward. Low fill rates in March on the day shift (RN 73% HCA 83%) were due to unplanned sickness where bank cover was not available. To provide

sufficient staffing the Ward Manager and Matron stepped in and supported the team with delivering care. No red flags on the roster were raised in the period.

3.6 Improved fill rates remain linked to multiple improvement work streams in the Trust. These include:

3.6.1 **HealthRoster efficiencies work streams**. This work is now well embedded with fortnightly executive oversight meetings in place supported by a Healthroster efficiencies dashboard for oversight and governance against defined KPIs. Defined KPIs include timely roster production, unused contracted hours, unavailability alignment to the budgeted 23% headroom in ward establishment funding and bank usage. Work is ongoing to transition this report to Power Bi so it provides live reporting. There has been some learning from the first year of the project- this has included the importance of consistent oversight and planning of annual leave through the year and the impact of subjectivity in the coding of bank shifts. The reliability of bank shift coding is essential to enable better understanding of those factors that impact on safer staffing and overspend. These have been highlighted as areas of focus for this year to help reduce the risk of poor staff resource management through the year and enhancing the reliability of data to understand the drivers for bank usage.

3.6.2 **Trustwide Recruitment and Retention Quality Improvement project**. This project led to new embedded approaches to recruitment that includes collaborative cycles of recruitment between clinical leads and recruitment staff. There is a centralised approach to recruitment for posts in East London and separately for Luton and Bedford. Close monitoring and routine recording of changes (including planned movement) to workforce vacancies inform rounds of recruitment. These can be stood up without delay so that workforce vacancies do not unnecessarily impact on safer substantive safer staffing numbers in teams. The trustwide project's aim was to achieve 10% vacancy rate in each service.

3.7 Not all increased variance rates for health care support workers reflect cover for shortages in RMNs; high numbers of health care support workers continue to be used

to provide additional staff resource during periods of increased clinical acuity or activity. This is evidenced in the narrative for Coborn services. A primary driver for increased use of staff above safer staffing requirements remains enhanced observations. The ongoing Trustwide Quality Improvement project focussing on Therapeutic Engagement and Observations is in Phase 2. The number of pilot wards for this phase of the project has increased from 10 to 20 with planned scale up across the organisation expected to be later this year. This phase of the work has intentionally used a tiered approach as it acknowledges the required change in custom and practice away from using enhanced observations to manage increased clinical acuity or risk requires testing of alternative interventions and developing a degree of belief in the change ideas over time. These initial changes have been incorporated in the CARE that counts bundle that is being disseminated to teams as part of their confidence building to implement alternative interventions to enhanced observations. Initial data from the pilot wards does demonstrate a reduction in the use of enhanced observations with no unwanted impact on wider safety measures such as incidents of physical violence, self-harm, seclusion and restraints.

Figure 2: I Chart Service users on enhanced observations per week

3.8 The Trust continue to enforce contingency plans to cover wards that are short including escalations within and out of normal working hours, reallocation of existing resources, duty senior nurses basing themselves on wards with below expected levels, Ward Managers and Matrons covering shifts. We continue to work on improving the record of occasions where Ward Managers and Matrons step into clinical numbers to cover RMN shortages onto Health roster,

however retrospective entries onto Healthroster remain a challenge for staff involved in often busy clinical environments.

3.9 Review of Mental Health Ward staffing using the Mental Health Optimum Staffing Tool (MHOST).

3.9.1 The Mental Health Optimal Staffing Tool (MHOST) is applied across all ELFT Mental Health Wards. This allows us to review establishments of funded WTE staff vs the acuity of the patients on the ward over agreed reference periods. Patients are rated daily on a dependency scale 1-5 based on their previous presentation over 24 hrs.

3.9.2 The results are shared with Directorates and reviewed by local nurse leadership in rota reviews and are used as evidence in the annual ward establishment review and budget setting.

3.9.3 Local adjustments to skill mix and staff numbers on shift are made dependent on professional judgement at the time. The MHOST data reflects the increased activity and acuity across our inpatient wards. Average occupancy over the period remains at 94% across the acute admissions wards (including older adults and CAMHS) with 65% of these admissions being service users detained under the Mental Health Act. This does suggest that people being treated in hospital are not consenting to admission and/or treatment and are more likely to require enhanced care.

Figure 3: Trustwide acute admissions wards occupancy rate (including older adults and CAMHS)

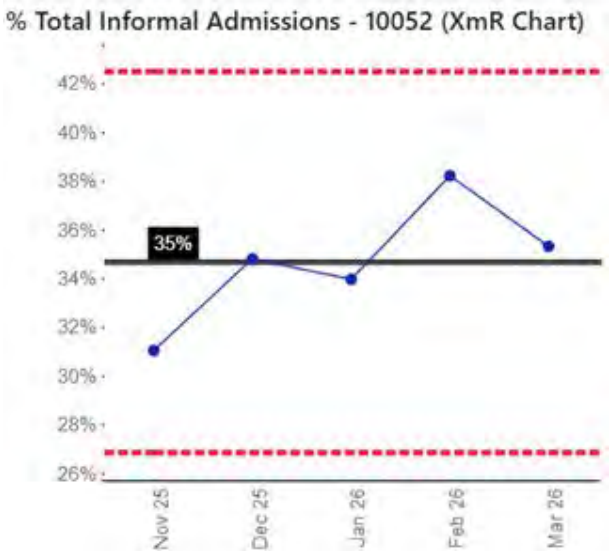

Figure 4: Trustwide informal admissions (including older adults and CAMHS)

4.0 Analysis of MHOST

4.1 We continue to see an increase in the use of enhanced observations on our female wards reflective of the higher incidence of Emotionally Unstable Personality Disorder diagnosis with increased incidence of the risk of self-harm and self-harming behaviours. Enhanced observations have been used to mitigate the risk of self-harm and the impact of individual clinical need for such complex cases is evident in the MHOST scoring for the female wards- Conolly Ward, Gardner Ward, Emerald Ward, Sapphire Ward, Ash Ward, Townsends Court and Luton Crystal Ward. As part of the therapeutic engagement and observations QI project, teams on females wards have been asked to think more specifically about mor effective models of engagement that improve service user experience and safety. Learning from these wards will be collated and included in the bundle of resources as we progress to standardised work across the Trust in September 2026.

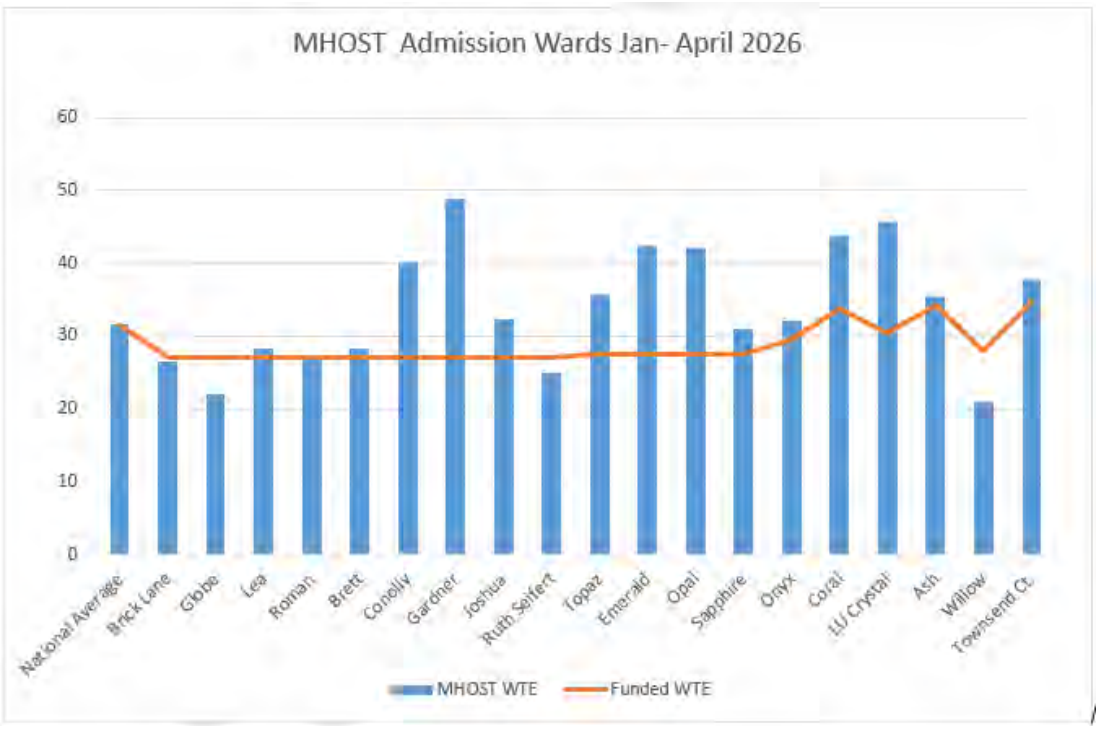

Figure 5: Bar chart showing MHOST scoring across admission wards

4.2 MHOST ratings for Jade and Crystal PICU wards were above their funded establishments. Jade PICU have been providing care for a young man on 2:1 observation since October 2025. He presents with complex needs and there are multiple services involved to contribute to his care planning and source most suitable setting for longer term care. In addition to this the service has seen fluctuations in acuity when they accept new admissions of very unwell men. Crystal PICU have had fluctuations in acuity; however, they recognised a flaw in their system to agree and record MHOST scoring. The team had not collaboratively discussed and agreed scoring and instead this task was completed by an individual on a shift. They have now changed this practice and discuss and agree scores in their team huddles so there is consensus and greater opportunity for unbiased scoring.

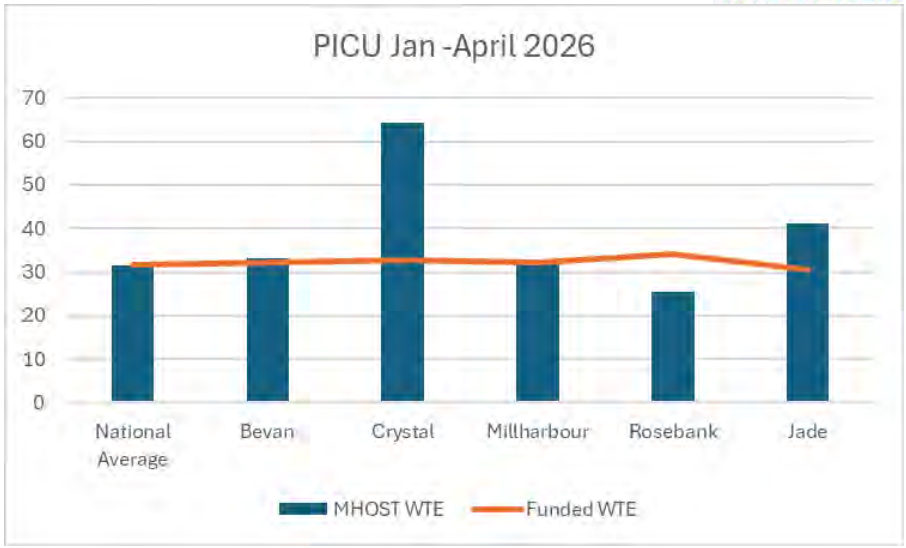

Figure 6: Bar chart showing MHOST scoring across PICU wards

4.3 Victoria ward in forensic services had 1 service user receiving care in an acute hospital setting requiring enhanced observations. Further enhanced care required to support services users in seclusion and long term segregation led to increased MHOT scoring across Victoria, Stratford and Loxford wards.

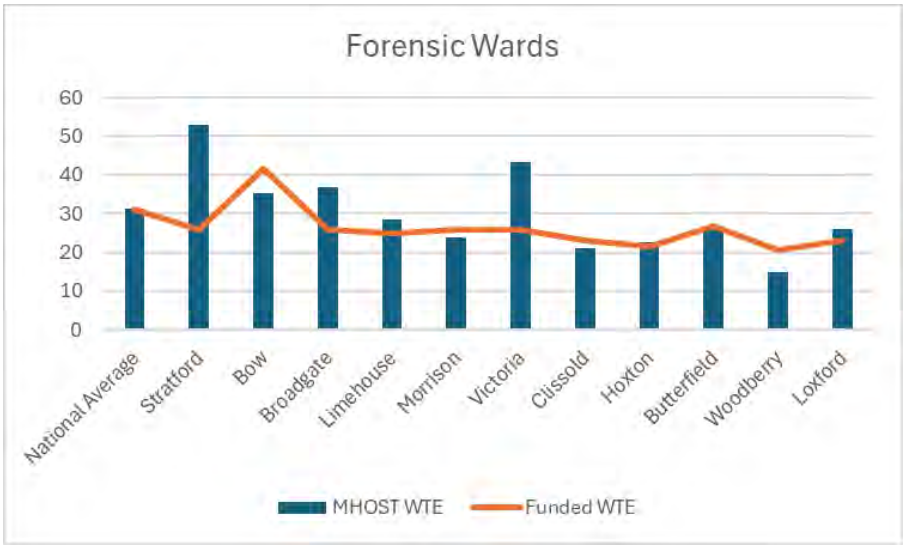

Figure 7: Bar chart showing MHOST scoring across Forensic wards

4.4 Results for CAMHs and Older Adults are subject to revision and not available for this paper and will report in October.

NHS
East London
NHS Foundation Trust

5.0 Recruitment Progress

5.1 The Trust continues to see a reduction in the loss of staff, Overall vacancy rates for Registered nurses (Band 5 and 6) across all inpatient services are currently reported at 2% however this does not account for recently recruited staff still going through employment clearance or awaiting a start date. The current recruitment of Band 5s is robust and this is evidenced through the reduction in registered nurse vacancies from 12% to 2% over the last quarter.

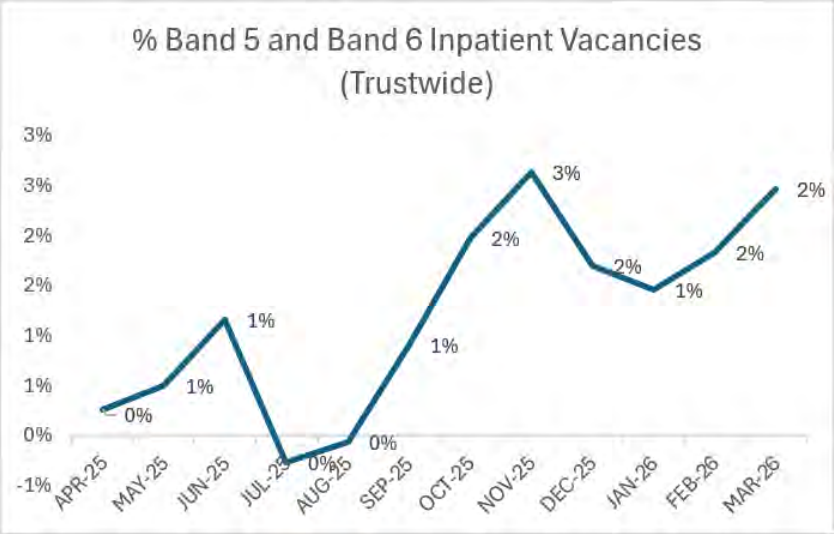

Figure 8: Graph showing Trustwide Inpatient Band 5 and Band 6 registered nursing vacancy rates

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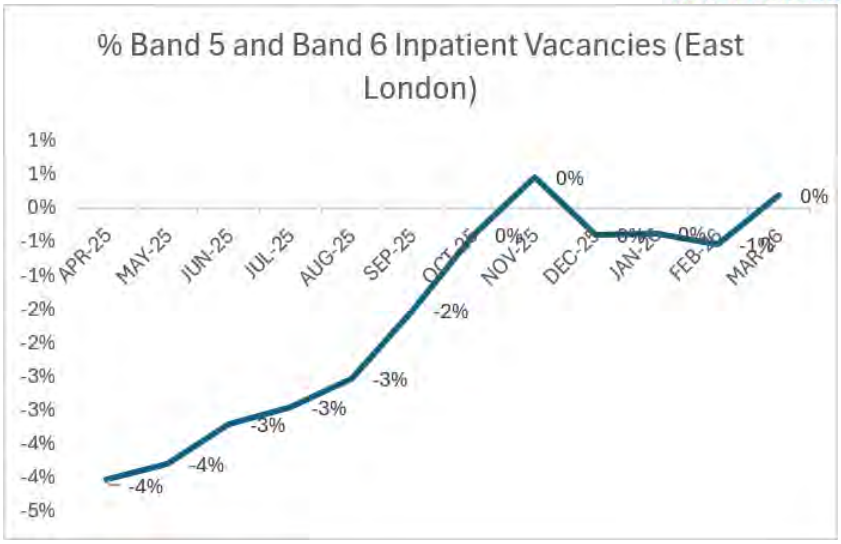

Figure 9: Graph showing East London Band 5 and Band 6 inpatient registered nursing vacancy rates

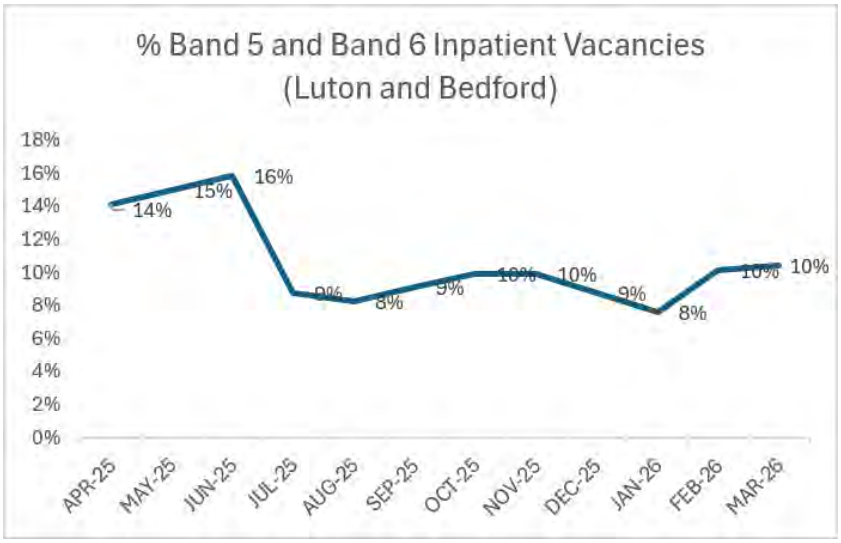

Figure 10: Graph showing Luton and Bedford Band 5 and Band 6 inpatient registered nursing vacancy rates

5.2 Trustwide vacancy figures for Band 3 are currently reported at 21% compared to 28% in the previous quarter and is the equivalent of approximately 141 WTE. This does not reflect the planned new starters still going through clearances. There are approximately 40WTE Band 3 posts being held Trustwide against over recruited Band 4 staff. Formal

staff consultation processes are being taken forward in in Newham and Luton and Bedford where their incidence of over recruited Band 4 is higher. Over recruited Band 4 staff continue to be rostered to cover required Band 3 duties and contribute to safer staffing and required fill rates.

5.3 There are ongoing rounds of recruitment for unregistered posts- they have been more difficult to fill despite high numbers of candidates being invited to interview as we have been very intentional about appointing the right people. Recruitment is being led by lead nurses to ensure staff with correct skills and who align with ELFT values are appointed.

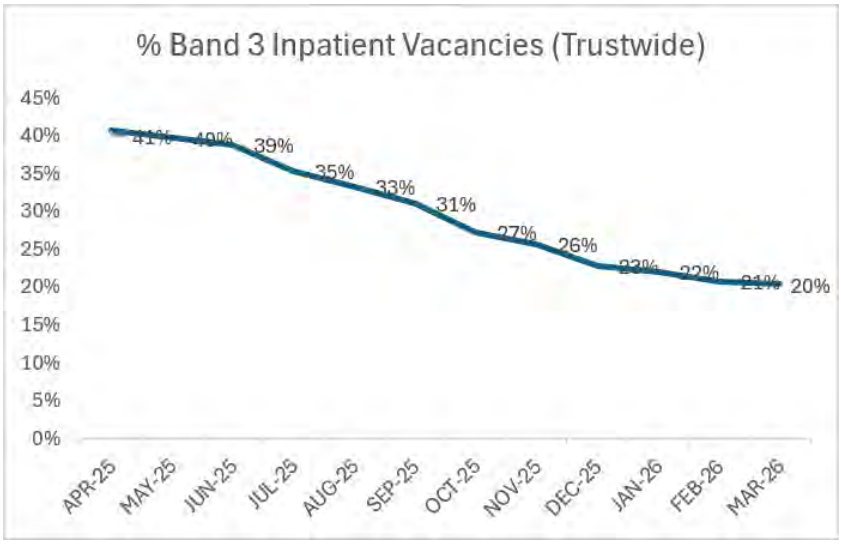

Figure 11: Graph showing Trustwide Band 3 inpatient unregistered nursing vacancy rates

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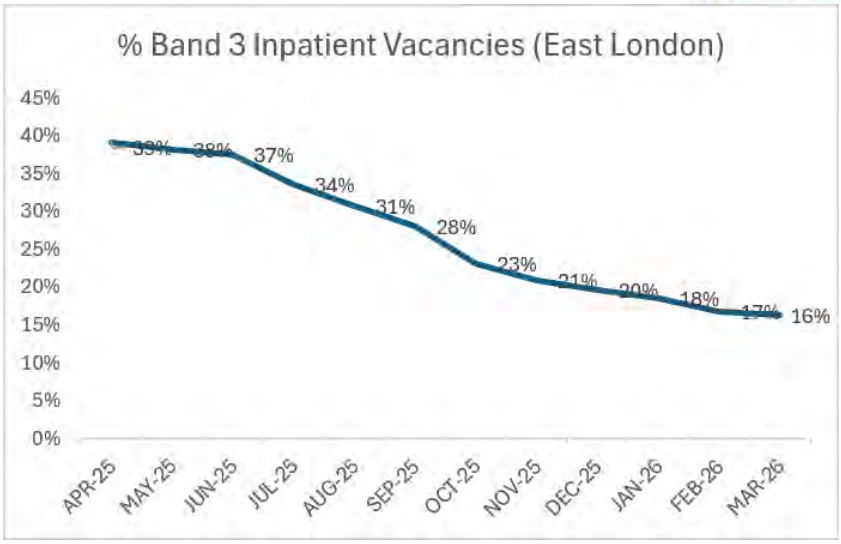


Figure 12: Graph showing East London Band 3 inpatient unregistered nursing vacancy rates

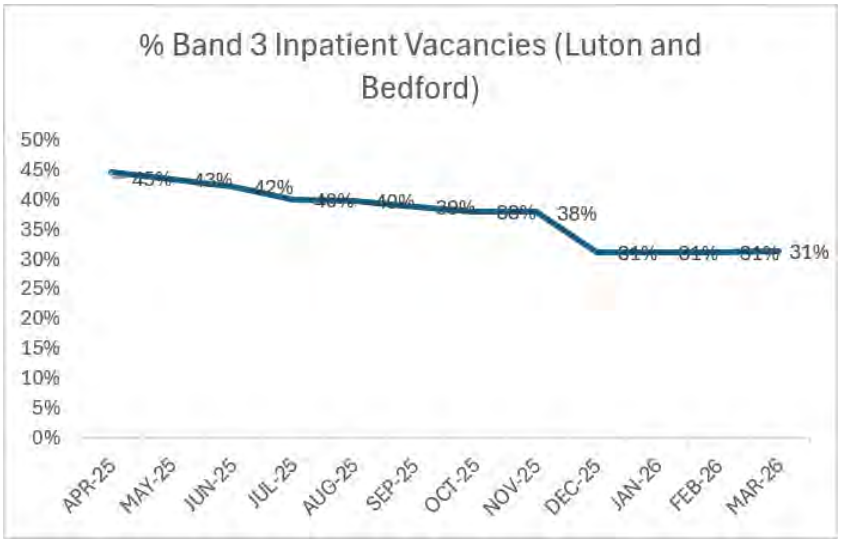


Figure 13: Graph showing Luton and Bedford Band 3 inpatient unregistered nursing vacancy rates

5.4 Workforce Oversight Luton and Bedford

5.4.1 The highest proportion of Trustwide inpatient vacancies for registered and unregistered staff are within Luton and Bedford services. Active recruitment

campaigns are being undertaken across all inpatient services to fill vacant registered and unregistered posts. This supports proactive workforce planning and the identification of actions to improve staffing stability and fill rates across inpatient services.

5.4.2 Despite ongoing vacancy and absence pressures, services have maintained safe staffing through robust operational management, including senior clinical support, staff redeployment, enhanced workforce oversight and active recruitment. Recruitment to both registered and unregistered posts remains a key priority, and improvements in fill rates are anticipated as vacancies are filled, new starters join the organisation and long-term absence cases are resolved.

6.0 Care Hours Per Patient Day

6.1 CHPPD was developed, tested and adopted as a way of recording and reporting staff deployment on all inpatient wards across all healthcare sectors. It is used to benchmark within the Trust and the National Model Health System. CHPPD is the sum of the hours of registered nursing staff and the hours of Health Care Assistants divided by the total number of patients in the ward at 23:59 each day. There is a two-month lag in the national data being published. The London Region and National scores were not yet published at the time of this report so it has not been possible to compare. However, the Trust's scoring has remained consistent over the last 7 months and does not suggest any changes in requirements for our inpatients or previous bias in our reporting.

	Sept	Oct	Nov	Dec	Jan	Feb	March
ELFT	8.7	8.7	8.7	8.7	8.8	8.8	9
NELFT	Not published	9.3	9.2	9.5			
London Region	8.56	9.1	8.6	8.6			
National	10.8	10.5	10.5	11	Not published	Not published	Not published

Figure 14: Table showing Median Mental Health CHPPD per month (three-month lag in national reporting)

National benchmarking: https://model.nhs.uk/

7.0 Community Health Services Nursing (CHS)

7.1 Update on the National Safer Staffing Tool:

7.1.1 The new Safer Staffing audit tool for District Nursing was completed for the second time in April 2026. This tool is from NHS England/ DHSC Community Nursing Directorate and the audit results have just been received. Staff demonstrated a better understanding of the process and the importance of safer staffing audit in community health practice this time. This could be attributed to refresher programmes carried out locally in the teams and service. The DHSC/ NHSE has also created a new online training package available through the elfh learning website. Moving forward the plan is to digitalise the CNSST Safer Staffing tool.

7.1.2 The analysis of the data is underway at the moment and will be shared in the next report. This is the first time the data from all areas is able to be analysed.

7.2 CHS workforce development plan:

7.2.1 Across CHS there is a joint workforce planning meeting in place to take forward workforce priorities and ensure a consistent approach across CHS. This work includes roster management, consistency in job descriptions and nursing competencies.

7.2.2 Across CHS the skill mix is being reviewed as part of the safe staffing tool. In Bedford there is a workstream to support a 65:35 skill mix, including increasing delegation to care home staff, reducing medicines administration through delegation, and promoting self-care and carer-supported care for long-term conditions, has currently stalled while the ICB undergoes organisational restructuring. Progressing these changes safely will require strong engagement and buy-in from system partners to ensure appropriate governance, workforce support, and safe implementation across the system. Across CHS there has been progress with self-administration of insulin and Sub cut medications. This will be a QI project commencing June 2026. However further work is required with delegation of insulin and health care tasks in to care homes, especially in Bedford.

7.3 OPAL scoring/ managing demand:

7.3.1 Daily monitoring for demand and capacity is in place for community nursing across London and Bedford with a daily Rag rating (OPAL scoring) agreed and if mitigations needed put into place if demand exceeds capacity. This allows risks to be discussed and mitigating actions like moving staff if needed. OPAL scoring in London is consistently showing that the teams are being impacted with sickness and vacancies. Essential home visits are priorities (End of Life and essential mediations etc) and other patients rescheduled if needed.

7.3.2 In London CHS agency nurses have ceased to be used and additional staffing is covered by bank staff. Across both boroughs, demand for bank staffing is concentrated in Band 5, Band 6 and HCA roles, with the primary drivers being vacancies, maternity leave and sickness cover.

7.3.2 Work is ongoing to expand the bank for community Registered Nurses to support gaps.

7.4 Vacancies and sickness in CHS

7.4.1 Across CHS sickness rates in this period range from 5-8%.

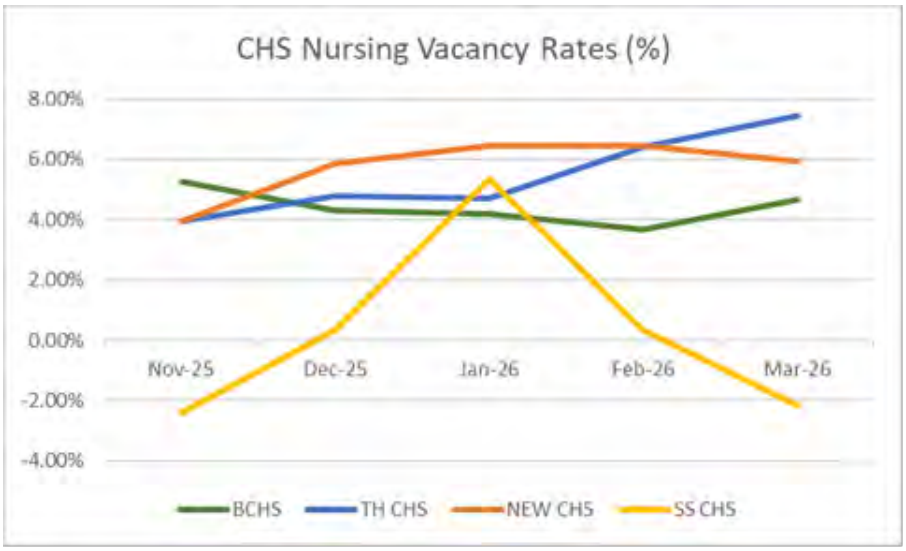


Figure 15: CHS Nursing vacancy rates

7.4.2 In Bedfordshire there has been a deep dive into long term sickness cases with support from People and Culture. This ensures that there is a focus on supporting staff back into the workplace. In terms of agency usage steps have been taken to convert Agency staff to either substantive roles or Bank, which has had some success. However, most staff on the Bedfordshire bank are substantive staff already therefore working hours have to be monitored. Subsequently there is still some use of agency staff In Bedfordshire However this is being scrutinised weekly with Managers exploring other staffing options first. In Tower Hamlets sickness rates have been due to some long-term cases which are being reviewed and staff supported.

		Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Total Absence FTE %
		Absence FTE %	Absence FTE %	Absence FTE %	Absence FTE %	Absence FTE %	
363 Bedfordshire CHS Level 2	Nursing and Midwifery Registered	5.87%	7.16%	7.07%	5.99%	5.07%	**6.24%**
363 Community Services - Tower Hamlets Level 2	Nursing and Midwifery Registered	9.30%	9.59%	9.28%	9.81%	9.17%	**9.42%**
363 Newham CHS Level 2	Nursing and Midwifery Registered	6.32%	4.61%	4.82%	6.57%	9.00%	**6.26%**

Figure 16: Table showing CHS sickness rates

8.0 Specialist Children and Young People (SCYP's) in Newham

The SCYP's team provide clinic and home visiting services for under 18 years old in Newham. The service has successfully covered two Matron posts as a secondment. Moving forward the Core Nursing service (acute, long term and palliative patients) and the Specialist Roles (epilepsy, asthma and sickle cell) are developing a daily sit rep to monitor and plan demand and capacity across the service.

9.0 Conclusion

9.1 We continue to improve our systems to ensure we have safer staffing in place to support service delivery. Our vacancy rates remain low with ongoing oversight and agility to rapidly stand-up recruitment initiatives once staffing vacancies arise. A centralised approach to recruitment led by senior clinical staff offers assurance that we are recruiting the right people with values that align to the organisation into posts in the Trust.

9.2 MHOST daily data capture is now well embedded and will be used to enable a better understanding of work as it happens on the wards as part of the annual safer staffing reviews. It has become a centralised part of teams thinking about the service users we care for and the impact of clinical demand on a daily basis.

9.3 The new Safer Staffing audit tool for District Nursing is embedding and the results will be included in the next report. This is a major step forward in ensuring safe staffing is in place for district nursing.

9.3 The Healthroster efficiencies workstream is ongoing with oversight structures fortnightly being used to monitor compliance with KPIs as defined by the project but to also enable a better understanding of factors that impact on workforce availability such as annual leave, training and sickness absence. The ongoing work to improve bank shift coding will enable the organisation to understand those factors that lead to increased use of staffing resources above funded levels and triangulate the impact of quality improvement work to address these. An example of one such workstream is the Therapeutic Engagement and Observations QI project.

9.4 The Trust have prioritised ensuring structures for staff support such as clinical supervision and training compliance are well embedded and there is much closer scrutiny of this data. Current overall compliance figures for inpatient services is 80% overall for managerial and professional supervision. This overall compliance rate does not account for staff who would not be in scope e.g., maternity leave, long term sickness or secondments.

10. Next steps:

10.1 We will continue to monitor the impact of the changes we have implemented aligned with the quality improvement workstreams on workforce availability and clinical demand.

10.2 Formal consultation for the over recruited Band 4s in Newham and Luton and Bedford will progress with local senior oversight

10.3 The implementation of LOOP as the only system for booking and deploying bank staff has been challenging as it aims to shift long standing customs and practice amongst staff of using less formal ways to communicate such as Whats App groups. We have sent formal communications to all staff and have a number of training opportunities on the new system. Where requested the temporary staffing team have gone into individual team meetings to discuss the system and answer any questions staff might have. Ongoing reporting on the use of LOOP is now built into the monthly Healthroster Project meetings and will be used to monitor progress and identify teams who may need additional support.

Action being requested

The board is asked to **NOTE** the assurance provided and **CONSIDER** if further sources of assurance are required.

REPORT TO THE TRUST BOARD IN PUBLIC
23 July 2026

Title	People Participation Committee (PPC) 18 June 2026 – Chair's Report
Committee Chair	Prof Dr Durka Dougall, Non-Executive Director and Committee Chair
Author	Marie Price, Joint Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the People Participation Committee (PPC) meeting held on 18 June 2026.

Key messages

The Committee received a range of presentations providing updates on how people participation is being embedded across services, the impact this is having on service users and carers, and opportunities to further strengthen co-production, accessibility, equality and inclusion across the Trust.

People Participation Priorities: Learning Disability Services

The Committee welcomed an update on participation activity across Learning Disability Services and heard how service users and carers continue to play a central role in shaping priorities, influencing service development and improving accessibility.

Key points:

- Participation is embedded across Bedfordshire and Luton, City and Hackney, Newham and Tower Hamlets through local 'Working Together Groups' and trust-wide initiatives.
- Service users and carers continue to contribute significantly to accessibility improvements through initiatives such as Ambassadors for Access, including development of an Accessibility Checklist and wider work to improve access across Trust services and sites.
- The Committee welcomed the co-produced 'Communicating With Us' programme, which uses film, storytelling and lived experience to improve communication between healthcare professionals and people with learning disabilities and support reasonable adjustments. A number of videos scripted by and featuring service users were shown, providing powerful examples of lived experience in accessing services – right from the first contact at reception.
- Progress continues in developing accessible information, including work to produce an easy-read version of the Trust Strategy.
- Members received an update on the "Making Work Work" programme, which brings together service users, carers, staff and partners to improve employment and training opportunities for people with learning disabilities.
- Emerging priorities include increasing participation amongst under-represented groups, strengthening service-user involvement in staff training and exploring new creative approaches to engagement.
- The Committee encouraged further development of outcome measures to demonstrate the difference participation activity is making for service users and carers.

People Participation Priorities: Bedfordshire and Luton Mental Health Services

The Committee welcomed an update on participation activity across Bedfordshire and Luton Mental Health Services and noted the breadth of participation activity influencing service improvement, training, recruitment and quality improvement.

Key points:

• Participation continues to be embedded across service planning, recruitment, staff training, Quality Improvement projects and service redesign.
• Members heard about work to improve representation within participation structures, including a Quality Improvement project focused on increasing engagement from Black communities and improving inclusion.

• The Committee received an update from the Eating Disorders Working Together Group and welcomed the strong partnership between service users, carers and clinicians in shaping service improvements.
• A co-produced 'Language and Behaviours' guide has been developed and shared widely with health and care partners to promote more compassionate communication and a better understanding of eating disorders.
• Members heard how participation activity is supporting recovery, empowerment and opportunities for continued involvement following discharge from services.
• Participation continues to influence service improvement across inpatient services, crisis pathways, anti-racism work, carer engagement, recruitment processes and development of new services including the Bedford Crisis House.

Equality, Diversity and Inclusion Annual Report 2025
The Committee reviewed the Equality, Diversity and Inclusion (EDI) Annual Report 2025 and discussed progress made in advancing equity for both service users and staff.

Key points:

- The report highlighted progress across population health and equity, service-user access and outcomes, and workforce experience.
- Members welcomed evidence from the Pursuing Equity Programme, including reductions in missed appointments and improvements in access for people living in areas of greater deprivation.
- The Committee received an update on implementation of the Patient and Carer Race Equality Framework (PCREF), including strengthened governance, increased co-production and improved use of data to identify and address inequalities.
- Members discussed accessibility improvements being delivered, including through the 'Ambassadors for Access'.
- The Committee reviewed actions arising from the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Trust pay-gap reporting.
- Members welcomed progress in developing the Trust-wide Anti-Racism Strategy and noted the importance of ensuring lived experience continues to influence implementation.

AccessAble
The Committee received and discussed an open letter from the Ambassadors for Access group regarding the Trust's decision to commission AccessAble to undertake accessibility audits across Trust sites. The discussion focused on understanding the concerns raised, the impact these had on service users and carers, and how learning can be used to strengthen future approaches to involvement and co-production.

Key points:

- Members acknowledged the significant contribution made by the Ambassadors for Access group in improving accessibility across the Trust.
- The Committee heard concerns that service users and carers had not been involved in decisions relating to the commissioning of AccessAble.
- Concerns were raised regarding opportunities for people with lived experience to contribute directly to accessibility work, the scope of accessibility audits and how accessibility is defined and assessed.
- Members reflected on the importance of recognising accessibility as more than physical access alone, including consideration of communication needs, information accessibility and sensory and neurodiversity needs.
- The Committee discussed the importance of learning from the concerns raised and ensuring future decisions affecting service users and carers are communicated and discussed openly.
- Members welcomed the constructive challenge provided by the Ambassadors for Access group and agreed that there are opportunities to further strengthen co-production and lived experience involvement in future accessibility work.

Board Assurance Framework – Risk 3
If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities.
The Committee reviewed the proposed refreshed Risk 3 and reflected on the wide range of participation activity taking place across the Trust and the increasing influence of lived experience on service development and quality improvement.

Key points:

- The Committee considered evidence from the Learning Disability Services, Bedfordshire and Luton Mental Health Services and Equality, Diversity and Inclusion updates.
- Members noted increasing evidence of mature participation arrangements, strengthened co-production and greater influence of lived experience on service improvement and decision-making.
- The Committee discussed the importance of maintaining strong participation arrangements during a period of organisational and financial challenge.
- Members noted that the Trust-wide Board Assurance Framework is currently being refreshed following approval of the new Trust Strategy and that Risk 3 will be further developed as part of this process.
- The Committee received assurance that current controls remain in place whilst this wider review is undertaken.

Forward Plan

- The Committee welcomed the planned participation priority updates from services across the Trust to support Board assurance regarding participation activity.
- Members noted that refreshed Terms of Reference will be brought to a future meeting.
- Future discussions will include delivery of the new Trust Strategy and the role of people participation in implementation, monitoring and assurance. This builds on the discussion at the Committee meeting about how People Participation will start the work of producing a People Participation Trust Strategy Implementation Plan. This will be developed with input from the Trust's Working Together Groups, which will lead to a draft for the Trust-Wide Working Together Group ahead of coming to this Committee.

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

REPORT TO THE TRUST BOARD IN PUBLIC

23 July 2026

Title	Quality Report
Author / Role	Marco Aurelio, Associate Director of Quality Improvement Jo Moore, Associate Director of Quality Improvement Deborah Dover, Director of Patient Safety Ellie Parker, Head of Quality Assurance
Accountable Executive Director	Dr David Bridle, Chief Medical Officer Claire McKenna, Chief Nurse

Purpose of the report

The Quality Report provides the board with an overview of quality across the Trust, incorporating the two domains of assurance and improvement. Quality control is contained within the integrated performance report, which contains quality measures at organisational level.

Key messages

This Quality Assurance part of the paper provides an update on the findings and implementation of actions arising from ELFT's thematic review of homicides involving service users between 2020 and 2025. The review examined twelve incidents to identify common themes and determine whether additional safety improvements were required beyond those identified through individual investigations. The analysis identified recurring themes including non-engagement with services, substance misuse, psychosis, prior violence, and wider social adversity, alongside evidence of strong multidisciplinary practice, responsive care, and effective communication across many cases.

The review found that the majority of identified learning is already reflected in existing Trust safety improvement work. A targeted action plan has therefore been developed to strengthen areas including risk management, care for people with complex needs and non-engagement, medicines management, dual diagnosis, victim safety planning, liaison with police, workforce oversight, and links between forensic and community services. The plan also establishes a more systematic approach to monitoring and learning from homicide data, embedding continuous review, dissemination of good practice, and oversight through existing governance arrangements to support ongoing improvements in patient safety and quality of care.

The Quality Improvement section describes how QI is being applied across the organisation to support delivery of our four strategic objectives: population health, experience of care, staff experience, and value. The Trust continues to support improvements in population health, experience of care, staff experience, and value through Quality Improvement (QI).

Population Health

20 teams are tackling improved population health, mainly focused on increasing equitable access for underserved groups and physical health improvement. In Bedford and Luton dementia diagnosis rates have increased in two GP practices from 69% to 71%. QI is being used in Tower Hamlets to support the development of neighbourhood models of care, with the northwest locality focussing on pre-diabetes identification in marginalised communities.

Experience of care

The observation to engagement large scale programme is progressing, aiming to eliminate inappropriate enhanced observations on inpatient wards. Phase two is currently underway, with 21 teams testing change ideas. There has been a 40.6% reduction in the use of enhanced observations, with no sustained increases in violent incidents or the use of restrictive practice. In Tower Hamlets CHS, staff have worked to improve awareness of safety, resulting in a 95% increase in reporting of incidents.

Staff Experience

20 teams are using QI to directly tackle an aspect of staff experience across the trust. The trust data and analytics team have seen a 15% increase in staff receiving positive feedback for their work. Wave 15 of the Improvement Leaders' Programme, a QI capability programme designed to support teams to deliver improvements, finished in March 2026. There were 134 graduates, with 95% feeling equipped to use QI to solve complex problems in their place of work.

Value

The 2026 Institute for Healthcare Improvement (IHI) visit provided valuable external challenge and executive coaching to leaders across the Trust and wider system, strengthening leadership capability, cross-organisational collaboration and the organisation's ability to prioritise and deliver strategic, large-scale improvement.

18 projects are directly tackling an aspect of value including cost, environmental sustainability or improving the use of staff time. Three National Oversight Framework (NOF) indicators, Length of stay across Adult, Older Adult and PICU wards, % achieving reliable recovery across NHS talking therapies and % of cases waiting over 52 weeks for community care are being supported by 13 QI projects across the trust in addition to other work.

Strategic priorities this paper supports.

Improved population health outcomes	☒	Applying the QI method at scale across BLMK and NEL to support neighbourhood working. 28 QI projects aligned to the trust Population Health Priorities
Improved experience of care	☒	Use of QI to reduce the intermittent observations on inpatient wards and improve therapeutic engagement. Increasing service user involvement in QI work.
Improved staff experience	☒	Use of QI to support several trust wide projects to improve staff experience. Building capability in QI across the trust through several learning programmes.
Improved value	☒	Most QI work enhances value through improving productivity and efficiency, with QI support currently focused on realising efficiencies for reducing the use of intermittent observations on inpatient wards. Many QI projects also realise cost savings, cost avoidance or improve environmental sustainability.

Implications

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

Quality Assurance – Learning from Homicides

1.1 Homicide is a rare event both in the general population and among people who use mental health services, and the vast majority of individuals receiving mental health care are never involved in serious violence. Nevertheless, every homicide is a profound tragedy with lasting impacts on families, staff, and communities, making reviews essential to honour those affected and maximise learning. Research shows that homicides are extremely difficult to predict or prevent, often occurring without clear warning signs, although they are more commonly associated with a history of violence, substance misuse, and victims who are known to the perpetrator, particularly family members and friends. Given the small number of cases, annual figures can fluctuate considerably and should be interpreted cautiously; however, the seriousness of these events underscores the importance of reviewing and learning from every case.

1.2 Recognising this, the Trust recently completed a thematic review of homicides, carried out as part of continuous safety learning, under the National Patient Safety Incident Response Framework, to learn from safety events involving service users. The paper aims to provide an update on how the learning from that review is being taken forwards.

2.0 Background to Thematic Review of Homicides

2.1 This thematic review was commissioned by the ELFT Chief Nurse and Chief Medical Officer, to better understand any trends, patterns or themes arising from our homicides, following identification of an apparent increase in numbers of homicides perpetrated by ELFT service users in the preceding year (2024-2025). The review examined eleven suspected homicides and one death by dangerous driving, that occurred between 2020 and 2025 under the care of the trust. The cases were chosen based on the degree of active involvement of ELFT services within close time of the incident, and the learning available, with exclusion criteria relating to these factors agreed in a formal term of reference, signed off by the Chief Nurse.

2.2 Factors considered included victim and perpetrator characteristics, homicide methodology, diagnostic and service-related aspects. By analysing this group of homicide cases together, the aim was to surface any additional patterns for learning, beyond that arising within individual safety reviews, and to identify any need for any additional targeted improvement work to continue working towards the highest standards of care and safety for all our service users and staff.

3.0 Methodology

3.1 A quantitative analysis was undertaken of homicides reported to have been perpetrated by ELFT service users between 2018 and 2025, using time-between-incidents and 3-year rolling average charts. This was supplemented by a parallel review of Integrated Care Board (ICB)-level homicide data for London boroughs. Qualitative analysis was conducted on SI/PSII safety reviews (2020–2025) from twelve selected cases, using agreed inclusion and exclusion criteria. Inductive thematic analysis was applied alongside SEIPS-

informed (**S**ystem **E**ngineering **I**nitiative for **P**atient **S**afety) deductive theming, followed by a gap analysis to compare identified themes with existing safety actions and improvement work. Recommendations and an action plan were developed collaboratively with subject matter experts, embedded within existing trust workstreams where possible, and recorded in InPhase with assigned owners and implementation timelines.

4.0 Findings

4.1 Quantitatively, North East London did not appear to be an outlier compared to other London ICB regions in recent years. A small rise in the 3-year rolling average was observed in 2025 compared to previous periods; however, this should be interpreted cautiously given the low absolute numbers and heterogeneity of cases. Comparable data for Bedfordshire is not yet available. Qualitative analysis identified themes relating to perpetrator and victim characteristics and service factors. Perpetrators were predominantly male, aged 15–46 (most commonly 23–46), with an even spread across adult age groups. Victims were usually known to the perpetrator, often family members, with fewer intimate partner homicides than seen in wider population data. Individuals from ethnic minority or mixed backgrounds were overrepresented, and a subgroup showed patterns of prior violence, substance misuse, wider social adversity, and psychosis diagnoses.

4.2 All perpetrators were under ELFT mental health services (mostly community-based). No clustering by specific teams was identified. Strong evidence of good practice was observed, including proactive multidisciplinary working, thorough and responsive care, and effective communication with patients and families. However, non-engagement was common, often leading to reliance on families and remote contact. Additional, less prominent themes related to medication management, Mental Health Act and CPA processes, risk assessment, staffing pressures, operational systems, service availability, interagency working, and access to specialist input.

5.0 Gap Analysis Findings and Recommendations

5.1 The gap analysis found a close relationship between the findings, actions proposed, completed or underway based on individual reviews, and trust safety improvement work already underway.

5.2 To supplement this existing work, recommendations were agreed relating clinical care including in relation to risk management, care of patients needing an assertive and intensive offer and those at risk of non-engagement, medication management, victim safety planning and dual diagnosis care. Further recommendations related to liaison with the police, oversight of community mental health team staffing and workloads and improvements to the interface between forensic and general adult services.

5.3 Recommendations for ongoing learning from our homicides were made including continued monitoring of homicide data both within ELFT and in

collaboration with NHSE and NCISH, work to continue to improve learning from homicides and from good practice.

6.0 Safety Improvement Plan

6.1 The thematic review has led to development of a targeted safety improvement plan for the organisation, focused on strengthening learning, oversight, and continuous improvement across ELFT. The plan includes specific actions, designated to existing workstreams, where they are already established, and with named senior leadership owners for each action. The review and plan was presented and ratified at Quality Committee in February 2026 and by Quality Assurance Committee in March 2026. All actions have been logged and will be tracked via the action module within our InPhase management system, with target dates for implementation and oversight and monitoring, led by our Director of Patient Safety and Quality Committee.

6.2 Central to the action plan is the establishment of a more comprehensive, continuous and integrated approach to learning from homicide data. The Learning from Deaths Panel plans to regularly review homicide data from London, Bedfordshire, and national sources such as NCISH, ensuring that any emerging patterns and insights are identified early and acted upon. This will include the use of three-year rolling averages and time-between-incident analysis, supporting more sensitive detection of trends over time. In parallel, the Trust will continue to triangulate local data with regional and national datasets, via collaboration with NCISH, and strengthen mechanisms for sharing thematic learning internally and externally, including through Safety Learning Seminars and the Patient Safety Learning Committee. There will be a continued and strengthened emphasis on learning from where care has gone well, embedding this approach within the Trust Safety Plan, PSII processes, and broader PSIRF responses.

6.3 A second area of focus in the action plan is improving equity, service effectiveness, and learning from practice. There is work underway to ensure that services for the Assertive and Intensive cohort are explicitly focused on equity of access and experience, addressing health inequalities that may contribute to risk. Examples of effective practice identified in the review has been actively shared to inform the assertive and intensive engagement offer and wider community mental health transformation. Alongside this, further work will aim to increase the proportion of safety actions that actively build on good practice. Learning from the review has also been shared with the Trustwide Intensive and Assertive Mental Health Improvement Group and related community mental health workstreams, and is already informing future service models and approaches to engagement, particularly for individuals who are harder to reach.

6.4 The review also has proposed several targeted safety actions addressing clinical risk domains, including substance misuse, medicines management, liaison with partner agencies, and risk formulation. The Dual Diagnosis Policy will be ratified and implemented through borough-level improvement plans, promoting joined-up, proactive care for individuals with co-occurring substance misuse and severe mental illness, including stronger partnership arrangements

with drug and alcohol services. In medicines management, findings have been shared with relevant governance groups to consider the role of very long-acting injectable treatments in high-risk cohorts and to strengthen clinical and digital systems supporting depot administration, including responses to missed doses.

6.5 Improved collaboration with police partners will be pursued through the Senior Police Liaison Group, focusing on high-risk cases, clarifying roles under the Right Care Right Person approach, and addressing operational barriers such as access to Police National Computer checks. Finally, improvements in risk management are proposed to ensure that known histories of violence are consistently identified and accessible within clinical systems, and work will be undertaken to improve connectivity between forensic and non-forensic services, ensuring clearer pathways, thresholds, and access to specialist support.

7.0 Governance and Oversight

7.1 Learning from the review has been shared via our trust Quality Committee, Quality Assurance Board Committee, Patient Safety Forum and is scheduled to be shared in the upcoming July 2026 Trustwide Patient Safety Learning Seminar. A “learning from our homicides” staff briefing document has also been drafted and is due to be shared imminently via trust communications channels trustwide.

7.2 The new approach to ongoing monitoring, regular review and learning from homicides is being taken forward within the trust Learning from Deaths panel, under the oversight of the Chief Medical Officer and Director of Safety. This locally derived learning is supplemented by relevant learning which the Trust is identifying from national reviews such as the Nottingham Inquiry, Southport Inquiry and which it derives from the learning from NCISH (National Confidential Inquiry into Suicide, Homicide and Safety in Mental Health)

8.0 Quality Improvement

8.1 The Quality Improvement (QI) plan at ELFT is designed to support delivery of the organisation’s strategic objectives to improve population health, improve service user and staff experience and to improve value across the Trust. The QI plan for 2026/27 has been discussed and agreed by the executive team and will broadly focuses on the following. The team will focus on supporting three trust wide priority areas; Observations to Engagement phases 2-3, the trust wide PCREF programme and the Staff Experience Programme. In addition, the team will work across the Corporate directorate to support a programme to strengthen our quality management systems and processes across the trust.

Strategic Priority	Focus area for QI
Improving the Quality and Experience of Care	Continuation of the observation to engagement Large Scale Programme

Making ELFT a place where people can do their best work	Support to the trust wide staff experience programme Continuation of QI Capability Building Programmes (Pocket QI, Improvement Leaders Programme, Improvement Coaching Programme)
Advance Equity in all we do	Support to develop a learning system around the trust wide PCREF work
Strengthen prevention and earlier help	Scoping of two priorities for 2027/28 focused on Physical Health in Mental Health and Neighbourhood working
Strengthening the basics for the journey ahead	Working with partners across the quality management system to strengthen ELFT's approach to learning. • Working with partners to strengthen patient safety management and learning systems. Developing local QI infrastructure

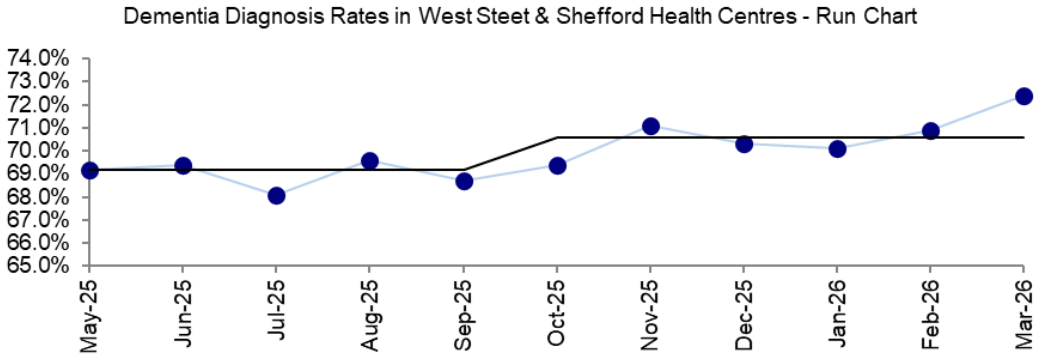
9.0 Improved Population Health

9.1 Across the trust, 20 projects are using QI to improve an aspect of population health. Topics being tackled fall into two broad areas: increasing access to services for underserved groups and improving physical health.

9.2 The Northwest Locality of the Tower Hamlets Together Integrated Neighbourhood Programme has identified **early identification and management of pre-diabetes** as its priority, following population-health analysis and engagement with primary care, secondary care, local authority teams, Voluntary sector partners and residents. The aims are to increase early detection and design a support pathway to prevent progression to type 2 diabetes, with a focus on 18–39-year-olds in deprived communities who are not routinely screened. Governance has been strengthened through fortnightly integrated neighbourhood team meetings, where a theory of change is being developed and first tests of change planned. The locality has also secured Optum Pathfinder support, a population health data analytics platform, to refine and collect population health data, ensuring ongoing analytical insight to guide improvement.

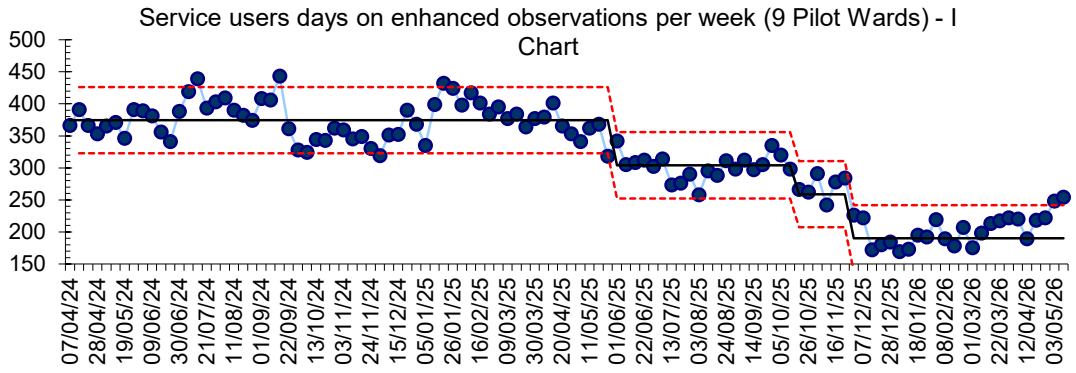
9.3 In Bedfordshire and Luton, work has been underway to increase dementia diagnosis rates in primary care after identifying lower rates in Central Bedfordshire compared to other Bedfordshire, Luton and Milton Keynes locations. The work was led by medics in the memory assessment service, in partnership with two GP practices, West Street GP and Shefford Health Centre. A range of change ideas were tested, including an enhanced diagnostic

proforma, training to help primary care staff recognise dementia symptoms and use diagnostic tools, and supervision sessions to support case discussion. Across both practices there has been an increase in diagnosis rates from 69% to 71%. Additionally, there has been positive feedback following the training which was introduced. Work is underway to spread the learning to other practices.

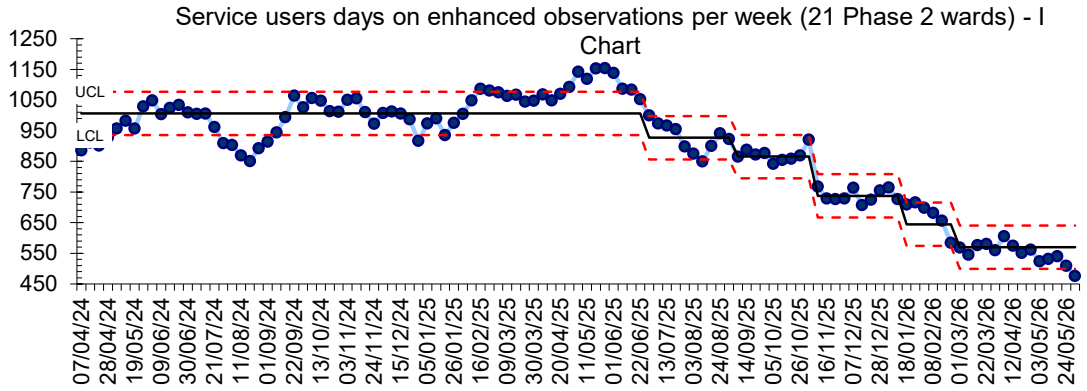


10.0 Improved Experience of Care – Observation to Engagement Programme

10.1 The Observation to Engagement Programme, launched in April 2025, has completed Phase One with pilots across nine inpatient wards. Across the nine wards, enhanced observations reduced by **49%** with no negative impact on safety, violence, or restrictive practice measures. This demonstrates that observation levels can be safely reduced when supported by meaningful engagement, structured review, and strong multidisciplinary decision making. Phase One now provides a solid foundation for Trust wide spread.



10.2 Phase Two is now underway, with 21 additional wards testing and adapting the **CARE that Counts** bundle across a wider range of inpatient settings. The Phase 2 data show a reduction of observations from an average of **1006.3 to 569.9 days per week** (**43.4%)**. Reductions began before the formal launch of Phase Two, likely reflecting Trust wide learning from Phase One, growing organisational focus on reducing reliance on observations and organic sharing of engagement work amongst teams. Formal Phase Two support, beginning in March 2026, has since helped consolidate, accelerate and spread this improvement.



10.3 Teams are testing a range of change ideas aligned to the four **CARE that Counts** concepts **(C**onfidence building, **A**nticipating needs, **R**elationships and engagement, **E**very individual)**,** with nine Phase Two wards (42%) showing improvement so far. Many wards have focused on adapting the Relationships and Engagement concept locally. Protected engagement time, where staff spend dedicated time with service users daily, has been tested on both Onyx Ward in Bedford and Luton, and Brett Ward in City and Hackney. These have contributed to a 29% reduction (69 to 49 days) in observation use on Onyx ward and a 58% reduction (38 to 16 days) on Brett Ward. Similar approaches have resulted in reductions across four wards in Newham: Opal (81%), Ivory (42%), Emerald (51%) and Topaz (25%).

10.4 CAMHS Evergreen Ward has adapted the Relationships and Engagement change concept by creating a weekend activity timetable. Young people join group activities, take photos, and display them on the ward noticeboard to encourage wider participation. This has contributed to a **69% reduction** in observation use, from 25.1 to 7.7 service user days. In Tower Hamlets, Leadenhall Ward tested having all staff on the ward floor from 11am–6pm, leading to a **75% reduction** in observation use (113 to 28 days). Cazabon and Leadenhall also received tailored therapeutic engagement training, with Cazabon showing a **72% reduction** in observation use (90 to 25 days).

10.5 Service user involvement remains central to the programme. Working with Experts by Experience, tailored interview questions have been developed to understand how changes are being felt on participating wards. Feedback has highlighted the value of more meaningful activity, stronger connection with staff, and having different ways to express feelings, including creative engagement, structured conversations and more personalised support. For example,

- *"I don't get bored anymore because of the variety of activities."*
- *"The staff have been very supportive"*
- *"I am very satisfied and enjoy the activities, especially dancing and music."*

Service user feedback is also being used as an opportunity for teams to further tailor their change ideas, particularly around having more access to medical staff, how people are welcomed and reassured when first admitted to the ward and the visibility and availability of staff when tensions arise.

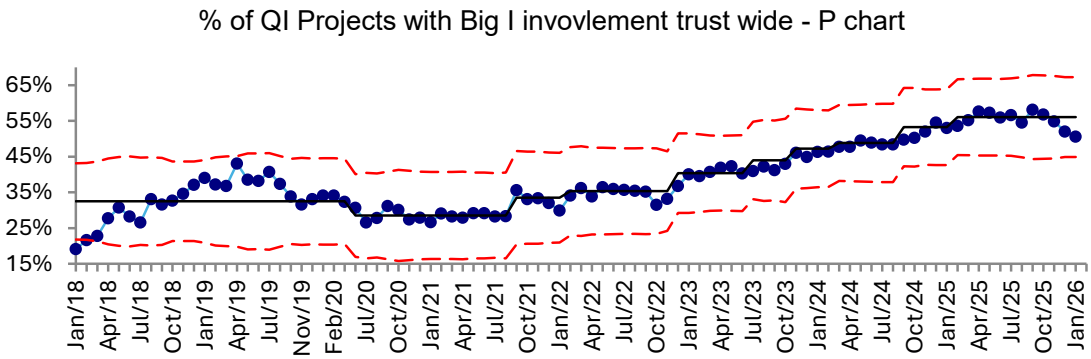
10.6 A Trust-wide learning session in June brought together phase one and two teams to share progress and reflections. Jason Leitch, Pedro Delgado and Susan Hannah from the Institute for Healthcare Improvement (IHI) attended, as well a representative from the Care Quality Commission (CQC), offering insights on building momentum, supporting spread and sustaining improvement. A central message was that this is not just an observation programme but a programme about humanity, a framing that has strengthened shared purpose and reinforced the deeper intent of the work.

10.7 Phase Two will conclude at the end of August 2026. Over the next two months, the programme will prepare for Phase Three, beginning in September, when the **CARE that Counts** bundle will be spread across the remaining 22 wards. Preparations include two "getting ready" sessions for Phase Three wards,

continued development of promotional and communication materials to maintain programme visibility beyond formal support and using the Improvement Leaders' Programme as a delivery mechanism for Phase Three.

11.0 Improved Experience of Care – Other QI Work

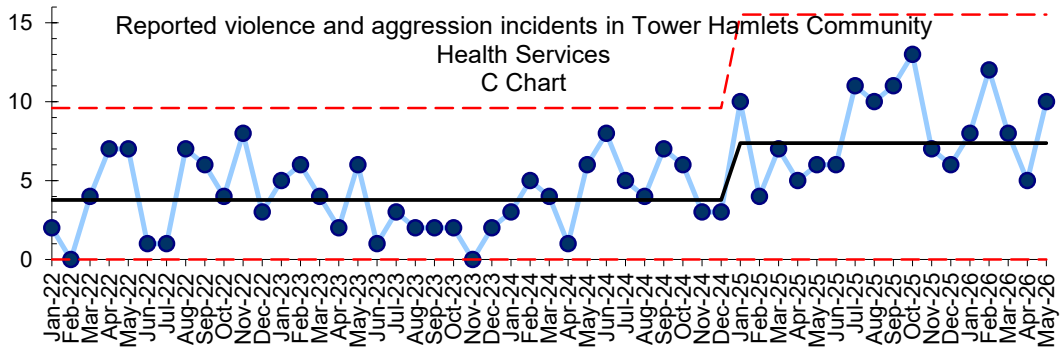
11.1 Service-user and carer involvement in QI continues to strengthen across the Trust. **Big I** involvement, where service users are active project members, has risen to **56%** trust wide. There are with notably higher levels in London CHS (96%), Tower Hamlets Mental Health (88%), Talking Therapies (70%) and Forensics (69%). To support this growth, teams have tested several change ideas, including refreshed QI training with stronger lived-experience content, closer collaboration between Improvement Advisors and People Participation Leads, routine sharing of involvement data, and proactive support for projects without Big I involvement.



11.2. In London CHS, where involvement was already strong, efforts focused on improving the experience of service user and carer involvement through a coproduced monthly survey and a one-page lived-experience profile. This more responsive approach increased experience scores from 5.5 to 6.9 and is now embedded in CHS standard work. Other directorates have begun adopting the survey, with the next steps focused on spreading the model and strengthening monitoring.

11.3 Tower Hamlets Community Health Services strengthened safety culture by increasing awareness and reporting of violence and aggression across community teams. Comparing incident reports with team safety crosses (a visual way of recording incidents from the ELFT Safety culture bundle) revealed

major underreporting, driven by beliefs that abuse was “part of the job,” unclear reporting thresholds, and limited knowledge of support. The service introduced the **SAFERR** approach — **S**top, **A**sk for help, **F**ind out more, **E**veryone needs to know, **R**eport, **R**ecord — alongside clearer escalation pathways, warning-letter processes, and improved staff support. Incident reporting rose by **95%,** indicating a meaningful cultural shift. The work is now embedded into business as usual, induction, and training, and monitored by senior leaders. The work has been shortlisted for two Health Service Journal (HSJ) Patient Safety Awards and is being shared across the organisation.



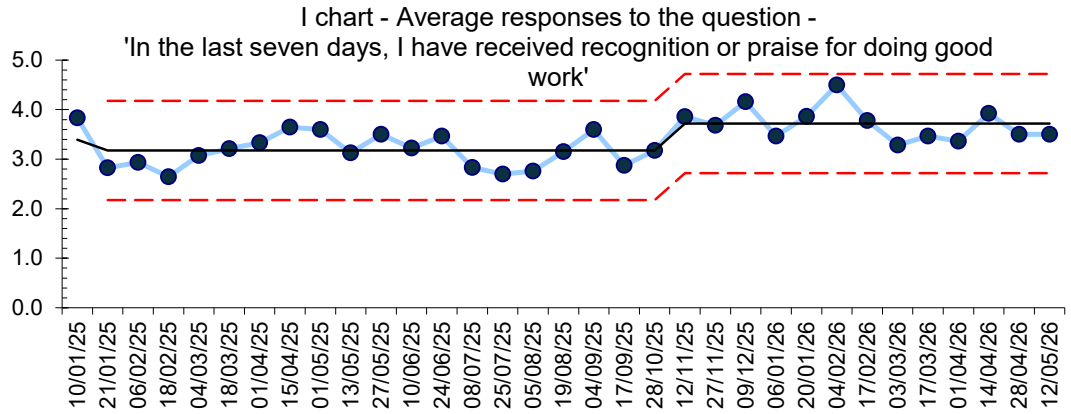
12.0 Improved Staff Experience

12.1 20 teams across the organisation are directly working to improve an aspect of staff experience. Newham Community Health Services is running a staff wellbeing QI project to improve satisfaction and reduce sickness absence. This responds to rising absence rates since 2022 and a local survey, which reported well-being challenges. Early work has included stakeholder engagement, data analysis to identify pilot teams, and development of a measurement plan. Focus groups are now exploring drivers of low satisfaction and absence. Next steps involve analysing insights to identify themes, then developing targeted change ideas and a driver diagram representing the team’s theory of change.

12.2 A collaborative project between ELFT and Bedfordshire Hospitals Foundation Trust (BHFT) aims to improve the experience of nursing and clinical support staff who are redeployed to unfamiliar wards. Led by an ELFT Clinical Psychologist working under service level agreement at BHFT, and supported through ELFT’s QI coaching and improvement methodology, the project applies psychological theory and quality improvement principles to develop a more compassionate approach to redeployment. A multi-disciplinary working group tested the Ward Welcome Sheet, a simple induction tool designed to help redeployed staff feel orientated, welcomed and supported. Early feedback has been highly positive, with staff reporting improved experiences of redeployment, and the project has been nominated for an NHS Excellence Award. The initiative is now being rolled out across BHFT hospitals, with a toolkit under

development to support sustainable implementation. The strong partnership between BHFT and ELFT has created opportunities for shared learning, and options for scaling the approach within ELFT inpatient wards are currently being explored to enhance staff wellbeing, belonging and support during ward moves.

12.3 The trust's data and analytics team used QI to improve enjoyment at work through the Improvement Leaders Programme. They tested several changes: a peer recognition process where colleagues nominate each other, updated supervision templates to support wellbeing and career conversations, and micro-learning sessions for sharing skills. They also introduced a fortnightly pulse survey to track team wellbeing. Six of eight measures improved, including a **15% rise** in staff reporting they had received recognition or praise in the past week.



12.4 Building capability in improvement is a core part of ensuring staff feel equipped to tackle their local issues. The trust's Improvement Leader's programme (ILP) is designed to support the delivery of annual priorities. Wave 15 concluded in March 2026 with 134 people graduating and delivering 87 improvement projects across the Trust. Participant feedback was strongly positive: 95.6% rated programme content as good or excellent, 94% rated facilitation positively, and 94% valued networking opportunities. The programme significantly strengthened participants' confidence and capability with QI, with 96% reporting they would be likely or very likely to lead QI projects, and 95% felt equipped to use QI methods to address complex service challenges. **Improved Value**

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13.1 2026 IHI visit was comprised of 29 co-designed virtual faculty visits with leaders across the footprint of the organisation between March and May 2026, as well as a one day in-person visit with Pedro Delgado, Jason Leitch and Susan Hannah, senior faculty from the IHI in June 2026. The visit provided valuable external challenge and support to senior leaders, strengthening leadership capability, strategic thinking and cross-organisational learning. Leaders

particularly valued the executive coaching approach, which created space for reflection, constructive challenge and deeper discussion of complex organisational issues beyond individual improvement projects. The sessions enhanced leadership relationships, brought together diverse perspectives from across the health and care system, and supported the development of a more systematic approach to prioritising and delivering large-scale change. Feedback was overwhelmingly positive, with many leaders expressing a desire for ongoing coaching and external facilitation as a means of supporting leadership development, collaboration and delivery of the Trust's strategic priorities.

13.2 Twenty-one project teams are using QI to directly improve an aspect of value. Of these, 8 are tackling environmental sustainability, including reducing waste, and 13 are looking at reducing costs or an aspect of productivity, such as staff time spent on tasks.

	NOF indicator	Projects Aligned
MHLDA	Length of stay across Adult, Older Adult and PICU wards	**City and Hackney Adult Mental Health** • Mother and Baby Unit – Planned QI project to reduce LoS in the early planning stages **Bedford and Luton Mental Health** • Ongoing QI project on older adult units to reduce LoS. Currently testing change ideas **Tower Hamlets Adult Mental Health** • Unit wide work continues to reduce length of stay following the 2024/2025 large scale flow QI programme.
	% achieving reliable recovery across NHS talking therapies	**Tower Hamlets Talking Therapies** • Improving recovery rates people completing Silvercloud CBT - Currently testing change ideas **Bedfordshire Talking Therapies** • Improving recovery rates for people who identify as BiSexual - Currently testing change ideas
CHS	% of cases waiting over 52 weeks for community care	**Bedford Community Health Services** • **Reducing Wheelchair Service triage time** by 10% by June 2026 – Improvement seen • **Reducing Tier 3 Obesity Psychology waits** from eight to four months – In early planning stages **Tower Hamlets Community Health Services** • **Reducing waiting times in Falls Clinic – Currently testing change ideas** • **Reduce waiting times in the continence service – Currently understanding the problem** • **Reduce waiting times for a reablement assessment – Currently developing change ideas** **Newham Community Health Services** • Reducing DNA in MSK – Currently testing change ideas • Reducing DNA in the Diabetes Adult clinic – Currently testing change ideas • Reducing DNA in Cardiac Rehab – Currently understanding the problem

13.0 Action Being Requested

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

NHS
East London
NHS Foundation Trust

Performance report

June 2026

REPORT TO THE TRUST BOARD IN PUBLIC **June 2026**

Title	Performance report
Author Name and Role	Amrus Ali, Associate Director of Performance and Planning Thomas Nicholas, Associate Director of Business Intelligence & Analytics
Accountable Executive director	Edwin Ndlovu, Deputy CEO & Chief Operating Officer

PURPOSE OF THE REPORT

The purpose of the report is to provide assurance on the overall performance of the organisation, informed by a small set of indicators that give a rounded view of organisational performance, based on the six domains of quality as defined by the Institute of Medicine.

KEY MESSAGES

What's going well?

At the end of 2025/26, the Trust successfully moved into Segment 2 for the final National Oversight Framework (NOF) position after remaining in Segment 3 for the majority of the year. This shift was driven primarily by sustained progress in key access and flow metrics, including reductions in length of stay, a notable improvement in 52-week wait performance in our Community Health Services and CAMHS access rates, which indicate better responsiveness to demand.

The percentage of service users followed up within 72 hours of discharge from inpatient services was 81.6% in June, against the national target of 80%.

The rate of restraints per 1,000 bed days has remained below the current mean of 13.2 for the past four months, reaching 10.4 in June. The equity chart related to restrictive practice shows that the disparity in experiences between White and Black and Minority Ethnic (BME) groups is dropping and narrowing, which is encouraging. This reflects the positive impact of ongoing initiatives focused on improving safety culture across the organisation.

Inpatient bed occupancy continues to fluctuate below the mean, reaching 91.1% in June. The number of out-of-area placements remains low at 3 service users, attributable to Bedfordshire and Luton mental health services. This reflects the impact of a range of initiatives designed to improve inpatient flow.

Urgent Care Teams in Community Health Services continue to outperform the national 2-hour access target of 70%. The average performance increased from 90.6% to 93.8% in June, reflecting a positive upward trend over past eight months.

EIS performance has increased, surpassing the national target of 60% to reach 69.2% in June.

Talking Therapies services continue to exceed the national reliable improvement target of 67% (rising to 69% in 2026/27), achieving 71.5% and performing above the national average of 63%.

Across ADHD services, there has been a reduction in the overall number of patients waiting for an assessment, having dropped from 7,478 in May to 6,954 in June. This is due to the improvements supported by the ADHD stratification tool, which has achieved a significant uptake, and 1,458 patients have been identified as having low to mild symptoms or no longer requiring the service and have been signposted to alternative services to best meet their needs in the community.

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What's of concern?

There continue to be 6,873 patients waiting over 52 weeks alongside pressure in CAMHS neurodiversity teams and community health services. Progress continues across several services, particularly ADHD and community health services, with ongoing focus on reducing the overall backlog.

Community Health services also continue to experience long waits in SCYPS ASD, Bedfordshire MSK and Bedfordshire SLT, which have seen a dramatic improvement due to additional staffing being approved in the services and pathway redesign initiatives. As part of a renewed NOF focus for 2026/27, plans are also underway to increase the number of patients being seen within 18 weeks, which is currently at 81.4% across all community health services (above the national 78% target). In SCYPS, there are 425 children and young people waiting for over 52 weeks. A business case for funding to increase staffing by 11 WTE is being agreed with ICB, which will support the service in eliminating the backlog by the end of 2027.

The percentage of service users who feel involved in their care has reduced to a new average of 83.8%, reflecting a sustained shift following eight consecutive data points below the previous average of 84.5%. A lower volume of responses across directorates may have contributed to the reduced proportion of positive feedback. A number of initiatives are underway to improve this, including embedding PREMs into routine care, expanding digital methods of data collection, reducing duplication across surveys, and encouraging staff to promote completion at key points in the patient journey.

The percentage of service users seen within 12 hours by our Psychiatric Liaison Services (PLS) in Emergency Departments (ED) has decreased to a new average of 82.7% in June from 85.5% following eight months of dropping below the previous mean. The new investment initiatives aimed at significantly reducing delays within Emergency Departments have been approved by the ICB and will be implemented over the next three to four months

What's worth watching?

Pressure ulcer incidents across community health services increased significantly in May, rising from the average of 143 incidents to 185, before returning to normal levels in June. The increase was primarily driven by a rise in Category 2 (low harm) incidents, with a smaller increase in Category 3 (moderate harm) incidents. This represents a notable change from recent trends and is being closely monitored to establish whether it is a one-off variation or reflects a sustained shift associated with increasing acuity across community caseloads.

The rate of violence and aggression remains elevated above the current mean of 6.7, reaching 8.0 in June. This is primarily attributable to a rise in incidents across Newham and City & Hackney mental health services related to a small number of service users. Most incidents occurred within female acute inpatient wards and psychiatric intensive care settings, where a small number of acutely unwell service users with highly complex clinical presentations accounted for a disproportionate number of incidents.

The proportion of incidents resulting in harm increased above the average of 29% to 32% in June, driven by a rise in low-harm incidents across East London mental health and community health services, alongside a small increase in moderate and severe harm incidents across community health teams.

Appendix 1 details ELFT's performance against the NHS Oversight Framework (NOF) for 2026/27. National technical guidance for the 2026/27 NOF was released in June for most indicators. We are implementing the required reporting updates to ensure internal consistency and to provide teams with the appropriate reports to support local oversight.

Across the new 2026/27 NOF metrics, the Trust is demonstrating a strong baseline in Mental Health Learning Disability and Autism (MHLDA) indicators, with most measures currently achieving the highest performance band (Score 1), including discharge follow-up (87%), low readmission rates (3.3%) and minimal very long waits for CYP (2.8%). Some areas show moderate performance, including length of stay and urgent crisis care, reflecting ongoing pressures. The percentage of service users accessing Talking Therapies who achieve reliable recovery (48.6%, Score 3) is similar to the national benchmark, and services are actively working towards further improvements to reach the national target (51%).

In Community Health Services, long waits remain an area of focus, with 4.03% of patients waiting over 52 weeks and 81.4% seen within 18 weeks against the 2026/27 target of 78% (new NOF indicator). The main areas of pressure are within SCYPS ASD, Wheelchairs and SLT services, with recovery plans in place. Trustwide operational performance remains broadly stable, supported by strong data quality (93.1%) in our Data Quality Maturity Index Score (DQMI) position and 100% of clinical trials starting within 90 days. However, workforce pressures continue, including sickness absence (5.62%) and reliance on temporary staffing (agency 0.8%, bank 8%).

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

Improved service user experience	☒	The performance report assures the Board on performance of the organisation, through the tracking of organisational metrics that align with three of the four strategic objectives. Measures on staff experience are contained within the Board People report.
Improved health of the communities we serve	☒	
Improved staff experience	☒	
Improved value for money	☒	

Committees/meetings where this item has been considered

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

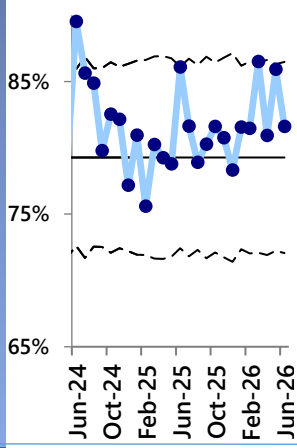
Impact	Update/detail
Equality Analysis	Some of the metrics in this report are designed to improve equalities by ensuring access to services and good outcomes. Analysis of the experience of different groups is undertaken as part of the Trust's inequalities work stream and population health task and finish group.
Risk and Assurance	This report covers performance for the period to the end of June 2026 (where available) and provides data on key compliance, national and contractual targets.
Service User/Carer/ Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals.

Performance Dashboard

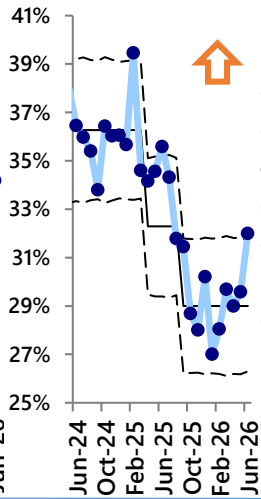
Special cause variation ( ) and when it's of potential concern ( )

Safe

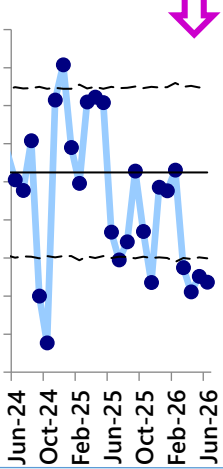
Service users followed-up within 72 hours of discharge (P chart)
Target: 80%



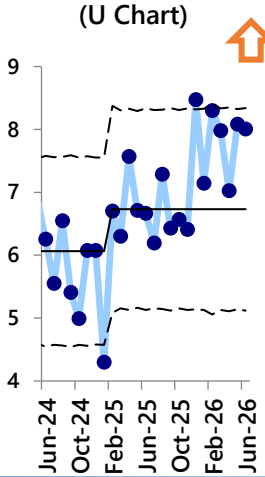
Safety incidents resulting in physical Harm (P Chart)



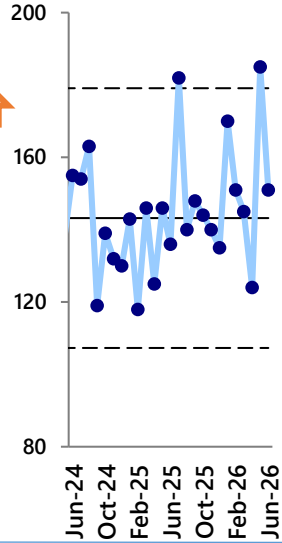
Restraints reported per 1,000 occupied bed days (U Chart)



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

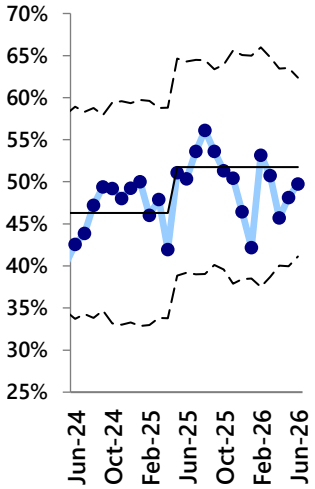


Pressure ulcers - non-inherited (C Chart)

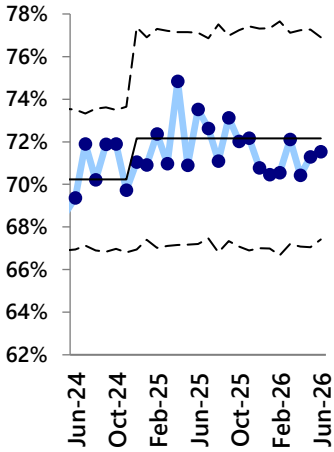


Effective

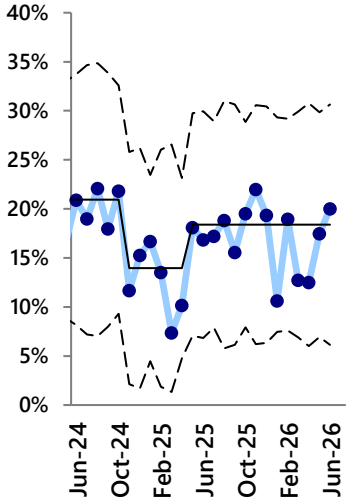
Adult Mental Health Improvement in Dialog score (P Chart)



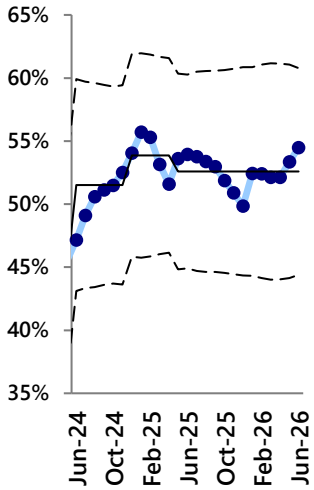
Talking Therapies - Percentage achieving reliable improvement (P' Chart) Target: 67%



IPS - Percentage discharged in employment (P Chart)

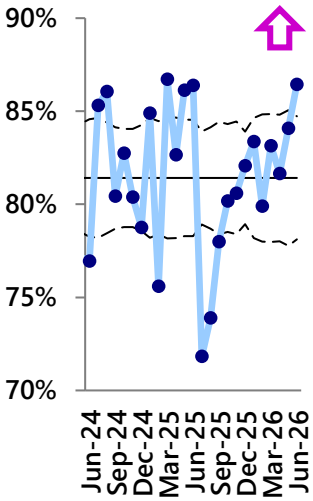


Perinatal - Improvement in Core10 scores (P Chart)

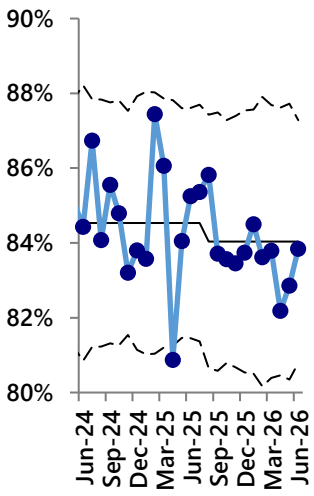


Service user centred

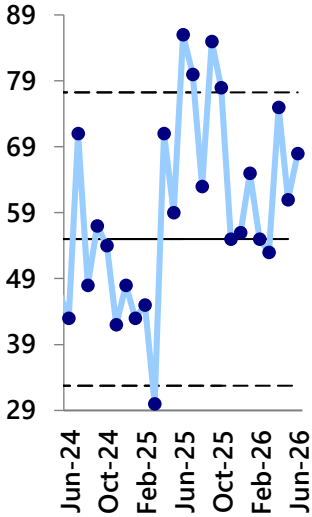
Percentage of service users having a very good or good experience (P Chart)



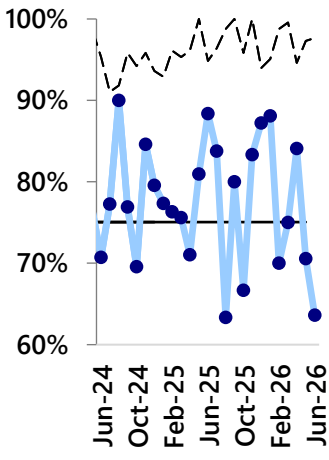
Service Users involved in discussions about their care (P Chart)



Complaints (C Chart)



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

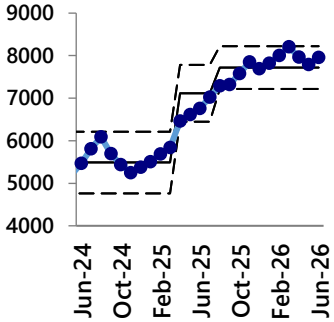


Performance Dashboard

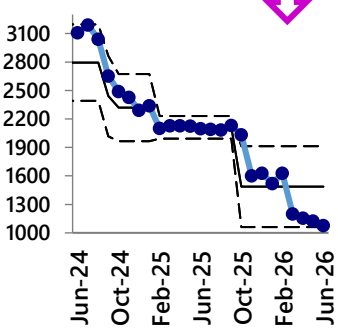
Special cause variation (⇧⇩) and when it's of potential concern (⇧⇩)

Timely

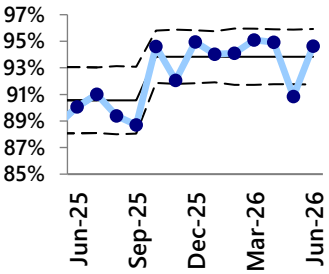
Referrals not seen in 52 weeks - Mental Health (I Chart)



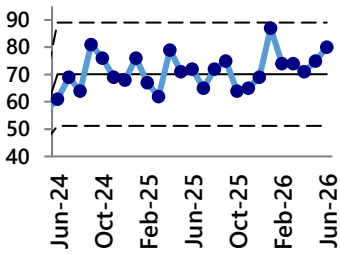
Referrals not seen in 52 weeks - Community Health (I Chart) ⇩



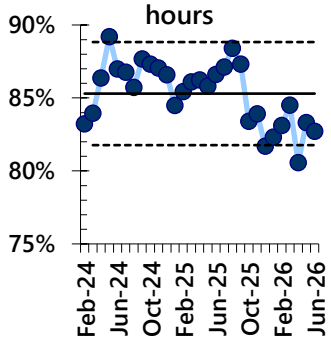
Rapid Response seen within 2 hour (P Chart) Target 70%



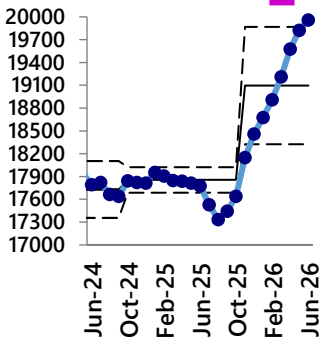
Waiting time for treatment (days) for Children and Young people (I Chart)



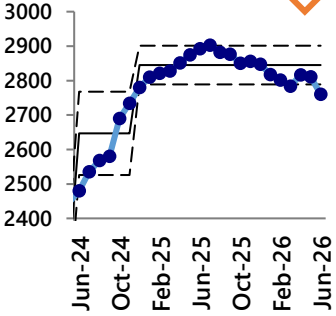
% of patients seen in A&E within 12 hours



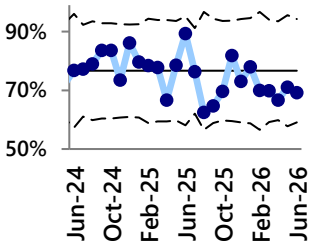
CAMHS Access Rate (I Chart) ⇧



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

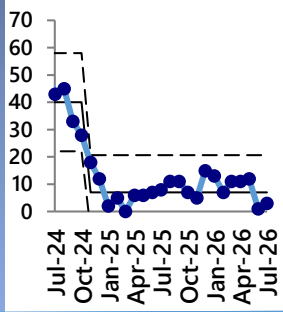


Early intervention treatment started within 2 weeks (P Chart) Target 60%

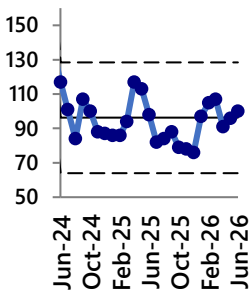


Efficient

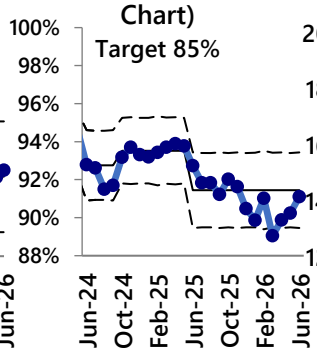
Private Inpatient Placements (I Chart) Target: 0



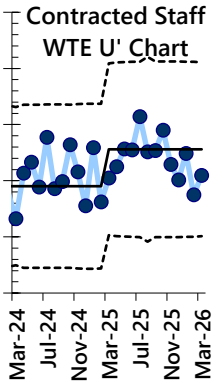
Clinically Ready for Discharge (I Chart)



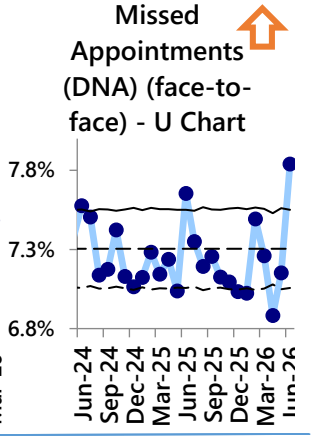
Bed occupancy - all specialties (P' Chart) Target 85%



Contacts per Contracted Staff WTE U' Chart

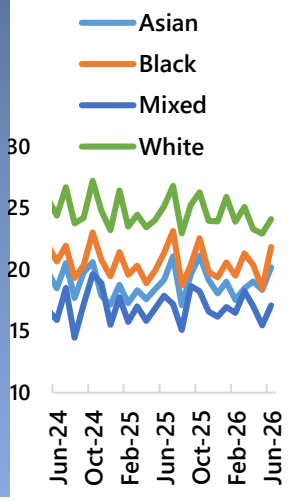


Missed Appointments (DNA) (face-to-face) - U Chart ⇧

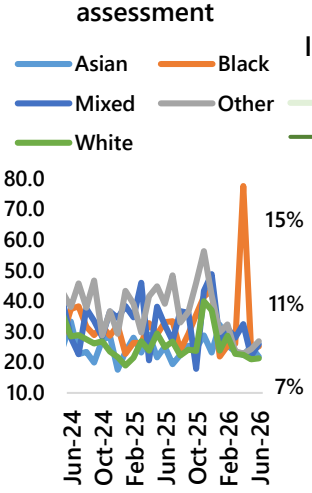


Equitable

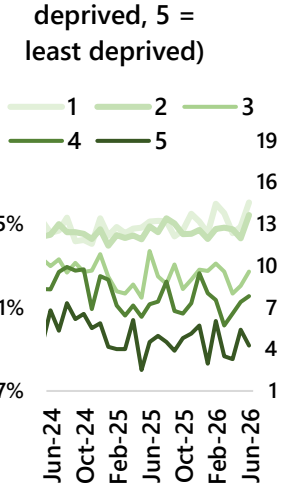
Referrals by ethnic group, per 1,000 population.



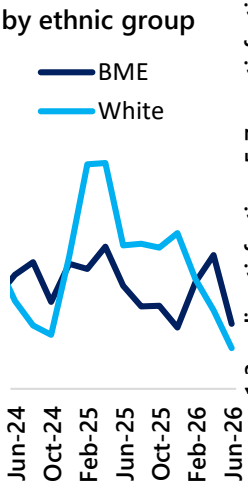
Average wait (days) for community mental health assessment



Non-attendance at mental health appointment (1 = most deprived, 5 = least deprived)



Adult restrictive practices per 1,000 occupied bed days (OBDs), by ethnic group



Average Dialog score at review, by gender

14

Commentary

Safe

The percentage of service users followed up within 72 hours of discharge from inpatient services was 81.6% in June, against the national target of 80% (NOF indicator). In Luton & Bedfordshire, 93% of patients were followed up in 72 hours, and 82% in Newham. The target was achieved in 9 out of the past 12 months while also consistently exceeding the national target in the past year. Improvements have been made across the wards to strengthen governance and oversight. Regular audits and case reviews have become routine practice to support the timely identification of overdue follow-ups, helping to reduce delays and improve contact.

The proportion of incidents resulting in harm has seen an unusual increase, rising above the mean of 29% to 32% in June. This was due to a small rise in low-harm incidents across East London mental health and community health services, alongside a small increase in moderate and severe harm incidents within community health teams over the past two months. In East London mental health services, the main themes were related to self-harm, safeguarding concerns, violence & aggression and medication-related incidents. Within Community health services, the main themes were associated with pressure ulcer incidents.

In Community Health Services, teams continue to focus on pressure ulcer prevention, risk assessment, consistent skin integrity checks, improved use of pressure-relieving equipment, and timely escalation to tissue viability teams. In Mental Health Services, work is being refocused on the safety bundle, alongside strengthening risk assessment, safety planning, and consistent implementation of observation and engagement standards. There is also continued emphasis on medication safety and learning from incidents through team huddles and wider safety and governance forums. Across both services, there is a continued focus on strengthening a positive learning culture, ensuring incidents are consistently reviewed, learning is shared openly across teams, and staff feel supported to report and reflect on practice. This includes improving the feedback loop from incident investigations into frontline practice and embedding learning through supervision, team discussions, and governance structures.

The restraint rate per 1,000 bed days continues to fall further below the mean of 13.2, reaching 10.4 in June. This reflects reductions in the use of restraint across Bedfordshire and Newham mental health services, Forensic services, and a sustained reduction within CAMHS. Additionally, equity chart related to restrictive practice shows that the disparity in experiences between White and Black and Minority Ethnic (BME) groups is dropping and narrowing, which is encouraging. This reflects the positive impact of ongoing initiatives focused on improving safety culture across the organisation.

Across mental health services, restrictive interventions continue to be used primarily as a last resort to maintain the safety of service users and others where there is a significant risk of serious self-harm, violence or aggression. A small proportion of restrictive interventions are also associated with clinically necessary treatment, including the safe delivery of nasogastric feeding for children and young people receiving inpatient care for eating disorders within CAMHS, and for a small number of older adult inpatients where this is clinically indicated and subject to frequent multi-disciplinary review.

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The Trust continues to prioritise reducing restrictive practice through a range of quality improvement initiatives focused on prevention, early intervention, and trauma-informed care. These include the implementation of safety huddles and safety pods, which have enhanced proactive risk identification, improved multidisciplinary communication, and enabled earlier therapeutic interventions to prevent escalation. Collectively, these measures have contributed not only to a reduction in the restraint rate but also to shorter restraint durations, reflecting improved de-escalation practices and a continued commitment to delivering the least restrictive care possible.

The rate of violence and aggression remains elevated above the current mean of 6.7, reaching 8.0 in June. This is primarily attributable to a rise in incidents across Newham and City & Hackney mental health services. Most incidents of violence and aggression in these services have been concentrated within female acute inpatient wards and psychiatric intensive care settings, where a small number of acutely unwell service users with highly complex clinical presentations accounted for a disproportionate number of incidents. Services continue to implement a range of preventative and therapeutic interventions to reduce violence and aggression, including enhanced multidisciplinary risk reviews, zonal supervision, trauma-informed care, personalised positive behaviour support plans, proactive safety huddles, and early de-escalation strategies. These measures are intended to maintain the safety of service users and staff while ensuring responses are proportionate and tailored to individual clinical needs

Pressure ulcer incidents across community health services increased above the average monthly level in May, rising from a mean of 143 to 185 incidents but returning to normal levels in June (151). This increase was primarily associated with a higher number of cases reported within Bedfordshire. Incident levels returned to expected levels in June. This reflects a rise in category 2 (low harm) and a small rise in category 3 (moderate harm) Incidents. This represents an unusual upward deviation relative to recent trends and is being closely monitored to identify contributing factors. Initial review indicates that the increase is multifactorial, reflecting a combination of patient acuity, frailty within the community caseload, and complexities associated with long-term care needs. This includes individuals with significant co-morbidities, reduced mobility, and heightened vulnerability to skin breakdown.

Effective

Overall, the proportion of service users reporting positive Dialog outcome scores remains stable, reaching 49.9% in June. A detailed analysis of the variation in scores between different ethnic groups was undertaken and presented in the May report.

Our Talking Therapies services continue to exceed the national target for reliable improvement, achieving an average of 72% over the past year and 71.5% in June, compared with the current national target of 69%. Performance also remains consistently above the national average of 63% over the same period, demonstrating sustained strong outcomes for service users. Teams are now focused on maintaining this level of performance while ensuring equitable access, experience, and outcomes across all service user groups. Improving reliable recovery rates remains a key priority in line with the National Oversight Framework (see Appendix 1). Current reliable recovery performance is 48.6% (Score 3), which is consistent with the national benchmark. Teams are continuing to implement improvements focusing on communities with lower recovery outcome scores, such as Asian and Bangladeshi populations.

The percentage of service users entering employment has returned to normal levels, reaching 20.0% in June. Expanding access to IPS and integrating the IPS pathway across new community neighbourhood care models will be a priority this year to support improving access.

Across perinatal services, the Trust's rolling 12-month access rate is at 2,896, with a year-to-date access rate of 1,352. Access in Bedfordshire & Luton is at 1,352 in June and 1,630 in East London. Targets for 2026/27 are 1,547 for East London and 1,536 for Luton & Bedfordshire which services are working to achieve. The recent decrease in access in June was due a drop in City and Hackney, Newham and Bedfordshire and Luton. Perinatal services are continuing to improve equitable access by adopting a targeted population health approach, with a particular focus on different communities. This includes developing information in a range of community languages, delivering culturally appropriate engagement and outreach, and working closely with local partners to raise awareness and improve access for underserved communities..

Perinatal mental health outcomes remain stable, with 54.5% of service users reporting positive outcomes in June. This reflects sustained effectiveness in supporting women and birthing people experiencing a range of perinatal mental health conditions, including moderate to severe illness during pregnancy and the postnatal period.

This stability is maintained despite the clinical complexity of perinatal presentations, where factors such as relapse of pre-existing mental illness, trauma, sleep disruption, and psychosocial stressors can significantly influence outcomes. Specialist multidisciplinary teams continue to focus on early identification, risk management, and coordinated care with maternity and primary care services to support safe and effective recovery

Service User Centred

The proportion of service users rating their experience as 'good' or 'very good' has remained stable, with a rise to 86.4% in June. This reflects continued positive service user feedback across services and indicates sustained performance in overall experience and satisfaction. All services are actively addressing the key themes identified in the January report, with ongoing focus on quality improvement actions aimed at enhancing service user experience, responsiveness, and consistency of care delivery

The number of complaints increased to 75 in April before reducing to 68 in June, although this remained above the average of 55 complaints.. Over the past year, the Trust's complaint rate of 4.20 per 1,000 service users has been comparable with the national average of 4.0. The number of complaints should be considered alongside improved routes for raising concerns, such as new online forms methods, as well as the national rise in written complaints, rather than viewed in isolation as an indicator of deteriorating care. To strengthen oversight and consistency, a standardised Learning from Complaints process was introduced in October 2025 and is being embedded through the Trust-wide Complaints, PALS and Compliments Management Framework, providing a consistent approach to learning, case management, escalation, accountability and reporting.

The proportion of service users reporting feeling involved in their care has slightly declined, with the average score decreasing from 84.5% to 83.8%. This reflects a sustained pattern of scores remaining consistently below the previous mean over the past eight months. Lower response volume across directorates may have contributed to a lower proportion of positive responses.

The Trust is taking several steps to improve response rates, including embedding PREMs into routine clinical pathways, increasing the use of digital methods for collecting feedback, reducing duplication where multiple surveys exist, and working with clinical teams to promote completion at appropriate points in the service user's journey. Directorates are also using PREM data more proactively within governance processes, helping staff to see the value of feedback and encouraging consistent collection.

In CAMHS, the Experience of Service Questionnaire (ESQ) was integrated into Patient Reported Experience Measures (PREM) in April 2026, digitising a previously paper-based process and reducing duplication. This, alongside increased involvement from the People Participation team, is expected to improve response rates.

In Newham Mental Health, a workstream-based approach to quality and governance is being trialled, including a focus on Meaningful Interventions. PREM is being used as a key measure to assess whether these changes are improving service user experience, with a continued focus on increasing response rates to support monitoring.

Timely

Performance within Early Intervention Services has risen above the national target of 60%, with 69.2% of service users commencing treatment within two weeks in June. This reflects the positive impact of ongoing measures to manage caseloads, sickness absence, and optimise service capacity in line with local recovery plans.

Adult Mental Health Services

Across the Trust, 6873 patients have been waiting over 52 weeks for mental health services. 6492 of this group are waiting for adult Autism and ADHD services. We have started to see ADHD waiting times reduce following the decision to close the waiting list and implement a more structured triage tool, which has helped to stratify caseloads based on service user needs. This has meant that the number waiting for an initial ADHD assessment has decreased from 7,478 in May to 6,954 in June.

Beyond the 6492 people who have been waiting over 52 weeks for ADHD and Autism services, 320 patients are waiting over a year across our CAMHS ASD services, 10 in our Memory Services and 51 in the Newham employment service.

Findings from the ADHD stratification tool show a 71% response rate, with 5,539 responses received. A further 1,461 patients are yet to complete the assessment. Of those who have responded, 1,458 patients have been identified as having “mild” or “minimal” impairment and will be offered alternative community support. As a result, the waiting list is expected to reduce to below 6,000 in July.

Final communication letters are being sent to service users' homes for those who have not yet responded via app or who have been assessed as having mild or minimal needs. The letters ask individuals to confirm whether they wish to remain on the waiting list or not, and where clinically appropriate, service users will be supported to step off the pathway, with clear information provided on alternative support available and how to re-access services if their needs change

In parallel, work is underway to transition programme management from corporate teams to local services, with directorates taking responsibility for ongoing oversight and delivery from October.

In terms of providing wider community support offers for service users, the trustwide ADHD group is meeting regularly with peer support workers and recovery colleges to explore expanding bite-sized psychoeducation courses around some of the core topics which people with ADHD face, including time management, planning, prioritising, supporting someone diagnosed with ADHD, understanding medication titration, seeking reasonable adjustments, communication and active listening..

Referrals for ADHD services in Luton & Bedfordshire remain variable, with a recent reduction to 37 in June against a yearly average of 81, and the waiting list beginning to fall to 1,871. Demand and capacity modelling indicates this will reduce further to 1,546 by July 2027, supported by the impact of the ADHD Stratification Tool. Across East London, 4,163 responses to the stratification tool have been received, identifying 1,025 patients with mild or minimal impairment and a further 662 who have already been diagnosed elsewhere; together this is supporting a reduction in the waiting list from 4,728 to a projected 3,309 by March 2027, driven by pathway improvements and increased service capacity in across Luton & Bedfordshire services.

Across Autism services, there are also plans to launch a Trustwide programme of work during 2026/27, similar to ADHD, to review the existing waiting list and identify opportunities for pathway improvements and standardisation across the Trust.

In Luton and Bedfordshire, autism referrals have dropped slightly over the past 4 months with an average of 88 per month. Current capacity has been constrained in recent months due to a reliance on a single clinician for an assessment over a 4-5 month period rather than 3 in the service. Recruitment is underway to fill vacant psychology posts, add a Speech and Language Therapist to the team and increase assistant psychology capacity, contributing to a net increase of 2.5 WTE by the end of 2026/27. In addition, a 6-month pilot of Automated Voice Technology (with 100 licenses Trustwide) will commence next few months, with expected reductions on administrative burden and associated increases in clinical capacity.

Referrals across City & Hackney Autism service continue to remain stable at 28 per month, and the waiting list continues to fall to 566 in June from 619 in May. A revised pathway has been introduced so that following a diagnosis, patients are supported to the next stage of care with reasonable adjustment appointments offered on a needs-led basis rather than as a routine follow-on ensuring a more responsive and proportionate approach to ongoing support.

Across Newham, autism referrals continue to be stable at 32 per month, with waiting lists increasing from 263 in May to 296 in June. Teams remain able to provide crisis responses, GP advice and access to specialist routes such as the Team 1000 homeless pathway, which operates on much shorter timescales. Limited additional assessment capacity is being provided on an intermittent basis by two Community Learning Disability staff. Peer support continues to be available for patients through a local authority-led advisory service and a monthly governance process is in place to maintain oversight and risk management while the NEL-wide model continues to develop.

Across Tower Hamlets, referrals remain stable at 40 per month and waiting lists are currently increasing from 232 in May to 246 in June. Current workforce capacity is constrained by a vacant post in the service resulting in an estimated reduction of 1-2 assessments per week. Mitigating this pressure, post-diagnostic support capacity has been strengthened with 2 peer support roles and 1 support worker recruited within the service.

Across Community Neighbourhood Teams, City & Hackney are seeing 65.8% of patients within 28 days. The directorate is currently developing a restructure of the Neighbourhood Community Teams which will include a specific assessment service. The intention is to reduce the waiting to be seen list before the implementation of the new Front Door service in Quarter 2.

In Newham, 86.4% of patients are being seen within 28 days. Performance against access to community mental health neighbourhood teams has been steady around 90% over the last 12 months following significant work to ensure data accuracy. Delays in access are primarily due to doctor capacity for a first appointment and services continue to work on more effective pathways for service users whilst waiting for medical input. This includes specific interventions like access to wellbeing groups and access to peer support.

In Newham, 69.5% of patients are seen within 28 days of referral. Capacity remains constrained due to a medical vacancy. Although the post is currently covered by a trainee doctor, clinic capacity is reduced because the trainee has on-call commitments and protected training time, limiting the number of outpatient clinics they can deliver.

As highlighted in the equity section, there was an unusual increase in the average days black service users waited for a community mental health assessment, rising to 77.5 days before dropping back to normal levels in June at 25.2 days. This was due to a small number of patients with particularly long waits who were assessed during the month within Adult Community Mental Health Teams, which had a disproportionate impact on the average.

Child and Adolescent Mental Health Services (CAMHS)

Waiting lists in CAMHS have increased from 2495 in May to 2696 in June for a first appointment, with 289 service users waiting over a year to be seen. The longest waiting lists are within the Bedfordshire Autism service, with 107 service users waiting, Newham ADHD, with 77 service users waiting over 52 weeks, and in Tower Hamlets ASD and Learning Disability Teams with 58 waiting over 52 weeks.

There are currently 28 patients waiting over 104 weeks across CAMHS. This is being addressed through a targeted data cleansing programme, which has identified cases where service users have been seen but activities and interventions have not been recorded correctly in line with the 104-week stop-clock rules. The data-cleansing exercise has also identified patients recorded as waiting more than 104 weeks who have transitioned to adult services and are no longer open to CAMHS. In addition, some patients remain open to Autism Services, and these cases are currently being reviewed as part of the ongoing data-cleansing process. This would will continue into 2026/27, with a particular focus on those waiting over one year. In Bedfordshire, service productivity is also being reviewed, with Clinical Team Leads assessing individual work plans against activity levels. Further details on the actions being taken can be found in Appendix 1.

Specialist Children's and Young People's Service (SCYPS)

425 service users are waiting over 52 weeks in SCYPS services, all of which are within the SCYPS ASD service. An internal business case was submitted to increase capacity to address the waiting list and backlog challenges. The proposal included increasing service capacity by 11 additional staff members to eliminate the backlog by the end of 2027. Demand and capacity analysis predicts that waiting lists will be back to stable levels by the end of December 2026 and average waits will be 13 weeks once funding is agreed. Across SCYPS, 76.4% (target 78%) of patients are being seen within 18 weeks, which is a new NOF measure.

Community Health Services (CHS)

Across Adult Community Health Services, 27 patients are waiting over 52 weeks to be seen. 12 of these are waiting in the Speech and Language Therapy (SLT) service and 15 in the Wheelchair Service. As of June, 0 patients are waiting over 52 weeks within the Musculoskeletal (MSK) service, having dropped from a peak of 581 in June 2025. Across Adult CHS services, 89.54% of patients are being seen within 18 weeks. Across the SLT service, the team has enrolled a new bank staff member for safety calls and community outpatients to support with managing demand and capacity, support with the administration and active management of waiting lists and help address current demand pressures.

Funding has been agreed from April 2026 for an additional 1.0 WTE post to support patients with dysphasia, prioritising those waiting over 18 weeks. Opt-in letters have also been sent to long-waiting patients to validate the waiting list, resulting in some being discharged where support is no longer required.

Across the Wheelchairs service, significant work has been undertaken to cleanse and validate the waiting list, supported by increased SMS communication and updated Standard Operating Procedures to ensure non-responders and vulnerable patients are managed safely. The majority of delays continue to be driven by national equipment procurement and supply chain issues, which remain outside of the Trust’s control.

Within the Newham MSK service, waiting lists previously increased across the Single Point of Access (SPA) and GetUBetter (GUB) app pathways, primarily due to the service undergoing a consultation and review, alongside higher levels of staff sickness and vacancies. The consultation and review have now been completed, and waiting lists have started to reduce, falling from 4,593 in April to 2,128 in June..

Work continues on the wider MSK service redesign, including a proposal to introduce a face-to-face assessment before referral to the GUB app This aims to improve triage and ensure patients receive the most appropriate support. While this may result in a small increase in demand for face-to-face appointments and an increase in waiting lists during 2026/27, it is expected to improve how patient needs are managed. This will be monitored closely to ensure capacity is aligned to manage demand waiting lists effectively.

Current data shows that 4.03% of service users on the waiting list have been waiting over 52 weeks in Community Health Services and 81.4% of patients are being seen within 18 weeks of referral. Both of these indicators are NHS Oversight Framework (NOF) measures for 2026/27 and more detail on this can be found in the Appendix 1.

Efficient

Inpatient bed occupancy continues to fluctuate below the mean of 91.1 days. Demand for adult acute mental health beds remains high, out-of-area placements remain low at 3 in June, attributable to Luton & Bedfordshire. Similarly, the number of patients Clinically Ready For Discharge (CRFD) has fallen from 107 in April to 96 in June. Following investment from the BLMK ICB, an additional nine acute beds have been opened in Bedfordshire and Luton to increase capacity to meet local demand, reduce delays to access inpatient care and avoid out-of-area admissions. The main reasons for delays are waiting for residential care, supported accommodation, general housing, social care packages, Ministry of Justice processes, and patient choice.

All services are continuing to focus on reducing the average length of stay, which is 46.5 days for Adult and PICU and 82.8 days for Older Adults in June based on a 3 month rolling position. Newham mental health services have the lowest average length of stay, with an average of 44 days. Further information on the wider inpatient improvement plans within the Equity section of this report.

Psychiatric Liaison Teams (PLS) currently complete an assessment and decide on ongoing treatment within 4 hours of arriving in the emergency departments for 92.6% of presentations in Bedfordshire & Luton and 70.3% in East London. The number of service users waiting in A&E for over 12 hours remains consistent at 132 in June. However, the percentage of service users seen within 12 hours by our Psychiatric Liaison Services (PLS) in Emergency Departments (ED) has decreased to a new average of 82.7% in June from 85.5% following eight months of dropping below the previous mean.

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

NEL ICB has approved the investment schemes outlined in the May report, which aim to significantly reduce 12-hour and 72-hour breaches in East London emergency departments where numbers are the greatest, while improving access to alternative community-based crisis support services. Services are expected to fully mobilise these new provisions over the next 3–4 months, once workforce recruitment has been completed..

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Additionally, PLS services are working closely with acute providers to review the relevant Get It Right First Time (GIRFT) recommendations and findings. This work is focused on identifying opportunities to improve patient flow, reduce variation in practice, and strengthen pathways between acute and community services to support more timely and appropriate care delivery

The productivity metric indicates that the average number of contacts per Whole Time Equivalent (WTE) member of staff has remained below the mean of 17.1 over the past four months, reaching 16.2 in March (the latest available data at the time of writing). While contact activity has continued to increase, this has coincided with an increase of 118 WTE staff over recent months, primarily within Adult Mental Health Services, particularly inpatient teams. As inpatient staff typically record fewer contacts compared with community-based staff, this change in workforce profile is likely to have negatively influenced the overall productivity rate.

The missed appointment rate relates to the second productivity indicator. Following several months of reduction, the rate has unusually increased to 7.8% in June, above the mean of 7.3%. This is subject to ongoing monitoring, with teams continuing to embed high-impact changes across the Trust, including increased choice of appointment times and the use of multiple reminders to improve attendance.

Equity

This section explores data related to Clinically Ready For Discharge (CRFD), highlights key themes across ethnic groups, and summarises the work underway to improve inpatient flow across the Trust. Over the last 12 months, service users from the Black ethnic group were 4% more likely, and those from the White ethnic group were 6% more likely, to experience CRFD compared with overall discharge rates. In contrast, Asian service users were considerably less likely to experience CRFD's. Additionally, more men than women experience delays across most services, except in Tower Hamlets where delays were higher for women.

Geographical analysis identifies some hotspots by ethnicity. For example, higher numbers of Black service users experiencing CRFD are concentrated in Newham, while White service users are more prominently represented in Bedfordshire and Luton, and Tower Hamlets older people's ward. These patterns may reflect local population demographics but could also indicate differences in local service demand, housing availability, or discharge pathways.

There are also notable differences in the reasons for delayed discharge between ethnic groups. White service users are more likely to experience delays related to residential home placements and packages of care, and are comparatively less likely to have delays associated with emergency accommodation. In contrast, Black service users have the highest proportion of delays linked to supported accommodation and emergency accommodation. These differences may warrant further exploration to better understand the factors influencing discharge outcomes, including the potential role of family support networks or other wider socio-economic factors.

Building on the implementation of the Trustwide Inpatient Flow Programme, the next phase of the programme over the next year will focus on improving patient flow across the whole care pathway by reducing unwarranted variation, strengthening operational oversight and ensuring patients receive care in the least restrictive setting for the shortest clinically appropriate length of stay. The five workstreams within the programme aim to improve bed availability, reduce delays to admission and discharge, minimise out-of-area placements and support better patient outcomes.

The Digital and Data workstream will continue to embed a single bed management tool, providing real-time visibility of bed capacity and patient flow. Alongside this, a dedicated data quality work programme will improve the accuracy, completeness and timeliness of operational data, ensuring clinical and operational teams have a single trusted source of information to support decision-making and early identification of flow constraints.

The Clinical Operating Model workstream is focused on reducing variation in admission, assessment and inpatient care by embedding a consistent Trust-wide approach.to admission, assessment and inpatient care, ensuring patients receive the right care in the right setting at the right time. This will include defining the use of short-stay admission pathways and clear decision-to-admit processes to reduce unnecessary admissions and variation in clinical practice.

The workstream is also developing standard operating models for step-down facilities and community mental health teams to support admission avoidance and timely discharge, alongside clear criteria for the use of private beds and bed and breakfast accommodation. Together, these interventions will strengthen patient flow, reduce unnecessary length of stay, optimise the use of inpatient capacity across the Trust and ensure service users are supported in the most suitable care setting for their needs.

The Bed Management and Escalation workstream is focusing on developing and implementing consistent operational policies, procedures and clinical standards for patient flow. This will include standardising admission, escalation and discharge processes, embedding Red-to-Green methodology to ensure every inpatient day adds clinical value, and reviewing community operating models to strengthen admission avoidance and timely discharge.

Ward-level Operational Management workstream will be strengthened through standardised escalation processes, including the introduction of OPEL-based escalation cards and daily flow management processes, initially within Bedfordshire and Luton. Improvement work will focus on reducing the number of patients who are clinically ready for discharge but remain in hospital due to operational delays, alongside testing revised ward operating models to improve responsiveness, reduce unnecessary length of stay and optimise bed utilisation. A pilot programme will be implemented in Newham, building on learning from Bedfordshire and Luton OPEL escalation standards with system partners, before wider rollout across the Trust.

The System & Partnership and Admission workstream will strengthen collaborative working across community mental health services, Home Treatment Teams, local authorities, Integrated Care Boards and other system partners to improve whole-system flow and reduce avoidable admissions. This will include shared discharge planning, multi-agency escalation processes and regular system flow meetings to address key barriers to discharge, including social care delays, Ministry of Justice pathways, homelessness and Court of Protection processes.

This workstream will also continue to focus on improving the management of out-of-area placements through protocols to strengthen repatriation processes and procedures with other providers.

NHS Oversight Framework (NOF) for 2025/26

We have now had our final NOF position confirmed for 2025/26, and we were successful in moving our position from Segment 3 to Segment 2 in Q4. Please refer to Appendix 2 for a breakdown of the information for each metric and its relative benchmarked position.

In Q4, of the 11 indicators that we were being scored against, 7 saw an improvement from their Q3 position. The is due to improvements predominantly in our CAMHS Access Score which increased ton 15.8% more patients accessing our CAMHS services than the previous year, improvements in our Length of Stay positions for Adult and PICU wards where only 26.5% had a length of stay over 60 days having been at 28.7% in Q3, and improvements in our 52+ week position across Community Health Services, with only 0.41% of patients waiting over 52 weeks to be seen, compared to 1.10% in Q3.

Improvements were also seen in key staffing measures following the release of the 2025/26 staff survey results. The raising concerns sub-score increased to 6.69 out of 10 (from 6.61), while the overall staff engagement score improved to 7.10 (from 7.04) compared with the previous year

NHS Oversight Framework (NOF) for 2026/27

It is important to note that national technical guidance for the 2026/27 NOF was only released in June, with thresholds and scoring methodologies published for some indicators and others still awaited. Therefore, while current performance against headline metrics can be reported for Q1, the translation into NOF scores and overall segmentation remains indicative at this stage. Locally, we are developing reporting to align with the emerging national definitions.

Mental Health and Learning Disability Measures

Overall, our current position against the NHS Oversight Framework (NOF) for 2026/26 shows a strong baseline across MHLDA indicators with the majority of measures achieving Score 1 (best performance band) at this stage. This includes key quality and safety indicators such as 87% of adult acute and rehabilitation discharges followed up within 72 hours of discharge, a 14-day readmission rate of 3.3%, and 2.8% of CYP waiting over 104 weeks.

Outcome standards are also performing well for children and young people, with 56% receiving paired outcome measures, although this is lower in adult services at 19.8%. The main area of relative underperformance remains in Talking Therapies reliable recovery at 48.6% (Score 3), indicating a gap to national expectations and a priority focus for improvement. Services have highlighted specific challenges with this metric, reflecting the diversity of the populations we serve and the varying levels of deprivation across our communities. Targeted work with different population groups is underway to understand and address these variations and support improvement.

Length of stay measures (82.8 days for older adults and 46.5 days for adult acute/PICU) and the proportion of urgent crisis referrals seen within 24 hours (75.4%) indicate moderate performance (Score 2), reflecting ongoing pressures within patient flow and urgent care pathways.

Community Health Services Measures

In Community Health Services, long waits remain an area of focus, with 4.03% of patients waiting over 52 weeks and 81.4% seen within 18 weeks against the 2026/27 target of 78% (a new NOF indicator). Formal NOF scoring for this measure is still to be confirmed. Programmes of work are underway across all of these services to manage teams where there are waiters for over 18 weeks. The majority of these are sitting within the SCYPS ASD service, Adult Wheelchairs and Adult Speech and Language Therapy Services in Bedfordshire. Detail on the plans in place to manage this can be found in the 'Timely' section of this report.

Trustwide Measures

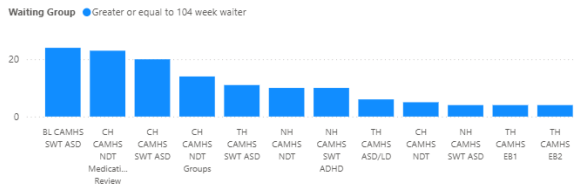
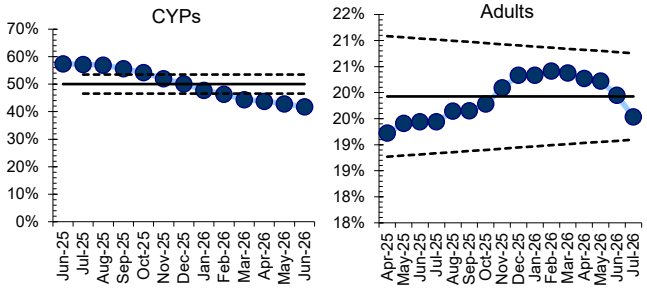
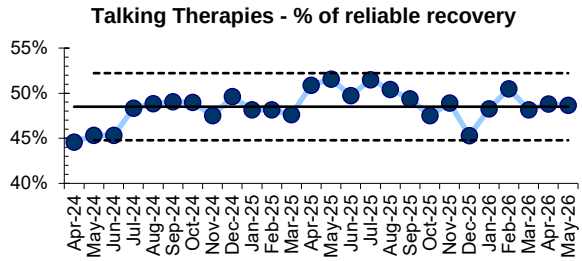
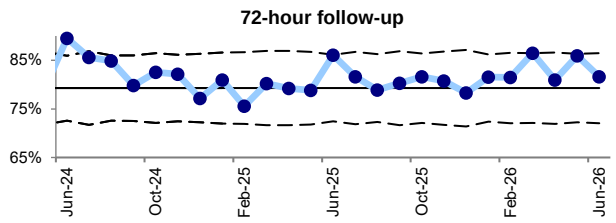
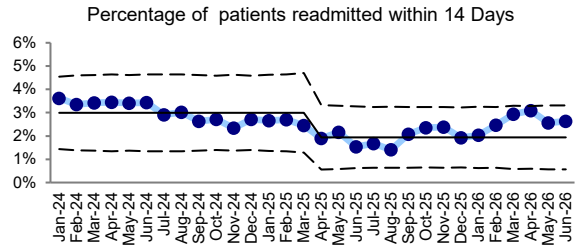
Trustwide indicators show a broadly stable operational position, with particular strengths in data quality (93.1%) and research delivery (100% of clinical trials being set up within 90 days). Workforce metrics indicate some ongoing pressure with sickness absence at 5.62% and continued reliance on temporary staffing (agency 0.8%, bank 8%), both of which will influence NOF segmentation once this has been released.

A number of measures including staff standards, advocacy and national survey indicators, are not yet scored under the framework and safety and productivity measures are currently reported as contextual only and do not contribute to the Trust's scoring.

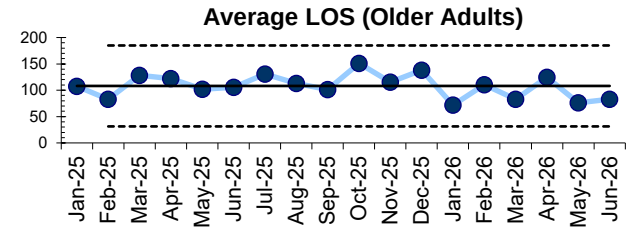
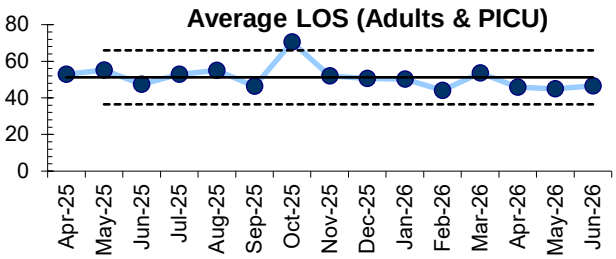
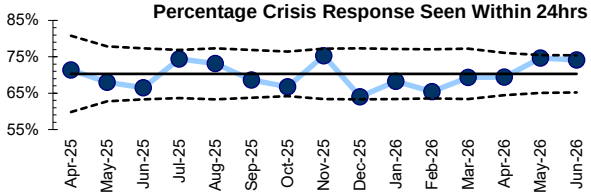
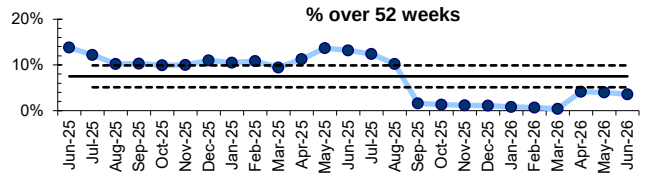
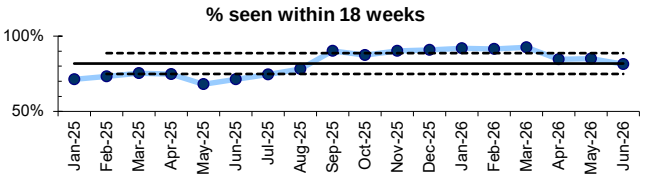
Appendices

- Appendix 1 – Performance against the 2026/27 NHS Oversight Framework
- Appendix 2 – Confirmed 2025/26 NHS Oversight Framework Q4 National Position
- Appendix 2 – Operational Definitions for the Performance Dashboard

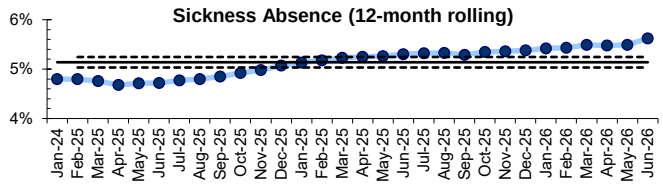
Appendix 1: Performance against the 26-27 NHS Oversight Framework

	Measure	June-26	Predicted Q1 NOF Score	Performance
MHLDA Measures	**Proportion of total open CYP MH related waits that are over 104 weeks**	0.6%	Score 1	
	Percentage of people accessing mental health services with at least 2 contacts and a paired outcome score (all ages)	41.7% CYP 19.1% Adult	Score 1	
	% of Talking Therapies patients completing a course of treatment and achieving reliable recovery	48.6% (reliable recovery) – please note: this is currently the May-26 position	Score 3	
	Proportion of adult acute discharges followed up within 72 hours	82%	Score 1	
	14-day readmission rate	2.6%	Score 1	
	% of inpatients making a supported quit attempt with an in-house tobacco dependence treatment service	85.8%	*Providers who score 0% receive a score of 4.00. Remainder are standardised from 1.00 – 3.00 on a continuous scale based on percentage. Local reporting against this measure is under development*	
	CQC Inpatient survey satisfaction rate	*Each organisation will receive a band which is translated into a score for the NOF. Reporting is currently under development once the detailed technical guidance is shared*		

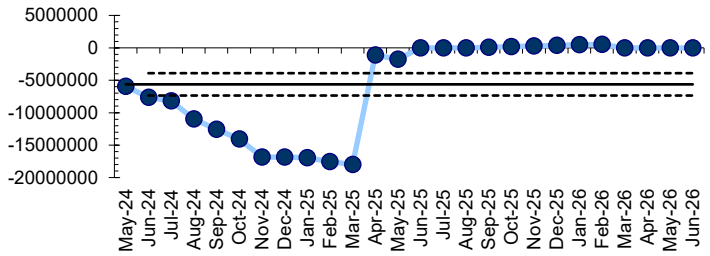
Appendix 1: Performance against the 26-27 NHS Oversight Framework

	Measure	June-26	Predicted Q1 NOF Score	Performance
MHLDA Measures	**Mean length of stay for older adult acute discharges**	82.8 days	Score 2	
	Mean length of stay for adult acute and PICU discharges	46.5 days	Score 2	
	CQC community mental health survey satisfaction rate	TBC	TBC	CQC Community Mental Health Survey measures are subject to separate action plans with monitoring embedded through Trust Quality Assurance processes, which teams are currently in the process of developing.
	Proportion of urgent referrals to crisis service with first face to face contact within 24 hours	75.4% (June position)	Score 2	
	Crude rate of MHLDA restrictive interventions per 1,000 occupied bed days (all ages)	11 per 1,000 bed days	*This has now been confirmed as a contextual measure and will not contribute to ELFT's scoring for 2026/27*	
CHS	**% waiting over 52 weeks for community care**	3.57% - provisional June-26 position	*Scoring TBC for CHS*	
	% of community health service referrals seen within 18 weeks	81.42% (78% target) – provisional June-26 position	*Scoring TBC for CHS*	
	% of intermediate care beds occupied without criteria to reside	*All trusts are scored evenly between 1.00 and 4.00 based on percentage of beds occupied ranked low to high. Reporting is currently under development once more detailed technical guidance has been released*		

Appendix 1: Performance against the 26-27 NHS Oversight Framework

	Measure	June-26 Position	Predicted Q1 NOF Score	Performance
	% of patients to acquire a new grade 3 or 4 pressure ulcer	*This has now been confirmed as a contextual measure and will not contribute to ELFT's scoring for 2026/27*		
Trustwide	**Temporary Staffing Cost Relative Band**	Agency – 0.8% Bank – 8%	*Compound scoring under development*	ELFT continues to focus on reducing the reliance on temporary staffing by strengthening workforce planning, improving substantive recruitment and retention, and increasing the safe and effective use of the internal bank staff rather than agency cover. This is delivered through monitoring of temporary staffing expenditure, targeted action to improve vacancy rates, skill mix, roster efficiency planning and wider initiatives to make ELFT a more attractive employer through apprenticeships, training pipelines and better role design
	Compliance with NHS Staff Standards	TBC	*Awaiting scoring guidance*	A new set of People Standards are being created by NHSE support the 10-year plan. These standards will be mandatory and included in the NOF
	Sickness Absence	5.62%	*Awaiting scoring guidance*	 *We are aware that there is a slight discrepancy between our local and national sickness absence data which is under review*
	Staff Survey Engagement	6.61	TBC	*This is a yearly metric*
	NHS Staff Survey Advocacy Rate	TBC	*Awaiting scoring guidance*	*This is a yearly metric and awaiting technical guidance for how the "advocacy rate" will be calculated*
	NHS Staff Survey Raising Concerns	7.10	TBC	*This is a yearly metric*
	Data Quality Maturing Index	93.1%	*Awaiting scoring guidance*	
	% of clinical trials set up within 90 days	100%	*Awaiting scoring guidance*	*Internal reporting under development once detailed technical guidance has been received*
	National Education and Training Survey Satisfaction Rate	TBC	*Awaiting scoring guidance*	*Awaiting technical guidance for how this metric this will be calculated*
	Healthcare worker flu vaccination rate	TBC	*Awaiting scoring guidance*	*Awaiting technical guidance for how this metric this will be calculated*

Appendix 1: Performance against the 26-27 NHS Oversight Framework

	Measure	Jun-26 Position	Predicted Q1 NOF Score	Performance
Trustwide	**Year to Date Surplus vs. Deficit**	13k (favourable to plan)	Score 1	
	Relative Cost Difference	96	Score 2	This is an annual metric and would require an NCCI score of 100 to be in Score 1
	Rate of implied productivity	*This has now been confirmed as a contextual measure and will not contribute to ELFT's scoring for 2026/27*		
	% of safety incidents resulting in harm	*This has now been confirmed as a contextual measure and will not contribute to ELFT's scoring for 2026/27*		

Appendix 2: Confirmed 2025/26 NHS Oversight Framework Q4 National Position

Below you can see a breakdown of the confirmed Segment 2 NOF score for ELFT in Q4 of 2025/26. Each provider receives an individual organisational score derived from its performance against the metrics within the framework applicable. Each metric has an individual set of scoring rules and based on these; a provider receives a score between 1 and 4 for each domain and metric. The green-to-red bar showcases ELFT's position in comparison to other providers across the country

As of Q4 2025/26 ELFT improved to Segment 2, the second highest segment available having significantly improved from it's Segment 3 position in Q1-Q3.

Quarter	Segment
Q4 2025/26	2 - Above average

ELFT Measures	Data period	Provider value	Peer average	National value	National value method	Chart
Percentage of patients waiting over 52 weeks for community services score	Q4 2025/26	2.56	NOF Score		Provider value	
Annual change in the number of children and young people accessing NHS-funded MH services score	Q4 2025/26	1.65	NOF Score		Provider value	
CQC community mental health survey satisfaction rate score	Q4 2025/26	2	NOF Score			
Percentage of inpatients with >60 day length of stay score	Q4 2025/26	2.72	NOF Score		Provider value	
Urgent Community Response 2-hour performance score	Q4 2025/26	1.75	NOF Score		Provider value	
NHS Staff Survey - raising concerns sub-score score	Q4 2025/26	2.3	NOF Score		Provider value	
Percentage of patients in mental health crisis to receive face-to-face contact within 24 hours score	Q4 2025/26	2.63	NOF Score		Provider value	
Sickness absence rate score	Q4 2025/26	2.74	NOF Score		Provider value	
NHS staff survey engagement theme sub-score score	Q4 2025/26	2	NOF Score		Provider value	
Combined finance score	Q4 2025/26	1	NOF Score		Provider value	
Planned surplus/deficit score	Q4 2025/26	1	NOF Score		Provider value	
Variance year-to-date to financial plan score	Q4 2025/26	1	NOF Score		Provider value	

Appendix 3: Operational Definitions

Safe	
Service users followed-up within 72 hours of discharge	Percentage of discharges from an Adult Acute Mental Health Bed followed-up by a community mental team within 72 hours.
Physical violence incidents per 1,000 occupied bed days	Number of violent incidents reported per 1,000 occupied bed days excluding leave. Occupied bed days from all settings.
Restraints reported per 1,000 occupied bed days	Number of restraints reported as incidents per 1,000 occupied bed days excluding leave. Occupied bed days from all settings.
Safety incidents resulting in physical Harm	Percentage of incidents resulting in any physical harm including fatalities from all safety incidents.
Number of non – inherited pressure ulcers	Number of Category 2,3 & 4, SDTI and Unstageable pressure ulcers not-inherited outside the trust.
Effective	
Adult Mental Health Change in Paired Dialog Scores	The proportion of paired dialog scores showing an improvement of >12.5%.
Talking Therapies - Percentage achieving reliable improvement	The proportion of people completing treatment who have shown significant improvement and recovered.
IPS - Percentage discharged in employment	The proportion of patients discharged from any IPS service who are in employment.
Peri Natal Paired Core10 outcomes scores showing improvement	Proportion of paired scores showing a movement from higher risk category to a lower risk category.
Patient Centred	
Percentage of service users having a very good or good experience	Proportion of service users responding 'Very Good' or 'Good' to the question 'Overall, how was your experience of our service?'
Service Users involved in discussions about their care	Percentage of service users in agreement to the statement 'I felt listened to and understood by the people involved in my care and treatment.'
Complaints	Number of formal complaints received
Service users who died in their preferred place of death	Percentage of service users on the end of life pathway who died in their preferred place of death

Timely	
Referred to ELFT and not seen within 52 weeks by the service	The number of newly referred service users at the start of each month who have not been seen by the team they have been referred to
Rapid Response seen within 2 hour	Proportion of people responded to within 2 hours who are experiencing a health or social care crisis and are at risk of hospital admission.
Waiting time for treatment (days) for Children and Young people	Number of days from referral to first contact.
Early intervention treatment started within 2 weeks	Proportion of people experiencing their first episode of psychosis offered a NICE recommended package of care within two weeks of referral
Perinatal Access Rate	Number of service users with at least one face to face or video contact in the last 12 months.
CAMHS Access Rate	Number of service users with at least one contact in the last 12 months.
Number of users waiting more than 12 hours in the ED	Count of number of MH users referred to PLS waiting more than 12 hours in the ED from entry
Efficient	
Private Inpatient Placements	Number of patients placed in private beds at the end of month. Excludes CAMHS & step-down care and other NHS providers
Clinically Ready for Discharge	Number of patients ready for discharge without a clear plan for ongoing care and support during month
Bed Occupancy excluding leave	Percentage of beds occupied during the month from the total ward capacity, excluding home leave, private placements and step down care.
IPS Referrals	Number of referrals to the IPS team
Equitable	
Referrals by ethnicity, per 1000 population	Referrals to East London per 1,000 population using 2021 Census
Average wait for assessment by ethnic group.	Average wait by service user ethnicity
Number of Adult restrictive practices per 1000 occupied bed days by ethnic group	Number of restrictive practice incidents per 1,000 occupied bed days excluding leave
Appointments not attended, by deprivation quintile	Missed appointments where in insufficient notice was given by the deprivation of the service user post code.
Change in Paired Dialog Scores by Gender	Difference between the paired dialog scores by gender

NHS East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
23 July 2026

Title	People and Culture Committee (P&CC) 14 July 2026 – Committee Chair's Assurance Report
Committee Chair	Deborah Wheeler, Vice-Chair (London) and chair of the meeting
Author	Marie Price, Joint Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the People & Culture Committee (P&CC) meeting held on 14 July 2026.

Key messages

The Committee received assurance regarding delivery of the Trust's people agenda during a period of organisational change, workforce challenge and service transformation. Discussions focused on workforce sustainability, staff experience, organisational culture, equality and ensuring the Trust has the workforce required to deliver the ambitions of the Trust Strategy.

Emerging Issues and Challenges

The Committee considered a number of emerging workforce issues affecting the Trust and wider NHS. Members discussed the impact of organisational change, national workforce developments, staff wellbeing and environmental pressures, and reflected on the importance of maintaining a positive organisational culture during a period of significant change.

- The Committee considered the implications arising from national reviews and inquiries and noted the need to ensure learning is translated into both workforce and organisational development activities.
- The Committee received an update on the formal dispute raised by Unite in relation to proposed organisational changes. Discussion focused on the arrangements in place to support ongoing engagement with trade union representatives and staff, the importance of maintaining constructive industrial relations and the potential implications of any delays to organisational change programmes.
- The Committee discussed the impact of recent heatwaves on staff wellbeing and working conditions and received assurance regarding actions being taken to support teams and strengthen business continuity arrangements.
- Members considered the workforce implications arising from a number of national inquiries and reviews. The Committee emphasised the importance of understanding the lessons for organisational culture, professional behaviours, information governance, leadership and staff support and agreed these themes would require ongoing consideration.

Board Assurance Framework – People Risk

If workforce planning, staff experience and organisational culture are not effectively managed, the Trust may be unable to recruit, retain and support the workforce required to deliver safe, high-quality services and deliver the ambitions of the Trust Strategy.

The Committee reviewed the refreshed Board Assurance Framework (BAF) People Risk, which remains scored at 12. Members discussed the key workforce challenges facing the Trust, including organisational change, staff experience and workforce pressures, and welcomed progress in strengthening the articulation of the risk following Board discussions. The Committee emphasised the importance of maintaining a focus on staff wellbeing, retention, leadership and organisational culture as key mitigations and requested a fuller discussion of the Staff Experience Programme at its next meeting.

Key points:

- Members welcomed progress in refreshing the risk description, causes, consequences and controls following Board development discussions and provided feedback to support further refinement.
- The Committee noted progress on development of the Anti-Racism Charter and Action Plan, which will be presented to the Board in September.

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- Members discussed workforce and financial implications arising from the national review of Band 5 nursing roles and the importance of monitoring any wider impact on workforce morale and retention.
- The Committee considered the impact of organisational change programmes on staff experience and wellbeing and noted that workforce anxiety remains manageable but will continue to be monitored closely.
- The Committee requested a full presentation of the Staff Experience Programme at its next meeting, including implementation plans and alignment to new national staff engagement and leadership standards.

Workforce Deep Dive – Community Health Services
The Committee received a detailed workforce deep dive covering Bedfordshire and London Community Health Services. Members welcomed the opportunity to consider workforce risks, opportunities and learning across both areas, recognising the increasingly important role that community services play in delivering care closer to home and supporting the Trust's strategic priorities.

Key points:

- Bedfordshire Community Health Services reported a strengthened workforce position, including reduced vacancies, lower turnover, reduced agency use and improvements in staff survey results.
- Members welcomed the significant focus being given to workforce planning, recruitment, succession planning and staff development to support increasing complexity of care in community settings.
- The Committee noted continuing challenges relating to sickness absence, staff wellbeing and recruitment of experienced community nurses and welcomed a range of targeted initiatives to support retention and staff experience.
- London Community Health Services highlighted increasing demand, workforce pressures and recruitment challenges within some professional groups. The Committee discussed the importance of workforce modelling and safe staffing reviews in informing future service and workforce planning.
- Members discussed opportunities to learn from staff survey findings, particularly in relation to staff voice, speaking up and psychological safety.

LGBTQIA+ Staff Network Annual Report
The Committee received the annual report from the LGBTQIA+ Staff Network and welcomed the opportunity to hear directly from Network leads regarding progress, challenges and priorities. Members recognised the important contribution the Network makes to staff experience, inclusion and organisational learning and commended its continued focus on education, support and fostering an inclusive culture across the Trust.

Key points:

- The Network reported continued growth in membership and engagement from both LGBTQIA+ staff and allies.
- Members welcomed the Network's increasing focus on education, awareness and bespoke training to support inclusive practice across services.
- The Committee noted the Network's work to strengthen collaboration across staff networks and promote an intersectional approach to inclusion.
- Members discussed work underway in response to Equality and Human Rights Commission guidance and development of a Trust trans inclusion policy.
- The Committee recognised the strong leadership being provided by the Network and its contribution to inclusivity across the Trust.

Allied Health Professionals Workforce Update
The Committee received an annual update on the Allied Health Professional (AHP) workforce. Members welcomed the opportunity to receive assurance regarding workforce sustainability, professional leadership and development.

Key points:

- Members welcomed evidence of improved workforce stability, including reduced vacancies and lower agency usage.
- The Committee noted the important contribution Allied Health Professionals are making to service transformation, neighbourhood working, prevention and community-based care.
- Workforce challenges remain within some professional groups, particularly occupational therapy, and the Committee received assurance regarding actions to strengthen apprenticeship pathways, workforce planning and professional development opportunities.
- Members welcomed progress in strengthening AHP leadership arrangements and increasing focus on research, innovation and professional development.

Safe Working Hours for Doctors in Training – Annual Report
The Committee received the annual report of the Guardian of Safe Working and reviewed arrangements in place to monitor working hours, exception reporting and workforce wellbeing for doctors in training. Members received assurance that monitoring arrangements remain effective and that resident doctors continue to feel able to raise concerns through established reporting processes.

Key points:

- Members received assurance that monitoring arrangements remain effective and that medical rotas have continued to operate safely throughout the year.
- The Committee welcomed evidence that resident doctors continue to feel able to raise concerns through exception reporting arrangements and that issues are reviewed and addressed appropriately.

Quality Improvement Programme – Disciplinary Processes
The Committee received an update on the Quality Improvement programme established to improve the timeliness, equity and compassion of disciplinary processes across the Trust. Members welcomed the progress made in reducing the length of disciplinary cases and discussed ongoing work to address inequalities within disciplinary processes and strengthen early intervention, support and supervision arrangements.

Key points:

- Members welcomed significant improvement in the timeliness of disciplinary processes, with average case duration reducing from 225 days to 156 days.
- The Committee received an update on work to improve equity within disciplinary processes and noted improvements in Workforce Race Equality Standard indicators, whilst recognising that further work remains necessary.
- Particular discussion focused on the over-representation of Band 3 staff within disciplinary processes and the importance of strengthening induction, supervision, support and early intervention arrangements.
- Members agreed that both timeliness and equity within disciplinary processes should remain areas of ongoing focus and requested a further update in six months.

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

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People Board Report

July 2026

NHS
East London
NHS Foundation Trust

REPORT TO TRUST BOARD JULY 2026

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

Summary of people performance
Workforce performance remains broadly stable, with sustained improvement in vacancy rates and continued growth in the substantive workforce. Temporary staffing usage continues to reduce, with bank remaining the primary flex mechanism and tighter controls on agency. Compliance across statutory and mandatory training, supervision and appraisal is improving, though sickness absence remains above target, largely driven by long-term cases. Workforce pressures are reflected in elevated Employee Relations and Freedom to Speak Up (FTSU) activity, indicating ongoing challenges in staff experience, culture and consistency of processes.

What has gone well

- Vacancy rates continue to reduce, supported by stronger recruitment and onboarding.
- The substantive workforce has grown, particularly in priority clinical roles.
- Agency usage has reduced, with bank now effectively established as the primary flexible staffing solution.
- Temporary staffing spend and usage show sustained improvement compared to the previous year.
- Stat & Mand training compliance has improved, now exceeding 90%, with better tracking, reporting and oversight.
- Appraisal & supervision compliance are improving, with a positive trajectory towards Trust targets.
- Targeted recruitment and pipeline initiatives are gaining traction, supporting workforce stability.
- The Staff Experience Programme is more focused, with clearer delivery and alignment.
- Strong operational management during recent industrial action ensured service continuity.

What challenges do we have

- Sickness absence remains above target, driven primarily by long-term and stress-related cases.
- High ER caseloads with delays in progressing formal processes are impacting timeliness and consistency.
- Continued reliance on temporary staffing, with further reductions required to meet national targets.
- Gaps in safety-critical training compliance and lower utilisation of classroom-based courses.
- Staff experience and culture pressures, reflected in FTSU themes such as psychological safety, leadership behaviours and inconsistent processes.
- Ongoing external pressures, including industrial relations context and international recruitment constraints (e.g. visa limitations).

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

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

Committees/meetings where this item has been considered

Date	Committee and assurance coverage	
Various	N/A.	

Implications

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

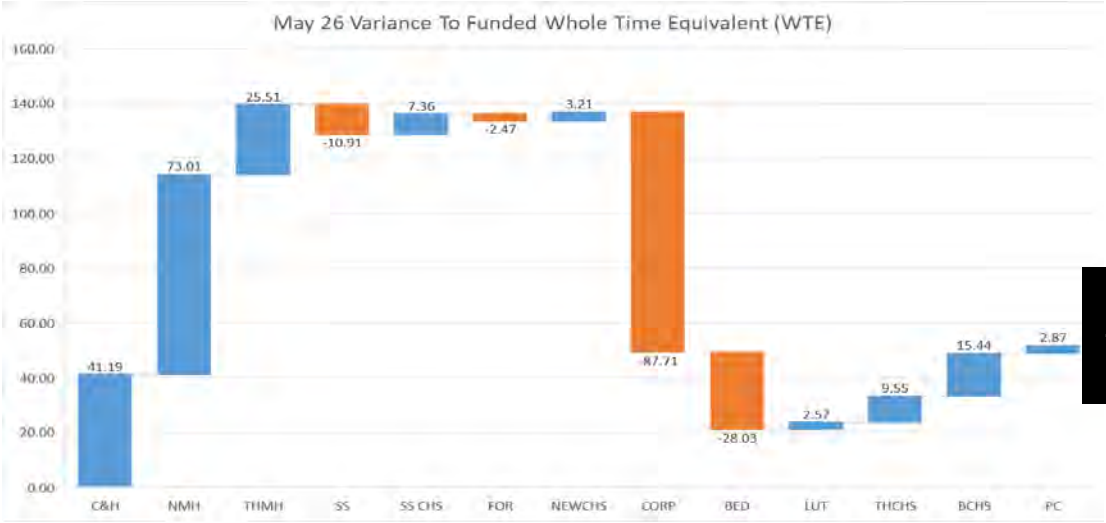
WORKFORCE PROFILE AS AT 31/05/2026

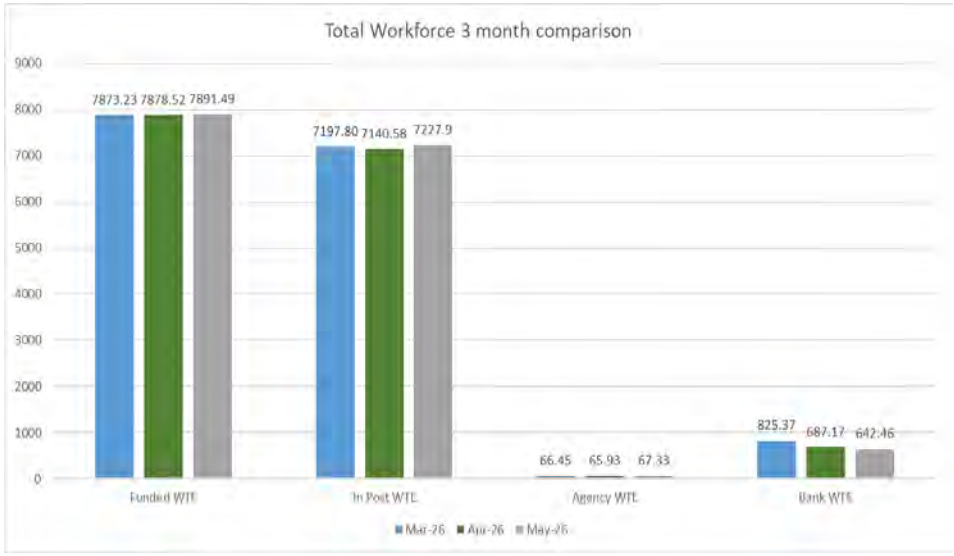
The Trust is currently operating with a variance of 46.17 WTE (0.56%) over the funded WTE with 663.62 WTE vacancy, 67.33 WTE Agency usage and 642.46 WTE bank usage in May 2026

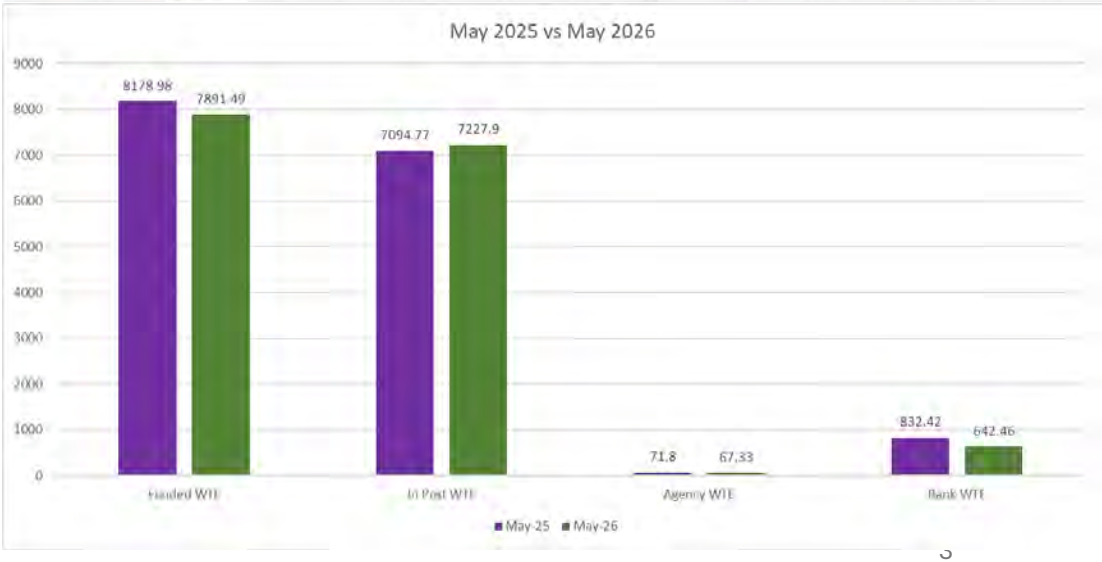
Funded establishment decreased by 287.49 WTE from 8178.98 WTE in May 2025 to 7891.49 WTE in May 2026, a decrease of 3.51%

Between May 2025 and May 2026, in-post WTE increased from 7094.77 to 7227.90, an increase of 133.13 WTE which is 1.88%

Bank usage has decreased by 189.96 WTE from 832.42 WTE in May 2025 to 642.46 WTE in May 2026 a decrease of 22.82%.
There were multiple HCSW recruitment drives into substantive roles which has been a contributory factor in the reduction of bank usage. Nursing and Medical have also had several strategic recruitment initiatives reducing the reliance on bank and agency. Agency usage has decreased by 4.47 WTE from 71.80 WTE in May 2025 to 67.33 WTE in May 2026, a decrease of 6.23%







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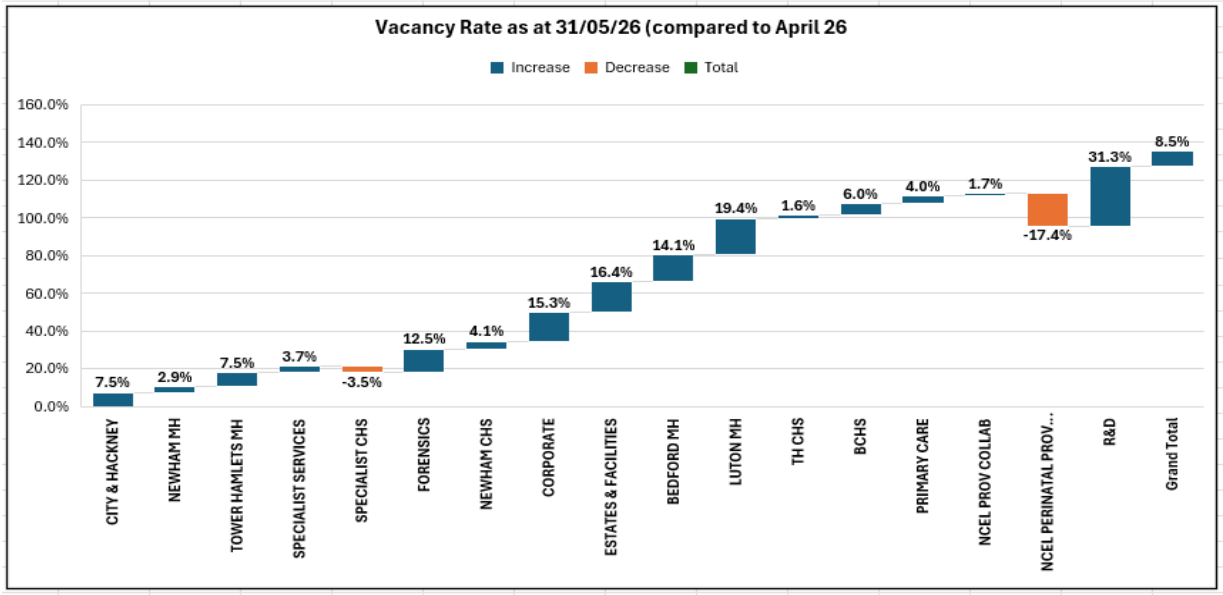
VACANCY DATA (REPORTING ON MAY 2026)



Overall trend (last 12 months):

The ELFT vacancy rate has shown a steady and sustained reduction over the past year. Starting at a high of 13.3% in May 2025, the rate initially rose slightly to 13.4% in June 2025, before declining consistently through the remainder of the year. By December 2025, vacancies had reduced to 9.6%, and this downward trend continued into early 2026, reaching a low of 8.4% in January 2026. Although there was a small increase during March and April 2026, the rate improved again to 8.5% in May 2026, representing a significant overall improvement of nearly 5 percentage points across the 12-month period.

Month-on-month change (April to May 2026):The vacancy position between April and May 2026 reflects a mixed picture across services, with the overall rate improving to 8.5%.

Several areas contributed notable increases in vacancy rates, particularly Research and Development (+31.3%), Luton MH (+19.4%), Bedford MH (+14.1%), and Estates & Facilities (+16.4%). In contrast, there were reductions in a small number of areas, most significantly in NCEL Perinatal Provider Collaborative (-17.4%) and Specialist CHS (-3.5%).

Despite some localised increases, the net position shows a modest improvement overall, indicating continued progress in workforce stability, albeit with variability across different services.

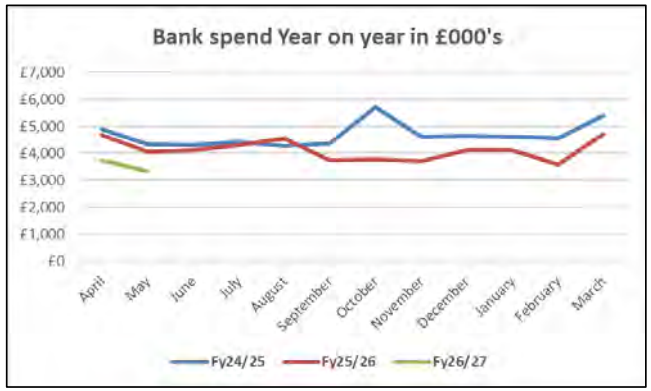
To sustain progress and address emerging risks, the following areas remain a priority:

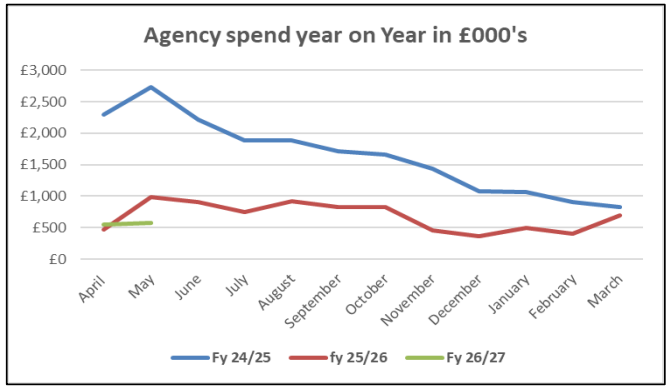
- Targeted recruitment campaigns in high-vacancy areas (Bedford, Luton, Corporate)
- Retention interventions in services showing recent increases
- Continued monitoring of turnover trends and pipeline conversion rates
- Sharing of best practice from lower-vacancy areas
- Ongoing monthly tracking and escalation through workforce governance

RESOURCING METRICS- TEMPORARY STAFFING JUNE 2026 (REPORTING ON MAY)

Bank & Agency Spend

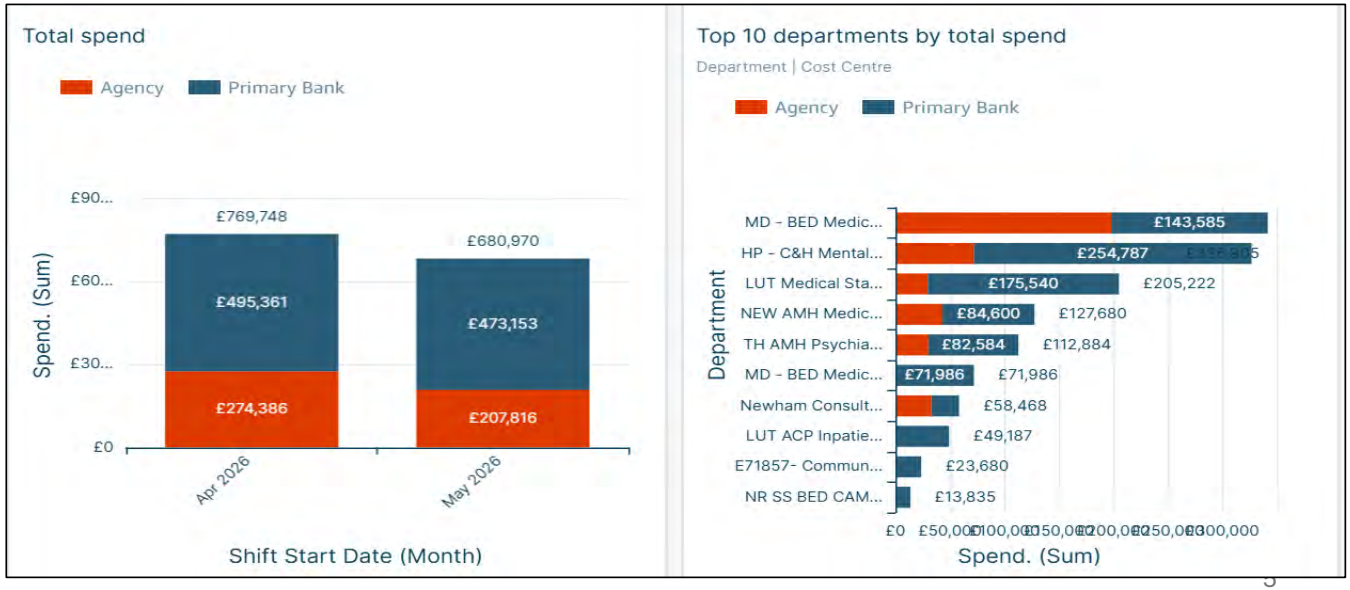
Bank and agency spend remain lower than the previous financial year overall, NHSE targets of further 10% and 30% bank and agency reduction target respectively need to be met year on year and 0% agency by 2029. Temporary staffing workstreams to meet these objectives, alongside internal bank and agency processes improvement whilst engaging with stakeholders trust wide, scrutiny at Exec and Director level. Key workstreams include Agency exit plans , Targeted recruitment for hard to fill roles , AFC bank rates review, Temporary Staffing policy ratification. Below are statistics to monitor overall bank and agency spend months on month and comparison from previous years.





Patchwork- Medical bank and Agency deep dive May 2026

Medical Temporary staffing usage remains at lower levels as compared to past trends. There was a slight increase in bank in April as compared to the previous month, but a significant turnaround on year-on-year trend has been established and we can see that both bank and agency spend on medical have reduced in May 2026. This is being closely monitored with utilisation scrutiny at Exec/Director level sign offs, Temp Staffing GFGT project workstreams and Strategic recruitment initiatives directly targeting reductions in both bank and agency. Patchwork Insights and now the rolled-out rota are available to manage the medical workforce budgets more effectively, ensuring easy access to MI which in turn will help with overall delivery of workforce planning.



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STATUTORY & MANDATORY TRAINING

Directorate	Headcount	Training required	Training completed	Training compliance
Forensics	667	8,138	7,692	94.5%
Bedfordshire Community Health	520	5,616	5,238	93.3%
Tower Hamlets Community Health	247	2,651	2,436	91.9%
Newham Community Health	394	4,316	3,940	91.3%
Luton Mental Health	345	4,175	3,801	91.0%
Tower Hamlets Mental Health	816	9,724	8,824	90.7%
Newham Mental Health	667	7,955	7,186	90.3%
Bedfordshire Mental Health	825	9,619	8,666	90.1%
Corporate	749	7,286	6,524	89.5%
Specialist Services	1,287	14,253	12,665	88.9%
City and Hackney Mental Health	660	7,826	6,896	88.1%
SCYPS	208	2,170	1,909	88.0%
Primary Care	53	556	484	87.1%
Total	**7,438**	**84,285**	**76,261**	**90.5%**

- Statutory and mandatory training compliance has increased to 90.5% as of 12/06/2026.
- We are working collaboratively with our subject matter experts to ensure we provide sufficient capacity for our risk areas, such as Resuscitation training and Safety Intervention training. Where this is not possible, we are escalating to service directors and where appropriate executive directors and highlighting the risk through the appropriate channels. Whilst overall compliance is at 90.5%, remaining just over the target the core safety-related classroom courses are not performing as highly. Further information has been provided, and actions are underway to address the gap.
- Power BI reporting for Statutory and Mandatory training has shown positive progress. The P&C department are working closely with colleagues in the Analytics team to enhance the user experience and streamline the dashboard, we have recently introduced a compliance run chart to track compliance over time from the 11th of May.
- Course utilisation has increased since the last quarter, from 55% to 62% of available spaces being used. We continue to address this, further reports have been introduced and circulated to service leads, combining compliance data with classroom booking information to enable more targeted follow-up for staff who are not compliant. This month we reported that only 60 staff members who require Immediate life support are still required to book their place.
- The plans to consolidate the existing Patient Handling certifications into a single certification continues. At present there are four separate certifications within the ELFT Learning Academy (ELA). This proposed change is intended to simplify the learning structure, provide clarity for staff, and support more effective compliance reporting.
- Targeted communication was sent to medical staff in May 2026 to address compliance gaps. Since this communication was issued, training compliance within the Medical and Dental staff group has increased slightly. In addition, over 100 training records have been uploaded and validated to recognise training completed at other NHS trusts, reducing unnecessary duplication and supporting compliance improvements. We continue to work closely with Medical Education and Staffing to identify outstanding training requirements, promote available learning opportunities, and support staff in achieving compliance. Preparations are also underway for the August intake of resident doctors to ensure that training certificates and evidence are received, reviewed, and uploaded in advance of their start dates where appropriate.

APPRAISAL

Directorate	Number Of Staff	Appraisal Completed	Appraisal not Completed	Percentage Appraisal completed
Bedfordshire Community Health	527	490	37	92.98%
Luton Mental Health	312	281	31	90.06%
Primary Care	39	35	4	89.74%
Tower Hamlets Community Health	253	222	31	87.75%
Tower Hamlets Mental Health	741	649	92	87.58%
Forensics	636	550	86	86.48%
Newham Community Health	394	337	57	85.53%
Newham Mental Health	594	500	94	84.18%
Bedfordshire Mental Health	754	634	120	84.08%
SCYPS	196	152	44	77.55%
Corporate	753	582	171	77.29%
Specialist Services	1,226	937	289	76.43%
City and Hackney Mental Health	585	406	179	69.40%
Total	7,010	5,775	1,235	82.38%

- Data above as of 12/06/2026
- Compliance continues to increase daily, up by 2.33% from February's data.
- Directorates continue to make steady progress towards the Trust's 90% target. There is greater oversight and visibility of the data via Power BI. The Service Director's report on compliance at the weekly director's huddle. This is also reported at the quarterly quality reviews. The data collated from the Appraisal process will help to inform the training that is procured to ensure that we are meting the needs of the Trust in terms of the provision of learning and development courses.

SUPERVISION

Directorate	Total Managerial Supervision Required	Managerial Supervision Completed	Managerial Supervision	Total Professional Supervision	Professional Supervision Completed	Professional Supervision	Overall Supervision	Overall Supervision Completed	Overall Supervision (%)
Bedfordshire Community Health	527	456	86.5%	451	382	84.7%	978	838	85.7%
Tower Hamlets Community Health	252	206	81.7%	213	168	78.9%	465	374	80.4%
Newham Community Health	393	310	78.9%	322	254	78.9%	715	564	78.9%
Tower Hamlets Mental Health	748	574	76.7%	646	493	76.3%	1394	1067	76.5%
Newham Mental Health	593	436	73.5%	511	377	73.8%	1104	813	73.6%
Forensics	636	469	73.7%	581	421	72.5%	1217	890	73.1%
Bedfordshire Mental Health	750	535	71.3%	614	453	73.8%	1364	988	72.4%
Luton Mental Health	313	219	70.0%	279	203	72.8%	592	422	71.3%
Specialist Services	1232	880	71.4%	1072	709	66.1%	2304	1589	69.0%
SCYPS	197	119	60.4%	159	111	69.8%	356	230	64.6%
City and Hackney Mental Health	585	342	58.5%	500	318	63.6%	1085	660	60.8%
Corporate	745	398	53.4%	176	96	54.5%	921	494	53.6%
Primary Care	39	20	51.3%	16	7	43.8%	55	27	49.1%
Total	7010	4964	70.8%	5540	3992	72.1%	12550	8956	71.4%

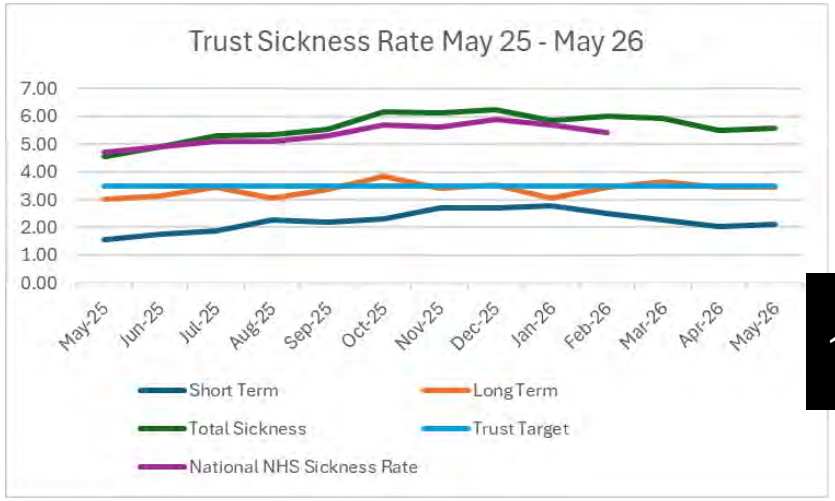
- Data above as of 12/06/2026
- The PowerBi report has been updated to automatically RAG rate as compliance thresholds are met
- Localised projects across Corporate and City & Hackney are on-going to increase compliance.
- If this average is continued the Trust will reach its target of 90% by 31/07/26. There is greater oversight and visibility of the data via Power BI. The services report on compliance at the weekly director's huddle. This is also reported at the quarterly quality reviews. Meetings have also taken place with each if the Service Directors with the Chief Nurse, Chief People Officer and Chief operating Officer/Deputy CEO. The purpose of the meetings were to raise the profile of supervision, statutory & mandatory training and appraisal and to gain assurance of the plans in place to achieve the Trust target.

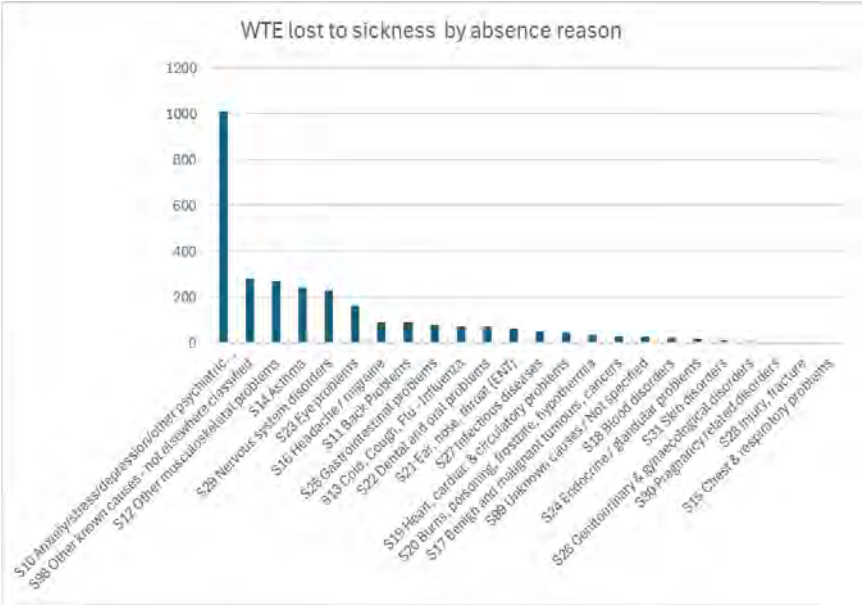
SICKNESS ABSENCE

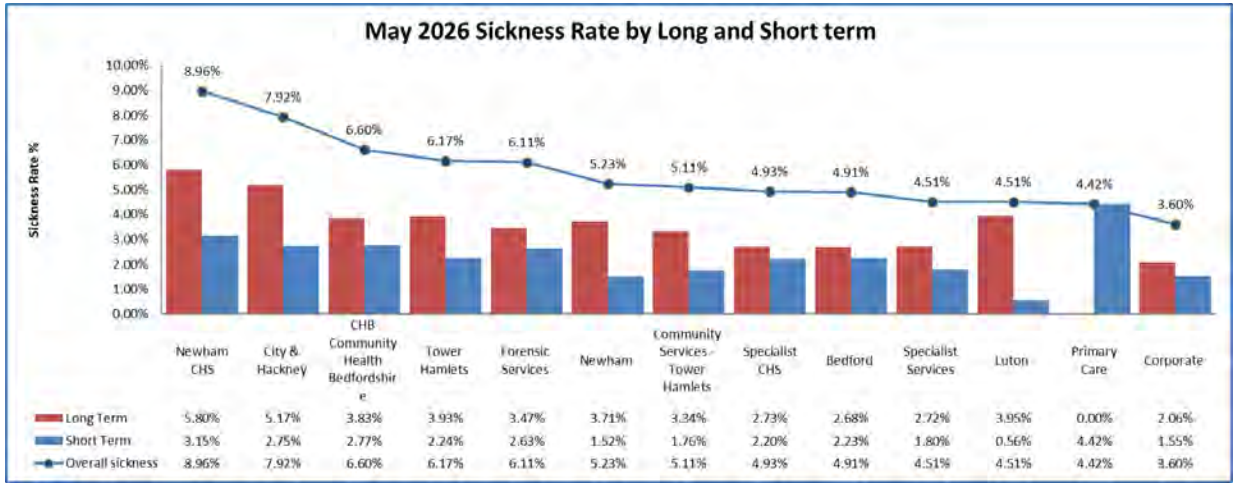
Overall sickness remains high at 5.56%. Both Long and short-term absence remain constant between April and May. The difference between the Trust sickness rate and the National NHS sickness rate has started to increase in February, the most recent national data.

The main reason for sickness absence in May 2026 was stress, anxiety, depression or other psychiatric condition. There were 204 episodes recorded in the month. Comparatively, Other known causes was the next highest for wte lost and equated to 68 episodes in the month. Specialist Services; Tower Hamlets and Bedfordshire CHS recorded the highest number of instances of stress related absence in May but it is recognised this does not take into account the size of the directorates. Specialist Services; Tower Hamlets and Bedfordshire CHS are also actively managing the most sickness cases, based on information logged on the ER Tracker, this does not take into account all the informal cases being managed locally.

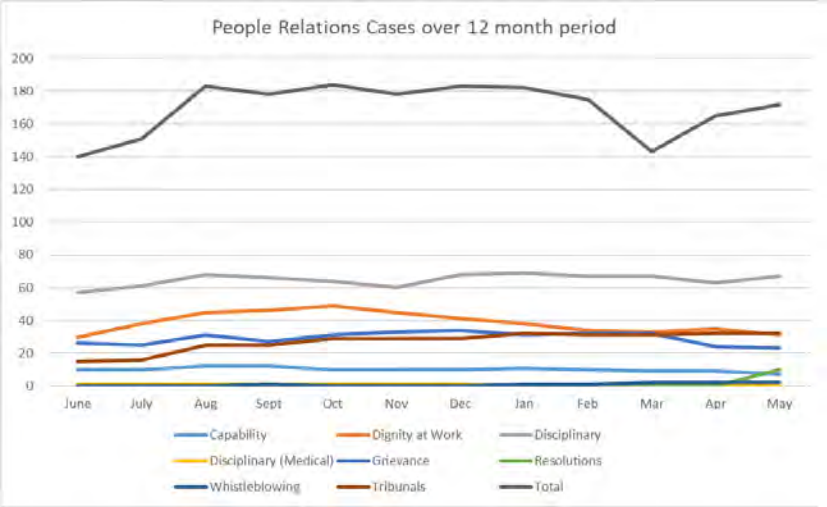
Monthly deep dives continue to take place across directorates to discuss sickness management. There remains variation as to how these are managed and services are being supported. All service directors report on rotation their people metrics to the People & Culture Committee. The Trust is continuing to work with the new Occupational Health provider to address challenges with appointments and non-attendance at appointments. The Trust are also addressing challenges with the new OH provider. Several staff that are being managed in a sickness processes are also going through other HR processes and further triangulation of the data is taking place.

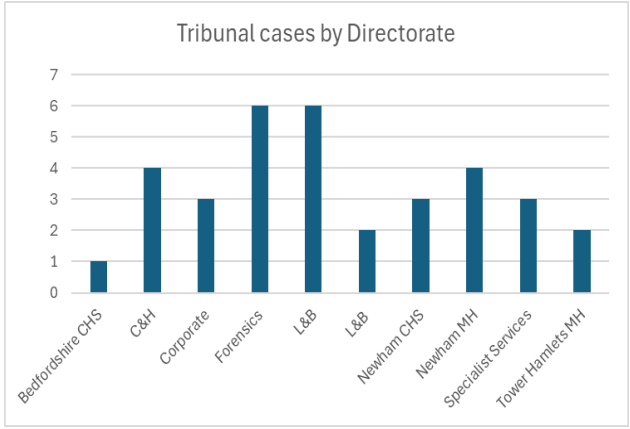


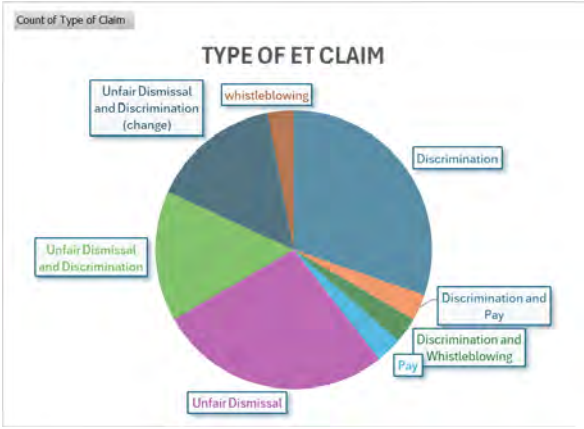


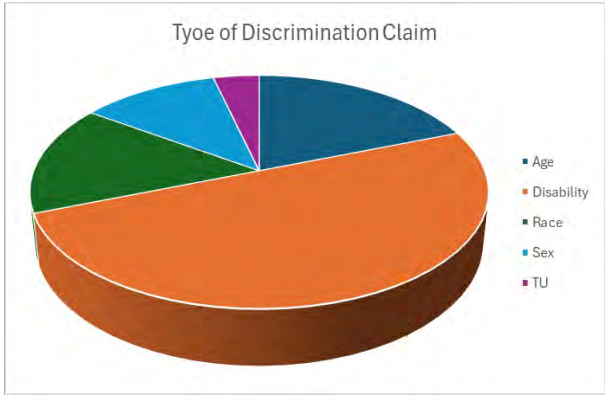


EMPLOYEE RELATIONS CASES









The number of ER cases remains high across the Trust with an increasing number of Employment Tribunals. With the implementation of the new Resolution Policy and processes we should start to see the number of formal complaints reduce. cases. The growing number of Employment Tribunals is in part due to delays in the tribunal services resulting in cases not progressing to hearing for 3 years. There are currently 34 separate ET's but work is underway with the tribunal service to combine multiple claims. Many claims are for multiple reasons but there is a relatively equal split between Discrimination and Unfair dismissal Claims. 5 claims relate to redundancy following a change process.

The main themes from Disciplinary cases are Fraud; Sleeping on duty/falsification of records; inappropriate behaviours. We have increased training for managers to be able to address issues in a timely manner. We have also rolled out tools to enable difficult conversations to be had.

The high proportion of cases citing disability discrimination, should be positively impacted by the plans to centralise reasonable adjustments. The business case is expected in September with implementation of centralised reasonable adjustments expected in December 2026. There is also a resource in the digital department to help unblock some of the challenges. An online disability zone has also been co-produced and launched to sign post staff. The duration of cases remains lengthy, but this is starting to reduce for disciplinary cases following work within the QI work. There are currently three QI projects underway focusing on disciplinary cases: Timeliness, Compassion and Equity.

KEY PEOPLE AND CULTURE KEY UPDATES:

Resident Dr Industrial Action:

The planned resident doctor industrial action scheduled for 15 to 19 June 2026 was formally suspended and subsequently called off, following agreement by the BMA to ballot members on a proposed deal. This development follows earlier industrial action in April 2026 (7–13 April) as part of the ongoing national dispute. The suspension of the June strike is a positive step, reflecting progress in negotiations, including proposed improvements in career progression, training experience, and recognition of additional costs associated with resident doctor roles. The decision will be welcomed by services and patients alike, given the significant preparation that had been underway to maintain safe care delivery. ELFT had implemented extensive contingency plans, including rota adjustments and the use of additional shifts and overtime, to minimise disruption, which has now been stood down with the strike now called off. NHSE state that focus should now return to maintaining service stability, supporting workforce engagement, and progressing local delivery of workforce improvement initiatives, including the next phase of the Resident Doctor 10-Point Plan.

Resident Dr 10-Point Plan:

An update on the Resident Doctor 10 Point Plan (10PP) was presented to the People & Culture Committee at the end of April 2026, providing formal assurance on progress and delivery. Overall, ELFT is making good progress in implementing the plan, supported by strong governance, executive leadership, and regular oversight. Full compliance has been achieved in key areas including board-level leadership, mandatory training, and exception reporting, while other domains remain partially compliant, including workplace wellbeing (with estates audits nearing completion), rota transparency (with monitoring in place and further reporting improvements underway), annual leave processes (pending policy updates), and expense reimbursement (with minor timing risks linked to payroll cut-offs). Payroll accuracy issues linked to Feb 26 system implementation has been identified as a transitional risk, with appropriate mitigation and monitoring arrangements in place. Importantly, these gaps are not considered systemic, and there is confidence that all areas will move toward full compliance during 2026. The programme continues to be supported by a clear action plan, defined ownership, and ongoing monitoring, providing assurance that improvements to Resident Doctors' working lives are being embedded and sustained.

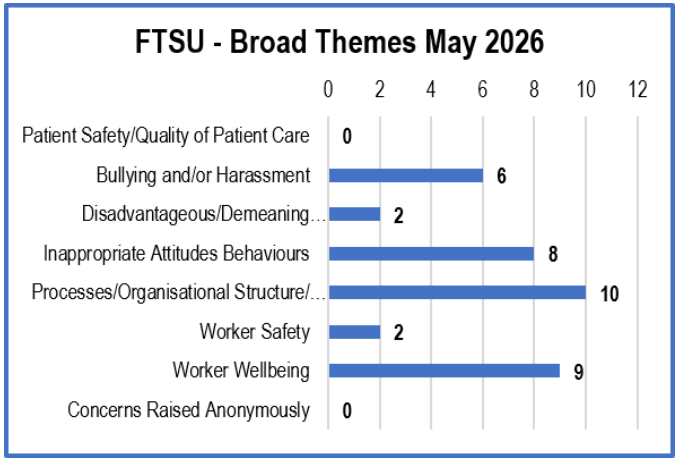
Update to Mileage Reimbursement Rates – Effective 1 June 2026

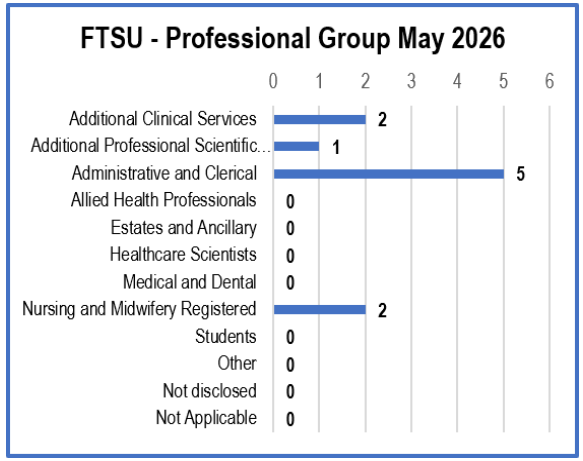
Following national agreement by the NHS Staff Council, mileage reimbursement rates for colleagues who use their own vehicles for work are changing. The key changes are:

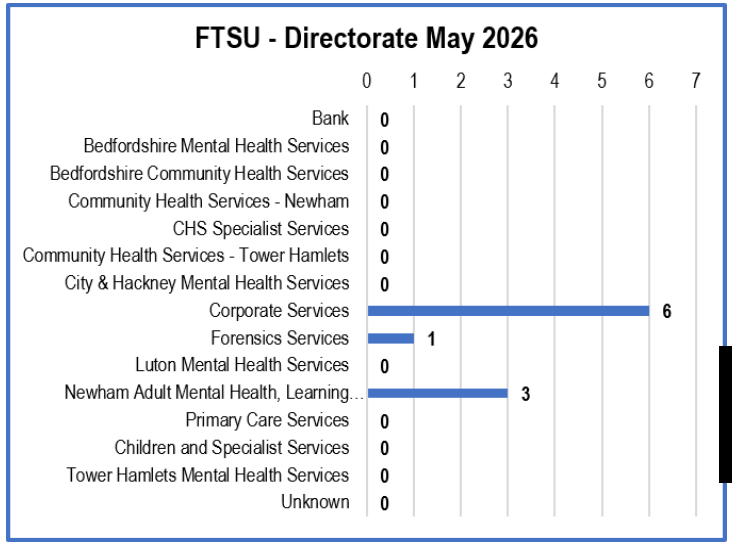
- From 1 June 2026 - the standard rate increases to £0.59 per mile (up to 3,500 miles) and the higher rate increases to £0.36 per mile (over 3,500 miles)
- From 1 July 2026 - the mileage threshold drop-down point increases from 3,500 to 4,500 miles per annum
- The annual mileage counter reset date moves to 1 April 2027 (previously 1 July)
- The new mechanism will be reviewed in October 2026 with any revised rates applying from 1 January 2027

Further information is available on the NHS Employers website: https://www.nhsemployers.org/articles/new-mechanism-calculating-afc-mileage-reimbursement

KEY UPDATES: FREEDOM TO SPEAK UP – MAY 2026







10 FTSU concerns raised | 10 open | 0 closed
All cases remain open, reflecting their complexity and the need for ongoing involvement.

FTSU Themes
Bullying or Harassment: Some cases describe behaviours experienced as undermining or difficult, affecting psychological safety within teams.
Disadvantageous/Demeaning Treatment After Speaking Up: Staff shared concerns about being treated differently after raising issues, particularly where there was limited clarity or follow through.
Inappropriate Attitudes or Behaviours: Concerns highlighted management responses that did not always feel supportive, at times affecting trust and adding to already challenging situations.
Processes/Organisational Structure: A recurring issue was inconsistency in how processes were handled, including recruitment, grievances, payroll, Occupational Health and leave, leading to confusion and repeat follow up.
Worker Safety: Some concerns related to staff feeling insufficiently supported in managing risk, including responses following difficult situations.
Worker Wellbeing: Many cases described an impact on wellbeing, linked to workload, uncertainty, workplace relationships and access to appropriate support, including reasonable adjustments.

Workforce Issues
May concerns were largely workforce focused, centered on leadership behaviours, workplace culture and how processes are experienced in practice. Staff described challenges with psychological safety, confidence in speaking up, and navigating processes. Where processes felt unclear or slow, this added to frustration and reduced confidence.

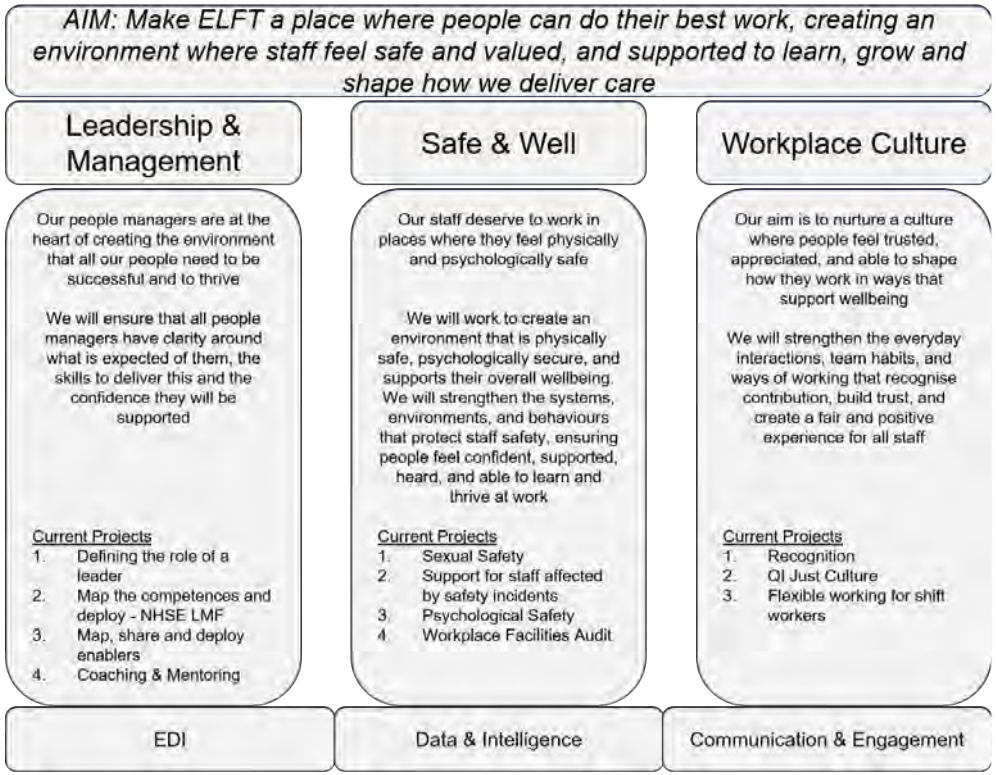
Actions taken to date
FTSU provided listening, advice and ongoing support, including helping staff understand options and access appropriate routes such as People & Culture, union support or Occupational Health.
Concerns have been escalated where needed, with ongoing oversight.

Outcomes, Learning and Priority Actions
With cases still open, outcomes are evolving. Early learning suggests that staff experience is strongly shaped by how concerns are handled, particularly clarity, consistency and follow through. Where progress is not visible, confidence in speaking up can be affected.
Early, practical wellbeing support, including reasonable adjustments, can help reduce impact and prevent escalation.
Priorities are to strengthen everyday leadership practice, improve consistency in how processes are applied, respond earlier to wellbeing needs, and keep staff informed about what has changed.
Some cases also touch on Health and Safety at Work responsibilities, particularly around psychological safety and how risk is managed.
A small number raise potential Equality Act considerations, including reasonable adjustments and how some staff experience workplace interactions.

Emerging Trend (Feb–May 2026)
While case numbers vary, the themes remain consistent. Concerns continue to centre on workforce experience, particularly leadership, culture and how processes work in practice. Follow through after concerns are raised and the impact on wellbeing remain consistent themes, with more recent cases often reflecting more complex, overlapping issues.

STAFF EXPERIENCE PROGRAMME OVERVIEW

- **The Staff Experience Programme** was launched in August 2025 as the Trust looked to create a way of tackling issues raised within the staff survey.
- Several workstreams were created, each chaired by an Executive, with a series of projects connected to them
- Following the receipt of the 2025 Staff Survey results, and a review of the activity the programme evolved to become the delivery framework for the staff experience element within the strategy and the aim shown below aligns with this
- Below is the current programme model, describing the aims of the 3 core workstreams, the projects within them and the supporting groups that act as a foundation



Data driven approach

- The programme established a Data & Intelligence group which worked to analyse the many sources of data, including the most recent staff survey data and the qualitative data from the Big Conversation.
- This data has been used to shape the projects that remain within the programme and have been shared with the project groups for use in their work.
- This systematic approach has allowed for a targeted approach to the work being undertaken
- This data has also been mapped against the NOF and there are projects and activity that sit within each domain

Spotlight on Key Activity

- Leadership & Management
  - The group have reviewed the recently launched NHSE Leadership & Management Framework and have a plan to map this against the requirement for leaders at ELFT and roll out. They have also discussed proposals to embed in appraisal
  - The new coaching platform will start testing in September, alongside work to scope the approach, rules and processes that sit around coaching
- Safe & Well
  - A Sexual Safety Working group has been established and a new policy is in final draft and within the consultation process. Training for key staff is happening for key staff across the trust and a gap analysis from the NHS is underway
- Workplace Culture
  - The Just Culture QI Project has made progress in reducing the average number of days taken to conclude a disciplinary process. They have tested and implemented the use of early resolution approaches that support a more compassionate process reducing the reliance on formal outcomes

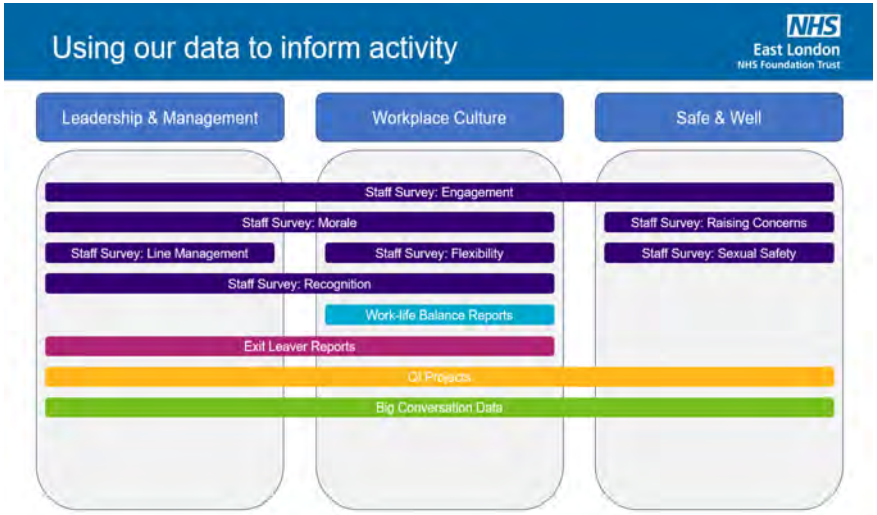
NHS STAFF STANDARDS AND LEADERSHIP AND MANAGEMENT FRAMEWORK

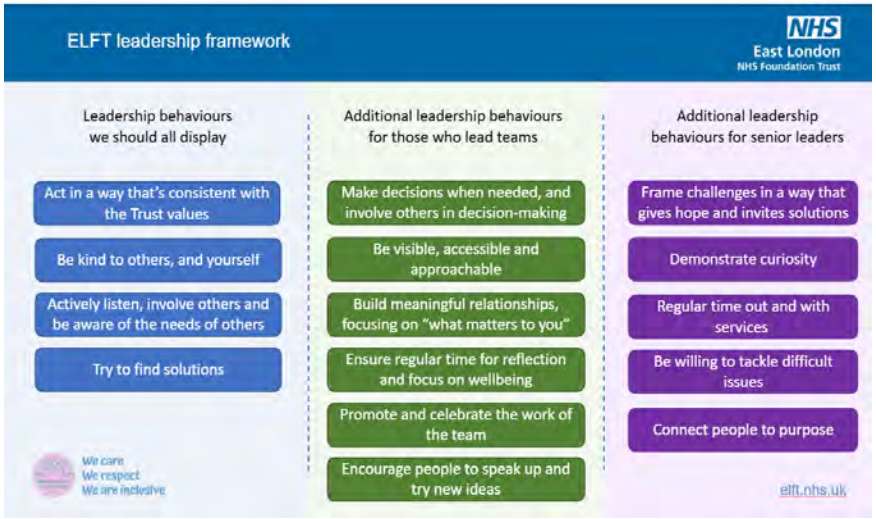
NHS England launched a Staff Standard and Leadership and Management Framework in July 2026. This is timely as there is significant overlap with the work that the Trust is already doing in terms of the ELFT Staff Experience Programme and the ELFT Leadership Framework. The areas outlined in the NHS Staff Standards:

- Line Management;
- Health and Wellbeing;
- Violence Reduction;
- Tackling Racism;
- Championing Sexual Safety;
- Promoting Flexible Working.

We will work through the required actions from NHS England and align with the work already being undertaken in relation to the Leadership framework and the Staff Standards. The NHS leadership and management framework includes the following.

Stage 1: new leaders and first-line managers
Stage 2: mid-level leaders and managers
Stage 3: senior-level leaders and managers
Stage 4: board-level leaders and managers





REPORT TO THE TRUST BOARD IN PUBLIC
23 July 2026

Title	Appointments and Remuneration Committee (RemCo) 6 July 2026 – Chair's Report
Committee Chair	Deborah Wheeler, Vice Chair (London)
Author	Marie Price, Joint Director of Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the extraordinary Appointments and Remuneration Committee meeting held on 6 July 2026.

Key messages

Chief Operating Officer Recruitment and Succession Planning

The Appointments and Remuneration Committee met in extraordinary session to consider arrangements for the recruitment of a substantive Chief Operating Officer following the appointment of current Chief Operating Officer and Deputy Chief Executive, Edwin Ndlovu, as Chief Executive Officer of NELFT. The Committee considered the actions required to support an orderly leadership transition and to ensure continuity of executive leadership capacity and organisational stability.

The Committee reviewed and approved the proposed arrangements for the recruitment of a substantive Chief Operating Officer, including the recruitment approach, supporting documentation and proposed timetable. Members discussed the importance of securing a substantive appointment to this key executive role particularly given the number of recent executive transitions over the last year. The Committee were assured that appropriate arrangements are in place to support a robust and timely recruitment process.

Committee Assurance

The Committee was assured that appropriate succession planning arrangements are in place to support continuity of leadership and delivery of the Trust's strategic and operational priorities. The Committee approved the proposals to progress recruitment and will receive a further report following the outcome of the recruitment process.

NHS East London NHS Foundation Trust

REPORT TO THE TRUST BOARD IN PUBLIC
23 July 2026

Title	Charitable Funds Committee - Chair's Report
Committee Chair	Peter Cornforth, Non-Executive Director and Committee Chair
Executive Director lead	Tanya Carter, Chief People Officer Richard Fradgley, Director of Integrated Care & Deputy CEO
Author	Cathy Lilley, Corporate Governance

Purpose of the report

To bring to the Board's attention key issues and assurances discussed at the Charitable Funds Committee (CFC) meeting held on 18 June 2026.

Key messages

The CFC met on 18 June 2026 and reviewed the charity's progress in strengthening its strategic, financial and fundraising arrangements. The committee focused on fundraising sustainability, financial resilience, grant-making impact, communications and governance, and gained assurance that appropriate interim arrangements are in place while the charity transitions to a more mature and sustainable operating model. The committee noted positive progress in broadening stakeholder involvement in the charity's development.

Strategic Development and Fundraising Sustainability

- The committee received assurance that progress continues to be made in developing a more sustainable fundraising model for the charity. A revised fundraising specification with Compass Wellbeing is expected to be completed by the end of July 2026 and will provide a clearer framework for accountability, governance, performance monitoring and delivery. Interim arrangements are in place to maintain fundraising activity and oversight pending the implementation of the new model
- The committee recognised the work undertaken to date to establish the foundations for future fundraising growth. However, members noted that the charity remains in a transitional phase and that delivery of longer-term income ambitions will depend upon successful implementation of the revised fundraising model, recruitment of dedicated fundraising leadership and development of a clearer fundraising proposition and pipeline. These remain key areas of focus and oversight for the committee
- The committee discussed the importance of developing a compelling fundraising narrative which reflects ELFT's strengths in participation, community engagement and improving health and wellbeing outcomes. Members considered that these strengths provide opportunities to develop strategic partnerships and diversify future income streams.

Financial Position and Sustainability

- The committee received assurance that financial stewardship arrangements remain effective and that appropriate oversight of charitable funds continues to be maintained. Members noted that the charity continues to benefit from a stable balance sheet position with net assets of £952k as at May 2026, and a positive year-to-date position following funding received from NHS Charities Together in April. The full year forecast remains negative until further income streams are secured.
- The committee discussed the ongoing challenge of achieving long-term financial sustainability and noted that delivery of the charity's future ambitions remains dependent on increasing fundraising income. To strengthen oversight and support future decision-making, members requested enhanced financial reporting to provide greater clarity regarding operating costs, fundraising performance and the resources available for grant-making activity.

- The committee was also advised of a historic late corporation tax return submission for 2024/25. Assurance was provided that the necessary return has now been submitted and that no wider concerns were identified regarding financial governance arrangements.

Grant-Making, Impact and Engagement

- The committee received assurance that grant-making activity continues to deliver meaningful benefits for service users, staff and communities and remains aligned with the charity's objectives. Members supported the continued development of a more structured grant-making approach, aligned to the emerging charity strategy, which will strengthen consistency, improve impact measurement and support more effective stewardship of charitable resources.
- The committee welcomed evidence of the positive impact of the Moments of Joy (MoJo) programme and the growing emphasis on capturing impact, feedback and outcomes from funded projects. Members noted that strengthening both qualitative and quantitative evidence of impact will support future fundraising, communications and reporting.
- The committee also noted encouraging progress in staff engagement, payroll giving and charity communications activity, which are helping to raise the profile of the charity and strengthen support across the organisation.

Income Generation and Future Opportunities

- The committee reviewed fundraising performance and noted continued activity across grant funding, community fundraising and staff engagement initiatives. Members welcomed the implementation of improved systems to support bid identification and management and recognised the importance of maintaining momentum whilst longer-term fundraising arrangements are embedded.
- The committee also considered opportunities to strengthen links between procurement, social value and charitable impact. Members supported further exploration of the proposed approach in principle recognising its potential to generate additional benefit for local communities. However, the committee requested further work on governance, legal considerations, administration and practical implementation before any pilot arrangements are progressed.

Governance and Accountability

- The committee was assured that governance arrangements remain effective during this period of development and transition. Members noted progress in clarifying roles and responsibilities between ELFT and Compass Wellbeing and received assurance that appropriate oversight arrangements are in place in relation to fundraising and grant-making activity
- The committee also noted the completion of the draft Annual Report & Accounts for 2025-26 and received assurance that these have been submitted for independent examination within the required timetable. Subject to completion of that process, the Annual Report & Accounts will be presented to the Board of Directors, as the Corporate Trustee, for final approval in September 2026.

Overall Assurance

The committee gained assurance that the charity continues to be appropriately governed and that effective financial stewardship, oversight and reporting arrangements remain in place during a period of significant organisational transition. Whilst positive progress has been made in developing the future fundraising model, strengthening impact reporting and refining the charity's approach to grant-making and engagement, the committee noted that fundraising capacity, development of a sustainable income pipeline and achievement of long-term financial sustainability remain the principal strategic risks. These risks are recognised, are subject to active mitigation and will continue to be closely monitored by the committee

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

East London NHS Foundation Trust

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REPORT TO THE TRUST BOARD IN PUBLIC
23 July 2026

Title	Finance, Business and Investment Committee (FBIC) Committee Chair's Report
Committee Chair	Sue Lees, Non-Executive Director and Committee Chair
Author	Marie Price, Joint Director of Corporate Governance

Purpose of the report

- To bring to the Board's attention key issues and assurances discussed at the Finance, Business and Investment Committee (FBIC) meetings held on 25 June 2026 and 16 July 2026.

Key messages

The Committee met on 25 June 2026 and 16 July 2026. Both meetings considered the Trust's financial position and delivery of the Going Further, Going Together (GFGT) programme. The summaries below focus primarily on the Month 3 position and programme update, whilst also highlighting relevant matters discussed as part of the Month 2 review.

Financial Position

The Committee reviewed the Trust's financial position at both meetings, with particular focus on financial sustainability, delivery of savings, workforce pressures and future investment opportunities.

Key points:

- At the July meeting, the Committee reviewed the Month 3 financial position and noted that the Trust remained favourable to plan.
- Members noted continued strong delivery against commissioner income targets and positive performance against savings requirements.
- The Committee reviewed continuing pressures relating to private bed expenditure, temporary staffing costs and delivery of some savings schemes.
- Members discussed future investment opportunities and welcomed a more planned approach to investment activity through six-month investment cycles.
- The Committee noted the importance of identifying invest-to-save opportunities at an earlier stage to support service development and financial sustainability.
- Members scrutinised agency expenditure, recruitment challenges and actions being taken to reduce reliance on temporary staffing.
- Members also reviewed progress in reducing private bed usage in Bedfordshire and Luton, including the impact of additional local bed capacity and crisis house developments.
- The Committee reviewed proposed rephasing of the capital programme and emphasised the importance of delivering against the revised profile. Following reprofiling, spend is on track in Month 3.

Going Further, Going Together (GFGT)

The Committee reviewed delivery of the GFGT programme at both meetings, including progress against savings targets, recovery actions, workforce engagement and programme governance arrangements.

Key points:

- Members noted that delivery of the programme remained ahead of plan and continued to be supported by a strong level of recurrent savings.
- The Committee reviewed areas where delivery remained challenging, particularly within community health services and some corporate functions.
- Recovery plans and targeted support arrangements were reviewed for services experiencing delivery challenges.
- Members discussed the contribution of digital transformation, patient flow initiatives and workforce redesign to future savings delivery.

- The Committee considered staff engagement, organisational change and the importance of balancing financial improvement with workforce wellbeing and staff experience.
- Progress was noted across key workstreams, including analogue-to-digital transformation and collaborative working across Bedfordshire, Luton and Milton Keynes.

Meeting held on 25 June 2026

Specialist Children and Young People Services Autism Spectrum Disorder Growth Funding Business Case

The Committee considered a business case designed to increase capacity for Autism Spectrum Disorder (ASD) assessments and reduce waiting times.

Key points:

- Members welcomed commissioner investment to address significant assessment backlogs and support delivery of national waiting time targets.
- The Committee discussed assumptions regarding efficiency savings and stressed the importance of clearly identifying and tracking anticipated benefits.
- Members sought assurance that the Trust would not be exposed to unintended financial risks should demand exceed assumptions.
- The proposal was supported subject to confirmation of commissioner funding and a formal review point at the end of the first year.

Attention Deficit Hyperactivity Disorder (ADHD) Backlog Business Case

The Committee reviewed proposals to address ADHD assessment and treatment backlogs through additional investment and pathway redesign.

Key points:

- Members noted significant progress already achieved through service transformation and backlog validation work.
- The Committee discussed plans to move towards a more activity-based funding model and the opportunities this presents for future service development.
- Members highlighted the importance of robust data quality, coding and activity reporting arrangements.
- The Committee encouraged evaluation of different service models across North East London to support future learning and improvement.
- The proposal was supported subject to confirmation of commissioner funding.

Meeting held on 16 July 2026

Board Assurance Framework

The Committee reviewed risks relating to financial sustainability, digital infrastructure and estates. Members also received an update on the wider Board Assurance Framework (BAF) refresh following approval of the Trust Strategy and discussed the work underway to strengthen the strategic focus, consistency and usability of the Framework.

Key points:

- Members reviewed BAF Risk 7 (Financial Sustainability), BAF Risk 8 (Digital Infrastructure and Cyber Security) and BAF Risk 10 (Estates) and supported retention of the current risk scores pending completion of the wider BAF refresh.
- Work is underway to review all BAF risks to strengthen alignment with the Trust Strategy and improve consistency and simplicity of language, structure and presentation.
- Members discussed the importance of ensuring risks clearly articulate causes, controls, actions, timelines and intended outcomes.
- The refresh will also strengthen consideration of equity across the BAF and ensure board members have sight of the wider suite of strategic risks alongside those within their own remit.
- Revised risks will be brought through committees and the Board from September 2026.

Workforce Productivity

The Committee received a workforce deep dive focusing on workforce productivity, temporary staffing expenditure and workforce planning.

Key points:

- Members reviewed progress in reducing funded establishment and vacancy levels.

- The Committee discussed temporary staffing reduction plans, workforce productivity initiatives and governance arrangements.
- Members reviewed sickness absence data and discussed work underway to better understand the relationship between organisational change, staff wellbeing and sickness levels.
- The Committee discussed the importance of triangulating workforce, quality, performance and financial information to identify emerging risks and support decision making.

Cyber Security Risk Update
The Committee received a dedicated cyber security report following recent NHS England guidance.

Key points:
- Independent assurance work assessed the Trust's cyber security position as low risk with a high degree of confidence in existing controls.
- Members noted successful completion of national cyber security assurance requirements and completion of all identified actions.
- The Committee reviewed cyber resilience, business continuity and recovery arrangements.
- Members discussed remaining risks associated with legacy infrastructure and plans to address these through the capital programme.
- The Committee emphasised the need for continued vigilance given the increasing cyber threat landscape across the NHS.

Estates Annual Report
The Committee reviewed the Estates Annual Report and discussed the significant strategic challenges associated with the Trust's estate.

Key points:
- Members reviewed progress against the Estates Strategy, capital programme and infrastructure investment priorities.
- The Committee discussed the condition of the Trust's estate, backlog maintenance challenges and the impact of limited national capital funding.
- Members reviewed mobilisation of the new hard facilities management contract and noted that improved asset information would support future investment decisions.
- Members reflected on Care Quality Commission feedback relating to estate quality and discussed the need for continued strategic focus on estate modernisation.
- The Committee noted progress on sustainability initiatives, space optimisation and planning for future PFI contract expiry.
- The Committee requested a NED visit to our services where we are a tenant, so members could see for themselves the condition of the estate.

Procurement Update
The Committee reviewed procurement performance and delivery of procurement-related efficiencies.

Key points:
- Forecast procurement savings remain on track to exceed target during 2026/27.
- Members noted improvements in purchase order compliance and plans to achieve further improvements during the year.
- The Committee reviewed progress in social value delivery and wider procurement partnership arrangements across North East London (NEL).
- Members welcomed planned strengthening of procurement capacity through recruitment to key posts.

Contracts and Business Development
The Committee received an update on business development opportunities and commissioner-funded growth schemes.

Key points:
- Members reviewed development of a NEL Homeless Health Service bid and discussed governance arrangements supporting the proposal.
- The Committee noted progress with commissioner-funded growth schemes across mental health and community health services.

- Members emphasised the importance of ensuring major bids and service developments continue to be supported by robust governance and business case processes.

Non-Recurrent Funding Programme Benefits Report
The Committee reviewed a retrospective evaluation of schemes funded through the Trust's non-recurrent investment programme.

Key points:
- Members welcomed evidence that several schemes had informed commissioner-funded growth proposals and secured future recurrent investment.
- The Committee discussed the importance of strengthening benefits realisation, evaluation and tracking arrangements.
- Members supported proposals to improve business case development, options appraisal and benefit measurement in future schemes.
- The Committee recognised the programme as a positive example of innovation and service improvement arising from disciplined financial management.

Lessons Learnt – Trust Business Case, Bid and Acquisition Process
The Committee reviewed learning arising from previous business cases, bids and acquisitions, including the Trust's primary care portfolio.

Key points:
- Members acknowledged that historic governance arrangements were not sufficiently robust and welcomed the significant improvements now in place.
- The Committee reviewed recommendations intended to strengthen business case development, governance, due diligence and decision-making processes.
- Members noted that current arrangements provide greater scrutiny and clearer routes for approval and assurance.
- The Committee supported the proposed recommendations and requested a future update on implementation and progress.
- The Committee asked that the report be circulated to all Board members not in attendance at the meeting, for information purposes.

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

NHS East London NHS Foundation Trust

REPORT TO TRUST BOARD IN PUBLIC
23 July 2026

Title	Finance Report Month 3 (June 2026)
Author	Finance Team
Accountable Executive Director	Mike Fox, Chief Finance Officer

Purpose of the report

This report highlights and advises the Board on the current financial performance and related issues.

Committees/meetings where this item has been considered

Date	Committee/Meeting
16/07/2026	Finance, Business and Investment Committee

Key messages

The Finance Report reflects the Trust financial position for month 3.

Summary of Financial Performance:

- As at month 3 the Trust is reporting year to date (YTD) deficit of £0.53m. This is a £0.05m favourable variance to the deficit plan of £0.58m.
- Pay is £317k adverse to plan year to date.
  In month, substantive staffing costs reduced, reflecting a higher number of leavers than starters. However, bank expenditure increased, primarily due to higher nursing and Healthcare Assistant (HCA) costs across ward areas. Cost pressures also continue due to the use of premium agency staff to cover vacancies in areas where recruitment remains challenging.
- Non-pay expenditure is £0.8m adverse to plan year to date, primarily driven by the continued use of private beds within the Central East Integrated Care System. Although private bed costs reduced during the month, they remain £0.7m adverse year to date. These pressures are partially offset by underspends across other non-pay expenditure categories.
- The Trust is forecasting a break-even position for the financial year, in line with our plan.
- The Trust's cash balance at 30 June was £150.9m. an increase of £4.1m in month due to receiving higher than planned receivable balances paid in June.
- Year To Date (YTD) core capital expenditure is £4.2m, which is in line with the rephased plan.
- Better Payment Practice Code (BPPC) YTD performance is 94.6% by volume and 93.5% by value.

What has gone well

- Delivery of financial plan in month
- Bank spend continues to reduce, reversing the stepped increase in costs experienced in March
- Cash is above the planned level, allowing the trust to consider interest-bearing investment opportunities

What challenges do we have

- Ongoing temporary costs in a range of areas, including above plan agency usage
- Continued use of Private Beds in Bedford & Luton area
- Ensuring capital schemes are delivered in full by the end of the year.

Watching

- GFGT programme, with the current “most likely” forecast meeting the required level
- Recruitments trajectories and the risk to increasing pay run-rate
- Potential costs of CQC recommendations

Strategic priorities this paper supports

Improved Population Health Outcomes	☒	Delivering financial balance aids the Trust in maintaining control in decision making.
Improved Experience of Care	☒	Delivering financial balance aids improving service user satisfaction and experience of care.
Improved Staff Experience	☒	Delivering financial balance aids improving staff experience.
Improved Value	☒	This is a key requirement to ensure that the Trust delivers value for money and is not in breach of its Foundation Trust provider licence.

Implications

Equality Analysis	Financial sustainability aids the organisation in being able to address and adequately resource equality issues within the services we deliver
Risk and Assurance	We have received the first National Oversight Framework scoring, the overall rating for the Trust is a 2. Against the financial criteria we are currently a 1 (highest level).
Service User/Carer/ Staff	Delivering against the Trusts financial metrics supports the investment in services for the benefit of our staff, service users and carers
Financial	As stated in the report.
Quality	Delivering our services in a financially sustainable way enables continuous investment in improving the quality of our services.

NHS
East London
NHS Foundation Trust

Trust Board Meeting in Public

June - Month 3 Finance Report

2026/27

Mike Fox
Chief Finance Officer

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We care
We respect
We are inclusive

Executive Summary

	In Month			Year To Date			Annual
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000
Clinical Income	54,814	55,731	918	170,121	170,613	492	698,362
Other Income	1,758	1,746	(12)	5,252	5,473	221	20,805
Pay costs	(43,998)	(44,112)	(114)	(132,036)	(132,354)	(317)	(518,326)
Non-pay costs	(9,358)	(10,283)	(926)	(33,652)	(34,494)	(842)	(159,014)
Financing / non-operating costs	(3,327)	(3,174)	153	(12,652)	(12,159)	493	(43,715)
	(111)	**(92)**	**19**	**(2,968)**	**(2,921)**	**47**	**(1,888)**
Adjustments	(55)	(61)	(6)	2,382	2,387	5	1,888
Reported Surplus /(Deficit)	**(166)**	**(153)**	**13**	**(586)**	**(533)**	**53**	**0**
Memorandum items							
Agency Costs (per NHSE Plan)	470	369	(101)	1,519	1,507	(12)	4,972
Going Further, Going Together	823	1,106	283	2,053	2,699	645	20,109
Cash	4,005	4,086	81	125,996	150,910	24,914	n/a
Core Capital	896	660	(236)	1,140	1,140	0	18,976

Key messages

The Trust is reporting a year to date (YTD) deficit of £0.53m as at 30th June. This is £0.05m favourable variance to the deficit plan of £0.58m. The in-month position is a deficit of £0.15m.

There are year-to-date pressures in pay arising from bank usage and non-pay from the continued use of Private Beds. These are offset by vacant posts, and non-pay underspends across the directorates.

Pay spend is £0.1m adverse to plan in month. Bank spend has increased in June, with acuity pressures in Forensics.

Non-pay spend is £0.9m adverse to plan, though there are pressures from the continued use of private beds.

At month 3 the Trust has delivered £2.7m of savings, £0.6m favourable to the £2.1m plan.

Core capital expenditure for June 2026 landed on plan as per the re-phasing exercise.

Income	£0.9m favourable to plan in month. The favourable position is primarily driven by additional income from Integrated Care Boards (ICBs), NHS Trusts, NHS England and Local Authorities, together with non-patient care income, reflecting prior year settlements, activity not included in the budget and additional commissioner funding.
Pay costs	£0.1m overspent in month – Substantive costs have reduced in month, with more leavers than starters. Bank expenditure has increased in month, with increased nursing and HCA costs in Ward areas. Pressures remain from the use of premium agency to cover vacancies in difficult to recruit areas. Further detail is included on slides 6 (pay detail), slide 7 (Whole Time Equivalent analysis), slide 14 (agency spend) and slide 15 (bank spend).
Non-pay cost	£0.9m overspent in month. Use of private beds has reduced in month but remains a £0.7m pressure YTD. Further detail on private beds is on slide 16. Further detail on non-pay is included on slide 8.
GFGT	£2.70m has been delivered year to date, £645k favourable to the £2.05m year to date plan. Further detail is shown on slide 4.
Cash	As at the end of June, the cash balance was £150.9, £24.9m above plan. This is largely due to carrying forward a strong year end balance and higher than expected receivable balances paid in June. Further details are shown on slide 17.
Capital	Core capital expenditure of £1.1m is on plan as per the re-phasing of the annual plan. Further detail is shown on slide 10.

Statement of Comprehensive Income and Expenditure

	In Month			Year To Date			Annual
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000
Income							
NHS Patient Care Activities	53,648	54,581	933	166,623	167,109	487	685,107
Non NHS - Patient Care Activites	1,166	1,151	(15)	3,498	3,504	5	13,255
Other (in accordance with IFRS 15)	1,761	1,665	(96)	5,023	5,163	140	19,146
Other Operating Income	(3)	81	84	229	310	81	1,659
Income Total	**56,572**	**57,477**	**905**	**175,373**	**176,086**	**713**	**719,167**
Pay							
Substantive	(43,823)	(39,993)	3,830	(131,517)	(119,697)	11,820	(516,306)
Bank	0	(3,574)	(3,574)	0	(10,629)	(10,629)	0
Agency	0	(370)	(370)	0	(1,508)	(1,508)	0
Apprenticeship levy	(175)	(175)	0	(520)	(520)	0	(2,020)
Pay Total	**(43,998)**	**(44,112)**	**(114)**	**(132,036)**	**(132,354)**	**(317)**	**(518,326)**
Non-Pay							
Non Pay	(9,358)	(10,282)	(925)	(33,653)	(34,495)	(842)	(159,014)
Non-Pay Total	**(9,358)**	**(10,282)**	**(925)**	**(33,653)**	**(34,495)**	**(842)**	**(159,014)**
EBITDA	**3,216**	**3,083**	**(133)**	**9,683**	**9,237**	**(446)**	**41,827**
Post EBITDA							
Depreciation	(2,776)	(2,689)	87	(8,328)	(8,090)	238	(33,986)
Amortisation	(115)	(138)	(23)	(345)	(413)	(68)	(1,380)
Finance Income	425	508	83	1,275	1,586	311	4,650
Finance Expenditure	(311)	(305)	6	(3,604)	(3,592)	12	(6,399)
PDC Dividend	(550)	(550)	0	(1,650)	(1,650)	0	(6,600)
Other finance costs	0	0	0	0	0	0	0
Total Post EBIDTA	**(3,327)**	**(3,174)**	**153**	**(12,652)**	**(12,159)**	**492**	**(43,715)**
	(111)	**(91)**	**20**	**(2,969)**	**(2,922)**	**47**	**(1,888)**
Less							
Remove capital donations / grants / peppercorn lease	49	49	(0)	22	43	21	463
Remove impact of PFI revenue costs	(104)	(109)	(5)	2,360	2,345	(15)	1,425
Reported Surplus /(Deficit)	**(166)**	**(152)**	**14**	**(587)**	**(534)**	**52**	**0**

The Trust is reporting a YTD deficit of £0.53m as at 30th June. This is £0.05m favourable variance to the deficit plan of £0.59m. The in-month position is a deficit of £0.15m.

Year-to-date, the Trust has pay pressures with continued high bank usage in inpatient areas, medical agency costs in hard to recruit areas, and activity pressures in Bedfordshire community services. Bank spend reduced in month, but this will require ongoing monitoring. Agency spend YTD is £0.01m lower than our financial plan. Agency spend in the financial plan does reduce in the remaining months. The Trust will have to reduce reliance on agency, and this will require ongoing monitoring to ensure we remain within the plan for the year.

Non-pay pressures arise from the continued use of Private Beds in Central East Integrated Care System – see slide 16 for further detail. The use of Private Beds is expected to stop in September, once the remaining beds are open. The pressures are being offset by underspends in non-pay, which is expected to continue, although there is risk of inflationary pressures.

Going Further, Going Together (GFGT) – Cost Improvement

2026/27 Targets

The financial savings target for 2026/27 is £20.1m and Directorate targets have been issued and incorporated into Directorate budgets. The Trust is working to a stretch target of £24.1m to have 20% more identified than target to mitigate slippage or delays in delivery. In keeping with last year only savings that improve the expenditure run-rate can be counted towards the programme.

Performance

The Trust delivered £1.11m in month 3. Reported year to date delivery at the end of Month 3 was £2.70m against our submitted plan of £2.05m, resulting in a favourable variance of £0.64m. Teams are reminded that where there is slippage against year to date identified plans, mitigation needs to be identified.

2026/27 Forecast

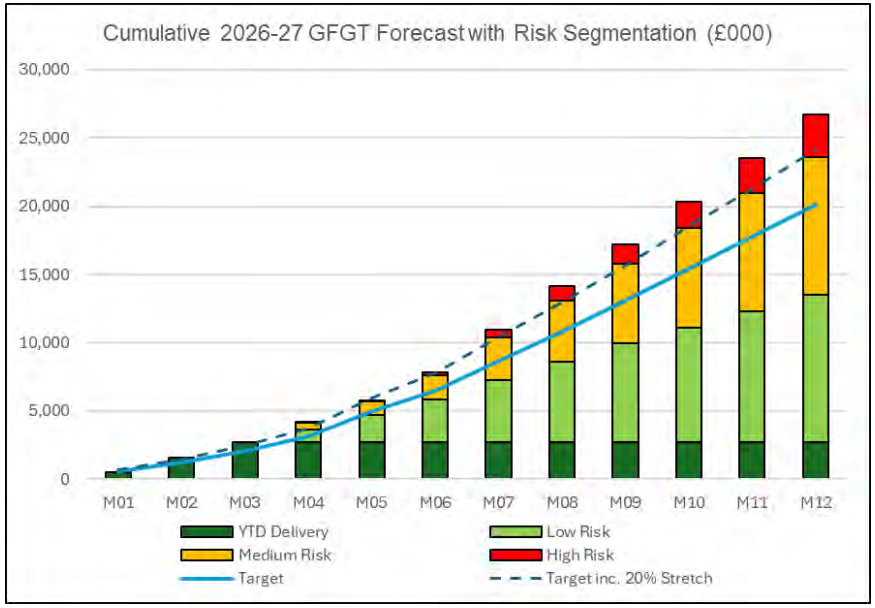
Overall, the Trust has identified plans that would meet our stretch target if fully delivered, but there remain areas that have not yet identified their target. We have a best case 'Fully Developed' forecast of £21.6m, but £5.2m of our total forecast still needs to be fully signed off through our gateway processes (PID, QIA, FIA).

After taking year to date delivery into account, the Trust has a 'best case' forecast of £26.7m. Taking scheme risk and development status into account, the Trust has a 'most likely' forecast of £20.8m, which is sufficient to meet our plan.

Key message: The Trust delivered £1.11m in Month 3, £2.70m year to date. The 'most likely' forecast of £20.8m is sufficient to meet our plan. Work is needed to ensure remaining schemes are fully signed off and de-risked.

It is essential that run-rate reducing mitigation is found against internal plans that have not delivered the expected saving.

Directorate M3 YTD Actual	M3 YTD Plan £000	M3 YTD Actual £000	M3 YTD Variance to Plan £000	Target £000	'Most Likely' Forecast £000	Variance to 'Most Likely' Forecast £000
City & Hackney AMH	180	89	(90)	1,405	1,306	(100)
Newham AMH	108	253	146	1,369	1,430	61
Tower Hamlets AMH	245	159	(86)	1,838	1,625	(212)
Luton & Bedfordshire AMH	362	339	(22)	3,602	3,633	31
London CHS	115	235	120	2,435	1,544	(891)
Bedfordshire CHS	70	90	21	1,220	1,155	(65)
Specialist Services	353	654	301	2,930	3,355	425
Forensic Services	252	434	182	2,104	2,417	312
Corporate Services	278	314	36	1,944	1,770	(173)
Estates & Facilities	66	108	43	1,261	1,431	170
Trust-Wide/Reserves	27	21	(5)	0	1,131	1,131
TOTAL	**2,053**	**2,699**	**645**	**20,109**	**20,797**	**688**



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Income

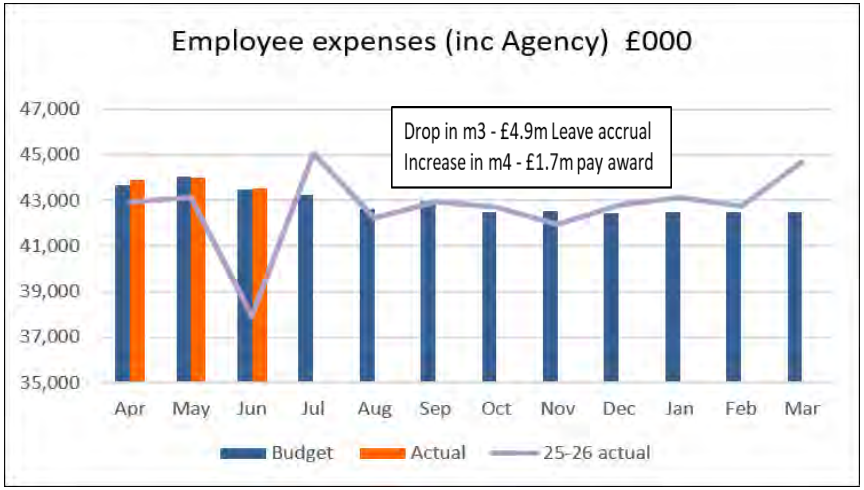
At the end of June, the Trust reported a favourable year-to-date income variance of **£713k**.

- The favourable position was driven by higher-than-planned income from NHS Trusts (£0.3m), Integrated Care Boards (ICBs) (£0.2m), NHS England (£0.1m), Local Authorities (£0.1m) and non-patient care income (£0.1m). These variances reflect additional commissioner funding, prior-year settlements and activity not included within the original budget.
- These favourable movements were partly offset by adverse variances in NHS Foundation Trust income (£0.2m), Non-NHS income (£0.1m) and Research & Development income (£0.1m), primarily due to lower-than-planned SPOT bed income, budgeted income that has yet to be realised and the deferral of R&D income.
- As at the end of June, 89.61% of the Trust's income contracts value have been signed for the current financial year, with the remaining 10.39% still under negotiation. The financial envelopes for these outstanding contracts have been agreed with commissioners, and reflects expected funding within the Trust's financial plan, and monthly payments continue to be received in line with those agreed values.
- The Trust has also submitted a number of service development schemes to North East London (NEL) ICB in support of the system's Left Shift programme, with funding requested through the ICB's growth funding allocation. The schemes were initially supported by the Commissioning Board, which subsequently requested additional information and supporting activity data before granting formal approval. The Trust has now provided the requested information, and the schemes are due to be reconsidered at the Commissioning Board meeting on 20 July.
- The ICB has given the Trust approval to begin mobilising the schemes ahead of formal funding approval. While this presents a small financial risk, it is considered minimal given the schemes have already received in-principle support, the requested information has been submitted, and the Trust is working closely with the ICB to secure final approval.
- Overall, the income position remains favourable, with no significant concerns identified at this stage.

Trust Income Position £'000	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Annual Budget
Operating Income From Patient Care Activities							
NHS - Patient Care Activities							
Integrated Care Boards (ICBs)	46,771	47,218	447	146,252	146,428	176	605,326
NHS Foundation Trusts	6,390	6,788	398	18,986	18,821	(165)	74,679
NHS Trusts	249	315	66	693	1,041	349	2,336
NHS Other (including Public Health England)	0	0	0	0	0	0	0
NHS England	238	260	22	692	819	127	2,767
NHS - Patient Care Activities Total	**53,648**	**54,581**	**933**	**166,623**	**167,109**	**487**	**685,107**
Non NHS - Patient Care Activites							
Local Authorities	972	1,015	43	2,917	3,061	144	11,135
Non-NHS: Other	188	136	(52)	563	415	(148)	2,120
Non-NHS: Overseas Patients	0	0	0	0	28	28	0
Non NHS - Patient Care Activites Total	**1,160**	**1,151**	**(9)**	**3,480**	**3,504**	**24**	**13,255**
Operating Income From Patient Care Activities Total	**54,808**	**55,731**	**924**	**170,102**	**170,613**	**511**	**698,362**
Other operating income							
Other (in accordance with IFRS 15)							
Research and development	180	94	(86)	504	397	(107)	2,017
Education and Training Income	1,496	1,387	(109)	4,277	4,327	49	15,963
Other (recognised in accordance with IFRS 15)	74	81	7	222	246	24	886
Non-patient care services to other Non WGA bodies	17	104	86	39	193	155	280
Other (in accordance with IFRS 15) Total	**1,767**	**1,665**	**(102)**	**5,042**	**5,163**	**121**	**19,146**
Other Operating Income							
Charitable and other contributions to expenditure	8	(10)	(18)	24	(4)	(28)	95
Other Income	(11)	91	102	205	209	4	1,563
Capital Grants Income from Peppercorn Right of Use	0	0	0	0	105	105	0
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0	0	0
Other Operating Income Total	**(3)**	**81**	**84**	**229**	**310**	**81**	**1,659**
Other operating income Total	**1,764**	**1,746**	**(18)**	**5,270**	**5,473**	**203**	**20,805**
Grand Total	**56,572**	**57,477**	**905**	**175,373**	**176,086**	**713**	**719,167**

Key message : Overall, the income position remains favourable, with no significant concerns identified at this stage.
There are some key variances that will be monitored over the coming months mainly SPOT bed income

Pay



				In Month			Year To Date			Annual
Pay type	Funded WTE	Actual WTE	Variance WTE	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000
Substantive	7,864.4	7,220.3	(644.1)	(43,823)	(39,993)	3,830	(131,517)	(119,697)	11,820	(524,393)
Bank	0	664.3	664.3	0	(3,574)	(3,574)	0	(10,629)	(10,629)	0
Agency	0	56.2	56.2	0	(370)	(370)	0	(1,508)	(1,508)	0
Sub-total - staff	**7,864.4**	**7,940.7**	**76.3**	**(43,823)**	**(43,937)**	**(114)**	**(131,517)**	**(131,834)**	**(317)**	**(524,393)**
Apprenticeship Levy				(175)	(175)	0	(520)	(520)	0	(2,020)
Non-Executives	2.0	1.7	(0.3)							
Total	**7,866.3**	**7,942.4**	**76.1**	**(43,998)**	**(44,112)**	**(114)**	**(132,036)**	**(132,354)**	**(317)**	**(526,413)**

Overall pay is £0.3m overspent. Pay in month is £114k adverse to plan. Pay pressures continue from the use of temporary staff at a level above the number of vacant posts, alongside the premium costs associated with using agency staff

Pay costs are £57k lower than in May, though May had 2 bank holidays which incur costs of £240k. June pay costs include a £0.4m provision for the potential costs of the national Band 5 nursing re-banding

Substantive pay has fallen by £91k, with leavers in month offsetting recruitment into Bedford, and the Band 5 provision

Bank costs have increased by £234k compared to March, with increases in Nursing and Healthcare Assistant spend in Ward areas. Further detail is on Slide 16

Agency costs have fallen by £200k compared to June, with reductions in usage and the reversal of an over-accrual made in month 2. The agency plan YTD is £1,510k and actual spend is lower than the cap by £11k. The plan does reduce in the remaining months. Further detail is on Slide 15.

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Key message : Pay remains slightly above plan YTD, with continued pay pressures remain from Bank and Agency usage - this is being monitored through the GFGT P&C workstream

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Pay – Whole Time Equivalents (WTE)

Pay type	Funded WTE	Jun-25	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Movement in month
Funded WTE	Substantive	8,107.9	8,006.3	7,959.1	7,940.2	7,832.8	7,832.8	7,839.2	7,842.7	7,902.8	7,918.8	7,922.6	7,891.5	7,866.7	(24.8)
	Bank	0.0	0.0	36.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Agency	0.0	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Actual WTE	Substantive	7,108.1	7,107.1	7,154.0	7,172.2	7,163.5	7,178.9	7,202.5	7,248.1	7,233.9	7,239.1	7,179.8	7,226.2	7,220.3	(5.9)
	Bank	768.1	791.2	758.6	705.3	694.6	681.8	709.2	711.3	740.8	832.3	690.5	642.5	664.3	21.8
	Agency	72.7	74.7	65.2	42.1	59.3	63.6	56.5	54.7	51.7	67.6	66.8	67.3	56.2	(11.2)
Variance	Substantive	(999.8)	(899.2)	(805.1)	(768.0)	(669.3)	(653.9)	(636.7)	(594.6)	(668.9)	(679.8)	(742.8)	(665.3)	(646.5)	18.9
	Bank	768.1	791.2	722.1	705.3	694.6	681.8	709.2	711.3	740.8	832.3	690.5	642.5	664.3	21.8
	Agency	72.7	74.7	64.6	42.1	59.3	63.6	56.5	54.7	51.7	67.6	66.8	67.3	56.2	(11.2)
Total Funded WTE		**8,107.9**	**8,006.3**	**7,996.2**	**7,940.2**	**7,832.8**	**7,832.8**	**7,839.2**	**7,842.7**	**7,902.8**	**7,918.8**	**7,922.6**	**7,891.5**	**7,866.7**	**(24.8)**
Total Actual WTE		**7,948.9**	**7,973.1**	**7,977.8**	**7,919.6**	**7,917.4**	**7,924.2**	**7,968.2**	**8,014.1**	**8,026.3**	**8,139.0**	**7,937.1**	**7,936.0**	**7,940.7**	**4.7**
(Over) / under establishment		**159.0**	**33.3**	**18.4**	**20.6**	**(84.6)**	**(91.4)**	**(129.0)**	**(171.4)**	**(123.5)**	**(220.1)**	**(14.5)**	**(44.5)**	**(74.0)**	
(Over) / under establishment %		**2.0%**	**0.4%**	**0.2%**	**0.3%**	**(1.1%)**	**(1.2%)**	**(1.6%)**	**(2.2%)**	**(1.6%)**	**(2.8%)**	**(0.2%)**	**(0.6%)**	**(0.9%)**	

Funded WTE has reduced by 24.8, reflecting the phasing of GFGT targets. Specialist have seen an increase of 5, following funded investment in CAMHS.

Substantive WTE has reduced by 5.9 in month, with leavers across the services – though this is partially offset by recruitment into Bedford Mental Health, Tower Hamlets CHS and City & Hackney Mental Heath services services.

Bank WTE has increased in month (21.8), with increases in Forensic (5.9) and City &Hackney MH (3.9) following acuity issues. Bedford MH has increased (2.5) with bank staff used to supplement recruitment for the new inpatient bed. Bank use remains in inpatient areas due to patient acuity, and this represents a financial risk to the Trust as they are not explicitly funded.

Agency WTE has reduced by 11.2, with reductions in Bedford Mental Health, Bedfordshire CHS, and Tower Hamlets Mental Health.

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Key message : Agency usage remain close to the national target, though we are now slightly underneath the cap level. Exit plans are being developed for the remaining agency staff
WTE are 74.0 OVER the funded level, and the Trust needs to target work on reducing the use of bank staff

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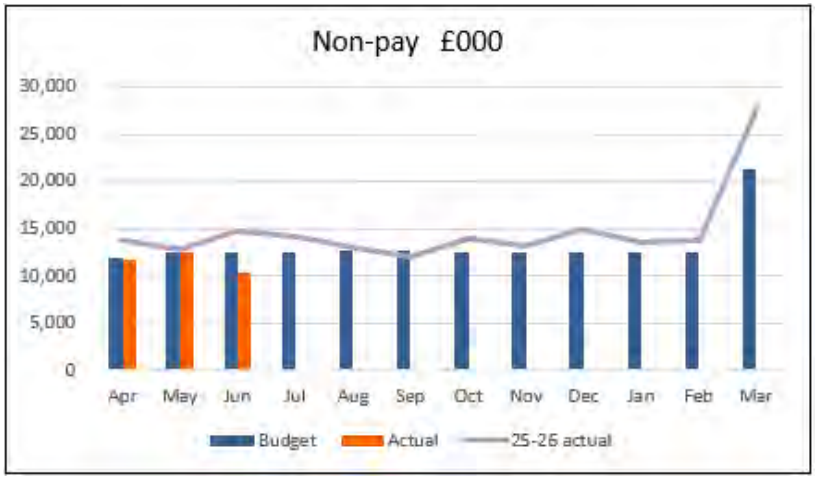
Non-pay



Expenditure type	In Month			Year To Date			Annual
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000	Budget £000
Health and Social Care - NHS	(1,756)	(585)	1,170	(5,987)	(4,771)	1,216	(24,649)
Health and Social Care -non-NHS	(1,471)	(750)	720	(4,552)	(4,519)	33	(23,135)
Supplies & Services	(3,235)	(3,207)	28	(9,168)	(8,696)	473	(46,167)
Drug costs	(545)	(376)	169	(1,636)	(1,272)	363	(6,541)
Consultancy	(143)	(75)	67	(374)	(211)	163	(1,428)
Establishment	(581)	(424)	157	(1,734)	(1,433)	301	(6,943)
Premises	(2,870)	(2,904)	(34)	(8,683)	(8,370)	313	(34,598)
Transport	(295)	(228)	67	(884)	(825)	59	(3,530)
Audit fees	(17)	(16)	2	(47)	(47)	0	(190)
Training	(315)	(272)	43	(945)	(793)	152	(3,965)
Clinical negligence	(210)	(210)	0	(629)	(629)	0	(2,514)
Non-Executive directors	(23)	(18)	5	(69)	(55)	14	(276)
Other Expenditure	2,102	(1,217)	(3,319)	1,054	(2,874)	(3,928)	(5,078)
Grand Total	(9,358)	(10,282)	(925)	(33,653)	(34,495)	(841)	(159,014)

Non pay is £0.9m overspent in month and £0.8m overspent YTD, with continued private bed pressures.
Non-pay was consistently overspent during 2025-26. The budgets have been realigned for 2026-27.
Key areas

- NHS Heath & Social Care is underspent by £1.2m YTD, due to an expected credit note relating to prior year
- Non-NHS Heath & Social Care has a minimal underspend YTD, although the continued use of private beds is high at £0.7m YTD (see slide 16)
- Supplies & Services are underspent by £0.5m YTD, with a range of underspends across the directorates
- Premises are underspent by £0.3m YTD, with underspends in software and network costs
- Drug costs are underspent by £0.4m YTD – this will be monitored over the coming months, to see if this is a recurrent trend and whether a change in volume or price is driving the variance
- Other Expenditure is overspent by £3.9m YTD due to a budget phasing adjustment – there is a provision for potential restructuring costs
- Budget for March 2027 is high, reflecting the current NCEL budgets – this will be amended as they confirm spend profile. This is offset by higher income budget in March.

Key message : Non-pay is on plan, with Private Bed costs offset by underspends elsewhere. We will need to monitor and mitigate any potential inflationary pressures.

Statement of Financial Position

- The net balance on the Statement of Financial Position as at 30th June 2026 was £305.1m. The decrease of £2.9m since year-end reflects the finalised pre-adjusted surplus position.
- £0.8m decrease in Property, Plant and Equipment is due to depreciation exceeding capital spend monthly and year to date.
- £3.6m decrease in Trade and other receivables is largely down to £7.9m reduction in Trade receivables, which is reflected in the higher than planned cash balance, offset against an increase of £3.2m accrued income and £1.1m in prepayments.
- £4.1m increase in Cash and cash equivalents is down to receiving higher volume of receivables in June.
- £2.4m decrease in trade and other payables is largely down to a £4.1m decrease in trade payables and £1.5m increase in accruals.
- £2.4m increase in deferred income is mostly down to NEL ICB contract provision.

	Prior Year 31/03/2026 £000s	Prior Month 31/05/2026 £000s	Current Month 30/06/2026 £000s	Movement in Month £000s
Non-current assets				
Intangible assets	2,201	1,926	1,788	(138)
Property, Plant and Equipment	251,926	249,503	248,727	(776)
Right of use assets	61,530	60,864	60,817	(47)
Investments in associates and joint ventures	3,503	3,505	3,505	0
Other non current assets	936	935	935	0
Total non-current assets	**320,096**	**316,733**	**315,772**	(961)
Current assets				
Inventories	193	211	286	75
Trade and other receivables	23,978	30,354	26,743	(3,611)
Assets held for sale	350	350	350	0
Cash and cash equivalents	157,671	146,824	150,916	4,092
Total current assets	**182,192**	**177,739**	**178,295**	556
Current liabilities				
Trade and other payables	(92,228)	(83,074)	(80,648)	2,426
Borrowings	(16,011)	(16,010)	(16,010)	0
Provisions	(3,387)	(3,736)	(3,736)	(0)
Deferred income	(13,322)	(15,623)	(17,977)	(2,354)
Total current liabilities	**(124,948)**	**(118,443)**	**(118,371)**	72
Total assets less current liabilities	**377,340**	**376,029**	**375,696**	(333)
Non-current liabilities				
Borrowings	(67,714)	(69,224)	(68,981)	243
Provisions	(1,616)	(1,621)	(1,625)	(4)
Total non-current liabilities	**(69,330)**	**(70,846)**	**(70,606)**	240
Total net assets employed	**308,010**	**305,183**	**305,090**	(93)
Financed by				
Public dividend capital	125,018	125,018	125,018	0
Revaluation reserve	91,271	91,271	91,271	0
Income and expenditure reserve	91,721	88,894	88,801	(93)
Total taxpayers' and others' equity	**308,010**	**305,183**	**305,090**	(93)

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Key message : The net asset position for the Trust remains strong. Action has been taken by the finance team to address Trade Receivables which has reduced by £3.6m in June.

Capital

- The Trust submitted an original capital plan for the year of £38.6m. This has now been reduced by £1.6m in totality due NHSE removing the over utilisation provision assumption, which they had included to balance the region's capital budget and £0.5m decrease in PDC funding for confirmed constitutional standards capital schemes .

Figures below are now revised.

  - £17.9m core capital. NHSE have now removed the over utilisation assumption of £1.1m for planning purposes to now bring in line with our submitted plan.
  - £8.7m revised Public Dividend Capital (PDC) funded schemes due to the removal of 2 schemes and an increase of £0.3m for ADHD Waiting List Scheme. Schemes weren't originally planned to start until July 2026, this has now been reprofiled for start dates from January 2027. Small allocations of salary charges have been allocated to these schemes.
  - £10.5m for the impact of leases and dilapidations, as per original plan.

- As an additional exercise, working with Estates and Digital teams, the capital programme has been reprofiled to reflect a more realistic delivery timetable, following confirmation of scheme scope and implementation plans that were not available at the time the original plan was submitted in February. The rephasing of the capital plan has been signed off by Estates and Digital leads.
- Following the reprofiling of the capital programme, year to date capital expenditure at the end of June is in line with the revised plan, as expenditure is progressing as anticipated against the revised programme.

			Actual vs Revised NHSE Plan			Actual vs Re-phased Plan		
Core Capital Programme	Original Annual Plan £000s	Revised Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Asset and backlog management	2,498	2,498	245	94	(151)	94	94	0
Critical, fire and Digital Spaces Infrastructure	600	600	62	1	(61)	1	1	0
Digital and Clinical Systems	200	200	20	0	(20)	0	0	0
Digital Cyber Security	815	815	80	98	18	98	98	0
Digital Infrastructure and Service Improvement	900	900	90	15	(75)	15	15	0
Digital Innovation and ICS	2,375	2,375	242	89	(153)	89	89	0
Digital Portfolio and Staffing	1,679	1,679	164	115	(49)	115	115	0
Digital Spaces	1,900	1,900	192	192	(0)	192	192	0
Digital Unified Comms	619	619	62	97	35	97	97	0
Environmental Upgrade and CQC plan	2,180	2,180	220	154	(66)	154	154	0
Mental Health Security and Improvement plan	2,921	2,921	293	(3)	(296)	(3)	(3)	0
Net Zero Carbon Reduction Plan	330	330	32	7	(25)	7	7	0
New Business and Transformation	895	895	89	51	(38)	51	51	0
Year end VAT evaluation	0	0	231	231	0	231	231	0
Over programming provision	1,064	0	0	0	0	0	0	0
	18,976	**17,912**	**2,022**	**1,140**	**(882)**	**1,140**	**1,140**	**0**

Public Dividend Capital Funded Programme	Original Annual Plan £000s	Revised Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
MHCAS - Luton MH Emergency Dept / Crisis Assessment Centre	1,500	1,500	0	6	6	6	6	0
ADHD waiting list scheme Digital / Digitising the MH Act Pathway	250	500	0	4	4	4	4	0
Adult Learning Disability and Autism Crisis Accommodation	1,600	1,600	0	3	3	3	3	0
CYP LDA Crisis Accommodation	950	950	0	12	12	12	12	0
City and Hackney 24/7 Neighbourhood Hubs	1,700	1,700	0	5	5	5	5	0
Newham 24/7 Neighbourhood Hubs (Flying Angel)	153	153	0	4	4	4	4	0
MHCAS*	171	0	0	1	1	1	1	0
Supporting Neighbourhood Health with Multi-Agency Co-location	600	0	0	0	0	0	0	0
John Warburton refurbishment	2,250	2,250	0	3	3	3	3	0
	9,174	**8,653**	**0**	**38**	**38**	**38**	**38**	**0**

Leases, dilapidations and disposals	Original Annual Plan £000s	Revised Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
New leases - Other DHSC Group bodies	2,917	2,917	360	105	(255)	105	105	0
New operating leases - NHS Providers	1,343	1,343	1,343	1,333	(10)	1,333	1,333	0
New operating leases External	4,642	4,642	164	0	(164)	0	0	0
Lease liability remeasurements	1,586	1,586	1,586	1,562	(24)	1,562	1,562	0
	10,488	**10,488**	**3,453**	**3,000**	**(453)**	**3,000**	**3,000**	**0**

TOTAL	**38,638**	**37,053**	**5,475**	**4,178**	**(1,297)**	**4,178**	**4,178**	**0**

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Key message : Re-phasing of the Trust's annual plan has taken place in June to reflect a more accurate project rollout.

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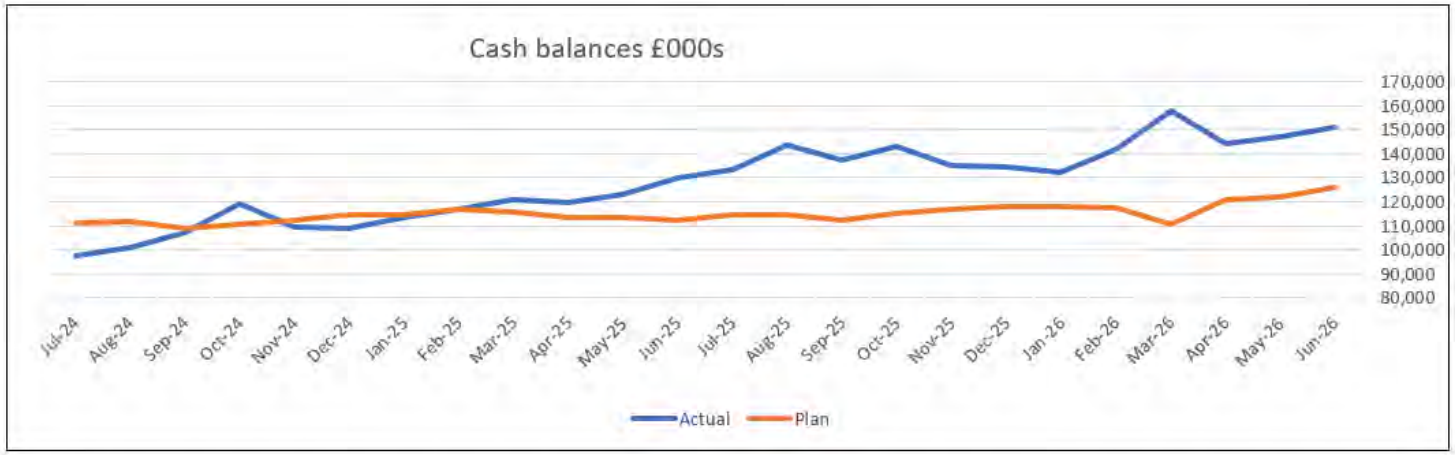
Cash

- As at the end of June the cash balance was £150.9m, an increase of £4.1m in month due to receiving higher than planned receivable balances paid in June.
- The cash position is £24.9m above plan. This is predominantly due to a stronger than planned year end balance. Cash balances have continued to be strong throughout 2026, despite high year end creditor payments paid in April.
- The high cash balances has led to interest received for 2026/27 of £1.6m, and with further investment into the National Loan Fund account in June, strong returns are expected in 2026/27.



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Key message : The cash position remains strong due to interest paid and receivable balances paid in June.

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System position – North East London (NEL) + Central East Integrated Care Systems (ICS)

Organisation	Month Plan £000	Month Actual £000	Month Variance £000	YTD Plan £000	YTD Actual £000	YTD Variance £000	Annual plan
BHRUT	(4,578)	(6,754)	(2,176)	(15,235)	(22,379)	(7,144)	(41,300)
Barts	238	(2,561)	(2,799)	(5,719)	(14,359)	(8,640)	0
ELFT	(166)	(152)	14	(586)	(533)	53	0
Homerton	(499)	(497)	2	(1,496)	(2,091)	(595)	0
NELFT	11	11	0	31	31	0	0
Providers	**(4,994)**	**(9,953)**	**(4,959)**	**(23,005)**	**(39,331)**	**(16,326)**	**(41,300)**
ICB	(250)	515	765	(750)	15	765	0
ICS Total	**(5,244)**	**(9,438)**	**(4,194)**	**(23,755)**	**(39,316)**	**(15,561)**	**(41,300)**

System position

The North East London ICS plan for 2026-27 is a £41.3m deficit position. This includes £12.1m of Deficit Support funding for Homerton Healthcare.

The month 3 position, as at working day 7, was a deficit of £39.3m, which is a £15.5m adverse to the deficit plan. £4.8m of this relates to the impact of Industrial Action in April in the Acute trusts, with higher staff costs and reduced patient-care income.

System plan

In April 2026-27, BLMK ICB was merged with Cambridgeshire & Peterborough and Hertfordshire ICBs to form the new NHS Central East Integrated Care Board.

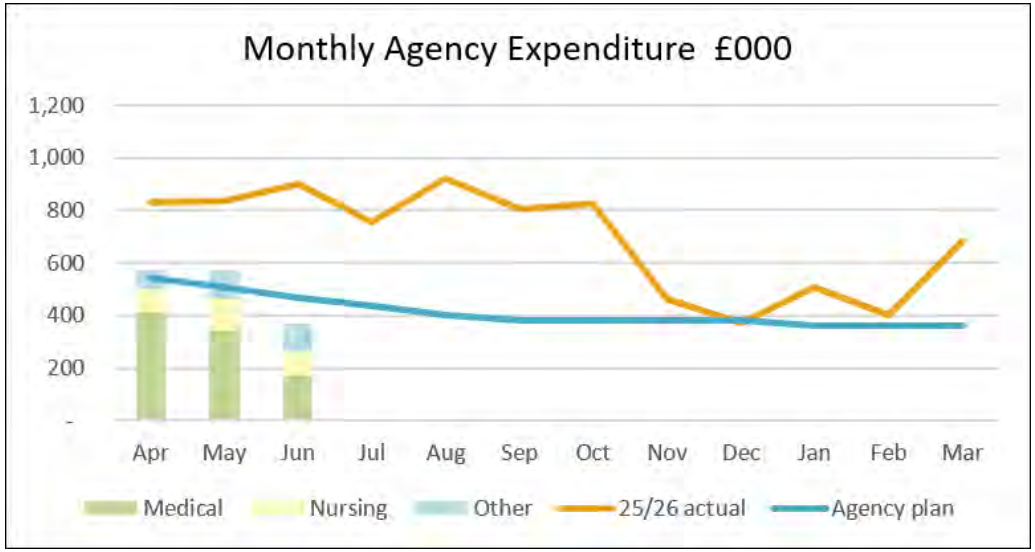
The 2026-27 plan for the new merged ICB is a break-even position.

Information from NHS Central East Integrated Care System for month 3 has not yet been released at the time of publishing this report.

Appendices

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

Agency spend



In 2026-27, the NHS Operating Plan set a requirement to reduce Agency spend by 30%. This is reflected in the Agency Plan submitted to the ICB.

The Trust submitted an annual financial plan with planned agency usage of £4.97m

Agency expenditure in month is £369k, which is £101k favourable to plan (£470k). A large part of the favourable movement relates to an overstated accrual in month 2.

The in-month agency spend is due to a range of factors.

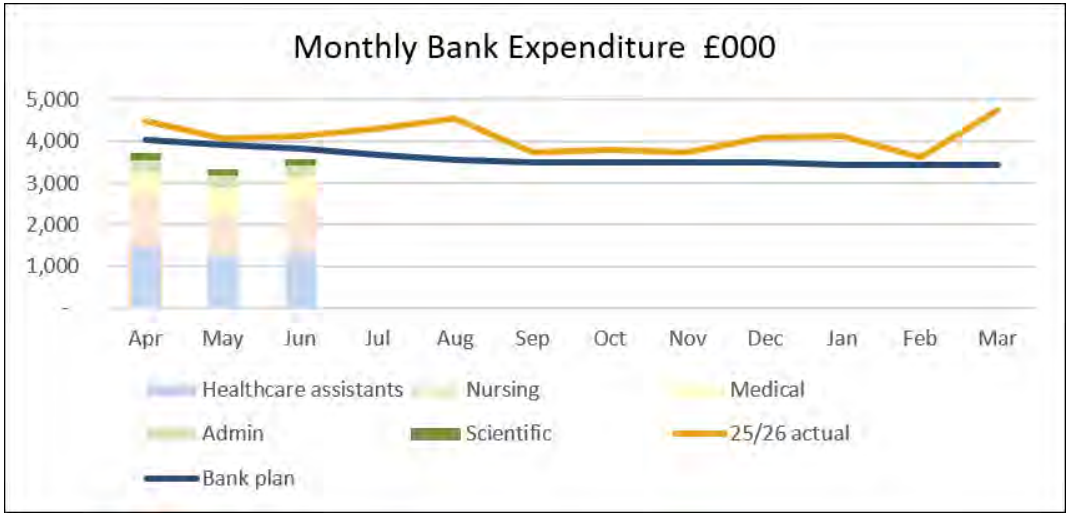
- Medical Agency for Bedford, to manage clinical pressures (£53k)
- Nursing spend in the Bedfordshire CHS Home Teams (£62k)
- Medical Agency for Specialist (£38k), North & South Beds CAHMS teams
- Corporate (£78k), relating to GFGT team.
- Medical Agency for City & Hackney (£48k) to cover vacancies
- Medical Agency for Tower Hamlets, to cover special leave (£31k)
- Primary care (£12k), arising from catch-up invoices related to 25/26
- Newham AMH have an average spend of £46k per month for Medical staff – costs have reduced in month following the reversal of the over-accrual

Agency costs constitute 1.1% of total pay costs.

Agency use, by staff type

Pay costs £000s	Jun-25 £000s	Jul-25 £000s	Aug-25 £000s	Sept-25 £000s	Oct-25 £000s	Nov-25 £000s	Dec-25 £000s	Jan-26 £000s	Feb-26 £000s	Mar-26 £000s	Apr-26 £000s	May-26 £000s	Jun-26 £000s	Movement in month
Medical and Dental	(620)	(541)	(644)	(639)	(550)	(334)	(203)	(329)	(260)	(351)	(414)	(343)	(173)	170
Nursing, Midwifery and HV	(188)	(136)	(185)	(95)	(99)	(56)	(90)	(96)	(106)	(148)	(88)	(121)	(93)	28
Administration and Estates	(59)	(60)	(64)	(50)	(141)	(49)	(66)	(62)	(21)	(146)	(41)	(73)	(82)	(9)
Healthcare assistants and other support staff	(30)	(12)	0	0	0	0	0	0	0	0	0	0	0	0
Healthcare scientists & Scientific, therapeutic and technical staff	(6)	(5)	(28)	(20)	(35)	(21)	(11)	(21)	(13)	(36)	(26)	(33)	(21)	12
Total Agency	**(902)**	**(754)**	**(919)**	**(804)**	**(825)**	**(460)**	**(370)**	**(508)**	**(400)**	**(682)**	**(568)**	**(570)**	**(369)**	**201**

Bank spend



In 2026-27, the NHS Operating Plan set a requirement to reduce Bank spend by 13%. This is reflected in the Bank Plan submitted to the ICB.

The Trust submitted an annual financial plan with planned bank usage of £43.3m

Bank expenditure in month is £3.6m, which is £0.2m favourable to the plan (£3.8m).

Bank costs increased by £234k in May 2026 compared to May, with increases in nursing and Healthcare Assistants. This main increases are in Forensics (£72k), Tower Hamlets (£43k), and Specialist (£30k).

Bank pressures continue from inpatient Acuity

Bank costs constitute 8.0% of total pay costs.

Bank use, by staff type

Pay costs £000s	Jun-25 £000s	Jul-25 £000s	Aug-25 £000s	Sept-25 £000s	Oct-25 £000s	Nov-25 £000s	Dec-25 £000s	Jan-26 £000s	Feb-26 £000s	Mar-26 £000s	Apr-25 £000s	May-25 £000s	Jun-25 £000s	Movement in month
Medical and Dental	(812)	(859)	(799)	(656)	(685)	(668)	(626)	(736)	(529)	(656)	(525)	(624)	(575)	50
Nursing, Midwifery and HV	(1,041)	(1,092)	(1,289)	(915)	(1,050)	(1,082)	(1,352)	(1,324)	(1,226)	(1,692)	(1,225)	(1,018)	(1,220)	(202)
Administration and Estates	(366)	(456)	(449)	(346)	(429)	(363)	(341)	(310)	(331)	(432)	(279)	(304)	(267)	37
Healthcare assistants and other support staff	(1,766)	(1,715)	(1,823)	(1,632)	(1,449)	(1,469)	(1,597)	(1,584)	(1,367)	(1,763)	(1,505)	(1,245)	(1,362)	(117)
Healthcare scientists and Scientific, therapeutic and technical staff	(134)	(180)	(187)	(184)	(183)	(146)	(190)	(169)	(161)	(219)	(181)	(149)	(151)	(2)
Total Bank	**(4,117)**	**(4,302)**	**(4,548)**	**(3,733)**	**(3,796)**	**(3,728)**	**(4,105)**	**(4,122)**	**(3,614)**	**(4,763)**	**(3,715)**	**(3,340)**	**(3,574)**	**(234)**

Private Beds

The Trust has experienced significant demand for Adult Mental Health beds in the Bedfordshire and Luton, and as a result has incurred high levels of expenditure in purchasing private beds. This represents a cost pressure to the Trust.

The Trust also had 1 patient in a Private Bed from Newham – this patient was admitted for 15 days in May, costing £32k

ELFT no longer have ICB funding for private beds – the income has been invested into the 9 new acute beds and 11 Crisis beds.

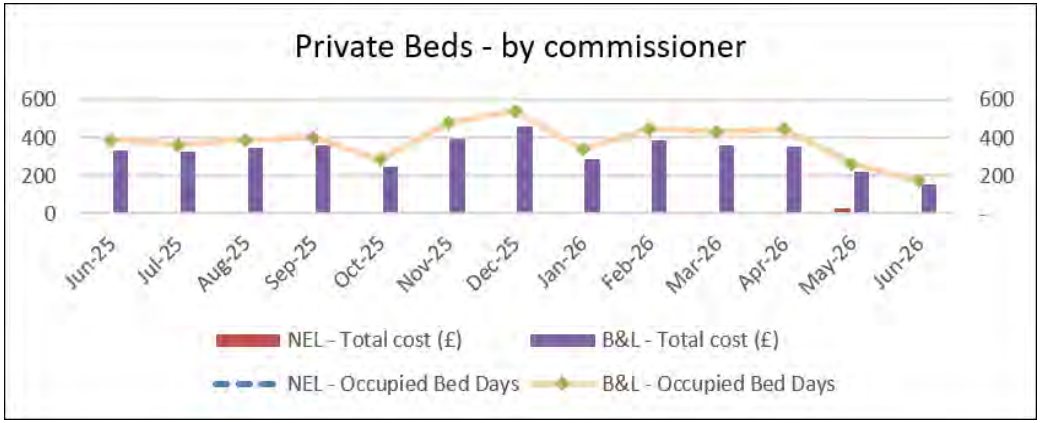
In June there was an average of 6 private beds purchased, compared to an average of 8 in May.

As at 8h July we have 4 patients in beds outside the Bedford & Luton NHS bed stock – 1 Complex Care Patient in Cygnet, 2 patients in NEL beds, and 1 in private care.

The Public Dividend Capital scheme to increase the number of beds locally should further reduce the need for private beds. 7 beds are currently opening, with the remaining three beds expected to open in July.

The 11 bedded Kelvin Grove unit is expected to open in July.

Private bed spend is expected to stop in September.



Receivables

- The receivables balance in the Statement of Financial Position of £26.7m includes £18.1m of invoiced debt. The remaining balance largely relates to prepayments, accrued income and VAT reclaims.
- Significant balances over 90 days include:
    - £4.2m owed by NHS West & North London ICB, a merger of NCL ICB and West London ICB. 2023/24 and 2024/25 Out of Area charges. Negotiations are still ongoing to resolve this. This has been provided for in full.
    - £1.5m owed by North East London NHS Foundation Trust, decrease of £0.5m from previous month. A provision was made for this at year end, given the value and age of the debt.
    - £0.2m owed by Bedfordshire Hospitals NHS Foundation Trust relating to historic disputes. This has been provided for in full.
    - £0.2m owed by Essex Partnership University NHS Foundation Trust relating to historic disputes around estates. This has been provided for in full.
- Monthly debt meetings are being held between the finance and contracting teams to review both invoiced and accrued debt to improve timeliness of invoicing and resolution of disputes.
- Against the below debts, provisions of £12.9m are held. This includes debts owed by individuals (including staff), overseas visitors and NHS organisations.

	NHS £000s	Non NHS £000s	Individuals £000s	Overseas £000s	Total £000s
Current	2,785	721	12	0	3,518
1-30 Days	624	146	9	2	781
31-60 Days	351	2	11	0	365
61-90 Days	5,539	223	42	0	5,804
Over 90 Days	6,260	253	497	579	7,589
Total	**15,559**	**1,346**	**571**	**581**	**18,057**

Payables

- The payables balance in the Statement of Financial Position of £80.6m includes £17.2m of outstanding invoices. This has decreased from last month by £4.1m. The remaining balance largely relates to taxes, pensions and accruals.

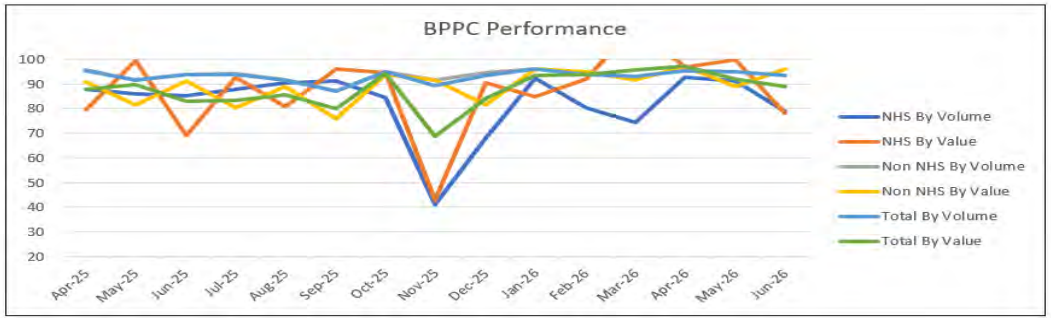
- Significant balances over 90 days include: -
    - £7.1m, Bedfordshire Hospitals NHS Foundation Trust. This has increased by £6.2m for RMN & HCA Support 24/25 & 25/26. This is currently being negotiated at CFO level.
    - £1.2m, Barts Health NHS Trust relates to the invoice for "Mental health patient activity" which has been disputed in full.
    - £0.6m, Homerton Healthcare NHS Foundation Trust for disputed estates charges.
    - £0.4m, Virgin Media Business Ltd, in dispute as we're unable to reconcile the numbers being billed.

- The Trust is signed up to the NHS commitment to the Better Payment Practice Code (BPPC) whereby the target is to pay 95% of all invoices within the standard credit terms.

- Overall, the Trust's current YTD BPPC performance is 94.6% by volume and 93.5% by value. This was slightly down from May, this is down NHS approval being lower than planned in June. On going review of invoices, in particular NHS, will take place in July to proactively target 95%.

Outstanding Invoices

	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	1,984	2,252	4,236
31-60 Days	519	1,494	2,013
61-90 Days	105	(233)	(128)
Over 90 Days	9,087	2,014	11,101
Total	**11,695**	**5,527**	**17,222**



NHS Oversight Framework

- The NHS Oversight Framework was introduced in 2025/26 as the mechanism to assess performance of ICBs and providers.
- The domains measured under the framework are: -
  - Access to services
  - Effectiveness and experience of care
  - Patient safety
  - People and workforce
  - Finance and productivity
  - Improving health and reducing inequality (non-scoring)
- Based upon the above organisations will be given an overall score which determines the segment they will go into. This impacts the level of oversight by the national team.
- 1 is the highest level and allows the greatest level of freedom and least level of national intervention.

Metric	Q2 2025/26	Q3 2025/26	Q4 2026/27	Q1 2026/27
Planned surplus/deficit	1.0	1.0	1.0	1.0
Variance to financial plan	1.0	1.0	1.0	1.0

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Key message : Based on the 25/26 scoring, the Trust would currently score 1 on Finance and Productivity metrics. We await the scoring mechanism for 26/27

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Trust Board Forward Plan 2023-2025

Da	Item	21/05/2026	23/07/2026	24/09/2026	03/12/2026	28/01/2027	18/03/2027
Standing Items	Declarations of interests	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓	✓	✓	✓
	Action log and matters arising	✓	✓	✓	✓	✓	✓
	Matters arising from Trust Board private	✓	✓	✓	✓	✓	✓
	Forward Plan	✓	✓	✓	✓	✓	✓
	Patient Story	✓	✓	✓	✓	✓	✓
	Teatime Presentation (alternate QI and People Participation Story)	✓	✓	✓	✓	✓	✓
Strategy	Chair's Report	✓	✓	✓	✓	✓	✓
	Chief Executive's Report	✓	✓	✓	✓	✓	✓
	Audit Committee Assurance Report	✓	✓	✓	✓	✓	✓
	Integrated Care & Commissioning Committee Assurance Report	✓	✓	✓	✓	✓	✓
	Population Health Annual Report					✓	
	EDI Annual Report	✓					✓
	10 Year Plan Reflection			✓			✓
	Annual Collaborative Report			✓			✓
	ELFT Strategy	✓					
Quality and Performance	Quality Report	✓	✓	✓	✓	✓	✓
	Performance Report	✓	✓	✓	✓	✓	✓
	CQC		✓			✓	
	Patient Safety (PSIRF, PCREF, Patient Safety Plan)						✓
	People Participation Committee Assurance Report		✓		✓	✓	
	Quality Assurance Committee Assurance Report	✓	✓	✓	✓	✓	✓
People	People Report	✓	✓	✓	✓	✓	✓
	Safe Staffing		✓			✓	
	People & Culture Committee Assurance Report	✓	✓	✓	✓	✓	✓
	Appointments & Remuneration Committee Assurance Report	✓		✓	✓	✓	
Finance	Finance Report	✓	✓	✓	✓	✓	✓
	Charitable Funds Assurance Report	✓	✓		✓	✓	
	Finance, Business & Investment Committee Assurance Report	✓	✓	✓	✓	✓	✓
Business Case	Medium Term Plan (Deconstruction of the Block (approval)						
	NEL Procurement (approval)						
	Hard Facilities Management Business Case (approval)						
Governance	Annual Report and Accounts		✓				
	Annual Reports:						
	~ Charitable Funds Committee Annual Report and Accounts	✓		✓	✓		
	~ Compass Wellbeing CIC Annual Report				✓		
	~ Health & Care Space Newham Annual Report				✓		✓
	~ Internal Audit Plan						✓
	~ Modern Day Slavery Statement		✓				
	~ NHS Self-Certification						
	Corporate Trustee of the ELFT Charity	✓		✓	✓		
	Board and Committee Effectiveness/Committee Terms of Reference						✓
	Annual Plan						✓

MEETING IN PRIVATE	Item	21/05/2026	23/07/2026	24/09/2026	03/12/2026	28/01/2027	18/03/2027
Standing Items	Declarations of Interest	✓	✓	✓	✓	✓	✓
	Minutes of previous meeting	✓	✓	✓	✓	✓	✓
	Action log and matters arising	✓	✓	✓	✓	✓	✓
	Matters arising to be raised at meeting in public	✓	✓	✓	✓	✓	✓
	Emerging Issues - Patient Safety Issues	✓	✓	✓	✓	✓	✓
	Emerging Issues - Internal and External	✓	✓	✓	✓	✓	✓
	Trust Board Forward Plan	✓	✓	✓	✓	✓	✓

BOARD WORKSHOP	Item	21/05/2026	23/07/2026	24/09/2026	03/12/2026	28/01/2027	18/03/2027
Strategy	Green Plan / Sustainability (May 2023)						
Training	Corporate Manslaughter Briefing (Capsticks)						
	Cyber Security						
	Health and Safety	✓					
	Infection Control						
	Safeguarding						
	Sustainability						
	Anti-Racism Statement						
	Oliver McGowan Training (three yearly) - due September 2026			✓			
	Provider Capability Assessments:						
Action	National Oversight Framework		✓				

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