NHS
East London
NHS Foundation Trust

Council of Governors Meeting

To be held in public on Thursday 10 September 2026, 5:00pm – 7:00pm
Conference Room, Robert Dolan House, 9 Alie Street, London E1 8DE

Agenda

	Title		Action	Time (all pm)
Informal Gathering				**4:30**
1	**Welcome** Eileen Taylor, Trust Chair	Verbal	Assurance	5:00
2	**Apologies for Absence** Eileen Taylor, Trust Chair	Verbal	Assurance	
3	**Declarations of Interest** Eileen Taylor, Trust Chair	Verbal	Assurance	
4	**Draft Minutes** **Council of Governors Meeting held in public on 9 July 2026**	Attached	Assurance	
Operational Item				
5	**Anti-Racism and Patient/Carer Racial Equality Framework (PCREF)** Edwin Ndlovu, Chief Operating Officer & Deputy CEO Lawford Clough, Director Forensic Services (TBC)	Presentation & Group Discussion	Assurance	5:05
Strategic Items				
6	**Reimagining Community Engagement** Richard Fradgley, Director of Integrated Care & Deputy CEO Tina Bixby/Norbert Lieckfeldt, Governors & Members Office	Presentation & Group Discussion	Assurance	5:40
Business Items				
7	**CQC Inspections Update** Claire McKenna, Chief Nurse	Presentation	Assurance	6:20
8	**Report, Communications and Engagement Committee** Felicity Stocker, Committee Chair	Attached	Assurance	6:35
9	**Council of Governors Forward Plan**	Attached	Assurance	6:40

10	**Any Other Urgent Business and Questions from the Public** (to be advised in advance **by Monday 7 September 2026**. Questions submitted on the day will be responded to following the meeting)			6:45
	Date and Time of Future Meetings • 12 November 2026 • 14 January 2027 • 11 March 2027 All meetings will be held in person at Trust HQ (Conference Room, Robert Dolan House, 9 Alie Street, E1 8DE) from 5:00 – 7:00pm unless stated otherwise; January meetings are generally held online.			

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

Eileen Taylor
Chair, East London NHS Foundation Trust

East London NHS Foundation Trust

Draft Minutes of Council of Governors Meeting Held in Public on Thursday 9 July 2026 at 5.00pm via Microsoft Teams

Present:	
Eileen Taylor (Meeting Chair)	Trust Chair
Governors:	
Patrick Adamolekun	Staff Governor
Aleen Alarice	Governor, Newham
Shanaz Basit	Governor, Tower Hamlets
Fatima Begum	Public Governor, Luton
Gren Bingham	Public Governor, Tower Hamlets
Dafni Boula	Public Governor, Luton
Robert Cazley	Public Governor, Central Bedfordshire
Renato Congias	Public Governor, Hackney
Caroline Diehl	Public Governor, Hackney
David Edgar	Public Governor, Tower Hamlets
Ian Gibbs	Public Governor, Newham
Elliot Goodman	Public Governor, Rest of England
Wajid Guard	Staff Governor
Rebecca Hayes-Stannard	Governor, Central Bedfordshire
Coral Jones	Public Governor, Hackney
Amelio Lato	Governor, Bedford Borough
Peter Landman	Public Governor, Newham
Reno Marcello	Public Governor, City of London
Robert Morris	Appointed Governor, Central Bedfordshire
Robert Nobrega	Governor, Newham
Caroline Ogunsola	Staff Governor, Lead Governor
Eseoghene Okonedo	Public Governor, Hackney
Jamu Patel	Public Governor, Luton, Deputy Lead Governor
Anjerico Rudenya	Staff Governor
Felicity Stocker	Public Governor, Bedford Borough
Sharmeen Sheikh Sultana	Staff Governor
Hazel Thomas	Public Governor, Newham
Muluberhan Tumzghi	Governor, Tower Hamlets
Antonio Vitiello	Governor, Central Bedfordshire
Gordon Weller	Public Governor, Central Bedfordshire
In Attendance:	
Tina Bixby	Community Engagement and Charity Manager
Richard Carr	Non-Executive Director
Tanya Carter	Chief People Officer
Vivek Chaudhri	Non-Executive Director
Alison Cottrell	Vice-Chair, Bedfordshore & Luton
Professor Dr Durka Dougall	Non-Executive Director
Mike Fox	Chief Finance Officer
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO
Philippa Graves	Chief Digital Officer
Dr Farah Jameel	Non-Executive Director

Sue Lees	Non-Executive Director
Norbert Lieckfeldt	Head of Governor & Community Engagement
Sarah McAllister	Head of Improvement Programmes
Claire McKenna	Chief Nurse
Joanna Moore	Associate Director for Quality Improvement
Edwin Ndlovu	Chief Operating Officer & Deputy CEO
Marie Price	Director of Corporate Governance
Lorraine Sunduza	Chief Executive Officer
Deborah Wheeler	Vice Chair, London
Apologies:	
Owen Gregory	Staff Governor
Elizabeth Maushe	Staff Governor
John Peers	Staff Governor
Ruby Sayed	Appointed Governor, City of London
Mark Towler	Appointed Governor, Bedford Borough
Absent:	
Viv Ahmun	Appointed Governor, Voluntary Sector

The minutes are produced in the order of the agenda.

1 **Welcome**

1.1 Trust Chair, Eileen Taylor:

- Welcomed everyone to the Council of Governors meeting held in public and thanked Governors for agreeing to move the meeting online due to the heat alert.
- Particularly welcomed Mike Fox, the new Chief Finance Officer and also offered huge congratulations to Edwin Ndlovu on his appointment as CEO of the North East London NHS Foundation Trust (NELFT).
- Reminded the meeting of the Trust values – we care, we respect, we are inclusive.
- Highlighted some awareness days, particularly those with resonance to the work of the Trust:
  - It is Disability Pride month, and Robert Dolan House will be flying the Disability Pride flag throughout July. ELFT were also well represented at the recent LGBTQ+ Pride celebrations.
  - 14 July is Bastille Day but also Emmeline Pankhurst Day, remembering all women who fought for female equality.
  - July also sees alcohol awareness week. – ELFT provides Path to Recovery (P2R), an award-winning drug and alcohol service in Bedfordshire and Luton and last year also opened a specialist service in City & Hackney, run jointly with the charity Turning Point, for mental health service users struggling with drug and alcohol abuse.

2. Apologies for Absence

2.1 Apologies were received as noted above.

3. Declarations of Interest

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

4. Minutes of the Council of Governors meeting held on 14 May 2026

4.1 The minutes of the meetings held in public **on 14 May 2026** were **APPROVED** as a correct record, subject to the addition of Durka Dougall to the list of those present.
ACTION: Norbert Lieckfeldt

4.2 **Action Log and Matters Arising**

- **Action 225**: *Bring an update about services through a demographic lens* is on the Agenda for today.
- **Action 228**: An update on the Trust's ant-racism work will come to the September meeting.
- **Action 229**: *Schedule a Follow-Up Session on AI* is on the Forward Plan.

In discussion on Matters Arising (via the chat), Governors noted

- Many Governors have deep and close links within their own communities; not all do, but those who do not contribute in different ways to the Council
- There are opportunities for Governors to meet Non-Executives such as the Council meetings, Board meetings or Governor Open Forums, and the NEDs have met all Governors at some point

5. Welcome to new Governors

5.1 Eileen warmly welcomed a number of new Governors today – namely:

Amelia Lato for Bedford Borough
Rebecca Hayes-Stannard and Antonio Vitiello for Central Bedfordshire
Shanaz Basit and Muluberhan Tumzghi for Tower Hamlets
Aleen Alarice and Robert Nobrega for Newham, and
Owen Gregory (who had sent apologies), Wajid Guard and Anjerico Rudenya for our staff constituency.

6. Service Demand, Access and Outcome through a demographic lens

6.1 Dr Sarah McAllister, the Head of Improvement Programmes presented:

- This work was part of the improving equity programme stressing amongst others that
    - ELFT's population is more ethnically diverse than the country average.
    - 30% of ELFT's referrals come from people living in the 20% most deprived neighbourhoods in the country but the level of deprivation varies across localities
    - Over 46% of service users in City & Hackney fall into the highest levels of multiple deprivation, but only about 12% in Bedfordshire. So, in many places ELFT is serving very socio-economically deprived communities.
- This diversity led us to look at equity of access to services. The data showed that people experiencing the highest level of deprivation were 36% more likely to miss appointments than the least deprived. This is important as people who fail to attend appointments experience poorer health outcomes.

- A QI Project programme was devised to look at how to address this imbalance, involving 16 teams across various locations, including community, mental health and addictions services.
- The programme addressed key areas around access, quality of care, socio-economic factors and communication and education. The aim was to reduce the equity gap and reduce missed appointments overall, particularly in the most deprived quintile.
- The teams tested change ideas which resulted in three clear change concepts that worked across all teams:
  - Scheduling appointments jointly with service users e.g. at the end of their session ensured people were involved in agreeing appointment times, rather than setting dates which may require further communication if dates were subsequently found to be unsuitable;
  - Agreeing clear processes and policies, ensuring staff are clear of the definition of missed appointments and DNAs, as teams were using different criteria;
  - finally, ensuring all service users receive a reminder about their appointment, through automated text reminders and sometimes a personalised text.
- There were other ideas successful in specific services – such as patient-initiated follow-up, which worked well in Community Health, by agreeing with service users whether they required a follow-up appointment. Identifying and publicising the cost of missed appointments in appointment letters likewise worked well in Community Health. In Mental Health, it was helpful to enable caller ID on Trust phones, so service users could identify who was calling.
- Overall, missed appointments decreased by 7.5% with 13 out of 16 teams reducing missed appointments. This included populations experiencing the highest levels of deprivation. The most significant outcome was the elimination of the equity gap for missed face-to-face appointments. Across participating teams, there is now no disparity in non-attendance rates between communities with different levels of deprivation, and this improvement was observed consistently across ethnic groups.
- The main learning points were:
  - Many of the successful change ideas involved manual interventions and were therefore time-consuming; this raised some concern about their sustainability. Teams are now working to see how these solutions could be digitised – for example giving people access to book their own appointments online.
  - There is still a need to standardise data recording and teams are working with data analytics about how to roll this out in a unified way across the Trust.
  - For the teams that saw improvements, the benefits became transparent when they looked at how they wished to invest the productivity savings – most wanted to work on reducing waiting lists and have managed to do so successfully.
  - The aim is to promote consistency across the Trust and standardising practice across all teams.

6.2 In discussion the Council:

- Queried the implications on resources as much of the process is manual and whether productivity can be improved without additional investment. Noted that this is being worked on at a Trust-wide level, including the Analogue to Digital work group, aiming to strengthen quality control processes and ensure the individual teams are properly implementing ideas through Standard Operating

Procedures. However, more work is needed to standardise this at a Trust-wide level.

- Questioned the process for helping the most vulnerable who miss appointments. Noted that while this was not a particular focus for this QI project, clinical teams have processes in place, such as flagging those service users most at risk and following up more assertively with this cohort.
- Discussed the difficulty of sustainability, both in terms of process sustainability and human behaviour. Some of the striking stories from this work had come from individuals and teams taking time to build trust by getting to know people and their communities. This is less tangible but important if practices are to be sustained across the Trust.
- Noted this project was about a specific demographic, but many other demographic factors are part of the Trust's equity priorities.
- Noted that work is under way to increase the percentage of people who feel confident sharing their ethnicity information with the aim of reducing the numbers of 'unknown' entries (currently at 16%).
- Raised the issue of people who do not own nor have access to digital devices. Assured that was considered as part of the project and postal notifications were not totally replaced by digital methods; following an appointment, the next appointment can be booked face to face to avoid use of digital technology.
- Reminded the Trust to be mindful of people who do not want to go digital for religious or philosophical reasons.
- Praised the unblocking of caller IDs, as people do not feel comfortable answering calls marked as 'number withheld'.

6.3 The Council **RECEIVED and NOTED** the presentation.

7. Engaging and communicating with our communities – starting the conversation

7.1 Eileen introduced this topic noting:

- As a Foundation Trust, one of Governors' roles is to represent the voices of local communities – that will very likely change from April 2027 but it remains important to ELFT to hear the voices of all our communities, particularly the voices of those who may not be reaching out to the Trust.
- The Council's Communications & Engagement Committee have had initial discussions and focussed on preserving what matters most, such as inclusion and visibility. They felt that any replacement for the current Governor model must deliver stronger community influence and clearer impact.

Richard Fradgley provided some context for the discussion, highlighting:

- The NHS, as its Constitution states, belongs to the people and one of its guiding principles is that the NHS is accountable to the public, its communities and the patients it serves. While statutory accountability is through Parliament, local forms of accountability are critical.
- ELFT's local forms of accountability include its Council of Governors and members, people participation, service user led accreditations and work with local partnership groups.
- Some of these are about to change. The Health Bill currently before Parliament amongst other provisions abolishes the Council of Governors and trust membership. However, with political changes imminent, it is not certain if the Bill will come into force by 1 April next year as planned.

- There are other changes in the Bill, such as the abolition of Health Watch, who will see their functions transferred to Integrated Care Boards (ICBs) and Local Authorities.
- The detail of how these responsibilities will transfer is yet to be determined.
- These changes, while quite fundamental, can become a positive opportunity to strengthen the ways we listen to local communities and strengthen our accountability to them.
- There are, of course, some challenges, such as loss of a clear statutory framework and power for holding Foundation Trusts Boards to account through Council of Governors and the dissipation of their voice and experience, and these need to be considered within this process as well as focussing on opportunities.

7.2 The Governors divided into breakout rooms to discuss the following questions:

- What is ELFT currently doing well in terms of community and public engagement that should be retained and built upon within any future model?

- What would a 'best in class' model of community engagement and public accountability look like for ELFT, and how could we work towards achieving it?

The feedback from these groups will be summarised as an assurance framework and brought back to the September meeting (see Appendix 1); this work will form the main strategic focus for the Council in the months to come.

8. CQC Inspections Update

8.1 Claire McKenna presented the update:

- Core visits to Services started in November 2025. The first draft report for some of these has been received and ELFT has offered feedback to the Commission. Further service reports will be received shortly; the Council will be kept informed throughout the process.
- The Well-Led inspection started in May, involving the CQC attending meetings and interviewing NEDs, Executives, Governors and other Trust leaders. Initial high-level feedback has been received which highlighted:
  - On culture, they found our Board and our staff were proud to work in the Trust and inspectors observed kind and caring individualised care across the organisation.
  - People participation has become more embedded since the previous review, with many strong examples of co-production adding value.
  - Quality improvement is supporting Trust-wide clinical improvements.
  - Inspectors were impressed by the development of the new Trust strategy involving internal and external stakeholders and commended the strategy delivery framework.
  - They found ELFT exemplary around partnership working and engagement.

- Areas highlighted for improvement are:
  - Quality and safety – inspectors looked for more clarity around patient safety and patient priorities and for these to be supported by ELFT's learning management system, to ensure consistent implementation across the Trust.

- Staff wellbeing – they recognised staff are tired and under pressure, although they also acknowledged the Trust had plans in place to address this.
- They looked for further exploration into the robustness of ELFT's Estates strategy

It is expected the final draft of the report will be received in about six weeks at which point ELFT will be able to submit feedback before it is finalised. It is likely the final version will not be available before the September Council meeting.

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

9 Report, Communications and Engagement Committee

9.1 The report was taken as read. Felicity Stocker reported there was a good discussion about the Trust strategy launch and staff awards and recognition, particularly requesting that anyone involved in recent major incidents were thanked for their hard work. She drew Governors' attention to Appendix A of the report, which shares the Committee's discussion on future community engagement.

9.2 In discussion the Council:

- Highlighted the section on anti-racism, anti-semitism and the Trust Charter and queried how ELFT will respond to the Lord Mann review.
- Noted the BMA appeared concerned that the review may be seen to sideline most of the racism experienced by NHS staff and our service users and risks exceptionalising one form of racism over others.
- Noted that ELFT are working on anti-racism, which will include all forms of racism – this is currently under discussion; Lord Mann's recommendations will be incorporated in the overall policy and statement with the publication of the Trust's Anti-Racism Charter later this summer..

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

10 Membership Engagement Plan Update

10.1 Tina Bixby highlighted:

- In considering the ambitions set out within the new strategy, particularly the aims of improving the quality and experience of care and strengthening prevention and early intervention, it was noted that ELFT will need to further enhance its presence and engagement within local communities to achieve these objectives.
- It was acknowledged that ELFT is already undertaking a significant amount of community-focused work; however, there may be an opportunity to bring these activities together under a more cohesive framework or umbrella approach. A survey will be circulated to members shortly to gather feedback on what is working well, the challenges they face, and the changes they would like to see.

10.2 The update was **RECEIVED and NOTED**.

11. Committee Elections

11.1 Norbert Lieckfeldt presented the report, highlighting:

- The paper provides assurance that the process, as set down by the Council, was followed.
- Three Governors nominated themselves and have therefore been elected unopposed.

- There are some remaining vacancies for the NOMCO and Significant Business & Strategy Committee arising at the end of October; a new call for nominations will be circulated should there be a need.
- Vacancies on the Communications and Engagement committee were filled by self-nomination at the meeting.

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

12 Governors Terms of Office

13.1 Eileen Taylor highlighted:

- While there is still some uncertainty around progress of the Health Bill, it is likely Foundation Trusts will change from April next year
- Some Governors are reaching the end of their term on 31 October; while it is not possible to extend their terms, and as part of its transitional arrangements, the Council is asked to invite outgoing Governors to attend its public meetings as advisors so the Trust can continue to benefit from the diversity of their backgrounds and experience.
- Due to the legislative plans, the Council agreed to defer the 2026 Governor elections. Governors noted the Council will remain quorate from 1 November 2026.
- The terms of the Lead and Deputy Lead Governors also end on 31 October – the Council agreed to advise NHS England that the Director of Corporate Governance would serve as their contact should the need arise.
- All arrangements to be reviewed no later than March 2027.

13.2 The Council **AGREED** the proposed transitional arrangements.

14. Council of Governors Forward Plan

14.1 Noted

15. Any Other Urgent Business and Questions from the Public

The Council noted the Board meeting held in public on 23 July at Trust HQ; all Governors are welcome to attend.

16. Date and Time of Next Meeting

- Thursday, 10 September 2026, 5-7pm

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

The meeting closed at 6.40pm.

Appendix 1:

Best-in-Class Public and Community Engagement Assurance Framework for Governors

Strategic Objective: To establish the Trust as a leader in community-centred healthcare through influential, inclusive and measurable public engagement.

Assurance Domain	Strategic Aim	Key Governor Assurance Question	Key Measures
Community Influence	Communities demonstrably influence decisions and priorities.	Can we point to decisions that changed because of community input?	% major changes co-produced; Board decisions referencing insight
Representation and Inclusion	Engagement reflects the diversity of local populations.	Who is not in the room and what are we doing about it?	Participation demographics; reduction in representation gaps
Locality and Community Presence	The Trust is visible and active within local communities.	How visible are we in communities least likely to engage?	Outreach events; locality engagement activity
Accountability and Transparency	Communities can see the impact of their involvement.	Can the public identify what changed because they spoke up?	You Said, We Heard, We Responded actions; confidence scores
Co-production and Participation	People are partners in design and improvement.	Were people involved from the start?	Co-produced initiatives; participation rates
Quality, Equity and Outcomes	Engagement drives service improvement and equity.	What outcomes improved because of engagement?	Access, experience and inequality measures
Independent Community Challenge	Independent scrutiny influences leadership decisions.	Is challenge genuinely independent and effective?	Issues escalated and resolved; Board responses
Intelligence and System Insight	Community intelligence informs strategic decisions.	What are communities telling us right now?	Integrated insight reports; actions arising
Leadership and Culture	Engagement is embedded across the organisation.	Do staff see engagement as everyone's responsibility?	Staff survey results; training completion

Council of Governors - Action Log following Council Meeting 9 July 2026							
Ref	**Meeting Date**	**Agenda item**	**Action Point**	**Owner**	**Due Date**	**Status**	**Comments**
228	12/03/2026	5 Year Plan & Strategy	Schedule PCREF/Anti-Racism Work for Council Session	Norbert Lieckfeldt	2026	In progress	On Agenda, September 2026
229	12/03/2026	Strategic Priority Them	Schedule Follow-Up Session on AI	Norbert Lieckfeldt	2026	Forward plan	

In progress
Closed
Forward plan

CQC Inspection Reports
Mental Health Crisis Services and Health-Based Places of Safety, and Child and Adolescent Mental Health Wards

East London NHS Foundation Trust

To:	Council of Governors
From:	Claire McKenna, Chief Nurse
Author:	Norbert Lieckfeldt, Head of Governor & Community Engagement
Date:	10 September 2026
Agenda item:	CQC Inspection Reports

1 Purpose of the Report

1.1 To provide the Council of Governors with an overview of two recently published Care Quality Commission (CQC) reports concerning Trust services, the Trust response and the assurance role of governors.

1.2 The Council is asked to consider the differing findings across the two services in context, recognising both the strengths identified and the improvements required, and to seek assurance about how the Board is overseeing the response.

2 Introduction: the purpose of CQC regulation

2.1 The Care Quality Commission is the independent regulator of health and adult social care in England. Its role includes registering providers, using information and feedback to monitor care, carrying out inspections, publishing judgements and ratings, and taking action where services need to improve or where people may be at risk.

2.2 CQC assessment frameworks set out its statutory definition of quality and safety. They are intended to make clear what good care looks like, support consistent and transparent regulation, identify possible breaches of regulations and inform proportionate regulatory action.

2.3 For these reports CQC consider five key domains: whether services are safe, effective, caring, responsive and well-led. Ratings are applied at these key domains as well as at an overall level: Outstanding, Good, Requires Improvement or Inadequate.

3 How CQC manages inspections and reports

3.1 CQC plans assessments using information from people who use services, carers, staff, Governors, providers, local Healthwatch and other partners, together with local and national data. Inspection teams may include inspectors, clinicians, other specialists and experts by experience.

3.2 Inspections may be announced, short-notice announced or unannounced depending on the service and the purpose of the assessment. Teams can observe care, speak with people and staff, review records and policies, and test evidence against relevant quality statements and regulations.

3.3 Following fieldwork, CQC prepares a draft report. The provider is given an opportunity to challenge factual accuracy and submit supporting evidence. The Trust has used a coordinated process involving service leadership, corporate teams and subject matter experts, with executive review and final sign-off by the Chief Nurse and Chief Executive before submission.

3.4 CQC then finalises and publishes its report and may require an action plan, monitor progress or use enforcement powers where necessary. A rating is a regulatory judgement at a point in time. It does not replace the Board's continuous responsibility for quality, safety and improvement.

3.5 The CQC commenced an inspection of five core services across our Trust in November 2025 to May 2026:

- Mental Health crisis services and Health-Based Places of Safety (HBPoS)
- Community Mental Health
- Adult Mental Health Wards
- Community Health Teams
- Child and Adolescent Mental Health Services (CAMHS) Inpatient Teams

A separate Well-Led inspection was carried out to evaluate whether the Trust has the right leadership, management, and governance to deliver high-quality, person-centred care, which concluded in early July 2026

4 Overview of the two currently published reports

4.1 The Crisis Service and Health-Based Places of Safety report was published on 28 July 2026. The service was rated Requires Improvement overall. The CAMHS in-patient wards report was published on 21 August 2026 following a comprehensive assessment of the Coborn Centre in Newham and Evergreen Unit in Luton. The service was rated Good overall.

Key domain	Crisis and HBPoS	CAMHS wards
Overall	Requires improvement	Good
Safe	Requires improvement	Good
Effective	Requires improvement	Good
Caring	Good	Good
Responsive	Requires improvement	Good
Well-led	Requires improvement	Good

5 Mental health crisis services and health-based places of safety

5.1 CQC inspected services across Bedfordshire and Luton, Newham, City and Hackney, and Tower Hamlets, including crisis and home treatment arrangements, NHS 111 option 2 services and our two health-based places of safety. HPBoS are secure medical rooms used to assess people experiencing a severe mental health crisis, usually following a Section 136 of the Mental Health Act, who are in a public place and appear to need urgent care

5.2 Positive findings included a Good rating for Caring. Some people described staff as kind and said crisis teams helped them remain safe, while people using health-based places of safety spoke positively about staff support and involvement of family and friends.

5.3 CQC identified breaches of regulation relating to the suitability of environments, including access to fresh air in health-based places of safety; deployment of staff; consent and use of the Mental Health Act; timely access to appropriate care and treatment; and governance. CQC asked the Trust to provide an action plan in response to its concerns.

5.4 The Trust began developing actions following initial inspection feedback and committed to refining these after publication. Progress is to be overseen through Trust governance arrangements, including scrutiny by the Quality Assurance Committee and other Board committees as appropriate.

6 Child and Adolescent Mental Health Wards

6.1 CQC assessed the Coborn Centre for Adolescent Mental Health in Newham and the Evergreen Unit for Adolescent Mental Health in Luton. The inspection covered inpatient wards, psychiatric intensive care provision and the day unit, and included interviews with

young people, carers and staff, observation of care, attendance at meetings, and review of records and policies.

6.2 CQC rated the service Good overall and Good across all five key domains. It highlighted safe and well-maintained environments, effective multidisciplinary working, personalised and evidence-based care, strong involvement of young people and families, and a positive learning and improvement culture.

6.3 The report identified particularly strong practice in listening to and involving young people, including their participation in recruitment, community meetings and service development. CQC also found clear governance structures, visible and inclusive leadership, and effective arrangements for escalating and managing risk.

6.4 Areas for continued attention included improving the consistency and appropriateness of staff language, increasing the variety of food and weekend activities, supporting access to outdoor space and leave, and completing outstanding mandatory training. The report records action already taken or underway in several of these areas.

6.5 While the Good rating is welcome, it should nevertheless be treated as a platform for continued improvement.

7 Overall assurance and next steps

7.1 The two reports present a mixed but clear picture. CAMHS inpatient services demonstrated consistently good care and governance, while crisis and health-based place of safety services require focused improvement across safety, effectiveness, responsiveness and leadership. Caring practice was rated Good in both services.

7.2 The principal assurance requirement is that actions arising from the Crisis and HBPoS report are specific, measurable, time-bound and demonstrably embedded across all localities, with attention to variation in service models and governance. Learning from the CAMHS report should be shared where relevant, particularly in relation to multidisciplinary working, co-production, risk oversight and learning culture.

7.3 Future updates to the Council should include progress against the regulatory action plan, evidence of impact on people’s experience and outcomes, any continuing risks or resource constraints, assurance from the Quality Assurance Committee, and the status of the wider CQC inspection programme, including the Trust-level well-led assessment.

7.4 Further reports on Community Health Services, Adult Mental Health Services and Community Mental Health as well as the Well-Led Report are expected over the next weeks. Governors will be informed as they are published. A separate development session with the Chief Nurse is planned once all reports have been published.

8 Role of governors

8.1 Governors do not manage services, direct operational improvement work or duplicate the role of the Board and its committees. Their role is to hold the Non-Executive Directors, individually and collectively, to account for the performance of the Board, and to represent the interests of members and the public.

8.2 In relation to these CQC reports, governors might use their statutory role to seek assurance that the Board:

- understands the seriousness and causes of the findings, including differences between localities and services;
- has approved a credible, prioritised and adequately resourced improvement response;
- is receiving reliable evidence that actions are complete, embedded and improving care;
- is listening to patients, young people, families, carers, staff and communities, including people whose voices are less often heard;
- is addressing risks openly and escalating issues where delivery depends on system partners; and
- is transferring learning from stronger services and maintaining quality in services rated Good.

8.3 Governors may seek assurance through Council meetings, reports from the Chair and Non-Executive Directors, questions to the Chief Nurse and executive team and relevant Board committee assurance as reported to the Board. Detailed operational scrutiny must remain with the Board and its committees, with governors focusing on whether that scrutiny is effective.

9 Recommendation

9.1 The Council of Governors is asked to:

- RECEIVE and NOTE the two CQC inspection reports and the ratings awarded;
- NOTE the strengths identified in both services and the regulatory breaches and improvement requirements for Crisis and HBPoS services;
- SEEK ASSURANCE from the Non-Executive Directors that the Board has effective oversight of the improvement response and the wider CQC inspection programme; and
- AGREE to receive further progress reports, including evidence of impact and Quality Assurance Committee assurance.

East London
NHS Foundation Trust

Communications and Engagement Committee Report

To:	Council of Governors
From:	Dafni Boula, Vice-Chair of Communications and Engagement Committee
Author:	Norbert Lieckfeldt Head of Governor & Community Engagement
Date:	10 September 2026
Agenda Item:	Communications and Engagement Committee Report

1 Purpose of the Report

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

2 Background

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

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

3 Community Engagement Survey

3.1 The Committee met on 7 September and received the first benchmark findings from the 2026 'Help Us Shape the Future of ELFT' survey. The survey was sent to just over 4,000 online members, as well as postal members with the offer of a FREEPOST response, and received 168 responses.

3.2 Whilst the questions steered respondents to their experience with ELFT, it was left to them to share information about their wider experiences with the NHS as well as any social determinants which might affect their health and well-being. They were also asked how they rated ELFT's engagement with them and their communities.

3.3 Respondents most frequently praised caring and compassionate staff, local primary care and pharmacy services, digital services, and a range of ELFT community and specialist services. Volunteering opportunities, people participation groups and community activities were also identified positively.

3.4 The main concerns related to access and waiting times, communication between services, accessibility and inclusion, continuity of care, and whether feedback results in visible change. Wider pressures, including housing, energy and food costs, were also reported as affecting mental well-being.

3.5 The average rating for community engagement was approximately 6.4 out of 10. While some respondents valued the opportunities available, others described engagement as a tick-box exercise or reported limited evidence that their feedback had influenced decisions.

3.6 Key themes from the survey are summarised at Appendix A.

4 Membership Communications and Engagement Plan

4.1 The Committee reviewed the Trust's current approach to communicating with members. Information is shared through the Trust website, membership links, participation groups, pop-up engagement and occasional emails.

4.2 The Committee supported the need for more regular and accessible communication, while recognising that a regular, locally tailored newsletter is not currently deliverable. More regular emails about topics of interest for or affecting members, and improved joining routes including QR codes or text-based options, may be explored.

4.3 The annual membership engagement report and plan describe engagement activity, member contact, postal preferences, community events and governor feedback. The longer-term direction is towards a broader community-engagement model based on practical support, trusted relationships, prevention and partnership working.

5 Working Together Groups and People Participation

5.1 In response to governor questions, the Committee discussed the scale, consistency and purpose of People Participation and its Working Together Groups across the Trust.

5.2 Governors recognised the value of the groups but queried variable levels of activity, repeated participation by the same individuals, demands on volunteer capacity, and whether WTGS are representative of the wider service-user population and the lessons for future communication engagement to complement these.

5.3 Governors were encouraged to ask their local service and borough directors about their working relationship with their local WTGs and PP leads.

6 Future Governance and Community Accountability

6.1 The Committee considered the expected legislative changes to foundation trust governor and membership arrangements, and the need for ELFT to develop a replacement system through which the public and communities can influence the organisation.

6.2 The discussion reinforced that future arrangements must demonstrate what the Trust has heard from its communities, how community views have affected decisions, and how the effectiveness and influence of engagement will be scrutinised.

6.3 Existing members would be invited to remain connected through a wider community or 'Friends of ELFT' model. Governor and member feedback will support the development of a proposed community-engagement framework, with learning also sought from other trusts.

7 Service Improvement and Inclusion Update

7.1 As part of a wider communications/media update, the Committee noted a range of developments intended to provide earlier, community-based support and improve inclusion, participation and population health. These included:

7.2 The Bedford Crisis House, an 11-bedroom alternative to hospital admission for adults experiencing a mental-health crisis, designed with substantial input from service users, carers and people with lived experience.

7.3 The Tower Hamlets Neighbourhood Mental Health pilot at Barnsley Street, which offers open-door support, overnight beds and integrated working with local authority and voluntary-sector partners, celebrated its first anniversary with encouraging results.

7.4 The Wellbeing Games in Luton and Bedfordshire, co-produced with patients to promote physical

activity and wellbeing, and a maternal mental-health awareness event with Transport for London.

7.5 Gold service-user accreditation awards for the Parkinson's team in Bedford, the learning-disability team in Newham and the mother-and-baby unit in City and Hackney.

7.6 A guaranteed-interview scheme for eligible young people with caring or care-experienced backgrounds; participation in London Pride; membership of the Triangle of Care and an associated pilot supporting carers from racially marginalised groups.

8 Recommendation

8.1 The Council of Governors is asked to RECEIVE and NOTE the report.