



East London
NHS Foundation Trust
Information Governance
Robert Dolan House
9 Alie Street
London
E1 8DE

Email elft.foi@nhs.net
Website: <https://www.elft.nhs.uk>

18th August 2026

Our reference: FOI DA6565

We are responding to your request for information received 8^h April 2026. We are sorry for the delay in responding to your request. This has been treated as a request under the Freedom of Information Act 2000.

We are now enclosing a response which is attached to the end of this letter. Please do not hesitate to contact us on the contact details above if you have any further queries.

Yours sincerely,

FOI Team

If you are dissatisfied with the Trust's response to your FOIA request then you should contact us and we will arrange for an internal review of this decision.

If you remain dissatisfied with the decision following our response to your complaint, you may write to the Information Commissioner for a decision under Section 50 of the Freedom of Information Act 2000. The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 0303 123 1113
Web: www.ico.org.uk

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Chief Executive Officer: Lorraine Sunduza
Chair: Eileen Taylor

Request: Trust current escalation plans, specifically those covering:

Question 1: Escalation relating to Health Based Places of Safety (HBPoS)

Answer: Within Luton and Bedford inpatient services, escalation arrangements for HBPoS are aligned to local multi-agency protocols. These include:

- Regular escalation via daily DAPM meetings when breaches are identified (Monday to Friday) and out-of-hours Saturday and Sunday at 09:30hrs by the On-call manager. Daily patient flow escalation meetings and the daily Bedfordshire and Luton bed prioritisation meeting - DAPM, which uses a RAG-rated clinical risk and urgency framework to support consistent decision-making.
- Use of local escalation pathways across the Luton and Bedford system to ensure timely access for individuals in crisis.
- Coordination with partner agencies, including police and commissioners, to resolve capacity issues and avoid delays.

Within East London services, escalation arrangements for Health-Based Places of Safety (HBPoS) operate through established operational and clinical governance processes. These include:

- Regular review of HBPoS occupancy, delays and system pressures through daily operational patient flow meetings.
- Escalation through local operational management and on-call arrangements where delays or capacity issues are identified.
- Collaborative working with regional and system partners to support timely access to appropriate Health-Based Places of Safety where capacity pressures arise.
- Senior clinical oversight to support prioritisation of patients and safe decision-making during periods of increased demand.
- Escalation arrangements are usually similar for places of safety. Here, there is a regular review of HBPoS occupancy, delays and system pressures through daily patient flow and bed management meetings, with occupancy also monitored monthly by the DMT from a PCREF perspective.

Question 2: Escalation relating to mental health inpatient admissions (adult and CYP, where applicable)

Answer: For Luton and Bedford mental health inpatient units, escalation processes are embedded within local operational policies and patient flow management systems. These include:

- Daily oversight of bed availability and demand across inpatient wards through the DAPM.
- Escalation to senior managers structures and on-call structures during periods of high demand or capacity pressures.
- Senior clinical review of all admission decisions, including the use of out-of-area placements where required.
- System-wide escalation across Luton and Bedford where local capacity cannot meet demand.

Across East London inpatient services, escalation arrangements are supported through established patient flow and operational management processes. These include:



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- Daily oversight of bed capacity, admissions and patient flow across inpatient services.
- Escalation through operational management and on-call structures during periods of increased demand or reduced capacity.
- Senior clinical review of admission decisions, including consideration of alternative pathways and, where necessary, out-of-area placements.
- System-wide coordination to manage capacity pressures and support timely access to inpatient care. System-wide coordination across City & Hackney Centre for Mental Health and wider ELFT services to manage capacity pressures and support timely access to inpatient care.

Question 3: Internal escalation routes, triggers, timescales, and on call / senior decision maker arrangements

Answer: Within Bedfordshire & Luton services, the Trust operates a 24/7 escalation framework, including:

- Oversight is strengthened through senior leadership involvement, with the Lead Nurse/Assistant Director for Inpatients providing consistent, proportionate clinical risk assessment, ensuring appropriate prioritisation and escalation of cases exceeding 24 hours across the Section 136 pathway.
- Escalation through operational tiers (ward → DSN management → on-call manager → executive on-call).
- Availability of senior clinical and managerial decision-makers at all times and expectations for timely response.
- Decision-making to maintain patient safety and flow.

East London operates a 24/7 operational escalation framework to support timely decision-making and maintain patient safety. This includes:

- 24/7 operational escalation framework to be supported by the on-call system. Internal escalations within hours- from ward level (Ward Manager) to Modern Matron/Operational Lead and service lead where appropriate. An escalation framework is in place to ensure timely review of patients experiencing delays, including those approaching or exceeding statutory Section 136 timescales, and to support the safe management of operational pressures.
- Access to senior clinical and managerial decision-makers at all times to support complex admission, patient flow and capacity decisions.
- Use of established escalation processes to ensure timely review of patients experiencing delays and to support safe management of operational pressures.

Question 4: Interfaces with Surge Services, commissioners, and executive level escalation, as set out in Sections 7.1–7.4 of the Compact

Answer: The Luton and Bedford system operates in line with the Mental Health Crisis Care Compact. This includes, collaborative working with surge services and system partners during periods of increased demand and engagement with commissioners to support system resilience and capacity management. Governance and reporting – all breaches are now being monitored in the monthly S136 Task and Finish Group which provides oversight and assurance of care delivery in the S136 suite and tracks its impact on the wider system. The meeting reviews activity and demand, escalates system issues, audits feedback, and examines incidents to ensure accountability and continuous improvement.



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City & Hackney services operate in accordance with the escalation principles set out within the London Mental Health Compact, including:

- Escalation through established Trust, system and executive governance arrangements where operational pressures arise.
- Collaborative working with commissioners to support capacity management and system resilience.
- Escalation between providers where required to facilitate timely access to appropriate inpatient services and Health-Based Places of Safety.
- Escalation in accordance with established thresholds and timescales set out within the London Mental Health Compact and local operational arrangements.
- Routine governance oversight to monitor system pressures and HBPoS occupancy, review delays, and support continuous improvement, including monthly review by the DMT from a PCREF perspective.



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