

Board of Directors Meeting in Public

Thursday 24 September 2026 from 13:00 – 16:10

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
 15:45 – 16:10 Teatime Presentation

Agenda

Opening Matters

1	Welcome and Apologies for Absence*	Note	Eileen Taylor	13:00
2	Patient Story: Nicky's Story	Note	Nicola Storey	13:10
3	Declarations of Interests	Assurance	All	13:35
4	Minutes of the Previous Meeting held in Public on 23 July 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
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13	Anti-racism Plan and Charter	Approve	Tanya Carter Claire McKenna	14:25
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14	Quality Report	Assurance	David Bridle Claire McKenna	14:35
15	Performance Report	Assurance	Edwin Ndlovu David Bridle Claire McKenna	14:50

People

16	People & Culture Committee Assurance Report	Assurance	Vivek Chaudhri	15:00
17	People Report	Assurance	Tanya Carter	15:05

Finance

18	Finance, Business & Investment Committee Assurance Report	Assurance	Sue Lees	15:20
19	Finance Report	Assurance	Mike Fox	15:25

Closing Matters

20	Board of Directors Forward Plan	Note	Eileen Taylor	15:35
21	Any Other Urgent Business*: <i>previously notified to the Chair</i>	Note	Eileen Taylor	
22	Questions from the Public*		Eileen Taylor	
23	Dates of Future Meetings - Thursday 3 December 2026 (Conference Room) - Thursday 28 January 2027 (Conference Room) - Thursday 18 March 2027 (TBC) - Thursday 20 May 2027 (Conference Room) - Thursday 22 July 2027 (Conference Room) - Thursday 30 September 2027 (Conference Room) - Thursday 2 December 2027 (Conference Room) - Thursday 27 January 2028 (Conference Room) - Thursday 30 March 2028 (TBC)			
24	Close			15:40

*verbal update

Eileen Taylor
Chair of the Trust

15:45 – 16:10 **People Participation Teatime Presentation:**
People Participation in Newham University Hospital (Barts Health).
How People Participation can support other Trust's development

Presenter: Rose Kachere (People Participation Lead Newham University Hospital)

Board of Directors Register of Interests: as at 22 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

Chair: Eileen Taylor

1

Chief Executive: Lorraine Sunduza

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

Chair: Eileen Taylor

2

Chief Executive: Lorraine Sunduza

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	• Chief Executive Officer Designate, North East London Foundation Trust – starting later in 2026 • Director, EEHN Co Ltd • Member of Race Health Observatory Mental Health Working Group • Health Trustee, St Mungo's Homeless Charity • Member of UNISON • Registered Mental Health Nurse NMC • Director, Stratford PCN Limited • Partner/shareholder, Well Street Common PCN

Chair: Eileen Taylor

3

Chief Executive: Lorraine Sunduza

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 • Member, North East London ICB Board • Member, International Women's Forum (IWF) UK
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

Chair: Eileen Taylor

4

Chief Executive: Lorraine Sunduza

Board of Directors

**DRAFT Minutes of the Board of Directors meeting held in Public
on Thursday, 23 July 2026 from 1.00pm
at Conference Room, Robert Dolan House, 9 Alie Street, London E1 8DE**

4

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
Alison Cottrell	Vice-Chair (Bedfordshire & Luton)
Derek Feeley	Board Adviser
Mike Fox	Chief Finance Officer
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO
Dr Farah Jameel	Non-Executive Director
Philippa Graves	Chief Digital Officer
Professor Dame Donna Kinnair	Non-Executive Director
Susan Lees	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:

Aleen Alarice	Newham Governor
Shanaz Basit	Governor and People Participation
Shanaz Begum	ELFT Staff and Unite
Paul Binfield (part meeting)	Director of People Participation
Gary Boodhna	Regional Officer, Unite
Renato Congias (part meeting)	Public Governor, Hackney and Digital Life Coach
Tina Bixby (online – part meeting)	Community Engagement and ELFT Charity Manager
Bob Cazley	Central Bedfordshire Governor
Matthew Dore	Unite
Salim Haider (part meeting)	PP Digital Coach
Rebecca Hayes-Stannard	Central Bedfordshire Governor
Tajmina Khanam	Corporate Governance Administrator
Norbert Lieckfeldt (online)	Head of Governor and Community Engagement
Linda McRoberts	Minute Taker
Bailey Mitchell	Newham Borough Director
Day Njovana	Tower Hamlets Borough Director
Robert Nobrega	Newham Governor
Caroline Ogunsola	Lead Governor
Jamu Patel	Deputy Lead Governor and Luton Governor
Meena Patel	Corporate Governance Support Manager
Marie Price	Joint Director of Corporate Governance ELFT & NELFT
Mark Pridmore	Member of Public
Christina Rego	QI Presenter
Anjerico Rudenya (online)	Staff Governor, Luton
Sasha Singh	Director of Quality

David Stevens

Director of Estates

Apologies:

Peter Cornforth

Non-Executive Director

Professor Dr Durka Dougall

Non-Executive Director

The minutes are presented in the order of the agenda.

4

1	Welcome and Apologies for Absence
1.1	Eileen Taylor: - Welcomed everyone to the meeting, particularly the Governors, including new Governors, members of staff and the public who joined in person or online. A particular welcome was also given to Mike Fox, the new Chief Finance Officer at his first Board meeting and to Sasha Singh joining to observe as she takes up her role as Director of Quality. - Warmly congratulated Edwin Ndlovu on his appointment as CEO at NELFT. Eileen looks forward to continuing to work with Edwin in her role as Chair of NELFT. Recruitment to appoint a new Chief Operating Officer will begin shortly. - Acknowledged awareness dates and celebrations in July and August and recognised their role in promoting understanding of key health, social and cultural issues. These include: Disability Pride Month (July), South Asian Heritage Month (from 18 July), Talk to Us Month (July), run by the Samaritans, and Samaritans Awareness Day. - 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. - Would welcome feedback after the meeting from members of the public and other attendees on any changes they feel would help to make the information more accessible. - 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 – My Path to Recovery and being a Digital Life Coach
2.1	Renato Congias, a Governor and Digital Life Coach, shared reflections on his lived experience and the role that connection, purpose and digital inclusion have played in his recovery. - Renato described how People Participation (PP), the City & Hackney Working Together Group and the PP Digital Community had enabled him to use his own experience to support others. - Renato explained that his role as a Digital Life Coach helps service users build confidence in using digital devices and services, supporting independence and reducing isolation. He spoke about the difference this practical support can make, particularly for people who may otherwise be left out as more services and information move online. - He reflected that the role had changed him as much as he hoped it had helped the people he works with. He encouraged the Trust to consider how Digital Life Coach roles could be developed further across teams and services, and closed with a powerful message about people not being defined by their difficulties, but by their courage.
2.2	In discussion the Board: - Thanked Renato for sharing his reflections with openness and courage. - Recognised the value of lived experience in helping the Board understand what supports recovery, connection and independence.

	- Noted the importance of People Participation in enabling people's experiences to shape services and support improvement. - Reflected that digital inclusion is increasingly important as the NHS uses more digital routes for contact, information and care. - Noted Renato's point that practical support from Digital Life Coaches can make the difference between people staying connected or becoming more isolated. - Recognised the opportunity to consider how this role and approach could be developed further across services.
3	Declarations of Interests
3.1	Declarations are recorded on the published register of interests circulated with the papers. Since the register was circulated there have been two updates: - Lorraine Sunduza is now a Board member of NEL ICB - Edwin Ndlovu has been appointed as CEO of NELFT and is expected to start later this year. There were no additional declarations in respect of agenda items today.
4	Minutes of the Previous Meeting Held in Public on 21 May 2026.
4.1	The minutes of the meeting held on 21 May 2026 were APPROVED as a correct record.
5	Action Log and Matters Arising from the Minutes
5.1	Action 419: to review sickness absence – this is being investigated further and the action remains OPEN. Action 425: to use Trust restraint inequality data in the Quality Report – this has been noted and will form part of future reporting. The Power BI dashboard includes this level of detail and is accessible at team level. Agreed to CLOSE. Action 426: Quality Reporting to QAC – Discussed with QAC Chair. Agreed to CLOSE. Action 427: Arrange a development session for NEDs on the National Oversight Framework (NOF) –a workshop session on NOF was held today. Agreed to CLOSE. There were no further outstanding actions.
6	Matters Arising from Trust Board Meeting in Private
6.1	All relevant matters are on the agenda for the public meeting.
7	Chair's Report
7.1	Eileen Taylor highlighted: - Her attendance at a carers' conference in Bedford, which was very well run by People Participation leads. The aim was to help carers understand what is available for them and this involved other community partners. Unfortunately, exceptionally hot weather reduced attendance and the PP leads are now looking at how they can access those people who were not able to attend. - It is no longer a requirement to have Integrated Care Partnership meetings – these are meetings the ICB held to bring together all partners in the system. However, the NEL ICB is continuing to use that format to talk about how to deliver collectively on the priorities for local communities and how to work together to do so.

7.2	Non-Executive Directors' Visits Vivek Chaudhri reported on his virtual visit with Richard Carr and Farah Jameel to Bedfordshire Talking Therapies. He highlighted: • The service provides therapies to people with mild to moderate anxiety, depression, PTSD etc and receives about 1100 referrals each month. • The staff talked very positively about the leadership and of looking after each other. • Several examples were provided of the focus on improving quality issues, such as identifying and working with particular groups who were not completing their therapies. • The staff flagged the following issues of concern: ➢ system pressure, as they are seeing more cases related to trauma, long Covid and asylum seekers requiring interpreter support. Their biggest issue is with patients who are too complex for Talking Therapies but they cannot be referred to secondary care. ➢ Estates, as sometimes they do not have sufficient clinical rooms ➢ Digital infrastructure and lack of connectivity – this is important, as a high percentage of appointments are delivered virtually. • The system commissioning, for the patients who are too complex, is a key issue, However, overall this was a very constructive and positive visit. Farah Jameel reported on her visit with Deborah Wheeler and Donna Kinnair to Tower Hamlets Adult Community Health Services. She highlighted: • This team includes a number of services and works across eight primary care networks. It works alongside GP practices and care homes and provides care in people's homes, including urgent response in a crisis. • There was strong integrated, multi-disciplinary working and staff spoke with pride about various pathways. There was a clear focus on prevention and proactive healthcare. • The visit provided positive assurance about culture and staff experience - staff described regular wellbeing supervision and other support. Staff were aware of Freedom to Speak Up, they appeared engaged and felt valued as well as showing a commitment to their work. • Staff did identify some practical issues which need addressing, such as ➢ parking, which remains a significant challenge especially on home visits. ➢ capacity pressures across specialist services, such as the neuro-rehab team. These both appeared to be areas where practical organisational support could improve things. • Overall, they were a compassionate, innovative and highly committed workforce who are delivering increasingly integrated care. Eileen Taylor explained that the information collected from these visits is triangulated with other data and is therefore an important way of providing assurance to the Board as well as bringing focus to areas that require improvement.
7.3	The Board RECEIVED and NOTED the report.
8	Chief Executive's Report
8.1	Lorraine Sunduza highlighted: • There were two really successful launch events for the strategy - one in Bedfordshire and Luton and one in London. The test remains the Trust's ability to prioritise and align resources to deliver. • There have been external reports in relation to maternity – the Ockenden Report and the Baroness Amos review. While ELFT do not deliver maternity, they contain relevant themes for ELFT to learn from, which are:

	➤ how to triangulate quality, safety, workforce, patient experience and operational information to understand what is happening. ➤ staff being psychologically safe to raise concerns. ➤ patients, carers and families being listened to and involved. ➤ that learning must result in sustained improvement. These themes align with ELFT's strategy, and it is incumbent on the Board to assure we learn from them and look at how we assure ourselves. • Initial feedback has been received from the recent CQC inspection. They recognised strengths such as: our culture, staff engagement, people participation, quality improvement methodology, how the strategy was developed and partnership working. Areas to improve are: to place more clarity on patient safety priorities and how learning is consistently embedded, they recognised the pressures on staff and emphasised staff wellbeing and they highlighted the condition of part of our Estates. The full report is awaited which may highlight other things and that will be used to inform our work. • The Mann Review – ELFT are working on how to be an anti-racist Trust and will publish details in September. • The CEO discussion group looked at the updated Equality and Human Rights Commission and Code of Practice and its implications particularly for work with the trans community. • The outstanding contribution of Edwin Ndlovu to ELFT and congratulated him on his appointment as CEO at NELFT. • Welcome Mike Fox as the new CFO and Sasha Singh as the new Director of Quality. • Thanks go to colleagues for the work that has moved ELFT in the National Oversight Framework from segment 3 to 2, which has been about real change in people's experience.
8.2	In discussion the Board: • Noted that on cyber preparedness, overall, the DSPT assessment found ELFT are in a good place. Areas of concern are being worked through and back-up systems are being costed. Within the next 12 months there will be a proposal to cover all the items that could be looked at and where the Trust is in terms of our response. This will go through both the Finance and Audit Committees. • Welcomed the change in the NOF score as being about driving positive change and not solely about gradings. • Stressed that the Board needs assurance on the achievements and the outcomes to be monitored from the staff experience programme. Noted that the People & Culture Committee will see the holistic view of the programme in the autumn. • Noted that ELFT have just signed-up to the triangle of care which is led by the Director of Social Work. The first phase is a self-assessment against six standards, which has just been completed. The opportunity is to be more systematic in the implementation of those standards. Work will start in Adult Mental Health services and be rolled out to other clinical areas over the next couple of years. • Received assurance that the KPIs for the strategy will be presented for the first time at the September Board, they are currently being worked through.
8.3	The Board RECEIVED and NOTED the report.
9	Audit Committee Assurance Report
9.1	As chair of the committee, Alison Cottrell presented the report of the meetings held on 17 June to review the annual report and accounts and on 9 July 2026, highlighting: • There are two schemes and statements which the Board are now asked to approve: ➤ The Modern Slavery and Human Trafficking statement and the action plan for the coming year. There is a focus this time in the action plan on third party suppliers.

	➤ The Scheme of Reservation and Delegation, which provides a summary of governance and decision-making arrangements. This was approved subject to incorporating wording to include the new NE London procurement partnership. This was its first review for a number of years and the committee has requested that this is reviewed annually in future so that changes are made incrementally. • Looked at the updated Standing Financial instructions, which had minor changes. This will launch in September. • Prior to the July meeting the NEDs met with external auditors, internal auditors and in-house counter-fraud, following the completion of the 2025-26 accounting cycle. The aim is to have these sessions twice a year.
9.2	In discussion: • Expressed concern about the difficulty of monitoring suppliers for modern slavery. It has been shown that asking them to sign forms is ineffective, However, there is good learning about what works, such as anonymous feedback from employees and asking employees if they paid to get their job. Agreed there would be a need to take the learning from across sectors.
9.3	The Board RECEIVED and NOTED the report and APPROVED both the Modern Slavery and Human Trafficking statement and the Scheme of Reservation and Delegation.
10	Integrated Care & Commissioning Committee Assurance Report
10.1	As chair of the committee, Richard Carr presented the report of the meeting held on 3 July 2026 highlighting: • The Board is invited to confirm the changes to the Terms of Reference for the committee. • There are continued concerns that the successes achieved through the collaboratives are not lost through the changes in the NHS landscape and acknowledged ELFT's Chair is escalating this. • Heard about work to create an ELFT Prevention Framework, which was encouraging. • The committee had hoped to recommend the Compass strategy to the Board, However, are not at that point and have requested further work around the delivery framework with timelines and details of financial implications. Until that is there, the committee did not feel it was ready to present to the Board.
10.2	The Board RECEIVED and NOTED the report and APPROVED the updated Terms of Reference.
11	Quality Assurance Committee Assurance Report
11.1	As chair of the committee, Donna Kinnair presented the report of the meetings held on 29 June and 6 July 2026, highlighting: • The 29 June meeting focused on a number of deaths that had occurred, looking at themes, actions taken and what had changed.. • Heard from both Bedford and Newham and Tower Hamlets Community Health Services and Heard about some of the waiting list reductions that have been achieved, also some of the challenges such as with staffing and the way patients flow through the system. • BAF Risk 4 was reviewed and the committee discussed whether to change the score as there had been progress, but decided to monitor future improvements before changing the score.
11.2	In discussion the Board:

	- Requested future assurance reports include a little more on what has changed as a result of the actions taken, as the review of deaths does not include that. Noted that the 6 July meeting to review the annual reports and associated report included helpful detail on the assurances provided and developments seen. This was noted as a helpful approach for future. - Noted that some of the metrics are included within the quality report, rather than through reporting to the QAC and steps are being taken to route reporting through QAC also so that it is clear that data is considered through triangulation of information to ensure quality improvement in services. - Flagged that the Digital Strategy Board is working on medium term plans now and it is important that conversations about the digital safety component are included in that process. Sue Lees and Donna Kinnair to liaise along with executive leads. ACTION: Sue Lees/Donna Kinnair/Claire McKenna/Philippa Graves
11.3	The Board RECEIVED and NOTED the report.
12	People Participation Committee Assurance Report
12.1	In Durka Dougall's absence, Donna Kinnair presented the report of the meeting held on 18 June 2026, highlighting: - It was positive to see the work being done by people participation across the organisation and how they are leading the improvement across services – several examples of work were presented including guides produced and a lived experience video made showing how people can be treated as they try to access services. - People participation is expanding all the time, including into wider corporate services.
12.2	In discussion the Board: Noted the feedback at the committee about the appointment of AccessAble. It was acknowledged that the usual practice of engaging people participation had not been followed at the appropriate time and that learning would be taken from the process.
12.3	The Board RECEIVED and NOTED the report.
10 minute break	
13	Quality Report
13.1	Claire McKenna and David Bridle highlighted: - The homicide report is included with the Quality Report. A small number of incidents were reviewed. No clusters were found and there was limited wider learning. The recommendations and actions all linked to existing workstreams and will be tracked. It would be hard to find themes as this was a small number of cases - The quality improvement section of the report has a focus on the Trust-wide QI priority areas, which include completing the observation to engagement programme, the equity work in PCREF and strengthening the quality management system. - The report features a community health focused project in Tower Hamlets about reducing violence and aggression, which has improved the culture and the incident reporting. That initiative has been short-listed for two HSJ safety awards and is being shared across the Trust.
13.2	In discussion the Board:

	- Noted that the action plan from the homicide review will be about themed areas, which will come through QAC to Board. This will be reported on every six months. - Noted that the lack of comparable data for the homicide review for Bedfordshire has been partly about the changes to the ICB, However, that will be followed up. ACTION: David Bridle - Noted that dementia diagnosis rates in Bedford & Luton had only had a small increase. However, a huge amount of work had raised the rates over the last few years, when it was increased from 56% to 69% in Central Bedfordshire. - Highlighted the reduction of 41% in observations without any rise in serious incidents and asked how to ensure this is sustainable. Noted that the important steps are about ensuring other interventions put in place are maintained, this is not just about removing observations. Those steps have to be built into business as usual and monitored over time. Phase 3 of this work starts in September and will spread this work across all wards in the Trust – when that has happened, the work will move to quality control, which will involve monitoring. This pilot has been effective as the MDT is committed and it will be essential to ensure that happens in the other wards to maintain the results.
14	Performance Report
14.1	Edwin Ndlovu highlighted: 72-hour follow up post discharge remains strong, which is a good quality indicator. - The Urgent Care response in CHS has been a consistently strong performance, which is strong from a system perspective as this often means avoiding people needing ambulances and hospital attendance. - Early Intervention services are performing above the national average. - Talking Therapies in London are doing really well and performing above target. - The ADHD waiting lists are still high but are slowly coming down – this is about interventions to help in individual cases and not just about removing people from the list without follow-up. - The areas that need attention are: - Service user involvement scores are dipping and work is going into different ways to bring in PREMS, such as introducing digital forms. - ED waits are still longer than wanted. This is not directly about capacity, it is about various issues, such as an increase in alcohol intoxication which can delay support. - The violence and aggression rate has shown an increase – this is mainly on the female and intensive care wards. There has been work around violence reduction and this is being used to safely manage what is happening.
14.2	In discussion the Board: - Requested that the reports include some context – they mention data cleansing and closing waiting lists and would be improved if some explanation were included about what is being offered. Noted that much of the reduction in the waiting list was about people saying they had moved or no longer needed services when contacted. ACTION: Edwin Ndlovu - Highlighted that reliable recovery in Talking Therapies shows lower figures for certain communities, such as Pakistani, Indian and Bangladeshi. Noted that the baseline scores show that over recent years people are presenting with higher levels of complexity and distress, However, there are outreach teams working with communities to try to establish the best possible way of working with those doing less well. This continues to be a challenge. - Highlighted that the graphs covering referrals by ethnic group per 1,000 population and the DNA rates for mental health appointments show a fairly consistent position, and it is not clear what is being done to improve these areas, particularly DNAs. Noted the focus has been on how to reduce the equity gap for DNAs. Agreed there is a need to look again at the overall

	DNA score as well as at the representation of certain groups in DNAs, so that both can be reported together – agreed to bring that to the next QAC meeting. ACTION: Edwin Ndlovu - Questioned how long the rise in violence should be tolerated, even if it related to one particular area. Noted there is a deep dive into all areas where there are greater numbers of restrictive practices to identify reasons and intervene as appropriate. Extra support is provided to teams when there are areas of violence and that work is clinically led, risk assessed and managed. - Suggested the need to look again at the metrics on violence – as the violence figures are per thousand bed days, and it is possible bed days may have reduced, so this metric may not be clarifying a rise or fall in violence. ACTION: Edwin Ndlovu - Questioned harm assessment while people wait and whether the community workforce is in the right place to cover the capacity. Noted there is a triage to ensure urgent needs are considered. The majority of long waits are for ADHD assessments. Noted that caseloads are being reviewed and being mapped against the workforce, as it is recognised that high risk waits can be in the community health teams, not just in ED. This work will be brought back through QAC.
14.3	The Board RECEIVED, DISCUSSED and NOTED the report.
15	People & Culture Committee Assurance Report
15.1	As chair of the committee Deborah Wheeler presented the report of the meeting held on 14 July highlighting: - There has been organisational change, workforce challenge and service transformation which have an impact on staff and as a result some emerging issues were discussed. - Discussed how the learning from external reviews is translated into workforce and organisational development. - The committee had updates on a number of industrial relations issues. - The impact of heatwaves was discussed, which relates to Estates and the lack of air conditioning in older buildings, so there is a challenge in maintaining comfortable environments. - Looked at the BAF risk and as part of that discussed the staff experience programme, which will be looked at in more detail at the September meeting to clarify the expected outcomes and monitor progress. This will become a regular item for this committee. - The Directorate presentations mirror those at QAC, so CHS from London and Bedfordshire presented – there were particular improvements in recruitment in Bedfordshire. There are continuing challenges around sickness absence and staff wellbeing. - The LGBTQIA+ network presented to the committee – they were inspirational and their feedback really helps with triangulation by bringing in a different lens. - Heard about Allied Health Professionals who are strengthening leadership arrangements across the Trust. - Looked at the QI programme on disciplinary processes and the audit which provided reasonable assurance. It is helpful that the length of time for cases to be heard and managed through the system is reducing, although it is still five months, so there is definitely more work to be done.
16	People Report
16.1	Tanya Carter presented the report, highlighting: - The vacancy rate has reduced, supported by improvements in recruitment and on-boarding. - There have also been reductions in agency and Bank usage.

	• There have been improvements in appraisal, supervision and statutory & mandatory training and work is going on to maintain the focus on improvements. • Challenges include ➢ Sickness absence, which has seen a significant increase ➢ High numbers of employee relations cases – both internal and employment tribunals ➢ Industrial relations difficulties • ELFT leadership work launched in 2021. NHS England had launched some People Standards which dove-tail with the work already being done. This is important as key to staff experience is the daily experience of staff with their line manager.
16.2	In discussion the Board: • Looked forward to the outcome of the work to improve the way sickness data is presented. • Discussed whether the investment in leadership development is having the desired results as there appears to be a worsening of employee relations. Noted: ➢ The full impact of that work is not yet coming through, although there is good feedback about improved supervision and appraisals. This is work in progress and it is believed the tools launched by NHS England will help. ➢ The leadership programme has identified a need to refresh the leadership behaviours framework and to ensure it reaches as far into the organisation as possible – next steps are being worked out. ➢ There are places where actions have been successfully taken and it is recognised there is a need to spread the good practice to achieve more consistency. • Noted that an increase in the number of concerns raised is not necessarily negative, as it is desirable that staff feel they can speak up. • Highlighted that employees say processes are not clear and they feel informal issues will not be dealt with adequately, which forces them into the formal route – suggested there is a need to equip managers to deal with informal issues, possibly through specialist coaching. Agreed there is a need to work on how responsive the organisation is when concerns are raised. ACTION: Tanya Carter • Stressed the need for the Board to hear more about what is being done to address the significant amount of pressure staff are under. • Stressed that the five months timescale for disciplinarys is still too long. • Stressed the need to be clear what ELFT want to achieve and by when through the staff experience programme. Noted there are three workstreams: ➢ Leadership and management ➢ Safe and well, about staff safety, and ➢ Workforce culture These overlap with each other and as the programme develops the metrics will be adjusted as needed. • Suggested the reports are highlighting occasions where things are being made worse by the lack of responsiveness and that becomes a bigger issue. Felt there is a need to focus the staff experience programme on the issues being heard from staff at the moment. • Agreed the Board needs to spend more time on the people topic. ACTION: Marie Price
16.3	The Board RECEIVED and NOTED the report.
17	Appointments & Remuneration Committee Assurance Report
17.1	Deborah Wheeler confirmed the committee held on 6 July 2026 had approved the process for recruiting a new Chief Operating Officer and that process is now underway.
17.2	The Board RECEIVED and NOTED the report.

18	Charitable Funds Committee Assurance Report
18.1	In Pete Cornforth's absence, Sue Lees presented the report of the meeting on 18 June 2026, highlighting: • The committee is working through the strategic direction with a focus on the future priorities for fundraising and that will shape budgets and future ability to grant-make. • The charity continues to steward the resources it has. Decided that no large grants would be made for the moment but will continue the 'Moments of Joy' smaller grants programme which is delivering some good news stories around the work the charity can do.
18.2	In discussion the Board: • Noted it is hoped the plan will be finalised in the next month or so. The next 'Moments of Joy' will be run in the Autumn this year.
18.3	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 25 June and 16 July 2026 highlighting: • The Going Further, Going Together Finance Programme (GFGT) is on track • Having re-phased the capital programme, ELFT are on track against the revised profile at the end of month 3 • Approved two business cases subject to commissioner funding to reduce backlogs and improve services. • Reviewed BAF, which remains work in progress – decided not to change any of the scores but looking forward to the re-shaped BAF. • There were a number of reports received and deep dives requested in various areas. Received a report about how cyber security is being addressed and have asked for that to come through on a regular basis. Also saw the Estates report and have requested more NED visits to various sites to look at facilities and the first one has been arranged. • Received a procurement update, which is on track for the savings target. • Received a contracts and business development update which is going well. Developing a bid for the NE London Homeless Health service, which ELFT currently delivers, and the contract is now up for renewal. • Received a report showing the benefits that accrued from the non-recurrent funding last year which showed positive impact. • Had asked for a lessons learned report from last year's business case bids and received a robust report on the learning.
20	Finance Report
20.1	Mike Fox presented the report at end of month 3, highlighting: • ELFT overall is in deficit, but this is slightly better than plan. The main drivers were out-performance against some NHS income and doing better than anticipated on costs, although that was partly offset by some costs related to private beds. • Going Further, Going Together (GFGT) is delivering well against the planned level of savings - £2.7m of savings have been delivered to date, which is ahead of plan. There will be challenges in managing temporary staffing usage. • GFGT has identified more than the stretch target in savings and working to improve the risk ratings on the schemes.

	- There was a re-phasing of the capital plan and there is a slight amendment to resolve an issue between ELFT and NHS England. - Cash is performing very well primarily due to additional cash received at the end of the last financial year.
20.2	In discussion the Board: - Noted the cash position was due to additional income last year and Mike will look into this to identify why it was not anticipated. ACTION: Mike Fox - Confirmed the GFGT has identified schemes that equate to more than the stretch target although not all have yet gone through the governance gateways.
20.3	The Board RECEIVED and NOTED the report.
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 24 September 2026, Conference Room Alie Street

The meeting closed at 3.30pm

ELFT
Action Log Trust Board (Part 1)

BOARD OF DIRECTORS MEETING IN PUBLIC: Action log following meeting held on 23 July 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/Edwin Ndlovu	23-Jul-26	Propose to close	Update: Our external published NOF sickness rate is showing as higher than our internal reports, which is where some of the discrepancies are coming from. The reporting period for the P&C sickness data is reported over a 12 month period.
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	Propose to close	UPDATED: Will be updated in the 2026/2027 EDI report. Reporting period January to December.
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	Propose to close	UPDATED: Will be updated in the 2026/2027 EDI report. Reporting period January to December.
428	21-May-26	People Report	Provide clarity on the reporting periods and specify why data on the same subject may be different, within different reports coming to board. Review the presentation of people data and report charts to improve clarity.	Tanya Carter	24-Sep-26	Propose to close	The reporting period for the P&C is reported over a 12 month period. The People report will be considered at People and Culture Committee from December prior to the Board.
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 Fradgley/Marie Price	24-Sep-26	Progress with delay	Marie Price and Carys Esseen initial discussion to be followed up with more detailed review and proposals re forward plans in October.
429	23-Jul-26	Quality Assurance Committee Assurance Report	Future assurance reports to include clearer evidence of the changes and improvements resulting from actions taken.	Marie Price	24-Sep-26	Propose to close	This has been noted and will be incorporated in future reports.
430	23-Jul-26	Quality Assurance Committee Assurance Report	The Digital safety aspect of all digitally enabled programmes of change, needs to be shared with the Digital Strategy Board & Quality Assurance Committee to ensure both quality, safety and compliance are assured as well as digital delivery robustness	Philippa Graves/David Bridle	24-Sep-26	Propose to close	The Chief Clinical Information Officer & Clinical Safety Officer Dr. Peter MacCrae, will present the clinical digital safety report to the QAC annually, as well as the Digital Safety Board, and will attend as and when required. Additionally, all digital change programmes are discussed bi-monthly at the Digital & Estates Operational Transformation Board, chaired by the Chief Operating Officer, and attended by senior leaders from across the divisions, all digital programme boards have both operational and clinical representation with people participation involvement when required.
431	23-Jul-26	Quality Report - Homicide Review	Follow up to identify and obtain comparable data for the Bedfordshire homicide review.	David Bridle	24-Sep-26	Progress with delay	Further discussion has been held with Public Health in Bedfordshire but they do not hold comparable data in the same format. Further exploration with public health as well as NHSE in East of England and through NCISH did not identify comparable data. Propose for closure.
432	23-Jul-26	Performance Report	Update future reports to explain the references to 'data cleansing' and closing waiting lists, and clarify what is being offered to people affected.	Edwin Ndlovu	24-Sep-26	Propose to close	Reflected in the Performance Report in September
433	23-Jul-26	Performance Report	Present a combined analysis of the overall DNA rate and the representation of specific groups within DNAs to the next QAC meeting.	Edwin Ndlovu	24-Sep-26	Propose to close	Noted and reflected in the paper
434	23-Jul-26	Performance Report	Review whether the violence rate per 1,000 bed days accurately reflects changes in the level of violence, given the potential reduction in bed days.	Edwin Ndlovu	24-Sep-26	Propose to close	The violence rate is already calculated per 1,000 bed days (not bed numbers), so the metric inherently adjusts for any reduction in bed usage. This means the rate reflects genuine changes in the level of violence, rather than being distorted by falling bed days. -
436	23-Jul-26	People Report	Increase the Board's focus on workforce matters, including support for staff under pressure, and align the Staff Experience Programme with the issues currently being raised by staff.	Tanya Carter	24-Sep-26	Propose to close	Additional time for People item on agenda. Discussions took place on Staff Experience, Leadership, NHS England's Staff Standards and the Board Assurance Framework, (BAF Risk 2) at P&C Committee in September. From December 26, the People report will go to the P&C Committee ahead of coming to board to enable more indepth conversations regarding people. Lastly, on rotation all of the directorates attend the P&C Committee, to present their progress on directorate people matters.

In progress with delay
Closed
Forward plan
Not due
In progress

REPORT TO THE TRUST BOARD IN PUBLIC 24 September 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	
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Key messages

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

Strategic priorities this paper supports

Improved experience of care	☒	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 Summer reflections and sustainability

I hope colleagues were able to take some time for rest and reflection over the summer. The periods of exceptionally hot weather presented challenges for our services, staff and communities, and provided a timely reminder of the importance of maintaining our focus on sustainability, climate resilience and the wider environmental challenges affecting health and healthcare delivery. The September Board development session focuses on sustainability and the Trust's Green Plan.

Service users have led the way with a number of practical initiatives to reduce the Trust's carbon footprint, including helping to co-design the Trust's Green Plan, providing representation on sustainability workstreams, and playing an active role in the Trust's Climate Network, which now has over 300 members. These initiatives demonstrate the benefits of people participation being embedded across local and corporate services.

Staff support and empowerment

2.4 Director of Quality

On 8 September 2026, I held an introductory meeting with Sasha Singh, who has recently taken on a new role as the Trust's Director of Quality. I welcomed the

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza OBE

opportunity to discuss Sasha's role and priorities as she begins her work with the Trust. We discussed the importance of working together to ensure that quality improvement (QI) remains embedded at every level of the Trust, along with the need to use these tools to make improvements based on learning from a multitude of sources, including the recent CQC inspection. I pledged the Board's support to Sasha as she progresses the programme.

Board effectiveness

- 2.5 **Edwin Ndlovu MBE:** As this is Edwin's final ELFT Board meeting, I want to place on record, on behalf of the Board, our sincere thanks for his significant contribution as Chief Operating Officer and Deputy Chief Executive. Edwin's compassionate, inclusive and values-led leadership, together with his commitment to our staff, services and communities, have been greatly valued.

Edwin will be greatly missed at ELFT, but we are delighted that he will remain a close neighbour and partner as Chief Executive of NELFT. We wish him every success and look forward to continuing to work closely with him.

- 2.6 **Chief Operating Officer recruitment:** I participated in the Chief Operating Officer interviews on 7 September 2026. It was a positive and encouraging experience, with a strong field of candidates for this important executive leadership role. The appointment will be central to maintaining strong operational leadership and supporting the continued delivery of high-quality care.
- 2.7 **Non-Executive Director appraisals:** The annual appraisal discussions with Non-Executive Directors are under way. I have found these conversations particularly valuable, providing dedicated time to reflect with Board colleagues on the past year, their contribution and development, and their priorities and plans for the year ahead. We are fortunate to have a group of highly skilled and compassionate NEDs committed to supporting the Trust deliver its vision and strategy.

System leadership

- 2.8 **North East London Mental Health Learning Disability and Autism Collaborative**
Discussions have taken place about the future arrangements for the North East London Mental Health, Learning Disability and Autism (NEL MHLDA) Collaborative. These included a proposal for formal meetings to take place twice a year, supported by an annual conference. The role of lived experience members is central to the continued progress of the collaborative. I look forward to these new developments as ELFT and NELFT take on the formal coordination of the MHLDA from the Integrated Care Board.
- 2.9 **ELFT and NELFT collaboration**
More broadly, a date has been agreed for the ELFT and NELFT equivalent partnerships, integrated care and commissioning committees to meet jointly. The meeting will provide an opportunity to consider progress across community and mental health services, and collaboratives, where the two Trusts have shared priorities and interests. This is also an

opportunity to explore how we do things once where appropriate. I look forward to the discussion and to continuing to strengthen collaboration between the two organisations.

3. Council of Governors update

- 3.1 The Council of Governors met in public session on 10 September 2026.
- 3.2 The Council considered the Trust's progress towards becoming an anti-racist organisation, discussed the importance of robust data and the critical role of cultural competence in meeting the needs of a diverse population and workforce.
- 3.3 As part of its Strategic Priorities Programme, the Council continued its consideration of future arrangements for public engagement and accountability beyond April 2027. Governors discussed opportunities to strengthen the transparency and demonstrable impact of engagement with local communities, service users, carers and staff. They also considered how the Council could continue to support effective community engagement within the proposed future legal framework and reiterated the Trust's ambition to develop a best-in-class model.
- 3.4 The Council welcomed the annual report on the Membership Engagement Plan and supported its submission to the Board's People Participation Committee.
- 3.5 The Council also received an update on the recently published Care Quality Commission (CQC) inspection reports. Governors placed on record their appreciation and thanks to colleagues working in Crisis Services and Child and Adolescent Mental Health Services (CAMHS) inpatient wards for the high standard of care they continue to provide.

4. NED visits

- 4.1 Since the last meeting, NEDs have visited a range of services across the Trust. These included:
 - Mental Health Law Team, August 2026
 - Research and Innovation, September 2026
 - Corporate People and Culture (Resourcing), September 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

24 September 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 Coroner's Inquest into the Death of an Inpatient in Newham

This month, the inquest into the death of Mr. Hugo Flint-Cahan concluded. Hugo died in January 2023 following an assault by another patient while receiving care in one of our inpatient services. The coroner concluded that Hugo was unlawfully killed and that neglect contributed to his death.

We are profoundly sorry for the failings in Hugo's care and for the fact that he died while in our care. This was a deeply distressing incident and our thoughts remain with Hugo's family and loved ones. The coroner identified serious concerns about the actions and behaviours of staff on duty that night. These findings are wholly unacceptable and do not reflect the standards, values or behaviours we expect across our Trust.

The inquest has been a sobering reminder of the importance of maintaining the highest standards of care, professionalism and accountability at all times. Since Hugo's death, we have undertaken significant work to strengthen patient safety, leadership oversight, observation practice, emergency response arrangements and our inpatient culture. We know, however, that improvement is an ongoing responsibility and that there is always more to learn.

The coroner indicated that he intends to issue a Prevention of Future Deaths report, which we will consider carefully and respond to in full. As a Board and leadership team, we remain committed to learning from this tragic death and ensuring that the lessons continue to inform improvements in the safety and quality of care we provide. We intend to review the evidence presented at court, to ensure that inquest findings and PFD recommendations are robustly taken forward to support the quality and safety of care. The learning will inform the ongoing development of the Trust's Patient Safety Plan as part of the new Trust Strategy delivery, with oversight and monitoring provided through the Board's Quality Assurance Committee.

2.2 Staff Experience Programme – Update

Our Staff Experience Programme, launched in 2025, is aligned to ELFT's new Trust Strategy. It now operates through three core workstreams: Leadership & Management, Safe & Well, and Workplace Culture, supported by foundational groups for Equality, Diversity and Inclusion, Data & Intelligence, and Communication & Engagement. Its purpose is to respond systematically to staff survey feedback and deliver measurable improvements in staff experience. Across the workstreams, nine active projects are progressing, with several nearing transition to business-as-usual (BAU).

Key developments include leadership role clarity and appraisal changes, the launch of a new coaching platform, implementation of the Sexual Safety Charter, psychological safety recommendations due in November, workplace facilities audit completion, and considerable progress in Just Culture work (including reduced case duration and targeted equity interventions) - areas that I hope will make the working environment a place people can develop in and grow.

Recognition and flexible working projects continue to develop, with BAU planning underway. Looking ahead, the 2026 staff survey campaign launches on 1 October 2026 with strengthened communications, weekly completion data, and alignment with the National Quarterly Pulse Survey. New project areas are being scoped based on survey insights, including burnout and burden, violence and aggression, and targeted EDI activity linked to Anti-Racism, Workforce Race Equality Standard and Workforce Disability Equality Standard priorities. The programme is now focused on sustaining delivery, transitioning mature projects, and shaping the next phase of improvement work.

2.3 Going Further, Going Together – Update

For 2026/27 we need to deliver £20.1m of run-rate reducing savings and live within our budgets to support the delivery of our financial plan submitted to NHS England. At this point in the year, we have delivered £5.9m of savings and as of month 5 have a most likely forecast to deliver £20.6m of savings this year.

In month 5 we have delivered £1.7m of savings, slightly behind our plan in month by £0.1m due to an increase in temporary staffing spend over summer periods, increased demand resulting in the use of private beds and slippage in scheme delivery. Year to date we remain £0.9m ahead of plan.

Our forecast is not without risk, and we are therefore working to identify 20% more savings than planned to ensure delivery of our savings plan this year. This means we are working to a stretch total of £24.1m of savings and the focus is on identification of further savings schemes to reduce the risk of slippage in the second half of this year and help us prepare for a similar level of savings being required in 2027/28 in line with our medium-term financial plan.

2.4 ELFT Strategy Implementation – Update

Since Trust Board endorsement of the Strategy Delivery Framework in May 2026, the focus has shifted from framework development to building the practical arrangements required to support implementation. Significant progress has been made through the completion and Executive review of directorate annual plans, alignment of enabling plans, development of the Prevention Framework and the Anti-Racism Plan, refresh of the Board Assurance Framework, governance reviews and preparation for the Target Operating Model programme.

There is also growing evidence of a more consistent approach to strategy delivery across the organisation, with teams increasingly applying shared principles of prioritisation, sequencing, organisational learning and alignment. Similarly, greater attention is being given to the dependencies between workstreams and to integrating existing plans, rather than creating new standalone initiatives.

The detailed measures for the strategy balanced scorecard are also being explored. Creating a robust and meaningful reporting tool will require further technical development, including clear data definitions, reliable data sources and baselines, and clarity about the ambitions or trajectories against which progress will be assessed. Where outcomes data is not sufficiently reliable, interim process measures may be used to demonstrate progress in improving data quality and collection. Further work is also required to determine how the scorecard should be presented so that it supports interpretation and discussion, rather than simply displaying data.

The scorecard will complement existing quality, performance, and risk and assurance reporting, which will continue to provide assurance on strategy delivery while it is being developed. A prototype will be tested with the Board this winter to inform implementation from April 2027.

Directorate plans for 2026/27 are complete and will go to the Service Delivery Board for sign-off in September. This is a significant step in embedding the Strategy Delivery

Framework into business-as-usual processes, and translating strategy into clinically meaningful priorities, goals and measures. The plans have also identified where corporate service support is required for delivery. An October workshop with corporate leads and the Executive Team will focus on these dependencies, enabling a more integrated corporate approach to supporting delivery.

Alongside this, work will continue to develop the balanced scorecard, embed the Quality Management System (QMS), and strengthen governance, assurance and organisational learning to support a consistent Trust-wide approach to strategy delivery.

2.5 New Secretary of State for Health Appointed: The Rt Hon Yvette Cooper MP

The Rt Hon Yvette Cooper MP was appointed Secretary of State for Health and Social Care on 20 July 2026. She was previously Secretary of State for Foreign, Commonwealth and Development Affairs and before that, was Secretary of State for the Home Department. She was elected as MP for Pontefract, Castleford and Knottingley in July 2024.

2.6 Expansion of Community Mental Health Support Across England

The government have announced an expansion of community mental health support across England. The programme includes investment in new Mental Health Emergency Departments (MHEDs) and Neighbourhood Mental Health Centres (NMHCs).

The announcement includes funding for developments in City & Hackney, Newham, Tower Hamlets and for a new MHED and a new NMHC in Luton, demonstrating that the programme will benefit communities across the Trust. It brings together community mental health, crisis and specialist services into a more accessible, integrated offer, building on approaches that have already demonstrated success.

We already have experience of this approach through our Neighbourhood Mental Health Centre in Barnsley Street pilot in Tower Hamlets. We have been able to demonstrate the value of building care around the needs of local people and communities. NMHCs have the potential to transform how people experience mental health care, making it easier to access support earlier and reducing the barriers that can exist between different services. Barnsley Street has shown us what's possible when care is built around local people and their needs. This matters most for communities who have often found it hardest to access the right help at the right time.

This investment will provide an opportunity to build on that experience and further improve outcomes for people who need mental health support. Alongside this national investment programme, ELFT continues to develop a range of local initiatives designed to improve access to support and provide alternatives to hospital admission and attendance at emergency departments during periods of mental health crisis. This includes the new Kelvin Grove Crisis House in Bedford, which aims to ensure that people in distress can access the right care, in the right place, at the right time.

2.7 CEO Discussion Group

2.7.1 Environmental Sustainability

The CEO Discussion Group on Wednesday 16 September focussed on sustainability. The discussions highlighted that a number of service plans do have proposals that are likely to positively impact sustainability – albeit they are perhaps not described in that way. It was also a conclusion that services could benefit from support in identifying, articulating, and quantifying the sustainability impact. A further area for exploration is to build in the expertise to quantify carbon impacts across the Trust.

2.7.2 Proposed ELFT Prevention Framework

Our most recent CEO Discussion Group was supportive of the proposed ELFT Acts EARLY Prevention Framework, recognising it as a simple and flexible approach that can be applied across the Trust. Members particularly welcomed the focus on earlier intervention, equity, partnership working, listening to what matters to people, and supporting personalised journeys through care.

Feedback highlighted the importance of clearly defining outcomes and success measures, ensuring the language is positive and accessible, and demonstrating how the framework can be embedded into everyday practice. There was strong support for the framework's emphasis on prevention, empowerment and system leadership, including ELFT's role in advocating for wider improvements that address health inequalities and the causes of poor health.

3.0 Integrated Care System (ICS) and provider collaborative updates

- 3.1 The Trust continues to work with Integrated Care Board partners as they finalise recruitment to their new structures and embed new operating arrangements. We are working with both ICBs to start the early stages of the planning process for 2027/28, in anticipation of commissioning intentions being issued by the end of September.
- 3.2 In north-east London, we are working with ICB commissioned partners to undertake a diagnostic on mental health in emergency departments, including descriptive analysis of the patient group, analysis of the drivers of attendance and longer lengths of stay, and recommendations for improvement. This work builds on our plans to improve experience of people in crisis during 2026/27 and is in the context of our developing plans for Mental Health Clinical Assessment Services during 2027/28 and beyond.
- 3.3 In north-east London, the Trust is also working intensively with partners to plan and mobilise our approach to supporting people who are frail in Tower Hamlets and Newham, as part of our response to ICB commissioning intentions for 2026/27 regarding the development of integrated neighbourhood teams.
- 3.4 In Central East, the Trust is working with partners to plan our approach to the developing frailty model that Central East is now finalising – the Trust has attended two ICB conferences since the last Trust Board, through which the model is being finalised.

4.0 Operational update

4.1 Bed Occupancy and Independent Sector Use

Sustained pressure across emergency departments continued over the last two months, with high mental health demand affecting length of stay and flow. Bed occupancy remains high, peaking at 95%. We have also seen an increase in Independent Sector bed use, driven by wider flow and demand pressures and increased clinically ready for discharges challenges. Targeted improvement work continues to happen focused on improving service user experience and flow through the Trust's acute admission pathway and community team provision.

Reflecting on this period, August was a particularly challenging month operationally. The heatwave placed sustained pressure on our services, coinciding with the summer holiday period. While staff leave over the summer had been well planned for, a number of unplanned staff absences and rising demand added further pressure at a time when services were already stretched. I want to thank all staff for their resilience and professionalism in managing these combined pressures while continuing to prioritise safe, high-quality care.

4.2 National Oversight Framework — Q1 2026/27

NHS England's Q1 segmentation confirms ELFT remains in Segment 2, with an average metric score of 2.20, ranked 23 of 58 trusts.

4.3 Heatwave

The Trust stood up its heatwave response during periods of amber heat-health alert, prioritising service user and staff safety, ward temperature monitoring and estates mitigations. I am grateful to all our staff who worked in often very difficult conditions to ensure continuity of care in our services and took steps to keep patients, service users and each other as cool as possible.

In the longer term, the Trust's decarbonisation and climate adaptation plans are being built into investment programmes so that refurbishment and replacement schemes reduce overheating risk, improve resilience to future weather extremes and support the transition to a lower-carbon estate.

4.4 National Industrial Action

Resident doctors have voted to accept the Government's revised pay offer, ending their industrial action. The deal includes more training posts, faster pay progression and reimbursement of costs such as exam fees. Consultants in England have separately voted in favour of industrial action, giving the BMA a mandate to act over the coming year. No dates have been announced. This creates renewed uncertainty for service delivery and elective recovery. The Trust is monitoring developments closely and working with regional and system partners on contingency arrangements to protect patient safety and minimise disruption.

4.5 Fothergill Ward, East Ham Care Centre, to Close

With the development of better community-based support in Newham for those leaving hospital, Fothergill Ward in East Ham Care Centre will close at the end of September. Fothergill Ward has operated as an 'intermediate care' ward for patients before they return home or while awaiting a long-term placement. But improvements to community-based support and care packages are enabling more patients to return directly home following hospital treatment. Evidence indicates that recovery and independence improve when patients go directly home with a package of support. Additionally, all end-of-life care now takes place either at home supported by community services and our end-of-life care teams, or in a nursing home or hospice.

A 45-day consultation on the future of Fothergill Ward concluded on Friday 7 August 2026. The consultation involved affected staff and recognised trade unions, with 28 staff members responding through group and individual meetings. Having considered the feedback received, alongside the Equality Impact Assessment, Quality Impact Assessment and workforce impact assessment, the Trust took the decision to close the ward and move to a home-first model of care, developed jointly with Newham University Hospital, St Joseph's Hospice, the London Borough of Newham and the North East London ICB.

Referrals to the ward ceased from 31 August 2026, with the closure planned for 28 September 2026. The Trust remains committed to supporting affected staff into alternative roles, and safeguards remain in place for patients who cannot safely be discharged home, including continued access to bed-based, nursing and end-of-life care pathways. Relevant stakeholders, including local MPs and trade unions, have been formally updated on the outcome.

This home-first model aligns with the Government's 10-Year Health Plan, which emphasises a shift from hospital-based care to community-based care. We have been working closely with partners in Newham and Tower Hamlets to strengthen discharge planning and ensure a smooth and seamless transition from hospital to home. I am aware that this has been a time of uncertainty for colleagues who work on Fothergill Ward. I am grateful for their professionalism in continuing to support the remaining patients in their care and supporting one another. I will be writing to each colleague to personally thank them for their service on Fothergill Ward. I am glad the skills and insights they have gained will continue to support patients and families in their new roles.

4.6 Care Quality Commission

The CQC conducted an inspection of five core services between November 2025 and March 2026. They inspected Adult crisis services and health-based places of safety (HBPoS), Adult community mental health services, Community health services, Adult inpatient services and Child and adolescent inpatient services. The Well-Led inspection concluded in July 2026.

We have now received the draft report for each of the core service inspections and the Well Led inspection. Each draft report undergoes a factual accuracy process which gives the Trust the opportunity to respond to any areas of the report which are factually

inaccurate and also provide additional context which may support how findings are interpreted. Two of five inspection reports have now been published (Crisis and HBPOs report summarised in Board July paper). The Child and Adolescent inpatient report was published in August 2026, receiving a rating of good against all key questions with no regulation breaches. This is a reduction from an overall outstanding rating from our last core inspection rating in 2016.

Good practice was noted in relation to strong commitment to therapeutic recovery. They found that staff demonstrated a proactive and coordinated approach to risk management; interactions between nursing, the multidisciplinary team and the wider clinical teams were consistently positive; and there was a strong commitment to learning, improvement and innovation. Most young people told the assessors that they felt safe within the ward environment.

There were areas that need improvement, some young people raised issues in relation to the quality and choice of food, with requests for greater variety. Some young people asked for increased access to leave and outdoor spaces, especially during weekends. Inpatient services have been doing work with young people in relation to both of these areas. The team is working with young people to develop increased meaningful activities out of hours; the programme has received positive feedback from young people. The CAMHS working together group and Estates people participation are connecting young people and their views about development of menus with our food providers. Progress with these developments will be tracked through the directorate management team and feedback provided to the CQC oversight group reporting to the Quality assurance committee.

5.0 Connecting with Teams

5.1 CEO Breakfast Meeting – Luton

I was pleased to meet over 30 Luton colleagues on 30 July 2026. We spoke about the Trust Strategy, the accompanying implementation plan, and the CQC assessment process underway when we met. We also discussed flexible working and the importance of getting the balance right when providing a service; Older People's inpatient services shared their difficulties in obtaining Speech and Language Therapy for their patients. We discussed early findings of the Bethnal Green Neighbourhood approach in reducing A&E attendance, and colleagues raised the differences in local authority provision across the county.

Colleagues spoke about how difficult it had been and continued to be working during the heatwave and the impact of this on patients, affecting their behaviour. I acknowledged the challenge of this when working from buildings not designed for mental health care or the extreme temperatures experienced. I thanked staff for all they had done over the summer. Our Estates team are looking at solutions but some of the layouts in our units make this a real challenge.

5.2 Trust Talk Live: Staff Experience

Our most recent Trust Talk Live online event on 22 July was attended by over 200 colleagues. The topic was Staff Experience and was a chance to reflect on the feedback

we have had from staff and what we are doing to address this through the new ELFT Strategy, via our Staff Experience programme and other initiatives.

The discussion moved quickly to the impact of racism on staff. Staff reported a sense that communities had become more brazen and emboldened in expressing racist behaviour. But some also noted experiencing 'subtle' racism. The Trust's anti-racism strategy is to be launched later this year. Participants agreed that tackling racism is an organisational responsibility, not the responsibility of those who experience it. Everyone needs to be equipped to recognise it, address it, call it out and take action.

The discussion also touched on the impact on staff of long consultations about organisational change which are unsettling and create uncertainty. The issue of lengthy investigations was also raised and the need for ongoing support for all involved: the alleged victim and alleged perpetrator. We are looking into this in our Staff Experience programme.

Our culture at ELFT was highlighted. Colleagues felt that ELFT remained a friendly place to work but stressed the importance of politeness. Saying hello and thank you; receiving praise and recognition for good work.

I really value the candour of staff when attending these forums. I feel that our conversations are real, open and honest giving us a clear sense of how it feels for staff day to day. I am grateful to them for making time to take part.

5.3 Two Staff Join NHS 78th Anniversary Celebration at No 10

Two ELFT colleagues attended a reception at 10 Downing Street on 6 July to mark the 78th birthday of the NHS and to recognise the dedication of staff across the country. Anna Lipinska, Physical Health and Hospital Liaison Lead for Path 2 Recovery (the Trust's addictions service in Bedford Borough and Central Bedfordshire), was invited alongside Peter Spelman, Senior Social Worker for the Tower Hamlets Child and Adolescent Mental Health Service (CAMHS). Speeches were made by both the Health Secretary and the (then) Prime Minister, Keir Starmer, before general networking amongst attendees.

5.4 People Participation Awards

The People Participation Awards took place on 8 August and are one of the highlights of my year. It brings together service users, carers, volunteers and staff from across ELFT to celebrate the power of co-production. As well as recognising outstanding individual and team achievements, the evening is also a reflection of something much bigger: our commitment to working in partnership with service users and carers.

Co-production has become a fundamental part of how we design, improve, and deliver services across the Trust. Congratulations to all those nominated and to this year's winners:

- Befriender of the Year (Champions): Johanna Heyes, Manjit Lotay, Pauline Roby
- Carers People Participation Award: Karen Lee
- Person of the Year: Stuart Forsythe
- Project of the Year: Trust Strategy Group
- Contribution to QI & Service Improvement: Beds & Luton and Learning Disability Working Together Group
- Creative Skills & Showcasing Talents: Donna Harris and Daukoru Jonah

- Digital Champion Award: Digital Life Coaches
- Interview Panellist Award: Dawn Hutcheon
- Research & Innovation Award: People Participation Digital Committee
- Trainer of the Year: Patricia Williams-Ollivierre
- Volunteer of the Year: Billia Choudhury
- Young Person of the Year: Courtney Davey-Bulleymore
- Equality, Equity and Inclusion Award: John Lawson

5.5 Staff Awards 2026/2027

The nomination window for the ELFT Staff Awards has opened. Our Staff Awards remain an important opportunity to highlight excellent practice, celebrate achievements, and recognise colleagues and teams who consistently go above and beyond. We do not plan to return to the Troxy for our awards night this time around. We are exploring a number of venue options that might offer a similar sense of occasion but are more affordable. We anticipate that the ceremony will take place early in 2027.

6.0 ELFT people updates

6.1 CHS Services Leadership

After four years of dedicated service, Anna Bjorkstrand, Director of Community Health Services for east London, will be leaving the Trust on 23 September 2026. Robin Campbell, currently Service Director for Bedfordshire Community Health Services, will become Interim Service Director for all Community Health Services from 24 September 2026. Robin joined ELFT in 2008 and has held a range of leadership roles across mental health, community health, strategy and integrated care. Since 2024, he has served as Service Director for Bedfordshire Community Health Services. I would like to thank Anna for her contribution to community health services in East London. I wish them both every success in the next stage of their careers.

6.2 Director of Nursing for London Mental Health Services

Congratulations to Ruth Cooper who has been appointed as Director of Nursing for London mental health services for one year. Ruth will take up the role on 1 October 2026. Ruth, a Learning Disability Nurse with extensive experience leading services across ELFT and wider health systems, is moving into the role from her current post as Associate Director, Quality and Safety CAMHS Inpatients and Admission Avoidance Pathway. The one-year role is available after Director of Nursing for London mental health, Sasha Singh, was appointed as ELFT Director of Quality on a 12-month fixed-term role.

6.3 Deputy Chief People Officer to Leave

Deputy Chief People Officer, Barbara Britner, has been appointed as Chief People Officer at Medway NHS Foundation Trust. During Chief People Officer Tanya Carter's maternity leave, Barbara stepped into the role of Acting Chief People Officer, leading with compassion, integrity and a strong commitment to supporting colleagues across the organisation. She has provided outstanding leadership to the Trust's People and Culture service. This appointment is well-deserved recognition of Barbara's expertise, dedication and passion for creating positive working environments where people can thrive.

6.4 Permanent Appointment of Director of Specialist Services

I am delighted that, after a year as interim Director of Specialist Services, George Chingosho has been appointed in the permanent role, following a competitive interview process. George was previously the Associate Director Patient Safety & Quality, Inpatient CAMHS & Alternatives to Admission. He is a mental health nurse who has held a number of senior leadership roles in the Trust. His portfolio includes Children and Young People's services, Talking Therapies and Addiction services. Congratulations.

6.5 Director of Estates, Facilities and Capital Development

After five years at ELFT, David Stevens, Director of Estates, Facilities and Capital Development, will be leaving the Trust to start a new role as Executive Director for Infrastructure at Guy's and St Thomas' NHS Foundation Trust (GSTT). I would like to thank David for his outstanding leadership and commitment during his time here. His contribution to improving our estate and supporting the delivery of high-quality care has left a lasting impact across the organisation. I wish him every success and happiness in his new role and thank him for everything he has achieved during his time at the Trust.

6.6 ELFT Consultant Appointed Central East ICB Clinical Lead

Dr Sanjay Nelson, our Clinical Director for Learning Disability and Consultant Psychiatrist, has been appointed as Clinical Lead for Acute Pathway for Mental Illness for two years at Central East ICB. This role will exist alongside Sanjay's current role in ELFT.

6.7 Chief Operating Officer (COO) Appointed

I am pleased that Day Njovana, Service Director Tower Hamlets, has been appointed as the substantive COO, following an external recruitment process. Day qualified as a Mental Health Nurse in 2003 and has spent more than ten years at ELFT, working for our Forensic services and in Tower Hamlets. Transition arrangements are being worked through to release Day as soon as is practicable. Many congratulations.

6.8 Farewell to Edwin Ndlovu MBE

As Edwin prepares to leave the Trust, I want to take this opportunity to reflect on the exceptional contribution he has made to ELFT over many years. Beginning his career as a mental health nurse, Edwin has held a wide range of clinical, operational and leadership roles across the Trust, including Borough Lead Nurse and Associate Clinical Director in Newham, Borough Director for Tower Hamlets, Chief Operating Officer and Deputy Chief Executive.

Edwin has made a lasting difference to our organisation, not only through the services he has helped to strengthen and the progress he has led, but also through the way he leads. He is kind, compassionate and authentic, bringing humility and integrity to even the most challenging situations. He has consistently kept service users, carers, communities and colleagues at the heart of his decisions, while supporting and

developing many people throughout their own careers. His leadership embodies our values of We Care, We Respect and We Are Inclusive.

Edwin will be greatly missed, both as a colleague and as a friend to many across the Trust. On behalf of the Board and everyone at ELFT, I want to thank him for his outstanding service, his commitment to our communities and everything he has given to the organisation. We are immensely proud of his appointment as Chief Executive of North East London NHS Foundation Trust and wish him every happiness and success in his new role. Our close partnership with NELFT will continue, and I look forward to working with Edwin in his new capacity as our two organisations build on their strong relationship and continue collaborating to improve care for the communities we jointly serve.

7.0 Other service updates

7.1 New Mental Health Crisis House Opens for Bedford

We have opened a new NHS mental health crisis house in Bedford, which will provide a safe, welcoming alternative to hospital admission for adults experiencing a mental health crisis. In partnership with health and social care charity SIG Penrose, the new service at Kelvin Grove, Rothsay Road, will offer 24-hour, short-stay therapeutic support in a homely, non-clinical environment. It is an 11-bedroom facility created to help people receive timely care closer to home, supporting recovery while creating additional capacity within the local crisis pathway. By providing intensive community-based support before inpatient admission becomes necessary, the service will help ensure people receive the right care in the most appropriate setting while reducing avoidable pressure on inpatient mental health services.

Funded through a £1.5 million capital investment from NHS England, Kelvin Grove has been extensively refurbished, bringing a long-vacant property back into use as a modern therapeutic environment. Throughout the project, people with lived experience of mental ill health have worked alongside staff to help shape both the design of the building and the way the service will operate. I am pleased that we now have an alternative in Bedford to hospital admission for local people. The opening of Kelvin Grove marks an important milestone in improving urgent and emergency mental health care across Bedfordshire and Luton. It forms part of a wider programme to expand access to community-based support and strengthen local mental health services at a time when demand continues to grow.

7.2 Wellbeing Games

People from across Bedfordshire and Luton came together at Bedford International Athletic Stadium on Friday 31 July for the third Bedfordshire and Luton Wellbeing Games. The free, family-friendly, NHS-organised event offered a day of sport, fitness and wellbeing activities, giving local people the opportunity to get active, try something new and learn more about support available in their area.

Mohammad Yasin, Member of Parliament for Bedford and Kempston, joined us to try out activities and see the games in action.

The games are part of ELFT's population health approach to improve the health and wellbeing of communities by making physical activity welcoming and easy to access to improve both mental health symptoms and physical health outcomes. More than 20 local organisations helped make the day possible, offering activities, advice and support, among them Family Hubs, Be Active Beds, Blue Sky Carers Support, Move Against Cancer, Bedford Hospital, and many more.

7.3 Online Maternity Platform for Bedfordshire for Birth Trauma

A Bedfordshire service has made an online bulletin board for the local community to learn about support for people who have been affected by birth loss and trauma. OCEAN in Bedfordshire and Luton, is an integrated maternal and mental health service, looking at ways to improve support provided for families impacted by traumatic pregnancies. The platform provides: common responses following perinatal trauma and loss; advice on how to look after yourself or support somebody else; and additional services, podcasts, books and videos with expert knowledge and skills.

7.4 Moving to Digital Correspondence

From Autumn 2026, we will begin introducing a new way of sending letters to patients and carers in some services across East London, Bedfordshire and Luton. Email correspondence will become the default way that service users and carers will receive details about upcoming appointments or other important communication. The aim is for service users and carers to receive communication from their service more quickly than waiting several days for postal delivery. People will be able to access letters at any time from a smartphone, tablet or computer - an advantage if an individual is in temporary accommodation or who move home frequently.

People will continue to have a choice about how they would like to receive correspondence, whether this is by post, by email, or a mixture of both, and can opt out of receiving information electronically. A 4-digit PIN number will be issued when a letter has been sent for them to access it. If service users or carers do not access the link in the email within 48 hours of delivery, they will receive a physical letter instead.

7.5 New NHS Uniforms

The NHS is introducing a new standardised smart uniform to help patients identify staff roles more easily. The new uniforms use nationally agreed colours and trims to distinguish different professions and band levels. The uniforms are designed to be breathable, sustainable, culturally inclusive and easy to care for, requiring little to no ironing. We have begun issuing the new uniforms to Community Health Services staff as part of the national rollout and are collecting and safely disposing of old uniform.

7.6 £25 Million Funding Secured to Refurbish Trust's Largest Forensics Service Building

As part of a national funding announcement by the Department of Health and Social Care for 10 major projects across England worth £200m, the Trust has received £25 million for the renovation of the John Howard Centre in Hackney.

The John Howard Centre is a medium-secure Forensics service in Homerton, Hackney. It supports service users with their mental health from across North East London who

are going through the criminal justice system. It provides services aiming to reduce the risk of reoffending, while providing psychiatric treatments and rehabilitation.

It will include changes to the way that wards are laid out, helping to improve lines of sight and clinical observations. The funding will also go towards providing ensuite bathrooms, improving patient privacy and creating a safer environment for patients and staff. Critical building infrastructure, including electrical systems, heating, ventilation and security systems will also be funded as part of the programme.

Work will commence during 2026/27 and complete next financial year.

This improvement work has already commenced on Ludgate Ward. The three remaining wards (Aldgate, Broadgate and Moorgate) are planned to begin in the 2027/28 financial year, with full completion by 2028/29.

7.7 Helping Patients, Service Users and Visitors Find Their Way on ELFT Premises

ELFT has forged a partnership with AccessAble to provide detailed access information across our buildings and services to help patients, visitors and staff plan their visits with greater confidence and reduce uncertainty. This is a key step towards creating a more inclusive and welcoming environment for everyone who uses our services.

Between 14 September and 9 October, AccessAble surveyors will be visiting Trust sites to collect information for a series of comprehensive Access Guides. These guides will be published on the AccessAble website and made available through the Trust's website, offering clear and practical information about accessibility features across ELFT locations.

The guides are designed to support informed choices and reduce anxiety for disabled people, older adults and anyone with access requirements. They do not rate or judge the accessibility of sites. Instead, they provide factual descriptions of facilities and services, enabling people to understand what is available before they arrive.

7.8 South Asian Heritage Month

ELFT marked South Asian Heritage Month in July, with this year's theme 'Unity in Diversity' celebrating the contribution of our South Asian staff to patient care. Events in July celebrate the extraordinary breadth of South Asian communities while exploring shared values, intertwined histories, and a common commitment to community and belonging. Staff took part in various events within their respective directorates.

7.9 World Suicide Prevention Day – 10 September 2026

World Suicide Prevention Day is a global awareness day dedicated to raising understanding, reducing stigma, and encouraging action to prevent suicide. The theme is set by the World Health Organisation (WHO) and the International Association for Suicide Prevention, a global partnership of mental health organisations promoting evidence-based action to reduce suicidal behaviour. The current theme covers 2024-2026, focussing on 'Changing the Narrative on Suicide' - moving from a culture of silence and shame to understanding and support.

The Trust issued two films online from ELFT's Suicide Prevention lead, Dr. Elena Baker, and from a service user who shared their insights. And on the intranet, we promoted training for colleagues who may feel uncertain about talking about suicide or supporting someone in distress to help build confidence, develop skills and provide practical guidance. We also paired up with Leyton Orient football team where players and staff were filmed for social media talking about mental health support and the importance of talking and listening.

8.0 Awards and Recognition

8.1 Bedfordshire Colleague Recognised for Improvements to Palliative Care

Congratulations to Sarah Myford, Lead Nurse for Specialist Palliative Care in Bedfordshire Community Health Services, who has received a Cavell Star Award. This is a programme that honours exceptional nurses, midwives and healthcare assistants for going above and beyond. Sarah was nominated by her team for the invaluable care she has provided for palliative patients, along with their families, enabling the individual to remain in their preferred place of care, which is often at home.

9.0 Action Being Requested

9.1 The Board/Committee is asked to:

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

REPORT TO THE TRUST BOARD IN PUBLIC

24 September 2026

Title	Audit Committee Meeting held on 10 September 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 10 September 2026.

Key messages

10 September 2026

The Committee received assurance on progress with the internal audit workplan, planning for the 2026/27 external audit, counter fraud activity, the refreshed Board Assurance Framework, procurement waivers and breaches, and losses and special payments. Members focused on the credibility and impact of revised management action dates, the Audit Committee's role in assuring the overall risk management process, and the need for a coherent approach to tracking actions arising from internal audit, CQC and other assurance sources. In reviewing the action log, the Committee emphasised that action descriptions should be sufficiently clear and precise to enable members to understand the intended outcome and assess progress, and requested a defined Executive owned process for tracking wider improvements identified beyond internal audit findings, including evidence of impact.

Internal Audit Plan Progress Update

The Committee reviewed progress against the 2026/27 Internal Audit Plan, including reviews in progress and implementation of management actions. Discussion focused on whether revised delivery dates were realistic, how dependencies were being managed and how the Committee could gain assurance that actions were delivering the intended improvement.

Key points

- The Committee noted that a full set of completed reports and a more detailed debrief on progress would be presented at the next meeting.
- Five management actions had passed their original deadlines, and revised dates had been agreed with Executive owners. Members requested confirmation that the revised dates remained achievable and emphasised that realistic deadlines should be prioritised over repeated extensions.
- Dependencies between some actions and the wider governance review were acknowledged. The Committee requested clarity on which specific actions were affected and how the respective timelines aligned.
- Members highlighted the extended timeframe for the temporary staffing action, given its importance to delivery of the Trust's financial plans, and requested further assurance on the trajectory, mitigations and achievability of the revised date. It was agreed that an update would be circulated following the meeting.
- The Committee received a general briefing from RSM on the accelerated adoption of artificial intelligence across the NHS. The planned rollout of Microsoft Copilot across the NHS was also noted during the discussion.

External Audit Progress Update

The Committee received an update on planning for the 2026/27 external audit, and the outcomes of the lessons learned discussion between the External Auditors and the Finance Team.

Key points

- The Committee welcomed the strong collaboration, timely evidence and high-quality papers that supported completion of the previous audit to a high standard and within the required timetable.
- Actions for the next audit cycle will focus on payroll areas that generated the greatest volume of queries and on improving interactions with relevant teams.

- The interim audit will begin one month earlier, moving from March to February, with a progress update planned for the February Audit Committee meeting.
- Members congratulated the External Auditors on positive quality inspection outcomes, including an NHS file reviewed through the Financial Reporting Council inspection process and a separate internal NHS file review.
- The proposed Health Bill was not expected to make fundamental changes to the Trust's financial reporting responsibilities, although administrative reporting requirements and wider governance arrangements may change if the legislation is enacted.

Counter Fraud Progress Report and Policy Update

The Committee reviewed progress against the counter fraud plan, expanded monitoring arrangements, implementation of the new declarations system and proposed amendments to the Counter Fraud Policy.

Key points

- The counter fraud dashboard had been expanded to include review of NHS Counter Fraud Authority prevention notices, learning reports and guidance, together with relevant testing undertaken through RSM audits where no formal assurance opinion was issued.
- The Committee clarified that the reported figure of just over £34,000 related to losses experienced by members of the public through a certificate of sponsorship scam and was not a financial loss to the Trust.
- Two overdue recommendations relating to the new declarations system and communications plan remained open pending evidence of implementation. Rollout was planned to begin with Non-Executive Directors, followed by other decision-makers and staff, with existing information used where appropriate to pre-populate declarations.
- The Committee approved amendments to the Counter Fraud Policy reflecting legislative changes.

Board Assurance Framework Quarter 1

The Committee reviewed the Quarter 1 position and progress with the refreshed individual BAF risks as they were considered by their responsible committees. Discussion focused on finalising a consistent framework and clarifying the Audit Committee's role in assuring the effectiveness of the organisation-wide risk management process.

Key points

- The BAF refresh addressed inconsistent templates, missing risk numbers and risk descriptions that did not consistently articulate the strategic risk. The refreshed BAF is currently going through relevant committees for approval. Given that BAF was now redesigned, members emphasised that its effectiveness would now need to be tested through use.
- The Committee requested that final BAFs clearly distinguish activities that maintain a current risk rating from actions intended to improve it, and identify which actions were expected to change the risk score and by when.
- The Committee supported detailed scrutiny, including deep dives, of individual BAF risks by the committees responsible. The Audit Committee's role is to retain oversight of the effectiveness and added value of the overall risk management process without duplicating the work of other committees.
- Further work was requested to describe the corporate risk register escalation process and how Audit Committee would obtain assurance that operational and corporate risks were appropriately identified, escalated and reflected in the BAF.
- The assurance map and finalised BAF will be presented at the next Audit Committee meeting.

Waivers and Breaches

The Committee reviewed procurement compliance and received assurance on proactive work to improve understanding, planning and adherence to procurement requirements.

Key points

- One waiver was approved during the period in relation to an uplift in the contract renewal value for equipment used by forensic services. No formal breaches of Standing Financial Instructions were identified.

- The Procurement Team continued proactive engagement with directorate management teams, services and staff to resolve uncertainty early, improve contract planning and prevent non-compliance or last-minute waivers.
- The Committee identified and corrected an inconsistency in the written report so that it accurately recorded one approved waiver rather than zero.

Losses and Special Payments

The Committee reviewed losses and special payments reported for the year to date and was satisfied that appropriate governance and reporting arrangements remained in place.

Key points

- Nineteen losses and special payments totalling £69,000 were reported for the year to date. Five items, totalling £9,000, related to Quarter 2.
- No items met the threshold for external reporting to NHS England. Most of the value related to legal payments covered by the NHS Resolution scheme.
- The Committee noted the report.

Quality Assurance Committee Feedback

The Committee received feedback from the Quality Assurance Committee on patient safety, organisational learning, CQC findings and action tracking.

Key points

- Discussion had focused on serious incidents, patient deaths and prevention of future death notices, including organisational learning, safeguarding, risk assessment, multi-agency working and implementation of resulting actions.
- A recurring theme was the need to demonstrate measurable and sustainable improvement in outcomes rather than relying predominantly on process measures.
- Stronger organisational oversight was requested of recurring themes and of actions and outcomes arising from prevention of future death notices.
- Further assurance and clearer tracking were required in relation to CQC findings, including where findings had appeared unexpected despite indications that issues were already known and reported through committees.

Matters for Board Attention

- Progress with internal audit delivery, including credible due dates for management actions.
- The Audit Committee's role in overseeing the overall risk management process as the refreshed BAF is finalised.
- A robust, organisation-wide approach is required to track recommendations and actions arising from internal audits, CQC, variation reviews and other assurance sources, and to evidence that they have achieved their intended outcomes.

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.

REPORT TO THE TRUST BOARD IN PUBLIC 24 September 2026

Title	Integrated Care and Commissioning Committee (ICCC) 8 September 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 8 September 2026.

Key messages

The Integrated Care and Commissioning Committee received updates on the proposed process for moving from an interim to permanent model of care, following the closure of Simmons House, development of the prevention framework, implementation of the Trust Strategy and the refreshed Board Assurance Framework risks relating to integrated care, partnerships and commissioning. The Committee also noted arrangements for a joint meeting with the equivalent North East London NHS Foundation Trust committee in November and received an update on Compass Wellbeing Community Interest Company (CIC).

Simmons House

The Committee received an update on the proposed process for moving from the current interim model to a permanent model of intensive mental health services, following the closure of the Simmons House general adolescent unit. The process will be led by the North Central and East London Child and Adolescent Mental Health Services (CAMHS) Provider Collaborative, working with the responsible commissioner and informed by clinical leadership review of impact data.

Key points:

- The Provider Collaborative is developing a robust case for change, informed by clinical leadership, impact data and patient participation, before consideration through the relevant governance processes and by the North Central London Joint Health Overview and Scrutiny Committee at the end of November. The Committee will determine whether formal consultation or formal engagement is required.
- The Committee reflected on the ongoing success of the provider collaborative since the closure of Simmons House in not having to place any young people outside of their footprint, a steady decline in admissions to inpatient beds and overall improved outcomes. Assurance was provided around actions and mitigations for risks around community concerns and the outstanding Care Quality Committee (CQC) incident investigation.
- A further update will be brought to the November meeting.

ELFT Prevention Framework

The Committee received a presentation on the 'ELFT acts EARLY' prevention framework, developed through extensive engagement with staff, service users and carers. The framework supports a shared understanding of prevention as a way of working and the Trust's influence on the wider determinants of population health.

Key points:

- The strength of feedback from extensive engagement with staff and service users that prevention is a way of working and the need to build on the system structures to support a shift towards it, as well as improving visibility of existing examples.
- The Committee noted the prototype acronym 'ELFT acts EARLY' as the strategy framework, welcoming the use of memorable, positive and action-orientated language and the support this will provide clinical and professional leads in integrating the framework into daily clinical care practice.

- The Committee reflected on the work to develop a self-assessment tool for teams to identify gaps and next steps with a focus on equity and working in partnership.
- The Committee approved the proposal to test ELFT Acts EARLY through practice and agreed measures. The framework will link to the balanced scorecard and the annual population health report, with a future update on implementation and learning.

Strategy Update

The Committee received an assessment of progress in putting the strategy delivery framework into practice and how the five components of the framework are developing. The Committee's input was sought on whether this initial report is appropriately focused to provide sufficient assurance going forwards.

Key points:

- The Committee commended the progress and approach, recognising the excellent response from directorates in planning against the strategy and opportunities for engagement of frontline teams with the new priorities when reviewing and assessing the alignment of their annual plans. Assurance was provided on valuable feedback around the corporate support required to deliver on plans and the development of a robust communications and engagement plan and forward-planning approach to support coherent messaging and two-way communication.
- Further consideration was requested on how competing priorities and trade-offs will be identified, sequenced and resolved. The report was otherwise endorsed as an appropriate and proportionate assurance framework to support assessment of progress without duplicating reporting elsewhere.

Board Assurance Framework – Improving Population Health Outcomes

- BAF 4 Integrated Care; *Building and sustaining the capability and capacity needed to deliver effective, joined-up and preventative models of care.*
- BAF 5 Partnerships: *Building and sustaining effective partnerships to improve population health, reduce inequalities and deliver joined-up care.*
- BAF 6: Commissioning: *Securing and influencing commissioning, contracting and service design arrangements that support equitable and sustainable services.*

The Committee reviewed the refreshed Board Assurance Framework risks within its remit, which provide clearer distinction between the Trust's internal capability to deliver joined-up and preventative care, its relationships with partners, and the commissioning and contracting environment. The Committee welcomed the clearer articulation of internal controls and actions relating to risks that the Trust can control or influence.

Key points:

- All three risks remain at a risk score of 16 (Significant) with a target score of 12 (High).
- The Committee noted that links with strategy delivery work and the identification of significant control gaps will drive the BAF actions. The Committee highlighted the need to prioritise the partnerships most critical to delivery of the Trust Strategy. Changes in Integrated Care Board (ICB) capacity and risks associated with emerging contractual forms are reflected within the commissioning risk.
- As progress is made in closing identified gaps, changes to the risk scores are anticipated over the next six months. This will be a good test of the revised BAF.
- The refreshed risks were approved, subject to the amendments and clarifications discussed.

Joint Committee Meeting with North East London NHS Foundation Trust

The Committee noted that a joint meeting with the equivalent North East London NHS Foundation Trust committee is scheduled for 12 November 2026. The meeting will support shared consideration of relevant system priorities and matters of common interest across the two Trusts.

Compass Wellbeing CIC

The Committee received and discussed an update on the Compass Wellbeing CIC strategy and supporting financial plan.

Key points:

- The Committee noted the updates provided and agreed that further work would continue through the appropriate governance route.

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

REPORT TO THE TRUST BOARD IN PUBLIC

24 September 2026

Title	Quality Assurance Committee meeting on 7 September 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 meeting held on 7 September 2026.

Key messages

7 September 2026

The Committee considered a substantial range of quality, safety, regulatory and operational matters and welcomed the progress and improvement activity under way. Members discussed how future reporting could build on this work by providing clear assurance on progress, including ownership, milestones, expected trajectories and evidence of sustained impact. Further updates were requested in areas including investigation timeliness, action effectiveness, governance consistency, workforce capacity, access and flow, to support the Committee's continuing oversight and assurance to the Board.

Emerging Issues

The Committee received updates on recent deaths, current coronial proceedings, a new Prevention of Future Deaths (PFD) report and wider learning. Discussion focused particularly on how the Committee can strengthen its collective oversight of PFDs and receive clear assurance that actions have been completed, embedded and are leading to sustained improvement.

Key points:

- The inquest into the tragic homicide on Topaz Ward in 2023 commenced on 7 September.
- Two recent deaths were reported. One concerned a detained patient who died away from Trust premises while absent without leave. The initial 72-hour review did not identify significant concerns regarding the care provided, although a Patient Safety Incident Investigation (PSII) will examine the circumstances further.
- The second death involved an inpatient with complex mental and physical health needs. A potential impediment to timely access to resuscitation equipment was identified. Access arrangements were reviewed across the Trust immediately and any issues identified were rectified. A PSII will be undertaken, and the Committee also supported wider work on recognising and responding to physical deterioration in mental health settings.
- A new Bedfordshire PFD report identified concerns about the response to a rapid deterioration in mental health, including referral handling, timely assessment and coordinated multi-agency risk formulation. The service has audited its duty arrangements and risk processes, introduced bespoke training and planned a further audit. The Committee noted the action already taken but requested continuing monitoring and evidence that the changes are embedded before being assured that the identified gap has been fully addressed.
- Members recognised that direct comparison of PFD numbers between organisations is unreliable because coronial practice varies. The Committee nevertheless requested a more visible and systematic overview of the Trust's PFDs, bringing together the matters identified by coroners, required actions, responsible leads, completion evidence and recurring themes.
- The Committee asked that this overview should go beyond reporting whether an action is complete. It should demonstrate whether changes have been embedded, whether they have

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza OBE

had the intended effect and whether similar concerns continue to arise through PFDs, patient-safety investigations or other quality intelligence.

- Existing medical-director-led review arrangements, central action monitoring, the integrated patient safety report and the four-year thematic review provide the basis for this assurance. Further work will consider how this information can be brought together into a Committee-level tracker that supports scrutiny of progress and recurring themes over time.
- Quality Committee reviewed learning from the Southport inquiry and its relevance to both children's and adult services, alongside related previous PFD learning. Themes included professional curiosity, avoiding passive acceptance of information and strengthening multi-agency safeguarding and information sharing.
- Executive oversight of the Tower Hamlets incident continues. Immediate actions have been completed or are in progress, with wider learning linked to physical-health deterioration, relational security and safeguarding work.

Operational pressures and winter readiness

The Committee received an update on current operational pressures and the development of the Trust's winter plan and organisational assurance statement.

Key points:

- Increased waits through emergency departments, a rise in patients clinically ready for discharge who remained in beds and short-term use of independent-sector beds in North East London were reported.
- Directorate winter assurance statements had been consolidated, and a quality impact assessment was being completed. The Committee agreed that the documents could be reviewed electronically, provided members were provided with the information in a timely manner before final reporting through to Board and approval by CEO and Chair before submission.

Recognition and response to physical deterioration

The Committee received an update on work arising from recent incidents and wider national learning about recognising and responding to physical deterioration in mental health settings.

Key points:

- Immediate local checks and actions had been completed following the recent inpatient event, including review of access to emergency equipment.
- The Committee supported a wider Trust review of deteriorating-patient recognition and response, including the training and assurance required across mental health services.
- Members requested that the terms of reference, progress and evidence of implementation are brought back through the Committee's reporting arrangements.

Board Assurance Framework: Risk 1 – Quality and Safety

The Committee reviewed the refreshed single Board Assurance Framework (BAF) risk covering quality and safety and supported retaining the current score of 16, Significant. Members welcomed the more concise and strategic format while requesting greater clarity about the route to risk reduction.

Key points:

- The principal areas of focus include access and patient flow; delivery and standardisation of quality and safety priorities; CQC actions; governance and use of data; unwarranted variation; and clinical leadership in transformation.
- For each priority, the BAF should show what good looks like, the measures and trajectory that will demonstrate improvement, the expected timing of impact and the point at which the risk score could reasonably reduce.
- Narrative statements should not be presented as evidence unless supported by agreed measures, outcomes or other demonstrable assurance. Equity gaps should similarly be expressed as defined outcomes with timescales.
- Members linked the risk to current access and flow pressures, delayed assessment and admission, bed availability and delayed discharge. Capacity-and-demand modelling has been commissioned and will consider inpatient capacity, community provision, prevention and earlier help.

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza OBE

- The revised BAF is intended to support earlier identification of emerging quality and regulatory risks. The Committee asked that its forward plan and future scrutiny are aligned to the priorities within the risk.

Care Quality Commission Update

The Committee discussed the public core service reports and associated action plans for crisis services and health-based places of safety (HBPoS) were rated Requires Improvement and inpatient children and young people's mental health services were rated Good; both were rated Good for caring.

Key points:

- Members considered occasions when people remain in an HBPoS beyond the intended period because an appropriate bed is unavailable. The Committee recognised that this may be the lawful least-worst option to maintain safety, while emphasising that the wider solution is improved flow and timely access to the right care setting.
- The recurrence of inconsistent crisis-service processes in previous PFD learning and current Care Quality Commission (CQC) findings prompted wider questions about governance consistency and whether known weaknesses are being identified and resolved early enough.
- A Trust-wide governance workstream will consider quality and safety governance (for which work is already underway), auditing, reporting and appropriate standardisation from point of care to Board.
- Where final action-plan dates extend into 2027, the Committee asked for interim milestones and current mitigations to be explicit, so assurance does not depend on a distant completion date.
- The Committee requested that the final report specify what the Quality Assurance Committee will review, when it will review it and how assurance on delivery and closure will be provided to the Board. CQC updates will initially return to each meeting and resume a more usual frequency once agreed, noting the current intensity following the recent inspections but then the need to allow time for the actions to be completed.
- Committee members requested clearer visibility of known risks, mitigations and outstanding gaps, including matters already managed as 'least-worst' options due to external factors and any wider system issues identified through inspection.

Quality Report

The Committee considered the revised Quality Report before its onward presentation to the Board. Members welcomed the breadth of assurance and improvement activity and discussed how future reports could provide clearer assurance judgements and evidence of impact.

Key points:

- The quality report identified strengths through non-executive and executive visits, alongside staffing and workload pressures, digital infrastructure, estates maintenance and financial constraints. The Committee asked that the front sheet should not state that there are no risks where material concerns are described in the report.
- Future reports should state the level of assurance honestly, for example partial assurance where risks are understood and action is under way, and should include measures demonstrating whether quality-improvement work has made a difference.
- The Committee asked that quality impact assessment arrangements for the financial recovery programme are closed through to outcomes, including visibility of proposals stopped or changed because of quality or clinical concerns.

Performance Report

The Committee considered the revised Performance Report and welcomed the developing links between performance, quality and patient safety.

Key points:

- The performance report provided a useful basis for scrutiny. Members requested correction of inconsistent attention deficit hyperactivity disorder figures and clearer explanation of waiting-list changes, clinical-risk stratification, interim support and the genuine children and young people's mental health services waiting list following data cleansing.
- Members discussed the issue with reporting data approximately two months in arrears. The need to align performance, people and finance reporting periods was recognised. The Committee asked

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza OBE

that the most current reliable information available is used. It was noted that there is a balance between ensuring data flows through the Trust's governance in the right order before discussion at Board, ensuring that the right executive and committee scrutiny has taken place, along with the desire for up to date information.

Anti-Racism Strategy Launch

The Committee reviewed the Anti-Racism Plan and its proposed governance and delivery arrangements before onward consideration through the Trust's governance processes.

Key points:

- Members noted the links with the Trust Strategy and the Patient and Carer Race Equality Framework (PCREF), together with the actions, deliverables, timelines and oversight arrangements set out in the plan.
- The Committee asked for clear executive ownership and for future reporting to demonstrate measurable change and impact, informed by staff, service-user and community perspectives.
- Members also requested visibility of the resources committed to delivery, including where actions are being supported through existing education, training or other budgets.

Quality and Safety Directorate Deep Dive: Children and Young People's Mental Health Services and Specialist Children and Young People Services

The Committee undertook a combined deep dive into Children and Young People's Mental Health Services (CAMHS) and Specialist Children and Young People Services (SCYPS), considering achievements, service pressures, workforce, access, safety and integrated care.

Key points:

- There was limited additional temporary resource to address autism assessment waits which resulted in a reduction by 50%. The finding has now reduced back down to the baseline. Work is progressing on integrated neurodevelopmental assessment arrangements intended to improve family experience and efficiency.
- Funding has been secured for an East London avoidant/restrictive food intake disorder pathway, developed with North East London NHS Foundation Trust and linked to eating-disorder, community-health, paediatric, dietetic, occupational-therapy and speech-and-language services. Outcomes will be monitored because the evidence base and formal guidance remain limited.
- The Committee reviewed workforce pressures in the community nursing team and actions to stabilise leadership and staffing, define safe staffing levels and clarify the activity that can safely be delivered within commissioned capacity.
- The Bedfordshire and Luton CAMHS crisis service and home-treatment pathway service, saw a reduction in funding from the collaborative – so existing funding has been repurposed and teams redesigned to protect core crisis provision. Demand, capacity, pathway design and data are being reviewed to support a business case and wider system discussion.
- A short concentration of unexpected deaths involving young people in north Bedfordshire prompted a multi-disciplinary review. No evidence was identified that the cases were connected. Follow-up includes cross-agency communication, responsibilities across geographical boundaries, safeguarding and strengthened risk assessment.
- Members asked that children, prevention and workforce capacity remain visible priorities and that future deep-dive cover papers clearly state the level of assurance sought, achievements, unresolved risks and further action.

Integrated Patient Safety Report

The Committee reviewed the Quarter 1 integrated patient safety report, including learning-response timeliness, absent-without-leave analysis, recurring investigation themes and action oversight. Members welcomed the increased use of After Action Reviews and the developing thematic approach while requesting clearer evidence of timeliness, action effectiveness and improvement.

Key points:

- Completion of 72-hour reports and PSIs remains outside expected timescales. Contributory factors include case complexity, investigator capacity, family and staff engagement, multi-agency work and police investigations.

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza OBE

- Future reporting should break down overdue cases by duration and cause, distinguishing internal capacity constraints from external or case-related factors.
- The absent-without-leave review found that increased reporting was concentrated in a small number of services and repeated incidents involving a small number of people. Further local review and continued analysis will determine whether a sustained trend is present.
- Recurring themes across completed investigations included documentation, risk assessment, care and treatment, transitions, and family and carer involvement. The Committee asked for longitudinal evidence showing whether recurring themes are reducing or changing.
- Actions are reviewed monthly and immediate learning is considered before final reports are complete. Planned InPhase improvements will support clearer parent actions, sub-actions, thematic analysis and evidence of effectiveness. A future paper will set out progress.
- Members stressed that central expertise should support rather than displace service ownership of investigations, learning and measurable improvement.

Quality Committee Assurance Report

The Committee received the Quality Committee Assurance Report, covering key quality, safety and governance matters considered through the Trust's quality governance arrangements.

Key points:

- Members noted the breadth of assurance received, including the Quality Assurance Dashboard, information governance, emergency preparedness, health and safety, ligature-risk management and policy oversight.
- The Committee requested that future reports identify the overall level of assurance clearly and highlight any matters requiring escalation or further oversight.
- Progress was noted on the standardised assertive and intensive support model. A common operating procedure and care offer have been agreed, with capacity and funding differences, the Patient and Carer Race Equality Framework (PCREF) and relevant homicide-review learning to be considered as the work is embedded and audited.
- The InPhase resilience concern relates to reliance on limited specialist capacity to configure reports and system changes rather than routine use of the core system. Options to strengthen resilience are being considered, and the Committee requested that mitigations are explicit in future reporting.

Quality Assurance Committee Forward Plan and Terms of Reference

Key points:

- The forward plan will be reviewed against the refreshed BAF, Trust Strategy, CQC findings and wider governance review.
- CQC updates will initially return to each meeting, with frequency reviewed once the oversight arrangements are established. Updated terms of reference will return at the next meeting.

Matters Highlighted to the Board

Key points:

- The Committee's request for collective PFD tracking and clearer evidence that actions and recurring themes lead to sustained improvement.
- The need for the CQC action plan to show interim milestones, current mitigations, committee review points and the evidence required for closure.
- Retention of the quality and safety BAF risk score at 16, with future reporting to include measurable trajectories and explicit detail on plans/timing for reduction of the score.
- Current operational pressures affecting access, patient flow, delayed discharge and short-term use of independent-sector beds.
- Continued focus on: investigation timeliness, effectiveness of actions, governance consistency, workforce capacity and demonstration that improvement is embedded.

Previous Minutes: The approved minutes of previous Quality Assurance Committee meetings are available to Board Directors on request from the Joint Director of Corporate Governance.

Chair: Eileen Taylor

Chief Executive: Lorraine Sunduza OBE

Title	People Participation Committee (PPC) 17 September 2026 - Chair's Report
Committee Chair	Prof Dr Durka Dougall, Non-Executive Director and Committee Chair
Author	Marie Price, Joint Director of Corporate Governance Shruthi Belavadi, Deputy Director of Corporate Governance

To bring to the Board's attention key issues, assurances, challenges and decisions arising from the People Participation Committee meeting held on 17 September 2026.

The Committee considered how people participation is supporting delivery of the new Trust Strategy, reviewed participation in London and Bedfordshire Community Health Services, approved the proposed architecture for the People Participation Strategy Implementation Plan, discussed the final Membership Engagement Plan report and reviewed the refreshed Board Assurance Framework risk 3. The Committee welcomed strong examples of co-production and lived-experience leadership, while challenging the Trust to improve consistency, accessibility, measurement, reach and the way learning is shared across services.

- The Committee received assurance that participation is embedded in annual planning, service transformation, recruitment, induction and Quality Improvement. Service users are involved in 15 of 16 current QI projects, and 11 service-level focus groups provide insight into quality and assurance arrangements.
- The Committee welcomed the volunteer pilot to obtain feedback from people who are housebound, the use of newsletters and “You Said, We Did” communications, and involvement in prevention, integrated discharge, diabetes and other pathway work.
- Members challenged the service to strengthen access to British Sign Language support, improve the timeliness of participation payments, clarify the People Participation awards process and make better use of the skills and wider experience of service users when matching people to projects.
- The Committee emphasised that participation should support people to live their best lives, with quality of life defined by individuals, and asked that continuity of leadership and the embedded approach be maintained through the forthcoming change in service leadership.

- The Committee welcomed progress across communication, employment, prevention and accessibility, including accessible and translated information, carers' work, the first peer-support role in Bedfordshire Community Health Services, digital-life coaching, and involvement in a palliative virtual ward and service accessibility reviews using the co-produced checklist.
- Members noted the Quality Improvement work to increase the diversity of participation so that it better reflects the people using services. The discussion reinforced the need to include all protected groups and underserved communities, and to address low or uneven referral into participation activity.
- The Committee challenged services to share learning more systematically across London and Bedfordshire, using both formal accountability routes and accessible human approaches such as stories and newsletters. Members noted the opportunity created by shared leadership across

community health services, while recognising that learning must not depend solely on organisational structure.

People Participation Trust Strategy Implementation Plan

- The Committee considered a three-tier model linking Local Working Together Groups, the Trust-wide Working Together Group and the People Participation Committee. Local groups would shape and hold services to account for local strategy priorities; the Trust-wide group would share learning, support collaboration and identify Trust-wide themes; and the Committee would provide formal strategic oversight and assurance to the Board.
- Members supported a stronger, more proactive role for the Trust-wide Working Together Group rather than operating primarily as an information exchange. The Committee approved the proposed architecture as the basis for further development, with a more detailed plan to return including operating arrangements, management of overlap and duplication, and review points to test and refine the model.

People Participation Learning and Engagement Event

- There was strong support for re-establishing a Trust-wide People Participation Learning event or conference. Members recalled the value of previous events in bringing people together, showcasing work, sharing learning, building networks and helping service users and carers see opportunities for their own development.
- The Committee considered that an event could help make the Trust-wide Working Together Group more proactive, strengthen collaboration across local groups and services, and recognise the skills, talents and wider experience that people bring beyond their lived experience of illness or use of services.
- Members asked that any event should be accessible and inclusive, with specific consideration of Deaf and hard of hearing communities and others who may face barriers to participation. The preference was for an in-person event where feasible, using existing Trust facilities and resources to keep costs proportionate.
- The Committee asked the Director of People Participation and executive colleagues to explore the feasibility and format of such an event as part of the further development of the Strategy Implementation Plan. No final decision on the event itself was made at this meeting.

Membership Engagement Plan Annual Report 2025/26

- The Committee received the final report on the three-year Membership Engagement Plan and welcomed the shift towards visible, face-to-face community engagement, trusted information, practical support and partnership working across local communities.
- Members recognised that impact is not always captured through numerical measures and may be reflected in relationships, trust, practical help and people feeling heard. The Committee nevertheless challenged the Trust to continue exploring how impact and reach can be evidenced, including use of hybrid approaches where appropriate.
- The Committee noted that future engagement will need to evolve alongside national changes to NHS membership and governor arrangements, while retaining the commitment to listen, be present and work alongside communities. Prevention should reach beyond existing service users to people who may benefit from earlier information and support.

Board Assurance Framework - Risk 3

- The Committee reviewed the refreshed strategic risk relating to equitable and meaningful involvement and co-production with patients, carers and communities. The current score remains 12, with a target of 8.
- Members welcomed the clearer focus on meaningful involvement, leadership, culture and equity, and the explicit accountability of the Board for ensuring patient, carer and community voice is embedded in delivery of the Trust Strategy.
- The Committee challenged the accessibility of the BAF language and scoring and asked for a further session to explain the framework in straightforward terms. Members also sought clearer evidence of where participation is working, where barriers remain, who is not being heard, and how involvement has changed decisions and services.

- The Committee agreed that the score should reduce only when evidence demonstrates greater consistency and reach, stronger experience and demographic data, clearer impact on planning and improvement, and sufficiently stable participation and peer-support capacity. The risk and supporting measures will return for further discussion.

Other Matters and Decisions

- The Committee noted a verbal update on CQC inspections and agreed that a fuller update should be considered when sufficient information is available and the timing is aligned with wider committee reporting.
- The Committee noted that the Anti-Racism Strategy, shaped with input from members of the Committee, was due to be considered by the Board. The Committee reaffirmed the importance of listening, confronting inequity and demonstrating measurable progress.

Matters for the Board's Attention

- The Committee approved the proposed People Participation Strategy Implementation Plan for further development and requested clear review points and measures of effectiveness. It also asked to explore a Trust-wide, accessible and proportionate People Participation learning and engagement event.
- The Committee retained BAF Risk 3 at 12 and requested clearer, more accessible articulation of the risk and stronger evidence of consistency, equity, reach and impact before any reduction is considered.
- The Committee highlighted continuing challenges relating to accessible communication, timely participation payments, participation capacity, diversity of involvement, sharing learning across services and demonstrating how lived experience changes decisions.

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

REPORT TO THE TRUST BOARD IN PUBLIC 24 SEPTEMBER 2026

Title	ELFT Anti Racism Plan
Author/Role	Juliana Ansah, Head of Equity, Diversity, and Inclusion
Accountable Executive Director	Tanya Carter, Chief People Officer; Claire McKenna, Chief Nurse

Purpose of the report

This paper presents the ELFT Anti-Racism Plan 2026-2028, which supports the delivery of the Trust's new Strategy launched this summer. The Plan sets out the Trust's commitments and priorities for addressing racism and advancing racial equity for staff, service users, carers and the diverse communities it serves.

The Board is asked to approve the Plan and note that a supporting implementation plan will identify accountable leads, timescales, measures and reporting arrangements.

Committees/meetings where this item has been considered

Date	Committee/Meeting
1/9/26	People and culture Committee
4/9/26	Equity, Diversity, and Inclusion Committee
7/9/26	Quality Assurance Committee
17/9/26	People Participation (verbal update following previous engagement with members)
24/9/26	Trust Board

Key messages

- The Anti-Racism Plan provides a Trust-wide framework for moving from stated commitment to measurable action.
- The Plan covers five priority areas: Leadership and Workforce; Patient Care and Safety; Data and Governance; Communications and Culture; and Staff Networks and Lived Experience.
- It brings together existing workforce and patient race equality priorities, including the Workforce Race Equality Standard and Patient and Carer Race Equality Framework.
- Existing data demonstrates continuing racial inequalities in staff experience, career progression, employee relations processes and some areas of patient access, experience and outcomes.
- The Plan has been informed by available data, staff and service-user feedback, national requirements and learning from staff networks and people with lived experience.
- A separate detailed implementation plan will identify named leads, delivery timescales, measures of success and reporting arrangements.
- Progress will be monitored using quantitative and qualitative evidence, including workforce representation, recruitment, progression, employee relations, staff experience, patient experience, complaints and race-related incidents.
- A proposed local Staff Survey question will establish a baseline measure of staff confidence that the Trust is taking effective action to tackle racism. Subject to agreement, this will also be monitored through the Quarterly Pulse survey.
- Key risks include insufficient ownership, limited capacity, inconsistent implementation, incomplete ethnicity data and a loss of confidence if commitments do not result in visible change.
- Risks will be mitigated through executive and operational accountability, clear measures, regular reporting, directorate-level ownership and continued engagement with staff, service users, carers and communities.

Strategic priorities this paper supports

Improved population health outcomes	☒	
Improved experience of care	☒	
Improved staff experience	☒	
Improved value	☒	

Implications

Equality Analysis	A formal Equality Impact Assessment has been completed. The plan has direct and positive equality implications. Its purpose is to tackle racial discrimination and inequity, advance equality of opportunity, foster good relations and improve outcomes for staff, service users, carers and communities. The Plan recognises that experiences of racism are not uniform across racialised communities and that race intersects with other characteristics and circumstances, including gender, disability, sexuality and socioeconomic status. It supports targeted and proportionate action to address evidenced racial inequalities while maintaining a Trust-wide commitment to equity and inclusion. The EIA has identified no direct negative impact on any protected characteristic at Plan level. The principal implementation risk is inconsistent or inequitable application at service or team level; this will be mitigated through directorate governance, programme-level Equality Impact Assessments and ongoing engagement.
Risk and Assurance	The Plan provides the strategic framework and basis for assurance; full assurance will depend on effective delivery of the supporting Delivery and Accountability Plan. Key risks include insufficient ownership or capacity, inconsistent implementation across services, incomplete ethnicity data, limited ability to demonstrate impact, and reduced confidence among staff, service users and communities if commitments do not result in visible change. Mitigations include named accountable leads, defined actions and timescales, measurable outcomes, directorate-level ownership, quarterly governance reporting, annual public reporting, Race Equality Maturity Index (REMI) self-assessment and continued engagement with staff networks, service users, carers and communities.
Service User/ Carer/Staff	The Plan applies Trust-wide and has implications for all directorates and service groups. It is intended to improve the experience and outcomes of staff, service users and carers, particularly those from racialised and minoritised ethnic communities. Approximately 260 participants contributed to consultation activity, including service users, staff and network representatives. Feedback highlighted the importance of patient trust, respectful and equitable care, psychological safety for staff, transparency, measurable organisational action and continued involvement of people with lived experience. Ongoing engagement and co-production with staff networks, service users, carers, communities and VCSE partners will form part of implementation and monitoring.
Financial	No specific additional financial commitment is being requested through this paper. Implementation will primarily be delivered through existing Trust programmes, governance arrangements and directorate responsibilities, including Workforce Race Equality Standard (WRES), Patient Carer Race Equality Framework

	(PCREF), quality improvement, workforce development and Equity Diversity and Inclusion (EDI) activity. Where individual actions within the Delivery and Accountability Plan require additional investment or resources, these will be identified, costed and progressed through the appropriate Trust business planning and approval processes.
Quality	The Plan has positive quality implications through its focus on reducing racial inequities in access, experience, safety and outcomes and strengthening the use of ethnicity and lived-experience data to identify areas requiring improvement. PCREF-aligned improvement activity will support directorates to identify and address inequalities in areas including access, waiting times, restrictive practice and outcomes. The Plan also supports the use of local inequity data to drive Quality Improvement activity, with progress monitored through established governance arrangements.

1.0 Background/Introduction

- 1.1** ELFT has maintained a sustained organisational focus on anti-racism and racial equity since 2020, informed by workforce and patient data, staff and service-user lived experience, national NHS requirements and wider organisational learning.
- 1.2** Despite the ethnic diversity of ELFT's workforce and communities, significant racial inequalities remain. Current WRES data identifies disparities in disciplinary processes, recruitment, career progression, discrimination and representation. PCREF data identifies continuing inequalities in access, experience and outcomes for racialised service users, alongside gaps in ethnicity data which limit the Trust's ability to fully understand inequalities at local level.
- 1.3** The Anti-Racism Plan and Charter have therefore been developed as an overarching Trust-wide framework, applying across patients and service users, the workforce, governance and policies, and communities. It builds on the North East London (NEL) Integrated Care System (ICS) Anti-Racism Framework and aligns with statutory and NHS requirements including the Equality Act 2010 and Public Sector Equality Duty, WRES and PCREF. Whilst there is not a similar ICS plan for Central East, the Trust Plan does extend across the whole Trust.
- 1.4** The Plan has also been informed by consultation with approximately 260 service users, staff and network representatives. Participants emphasised the need for transparency, accountability, meaningful involvement and demonstrable improvement rather than organisational commitment alone.

2.0 Report Content

- 2.1** The Plan sets out ELFT's long-term commitment to becoming an actively anti-racist organisation. It explains why anti-racism matters at ELFT, the inequalities the Trust is seeking to address, the priorities and actions it will focus on, and how progress will be monitored and reported.
- 2.2** The accompanying Charter provides a clear public commitment organised around five principles:
- Acknowledge racism and its impact;

- Act to embed anti-racist practice;
 - Be Accountable through transparency and measurable improvement;
 - Collaborate with staff, service users, carers and communities; and
 - Sustain Change through leadership, learning, co-production and continuous improvement.
- 2.3** The Plan aligns existing frameworks rather than creating a standalone programme. REMI will provide an organisational maturity framework; WRES will continue to measure workforce racial inequalities; and PCREF will support delivery of racial equity improvements within mental health services and service-user experience.
- 2.4** Delivery will be supported by a separate Delivery and Accountability Plan setting out actions, leads, timelines, measures and governance arrangements. This will enable progress to be monitored and provide a clearer line of accountability between the Trust's strategic commitments and operational delivery.
- 3.0 Consideration of the Lord Mann Review**
- 3.1** The Anti-Racism Plan has been reviewed in the context of the recommendations arising from the Lord Mann Review. Rather than establishing a separate programme of work, relevant learning has been incorporated into the Trust's wider anti-racism approach, with a focus on consistent organisational responses to all forms of racism and discrimination.
- 3.2** The Plan and supporting Delivery and Accountability Plan reflect this through:
- explicit recognition of different forms of racism, including antisemitism, Islamophobia, anti-Black racism, anti-Asian racism and discrimination experienced by Gypsy, Roma and Traveller communities;
 - strengthened leadership capability to recognise and respond consistently to racism, discrimination and hate-related incidents;
 - development of operational guidance to support consistent responses during periods of heightened societal tension, including staff wellbeing, inclusive communications and psychologically safe leadership;
 - thematic review of race-related incidents, complaints and grievances to identify organisational learning and inform policy and practice;
 - continued involvement of staff networks, service users, carers and communities so that lived experience informs organisational priorities and improvement activity; and
 - oversight through existing governance and assurance arrangements, including Anti-Racism progress reporting, WRES, PCREF, REMI and workforce data.
- 3.2** This approach enables the Trust to respond to the specific learning from the Mann Review while maintaining a consistent and equitable approach across communities and embedding the work within the wider Anti-Racism Plan.
- 4.0 Assurance, Monitoring and Impact**
- 4.1** The Anti Racism Plan is a deliverable from the Trust strategy.
- 4.2** Progress will be monitored through existing Trust governance and assurance structures, including quarterly reporting through relevant committees and annual reporting through the Anti-Racism Progress Report, WRES, PCREF and wider workforce and equality reporting.
- 4.2** Impact will be assessed through quantitative and qualitative evidence, including workforce representation, recruitment, progression and disciplinary data; Staff Survey and FLAIR results; PCREF measures; ethnicity data completeness; patient experience;

complaints and incidents; restrictive practice; and lived-experience feedback. The EIA identifies these as core measures for assessing the intended outcomes of the Plan.

4.3 The Race Equity Maturity Index (REMI) will provide an additional mechanism for assessing organisational maturity over time, supporting the Trust to identify where anti-racist practice is becoming integrated and embedded and where further improvement is required.

4.4 The principal assurance risk is that strategic commitments are not translated consistently into visible change. The Delivery and Accountability Plan, named ownership, directorate-level improvement activity, regular reporting and continued lived-experience involvement will provide the principal mechanisms for mitigating this risk.

5.0 Recommendations

5.1 The Board is asked to:

- a. **REVIEW** the ELFT Anti-Racism Plan and Charter 2026–2028; *and*
- b. **APPROVE** the Plan and Charter for implementation, noting the supporting Delivery and Accountability Plan and proposed assurance arrangements.

Anti-Racism Plan and Charter 2026

Working together to challenge
racism and improve racial equity



We care
We respect
We are inclusive





Introduction	3	Wider System and Partnership Working	12
What our data tells us	4	Our Commitments	14
What is the Anti-Racism Plan and Charter?	5	Review and Monitoring	15
ELFT Anti-Racism Charter	6	Appendix 1 Anti-Racism Delivery & Accountability Plan (Summary)	16
Our Anti-Racism Statement	7	Appendix 2 Equity, Psychological Safety & Support During Periods of Heightened Tension	17
Defining Racism	8		
Our Journey Towards Anti-Racism	11		

Contents



Introduction

At East London NHS Foundation Trust (ELFT), we are committed to tackling racism in all its forms. This is an overarching Trust-wide plan and charter, applying to our patients, workforce, governance and policies, and communities. It builds on the North East London Integrated Care System (NEL ICS) Anti-Racist Strategy (2025) and our long ongoing anti-racism strategy within the Central East Integrated Care Systems.

This reflects our statutory and moral duties under:

- ♥ Equality Act 2010 and the Public Sector Equality Duty (PSED)
- ♥ NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)
- ♥ Patient and Carer Race Equality Framework (PCREF)
- ♥ Trust HR, recruitment, disciplinary, and safeguarding policies

Racism is structural and systemic. It affects life outcomes, workforce progression, health equity, and service quality. For ELFT, tackling racism is both a moral imperative and a requirement for delivering safe and equitable care.

ELFT recognises that periods of heightened societal tension, hate incidents, civil unrest, or major incidents may disproportionately impact racialised communities and other marginalised groups. As part of our commitment to anti-racism, cultural competency, and psychologically safe leadership, the Trust will continue strengthening operational guidance relating to staff safety, inclusive communications, wellbeing support, lone working, escalation arrangements, and culturally responsive leadership during such periods.

The Trust also recognises that racism can affect different communities in different ways, including antisemitism, anti-Muslim hostility, anti-Black racism, anti-Asian racism, and discrimination experienced by Gypsy, Roma and Traveller communities and others. Our commitment is to apply our values consistently, ensuring that all forms of racism are recognised and addressed fairly and equitably.



What our data tells us

ELFT has one of the most ethnically diverse workforces in the NHS, with 59% of staff identifying as BME (Black and Minority Ethnic). This reflects the diversity of the communities we serve and is something we value. However, diversity in our workforce does not mean equity, and our own data shows that significant inequalities remain for both staff and service users.

Our Workforce

Our WRES reporting continues to show inequity for BME staff. BME staff are more likely to enter into a formal disciplinary process than white staff. BME staff are also less likely to be appointed from shortlisting, less confident that the Trust provides equal opportunities for career progression, and more likely to report experiencing discrimination from managers or colleagues. Bullying and harassment from other staff has continued to increase for BME staff, and BME representation at senior and Board level continues to fall below the overall workforce average.

Our Services

Our PCREF (Patient and Carer Race Equality Framework) data highlights persistent inequities in access, experience, and outcomes for racialised service users. Nationally, Black or Black British people are detained under the Mental Health Act at nearly four times the rate of White people. Across ELFT directorates, we see variation in lengths of stay, restraint incidents, and access rates by ethnicity, with Black, Asian and Mixed ethnicity service users disproportionately affected in a number of areas. In CAMHS (Children & Adolescent Mental Health Services), access rates for Black children and young people remain below 1% across boroughs. Ethnicity data completeness also remains a challenge, which limits our ability to fully understand and address inequities at a local level.



Why this matters?

This plan is grounded in that evidence. It sets out what we intend to do differently, how we will measure progress, and how we will remain accountable to our staff, service users, and communities over time.



What is the Anti-Racism Plan and Charter?

This plan sets out ELFT's long term commitment to becoming an actively anti-racist organisation.



The Anti-Racism Plan explains:

- why anti-racism matters at ELFT
- the inequalities and issues we are seeking to address
- the priorities and actions the Trust will focus on
- how progress will be monitored and reported

The Charter is our public commitment to staff, service users, carers, and communities. It describes the principles and behaviours we expect across the organisation and the commitments we are making to improve equity, inclusion, and accountability.

Together, the Plan and Charter are intended to:

- guide decision making and improvement work across the Trust
- support fairer experiences and outcomes for staff and service users
- strengthen accountability and transparency
- ensure lived experience and co-production remain central to our work
- support ongoing organisational learning and cultural change

This is not a standalone piece of work. The Plan and Charter align with wider Trust priorities including PCREF, WRES, workforce equality, quality improvement, patient safety, and cultural competency development. Progress will be reviewed through existing governance arrangements and informed by staff feedback, lived experience, workforce data, and service user outcomes.

East London NHS Foundation Trust - Anti-Racism Plan and Charter 2026



ELFT Anti-Racism Charter

This Charter is ELFT’s public commitment to staff, service users, carers, and communities. It reflects our commitment to becoming an actively anti-racist organisation where equity, inclusion, dignity, and accountability are embedded across our services, workforce, leadership, and partnerships.

We recognise that racism exists within society and institutions, including healthcare, and that tackling it requires sustained action, cultural humility, and organisational accountability. **Through this Charter, we commit to:**



What this means:

For Staff

We will work to create fair opportunities, psychologically safe workplaces, and inclusive environments where staff feel respected, valued, and able to thrive.

For Service Users and Carers

We will work to improve equitable access, culturally safe care, communication, experience, and outcomes, while recognising and respecting identity, culture, and lived experience.

For Communities

We will strengthen partnerships with communities and organisations to reduce inequities, build trust, and improve health and wellbeing outcomes together.



Our Anti-Racism Statement

"At East London NHS Foundation Trust, we believe racism has no place in our services, our workplaces, or our communities. We know that tackling it requires courage, humility, and sustained action — and we commit to being an organisation that listens, confronts inequity, and is accountable for making measurable progress."





Defining Racism

We recognise that experiences of racism are not uniform and may differ significantly across racialised communities, identities, cultures, faiths, and lived experiences. Racism is more than prejudice. It is a system of advantage and disadvantage based on race, reinforced through policies, culture, and structures.

Race is not only about skin colour. Racism can affect people because of their ethnicity, nationality, culture, heritage, or shared ancestry. This includes, but is not limited to, racism affecting Black, Asian, Gypsy, Roma and Traveller, Jewish, Muslim and other racialised, ethnic and faith communities.

Racism operates at:

- Interpersonal: harassment, microaggressions, prejudice
- Institutional: bias in recruitment, progression, disciplinary processes
- Structural: health, education, housing, justice inequities

Intersectionality matters: race interacts with gender, disability, sexuality, and socio-economic status, compounding inequalities.

Our definition of anti-racism mirrors the NHS: taking intentional action to address and eliminate racism, recognising that simply being "non-racist" is insufficient.

ELFT recognises anti-Black racism, antisemitism and anti-Muslim hostility as forms of racism and is committed to challenging it alongside all other forms of racial discrimination.

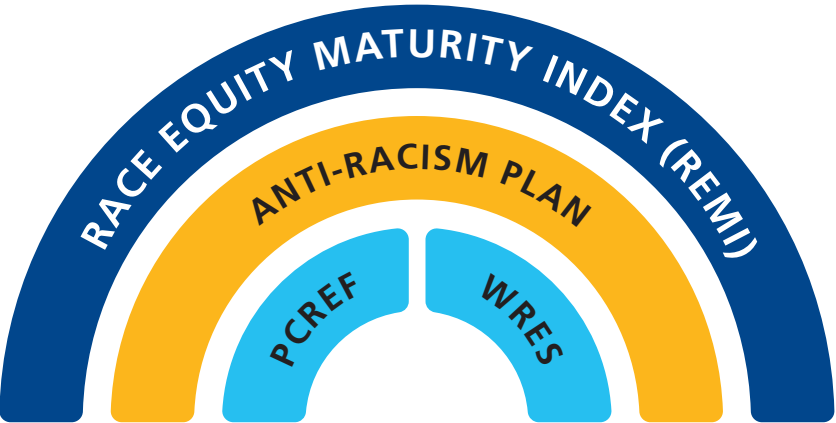




Our Anti-Racism Framework

Our Anti-Racism Framework provides a structured approach to achieving meaningful and measurable change across our workforce and services.

ELFT will use the Race Equity Maturity Index (REMI), developed by the London Anti-Racism Collaboration for Health (LARCH), to assess and strengthen our progress. Its six stages support organisations to move from awareness and commitment to embedding and championing race equity in everyday practice.



To support meaningful and measurable change, ELFT will use the Race Equity Maturity Index (REMI), developed by the London Anti Racism Collaboration for Health (LARCH). The REMI is a self-assessment framework designed to help healthcare organisations understand, measure, and strengthen their anti-racism journey. It outlines six stages of organisational maturity, supporting organisations to move from awareness and commitment through to embedding and championing race equity in everyday practice.

How the frameworks work together

Framework	Purpose
Race Equity Maturity Index (REMI)	Assessment framework used to measure overall organisational progress and anti-racism maturity.
Anti-Racism Plan and Charter	Sets the Trust’s overall strategic direction, priorities, and organisational commitments.
Patient and Carer Race Equality Framework (PCREF)	Supports delivery of racial equity improvements within mental health services and service user experience.
Workforce Race Equality Standard (WRES)	Measures racial disparities in workforce experience, progression, and representation.



Stages of the Race Equity Maturity Index (REMI)

Stage	What this looks like
 Being Aware	At this stage the organisation builds an understanding of the key concepts and realities related to anti-racism and ensures that some of the basic elements, such as the necessary personnel, are in place. This is in many respects the most important stage of the process in which the organisation builds the foundation for the remainder of the journey.
 Showing Commitment	At this stage the organisation is demonstrating commitment by conducting more practical preparation work; putting in place the structures needed to operate in an anti-racist way.
 Integrating	At this stage the organisation begins to implement the race equity plan using it to guide the policies and processes that shape everyday operations. Alongside this, the plan is a reality for leadership and staff who understand their role in implementing the plan.
 Embedding	At this stage, race equity is now embedded in the procedures and decision-making processes of the organisation; it is not an afterthought.
 Creating	At the stage of creating, the organisation has the knowledge, experience and confidence to create or adapt innovative tools that address the challenges of race equity faced by the organisation. The organisation uses current data to either create these tools from scratch or adapt existing tools to its specific purposes.
 Championing	The organisation shares learning, supports other organisations through partnership, mentoring and peer review, and works beyond its own boundaries to advance anti-racism while continually reviewing and improving its own approach.



Our Journey Towards Anti-Racism

Becoming an anti-racist organisation is an ongoing journey that requires reflection, accountability, learning, and sustained action across all areas of the Trust. It is not a single initiative or piece of work, but a long term commitment to improving equity, experience, culture, and outcomes for staff, service users, carers, and communities.

This work has been developing across the Trust since 2020 and reflects wider organisational learning from:

- Workforce Race Equality Standard (WRES) findings
- Patient and Carer Race Equality Framework (PCREF) engagement and data
- National NHS Staff Survey feedback
- Ongoing engagement, feedback, and lived experience shared through the RaCE Staff Network
- FLAIR reporting, which captures staff experiences relating to fairness, leadership, inclusion, accountability, and respect
- Anti-racism engagement sessions and lived experience discussions across the Trust

The plan has also been informed by wider organisational conversations and learning sessions, including commissioned sessions delivered by Robin DiAngelo, Stop Hate UK, and Trust-led discussions on Black Lives Matter, anti-Muslim hostility, antisemitism, and wider experiences of racism and discrimination.

The REMI stages on the previous page describe how organisations may progress in embedding anti-racist practice over time. The commitments and actions in this plan are designed to support ELFT's journey through those stages.





Wider System and Partnership Working

ELFT provides services across North East London (NEL) and Central East Integrated Care Systems including local authorities, NHS providers, education, voluntary, community and social enterprise organisations, and other community partners.

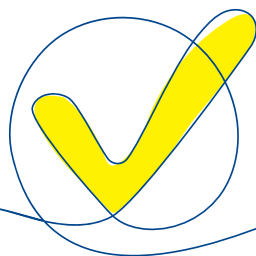
Our Anti-Racism Plan aligns with the North East London Integrated Care System Anti-Racism Strategy. Whilst there isn't a similar plan within Central East ICS, the Trust will apply its principles consistently across all ELFT services, workforce and governance arrangements, including those in Bedfordshire, Luton and Milton Keynes (BLMK). Through partnership working, we aim to support a coordinated system-wide approach to tackling racial inequalities and improving the experiences and outcomes of our staff, service users, carers and communities.

Self-assessment

We commit to delivering reductions in inequalities, especially where these are driven by structural racism and bias, and to building the trust of our communities that we will collectively deliver the change we desire. Understanding which parts of our system are structured to advantage some communities and disadvantage others will enable us to put in place actions and a culture that mitigates the drivers of these inequalities.

Listening and responding

By listening, learning and responding to the lived experiences within our ethnically diverse communities we can address the issues which are felt most acutely by our population and staff. We must be open and consistent with how we communicate these changes to our communities and staff so that they can hold us as a system to account to the aims of our anti-racism plan.



Strategic focus and commitment

As a system we work together to address both the causes and effects of inequalities within our communities and staff, working collectively to target those interventions at the areas where we have the highest degree of inequalities. Initiatives need to be delivered as part of a wider anti-racist approach, recognising the intersectionality with other factors such as deprivation or immigration status, with all we do being seen through an anti-racist lens with the goal of reducing racial inequalities.

Accountability and outcomes focused

Racism saps the power of the whole community and has a cost to the whole population. We must recognise the harmful effects and trauma that our communities and staff experience because of racism within our organisations and services and work to mitigate them. We need to deliver on our mission to ensure that ELFT is an actively anti-racist, equitable and positive place to live and work in. We need to gain the trust of our staff and communities and ensure they have the confidence that we will make improvements in their access, experience and outcomes, and that we will hold each other to account to deliver change.



We adopt the following pillars and apply them locally across four areas:

To turn our commitments into meaningful action, we have organised our work into four priority areas. These priorities describe how we will embed anti-racism across our workforce, services, governance and partnerships



Leadership and Workforce

- Use WRES data to track workforce equity
- Strengthen inclusive recruitment, progression, and disciplinary processes
- Expand mentoring, sponsorship, and leadership programmes
- Directorate PCREF leads embed anti-racism in services



Engagement and Feedback

- PCREF lived experience spaces inform patient care
- WRES and WDES staff survey data shapes workforce priorities
- Use complaints, disciplinary, and grievance data to identify and address systemic bias
- Strengthen engagement with VCSE (Voluntary, Community and Social Enterprise) and community partners



Resources and Enablers

- Equality Impact Assessments embedded into all major policies and service changes
- HR, Estates, and Digital ensure environments and processes are inclusive
- Allocate resource to PCREF implementation and anti-racist initiatives
- ELFT prevention framework's principle on act fairly utilised in learning and development programmes and service design



Celebrating and Evidencing Success

- Publish WRES, WDES, and PCREF reports annually with actions
- Showcase local quality improvement projects on equity and anti-racism
- Recognise staff and services leading change at our annual Staff Awards





Our Commitments

We recognise that trust is built through visible action, measurable improvement, transparency, and accountability.

14



For Patients and Service Users

- Use PCREF data to identify and act on inequities in detention, waiting times, missed appointments, restrictive practice, and outcomes — with directorate-level improvement plans reviewed quarterly.
- Co-produce service improvements with service users, carers, and communities, ensuring lived experience shapes decisions rather than just informing them.
- Improve ethnicity data recording across all services, with completeness reported annually in the EDI (Equity, Diversity, and Inclusion) Annual Report.
- Support teams to use local inequity data to drive quality improvement and strengthen prevention, with progress tracked through the PCREF Steering Group.



For Workforce

- Ensure recruitment, progression, and disciplinary processes are fair and transparent, measured annually through WRES indicators.
- Provide anti-racism and cultural competency training for all staff, including recognising different forms of racism, facilitating respectful conversations, and responding confidently to discrimination and hate incidents.
- Strengthen psychologically safe leadership so staff feel confident raising concerns about racism or discrimination without fear of consequences.
- Use the RaCE (Race and Culture Equity) Network to shape workforce priorities, with network feedback feeding directly into governance.



For Governance and Policies

- Apply Equality Impact Assessments to all major policies and service changes, with quality reviewed through an annual audit.
- Include race equity on the Trust Risk Register, monitored by the Board.
- Report on anti-racism progress quarterly through Board sub-committees, and annually through a published Anti-Racism Progress Report.
- Review organisational learning following significant external events or incidents where racialised communities may be disproportionately affected, ensuring lessons inform future policy, communications and leadership practice.
- Use the REMI framework to assess organisational maturity annually and identify where improvement is needed.



For Communities

- Strengthen partnerships with local authorities, schools, and VCSE organisations to address health inequities, including Black maternal health and mental health.
- Ensure community voice informs Trust priorities through structured engagement, not one-off consultation.
- Publish progress openly so communities can see what has changed and what still needs to improve.





Review and Monitoring

Progress against the Anti-Racism Plan and Charter will be monitored through existing Trust governance, assurance, and accountability structures to ensure commitments translate into measurable and sustained improvement.

Oversight will include:

- Quarterly reporting through EDI, Workforce, Quality, and relevant Board sub-committees
- Annual publication of Anti-Racism, PCREF, WRES, NHS Staff Survey, and workforce equity reporting
- Annual publication of Freedom to Speak Up data analysed by ethnicity, reporting themes relating to psychological safety, discrimination, and inequity
- Monitoring of inequities in workforce experience, patient experience, access, outcomes, complaints, restrictive practice, and organisational culture
- Continuous organisational learning informed by lived experience, workforce feedback, staff surveys, inequity data, hate incident themes, patient feedback and service outcomes
- Ongoing engagement with staff networks, service users, carers, and community partners to inform improvement priorities and accountability
- Alignment with the NEL ICS Anti-Racism Framework, NHS England standards, and wider Trust strategic priorities

The Trust recognises that meaningful anti-racism work requires transparency, accountability, cultural humility, and a willingness to continuously reflect, learn, and adapt in response to feedback and evidence.

This plan is supported by a separate Implementation Plan, which sets out the key actions, leads, timelines, and measures that will guide implementation from 2026.



Appendix 1: Anti-Racism Delivery and Accountability Plan (Summary)

14

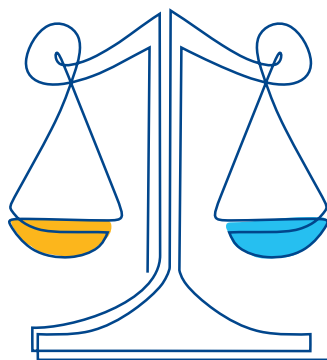
The full Delivery and Accountability Plan is published as a separate document. The table below provides a summary of the key priority areas and governance arrangements.

Priority Area	Key Actions	Lead	Governance
Leadership & Accountability	Embed anti-racism and cultural competency in leadership expectations and governance	Chief People Officer; Executive & Service Directors	People Plan Delivery Board; Service Delivery Board; People & Culture Committee; Trust Board
Workforce Equity & Culture	Strengthen anti-racism capability, psychologically safe leadership, and inclusive development	Chief People Officer; Executive & Service Directors	People and Culture Committee
Patient & Carer Equity (PCREF)	Reduce inequities in access, experience, restrictive practice, and outcomes	Chief Nurse; Director of People Participation	Quality Assurance Committee; People Participation Committee
Data, Insight & Transparency	Improve ethnicity recording, inequity analysis, and reporting	Chief People Officer; Chief Digital Officer & Executive Directors	People & Culture Committee; Digital Strategy Board
Co-production & Community Partnership	Strengthen lived experience involvement and VCSE partnerships	Chief Nurse; Director of People Participation	People Participation Committee; Quality Assurance Committee
Organisational Learning & Improvement	Embed learning from lived experience, feedback, and inequity trends	Chief People Officer; All Executive Directors	All Committees & Trust Board



Appendix 2: Equity, Psychological Safety and Support During Periods of Heightened Tension

ELFT recognises that periods of heightened societal tension, hate incidents, protests, civil unrest, international events, or major incidents may disproportionately affect racialised communities and other marginalised groups.



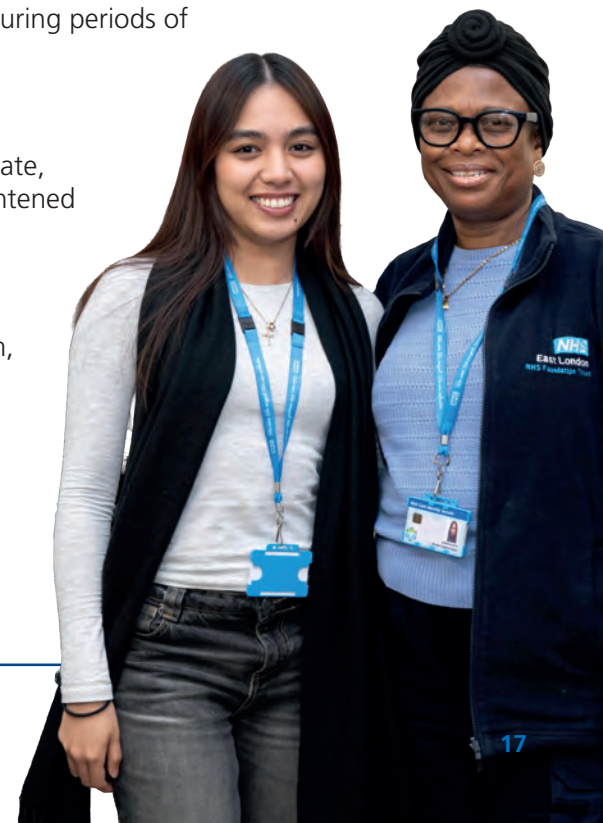
As part of our commitment to anti-racism, cultural competency, inclusion, and psychologically safe leadership, the Trust aims to ensure that operational responses consider the differing experiences, vulnerabilities, and wellbeing needs of staff, service users, carers, and communities.

The principles below support leaders, managers, and teams to respond in a compassionate, culturally responsive, and inclusive way during periods of heightened tension or disruption.

1. Leadership Visibility and Psychological Safety

Leaders and managers should maintain visible, compassionate, and culturally responsive leadership during periods of heightened tension or uncertainty. This includes:

- creating psychologically safe environments where staff, service users and carers feel able to raise concerns
- supporting respectful dialogue while challenging racism, antisemitism and other forms of hate
- acknowledging the potential emotional impact of incidents on different communities
- promoting respectful dialogue and inclusive behaviours
- ensuring concerns relating to racism, discrimination, harassment, or safety are responded to appropriately and consistently





2. Inclusive and Culturally Responsive Communication

The Trust will seek to apply the same values, principles and decision-making framework irrespective of which community is affected by an external event or humanitarian crisis.

Communications should be timely, accessible, accurate, and sensitive to the differing experiences of staff and communities. Considerations include:

- using clear and inclusive language
- avoiding assumptions or unnecessarily inflammatory language
- recognising the emotional impact incidents may have on different groups
- ensuring staff know how to access support, escalation routes, and wellbeing resources
- providing accessible communication formats where appropriate

3. Staff Safety and Lone Working

The Trust should continue to promote safe working arrangements during periods of heightened risk or disruption. This includes:

- reinforcing incident reporting and escalation processes
- reviewing lone working arrangements and local safety procedures where appropriate
- promoting use of approved safety systems and check-in processes
- ensuring staff know how to access security support and advice
- considering the impact of travel disruption, community tensions, or local safety concerns on staff wellbeing

4. Wellbeing and Trauma Informed Support

Managers and leaders should proactively promote staff wellbeing and access to support services, recognising that incidents may affect staff, service users, and carers differently depending on lived experience, identity, trauma, or previous experiences of discrimination. This includes:

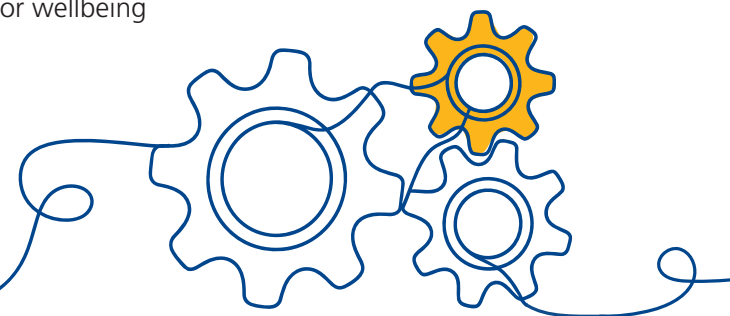
- signposting occupational health, wellbeing, counselling, and employee assistance support
- encouraging supportive check-ins and reflective conversations
- considering trauma-informed approaches following distressing incidents or experiences

5. Flexibility and Practical Support

Where operationally possible, services should consider flexible and supportive approaches during periods of heightened tension.

This may include:

- temporary adjustments to working arrangements
- flexible rostering or remote working where appropriate
- reviewing staffing and contingency arrangements
- supporting staff who express concerns relating to safety or wellbeing





6. Engagement, Inclusion and Co-Production

The Trust should continue to strengthen engagement with staff, service users, carers, staff networks, trade unions, and community partners. This supports:

- understanding the differing impact of incidents and disruption
- improving culturally responsive approaches
- strengthening trust and organisational learning
- ensuring lived experience and community voice inform future planning and improvement activity
- ensuring different communities have equitable opportunities to share concerns and influence organisational learning

7. Organisational Learning and Accountability

The Trust will continue to strengthen organisational learning relating to equity, inclusion, staff safety, and wellbeing during periods of disruption or heightened tension. This includes:

- reflecting on feedback, hate incidents, lived experience and organisational responses
- identifying opportunities for improvement
- considering equality impacts within operational responses and recovery activity
- embedding learning into future planning, training, communications, and leadership approaches

East London NHS Foundation Trust - Anti-Racism Plan and Charter 2026





East London
NHS Foundation Trust

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REPORT TO TRUST BOARD IN PUBLIC
24 September 2026



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

Purpose of the report

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

Key messages

The Quality Assurance (QA) section of this report focuses on the themes emerging from a year of executive walkrounds and non-executive visits to teams across ELFT, to understand the key issues being raised by our staff.

The key positive themes that emerge from the analysis are about:

- Teamwork, supportive culture and visible leadership
- Inclusivity and diversity
- Pride in service quality and person-centred care

The areas of concern raised by staff focus on four areas. Three of these remain the same as the last analysis conducted a year ago: Estates & Physical environment; IT & Digital infrastructure; Staffing, workload and burnout and financial viability. The report outlines the actions and activities already taken, and in progress, to address these four key negative themes that have emerged from the analysis.

The Quality Improvement (QI) section describes how QI is being applied across the organisation to support delivery of our four strategic objectives: improving experience of care, advancing equity in all we do, making ELFT a place where people can do their best work and strengthening prevention and earlier help.

The Observation to Engagement large-scale QI programme continues to expand, supporting a further 20 phase three teams since September 2026. Across nine phase-one teams, enhanced observations reduced by 21%, and by 56% across 21 phase-two teams. In Forensics, use of the HCR-20 violence-risk assessment increased from 89% to 97%. In Bedford and Luton CMHTs, guided self-help waiting times reduced by 32% to 29 weeks.

Seventeen projects are advancing equity in local services, with 14 linked to the Trust's PCREF programme. In CAMHS, the Community Eating Disorders Team has strengthened culturally responsive practice, with staff confidence improving from neutral to

confident. In Tower Hamlets Community Health, identification of translation needs increased by 98%, from 108 to 214 per month.

Twenty projects focus on prevention and earlier help. In Forensics, four medium secure wards increased physical health appointment attendance from 78.5% to 85.4%. In Tower Hamlets, communication-related insulin incidents reduced by 38%, from 7.1 to 4.4 monthly. The Children's Learning Disabilities Service reduced referral processing time by 44% and increased care plan completion by 54%.

Work also continues to strengthen the Trust's Quality Management System through corporate and directorate-level collaboration with two QMS workshop held in CAMHS and Forensics

Strategic priorities this paper supports

Improving the Quality and 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.
Making ELFT a place where people can do their best work	☒	Use of QI to support several trust wide projects to improve staff experience. Building capability in QI across the trust through several learning programmes.
Advance Equity in all we do	☒	Several QI projects trust wide are working to improve equity locally. Many of these are via the PCREF programme
Strengthen prevention and earlier help	☒	QI is used to support work around prevention and earlier help

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	The Quality Assurance section sets out recurring areas of concern expressed by staff (i.e. Risks in Estates, Digital infrastructure, Workload/burnout and Financial Viability) which represent a risk to quality and safety as well as staff experience. These are known risk areas and the assurance about actions being undertaken to address those risks is set out in the report.
Service User/ Carer/Staf	The Quality Report provides information related to experience and outcomes for service users, and experience of staff. As such, the information is pertinent to service users, carers, and staff throughout the Trust.
Financial	Much of our QI activity helps support our financial position, through enabling efficient, productive services or supporting cost avoidance.
Quality	The information and data presented in this report help understand the quality of care being delivered, and our assurance and improvement activities to help provide high quality, continuously improving care.

1. Quality Assurance

- 1.1. This report aims to provide a focus on staff experience reported through executive walkrounds and non-executive visits conducted between 1 July 2025 and 30 June 2026, and then proceeds to describe work underway on the key themes identified.
- 1.2. Both Executive walkrounds and Non-Executive visits are currently taking place primarily in person, unless the team involved request a virtual meeting, and feature a conversation that is structured around standard questions:
 - What are you proud of as a team?
 - What gets in the way of you enjoying your work?
 - What are you working as a service to improve?
 - How are you taking time to care for yourself as a team?

2. Feedback from Executive Walkrounds and Non-Executive visits

- 2.1. During the 12-month period, there were 78 executive walkrounds and 20 non-executive visits recorded, compared to 124 and 19 visits in the same period last year.
- 2.2. The key positive themes that come through from the analysis are:
 - a) Teamwork, supportive culture and visible leadership
 - Teams across all types of services report a strong sense of teamwork and mutual support.
 - Open communication and psychology safety enable staff to speak honestly, seek help and contribute their views.
 - Approachable, visible and supportive management was associated with managers who listened, understood operational pressures and working alongside staff.
 - Staff wellbeing is prioritised and supported through reflective and informal spaces, enabling resilience under operational and emotional pressures.
 - b) Inclusivity and diversity
 - Teams are actively reaching out to communities to strengthen visibility, awareness and engagement of services, particularly in community mental health services and primary care.
 - Community partnerships have helped to address wider social needs and improve responsiveness
 - Strong co-production work and lived experience groups help to shape service delivery.
 - c) Pride in service quality and person-centred care

- Strong pride and commitment to high quality care frequently reported across all types of services.
- Effective multidisciplinary and cross-team working where the range of professional expertise is valued and liaising with external organisations is effective.
- Holistic, flexible and individualised support have produced meaningful outcomes and positive experiences of care.

2.3 The areas of development themes outlining what gets in the way, or acts as a barrier to being as effective as possible, or enjoying their work, are the same as last year:

a) Staffing and workload

- Administrative tasks and reduction of administrative staff have reduced patient-facing time with manual spreadsheets, duplicate data entry and lack of automation frequently reported.
- Staffing shortages and vacancy controls are reducing service capacity with recruitment difficulties especially for specialist roles.
- Staff sickness and absence worsen existing workforce gaps, especially in community mental health services, which lead to stress and fatigue.
- Demand and complexity of cases have increased due to increased referrals and ageing populations leading to long waiting lists and pressure on staff.

b) IT & Digital Infrastructure

- Unreliable WiFi connectivity and clinical systems impact clinical work, data access.
- Poor access to clinical systems, lack of integrated user-friendly digital systems and licensing problems delay staff, result in poor continuity of care and create risk.

c) Estates & Physical Environment

- Insufficient and not fit for purpose clinical and office space is limiting service delivery, team activities and constraining service user care, particularly in community mental health services.
- Poor ventilation and temperature control are affecting staff wellbeing, medication storage and contributed to a reported incident.
- Delays in repairs (water leaks, broken storage, window problems, pest control, sanitation problems) with varied responses from Estates and landlords reported.

d) Financial Viability Pressures

- Restructuring of services has impacted all types of services by creating uncertainty and instability with insufficient involvement of staff in service redesign, concerns about provision of care and lack of communication highlighted.
- Unavailable or delayed essential clinical equipment and supplies have created clinical limitations and inefficiencies in care.
- Lack of clarity and transparency on funding routes and budgets, particularly on ICB/ NHSE funding routes and financial targets.

3. Actions being taken

3.1. Staffing and workload

Administrative burden remains a significant theme in staff feedback, with concerns about multiple systems, duplicate processes, manual workarounds and local variation in recording and reporting. Staff report that time spent navigating systems and processes can reduce capacity for direct patient care, development and team support, while contributing to frustration, reduced productivity and burnout. In response, the Trust is developing a dedicated Basics, Burden and Burnout workstream within the Staff Experience Programme to identify and address the organisational causes of unnecessary burden. Governance arrangements are being strengthened through clear programme accountability, project governance, outcome measures and operational ownership, alongside continued digital and organisational initiatives to reduce duplication and improve workflows.

Workforce capacity, vacancies and recruitment challenges continue to place pressure on some teams, particularly those experiencing specialist shortages, recruitment delays and hard-to-fill posts. These pressures can increase workload for existing staff and affect morale and perceptions of development opportunities. The Trust is responding through centralised and targeted recruitment for some hard to fill posts such as band 3 healthcare support workers, and partnership working with universities and education providers. Where vacancies remain, services access a strong Bank workforce to provide flexibility while substantive recruitment is ongoing. The Trust operates an agreed workforce escalation process for safer staffing, developed in partnership with recognised Trade Unions, to support services where staffing gaps cannot be filled through substantive or Bank staffing arrangements. There is established governance and oversight of workforce establishment, vacancies, recruitment progress, agency and Bank utilisation and workforce risks, with service directors, Discipline directors and workforce leaders maintaining oversight of staffing levels and deployment. Workforce pressures and mitigations are reviewed through performance, quality and workforce governance, with further analysis planned to identify services requiring targeted recruitment and retention interventions.

Staff wellbeing remains a prominent concern, with workload pressures, organisational change, financial constraints and increasing complexity contributing to concerns around burnout, morale, psychological safety and work-life balance. The Trust's response during 2026 has strengthened, with specific work on sickness absence, psychological safety, recognition and reward, and continued implementation of the Sexual Safety Charter. The Staff Experience Programme is increasingly using workforce intelligence and established governance arrangements to understand variation in staff experience and target interventions, including consideration of differences across staff groups and protected characteristics. The approach recognises that wellbeing cannot be addressed solely through individual support and therefore also focuses on the organisational factors contributing to stress, fatigue and burnout. The expansion of work on sickness absence, psychological safety and

organisational burden provides assurance that wellbeing risks are being actively monitored and addressed through both individual and systemic interventions.

Alongside these established pressures, several workforce priorities have become more prominent during 2026. Staff development and career progression have emerged as areas of increasing concern, alongside a growing focus on psychological safety and creating a more open and supportive working environment. Workforce equality and inclusion remain important, with continued emphasis on WRES, WDES, anti-racism commitments, the Workforce Equality Plan and understanding differences in staff experience and progression. The NHS Staff Standards also provide a new framework against which People & Culture is mapping existing activity and identifying opportunities for improvement. These emerging themes are being incorporated into the wider Staff Experience Programme and People agenda, with intelligence from staff surveys, workforce equality reporting, executive engagement and workforce analysis informing priorities and improvement activity.

3.2 IT and Digital

The Trust's Digital programme continues to modernise its technology infrastructure, with Wi-Fi upgrades completed across 75 sites and deployment continuing across the remaining 13 locations, alongside work to address intermittent laptop authentication issues. Learning from this work has highlighted that the requirements extend beyond connectivity, with the programme now focused on three key areas: access point upgrades, Wi-Fi calling and a review of network architecture to support emerging technologies and clinical devices such as iPads. The Trust is also nearing completion of its Windows 10 to Windows 11 device upgrade programme, with flexibility applied where staff require additional equipment or reasonable adjustments. Looking ahead, the first 500 users are expected to transition to the new Virtual Desktop Infrastructure (VDI) this financial year, with further deployment planned for next year to improve the staff experience and enable more flexible use of Trust devices.

The Digital Voice and Unified Communications Programme continues to make good progress and remains on track to meet national requirements for replacing older telephone systems. A significant number of services have now moved from older telephone technology to Microsoft Teams Phone, with outdated telephone lines and systems being switched off. This is helping to reduce the risk of failures and reliance on outdated technology, while also reducing costs by removing the need to maintain older systems and services.

The Trust is also currently undertaking a programme of recruitment for some additional roles in the Digital Training and Transformation Team. These new roles will enable expansion into new technologies such as MS Teams Premium, Co-Pilot, Ambient Voice Dictation, O365 and more. These new roles will not only be able to bring new skills and innovations but also support ongoing ambition to offer a one stop shop for all digital related training and transformation requirements.

The ICS and Digital Innovation Programme is also continuing to develop approaches and investigate solutions around AI and other productivity tools working closely with our services, suppliers and collaboratively with partner organisations.

- Co Pilot Chat has been deployed Trust wide. Training and resources available to staff to improve confidence.
- Ambient scribe pilots with two products are under way with a focus on benefits mapping to inform a future business case for full implementation. 200 user licences purchased and key services engaged.
- Intelligent Recap deployed to 200 admin users across the trust to enable AI summaries of meeting notes.

3.3 Estates and the environment

ELFT operates from approximately 135 sites, including Trust-owned, leased and partner-controlled premises, which vary considerably in condition and suitability. The 2023 Six Facet Survey identified £71 million of backlog maintenance, with the current adjusted working estimate approximately £83 million following estate changes and capital investment. Rolling annual surveys will commence in 2027 to provide a more current assessment. The 2026/27 capital programme totals £15.53 million, with a further approximately £25 million of Estates Safety Fund investment being developed for the John Howard Centre over several years. Investment is prioritised according to safety, statutory compliance, clinical impact and service continuity. Capital schemes are prioritised through the Capital Programme Steering Group, with overall programme assurance provided through the Estates Strategy Board and Finance Business and Investment Committee. The Space Optimisation Programme is reviewing opportunities to improve clinical and office accommodation, reconfigure services and leave unsuitable or poor-value premises. This work reports through the Use of the Estate Working Group to the Service Delivery Board.

The Trust wide maintenance and compliance contract introduced in November 2025 provides increased investment, clearer performance standards and a stronger focus on planned preventative maintenance. The Umbrella helpdesk is being implemented as the single route for reporting and tracking repairs, with performance monitored through response times, overdue and repeat jobs, planned maintenance completion and higher-risk escalations. Ventilation and temperature-control concerns affecting medication storage, patient safety or staff wellbeing are prioritised, with interim controls agreed with Pharmacy and operational teams. The reported medication storage incident will be reviewed specifically. Where repairs are the responsibility of landlords or partner organisations, Estates escalates the issue and seeks interim controls, although the Trust has less direct control over delivery timescales. Contract performance is reviewed through contract governance meetings, with compliance and safety matters considered via the relevant Estates Safety Groups to Health, Safety & Security Committee.

The Trust wide Environment Improvement QI Programme provides a structured response to recurring concerns, including toilets and drainage, cleaning, pest control and rooms being taken out of use. Staff and service-user engagement has been completed, local borough teams established, and actions arising from inspections, walkrounds and 15 Step reviews are tracked through a live action log reviewed weekly. The programme is overseen through the Corporate QI Board, with assurance on environmental improvement, PLACE actions and the work of the Environmental Assurance Groups reported to the Quality Assurance Committee and, through the Quality Report, to Trust Board. Material strategic estates risks are also captured

through BAF10. Progress remains constrained by the loss of approximately £1.6 million per year previously available for recurring re-flooring, redecoration and furniture replacement, which no longer meets capital accounting requirements and has not been replaced by recurrent revenue funding. Available resources therefore continue to be directed towards the issues presenting the greatest clinical, safety and operational risk.

3.4 Financial viability

The Going Further, Going Together (GFGT) has continued to engage clinical and operational colleagues, as well as service users, in the various saving programmes. Each workstream has an Executive Lead who ensures that work across the Trust benefits from broad and inclusive representation. Operational Leads across each programme are responsible for ensuring that working groups and projects have appropriate stakeholder representation. Programmes are also encouraged to develop local communication and engagement plans to ensure that staff, service users, carers, and key stakeholders are kept informed, have opportunities to contribute, and can provide feedback throughout the design and delivery of improvement initiatives

The team use a range of meetings, forums and engagement opportunities to communicate progress and key updates on the GFGT programme. Going forwards, the team is working with the Communications Team to align communications with the new Trust Strategy, ensuring clear, consistent and timely Trust-wide communications that supports awareness and engagement.

In some instances, programmes have involved reviewing our workforce that supports delivery of services. Where organisational change has been proposed, staff are supported through the process in line with the Managing Staff Affected by Change Policy including consultation with staff affected, trade unions and professional bodies. All changes impacting care delivery go through a Quality Impact Assessment (QIA) by either the Trust, System or both so that we can assess the impact on our teams and service users. Each change is also taken through the Joint Staff Committee in partnership with our trade union partners to ensure both application of the Trusts organisational change policy and review the impact on our staff.

In 2025/26 the Trust moved its procurement services to North East London Procurement Partners, which is the opportunity to leverage benefits of economies of scale across Providers in North East London. We continue to work with our partners to ensure our supply chain is as effective as possible, whilst leveraging the increased buying power. We are reviewing some of our processes such as petty cash to evaluate current practice and where there is a risk that service users are negatively impacted by process changes these are amended in line with the review

4. Quality Improvement

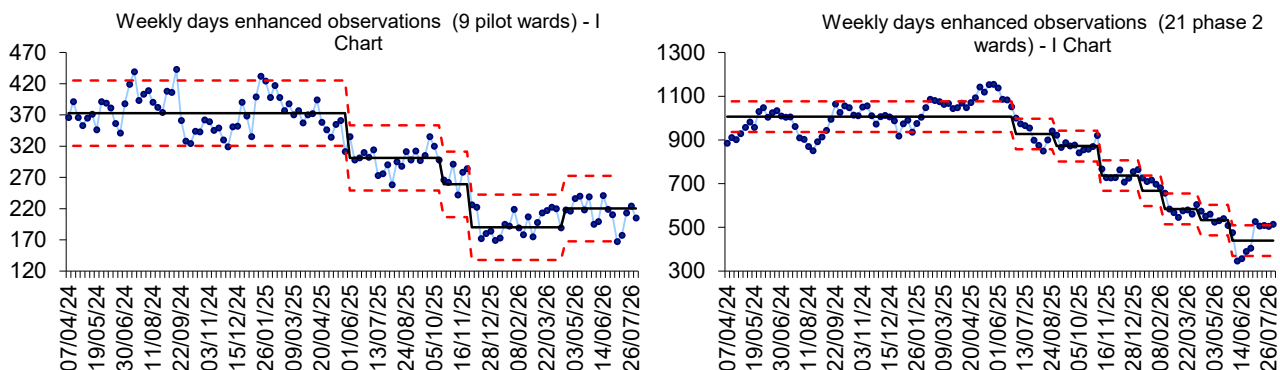
- 4.1. The Quality Improvement (QI) plan at ELFT is designed to support delivery of the organisation's four main strategic objectives. The QI plan for 2026/27 has been agreed by the trust executive team and will broadly focus on the following

Strategic Priority	Focus area for QI
Improving the Quality and Experience of Care	- Continuation of the observation to engagement Large Scale Programme - Support to the trust Safety Improvement Plan to develop programme structures and develop a large scale programme around a specific priority area
Making ELFT a place where people can do their best work	- Support to the trust wide staff experience programme - Continuing to build QI capability through Pocket QI, Improvement Leaders Programme and Improvement Coaching Programme
Advance Equity in all we do	Support to develop a learning system around the trust wide PCREF work
Strengthen prevention	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

Updates on these planned QI focus areas with accompanying data will be presented in future reports. The data will include that from individual quality improvement projects/programmes which take place as well as the relevant measures from the Trust's new Balanced Scorecard.

5. Improving the Quality and Experience of Care

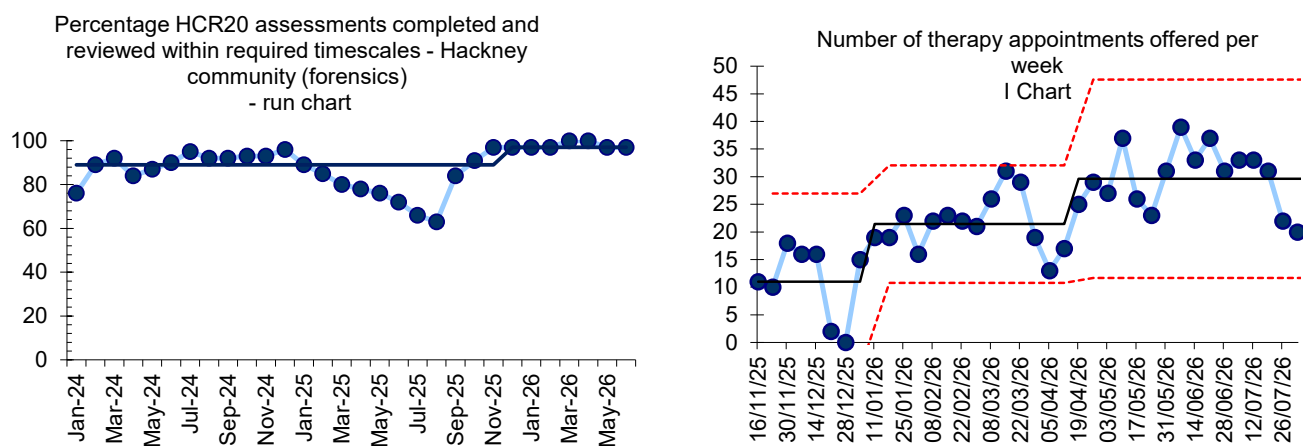
5.1. The Observation to Engagement programme continues towards Trust-wide spread, with Phase Two underway and Phase Three preparing to launch. The CARE that Counts bundle, combined with dedicated improvement support, is driving reductions across Phase 1 and 2. The 9 pilot wards in Phase One have sustained a 41% reduction, and the 21 Phase Two wards have increased their reduction to 56% (up from 47% in the last report), with 20 of 21 (95%) Phase Two wards now showing improvement, further building belief in the bundle as it spreads Trust-wide. The one ward not seeing improvement has experienced a period of acutely unwell service users. The improvements have been achieved with no adverse impact on safety or restrictive practice measures.



- 5.2 A further eight Forensics wards have shown improvement. Men's Health Groups, alongside daily MDT reviews, contributed to reductions in enhanced observation days across Clerkenwell (100% 7-0), Westferry (42% 13.9 to 8.1), Limehouse (100% 6 to 0), Morrison (21% 17.5 to 13.9) and Loxford (53% 15.3 to 7.2). "Chill and Chat" on Aldgate and pre-ward round 1:1s on Broadgate, paired with MDT reviews, achieved 100% reductions. Butterfield, using MDT reviews alone, also achieved a 100% reduction. In Bedfordshire and Luton, Fountains Court combined MDT reviews with Therapeutic Engagement Hour, reducing observation days by 22% (189.1 to 147.1). In Newham, Crystal Ward's behaviour-assessment tool and zonal observations delivered a 47% reduction (26.7 to 14.1 days).
- 5.3 As reported to the Board in March 2026, the CARE that Counts bundle brings together four concepts: Confidence Building, Anticipating Needs, Relationships & Engagement, and Every Individual. Analysis of current bundle use showed greater use of Anticipating Needs and Relationships & Engagement, while Confidence Building and Every Individual remain less tested, reflecting service user feedback for more personalised 1:1 time. Teams will therefore test change ideas focused on Confidence Building and Every Individual, including Dialog+ training, care plans, and observation templates, to embed the bundle more consistently.
- 5.4 Phase Three teams are now being onboarded, with the official launch event on 8th September 2026 extending the CARE that Counts bundle to the remaining 20 wards across the Trust, supported by the Improvement Leaders' Programme as the primary delivery mechanism. Ahead of the programme closing in March 2027, quality control arrangements are being developed and tested with Phase 1 teams, covering ongoing practice review, monitoring requirements and escalation processes. Work with Healthroster and Finance will assess the programme's financial impact.
- 5.5 In addition to the projects on the large-scale QI programme, 102 QI projects are working on an aspect of experience of care. Due to increased demand and reduced staffing, waiting times for individual specialist psychology interventions at Luton's Charter House Community Mental Health Team had increased to an average of 10 months, exceeding the 24-week target. The team aims to reduce waiting times by 25%. To date, guided self-help waits have reduced by 32%, to an average of 29 weeks, while therapy appointments available each week have increased by **173%**, from 11 to 30. Change ideas tested include Staff education, replacing email referrals with consultation slots, better communication with clients, therapy contracts with clients, rotating psychology attendance at CMHT

meetings and reducing administrative workload. The team continues to monitor 1:1 therapy waits.

- 5.6 Community Forensic Services are required to complete multi-disciplinary HCR-20 risk assessments within 12 months and review them within three months. The HCR-20 is a validated tool supporting violence risk assessment, risk management and clinical decision-making. A QI project was established after identifying that only 89% were completed within required timeframes. Change ideas included routine monitoring of due dates, enhanced reporting of outstanding assessments, and integrating HCR-20 reviews into Care Plan Review meetings. These changes increased on-time completion from 89% to 97%. Work is now underway to embed the approach into business as usual and sustain improvements.



6. Making ELFT a place where people can do their best work

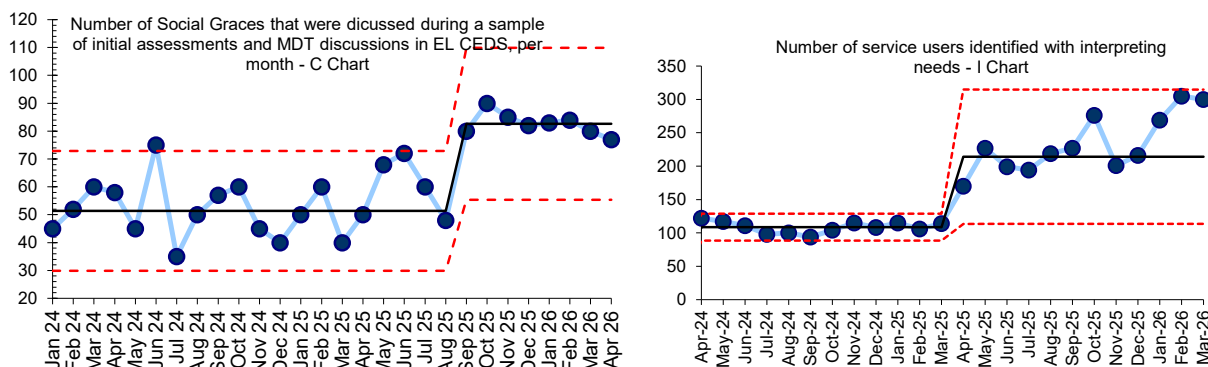
- 6.1 15 teams are working to make ELFT a place where people can do their best work using QI methods. These pieces of work are mainly focused on directly improving staff wellbeing. Additionally, a programme of work being led by the Chief People Officer and Chief Nurse to improve the disciplinary process is underway across three workstreams

- **Timeliness of Disciplinaries** – As previously reported, there has been a 19% reduction in the time to complete a disciplinary. Current tests of change include a 48-hour fact-finding review, a central list of trained investigators and investigating officers working in pairs.
- **Compassionate Culture** – This stream, aiming to reduce the number of formal cases, is currently testing a disciplinary cases panel and a compassionate culture checklist.
- **Equity** – This stream, aiming to reduce the number of band 3 and bank staff cases which are overrepresented, is testing coaching for band 3 staff and better supervision of bank staff.

- 3.2 In addition, work is underway between People and Culture and QI colleagues to explore the potential for work in support of the staff experience programme around staff burnout. Next steps include mapping existing trust-wide work and using data to identify opportunities for improvement.

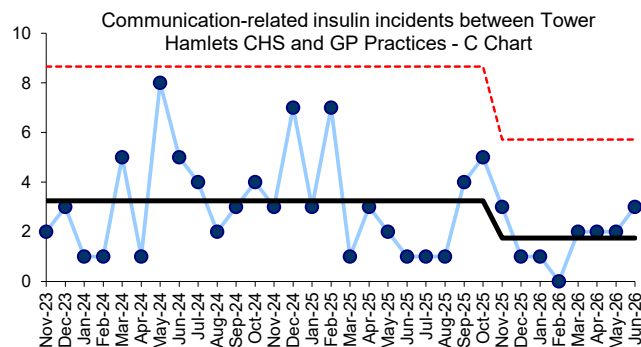
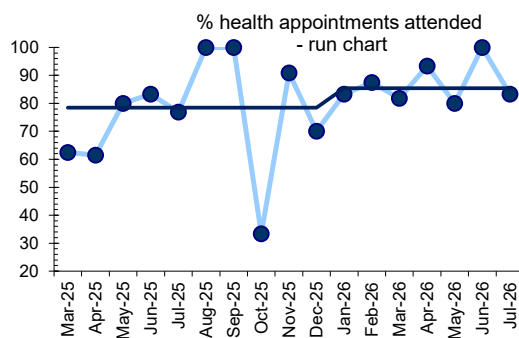
7. Advancing Equity in all we do

- 7.1 Across the trust, 17 projects are using QI to advance equity. 14 of these are related to PCREF work mainly focusing on increasing access or outcomes for different groups that are less likely to access services.
- 7.2 The East London CAMHS Community Eating Disorders Service undertook a Quality Improvement project to strengthen culturally responsive assessment and formulation. The project aimed to increase consistency in exploring and documenting Social 'GRACES' domains, while improving staff confidence in culturally responsive conversations. Social GRACES provides a framework for exploring identity and experience, including gender, race, ability, culture, education and sexuality, helping clinicians understand the social and cultural context of a young person's presentation. Interventions included cultural competence training, Social GRACES workshops, structured assessment prompts, and embedding cultural considerations within MDT discussions. Following these changes, the average number of Social GRACES domains discussed increased by 61%, from 51 to 82 per month. Staff confidence in discussing culturally sensitive work increased from 3.5 (neutral) to 4.2 (confident). The team is now considering how to sustain improvements and spread learning across other CAMHS services.
- 7.3 Tower Hamlets Community Health Services, the Advanced Care Planning team has improved identification of service users with interpreting needs and recording of formal and informal interpreter use across Extended Primary Care Teams (EPCT). Working with service users, the team tested information leaflets, easy-read resources, staff training and induction, a standard operating procedure, and electronic patient record prompts. These changes resulted in a 98% increase in identifying service users with interpreting needs, from 108 to 214 per month, alongside sustained improvements in recording interpreter use. This supports more equitable, person-centred care for diverse communities. The team is now embedding these changes into routine practice and exploring opportunities to spread learning across other services.

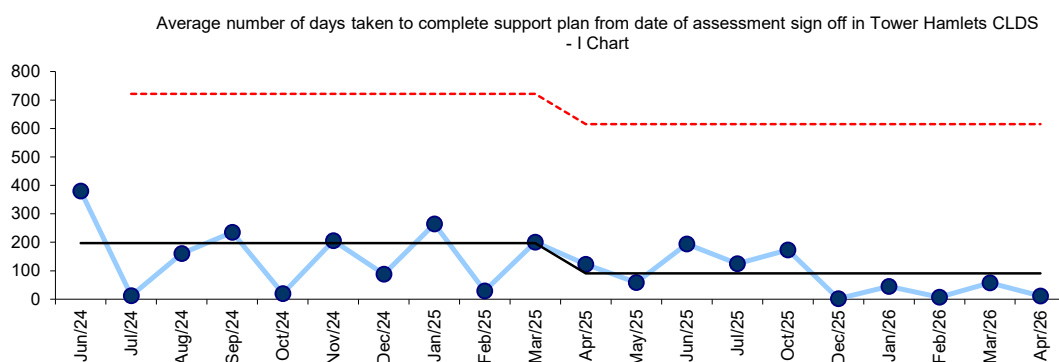


8. Strengthen Prevention and earlier help

- 8.1 Prevention and earlier help are a core feature of 20 QI projects across ELFT. This work focuses mainly on improving physical health monitoring and outcomes for those with mental health illness, which is a known co-morbidity.
- 8.2. Across four Forensics Medium Secure wards (Stratford, Broadgate, Westferry and Morrison), a QI project focused on reducing missed physical health appointments, which are essential for monitoring changes and preventing complications in a high-risk population. A QI project was started to increase attendance at appointments. Several change ideas were tested, including weekly Outlook diary reminders for ward staff and shift coordinators to improve visibility and planning. Nurse managers also received email prompts to ensure service users were aware of appointments and supported to prepare in advance. Attendance subsequently increased from 78.5% to 85.4%. These changes are now being embedded into daily standard work across the wards.
- 8.3 In Tower Hamlets, a cross-system improvement project involving Community Health Services, the Royal London Hospital (RLH), GP practices, care homes and service users is improving insulin safety and reducing communication-related incidents. Changes include regular system-partner reviews, a standard operating procedure, primary care engagement through GP and Pharmacy forums, and consistent ELFT Diabetes Nurse attendance at RLH multidisciplinary meetings. Communication-related insulin incidents involving system partners have reduced by 38%, from 7.1 to 4.4 per month, and those involving GP practices by 45%, from 3.3 to 1.8. This supports earlier identification and communication of insulin-related risks, helping prevent errors and deterioration. Ongoing work includes strengthening mental health partnerships, developing digital communication with Northeast London ICB, and supporting home care providers.



8.4. The Tower Hamlets Community Learning Disabilities Service (CLDS) is undertaking a QI project to improve assessment and transition for young people moving from children's to adult learning disability services. The aim is for 75% of service users to have a transition plan by their 18th birthday and reduce assessment completion times. Tested changes include simplifying referral forms, standardising triage documentation, streamlining assessment and care planning, and dedicated oversight of single assessments and care and support plans. A rota allocates lead responsibility for assessments, while team meetings have been simplified. Average referral processing time has reduced by **44%**, from 27 to 15 days, while care and support plan completion following assessment sign-off has reduced by **54%**, from 197 to 91 days. Further testing will focus on simplifying and automating key processes.



9. Strengthening for the road ahead

9.1 Work continues with partners in corporate services to strengthen ELFT's Quality Management System (QMS), covering Quality Planning, Improvement, Assurance and Control. Directorate-level workshops in CAMHS and Forensics

enabled teams to assess QMS maturity and identify opportunities for strengthening. These workshops are being used to test an approach for future Trust-wide engagement. Findings have been shared with DMTs, with work commencing on identified priorities. A further session is planned with Bedfordshire Community Health Services in September.

Directorate	Opportunities to strengthen
CAMHS	• Strengthen action tracking with clear ownership, timelines and impact monitoring. • Align QI priorities with annual planning and spread learning across directorates. • Establish structured review of feedback, audit and assurance findings, including Stop, Start, Continue. • Implement standardised Corporate and DMT scorecards covering quality, performance, safety and outcomes. • Strengthen meeting structures and Terms of Reference to ensure clear accountability and ownership.
Forensics	• Strengthen quarterly strategic planning reviews to align objectives, risks and resources. • Implement standardised quality and performance scorecards to support measurement. • Consolidate audit, accreditation and review findings through Stop, Start, Continue. • Align QI priorities with annual planning and spread learning to sustain improvement. • Strengthen meeting structures and Terms of Reference to ensure clear accountability and ownership.

10. Action Being Requested

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

Performance report

September 2026

REPORT TO THE TRUST BOARD IN PUBLIC

September 2026

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

PURPOSE OF THE REPORT

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

KEY MESSAGES***What's going well?***

The percentage of service users followed up within 72 hours of discharge from inpatient services was 83.6% in July, against the national target of 80%.

The proportion of incidents resulting in harm, while still higher than normal, fell from 32% to 30% in July. This drop was driven by fewer incidents overall and a reduction in low-harm cases. Encouragingly, moderate and severe harm remained low and stable.

The restraint rate per 1,000 bed days continues to fall and remains well below the mean of 13.2, reaching 8.9 in July. This reduction was seen across most services, particularly CAMHS Tier 4 inpatient unit.

Inpatient bed occupancy continues to fluctuate below the mean, reaching 90.9% in July. The number of out-of-area placements remains low at 2 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 93.8% to 95% in July, reflecting a positive upward trend over past eight months.

EIS performance has increased, surpassing the national target of 60% to reach 69.8% in July.

Talking Therapies services continue to exceed the national reliable improvement target of 67% (rising to 69% in 2026/27), achieving 70.3% 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 over the last 3 months, having dropped from 8590 in April to 8022 in June. This is due to the improvements supported by the ADHD stratification tool, which has achieved a significant uptake, and 1,498 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.

What's of concern?

There continue to be 6,874 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 87.7% across all community health services (above the national 78% target). In SCYPS, there are 465 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 seen within 12 hours by our Psychiatric Liaison Services (PLS) in Emergency Departments (ED) has decreased to 81.8% in July from 85.5%. 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. Further analysis is included in the Equity section of this report.

What's worth watching?

The proportion of service users reporting that they felt listened to and involved in their care decreased to 81.1% in July, below the average score of 83.8%. The reduction in the overall positive score was influenced by lower scores within MSK services in Newham and the Mental Health Crisis Line in Bedfordshire and Luton, alongside a 15% increase in overall response rates.

The number of pressure ulcer incidents across Community Health Services returned to within the normal range of variation in July, with 170 incidents reported. However, the overall number of incidents remains elevated above average of 143, and continues to be closely monitored.

The rate of violence and aggression increased from an average of 6.7 to 7.9 in July, following eight consecutive increases above the previous average. This increase was seen across most adult mental health services, particularly female acute inpatient and psychiatric intensive care wards, where a small number of acutely unwell service users with complex needs accounted for a significant proportion of incidents.

Appendix 1 details ELFTs performance against the new 2026/27 NOF metrics, the Trust is demonstrating a strong baseline in Mental Health Learning Disability and Autism (MHLDA) indicators, with the majority achieving Score 2, including key quality and safety measures such as adult and PICU length of stay, 14-day readmission rates, urgent crisis response times, and supported smoking cessation attempts.

. Two indicators are performing at the highest level (Score 1), namely 72-hour follow-up after discharge for adult acute and rehabilitation services and outcomes standards for both children and young people and adult services. The main exceptions relate to Talking Therapies reliable recovery rates, which remain below national expectations and are being targeted through focused work to address population and deprivation-related inequalities, and older adult length of stay, where patient flow and urgent care pressures continue to impact performance. In addition, despite local improvements, the proportion of children waiting over 104 weeks remains in Score 3 due to ongoing data cleansing activity affecting reported performance.

Community Health Services continue to perform strongly against the new 2026/27 NHS Oversight Framework indicator for 18-week waits, with 87.7% of patients seen within 18 weeks (Score 1), exceeding the target of 78%. However, long waiting times remain a key area of focus, with 3.55% of patients waiting over 52 weeks (Score 3). Improvement programmes are in place across all affected services, with the most significant backlog pressures in SCYPS ASD, Adult Wheelchairs and Adult Speech and Language Therapy services in Bedfordshire. Targeted actions are underway to reduce waits over 18 weeks, with further details outlined in the Timely section of this report.

As part of our plan to support delivery of the NOF standards, work is progressing to strengthen the Trust's Quality Management System (QMS) and establish a consistent approach to quality planning, control, assurance and improvement. A series of workshops has been undertaken to support directorates in assessing their QMS maturity, identifying and monitoring quality risks, and strengthening accountability and oversight. The QMS maturity tool has helped teams develop a clearer understanding of the framework, identify strengths and gaps, and agree priorities for improvement. Participants reported increased understanding and confidence, with some subsequently delivering similar workshops within their own teams. The next phase will extend this work across the Trust and strengthen alignment between Board priorities, corporate and directorate plans, and frontline delivery.

REPORT TO THE TRUST BOARD IN PUBLIC

June 2026

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

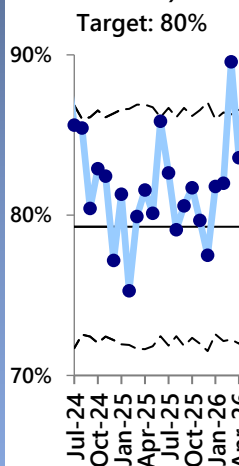
Date	Committee and assurance coverage
Various	Various sections of this report are submitted to the Service Delivery Board, Finance Business and Investment Committee and other Trust committees. Some of the performance information is submitted to commissioners and national systems.

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 July 2026 and provides data on key compliance, national and contractual targets. From November, data in this report will be reported two months in arrears (two month behind board meeting), aligning with subcommittee review and wider board assurance processes.
Service User/Carer/ Staff	This report summarises progress on delivery of national and local performance targets set for all services.
Financial	The performance summary will escalate the areas where targets have not been met or areas of noncompliance against the main contracts and could pose a financial risk to the Trust.
Quality	Metrics within this report are used to support delivery of the Trust's wider service and quality goals. 5

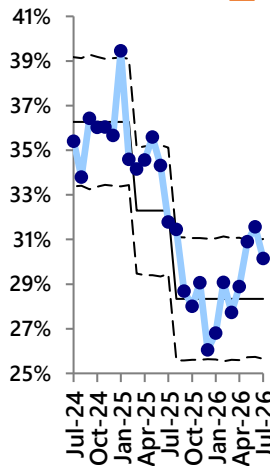
Performance Dashboard

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

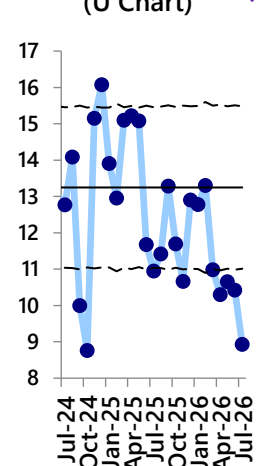
Safe

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

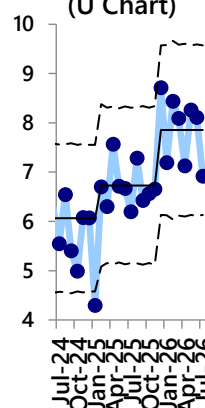
Safety incidents resulting in physical Harm (P Chart) ↗



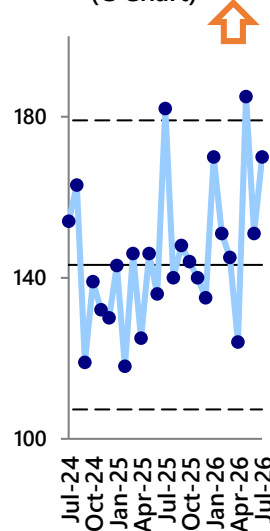
Restraints reported per 1,000 occupied bed days (U Chart) ↘



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

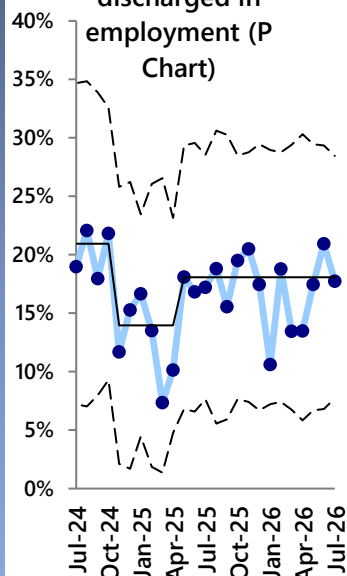


Pressure ulcers - non-inherited (C Chart) ↗

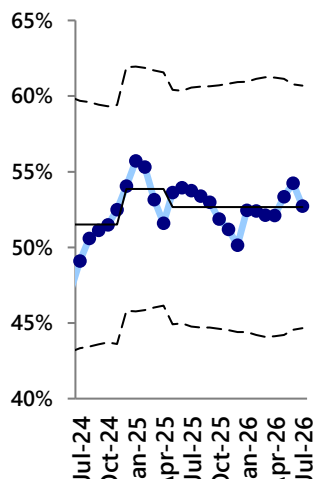


Effective

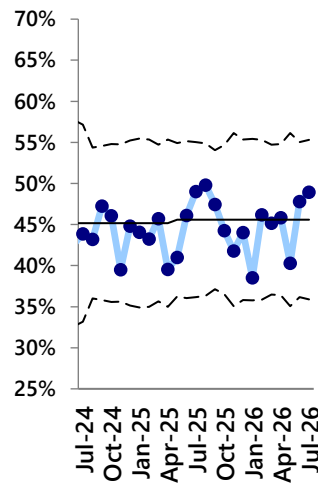
IPS - Percentage discharged in employment (P Chart)



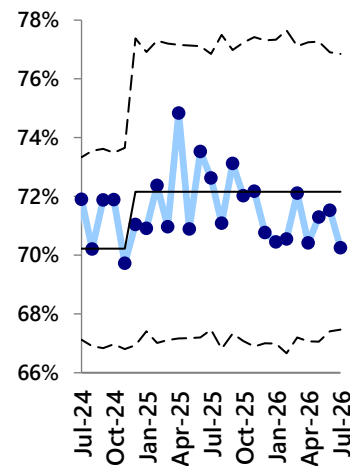
Perinatal - Improvement in Core10 scores (P Chart)



Adult Mental Health Improvement in Dialog score (P Chart)

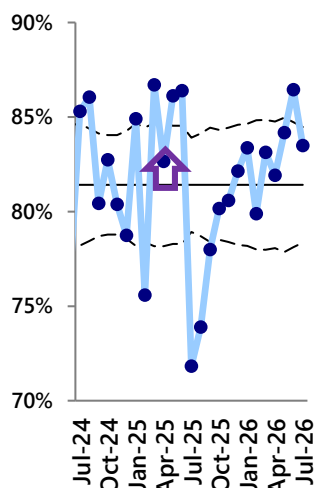


Talking Therapies - Percentage achieving reliable improvement (P' Chart) Target: 67%

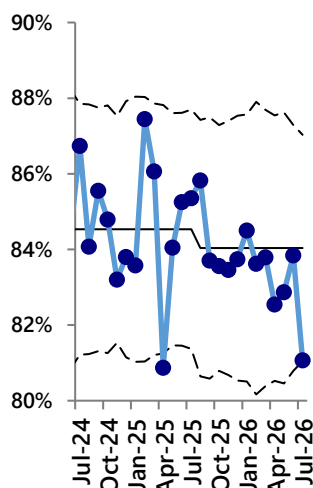


Service user centred

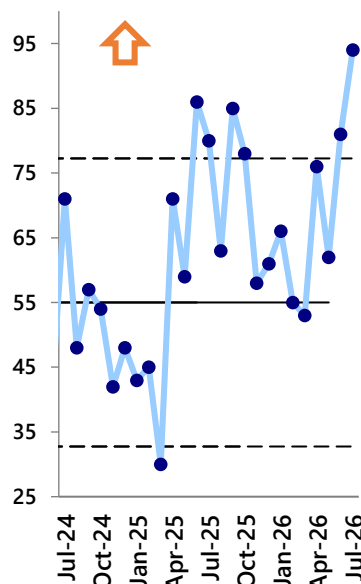
Percentage of service users having a very good or good experience (P Chart)



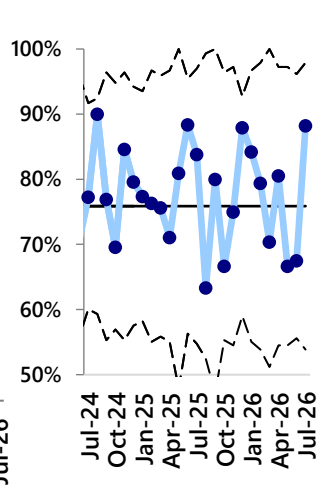
Service Users involved in discussions about their care (P Chart) ↘



Complaints (C Chart) ↗



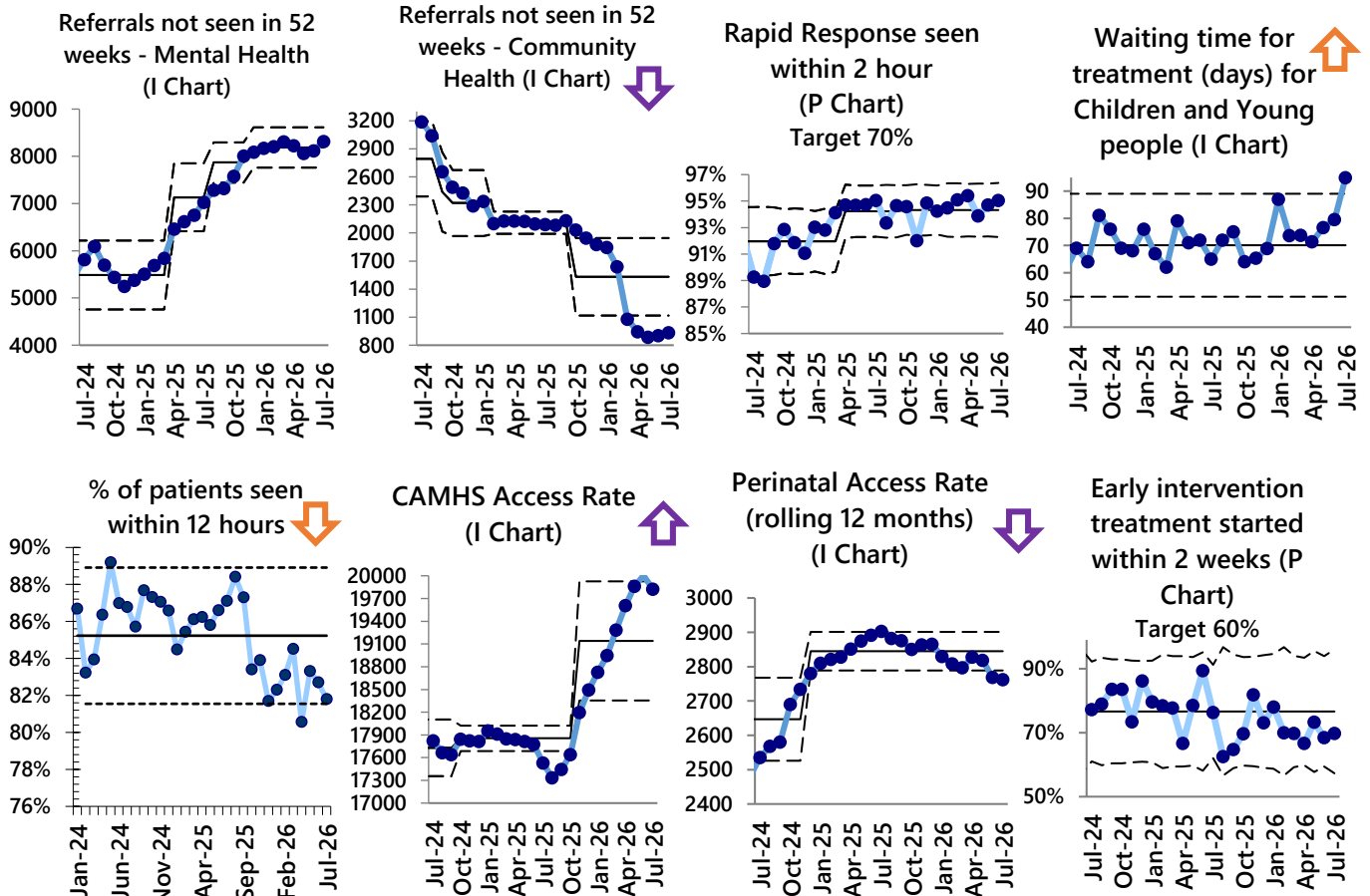
Service users who died in their preferred place of death (P Chart)



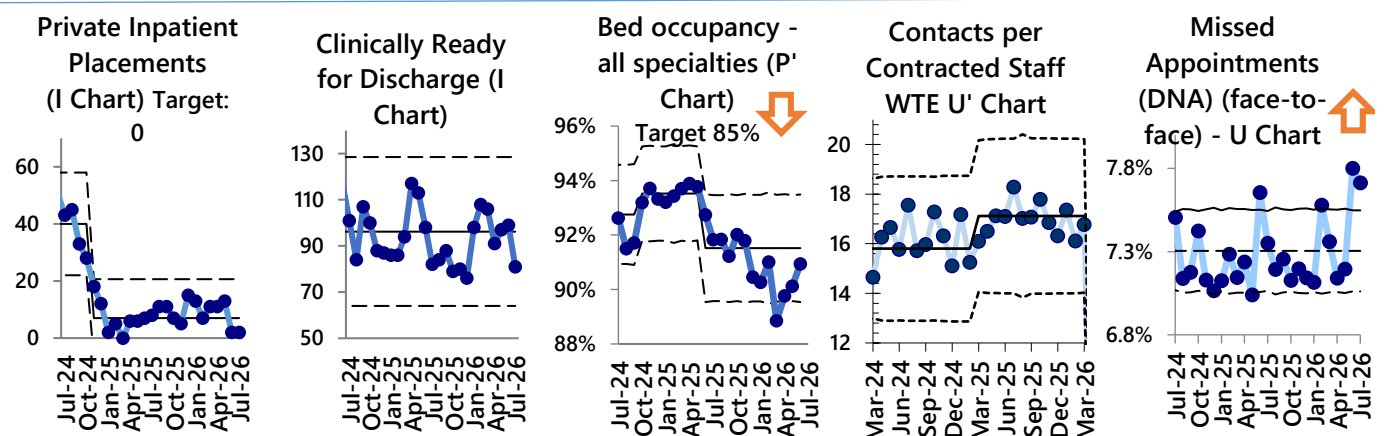
Performance Dashboard

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

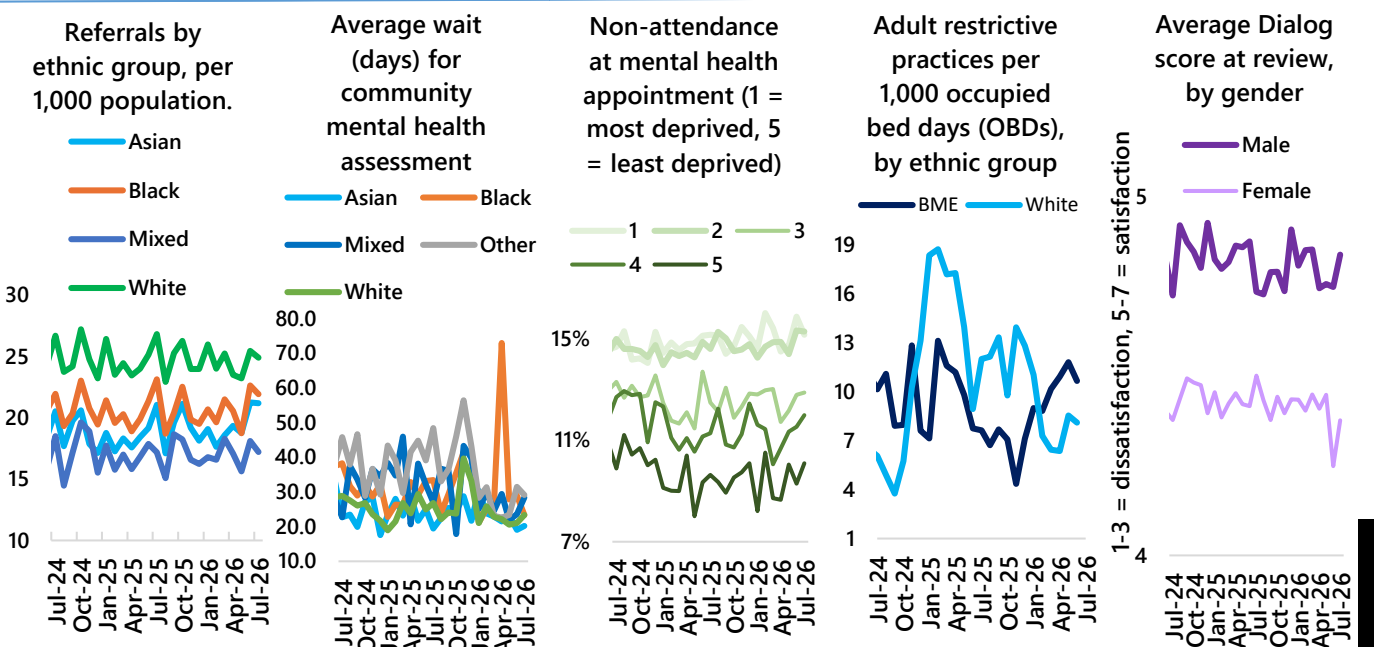
Timely



Efficient



Equitable



Commentary

Safe

The percentage of service users followed up within 72 hours of discharge from inpatient services was 83.6% in July, against the national target of 80% (NOF indicator). In Luton & Bedfordshire, 90% of patients were followed up in 72 hours, and 81% in East London. The target was achieved in 10 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, while still higher than normal, fell from 32% to 30% in July. This drop was driven by fewer incidents overall and a reduction in low-harm cases. Encouragingly, moderate and severe harm remained low and stable. The main incident themes related safeguarding, violence and aggression and self-harm and pressure ulcers. As highlighted in the July report a number of initiatives are underway to address each area across all services including strengthening safety learning culture and proactive pressure ulcer monitoring, prevention and timely escalation.

The restraint rate per 1,000 bed days continues to fall and remains well below the mean of 13.2, reaching 8.9 in July. This reduction was seen across most services, particularly CAMHS Tier 4 inpatient unit. This reflects both lower patient acuity and fewer complex referrals, alongside improvements in clinical practice. This includes piloting the Pause Before Escalation framework, which encourages staff to pause, assess the situation and consider alternative de-escalation approaches before escalating an intervention, where safe and appropriate. This is supported by timely reviews of observations and risk, strengthened staff training and supervision, and greater use of therapeutic activities, including sensory rooms and structured activities, to help manage distress and prevent escalation. Together, these approaches are supporting a safer, more therapeutic environment and reducing the need for restrictive practices.

In contrast, Bedfordshire mental health services saw a slight increase in restraints, driven by a small number of acutely unwell service users in the Psychiatric Intensive Care Unit and Older People's ward. A large proportion involved a small number service user from BAME backgrounds, who required restraint to support nasogastric feeding. The equity chart showing restrictive practices across different ethnic groups has been updated from a two-monthly to a monthly view, allowing for a clearer understanding of month-to-month variation. This shows that differences between BAME and White service users remain, however, rates can be influenced by a small number of acutely unwell service users experiencing multiple interventions. This needs to be considered when assessing whether the observed inequalities reflect differences in clinical need or indicate a potential inequity in care.

Bedfordshire & Luton services continue to strengthen prevention and early intervention through safety huddles and safety pods, supporting earlier identification of risk and timely therapeutic intervention. Alongside trauma-informed care, de-escalation and learning from incidents, this work aims to reduce the need for restraint and ensure care remains as least restrictive as possible.

The rate of violence and aggression has shifted from an average of 6.7 to 7.9 in July following 8 consecutive increases above the previous average. This reflects a rise across most adult mental health services. Violence and aggression incidents were mainly concentrated in female acute inpatient wards and psychiatric intensive care settings, with a small number of acutely unwell service users with complex needs accounting for a significant proportion of incidents.

In response to the recent rise in violence and aggression, mental health services are strengthening prevention and early intervention, with greater focus on understanding the underlying drivers of incidents. This includes reviewing repeat incidents, ward-level hotspots, individual and environmental triggers, and staffing and skill mix. Enhanced multidisciplinary reviews, personalised safety and support plans, safety huddles, trauma-informed de-escalation and post-incident learning are being used to support earlier intervention, reduce recurrence and improve safety for service users and staff. Encouragingly, July has seen a reduction in incidents; however, this will need to be sustained over the coming months before a change in the overall trend can be established.

Pressure ulcer incidents across community health services remain high but have returned to normal range, decreasing from 185 in June to 170 in July. Bedfordshire continues to report a higher number of pressure ulcer cases than East London Community Services. This is likely influenced by differences in patient demographics and the greater number of nursing homes supported by services in Bedfordshire. Services are continuing to strengthen pressure ulcer prevention through early risk identification, timely skin assessment, appropriate pressure-relieving equipment, repositioning, and individualised care planning. The Tissue Viability team is also supporting clinical teams and nursing homes through education, review of pressure ulcer incidents and themes, and targeted improvement actions to reduce avoidable harm and recurrence.

Effective

Overall, the proportion of service users reporting positive DIALOG outcomes remained stable at 49.1% in July. Recording paired outcome scores remains a key priority for Adult and CAMHS services under the National Oversight Framework (NOF), with the Trust continuing to perform above the national benchmark, reflected in its provisional Segmentation Score of 1.

Our Talking Therapies services continue to perform above the national target for reliable improvement, achieving 70.3% in July and averaging 71.3% over the past 12 months, compared with the national target of 69%. Improving reliable recovery rates remains a key priority in line with the National Oversight Framework (see Appendix 1). Current reliable recovery performance is 49% (Score 3), which is consistent with the national benchmark. Teams are continuing to implement improvements focusing on communities with lower recovery outcome scores.

The percentage of service users entering employment remains stable, reaching 20.0% in July. 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 2,851, with a year-to-date access rate of 1,568. Access in Bedfordshire & Luton is at 1,568 in July and 1,483 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 remained stable in July, with 52.7% of service users demonstrating a positive outcome. This is being sustained within a clinically complex population, where recovery can be influenced by the severity of mental illness, previous mental health history, trauma, and wider psychosocial factors.

Service User Centred

The proportion of service users rating their experience as 'good' or 'very good' remains higher than normal, reaching 83.5% in July. This is below the national benchmark mainly across mental health services where average is 89%. Services are continuing to address key themes of dissatisfaction through a range of initiatives focus on improving access, care planning, medication support, improving environment, strengthening communication between teams and with service users, and delivering trauma informed care.

The number of complaints remains elevated, increasing above the mean of 55 to 81 in July. This increase is mainly driven by rises across Newham, Tower Hamlets, Bedfordshire and Luton, and Specialist Services. There was also a smaller increase in Community Health Services in Newham, alongside a rise in generic complaints relating to signposting that could not be attributed to a specific directorate. The main themes of complaints related to access, clinical management, attitude of staff, communication (oral and written).

The increase may reflect improvements we have made to ensure our complaints process is more accessible and easier to navigate, enabling more people to share their experiences and concerns through the new online form. Services have also reported that complainants are increasingly using AI tools to help articulate and structure their feedback, which may support people to engage more confidently and effectively with the complaints process. These developments provide valuable opportunities for us to hear from a wider range of service users and use their feedback to inform improvements.

The percentage of service users dying in their preferred place of death across Community Health Services continues to fluctuate but has increased to 88% in July. This indicates that services are effectively supporting people's end-of-life wishes and enabling more service users to receive care and die in the place they have chosen, where this is clinically appropriate and achievable.

To support learning from complaints, services are reviewing demand and capacity and updating recovery plans to improve access against service-specific access standards. Communication is being strengthened through shared learning from complaints, and You Said, We Did boards, alongside reinforcement of good clinical practice in co-producing and delivering effective care plans. Signposting is being improved through refreshed service-user welcome packs, while customer service training is supporting more consistent, compassionate and person-centred interactions with service users and carers

The proportion of service users reporting that they felt listened to and involved in their care decreased to 81.1% in July, below the average score of 83.8%. Services have continued to encourage greater service user feedback, resulting in a 15% increase in responses in July, particularly across Forensic Services, City and Hackney, Newham, and Community Health Services in Newham. This increase in participation is encouraging, as a larger number of responses provides a more representative picture of service users' experiences and helps identify areas where targeted improvement is needed.

The reduction in the overall positive score was influenced by lower scores within MSK services in Newham and the Mental Health Crisis Line in Bedfordshire and Luton, alongside increased response rates in these areas due to relaunching digital ways of collecting feedback by electronically sending satisfaction survey to the caseload every two months.. In response, services are reviewing feedback in more detail to understand the key themes and identify opportunities for improvement. This includes reinforcing the importance of shared decision-making, ensuring service users are given sufficient time to express their views and concerns, and supporting staff to clearly demonstrate how service users' preferences are reflected in care planning. Teams will continue to use service user feedback to inform local quality improvement projects focused on improving experience of care.

Timely

Performance within Early Intervention Services (EIS) has remains above the national target of 60%, with 69.8% of service users commencing treatment within two weeks in July. 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, 6874 patients have been waiting over 52 weeks for mental health services. 6664 (97%) this group are waiting for adult Autism and ADHD services which has increased by 172 from the previous month. 5,651 of these patients are waiting for ADHD services and 1,1013 patients waiting for Autism services. The overall number of patients waiting to be seen across ADHD services has dropped considerably over the past 3 months from 85 in April to 6,873 in July as a result of the structured triage tool that has helped stratify the caseload based on service user needs, and allowed referrals to be signposted or closed where clinically indicated or requested by service users.

The ADHD stratification programme continues to progress well, with 5,542 responses received across the Trust, representing a 73% response rate. This information is helping services priorities caseloads based on patient need. A further 2,050 patients have not yet completed the questionnaire.

Across East London, ADHD referrals remained stable at 65 in July, with the total waiting list also remaining stable at 5,142 patients. In Luton & Bedfordshire, referrals continue to fluctuate, increasing to 51 in July, compared with a yearly average of 94. Despite this variability, the waiting list has begun to reduce, falling from 1,824 in June to 1,728 in July. Demand and capacity modelling indicates this will reduce further to 1,546 by August 2027. Across both localities, the total ADHD waiting list is expected to reduce to approximately 7,092 patients over the coming months.

The ADHD Stratification Tool continues to support waiting list management across both areas. In East London, 4,165 responses have been received, with 1,089 patients identified as having mild or minimal impairment. In Luton & Bedfordshire, 1,377 responses have been received through the tool. Analysis has identified 409 patients with mild or minimal impairment and 320 patients who had previously been diagnosed elsewhere and have subsequently been referred to their GPs for medication management and titration. In addition, 550 patients have been identified as having been diagnosed elsewhere and referred to their GPs for medication and titration, contributing to the anticipated reduction in waiting list size.

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.

To strengthen support available while patients await assessment, the Trust-wide ADHD group continues to work with peer support workers and Recovery Colleges to explore and expand psychoeducation offers. Planned areas of focus include time management, planning and prioritisation, supporting someone with ADHD, understanding medication titration, accessing reasonable adjustments, communication skills and active listening

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. Overall, there are 2,413 people waiting to be seen for an assessment across the Trust: 1,253 in Luton & Bedfordshire, 571 in City & Hackney, 345 in Newham, and 244 in Tower Hamlets.

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 reduce at 11 per month, and the waiting list continues to fall to 585 in June to 571 in July. 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 17 per month, with waiting lists remaining stable at 345 in July. 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 31 per month and waiting lists are currently increasing from 231 in June to 244 in July. 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 61.9% 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 4. The average waiting time for people to be seen for the first time is now 5 weeks.

In Newham, 86.3% of patients are being seen within 28 days. The average waiting time for an appointment in July was 26 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 Tower Hamlets, 67.9% of patients are seen within 28 days of referral. Performance has remained consistent in the last 7 months and overall waiters have reduced significantly over the last 7 months to their lowest levels. The average wait time for assessment has been 4 weeks for the last 10 months and some of the breaches are due to a client being seen in a different team which affects approximately 10% of the overall caseload.

Child and Adolescent Mental Health Services (CAMHS)

Waiting lists in CAMHS have increased from 2696 in June to 2809 in July for a first appointment, with 232 service users waiting over a year to be seen. The longest waiting lists are within the Bedfordshire Autism service, with 122 service users waiting, Newham ADHD, with 44 service users waiting over 52 weeks, 47 in Tower Hamlets ASD and 34 in City & Hackney ASD.

There are currently 28 patients waiting over 104 weeks across CAMHS. This is being addressed through a targeted programme to improve the accuracy of waiting list records, 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 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)

465 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 waiting list backlog and sustain an 11 weeks wait time target by the end of 2027. This funding was approved in August and an overarching ASD project is in place aimed at reducing waiting times and the current backlog. The service are still in the process of recruiting staff to increase service assessment capacity. The current recovery plan projects that there will be no 52-week waiters by the end of December. Across SCYPS, 76.4% (target 78%) of patients are being seen within 18 weeks, which is a new NOF measure that services also focusing on improving as part of their plans.

Community Health Services (CHS)

Across Adult Community Health Services, 15 patients are waiting over 52 weeks to be seen which has reduced from 27 in June. 12 of these are waiting in the Wheelchair Service and 3 in the Speech and Language Therapy (SLT) service. There are now no patients waiting over 52 weeks for the Musculoskeletal service having dropped from last year's peak of 581. Across Adult CHS services, 87.7% of patients are being seen within 18 weeks. The SLT 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 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 remain stable at 2,128 in July following completion of the consultation and review process. Work continues on the wider MSK service redesign, including proposals to introduce a face-to-face assessment prior to referral to the GetUBetter (GUB) app pathway to strengthen triage and ensure patients receive the most appropriate support. The impact on demand and waiting lists will be monitored closely to ensure capacity remains aligned to need.

Current data shows that 3.55% of service users on the waiting list have been waiting over 52 weeks in Community Health Services and 87.7% 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 July, attributable to Luton & Bedfordshire. Similarly, the number of patients Clinically Ready For Discharge (CRFD) has fallen from 98 in June to 79 in July. 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 continue to focus on reducing average length of stay and improving inpatient flow. Based on the three-month rolling position in June, average length of stay was 48 days for Adult and PICU services and 98 days for Older Adult services, with Tower Hamlets reporting the lowest average length of stay at 37 days. To support further improvement, the Trust has introduced a live bed board, providing teams with greater real-time visibility of activity, capacity and patient flow across inpatient and community services. This supports earlier identification of barriers to discharge, more effective coordination between teams and timely planning of care and discharge pathways. In Bedfordshire and Luton, alongside the nine additional acute beds being made available, the Crisis House went live at the beginning of August. It will provide access to community-based beds, helping to avoid hospital admissions where clinically appropriate.

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 68.1% in East London. The number of service users waiting in A&E for over 12 hours remains consistent at 203 in July. However, the percentage of service users seen within 12 hours by our Psychiatric Liaison Services (PLS) in Emergency Departments (ED) has decreased to 81.8%.

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, 85.3% of service users receive their first assessment by a mental health professional within one hour of referral in the emergency department. Further information is available in the equity section of this report.

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 remains elevated achieving 7.7% in July, 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 provides further insights about of service users presenting to our A&E Psychiatric Liaison Services (PLS), using activity recorded in the Trust's clinical system (RiO) over the last two years. The analysis considers variation by ethnicity, gender and age, whether people were known to Trust mental health services in the previous 12 months, their diagnostic characteristics, and re-attendance to PLS services within 28 days of discharge from mental health inpatient services. It also draws on the recent national audit of A&E 12 -hour breaches to provide context on the key factors contributing to delays and pressures across PLS pathways.

Ethnicity

The ethnicity profile of service users seen by PLS services broadly reflects the local population in Bedfordshire & Luton, with greater variation across East London. Black service users are proportionately higher than the local Census population data (2021) across all PLS teams, most notably in City & Hackney (27% of PLS activity compared with 20% of the population) and Tower Hamlets (12% versus 7%). Conversely, Asian service users are proportionately lower in Newham (32% versus 42%) and Tower Hamlets (33% vs 44%). Other ethnic groups are also proportionately higher in City & Hackney (14% versus 9%) and Tower Hamlets (10% versus 4%). These differences do not in themselves demonstrate inequity but may reflect differences in population need, access to community support and the routes through which different communities reach crisis care. For example, the under-representation across Asian communities may be influenced by a range of factors including mental health stigma and cultural perceptions of mental illness, family and community support networks, language or communication barriers, awareness and accessibility of crisis services, and use of primary care, voluntary, faith or community-based support rather than through the emergency department. These considerations are informing the development of local crisis and community care responses across each borough.

Age and Gender

Presentations to PLS are predominantly among working-age adults, who account for 91–96% of activity across all services. Overall gender patterns are broadly balanced in Bedfordshire & Luton and City & Hackney, while a higher proportion of presentations in Newham (54%) and Tower Hamlets (57%) are male. However, among people already known to mental health services, females are more prominent in Bedfordshire & Luton (60%) and City & Hackney (58%). This may indicate different patterns of engagement and routes into crisis care by gender, including whether men are more likely to present to A&E without recent contact with mental health services, while women presenting in crisis are more likely to already be engaged with services.

Proportion of service users known to mental health services

Around half of service users presenting to PLS are already known to Trust mental health services, defined as having had contact with our mental health services within the previous 12 months. This ranges from 58% in Bedfordshire & Luton and 53% in City & Hackney, to 47% in Newham and 45% in Tower Hamlets.

17

This means PLS teams are managing both new or previously unknown presentations, which can require more comprehensive assessment and support, and crises among people already receiving mental health care. For those already known, services are working to strengthen crisis care planning, recognise deterioration earlier and provide timely community or Home Treatment Team intervention, where clinically appropriate, to help prevent escalation and potentially avoid the need for A&E attendance.

Diagnosis characteristics (where known)

Among PLS presentations with a recorded diagnosis (53% with diagnosis code), psychotic disorders (F2) are the largest diagnostic group at 32%, followed by personality disorders (F6) at 19%, mood disorders (F3) at 16%, and anxiety/stress-related disorders (F4) at 14%. There are, however, important differences in clinical case mix between localities.

Across the East London services, psychotic disorders are the predominant diagnosis, although there are some variation. City & Hackney has the highest proportion at 39%, compared with 33% in both Newham and Tower Hamlets. Personality disorders are more prominent in Tower Hamlets at 20%, compared with around 16% in City & Hackney and Newham. This case mix indicates a higher level of severe and complex mental illness and is important context for demand on senior clinical review, Mental Health Act assessments and multidisciplinary support.

Mood disorders, including depression and bipolar disorder, are relatively consistent across all services, accounting for 14% in City & Hackney, 15% in Tower Hamlets and 16% in Newham and 17% in Bedfordshire & Luton. Depending on severity, risk and available support, these presentations may require anything from intensive community treatment to inpatient admission. Anxiety and stress-related disorders also form a proportion of the presentations, ranging from 12% in Tower Hamlets and 13% in City & Hackney to 15% in Newham and 16% in Bedfordshire & Luton.

Bedfordshire & Luton has a different overall case mix, with personality disorders forming the largest group at 26%, psychotic disorders at 20%, and substance-related disorders at 11% which is twice the proportion of East London services.

Representations to PLS services within 28 days of inpatient discharge

The analysis also considered whether service users returned to the PLS services during the 28 days following discharge from a mental health inpatient admission, an important period of transition and potential clinical vulnerability. Re-presentation varies across localities, from 5% in Luton and 6% in Bedfordshire to 9% in City & Hackney, 11% in Newham and 13% in Tower Hamlets. Returning to A&E maybe clinically appropriate where there is acute deterioration or physical health need.

When looking at ethnicity of those re-presenting, Bedfordshire and Luton have relatively low rates across most ethnic groups that re-present to PLS services, while City & Hackney has a higher proportion among White service users (14%). In Newham, rates are higher for White (14%) and Asian (12%) service users, while Tower Hamlets has the highest proportion, particularly among Mixed (18%), White (17%) and Asian (15%) service users. Some ethnic groups have small numbers and therefore require cautious interpretation. Work is underway to strengthen the community crisis offer to all communities, including earlier intervention and alternatives to A&E, is intended to support people closer to home, reduce avoidable attendances to PLS services and provide more timely support when people begin to deteriorate following discharge.

National Getting in Right Time (GIRFT) 12-hour breach audit

The recent national GIRFT audit of mental health service users waiting over 12 hours in A&E shows that the main driver of prolonged waits across PLS services was bed availability and wider system flow, with a small proportion related to operational capacity. This is particularly evident in Bedfordshire and City & Hackney. In City & Hackney, some waits also reflect patients requiring time to recover from intoxication or overdose before they can be safely assessed. Tower Hamlets experiences additional pressures from workforce and senior medical capacity, Mental Health Act processes, peaks in demand and complex or out-of-area presentations, with transport and placement difficulties also contributing. In Newham, increasing acuity and acute/PICU bed pressures remain key challenges, with delays particularly evident when beds are required elsewhere across NEL, alongside wider discharge barriers linked to housing and social care. Overall, improving A&E access requires a whole-pathway response spanning timely assessment, inpatient flow, bed capacity and wider system support.

Improvement Initiatives

The investment across PLS and crisis pathways is focused on addressing the main pressures identified through the analysis, such as avoiding unnecessary A&E attendance, providing alternatives to admission and improving flow when admission is required. Enhanced Home Treatment and assertive outreach capacity will support earlier intervention for people deteriorating in the community, particularly those already known to services. This includes closer working with community mental health teams, primary care, voluntary and community organisations, and faith/community networks to improve awareness and accessibility of crisis support.

Additional out of area bed capacity has also been commissioned to support delays related to out-of-area service users presenting to our PLS services. Expanded crisis and step-up/step-down community bed provision will provide more therapeutic alternatives to A&E and inpatient care, while enhanced senior clinical input and flow coordination should support faster decision-making and address delays in admission and discharge.

Across Inner North East London (INEL), dedicated mental health input within the Integrated Care Co-ordination Hub, working alongside the London Ambulance Service, will strengthen system-wide coordination and increase use of appropriate mental health urgent and emergency care pathways. This will help ensure people in crisis are directed to the right care, in the right setting, at the right time, reducing avoidable A&E attendance where appropriate.

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 awaiting sign-off. 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.

As part of our plan to support delivery of the NOF standard, we are continuing to strengthen the Trust's Quality Management System (QMS) to enhance quality planning, control, assurance, and continuous improvement. This work will strengthen accountability and oversight, support closer engagement with directorates, and provide a more consistent approach to delivering and monitoring the NOF priorities and measures.

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 2 (second-best performance band) at this stage. This includes key quality and safety indicators such as length of stay for adult and PICU wards at 48 days, a 14-day readmission rate of 4.3%, urgent crisis referrals seen face-to-face within 24 hours at 77.4% and 27.3% of inpatients making a supported smoking quit attempt.

Two indicators are achieving Score 1 (best performance band) including 84% of adult acute and rehabilitation discharges followed up within 72 hours of discharge and outcome standards for children and young people at 54.2% and 13.3% for adults' services.

The main areas of relative under performance include Talking Therapies reliable recovery rates at 49% 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. There are also challenges in improving our length of stay figures for older adult services at 98.5 days, reflecting ongoing pressures within patient flow and urgent care pathways. Despite seeing improvements, the percentage of children waiting over 104 weeks continues to remain in score 3 despite several improvements being made locally, due to the ongoing data cleansing work previously highlighted in "Timely" section of this report.

Community Health Services Measures

In Community Health Services, long waits remain an area of focus, with 3.55% of patients waiting over 52 weeks (Score 3) and 87.7% seen within 18 weeks (Score 1) against the 2026/27 target of 78% (a new NOF indicator). 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.

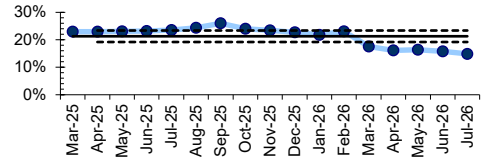
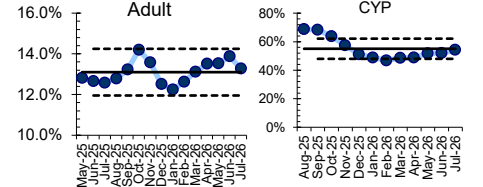
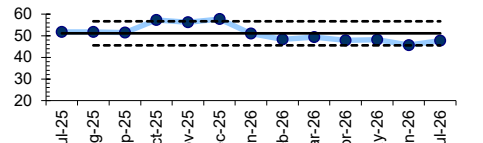
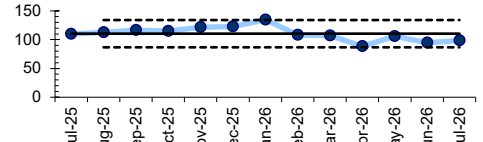
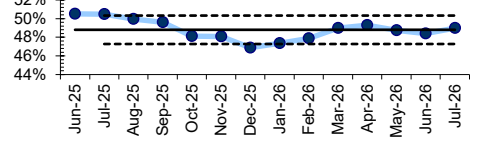
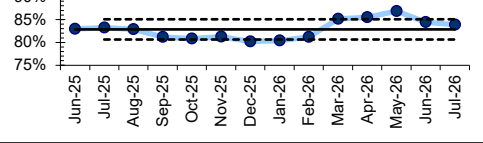
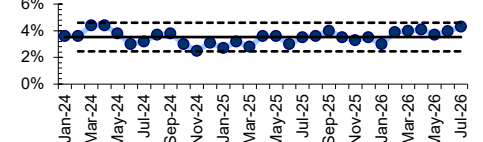
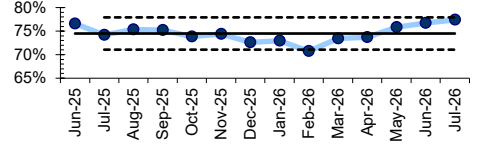
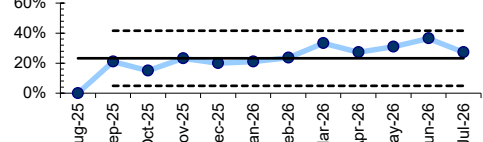
A number of measures including staff standards, advocacy and national survey indicators, are not yet scored under the framework and safety and productivity measures are currently reported as contextual only and do not contribute to the Trust's scoring.

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

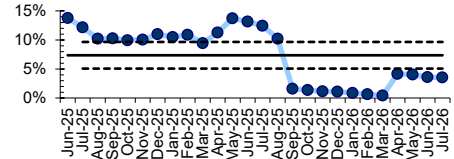
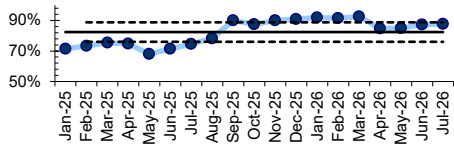
Appendix 1: Performance against the 26-27 NHS Oversight Framework

Mental Health and Learning Disability (MHLDA) Indicators (July-26)

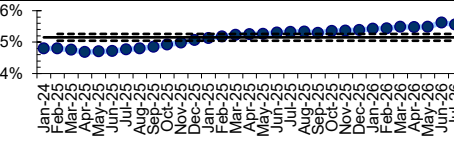
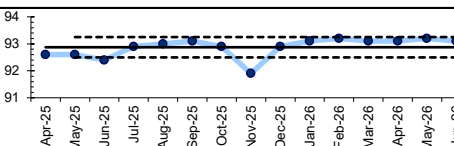
NOF Measure	Target	National Performance (Jun-26)	Local Performance (July-26)	SPC Performance (Local Position)	NOF Score
Percentage of total open CYP related waits that are over 104 weeks	0 over 104 weeks	14.9%	0.7%		Score 3
Percentage of people accessing mental health services with at least 2 contacts and a paired outcome score (all ages)	n/a	23.6% (Adult) 62% (CYP)	13.3% (Adult) 54.2% (CYP)		Score 1
Mean length of stay for adult acute mental health and PICU patients (rolling 3-month)	<40 days	47 days	47.7 days		Score 2
Mean length of stay for older adults (rolling 3-month)	73-93 days	137 days	98.5 days		Score 3
% achieving reliable recovery across NHS Talking Therapies	50-51%	48%	49%		Score 3
Adult acute and rehabilitation discharges followed up within 72 hours (rolling 3-month)	80%	82%	84%		Score 1
Mental Health 14-day readmission rate	<5%	5.5%	4.3%		Score 2
Urgent crisis referrals seen face to face within 24 hours	>80%	76%	77.4%		Score 2
% of inpatients making a supported quit attempt with an in house tobacco dependence service	n/a	27.3%	27.3%		Score 2
CQC Community Survey Satisfaction Rate		4%	4%	This is a yearly measure	TBC

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

Community Health Services Indicators (Jul-26)

NOF Measure	Target	National Performance (Jul-26)	Local Performance (July-26)	SPC Performance (Local Position)	NOF Score
% of cases waiting over 52 weeks	0	3.55%	3.55%		Score 3
% of referrals seen within 18 weeks	>80%	87.71%	87.71%		Score 1
% of intermediate care beds occupied by patients without criteria to reside	N/A	30%	30%	TBC	n/a

Trustwide/Corporate Performance:

NOF Measure	Target	National Performance (Jul-26)	Local Performance (July-26)	SPC Performance (Local Position)	NOF Score
Compliance with NHS staff standards	TBC	7.56	7.56	n/a	Score 3
Staff sickness absence rate (12 month rolling)	n/a	5.56%	5.56%		TBC
NHS Staff Survey Engagement Score	n/a	7.1	7.1	[this is a yearly metric]	Score 2
NHS Staff Survey Raising Concerns Score	n/a	6.69	6.69	[this is a yearly metric]	Score 2
NHS Staff Survey Advocacy Score	n/a	7	7	[this is a yearly metric]	Score 2
Data Quality Maturity Index	n/a	93.1%	93.1%		Score 2
% of clinical trials within 90 days	>95%	100%	100%	TBC	Score 1
YTD Surplus/Deficit	0% = surplus	13k	13k	TBC	Score 1
Relative difference in cost	100	96	96	TBC	Score 2
National Education and Training Survey Satisfaction Rate	TBC	TBC	TBC	n/a	TBC
Healthcare worker flu vaccination	TBC	31.4%	31.4%	TBC	Score 3
Temporary staffing relative cost band	TBC	TBC	TBC	TBC	TBC

Appendix 3: Operational Definitions

Safe		Timely	
Service users followed-up within 72 hours of discharge	Percentage of discharges from an Adult Acute Mental Health Bed followed-up by a community mental team within 72 hours.	Referred to ELFT and not seen within 52 weeks by the service	The number of newly referred service users at the start of each month who have not been seen by the team they have been referred to
Physical violence incidents per 1,000 occupied bed days	Number of violent incidents reported per 1,000 occupied bed days excluding leave. Occupied bed days from all settings.	Rapid Response seen within 2 hour	Proportion of people responded to within 2 hours who are experiencing a health or social care crisis and are at risk of hospital admission.
Restraints reported per 1,000 occupied bed days	Number of restraints reported as incidents per 1,000 occupied bed days excluding leave. Occupied bed days from all settings.	Waiting time for treatment (days) for Children and Young people	Number of days from referral to first contact.
Safety incidents resulting in physical Harm	Percentage of incidents resulting in any physical harm including fatalities from all safety incidents.	Early intervention treatment started within 2 weeks	Proportion of people experiencing their first episode of psychosis offered a NICE recommended package of care within two weeks of referral
Number of non – inherited pressure ulcers	Number of Category 2,3 & 4, SDTI and Unstageable pressure ulcers not-inherited outside the trust.	Perinatal Access Rate	Number of service users with at least one face to face or video contact in the last 12 months.
Effective		CAMHS Access Rate	Number of service users with at least one contact in the last 12 months.
Adult Mental Health Change in Paired Dialog Scores	The proportion of paired dialog scores showing an improvement of >12.5%.	Number of users waiting more than 12 hours in the ED	Count of number of MH users referred to PLS waiting more than 12 hours in the ED from entry
Talking Therapies - Percentage achieving reliable improvement	The proportion of people completing treatment who have shown significant improvement and recovered.	Efficient	
IPS - Percentage discharged in employment	The proportion of patients discharged from any IPS service who are in employment.	Private Inpatient Placements	Number of patients placed in private beds at the end of month. Excludes CAMHS & step-down care and other NHS providers
Peri Natal Paired Core10 outcomes scores showing improvement	Proportion of paired scores showing a movement from higher risk category to a lower risk category.	Clinically Ready for Discharge	Number of patients ready for discharge without a clear plan for ongoing care and support during month
Patient Centred		Bed Occupancy excluding leave	Percentage of beds occupied during the month from the total ward capacity, excluding home leave, private placements and step down care.
Percentage of service users having a very good or good experience	Proportion of service users responding 'Very Good' or 'Good' to the question 'Overall, how was your experience of our service?'	IPS Referrals	Number of referrals to the IPS team
Service Users involved in discussions about their care	Percentage of service users in agreement to the statement 'I felt listened to and understood by the people involved in my care and treatment.'	Equitable	
Complaints	Number of formal complaints received	Referrals by ethnicity, per 1000 population	Referrals to East London per 1,000 population using 2021 Census
Service users who died in their preferred place of death	Percentage of service users on the end of life pathway who died in their preferred place of death	Average wait for assessment by ethnic group.	Average wait by service user ethnicity
		Number of Adult restrictive practices per 1000 occupied bed days by ethnic group	Number of restrictive practice incidents per 1,000 occupied bed days excluding leave
		Appointments not attended, by deprivation quintile	Missed appointments where in insufficient notice was given by the deprivation of the service user post code.
		Change in Paired Dialog Scores by Gender	Difference between the paired dialog scores by gender

REPORT TO THE TRUST BOARD IN PUBLIC
24 September 2026

Title	People and Culture Committee (P&CC) 1 September 2026 – Committee Chair's Assurance Report
Committee Chair	Deborah Wheeler, Vice-Chair (London) Meeting chaired by Vivek Chaudhri, Non-Executive Director, People and Culture Committee Member
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 and Culture Committee (P&CC) meeting held on 1 September 2026.

Key messages

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

Board Assurance Framework – Staff Experience Risk 2

Sustaining a skilled, inclusive and engaged workforce with the capacity, capability, leadership and support needed to deliver safe, high quality and equitable care.

The Committee reviewed the refreshed and reworded Board Assurance Framework (BAF) People Risk, which remains scored at 12. Members discussed the key workforce challenges facing the Trust including employee relations, staff experience and workforce pressures. It was noted that a number of workforce metrics are progressing in the right direction. The progress in the re-articulation of the risk description, causes, consequences and controls was welcomed with recommendations for further refining of the strategic risk wording and target score based on staff feedback and recent Care Quality Commission (CQC) insights.

Key points:

- The Committee noted ongoing work to examine incidents involving racism, acknowledging concerns over potential levels of under-reporting and work to support the organisational development resource to balance Trust-wide initiatives with ongoing targeted work.
- The Committee considered the impact of national and global events on staff and work underway to develop a consistent approach to the Trust's response to incidents, welcoming the intention for a future comms strategy and plan.
- Received assurance around improvements in metrics relating to workforce stability, although employee relations' cases and sickness levels remain a challenge.

Industrial Relations

The Committee received an update on the dispute raised by Unite in relation to proposed organisational changes and was advised that organisational change programmes had resumed as the dispute had ended. The dedicated work to support positive engagement and constructive industrial relations with trade union representative and staff was recognised.

Key points:

- Acknowledged the national media interest in the dispute and the decision to keep the timing of any related internal communications under review; it was noted that consultations continued during the dispute with full union representation for staff.
- Welcomed the after-action review carried out by the executive team, with key learnings around the benefit of earlier interventions in the process taken away for further consideration.
- Sought assurance on the decreasing number of Staffside representatives in the Trust, welcoming the continued engagement with regional representatives on constructive ways to support the unions and avoid any unintended consequences for colleagues affected by organisational processes.

Directorate Deep Dive – Pharmacy

The Committee received a detailed deep dive covering the Pharmacy service. Members welcomed the opportunity to consider workforce risks, opportunities and learning, recognising the increasingly important role that allied health professionals play in delivering the core prevention work aligned with Trust strategic priorities.

Key points:

- Members welcomed the strength of leadership and focus on developing a stable and ambitious workforce with active investment in clear pathways for career progression, leadership development, staff retention and succession planning initiatives, noting zero agency usage and reduced levels of bank staff.
- The Committee noted the opportunities provided by a new legal framework to expand prescribing to the wider clinical workforce, with more effective and safe medicines' management and opportunities to support co-decision making for patients in relation to their medication.
- The dedicated work around greener pharmacy initiatives was welcomed, noting close work with the Trust's Green team and national recognition for the service's waste reduction projects aligned to their green plan.
- Assurance was provided of ongoing work to address challenges in achieving supervision compliance rates (currently below the required standard), with the support of People and Culture colleagues.
- Members discussed the opportunities and challenges around funding and resource due to the different structure of the service, primarily as part of central corporate services with secondary links to directorates.

Anti-racism Charter, Plan and Strategy

The Committee received a presentation of the draft Anti-racism charter for consideration prior to final approval by the Trust Board, acknowledging the alignment to published North East London Integrated Care Board (ICB) anti-racism strategy and to Trust strategy delivery to support momentum. The Charter will support cultural change to deliver on Trust priorities around anti-racism and equality.

Key points:

- Members recognised the amount of consideration and work that went into developing this document to support sustained change through leadership, learning, co-production and continuous improvement.
- The charter has been informed by workforce and patient data with service-led input, and the Committee emphasised the need for a robust communications plan to support full visibility to staff and service users, alongside clear alignment with the population health strategy to reduce inequalities.
- Further strengthening of importance of the speaking up culture was requested and clearer signposting that the charter, plan and strategy are relevant and applicable across the entire ELFT footprint.
- Subject to the amendments discussed, the Committee approved onward submission to the Trust Board, to include a full communications strategy and plan.

Staff Experience Programme

The Committee received an update on the Staff Experience Programme, including progress across its ten projects, the more systematic use of staff and operational data, and arrangements for moving mature projects into business as usual with appropriate governance, reporting and resources.

Key points:

- Members noted the greatly improved use of feedback and data streams to support decision-making and utilisation within projects. Project support has contributed to the launch of the Sexual Safety policy, an online coaching platform and mapping of the new NHS national leadership framework to ELFT.
- The Committee acknowledged the importance of ensuring the basics of support and development for leaders is in place as the main driver for change, impact and improved psychological safety for staff and teams.

- Noted the psychological safety group are key to identifying priorities and recommendations for focus in the next wave of the programme, encompassing wider elements of equality, diversity and inclusion (EDI) integration, burnout and burden, progression of the anti-racism charter and work around violence and aggression.
- The Committee discussed the need to fully understand the meaning of burnout to avoid conflation with other issues and distinguish the point at which this becomes a reality for colleagues.

NHSE Staff Standards

The Committee received an update on work to map the standards and definitions for staff experience and expectations to work already underway within ELFT, and how they correlate to the National Oversight Framework (NOF) metrics and process.

Key Points:

- The Committee were advised that the Trust is already exceeding in a series of related tasks and activities to support deployment of the standards, with work is underway to provide assurance on the alignment of internal policies and processes.
- The importance of ensuring all activity is accurately captured and recorded was emphasised, noting the work is already underway with the performance team to clarify the required trajectory to support an increase in the Trust's predicted NOF score.

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

People Board Report

September 2026 (Reporting on the period of
August 2025-July 2026 unless otherwise stated)

18



PEOPLE REPORT TO TRUST BOARD

Title	People Report to Trust board
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

Executive Summary

People performance remains broadly positive, with continued improvement in workforce stability and progress against the Trust's workforce plan. Vacancy rates have reduced significantly over the last 12 months from 11% to 7.10%, turnover continues to improve, and substantive workforce numbers remain stable despite planned establishment reductions associated with the Going Further Going Together programme. Reliance on temporary staffing has reduced year-on-year, reflecting improvements in recruitment and retention and supporting a more sustainable workforce model.

Performance across key workforce quality indicators continues to strengthen, with improved compliance in statutory and mandatory training, appraisals and supervision. Targeted recruitment initiatives, workforce pipeline programmes and retention activities continue to support workforce supply, particularly in hard-to-fill roles. Progress has also been made across a range of strategic People and Culture priorities, including Patchwork optimisation, staff experience initiatives, the Resident Doctor 10-Point Plan and the development of a more compassionate and equitable approach to employee relations through the Just Culture programme.

Notwithstanding these positive developments, several workforce risks require continued focus. Sickness absence remains above the Trust target and is primarily driven by long-term and stress-related absence. Employee Relations caseloads remain elevated, particularly disciplinary cases, whilst staff feedback continues to highlight opportunities to improve psychological safety, leadership behaviours and consistency of people management practices. Agency usage, although relatively low, remains above the trajectory required to meet Medium-Term Workforce Plan expectations.

Employment Tribunal activity continues to increase, reflecting a combination of local workforce pressures and wider national trends. Contributing factors include the continued backlog within the Employment Tribunal system following Covid-19, increased access to legal support and forthcoming employment law reforms. The extension of Employment Tribunal time limits from three to six months from October 2026 and changes to unfair dismissal qualifying periods from January 2027 are expected to contribute to further increases in claims and case duration across the sector.

In addition, there is a perception that concerns relating to race and racism may have increased, influenced in part by the broader national and international context. Analysis of data from InPhase (patient-to-staff incidents), the Freedom to Speak Up Guardian, Employee Relations, Employment Tribunal cases, and the Staff Survey has been undertaken. While the volume of reported incidents is low, the data suggests that there may be under-reporting and that issues relating to race and racism persist. This is consistent with evidence reported across the NHS and is similarly reflected within ELFT. The Trust is on course to submit the Anti Racism Plan and Charter to the Trust board for approval and launch in September 26. The Trust are fully aware that one of the main reasons for the Freedom to Speak up concerns and the employment tribunals is organisational changes. Despite the dispute, with Unite the union (which has since closed) the Trust continues to work closely with the local representatives, including the local Unite representatives.

Overall, the report provides assurance that workforce stability, recruitment, retention and workforce development indicators are moving in the right direction. Whilst challenges remain in relation to sickness absence, employee relations activity, staff experience and temporary staffing reduction, clear governance arrangements and targeted improvement plans are in place to support continued progress.

REPORT TO SEPTEMBER TRUSTBOARD

What is working Well?

- Workforce stability has continued to improve, with turnover reducing from 1.87% to 0.82% and vacancy rates falling from 10.7% to 7.1% over the last 12 months. This demonstrates successful recruitment and retention activity and supports delivery of the Trust's Medium-Term Workforce Plan.
- The substantive workforce has continued to grow in priority clinical areas whilst planned workforce reductions through the GFGT programme have been managed effectively. Reliance on temporary staffing has reduced, with bank and agency usage decreasing year-on-year, supporting a more sustainable workforce and contributing to better value for money. Compliance with statutory and mandatory training, appraisals and supervision continues to improve, strengthening workforce capability, quality and patient safety.
- Targeted recruitment initiatives, workforce pipeline programmes, work experience opportunities and international recruitment activity continue to support recruitment into hard-to-fill roles.
- The Staff Experience Programme has matured, with clearer priorities and stronger organisational alignment. Progress has been made across key People and Culture initiatives, including Patchwork optimisation, recruitment and retention programmes, the Resident Doctor 10-Point Plan, and improvements in disciplinary case management through the Just Culture programme.

What Needs Improving?

- Sickness absence remains above the Trust target at 6.51%, driven primarily by long-term absence & stress-related conditions, requiring sustained focus on wellbeing, prevention & case management.
- Although agency usage remains low, reductions are not yet being achieved at the pace required to meet NHS England Medium-Term Workforce Plan trajectories.
- Employee Relations caseloads remain high, particularly disciplinary cases, which are at their highest level in the last two years & continue to place pressure on management capacity & case resolution timescales.
- Staff experience feedback continues to highlight concerns relating to psychological safety, leadership behaviours and consistency of people management processes.
- Some safety-critical training areas remain below expected compliance levels and require targeted action to achieve Trust standards.
- Employment Tribunal activity continues to increase, reflecting both local workforce pressures and wider national trends, requiring ongoing monitoring and mitigation.
- External workforce pressures, including recruitment challenges in certain staff groups, organisational change activity and industrial relations considerations, continue to create risks for workforce sustainability.

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	☒	

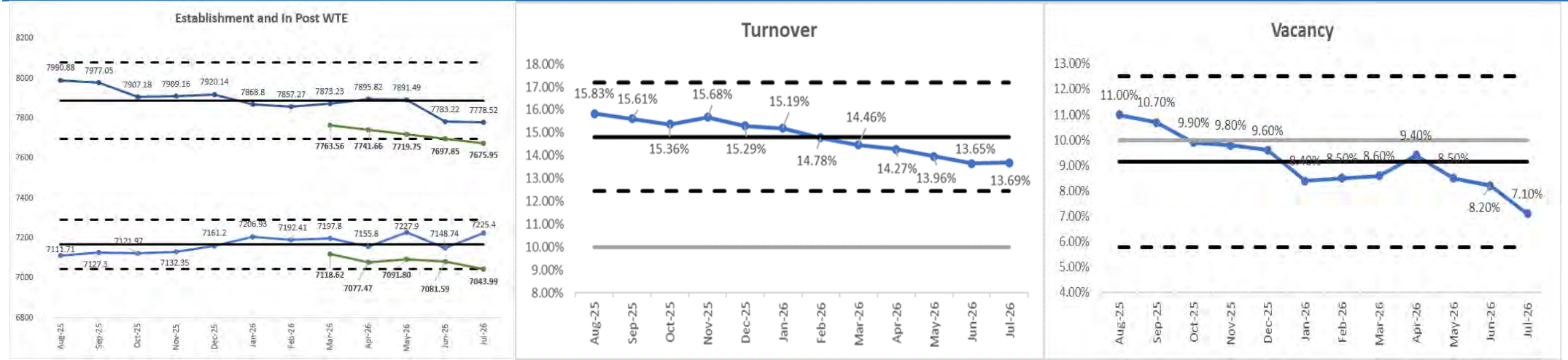
Committees/meetings where this item has been considered

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.

ELFT Workforce Stability



Workforce stability continues to strengthen, with turnover and vacancy rates reducing and performing at or better than planned levels, providing assurance that ELFT is maintaining a stable workforce whilst delivering its workforce plan.

The charts demonstrate that ELFT's workforce remains stable and is tracking broadly in line with the assumptions made within the Medium-Term Workforce Plan submitted to NHS England. The reduction in establishment and staff in-post whole time equivalent (WTE) is expected and reflects delivery of the Going Further Going Together (GFGT) programme. Despite the planned reduction in WTE, workforce stability indicators remain positive.

Turnover has steadily reduced over the reporting period, falling from 15.83% in August 2025 to 13.69% in July 2026. This indicates improved retention and suggests that fewer colleagues are leaving the organisation.

The Trust vacancy rates have also shown a sustained downward trend, decreasing from 10.7% in September 25 to 7.1% in July 26. The vacancy trajectory is performing better than the levels anticipated within the Medium-Term Workforce Plan, indicating successful recruitment activity and improved workforce stability. These improvements are also notable since the implementation of the Trust's vacancy control process in October 2024.

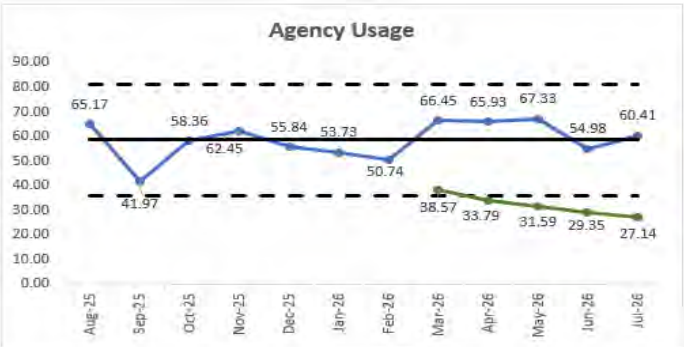
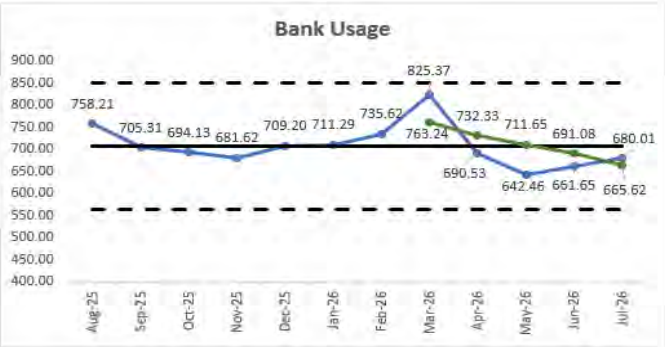
Overall, the data suggests that workforce reductions are being managed in a controlled way, without adversely impacting retention. Lower turnover and reducing vacancies provide confidence that ELFT is maintaining a more stable workforce whilst delivering its planned workforce and financial objectives.

- What is the data telling us?**
- Workforce numbers are reducing as planned through GFGT
 - Turnover is improving month-on-month
 - Vacancy rates are reducing and are now significantly lower than at the start of the year
 - Performance is broadly in line with our Medium-Term Workforce Plan assumptions

- What are we doing?**
- Centralised Nursing and Health Care Support Worker drives continuing to take place
 - Our P&C service now has an improved structure to deliver on more streamlined strategic recruitment events for a sustainable workforce delivery (Including international recruitment to tackle rigid workforce hotspots).
 - An improved recruitment and selection training programme is being delivered to all new and where required to existing hiring managers.
 - Work Experience is being offered to students from local schools as a workstream working alongside Population Health team, helping aid our Anchor status.

- What assurance does this give?**
- ELFT has a stable workforce
 - Workforce changes are being managed effectively
 - The Trust remains on track to deliver its Medium-Term Workforce Plan
 - Reduced turnover & vacancies lower operational risk & support service continuity.

ELFT Temporary Staffing



Temporary staffing usage remains controlled, with agency reliance reducing and bank usage broadly aligned to plan, providing assurance that ELFT is moving towards a more sustainable and cost-effective workforce model.

The above graphs demonstrates our bank and agency usage across the Trust for the last 12 months (blue line) and compares this with our planned trajectory as set out in ELFT's NHSE Medium-Term Workforce Plan submission (green line).

The Trust continues to reduce its reliance on temporary staffing, with Bank usage decreasing from 758 WTE in August 2025 to 680 WTE in July 2026. These improvements progressed following the continued centralisation of agency bookings and the removal of off framework agency workers that took place from June 2024.

Agency usage remains low at 60 WTE, although it is currently above the reduction trajectory set out in the Medium-Term Workforce Plan, indicating that further progress is required to achieve the planned target.

The reduction in vacancies and turnover highlighted within the workforce stability metrics and is expected to support a continued reduction in temporary staffing requirements as substantive workforce capacity increases.

Whilst some services continue to rely on high-cost temporary staffing arrangements, the introduction of enhanced scrutiny and directorate accountability provides a clear mechanism to reduce reliance on temporary staffing over time and support delivery of workforce and financial targets inline with the NHS England targets.

What is the data telling us?

- Reliance on temporary staffing is reducing overall
- Bank staffing remains the primary source of temporary workforce cover
- Agency staffing remains relatively low but is reducing more slowly than planned
- Workforce stability improvements should reduce future demand for temporary staffing

What do we know?

- ELFT is significantly more reliant on Bank staffing than Agency staffing
- Bank usage is moving closer to the levels anticipated within the Medium-Term Workforce Plan
- Agency expenditure remains an area requiring ongoing focus to meet planned reduction targets within the Medium-Term Workforce Plan
- Improved recruitment and retention should reduce temporary staffing requirements further

What are we doing?

- To support delivery of the Medium-Term Workforce Plan, the Trust is strengthening oversight of temporary staffing through monthly directorate-level Temporary Staffing Deep Dives.
- These reviews will focus on high-cost bank and agency workers, long-standing arrangements without agreed exit plans, temporary staffing used against substantive vacancies, and opportunities to convert workers into substantive, fixed-term or bank roles.
- Each review will identify clear actions, accountable leads and timescales, with escalation where a credible reduction plan cannot be agreed locally.
- Directorates receive regular workforce and temporary staffing information through weekly Patchwork reports, Health Roster data and agency exit plan reporting.
- Temporary staffing data is also being developed in Power BI, with go live planned by the end of September 26.
- The Temporary Staffing team have also been attending directorate close-down meetings. While this has helped to start conversations, these are not consistently resulting in clear actions, exit plans or end dates.

What assurance does this give?

- While agency usage remains above the planned trajectory, robust governance arrangements are now in place to actively challenge and reduce high-cost temporary staffing. Combined with improving vacancy and turnover rates, this provides assurance that the Trust has a clear and measurable plan to reduce reliance on temporary staffing and move towards a more sustainable workforce model.

Sickness Absence

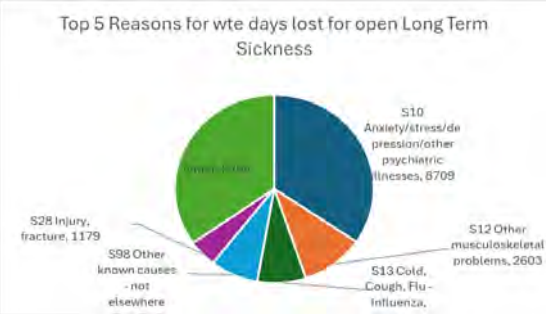
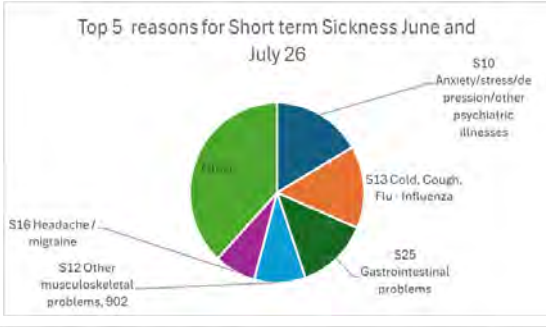


What is the data telling us?

- Overall sickness has increased to 6.51%, the highest point in the reporting period and above the Trust's expected trajectory.
- The recent rise is being driven primarily by long-term sickness absence, which remains elevated at 3.96% following a peak of 4.15% in June 2026.
- The increase in Sickness in July 26 is outside of the expected fluctuations and driven by an increase in long term absence. This will be closely monitored to see if it becomes a continuing trend.
- Short-term sickness has also increased to 2.55% in July 2026 but remains within expected control limits. After a period of improvement during spring 2026, sickness levels have risen sharply over the last 2 months and require close monitoring.
- Long-term absence is contributing a greater proportion of overall sickness than short-term absence, suggesting sustained health and wellbeing challenges rather than seasonal short-term illness.
- Stress; Anxiety; Depression accounts for the most days lost for both short-term cases opened in June and July and also for open long term sickness cases in July.
- It is noted that trust communicated in April 2025, the withdrawal of the Holiday of a Lifetime Policy, d the Annual Leave Carry Over Policy and the Exceptional Leave Policy. This policy awarded staff with 2 days paid leave for having no sickness in a year.

What are we doing?

- Maintaining focused case management of long-term sickness through Directorate led Deep dive meetings, occupational health and formal sickness management meetings.
- Directorate deep dives allow local analysis to identify areas driving the recent increase in absence.
- Introduced a Sickness Management information Pages on the Intranet to supporting managers with early intervention, management and return-to-work processes to reduce the duration of sickness episodes.
- Employee Relations Sickness oversight meetings to review all long-standing open sickness absence cases. The Trust have launched a new training package including short video for managers to watch to refresh regarding the policy as well as a practical training session to support managers to apply the policy in practical situations. In addition, there is a new intranet section to support managers to manage sickness absence and includes a central sign posting to guides, template letters, wellbeing resources and disability information.



Sickness Absence Continued

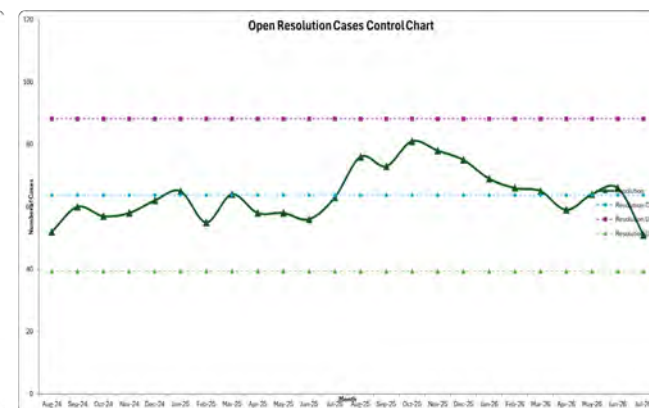
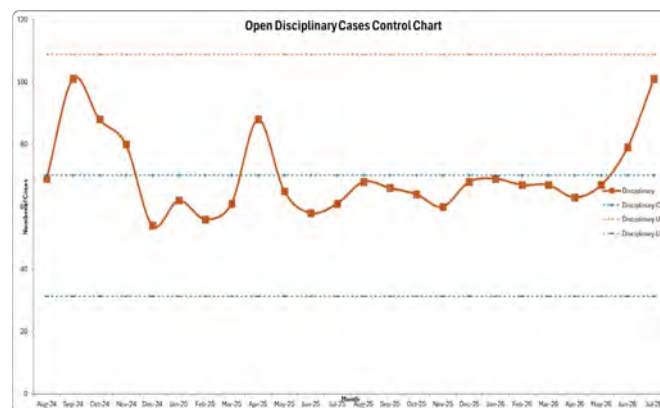
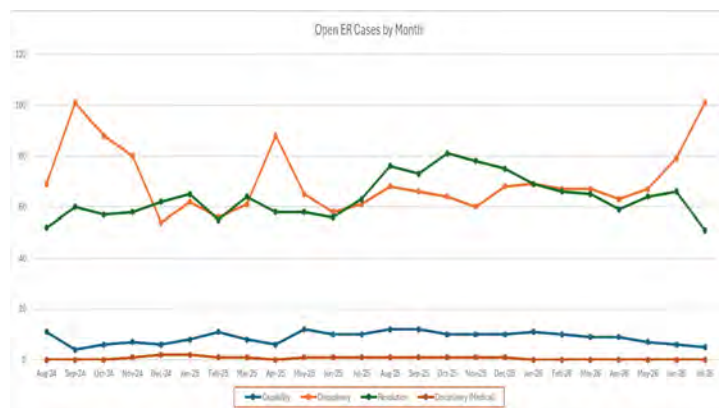
Internally, a business case has been developed to establish a centralised Accessibility and Workplace Adjustments Team, providing a consistent Trust-wide approach to workplace adjustments. The proposal responds to persistently poorer experiences reported by disabled staff, fragmented local processes, and recurring barriers across Digital, Procurement, Estates and Access to Work. Analysis of WDES and NHS Staff Survey data over the past five years shows a sustained disparity between disabled and non-disabled staff experiences. In the 2025 NHS Staff Survey, over 30% of disabled staff reported that the Trust had not made reasonable adjustments to support them in their role, placing ELFT among the lowest-performing organisations in its benchmark group. Subject to approval of recurrent and mobilisation funding through the Business Case Review Group, the next phase will focus on recruiting a 3.0 WTE core team and implementing the service, governance arrangements and centralised processes. Initial priorities will include urgent and complex cases, manager and staff engagement, and improvements to Access to Work processes, with the service expected to go live in December 2026.

The Trust continue to escalate concerns regarding the new Occupational Health provider specifically regarding reports.

What assurance does this give?

- Sickness trends are being actively monitored through established workforce governance arrangements.
- The drivers of increased absence have been identified as stress and can be managed through short-term and long-term sickness.
- The Trust has clear policy, mechanisms and tools to manage sickness absence and reduce long-term absence rates over time.

Employee Relations



What is the data telling us?

- Overall Employee Relations caseload remains relatively stable;
- Disciplinary cases have increased significantly in recent months and reached 101 open cases in July 2026, the highest point in the last 2 years and are now above the historical center line and approaching the upper control limit, indicating a sustained upward trend.
- There has been an increase in 'cluster' cases where several employees enter the disciplinary process following one incident.
- Resolution cases reduced to 51 cases in July 2026, following a prolonged period where volumes had remained above average. This suggests that while new cases continue to arise, they are concluding to see overall numbers reduce.
- Capability cases remain comparatively low and stable throughout the reporting period, indicating no significant emerging concerns in formal performance management activity.

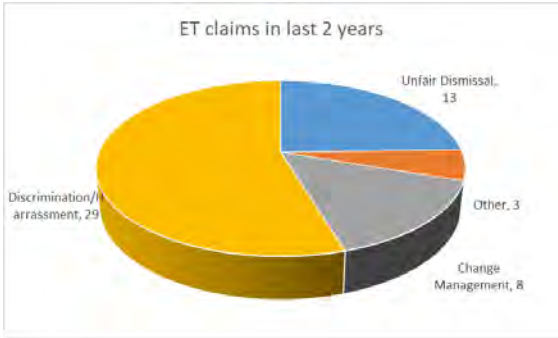
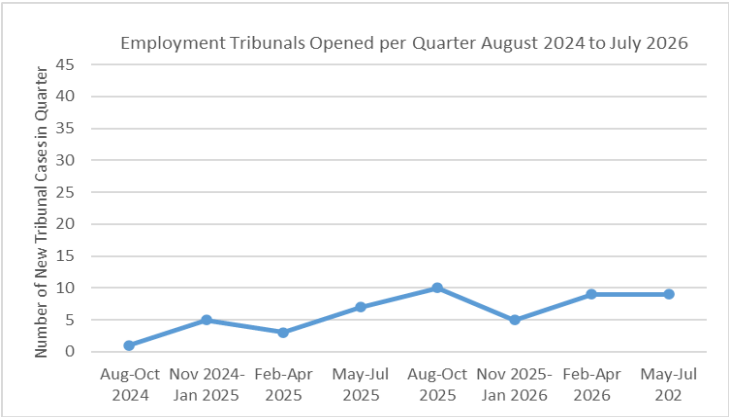
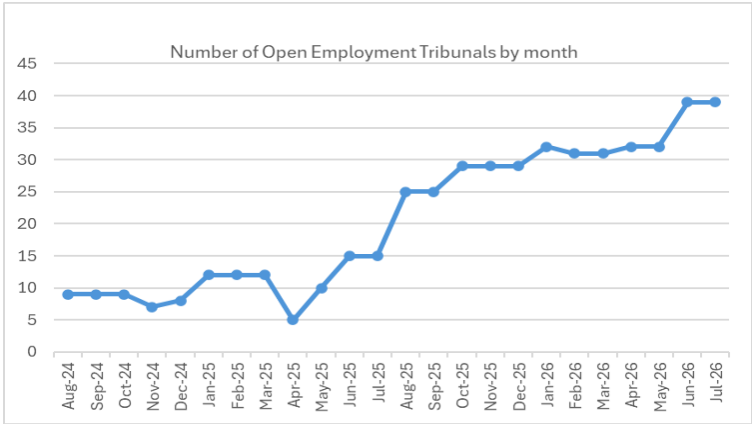
What are we doing?

- Maintaining regular Employee Relations oversight meetings to review all open formal cases and identify opportunities for earlier resolution.
- Using Just Culture and QI approaches to promote early intervention, reduce escalation and improve staff experience.
- New projects which are being finalised include directorate led oversight process; cluster management; rota for investigating officers; commissioning managers, chairs and HR support
- Strengthening manager support through guidance, coaching and HR advice to ensure consistent application of informal resolution approaches where appropriate.
- Monitoring the application of the Resolution policy to support quicker resolution to concerns raised.
- Launched new training package to support managers and provide practical opportunity to apply learning.
- Developing our reporting capability to help monitor outcomes and informal resolution opportunities
- Plans are in place to restart the executive oversight of employee relations cases.

What assurance does this give?

- Employee Relations activity is being actively monitored
- Formal caseloads remain within expected control limits overall, despite the recent increase in disciplinary cases.
- Focused action on case resolution and early intervention should help reduce the current disciplinary caseload and prevent unnecessary delays.

Employee Relations – Employment Tribunals



What is the data telling us?

- The number of Employment Tribunals received has increased over the reporting period, rising from low levels during 2024 to a sustained level of approximately 9 cases per quarter during 2026. All points remain within statistical control limits, indicating no evidence of special cause variation.
- The overall numbers of open Employment Tribunals is increasing monthly.
- Some of the increase is due to delays within the tribunal Service resulting in lengthy delays to hold both Preliminary Hearings and Final Hearings.
- The longest open case was received in September 2023 and is still awaiting a new listing date.
- There is a national trend showing an increased number of Employment Tribunals being raised, particularly due to the increase of AI supporting claimants to raise tribunal claims.
- Over the last 4 years, two cases have been heard at a full hearing which significantly contributes to the case numbers
- Linked to the delays in the tribunal services there are an increasing number of claimants raising multiple tribunal claims. In the last two years we have seen 7 claimants sending a second tribunal claim before the first has been resolved.
- Because of the current 3-month window to submit an ET claim, often claimants submit claims to ET prior to the conclusion on the internal processes. This window increases to 6 months in 2027.

What are we doing?

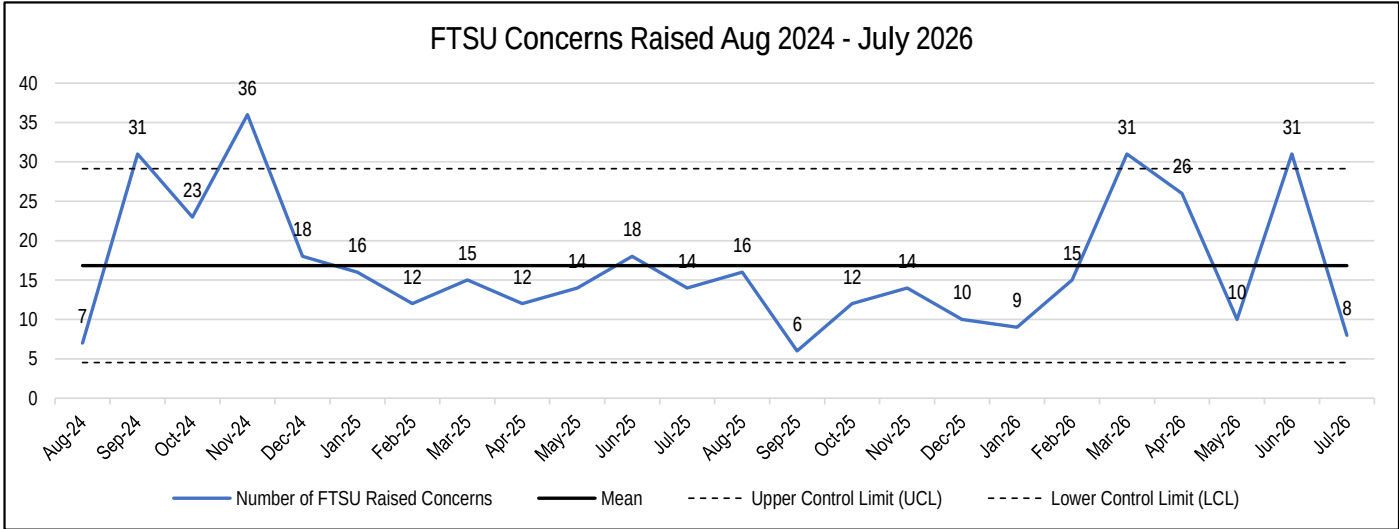
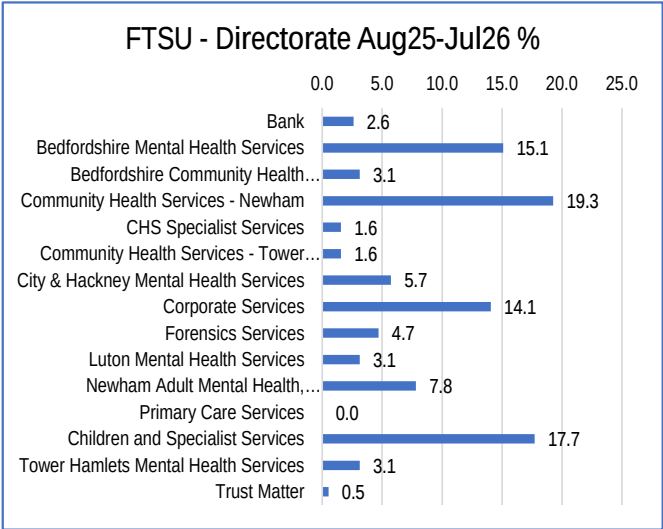
- Working with Capsticks to try to combine cases where an employee has made multiple claims and also to try to strike out all or parts of claims early through Preliminary hearings.
- Regular reviews of claims with Capsticks to consider risks of each case and if there is a requirement to review policies to reduce risk
- The increase in Disciplinary case and Change Management activity is leading to an increase in dismissals which directly impacts the Employment Tribunal Activity.

What assurance does this give?

- Cases are being appropriately managed
- Increases are within statistical variations and follow the national trend of increasing numbers of tribunals



Freedom to Speak Up



What is the data telling us?

Over the last 12 months, concerns have remained largely workforce-focused, with the most common themes relating to organisational processes, staff wellbeing, workplace culture and behaviours. Concerns frequently relate to how issues are handled in practice, particularly communication, follow-through, psychological safety and confidence in speaking up. While equality-related concerns were raised throughout the year, FTSU saw a concentration of concerns during 2026 relating to racism, antisemitism, Islamophobia, disability, neurodiversity, reasonable adjustments and the experience of internationally recruited staff. These concerns were raised across a number of services rather than being isolated to a single team or Directorate. Triangulation with sickness absence data highlights Newham CHS as an area with both the highest level of FTSU concerns and the highest sickness absence rate, indicates a need for continued focus on workforce experience, wellbeing, workload and organisational culture within that service.

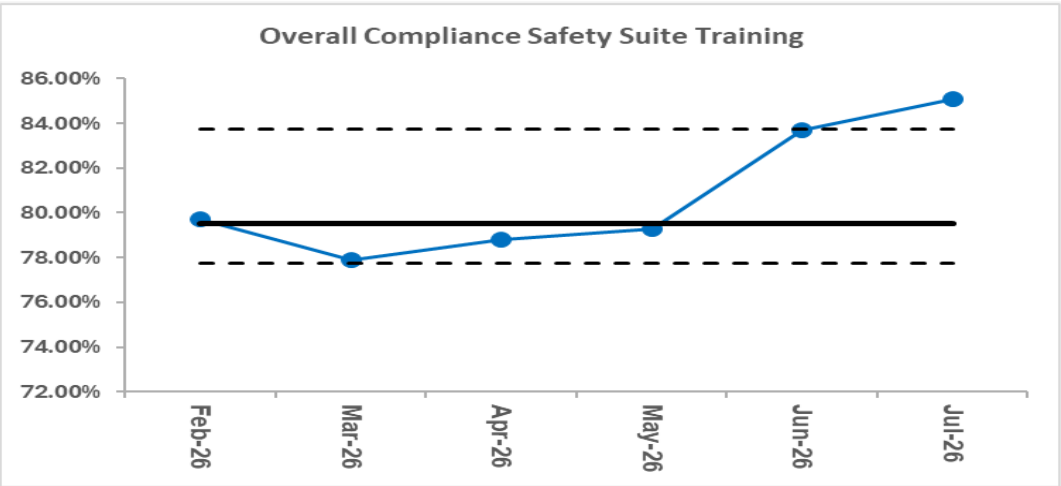
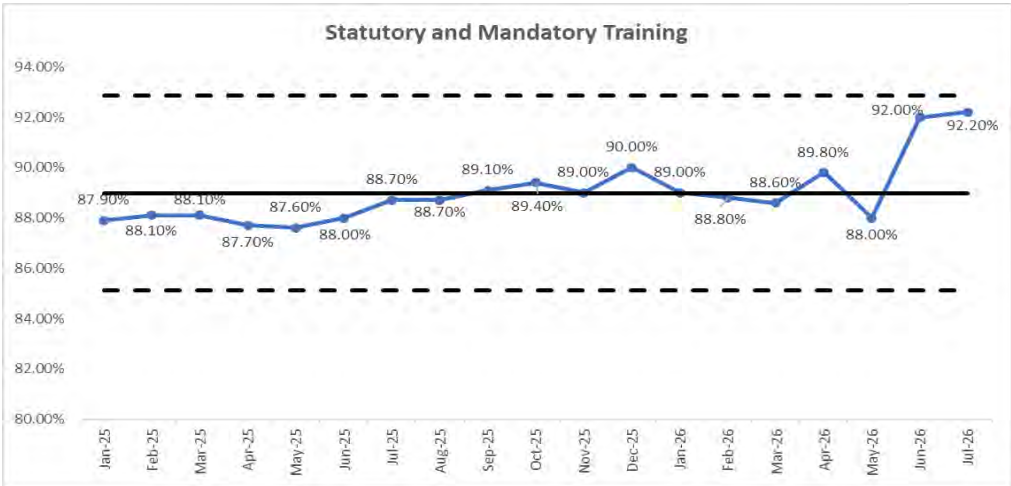
What are we doing?

FTSU concerns are routinely shared with Directorates, People & Culture, senior leaders and Trust committees, with themes informing service reviews, culture reviews, organisational development work and workforce improvement activity. FTSU themes are discussed regularly with Employee Relations colleagues to identify common themes and learning across workforce cases, particularly around behaviours, workplace relationships, organisational change, reasonable adjustments and psychological safety. Learning from FTSU has also informed additional support for managers, including People & Culture advice surgeries, to strengthen confidence in applying policies consistently, responding to concerns effectively, and supporting early local resolution where appropriate. Themes are discussed with Directorates and senior leaders to identify learning, address recurring concerns, and inform improvements to staff experience (e.g., rota review and consultation processes in Newham CHS, the People Participation culture review, and additional support for managers through People & Culture surgeries).

What assurance does this give?

FTSU continues to provide an important route for staff to raise concerns, particularly where local resolution has not been effective or confidence in existing processes has reduced. Most concerns are raised openly or confidentially rather than anonymously, demonstrating that staff continue to engage with speaking up routes. Themes are reviewed through established governance processes, escalated where necessary, and increasingly triangulated with wider workforce intelligence to identify patterns, risks and learning, helping to inform both local and Trust-wide improvement activity.

Statutory and Mandatory Training



What is the data telling us?

- Overall Statutory and Mandatory Training Compliance was stable at 88-90% until May 2026.
- June and July exceeded the upper control limit at 92%, indicating a significant improvement beyond normal variation.
- Performance has now moved above the Trust's 90% compliance target, with the improvement sustained for a second month in July.
- Classroom safety suite compliance data shows this was relatively stable between February and May 2026 at 78–80%. This also indicates a positive change in performance beyond normal variation although further data is needed to confirm whether this improvement is sustained.

•What are we doing?

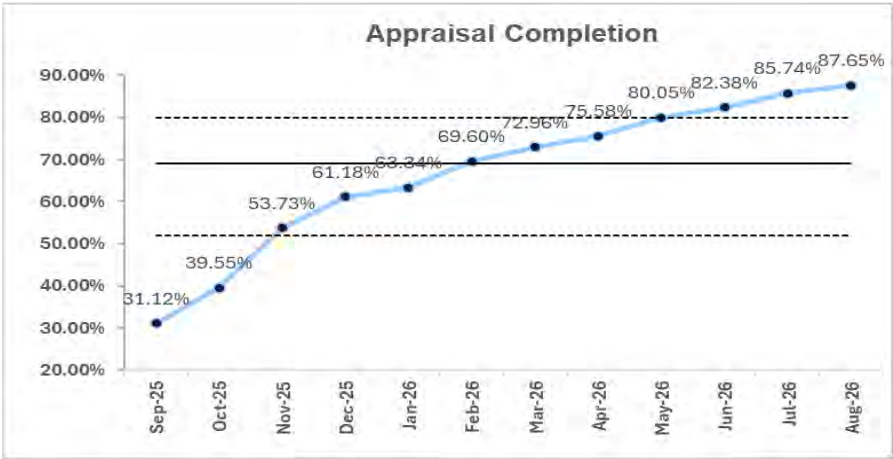
- The statutory and mandatory training team is continually addressing capacity demands, recording attendance registers, and addressing data quality issues on time.
- We are targeting lower-performing services, teams and staff

The Trust is strengthening reporting to enable managers and service leads to target individuals who remain non-compliant with their safety suite training. A review of the breakaway training is underway and going through the internal governance process.

What assurance does this give?

- Compliance is now above the 90% target, with the run chart showing evidence of improvement.
- Continued monitoring from learning and development will confirm whether this improvement is sustained and represents a shift in performance for overall compliance and safety suite training.
- The increased oversight of statutory and mandatory training over recent months has had a positive impact on compliance performance, with improvements becoming increasingly evident in the data.

Appraisal



What is the data telling us?

- Appraisal completion has shown sustained month-on-month improvement, increasing from 31.12% in September 2025 to 87.65% in August 2026.
- Performance has increased by 56.5% over the period, demonstrating a significant improvement in appraisal completion.
- From May 2026 onwards, performance moved above the upper control limit (approximately 80%) and has remained above it, indicating improvement beyond the level expected from normal variation.
- August 2026 represents the highest level of appraisal completion during the period at 87.65%, bringing the Trust within 2.35 percentage points of the 90% target. The visibility of the data has improved since embedding appraisals within the Learning Management system in 2022. This was followed by a move to an annualised appraisal window, (rather than a three-month window within the year) this change took place in 2025. Followed by improved reporting in Power Bi in the same period.

What are we doing?

- Maintaining regular Trust-wide oversight and reporting of appraisal completion, with increased visibility of performance at service and team level via Power BI.
- Using appraisal data to identify lower-performing areas and outstanding appraisals, enabling targeted follow-up for service managers/leads.
- Supporting managers and services to address barriers to completion and ensure appraisal records are completed and accurately recorded on ELA.
- Continuing focused action as performance approaches the 90% Trust target, while ensuring the improvements achieved are sustained.

What assurance does this give?

- The sustained upward trajectory provides strong evidence that the actions being taken are having a positive impact on appraisal completion.
- Performance remaining above the upper control limit for four consecutive months provides statistical evidence that the improvement is unlikely to be explained by normal variation alone and indicates a positive shift in performance. The shift to the annual rolling Appraisal indicates the completion and monitoring of appraisals throughout the year.
- The Trust has moved from 31.12% to 87.65% within 11 months, demonstrating substantial progress and providing increasing assurance that appraisal completion is becoming more consistently embedded.
- While the 90% target has not yet been achieved, the current trajectory provides assurance that the gap has significantly narrowed, with continued monitoring and targeted intervention required to achieve and sustain the target.

Supervision



What is the data telling us?

- Supervision completion has shown sustained overall improvement, increasing from 44.14% in September 2025 to 77.25% in August 2026.
- Performance reached 81.97% in July, above the upper control limit, indicating improvement beyond normal variation.
- Although performance reduced in August, the overall trajectory remains positive and is still below the 90% Trust target. The visibility of the data has improved since embedding supervision within the ELFT Learning Management system from, 2024 and the reporting within Power BI in in the same period.

What are we doing?

- Maintaining Trust-wide oversight, using data to identify lower-performing areas and target support.
- Supporting services and managers to address barriers and ensure supervision is completed and accurately recorded on ELA.
- Continuing targeted action to reduce variation and progress towards the 90% target. We are doing this by attending DMTs to support services, identify barriers within services and agree targeted actions for lower-performing areas.

What assurance does this give?

- The upward trajectory provides assurance that increased oversight and targeted action are having a positive impact.
- July's performance above the upper control limit provides an encouraging signal of improvement, although this has not yet been sustained.
- Continued monitoring and targeted intervention are required to embed the improvement and close the gap to the 90% target.
- Engagement continues with services to go through best practice about completing and recording supervision in addition to the people conversations training available throughout the year.

Other Key Updates

Since the last Trust Board, the following Trust wide projects have been progressed

Patchwork Adoption & Optimisation:

The Patchwork Adoption and Optimisation Paper, submitted to PPDB in August 2026, provided assurance that the Trust is making steady progress in embedding the Patchwork platform as its central system for medical rostering, workforce deployment and temporary staffing management. The report highlighted significant investment in training, stakeholder engagement and system optimisation, alongside encouraging early results from the Preference Based Rostering pilot, which achieved 95% of trainee preferences while ensuring rosters were issued within required timescales. Whilst recognising ongoing challenges in some services, including variable adoption rates, data quality issues and continued reliance on manual rostering processes, the paper demonstrated that clear plans and support mechanisms were in place to address these risks. A structured programme of implementation, compliance monitoring and service support was outlined, providing assurance that the Trust is actively working towards full system utilisation, improved governance, enhanced workforce visibility and the realisation of operational, workforce and financial benefits associated with a modern e-rostering platform.

Nursing Job Descriptions:

The national review of Band 5 nursing job descriptions forms part of the wider NHS England programme to ensure that nursing job evaluation profiles and local job descriptions reflect current practice, role expectations and workforce needs. The Trust submitted its Band 5 Nursing Job Evaluation Delivery Plan to NHS England on 31 July 2026, setting out the approach for reviewing all Band 5 nursing roles by October 2028. The Band 5 Nursing JD Oversight Group is developing the local delivery action plan and communication plan, including arrangements for governance, staff engagement and progress reporting. The project is expected to launch formally in September 2026.

Deep Dive Just Culture QI Project:

The Disciplinary QI Deep Dive, presented to the People and Culture Committee in July 2026, provided assurance on the progress of the Trust's programme to improve the timeliness, equity and compassion of disciplinary processes. The report highlighted a significant reduction in average case duration, from 225 days to 156 days, alongside increased use of early resolution approaches. It also identified the need for continued monitoring of disciplinary outcomes across staff groups to ensure equity, while staff feedback highlighted opportunities to strengthen people-centred and informal resolution approaches. Overall, the programme has delivered measurable improvements in process efficiency and has identified further opportunities to enhance staff experience through more consistent, compassionate case management. Assurance was provided that work is continuing to embed successful improvement initiatives, test further change ideas, and inform revisions to the Trust's disciplinary policy, supporting a more timely, equitable and compassionate approach to managing disciplinary cases.

Equity

Anti Racism Plan and Charter

The ELFT Anti-Racism Plan and Charter 2026-2028 due to sign off in September 2026, sets out East London NHS Foundation Trust's commitment to becoming an actively anti-racist organisation and reducing racial inequities experienced by both staff and service users. The plan is aligned to national frameworks including the Workforce Race Equality Standard (WRES), Patient and Carer Race Equality Framework (PCREF), the Race Equity Maturity Index (REMI), and the North East London Integrated Care System Anti-Racism Framework. It recognises that although ELFT has a highly diverse workforce, and that significant inequalities remain in workforce experience, career progression, disciplinary processes, access to services, and outcomes for racialised communities.

The Charter is built around five core commitments:

- acknowledging racism as real and harmful,
- taking meaningful action,
- being accountable for progress,
- collaborating with staff and communities,
- and sustaining long-term cultural change.

The plan includes commitments to improve recruitment and progression opportunities, reduce disciplinary disparities, strengthen psychological safety, improve ethnicity data quality, use evidence to address inequities in care, and ensure that lived experience and co-production are central to service improvement. Progress will be monitored through regular governance arrangements, annual reporting, and measurable indicators drawn from WRES, PCREF, staff surveys, complaints data, and organisational performance measures.

Consultation with approximately 260 staff, service users and network representatives highlighted ongoing concerns about racism, inequitable treatment, lack of trust in services, workforce experiences of discrimination, and gaps in ethnicity data. Participants emphasised the need for greater transparency, accountability, and visible action to ensure commitments lead to meaningful improvements. While there was cautious optimism about the strategy, feedback stressed that success would depend on sustained implementation and demonstrable improvements in experiences and outcomes for racialised staff, service users, carers, and communities.

Key Updates

Since the last Trust Board, the following updates were taken to the People Plan Delivery Board in July and August 2026 for discussion and/or agreement:

Staff Experience Programme

The Staff Experience Programme, launched in 2025, has evolved into a structured, data driven system aligned to ELFT's new Trust Strategy. It now operates through three core workstreams—Leadership & Management, Safe & Well, and Workplace Culture—supported by foundational groups for EDI, Data & Intelligence, and Communication & Engagement. The programme's purpose is to respond systematically to staff survey feedback and deliver measurable improvements in staff experience. Across the workstreams, nine active projects are progressing, with several nearing transition to business as usual. Key developments include leadership role clarity and appraisal changes, the launch of a new coaching platform, implementation of the Sexual Safety Charter, psychological safety recommendations due in November, workplace facilities audit completion, and considerable progress in Just Culture work (including reduced case duration and targeted equity interventions). Recognition and flexible working projects continue to develop, with BAU planning underway. A detailed papers were reported to the September 26 People & Culture Committee including the Staff Experience Programme, Leadership and Management Framework and the NHS Staff Standards.

Leadership & Management Framework

A new NHS England Leadership and management framework launched in July 2026. The framework introduces a leadership & management Code, competency standards, self-assessment and 360-feedback tools, and a new Standardised Appraisal Framework. ELFT has committed to full adoption, with expectations that all managers reach the required competency level by March 2028. A dedicated Leadership & Management workstream—part of the Staff Experience Programme—is progressing four areas: defining the role of a leader at ELFT, mapping and deploying the national framework, consolidating enablers for leaders, and completing the Trust's coaching and mentoring project. Early priorities include creating a clear definition of line-manager expectations, updating appraisal processes to incorporate the framework, and guiding managers on selecting the correct self-assessment level.

NHS Staff Standards

The NHS Staff Standards, launched in July 2026, introduce a mandatory, nationally consistent baseline for staff experience across all NHS organisations by setting clear minimum expectations for staff and managers across five areas: line management, health and wellbeing, violence prevention, sexual safety, tackling racism, and flexible working. These standards will form part of the 2026/27 National Oversight Framework, with initial scoring derived from the 2025 Staff Survey. ELFT already delivers work aligned to enhance its approach to the standards through the Staff Experience Programme, EDI Committee and directorate-level QI projects. Key next steps include reviewing all existing projects for compliance, ensuring Anti-Racism, WRES/WDES and policy frameworks align, auditing people policies, and ensuring professional education and training reflect the new requirements. Work is also underway to understand how NOF scoring will be calculated, as national guidance remains incomplete.

Industrial Relations

Since the July report, the Trust have experienced a further deterioration in our industrial relations with Unite the Union. Since the last report the Trust has received a number of communications from Members of Parliament and the Trade Union Congress (TUC) in relation to the Unite dispute because of the Trust's 2026/27 planned organisational reductions and the redundancy of the Staffside chair. The Trust has also featured in the Guardian and BBC radio. Unfortunately, the information provided by Unite omits the Trust's updated position provided to them on 17 July 2026. There have been six Unite protests. These have taken place at Trust Headquarters, Mile End Hospital and Newham Centre for Mental Health. Despite this, relationships with the local Unite representatives remain strong. The relationships with the other Trade Unions are also strong and ongoing stakeholder management is in place with the GMB union, the Royal College of Nursing (RCN) and Unison in both London and East of England Regions. The Trust anticipates the election of a new Staffside chair which will take place by the end of the financial year, with interim arrangements in place. The JSC away day that is currently planned for September is likely to be delayed at the request of the Staffside secretary. The Trust has consciously not communicated more widely because the feedback from services has been that wider comms could create more uncertainty, and that the change programmes were effectively managing the communications and working effectively with local representatives.

Conclusion, Summary of Overall Actions, and Recommendations

Conclusion

The Board is asked to note the positive trajectory in workforce stability, recruitment, retention and workforce development performance, which provides assurance that the Trust is making good progress against its People Plan and Medium-Term Workforce Plan objectives. While significant challenges remain, particularly in relation to sickness absence, employee relations activity, staff experience and the increasing complexity of the external employment relations landscape, robust governance arrangements and targeted interventions are in place to address these risks.

The report provides assurance that the Trust continues to maintain a stable workforce, strengthen organisational capability and focus on creating a positive staff experience, whilst responding proactively to emerging workforce, financial and legislative challenges. Continued oversight of the identified improvement areas will be essential to support delivery of the Trust's strategic priorities and ensure a sustainable workforce for the future.

The key actions and priorities are to

- Continue targeted recruitment and retention activities to sustain workforce stability and reduce vacancies.
- Strengthen controls on temporary staffing and reduce agency dependency through enhanced oversight and workforce planning.
- Reduce sickness absence through improved case management, wellbeing support and early intervention, particularly for stress-related absence.
- Improve timeliness and effectiveness of Employee Relations processes through Just Culture approaches, manager development and earlier resolution of concerns.
- Manage increasing Employment Tribunal activity through proactive legal oversight, risk mitigation and policy review. Improve compliance with statutory training, appraisal and supervision requirements to strengthen workforce capability and safety. Progress key People and Culture programmes, including Patchwork optimisation, Staff Experience, Leadership and Management development, and the Nursing Job Description review.

Overall Priority

Maintain workforce stability while focusing on sickness reduction, staff experience, leadership behaviours, agency spend reduction and effective management of employee relations risks.

Recommendations

- The Board is recommended to **NOTE** and **AGREE** whether the appropriate assurances have been provided.

REPORT TO THE TRUST BOARD IN PUBLIC

24 September 2026

Title	Finance, Business and Investment Committee (FBIC) Chair's Report
Committee Chair	Sue Lees, Non-Executive Director and Committee Chair
Author	Marie Price, Joint Director of Corporate Governance Shruthi Belavadi, Deputy 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) meeting held on 17 September 2026.

Key messages

The Committee met on 17 September 2026 and considered the Trust's financial position, delivery of the Going Further, Going Together (GFGT) programme, the refreshed Board Assurance Framework, digital and cyber security, procurement, business development, sustainability, policy updates and the INEL adult ADHD business case. The key assurances and matters for the Board's attention are summarised below.

Financial Position and Going Further, Going Together (GFGT)

- At Month 5, the Trust reported a YTD deficit of £0.2m, £0.7m favourable to plan, and continued to forecast delivery of the break-even financial plan. Members recognised the Trust remained in a comparatively strong position but challenged whether the headline position fully reflected underlying performance.
- The Committee sought clearer reporting of the underlying run rate, adjusted for timing and non-recurrent items, and stronger triangulation between directorate financial performance, GFGT delivery, workforce and bed usage. Members specifically challenged the apparent mismatch between lower bed-sale income and continuing private and out-of-area bed costs.
- GFGT delivery was £5.9m year to date against a plan of £5.0m. The risk adjusted full year forecast was £20.6m against the £20.1m target, leaving limited headroom after the best-case forecast reduced by £2.9m. The Committee noted that delivery is weighted to the second half of the year and emphasised pace, recurrent savings and mitigation of slippage.
- Temporary staffing and patient flow were identified as the most significant risks to GFGT delivery. Members requested stronger grip on the workforce position, including the reasons actual workforce remained above funded establishment and whether vacancy control information and processes were sufficiently robust.
- The Committee requested that the Month 6 forecast includes downside sensitivity and clearer analysis of recurrent and non-recurrent drivers. It also requested future reporting on directorate run rates and the relationship between bed availability, bed sales and out-of-area expenditure.

Clinical Leadership and Quality Assurance within GFGT

- The Committee received assurance that clinical leadership is widely embedded across GFGT through directorate leadership, professional leads, clinical input to individual workstreams and the Trust-wide Quality Impact Assessment process.
- Members welcomed the integrated approach to clinical and operational leadership but sought clearer evidence of how clinical input had changed scheme design, identified or mitigated harm, and informed

decisions not to proceed. The proportionality of the dedicated 0.2 WTE clinical lead resource was also challenged.

- The Committee heard that schemes with less developed clinical and operational input were more likely to require further work through the QIA process, and that higher-risk schemes could be required to return for review after implementation. Members noted that fewer schemes were now being declined as earlier clinical engagement and scheme development had improved.
- Further work will focus on embedding value, quality, safety, staff experience and equity as business as usual, strengthening broader clinical ownership and capacity, and demonstrating how feedback and learning are used to scale or adjust schemes.

Board Assurance Framework

- The Committee reviewed the refreshed BAF risks for Financial Sustainability, Digital, Cybersecurity and Estates and welcomed the stronger strategic alignment. Members requested further refinement to keep the content at Board level and to strengthen the cultural and behavioural dimensions of financial sustainability.
- Following discussion of Month 5 position, the Committee agreed not to reduce BAF 7 Financial Sustainability at this meeting. The score will remain unchanged pending further assurance from the Month 6 forecast, although members expressed confidence that movement may be possible once the underlying position is clearer.
- BAF 8 Digital remained at 12. The Committee noted that the risk is now driven increasingly by capability, adoption, architecture and benefits realisation rather than infrastructure alone.
- The Committee agreed to increase BAF 9 Cybersecurity from 16 to 20, reflecting the changing external threat landscape and the exposure created by unsupported network equipment. Strong independent assurance over existing cyber controls was noted, alongside the need for organisation-wide preparedness and business continuity.
- BAF 10 Estates remained at 16. Members noted positive progress, including external estates funding and approval of support for PFI handback planning, while recognising that estate condition, lifecycle need, capacity and funding constraints remain significant.

Digital and Cybersecurity

- The Committee noted progress with network modernisation, cloud migration and retirement of legacy infrastructure, together with continued delivery of digital efficiency schemes.
- Members challenged the proposed two-year timetable for replacing unsupported network switches, given the increase of BAF 9 to 20. The Committee requested a revised, costed proposal that tests whether replacement can be accelerated and addresses the funding required.
- The Committee also emphasised the need to build a sustainable lifecycle funding approach for digital equipment, rather than relying solely on intermittent capital allocations, and noted planned Trust wide cyber preparedness activity.

Contracts, Business Development and Procurement

- The Committee received an update on tenders, growth schemes, business cases and income contracts. Mental health growth schemes were moving into mobilisation, further community health schemes were progressing through governance, and the business case lessons learned action plan remained on course for completion by the end of October, with a fuller update due in November.
- A verbal procurement update reported forecast savings above target, work to improve purchase-order compliance, progress on social value and NEL partnership arrangements, and recovery activity arising from contract-compliance review.
- The Committee approved and ratified the updated Policy for Procurement and Contracting Version 9.0, noting the strengthened legislative, transparency, contract lifecycle, social value and system first provisions.

INEL Adult ADHD Future Model Business Case

- The Committee considered the business case for a recurrent, standardised adult ADHD service model across INEL, hosted by Newham and funded by NEL ICB on a cost per case basis. Members welcomed the opportunity to improve access, resolve historic cost pressure and create scope for future growth.

- The financial model provides annual income of up to £3.16m, dependent on eligible activity delivered above the existing baseline, with estimated annual delivery costs of £2.56m and a forecast contribution of approximately £0.6m.
- Members scrutinised the volume and workforce assumptions, noting that payment depends on activity delivered and that previous backlog work had experienced capacity constraints. Assurance was provided on current clinical capacity, planned recruitment and the phased move to a single London service, while recognising mobilisation remains a key risk.
- The Committee challenged the reliance on transfer of prescribing and ongoing care to general practice. Assurance was provided that advice and guidance and locally agreed tariffs are included, so the Trust can continue to provide relevant reviews where shared care arrangements are not accepted.
- Members also confirmed that digital investment used to develop the shared triage tool could support a once for ELFT model across London and Bedfordshire, subject to appropriate data arrangements. The Committee recommended the business case to the Board for approval, subject to finalisation of the contract variation, service specification, payment and reporting arrangements.

Green Plan and Sustainability

- The Committee welcomed progress on solar installations, building management systems, energy efficiency and other externally funded initiatives, while emphasising that sustainability needs to be embedded across clinical pathways, annual planning and routine decision making, not treated solely as an estates issue.
- Members highlighted the impact of summer heat on clinical environments, including poorly ventilated spaces, and requested a future report bringing together estates, sustainability and patient-safety learning, with consideration of winter resilience and partnership dependencies.

Policies

- The Committee approved the refreshed Business Case Production Policy and Capital Investment Policy, subject to reconciling the NHS England approval thresholds across the two documents and clarifying whether approval limits apply to annual value, total value or both.

Matters for the Board's attention

- The limited headroom and second-half delivery risks within GFGT, including temporary staffing, patient flow and the need for clearer underlying run-rate and downside analysis.
- The Committee retained the current BAF 7 score, increased BAF 9 Cybersecurity to 20 and requested an accelerated, costed response to unsupported network equipment.
- The recommendation to approve the INEL adult ADHD future model, subject to the contractual, workforce, digital, shared care and activity reporting arrangements described above.

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

REPORT TO TRUST BOARD IN PUBLIC MEETING 24 September 2026

Title	Finance Report Month 5 (August 2026)
Author	Finance Team
Accountable Executive Director	Mike Fox, Chief Finance Officer

Purpose of the report

This report highlights and advises the Committee on the Trust's financial performance at Month 5, including the key risks and actions required to support delivery of the 2026/27 financial plan.

Committees/meetings where this item has been considered

Date	Committee/Meeting
17/09/2026	FBIC

Key messages

The Finance Report reflects the Trust financial position for Month 5.

Summary of Financial Performance:

- At Month 5 the Trust is reporting a YTD deficit of £0.2m, which is £0.7m favourable to plan.
- Income is £1.5m adverse to plan YTD, mainly reflecting the expected depreciation funding adjustment, deferral of growth income where schemes have not yet mobilised, and lower than planned Adult Mental Health bed-sale income. 89% of planned contract income is signed, with the residual contractual risk currently assessed as low.
- Pay is £1.0m adverse to plan YTD. Substantive vacancies are more than offset by bank and agency usage. Bank expenditure increased by around £0.6m in August, with pressures from sickness, annual leave, Bank Holiday cover, vacancies and enhanced observations. Several forecasts continue to assume reductions in temporary staffing which are not yet evident in current run-rates.
- Non-pay expenditure is £2.5m favourable to plan YTD, more than offsetting the income and pay pressures. However, the position includes timing differences, accounting corrections and non-recurrent benefits and should not be assumed to represent a sustainable reduction in expenditure. Private and out-of-area bed costs remain a significant underlying pressure.
- GFGT delivery is £5.9m YTD against a plan of £5.0m. The most-likely full-year forecast is £20.6m, which remains above the £20.1m target but has reduced by £0.9m since Month 4.
- The Trust continues to forecast delivery of its break-even financial plan.
- The Trust's cash balance at 31 August was £153.5m, £26.8m above plan.
- YTD core capital expenditure is £4.0m, £1.7m ahead of plan due mainly to the timing of digital expenditure. This does not represent an increase in forecast project costs.
- Better Payment Practice Code (BPPC) YTD performance is 94.8% by volume and 94.6% by value.

What has gone well

- Financial performance remains £0.7m ahead of plan at Month 5.
- GFGT delivery is £0.9m ahead of YTD plan.
- Cash remains significantly above plan, supporting continued interest income.

What challenges do we have

- Temporary staffing remains above the level required to deliver the planned workforce trajectory, with total workforce 326 WTE above funded establishment at Month 5.
- Continued use of private and out-of-area beds, particularly across Bedfordshire and Luton services.
- Reduced headroom within the GFGT forecast, with several schemes remaining at risk.

Watching

- Delivery of the £20.1m GFGT target, particularly schemes where forecasts have reduced since Month 4.
- Temporary staffing run-rates and whether substantive recruitment translates into lower bank and agency usage.
- Private and out-of-area bed expenditure, particularly as winter approaches.
- Income assumptions, including bed sales and growth funding linked to schemes not yet fully mobilised.

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	☒	Financial sustainability supports continued investment in services and improvements to service-user experience.
Improved Staff Experience	☒	A sustainable financial position supports investment in the workforce and improvements in 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 supports the organisation in appropriately resourcing equality priorities across the services we provide.
Risk and Assurance	The Trust's latest published NHS Oversight Framework segmentation is Segment 2 , with Finance and Productivity currently rated 1 – High Performing . At Month 5 the Trust remains ahead of its financial plan. The BAF 7 Financial Sustainability risk is recommended to reduce to 8 (Impact 4; Likelihood 2) , in line with target.
Service User/Carer/Staff	Delivery against the Trust's financial metrics supports continued investment in services for the benefit of staff, service users and carers.
Financial	As stated in the report.
Quality	Delivering services in a financially sustainable way enables continued investment in improving the quality and safety of services.

Trust Board in Public Meeting

August - Month 5 Finance Report

2026/27

Mike Fox

Chief Finance Officer



We care
We respect
We are inclusive



20

Executive Summary

	In Month			Year To Date			Annual Budget £m
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	
Clinical Income	58.18	57.61	(0.58)	285.72	283.70	(2.02)	700.51
Other Income	1.76	2.00	0.24	8.72	9.24	0.52	20.10
Pay costs	(43.54)	(44.37)	(0.83)	(220.00)	(220.97)	(0.97)	(522.54)
Non-pay costs	(13.21)	(12.00)	1.21	(58.46)	(55.95)	2.51	(157.23)
Financing / non-operating costs	(3.27)	(3.13)	0.14	(19.09)	(18.67)	0.42	(42.72)
	(0.07)	0.11	0.18	(3.11)	(2.64)	0.47	(1.89)
Control Total Adjustments	(0.06)	(0.06)	(0.01)	2.27	2.47	0.20	1.89
Reported Surplus /(Deficit)	(0.13)	0.05	0.18	(0.84)	(0.17)	0.67	(0.00)
Memorandum items							
Industrial Action Costs (pay)	-	-	-	-	(0.17)	(0.17)	-
Agency Costs (per NHSE Plan)	(0.40)	(0.34)	0.06	(2.36)	(2.37)	(0.02)	(4.97)
Going Further, Going Together	1.83	1.71	(0.12)	4.96	5.87	0.91	20.11
Cash	(0.15)	1.80	1.96	126.73	153.52	26.79	n/a
Core Capital	0.79	1.65	(0.86)	2.27	3.97	(1.70)	17.91

Key messages

- The Trust is £0.7m ahead of plan at the end of August, reporting a YTD deficit of £0.2m and an in-month surplus of £50k.
- Ongoing risks remain in temporary staffing, private/out-of-area beds and income assumptions. The favourable YTD position is currently supported by non-pay benefits, some of which are timing or non-recurrent.
- GFGT remains ahead of YTD plan, but the most-likely full-year forecast has reduced by £0.9m since Month 4 to £20.6m, leaving limited headroom against the £20.1m target.

Income

£1.5m adverse YTD. The main drivers are the expected adjustment to depreciation funding, deferral of growth income where schemes have not yet mobilised, and lower than planned bed-sale income in Adult Mental Health.

Pay

£1.0m adverse YTD. Bank spend increased by c.£0.6m in August, driven by sickness, annual leave, enhanced observations and vacancy cover. Several forecasts still assume reductions in temporary staffing not yet evident in run-rates.

Non-pay

£2.5m favourable YTD, more than offsetting income and pay pressures. However, the benefit includes timing, accounting corrections and non-recurrent items, while private/out-of-area bed pressures continue.

Going Further, Going Together (GFGT)

£5.9m delivered YTD, £0.9m ahead of plan. The most-likely forecast has reduced £0.9m from £21.5m at Month 4 to £20.6m, leaving only £0.5m headroom against target. Main reductions relate to private beds, Older People's Pathway, Target Operating

Cash / Capital

Cash remains strong at £153.5m, £26.8m above plan. Core capital expenditure is £4.0m YTD, £1.7m ahead of plan due to timing.

Board Assurance Framework

YTD performance is **£0.7m ahead of plan** and the year-end forecast remains on plan. GFGT is ahead YTD, although some schemes remain red rated and forecast headroom has reduced since Month 4. **89% of planned contract income is now signed**, with residual income risk assessed as low. The **BAF 7 Financial Sustainability rating is therefore recommended to reduce to 8 (Impact 4; Likelihood 2), in line with target.**

Statement of Comprehensive Income and Expenditure

The Trust is £0.7m ahead of plan at Month 5, but the favourable position is currently dependent on non-pay underspends offsetting income and pay pressures.

	In Month			Year To Date			Annual Budget £m
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	
Income							
NHS Patient Care Activities	57.09	56.56	(0.54)	279.99	278.24	(1.75)	686.97
Non NHS - Patient Care Activities	1.09	1.05	(0.04)	5.73	5.46	(0.27)	13.53
Other Operating Income	1.76	2.00	0.24	8.72	9.24	0.52	20.10
Income Total	59.94	59.61	(0.33)	294.44	292.94	(1.49)	720.60
Pay							
Substantive	(43.37)	(39.92)	3.45	(219.14)	(199.78)	19.36	(520.46)
Bank	-	(3.95)	(3.95)	-	(17.96)	(17.96)	-
Agency	-	(0.34)	(0.34)	-	(2.37)	(2.37)	-
Apprenticeship levy	(0.17)	(0.17)	-	(0.86)	(0.86)	-	(2.08)
Other Pay	-	(0.00)	(0.00)	-	0.00	0.00	-
Pay Total	(43.54)	(44.37)	(0.83)	(220.00)	(220.97)	(0.97)	(522.54)
Non-Pay							
Non Pay	(13.21)	(12.00)	1.21	(58.46)	(55.95)	2.51	(157.23)
Non-Pay Total	(13.21)	(12.00)	1.21	(58.46)	(55.95)	2.51	(157.23)
EBITDA	3.20	3.24	0.04	15.98	16.03	0.05	40.83
Post EBITDA							
Depreciation	(2.79)	(2.68)	0.12	(13.92)	(13.46)	0.45	(33.99)
Amortisation	(0.12)	(0.14)	(0.02)	(0.58)	(0.69)	(0.11)	(1.38)
Finance Income	0.50	0.55	0.05	2.38	2.66	0.29	5.65
Finance Expenditure	(0.31)	(0.31)	0.00	(4.23)	(4.43)	(0.20)	(6.40)
PDC Dividend	(0.55)	(0.55)	-	(2.75)	(2.75)	-	(6.60)
Other finance costs	-	-	-	-	-	-	-
Total Post EBITDA	(3.27)	(3.13)	0.14	(19.09)	(18.67)	0.42	(42.72)
	(0.07)	0.11	0.18	(3.11)	(2.64)	0.47	(1.89)
Less control total adjustments							
Remove capital donations / grants / peppercorn lease	0.05	0.05	0.00	0.12	0.14	0.02	0.46
Remove impact of PFI revenue costs	(0.10)	(0.11)	(0.01)	2.15	2.33	0.18	1.43
Reported Surplus /(Deficit)	(0.13)	0.05	0.18	(0.84)	(0.17)	0.67	(0.00)

Income: £1.5m adverse YTD, mainly reflecting the expected depreciation funding adjustment, income deferred against delayed growth schemes and lower than planned bed-sale income.

Pay: £1m adverse YTD. Substantive vacancies are being more than offset by bank and agency usage. Bank expenditure increased by around £0.6m in August, with pressures driven by sickness, annual leave, enhanced observations, recruitment overlap and continuing medical staffing pressures.

Non-pay: £2.5m favourable YTD, more than offsetting income and pay pressures. However, the benefit contains timing and non-recurrent items, including VAT and accrual/prepayment corrections. Digital expenditure increased by around £1m in August, largely reflecting corrections to prepayments, VAT accruals and an under-accrual for Telefonica Tech. This highlights the need to validate the underlying non-pay run-rate before assuming the current YTD underspend is recurrent.

The £0.7m favourable YTD variance is supported by timing and non-recurrent non-pay benefits and should not be assumed to continue. Maintaining the full-year position will depend on delivery of forecast GFGT savings and action to reduce ongoing temporary staffing and bed-related pressures.

Forecasts are being refreshed to reflect current run-rates, particularly temporary staffing, private/out-of-area beds and the unwinding of non-pay timing benefits.

Next Steps

Reduce temporary staffing run-rates, particularly on inpatient and medical services.

Validate non-pay underspends and accruals separating recurrent benefit from timing and one-off items.

Update the forecast and agree corrective action where pressures are expected to continue.

Directorate Financial Performance

Operational directorates are £1.1m adverse YTD, with the largest pressures in Newham, Luton, Bedfordshire CHS, City & Hackney and Forensics. These pressures are currently offset by favourable positions elsewhere, particularly Corporate, Specialist Services and Tower Hamlets.

Directorate	In Month			Year To Date			Annual Budget £m
	Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	
BEDFORD DIRECTORATE	(5.36)	(5.63)	(0.27)	(27.48)	(27.65)	(0.16)	(65.21)
BEDFORDSHIRE CHS	(2.82)	(2.95)	(0.13)	(14.15)	(14.58)	(0.43)	(32.71)
CITY & HACKNEY	(4.41)	(4.54)	(0.13)	(22.20)	(22.61)	(0.40)	(53.03)
FORENSIC SERVICES	(3.92)	(4.04)	(0.12)	(19.56)	(19.85)	(0.28)	(46.96)
LUTON DIRECTORATE	(2.42)	(2.57)	(0.16)	(12.46)	(12.92)	(0.46)	(29.48)
NEWHAM	(4.43)	(4.53)	(0.10)	(21.68)	(22.49)	(0.81)	(52.29)
NEWHAM CHS	(2.24)	(2.18)	0.06	(11.26)	(11.21)	0.05	(26.12)
PRIMARY CARE	0.00	0.03	0.03	0.00	(0.10)	(0.10)	(0.00)
R&D	(0.05)	(0.11)	(0.06)	(0.25)	(0.34)	(0.10)	(0.59)
SPECIALIST CHS	(1.03)	(0.99)	0.04	(4.86)	(4.78)	0.08	(11.56)
SPECIALIST SERVICES	(6.18)	(6.18)	0.00	(32.12)	(31.03)	1.09	(76.66)
TOWER HAMLETS	(5.23)	(5.21)	0.02	(26.60)	(26.16)	0.44	(63.68)
TOWER HAMLETS CHS	(1.47)	(1.51)	(0.04)	(7.35)	(7.39)	(0.03)	(16.77)
Total Directorates	(39.56)	(40.39)	(0.84)	(199.98)	(201.10)	(1.12)	(475.07)
CORPORATE	(6.61)	(6.67)	(0.05)	(33.34)	(31.67)	1.67	(79.49)
ESTATES & FACILITIES	(3.55)	(3.41)	0.14	(17.81)	(17.43)	0.39	(41.94)
Total Corporate and Estates	(10.16)	(10.07)	0.09	(51.15)	(49.10)	2.06	(121.43)
NCEL PROVIDER COLLABORATIVE	-	0.00	0.00	0.00	0.00	0.00	-
NCEL PERINATAL PROV COLLAB	0.00	0.00	(0.00)	0.00	0.00	0.00	-
Total NCEL	0.00	0.00	0.00	0.00	0.00	0.00	-
Total Excl. Income and Reserves	(49.72)	(50.47)	(0.75)	(251.13)	(250.20)	0.94	(596.51)
Undelegated Items	49.59	50.52	0.92	250.29	250.03	(0.26)	596.51
Total Trust	(0.13)	0.05	0.18	(0.84)	(0.17)	0.67	(0.00)

Main pressures

Newham AMH £0.81m adverse - driven by inpatient and medical staffing pressures, continued bank usage and lower than planned bed-sale income.

Luton AMH £0.46m adverse - private beds, enhanced observations and unachieved savings remain the main pressures.

Bedfordshire CHS £0.43m adverse - driven by workforce pressures in Rapid Response and Home Teams, with agreed workforce reductions not yet delivered at the pace assumed.

City & Hackney AMH £0.40m adverse - temporary staffing across inpatient and medical services remains the main pressure, partly offset by stronger bed-sale income and favourable non-pay.

Forensics £0.28m adverse – mainly pay-related, with continued bank usage and an August increase linked to sickness and annual leave.

Offsetting positions

Specialist Services £1.09m favourable, reflecting vacancies, additional income and non-pay underspends, although some benefits are non-recurrent.

Tower Hamlets £0.44m favourable, largely from non-pay, despite ongoing inpatient staffing and bed-sale income pressures.

Corporate £1.67m favourable and Estates £0.39m favourable, mainly from vacancies, Digital/non-pay timing and credit notes. Digital accruals remain under review.

The Trust-wide favourable position therefore masks continuing operational pressure in a number of directorates. The key focus for Month 6 is ensuring recovery plans translate into lower temporary staffing and bed costs, and that favourable corporate/non-pay positions are validated as recurrent before being relied upon in the forecast.

Going Further, Going Together (GFGT) – Cost Improvement

Key message: The Trust delivered £1.7m in month 5, £5.9m year to date.

The ‘most likely’ forecast of £20.6m is just sufficient to meet our plan, but forecasts have reduced since month 4. Further plans are required to build sufficient headroom towards the stretch target.

Borough directors and workstream SROs will need to review and sign off forecasts ahead of month 6 and ensure actions are in place to support delivery.

2026/27 Targets

The financial savings target for 2026/27 is £20.1m. 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

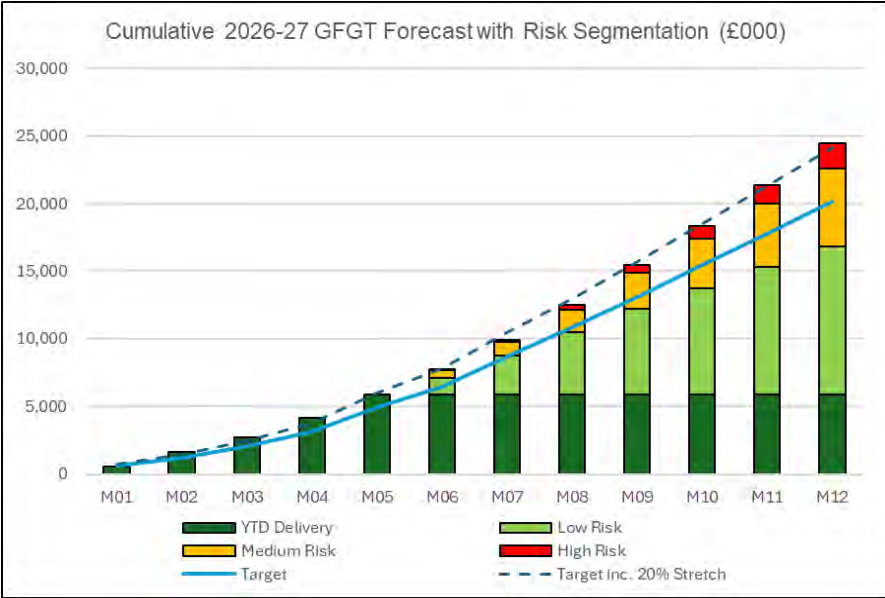
The Trust delivered £1.7m in month 5. Reported year to date delivery at the end of month 5 was £5.9m against our submitted plan of £5.0m, resulting in a favourable variance of £0.9m.

2026/27 Forecast

After taking year to date delivery into account, the Trust has a ‘best case’ forecast of £24.5m (reduction of £2.9m since month 4). Taking scheme risk and development status into account, the Trust has a ‘most likely’ forecast of £20.6m (reduction of £0.9m since Month 4). While this is just sufficient to meet plan, forecast savings over the remaining months need to be delivered. The main changes in the forecast were in Luton and Bedfordshire AMH (Private Beds -£1.0m, Older Peoples Pathway -£0.5m), Target Operating Model (-£0.6m), ADHD Pathways (-£0.5m) and Estates Optimisation (-£0.2m).

Areas forecasting shortfalls in delivery are being asked to develop a long list of further schemes and deep dive meetings will be set up with high impact workstreams to ensure we have a clear plan and understanding of actions and milestones needed to deliver our programme. Teams are reminded that where there is slippage against identified plans, mitigation needs to be identified.

Directorate M5 YTD Actual	M5 YTD Plan £000	M5 YTD Actual £000	M5 YTD Variance to Plan £000	Target £000	'Most Likely' Forecast £000	Variance to 'Most Likely' Forecast £000
City & Hackney AMH	390	205	(184)	1,405	1,300	(105)
Newham AMH	228	364	136	1,369	1,408	39
Tower Hamlets AMH	540	479	(60)	1,838	1,626	(212)
Luton & Bedfordshire AMH	1,003	839	(163)	3,602	3,226	(376)
London CHS	265	512	246	2,435	1,569	(866)
Bedfordshire CHS	180	227	47	1,220	1,185	(35)
Specialist Services	951	1,292	341	2,930	3,426	495
Forensic Services	570	737	168	2,104	2,226	122
Corporate Services	601	949	348	1,944	2,603	660
Estates & Facilities	168	195	27	1,261	1,270	9
Trust-Wide/Reserves	66	66	1	0	785	785
TOTAL	4,961	5,867	906	20,109	20,624	516



Income

Income is £1.5m adverse to plan at Month 5, primarily due to commissioner funding adjustments, delays to growth scheme income and lower-than-planned bed-sale activity. Despite this, contractual coverage remains strong at 88.9%, with £601.2m of the £675.9m income portfolio signed. The remaining £73.8m is mainly within linked NCEL contracts, with low risk assessed due to the Trust's lead-provider position and interdependency of the contracts

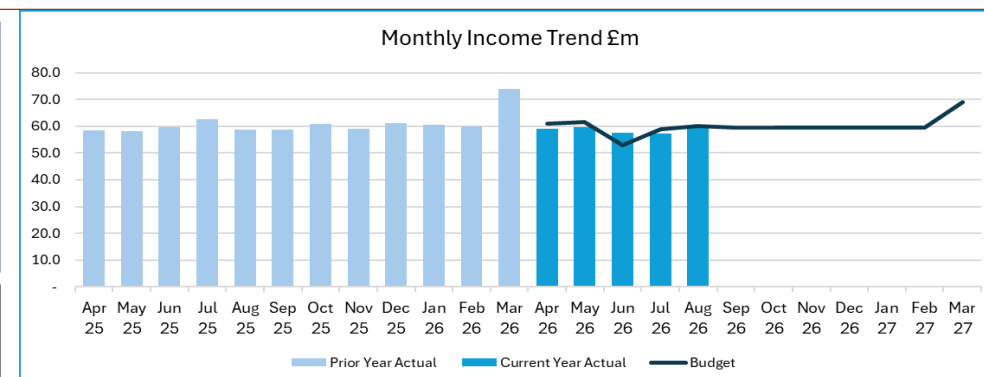
Clinical income is £2.0m adverse YTD. The principal drivers are £1.0m of NEL ICB growth income deferred where schemes have not yet mobilised, a £0.6m provision for potential depreciation funding clawback, and lower than planned Adult Mental Health bed-sale income.

Other income is £0.5m favourable YTD, including additional and prior-year income not reflected in plan, partly offsetting the clinical income pressure.

Not all of the £1.5m income variance represents a bottom-line risk. Growth income is being deferred where associated expenditure has not yet been incurred, protecting the position against potential commissioner clawback. The depreciation adjustment is similarly offset by lower expenditure. The main underlying risk is therefore income assumptions that are not supported by activity, particularly bed sales and any growth funding where delivery does not ultimately occur.

Next Steps

- **Confirm growth-funding mobilisation and commissioner treatment**, continuing to defer income where associated expenditure has not yet been incurred.
- **Reforecast bed-sale income** using current activity and realistic expectations for the remainder of the year.
- **Improve phasing of NCEL income and matched expenditure budgets** to reflect expected expenditure and drawdown, removing the artificial year-end peak.

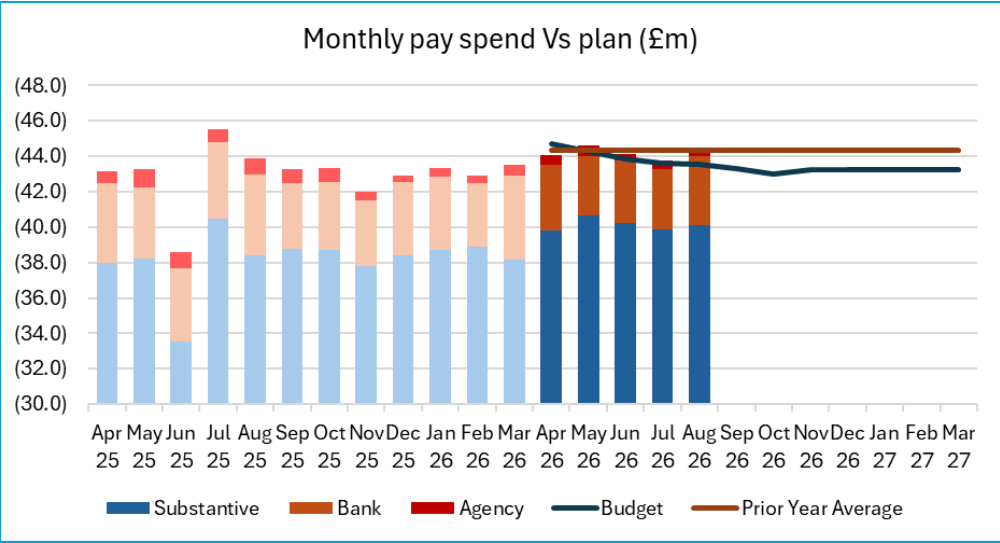


Trust Income Position £m	In Month Budget	In Month Actual	In Month Variance	YTD Budget	YTD Actual	YTD Variance	Annual Budget
Operating Income From Patient Care Activities							
NHS - Patient Care Activities							
Integrated Care Boards (ICBs)	(50.35)	(49.78)	(0.57)	(246.10)	(243.99)	(2.11)	(606.78)
NHS Foundation Trusts	(6.30)	(6.17)	(0.13)	(31.64)	(31.16)	(0.48)	(75.03)
NHS Trusts	(0.21)	(0.30)	0.09	(1.10)	(1.53)	0.44	(2.37)
NHS England	(0.24)	(0.31)	0.07	(1.16)	(1.56)	0.40	(2.79)
NHS - Patient Care Activities Total	(57.09)	(56.56)	(0.54)	(279.99)	(278.24)	(1.75)	(686.97)
Non NHS - Patient Care Activities							
Local Authorities	(0.92)	(0.93)	0.01	(4.61)	(4.74)	0.13	(10.80)
Non-NHS: Other	(0.17)	(0.12)	(0.05)	(1.12)	(0.69)	(0.43)	(2.73)
Non-NHS: Overseas Patients	-	(0.00)	0.00	-	(0.03)	0.03	-
Non NHS - Patient Care Activities Total	(1.09)	(1.05)	(0.04)	(5.73)	(5.46)	(0.27)	(13.53)
Operating Income From Patient Care Activities Total	(58.18)	(57.61)	(0.58)	(285.72)	(283.70)	(2.02)	(700.51)
Other operating income							
Other (in accordance with IFRS 15)							
Research and development	(0.10)	(0.04)	(0.06)	(0.48)	(0.54)	0.07	(1.14)
Education and Training Income	(1.43)	(1.52)	0.09	(7.18)	(7.32)	0.14	(15.96)
Other (recognised in accordance with IFRS 15)	0.00	(0.14)	0.15	(0.29)	(0.42)	0.13	(0.70)
Non-patient care services to other Non WGA bodies	(0.03)	(0.06)	0.03	(0.09)	(0.32)	0.23	(0.28)
Car Parking Income	(0.10)	(0.00)	(0.09)	(0.10)	(0.00)	(0.09)	(0.23)
Other (in accordance with IFRS 15) Total	(1.64)	(1.76)	0.12	(8.13)	(8.61)	0.48	(18.31)
Other Operating Income							
Charitable and other contributions to expenditure	(0.01)	(0.02)	0.01	(0.04)	(0.03)	(0.01)	(0.10)
Other Income	(0.11)	(0.21)	0.11	(0.43)	(0.50)	0.07	(1.57)
Capital Grants Income from Peppercorn Right of Use	-	-	-	(0.13)	(0.11)	(0.02)	(0.13)
Other Operating Income Total	(0.12)	(0.24)	0.12	(0.59)	(0.64)	0.05	(1.79)
Other operating income Total	(1.76)	(2.00)	0.24	(8.72)	(9.24)	0.52	(20.10)
Grand Total	(59.94)	(59.61)	(0.33)	(294.44)	(292.94)	(1.49)	(720.60)

Pay

Pay is £1.0m adverse to plan at Month 5, with substantive vacancies more than offset by bank and agency usage.

Pay type	Funded WTE	Actual WTE	Variance WTE	In Month			Year To Date			Annual Budget £m
				Budget £m	Actual £m	Variance £m	Budget £m	Actual £m	Variance £m	
Substantive	7,717.6	7,252.0	465.6	(43.37)	(39.92)	3.45	(219.14)	(199.78)	19.36	(520.46)
Bank	0	727.7	(727.7)	-	(3.95)	(3.95)	-	(17.96)	(17.96)	-
Agency	0	53.2	(53.2)	-	(0.34)	(0.34)	-	(2.37)	(2.37)	-
Sub-total - staff	7,717.6	8,032.9	(315.3)	(43.37)	(44.20)	(0.83)	(219.14)	(220.10)	(0.97)	(520.46)
Apprenticeship Levy				(0.17)	(0.17)	-	(0.86)	(0.86)	-	(2.08)
Total	7,717.6	8,032.9	(315.3)	(43.54)	(44.37)	(0.83)	(220.00)	(220.97)	(0.97)	(522.54)



Substantive pay is £19.4m favourable YTD, but this is more than offset by £18.0m of bank and £2.4m of agency expenditure, leaving total pay £1.0m adverse to plan.

In August, pay was £0.8m adverse to plan. Bank spend increased by c.£0.6m compared with July - c.£0.2m from seasonal annual leave/Bank Holiday cover and c.£0.3m from sickness and vacancy cover, which may represent more persistent pressures.

Temporary staffing remains concentrated in inpatient, medical and urgent response services, driven by vacancies, sickness, maternity cover, acuity and enhanced observations. Pressures remain particularly evident across Adult Mental Health, Forensics and Bedfordshire CHS.

Substantive vacancies are not translating into an overall pay saving. Although substantive staffing is 452 WTE below funded establishment, temporary staffing totals around 778 WTE, leaving the overall workforce around 326 WTE above funded establishment. The priority is therefore ensuring substantive recruitment and improved workforce management result in a corresponding reduction in temporary staffing.

Several forecasts and recovery plans continue to assume future reductions in temporary staffing that are not yet evident in current run-rates, and these assumptions will be tested and refreshed for Month 6.

Next Steps

- Reduce bank and agency run-rates, particularly across inpatient and medical services.
- Target the underlying drivers of temporary staffing, separating vacancy cover from sickness, acuity and enhanced observations.
- Align establishments, recruitment and rosters to funded levels, ensuring substantive recruitment replaces rather than adds to temporary capacity.
- Reflect persistent staffing pressures in the forecast and agree corrective action where planned reductions are not being delivered.

Pay – Whole Time Equivalents (WTE)

The workforce is 326 WTE above funded establishment at Month 5, as 778 WTE of temporary staffing exceeds substantive vacancies.

	Pay type	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Movement in month
Funded WTE	Substantive	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	7,733.0	7,704.6	(28.4)
	Bank	36.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Agency	0.7	0.0	0.0	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	7,154.0	7,172.0	7,163.5	7,178.9	7,202.5	7,248.1	7,233.9	7,239.1	7,179.8	7,226.2	7,218.6	7,223.7	7,253.2	29.5
	Bank	758.6	705.5	694.6	681.8	709.2	711.3	740.8	832.3	690.5	642.5	664.3	679.9	728.2	48.4
	Agency	65.2	42.1	59.3	63.6	56.5	54.7	51.7	67.6	66.8	67.3	56.2	33.2	49.5	16.3
Variance	Substantive	805.1	768.2	669.3	653.9	636.7	594.6	669.0	679.8	742.8	665.3	648.1	509.3	451.5	(57.8)
	Bank	(722.1)	(705.5)	(694.6)	(681.8)	(709.2)	(711.3)	(740.8)	(832.3)	(690.5)	(642.5)	(664.3)	(679.9)	(728.2)	(48.4)
	Agency	(64.5)	(42.1)	(59.3)	(63.6)	(56.5)	(54.7)	(51.7)	(67.6)	(66.8)	(67.3)	(56.2)	(33.2)	(49.5)	(16.3)
Total Funded WTE		7,996.3	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	7,733.0	7,704.6	(28.4)
Total Actual WTE		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	7,939.0	7,936.7	8,030.9	94.2
(Over) / Under establishment		18.6	20.6	(84.6)	(91.4)	(129.0)	(171.4)	(123.5)	(220.2)	(14.5)	(44.5)	(72.3)	(203.7)	(326.3)	
(Over) / Under establishment %		0.2%	0.3%	(1.1%)	(1.2%)	(1.6%)	(2.2%)	(1.6%)	(2.8%)	(0.2%)	(0.6%)	(0.9%)	(2.6%)	(4.2%)	

Funded establishment reduced by 28 WTE in August, while actual workforce increased by 94 WTE. This widened the gap to funded establishment from 204 WTE in July to 326 WTE in August.

GFGT workforce savings are increasingly reflected in the funded establishment. Around **230 WTE of baseline GFGT reductions are built into the August budget**, increasing to **322 WTE by year-end**. However, the corresponding reduction is not yet evident in actual workforce levels, creating a risk that planned workforce savings do not translate into expenditure reductions.

Substantive staffing is 452 WTE below funded establishment, but this is more than offset by 728 WTE of bank and 50 WTE of agency staffing. Temporary staffing therefore exceeds substantive vacancies by around 326 WTE.

Bank remains the main workforce pressure. Usage increased by 48 WTE in August, mainly across inpatient and medical services, with vacancies, sickness, acuity and enhanced observations the main drivers.

Next Steps

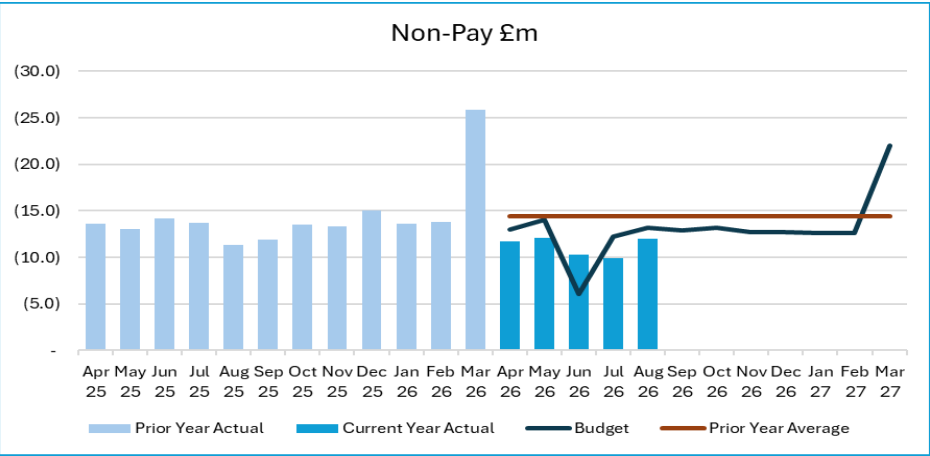
Track delivery of GFGT workforce reductions against both funded establishment and actual WTE
Reduce temporary staffing in line with funded establishment, with service specific trajectories developed.

Target the drivers of temporary staffing, distinguishing vacancy cover from sickness, acuity and enhanced observations.

Link workforce and financial forecasts, so persistent WTE pressures are reflected in the pay forecast and corrective actions.

Non-pay

Non-pay is £2.5m favourable to plan at Month 5, although the position includes timing and non-recurrent benefits.



Non-pay is £2.5m favourable YTD, but the headline variance does not represent an equivalent sustainable reduction in expenditure. The position includes timing differences, VAT recoveries, grant income, prior-year adjustments and accrual/credit-note corrections.

Digital was the most significant movement in Month 5. Expenditure increased by around £1m in August following correction of a Virgin Media prepayment, VAT accruals and an under-accrual for Telefonica Tech. Further reconciliation of contract schedules to the ledger is underway and the full-year forecast is being reassessed.

Operational cost pressures remain beneath the favourable aggregate position. Private and out-of-area bed usage remains above forecast, with further pressures from step-down beds and local service pressures including wheelchair and physiotherapy costs. Current bed-related assumptions remain a material forecast risk, particularly ahead of winter.

The favourable non-pay variance should therefore not yet be treated as a recurrent run-rate benefit. Further review is required to distinguish sustainable reductions from timing, accounting corrections and costs which remain to be accrued.

March budget peak reflects NCEL income and matched expenditure phasing rather than changes in the expected underlying run-rate.

Expenditure type	In Month			Year To Date			Annual Budget
	Budget	Actual	Variance	Budget	Actual	Variance	
Health and Social Care - NHS	(1.92)	(1.52)	0.41	(7.91)	(6.29)	1.62	(24.65)
Health and Social Care -non-NHS	(1.79)	(1.69)	0.09	(6.34)	(6.21)	0.13	(23.90)
Supplies & Services	(3.46)	(2.68)	0.78	(12.63)	(11.38)	1.26	(46.32)
Drug costs	(0.55)	(0.64)	(0.09)	(2.18)	(1.91)	0.27	(6.54)
Consultancy	(0.12)	(0.13)	(0.02)	(0.49)	(0.34)	0.15	(1.43)
Establishment	(0.58)	(0.67)	(0.09)	(2.31)	(2.11)	0.21	(6.94)
Premises	(2.88)	(1.14)	1.74	(11.56)	(9.51)	2.05	(34.63)
Transport	(0.29)	(0.29)	0.00	(1.18)	(1.12)	0.06	(3.53)
Audit fees	(0.02)	(0.02)	0.00	(0.06)	(0.06)	0.00	(0.19)
Training	(0.31)	(0.36)	(0.05)	(1.26)	(1.15)	0.10	(3.98)
Clinical negligence	(0.21)	(0.21)	0.00	(0.84)	(0.84)	0.00	(2.51)
Non-Executive directors	(0.02)	(0.02)	0.00	(0.09)	(0.07)	0.02	(0.28)
Other Expenditure	(0.12)	(0.56)	(0.45)	1.29	(2.97)	(4.26)	(3.38)
Grand Total	(12.26)	(9.93)	2.34	(45.56)	(43.95)	1.61	(158.28)

Next Steps
Validate non-pay underspends and accruals, separating sustainable savings from timing and one-off benefits.
Understand and address underlying operational pressures, particularly private/out-of-area beds.
Reflect expected cost pressures in the forecast, including expenditure currently deferred or subject to accrual review.
Improve phasing of NCEL income and matched expenditure budgets to reflect expected drawdown and remove the artificial year-end peak.

Statement of Financial Position

The net balance on the Statement of Financial Position as at 31st August 2026 was £305.4m. The decrease of £2.6m since year-end reflects the YTD income and expenditure position before control total adjustments.

£0.6m decrease in Non-current assets is largely down to Right of use assets, an unplanned lease remeasurement £0.4m for Stratford high street which is also reflected in the Borrowings.

£0.6m increase in Trade and other receivables is largely due to a decrease of £2.5m in aged receivables and £1.1m decrease in VAT, this is expected after the year end VAT recovery that takes place in July, and £3m increase in accrued income and £0.9m prepayments.

£1.8m increase in Cash and cash equivalents is down to receiving larger volumes of receivables in month which is reflected in the lower than previous month's aged debtors report.

£3.3m increase in Trade payables is largely due to an increase of £1.3m in trade and capital payables and £1.7m increase in accruals.

£0.7m decrease in Deferred Income is largely down to NHSE NMET, NELICB contract provision and NCEL CAMHS income.

£0.8m decrease in Borrowings is largely due to an unplanned lease remeasurement in Stratford high street.

	Prior Year 31/03/2026 £000s	Prior Month 31/07/2026 £000s	Current Month 31/08/2026 £000s	Movement in Month £000s
Non-current assets				
Intangible assets	2,201	1,627	1,652	25
Property, Plant and Equipment	251,926	248,520	248,574	53
Right of use assets	61,530	59,604	58,953	(651)
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	314,191	313,618	(573)
Current assets				
Inventories	193	209	231	22
Trade and other receivables	23,978	33,533	34,106	573
Assets held for sale	350	350	350	0
Cash and cash equivalents	157,671	151,716	153,519	1,803
Total current assets	182,192	185,808	188,206	2,398
Current liabilities				
Trade and other payables	(92,228)	(82,291)	(85,544)	(3,253)
Borrowings	(16,011)	(16,010)	(16,010)	0
Provisions	(3,387)	(3,736)	(3,730)	6
Deferred income	(13,322)	(23,307)	(22,620)	687
Total current liabilities	(124,948)	(125,344)	(127,905)	(2,561)
Total assets less current liabilities	377,340	374,655	373,920	(735)
Non-current liabilities				
Borrowings	(67,714)	(67,772)	(66,924)	848
Provisions	(1,616)	(1,620)	(1,624)	(4)
Total non-current liabilities	(69,330)	(69,392)	(68,547)	845
Total net assets employed	308,010	305,263	305,372	110
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	88,974	89,084	110
Total taxpayers' and others' equity	308,010	305,263	305,373	110

Key message : The net asset position for the Trust remains strong. Trade payables increased in August, but is offset against a strong cash balance and reduced aged receivable balances.

Capital

The Trust submitted an original capital plan for the year of £38.6m. This has now been reduced by £1m in totality due NHSE removing the over utilisation provision assumption, which they had included to balance the region's capital budget.

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.
- £9.2m 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 and £0.5m Solar Panel rollout which is now confirmed for 26/27. Small allocations of salary charges have been allocated to these schemes as rollout is expected January 2027.
- £10.5m for the impact of leases and dilapidations, as per original plan.

Core capital is £1.7m ahead of plan. This reflects earlier than anticipated expenditure on a number of digital projects. This represents a timing variance rather than an increase in overall forecasted costs. Projects are expected to remain within their approved budgets.

Most PDC schemes are not expected to go live until January 2027. Current spend relates to staffing costs.

Leases are broadly in line with plan. Timing differences reported in year net off against the unplanned lease remeasurement.

		Actual vs Re-Phased Plan		
Core Capital Programme	Revised Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
Asset and backlog management	2,520	273	286	13
Critical, fire and Digital Spaces Infrastructure	601	1	7	6
Digital and Clinical Systems	200	0	6	6
Digital Cyber Security	845	98	313	215
Digital Infrastructure and Service Improvement	894	15	507	492
Digital Innovation and ICS	2,454	89	124	35
Digital Portfolio and Staffing	1,528	224	882	658
Digital Spaces	1,950	215	565	350
Digital Unified Comms	618	170	182	12
Environmental Upgrade and CQC plan	2,229	367	354	(13)
Mental Health Security and Improvement plan	2,898	150	38	(112)
Net Zero Carbon Reduction Plan	337	7	(51)	(58)
New Business and Transformation	838	429	336	(93)
Over programming provision	0	0	0	0
VAT Adjustments	0	231	423	192
	17,912	2,270	3,973	1,704

Public Dividend Capital Funded Programme	Revised Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
MHCAS - Luton MH Emergency Dept / Crisis Assessment Centre	1,500	6	26	20
ADHD waiting list scheme Digital / Digitising the MH Act Pathway	500	4	4	0
Adult Learning Disability and Autism Crisis Accommodation	1,600	3	23	20
CYP LDA Crisis Accommodation	950	12	9	(3)
City and Hackney 24/7 Neighbourhood Hubs	1,700	5	15	10
Newham 24/7 Neighbourhood Hubs (Flying Angel)	153	4	8	4
MHCAS*	1	1	1	0
Supporting Neighbourhood Health with Multi-Agency Co-location	0	0	0	0
John Warburton refurbishment	2,250	3	7	4
Solar panels project - Multiple sites	533	0	0	0
	9,187	38	92	54

	27,099	2,308	4,065	1,758
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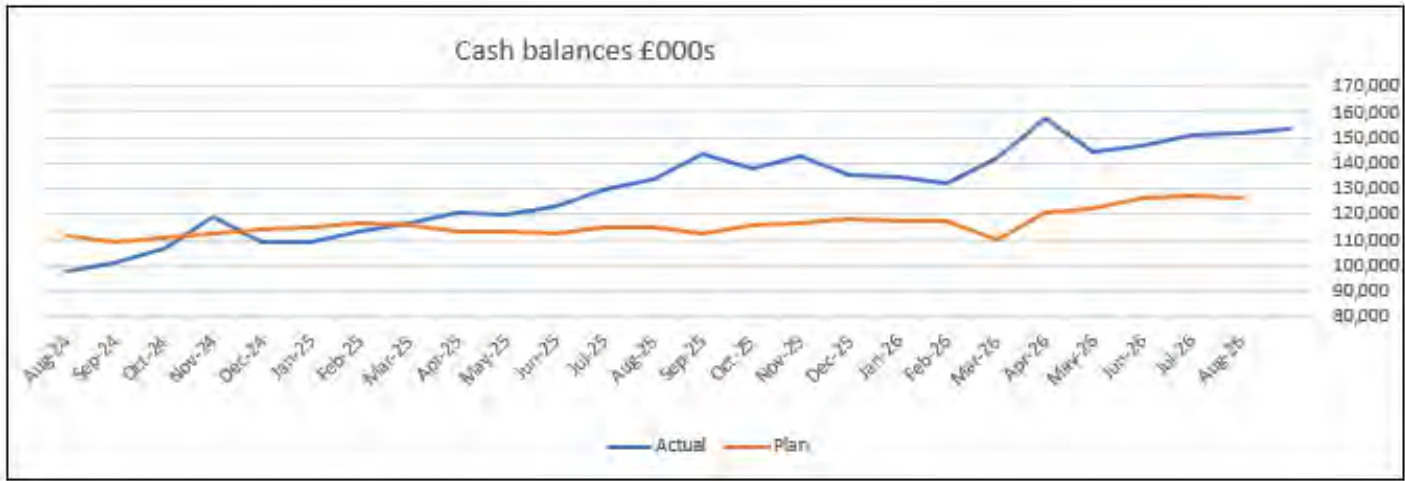
Leases, dilapidations and disposals	Revised Annual Plan £000s	YTD Plan £000s	YTD Actual £000s	Variance £000s
New leases - Other DHSC Group bodies	2,942	571	285	(286)
New operating leases - NHS Providers	1,347	1,347	1,333	(14)
New operating leases External	4,613	135	0	(135)
Lease liability remeasurements	1,586	1,586	1,989	403
	10,488	3,639	3,607	(32)

TOTAL	37,587	5,947	7,672	1,726
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Key message : Capital spend is currently ahead of our revised plan. These are mainly down to digital equipment being received ahead of schedule. This is planned expenditure, this does not represent an overall project overspend.

Cash

- As at the end of August the cash balance was £153.5m, an increase of £1.8m in month due to receiving higher receivable balances than supplier payments made in August. This is reflected in lower receivable balances and an increase in trade payables.
- The cash position is £26.8m 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 balance has generated £2.7m of interest income YTD, and with further investment into the National Loan Fund account in June, strong returns are expected to continue during 2026/27.



Key message : The cash position remains strong, reflecting the high opening balance, strong receivable collections and interest income.

System position – North East London (NEL)

North East London is £29.7m adverse to plan at Month 5, with the pressure concentrated in the acute providers. ELFT remains favourable to plan.

NEL reported a £61.3m YTD deficit against a planned deficit of £31.6m, £29.7m adverse to plan. The system position deteriorated by a further £11.1m in August.

The main pressures remain within the acute sector. **Barts is £16.1m adverse to plan YTD and BHRUT £14.8m adverse**, together accounting for £30.9m of adverse variance before favourable positions elsewhere in the system.

ELFT is £0.7m favourable to plan YTD, with the ICB £0.9m favourable and NELFT broadly on plan. Homerton is £0.4m adverse.

What is driving the system pressure?

Industrial action accounts for £5.0m of the YTD adverse variance.

Efficiency delivery is £12.4m adverse overall, with significant slippage at Barts and BHRUT partly offset by favourable delivery elsewhere.

A further £12.3m relates to other operational pressures, including patient-care income, pay, clinical supplies and other non-pay pressures.

Organisation	Month Plan £m	Month Actual £m	Month Variance £m	YTD Plan £m	YTD Actual £m	YTD Variance £m	Annual plan £m
BHRUT	(3.0)	(7.1)	(4.2)	(22.3)	(37.1)	(14.8)	(41.3)
Barts	(0.1)	(4.1)	(4.0)	(5.9)	(22.1)	(16.1)	-
ELFT	(0.1)	0.0	0.2	(0.8)	(0.2)	0.7	(0.0)
Homerton	(0.0)	0.0	0.1	(1.6)	(2.0)	(0.4)	-
NELFT	(0.0)	0.0	0.0	0.0	0.0	0.0	-
Providers	(3.2)	(11.1)	(7.9)	(30.7)	(61.3)	(30.6)	(41.3)
ICB	0.1	0.0	(0.1)	(0.9)	0.0	0.9	-
ICS Total	(3.1)	(11.1)	(8.0)	(31.6)	(61.3)	(29.7)	(41.3)

The NEL position is continuing to move away from plan, with the deterioration concentrated in organisations already carrying significant financial pressure.

Although ELFT remains ahead of plan, the wider system position increases the importance of delivering the Trust's own financial plan and avoiding additional calls on system resources.

Management focus / ELFT implications

Maintain delivery of the ELFT financial plan and GFGT programme, protecting the current favourable position.

Continue to monitor system recovery actions, particularly at Barts and BHRUT, and any potential implications for system funding or contractual arrangements.

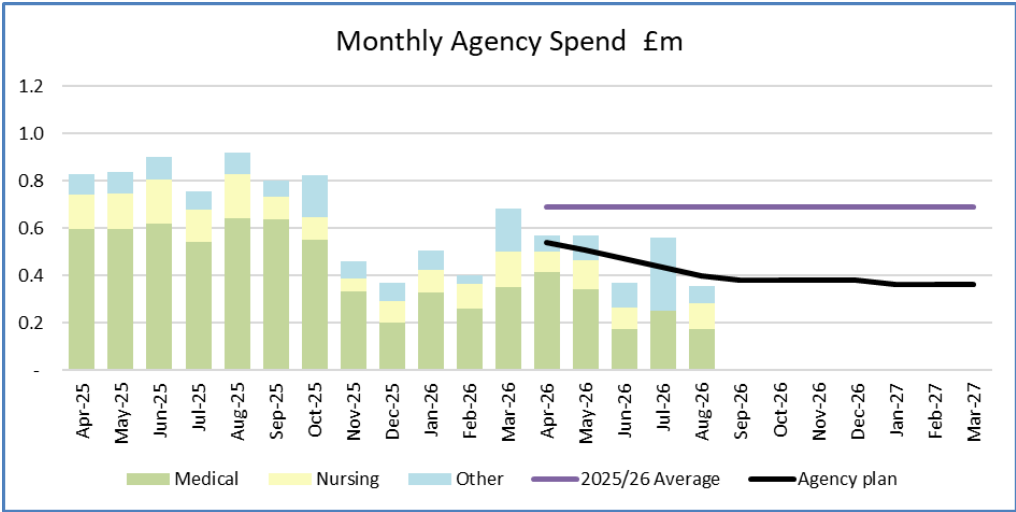
Ensure system pressures are not transferred into ELFT without agreed funding, particularly where new activity or service changes are proposed.

Maintain visibility of NEL ICB funding risks and opportunities through contract and system discussions.

Appendices

- Agency
- Bank
- Receivables
- Payables
- NHS Oversight Framework

Agency spend



Agency spend is £2.4m YTD against a plan of £2.4m, £20k adverse. In August, spend was £0.3m, £60k below plan.

Medical and Dental remains the largest component, accounting for £0.2m of August expenditure. Nursing expenditure was broadly stable at £0.1m, with a decrease in Administration and Estates.

Agency use continues mainly to support medical vacancies and hard-to-recruit roles, with expenditure concentrated across Adult Mental Health, Bedfordshire services and other areas where substantive recruitment remains challenging.

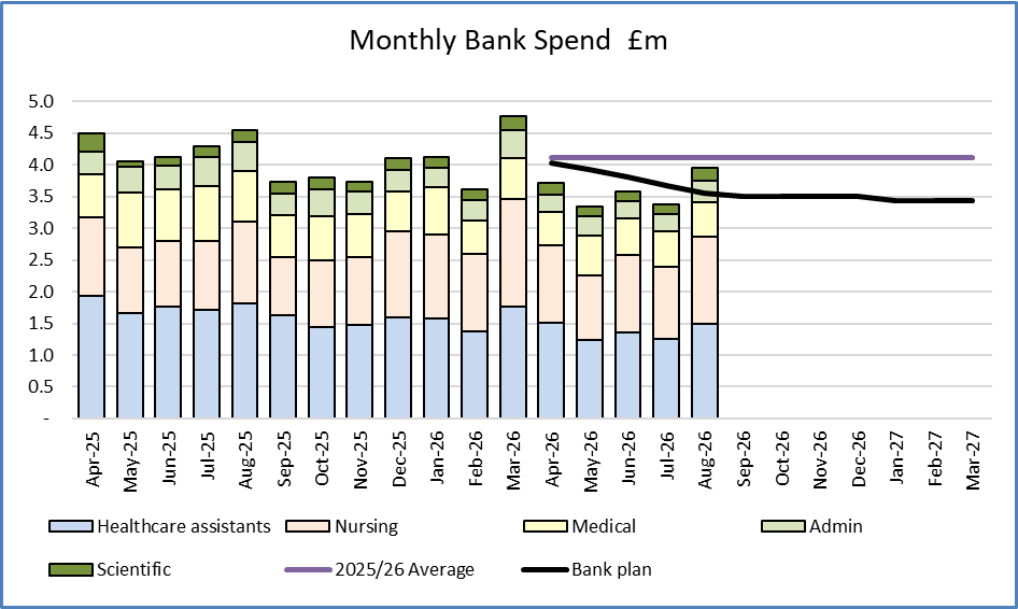
The current level of agency expenditure is below monthly trajectory in August, but remains slightly adverse YTD. To deliver the £5.0m plan, average agency spend over the remaining seven months needs to be around £370k per month.

Agency remains a relatively small proportion of total pay spend at 1.1%, but should be considered alongside wider bank and temporary staffing usage.

Agency use, by staff type

Pay costs £m	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Movement in month
Medical and Dental	0.54	0.64	0.64	0.55	0.33	0.20	0.33	0.26	0.35	0.41	0.34	0.17	0.25	0.17	0.08
Nursing, Midwifery and HV	0.14	0.18	0.09	0.10	0.06	0.09	0.10	0.11	0.15	0.09	0.12	0.09	0.10	0.11	(0.01)
Administration and Estates	0.06	0.06	0.05	0.14	0.05	0.07	0.06	0.02	0.15	0.04	0.07	0.08	0.19	0.05	0.14
Healthcare assistants and other support staff	0.01	(0.00)	-	-	-	-	-	-	-	-	-	-	-	-	-
Healthcare scientists & Scientific, therapeutic and technical staff	0.00	0.03	0.02	0.03	0.02	0.01	0.02	0.01	0.04	0.03	0.03	0.02	0.02	0.02	0.01
Total Agency	0.75	0.92	0.80	0.83	0.46	0.37	0.51	0.40	0.68	0.57	0.57	0.37	0.56	0.34	0.22

Bank spend



Bank use, by staff type

Pay costs £m	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Movement in month
Medical and Dental	0.86	0.80	0.66	0.68	0.67	0.63	0.74	0.53	0.66	0.53	0.62	0.57	0.56	0.55	0.01
Nursing, Midwifery and HV	1.09	1.29	0.92	1.05	1.08	1.35	1.32	1.23	1.69	1.22	1.02	1.22	1.13	1.38	(0.25)
Administration and Estates	0.46	0.45	0.35	0.43	0.36	0.34	0.31	0.33	0.43	0.28	0.30	0.27	0.28	0.35	(0.07)
Healthcare assistants and other support staff	1.72	1.82	1.63	1.45	1.47	1.60	1.58	1.37	1.76	1.51	1.24	1.36	1.26	1.49	(0.22)
Healthcare scientists and Scientific, therapeutic and technical s	0.18	0.19	0.18	0.18	0.15	0.19	0.17	0.16	0.22	0.18	0.15	0.15	0.16	0.19	(0.03)
Total Bank	4.30	4.55	3.73	3.80	3.73	4.11	4.12	3.61	4.76	3.72	3.34	3.57	3.38	3.95	(0.57)

Bank spend is £18.0m YTD. In August, expenditure increased to around £4.0m, approximately £0.6m higher than July. Bank WTE also increased by 48 WTE in the month to 728 WTE.

Bank remains the largest component of temporary staffing. Of the August increase, c£0.1m relates to annual leave and £0.1m to Bank Holiday payments, which are expected to be seasonal. A further £0.1m relates to sickness cover and £0.2m to vacancy cover, which may represent more persistent pressures and therefore remain a risk to the forecast.

Pressures remain particularly evident across Adult Mental Health, Forensics and Bedfordshire CHS. Several services continue to rely on bank staffing as substantive recruitment progresses, and the expected reduction in temporary staffing is not yet consistently visible in current run-rates.

Nursing and healthcare assistants remain the largest components of bank expenditure, accounting for around 73% of August spend.

The key priority is to ensure substantive recruitment and workforce recovery plans translate into lower bank usage. Several forecasts continue to assume reductions in bank expenditure later in the year, and these assumptions will be tested and refreshed for Month 6.

Receivables

- Aged receivables reduced by £2.5m in August, although £13.0m remains over 90 days and is largely provided for.
- The receivables balance in the Statement of Financial Position of £34.1m includes £20.1m of invoiced debt. The remaining balance largely relates to prepayments, accrued income and VAT reclaims.
- Significant balances over 90 days include:
 - £9m owed by NHS West & North London ICB, a merger of NCL ICB and West London ICB. 2023/24, 2024/25 Out of Area charges and £4.8m for 2025/26 overperformance which has now fallen into 90 days. Negotiations are still ongoing to resolve this. This has been provided for in full.
 - £1.8m owed by North East London NHS Foundation Trust. A provision was made for this at year end given the value and age of the debt.
 - £0.2m owed by Barts NHS Trust. We are currently trying to raise a PO, this has been escalated to Business Development to resolve.
 - £0.2m owed by Bedfordshire Hospitals NHS Foundation Trust relating to historic disputes. This has now been agreed and will clear in September as part of the total payment settlement agreed with Beds Hospital.
- 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. Overseas bad debt is written off in December each year.

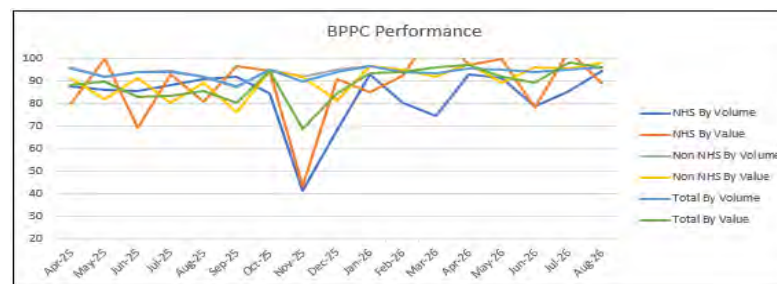
	NHS £000s	Non NHS £000s	Individuals £000s	Overseas £000s	Total £000s
Current	355	242	5	0	601
1-30 Days	5,553	110	14	9	5,685
31-60 Days	325	130	10	0	465
61-90 Days	223	92	7	1	323
Over 90 Days	11,659	223	535	578	12,995
Total	18,114	797	570	589	20,070

Payables

- The payables balance in the Statement of Financial Position of £85.5m includes £13.3m of outstanding invoices. This has increased from last month by £1.2m but hasn't impacted our BPPC, which has again, shown another improvement from the previous month. The remaining balance largely relates to taxes, pensions and accruals.
- Significant balances over 90 days include: -
 - £6.9m, Bedfordshire Hospitals NHS Foundation Trust. An agreement in principle for a settlement has now been agreed and is expected to clear in September. Credit note for £5.5m was received in July which is reflected in the NHS credit balance 31-60 days.
 - £1.1m, Barts Health NHS Trust relates to the invoice for "Mental health patient activity" which has been disputed in full.
 - £0.5m, Homerton Healthcare NHS Foundation Trust for disputed estates charges.
 - £0.3m, Queen Mary University of London related to disputed salary recharges.
 - £0.3m, 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 94.8% by volume and 94.6% by value. This has shown a slight improvement from July. On going review of invoices will take place in September to proactively target 95%.

Outstanding Invoices

	NHS £000s	Non NHS £000s	Total £000s
0-30 Days	3,221	2,359	5,580
31-60 Days	(4,844)	1,710	(3,134)
61-90 Days	96	260	356
Over 90 Days	8,917	1,637	10,554
Total	7,390	5,966	13,356



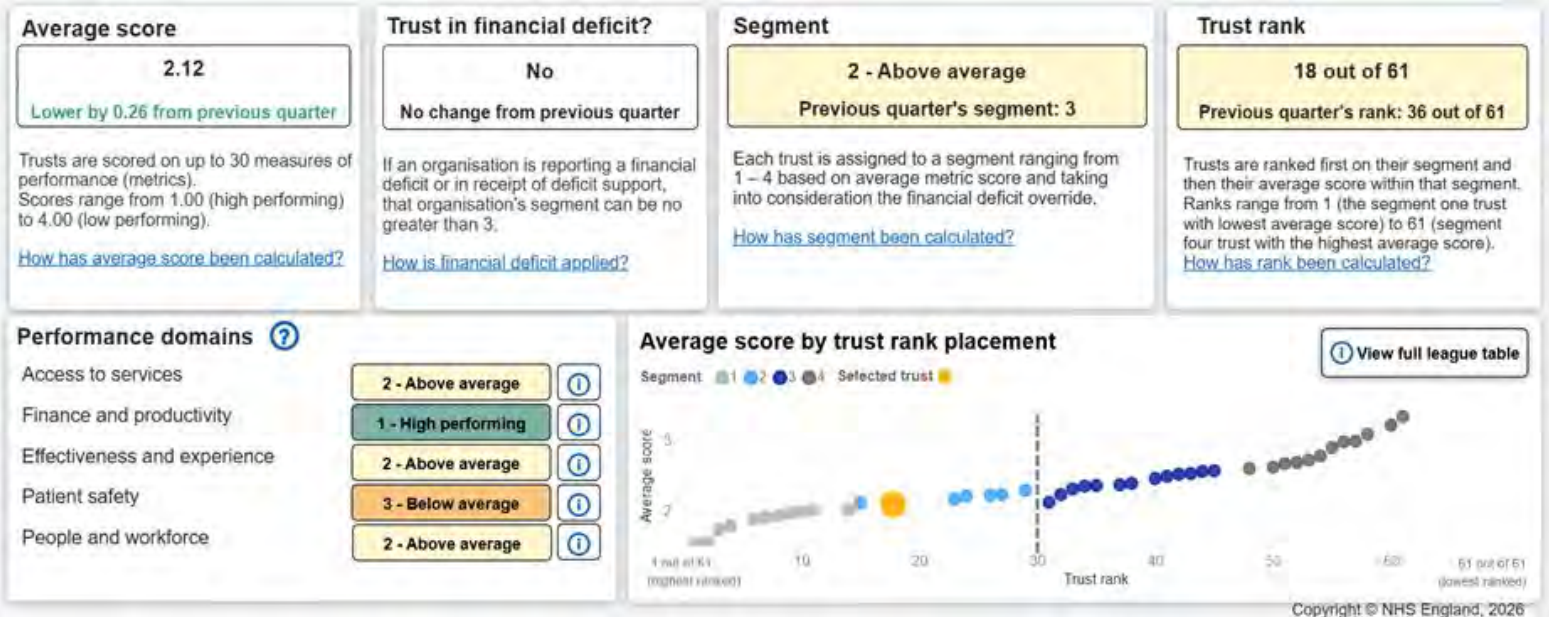
NHS Oversight Framework

The 2026/27 NHS Oversight Framework is now live and was last updated 11 June 2026. ELFT’s latest published position is Segment 2, with the Trust currently ahead of its financial plan and not triggering the financial deficit override.

ELFT’s latest published segmentation is **Segment 2**, based on Q4 2025/26 data, with an average metric score of **2.12** and rank 18 out of 61 across mental health and community providers.

The 2026/27 framework retains **Segments 1–4**, but has moved away from quartiles to fixed statistical thresholds:

- Segment 1:** score below 1.94
- Segment 2:** 1.94–2.33
- Segment 3:** 2.34–2.77
- Segment 4:** above 2.77.



Finance and productivity

Finance and productivity is currently rated 1 – High performing. The 2026/27 domain includes planned surplus/deficit and YTD variance to plan alongside wider productivity and data-quality measures.

A financial deficit override remains in place: organisations meeting the deficit criteria cannot be allocated to Segment 1 or 2 and are moved to Segment 3.

At Month 5, ELFT has a breakeven annual plan and is £0.7m ahead of its YTD financial plan, so the financial deficit override would not currently be triggered.

The formal Q1 2026/27 segmentation will use Q1 data and is due to be published during Q2. Detailed 2026/27 metric scoring specifications are also awaited.

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			✓			✓
Quality and Performance	ELFT Strategy	✓					
	Quality Report	✓	✓	✓	✓	✓	✓
	Performance Report	✓	✓	✓	✓	✓	✓
	CQC		✓			✓	
	Patient Safety (PSIRF, PCREF, Patient Safety Plan)						✓
	People Participation Committee Assurance Report		✓	✓	✓	✓	✓
People	Quality Assurance Committee Assurance Report	✓	✓	✓	✓	✓	✓
	People Report	✓	✓	✓	✓	✓	✓
	Safe Staffing		✓			✓	
	People & Culture Committee Assurance Report	✓	✓	✓	✓	✓	✓
Finance	Appointments & Remuneration Committee Assurance Report	✓		✓	✓	✓	
	Finance Report	✓	✓	✓	✓	✓	✓
	Charitable Funds Assurance Report	✓	✓		✓	✓	
Business Case	Finance, Business & Investment Committee Assurance Report	✓	✓	✓	✓	✓	✓
	Medium Term Plan (Deconstruction of the Block (approval)						
	NEL Procurement (approval)						
Governance	Hard Facilities Management Business Case (approval)						
	Annual Report and Accounts		✓				
	Annual Reports:						
	~ Charitable Funds Committee Annual Report and Accounts	✓		✓	✓		
	~ Compass Wellbeing CIC Annual Report				✓		
	~ Health & Care Space Newham Annual Report						✓
	~ Internal Audit Plan						✓
	~ Modern Day Slavery Statement		✓				
	~ NHS Self-Certification						
	Corporate Trustee of the ELFT Charity	✓		✓	✓		
	Board and Committee Effectiveness/Committee Terms of Reference						✓
	Annual Plan						✓
MEETING IN PRIVATE		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	✓	✓	✓	✓	✓	✓
Action	Neighbourhood Working			✓			
BOARD WORKSHOP		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)				✓		
Action	Provider Capability Assessments:						
	National Oversight Framework		✓				