

East London NHS Foundation Trust



Annual Report and Accounts 2025-2026

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**Presented to Parliament pursuant to Schedule 7, paragraph 25(4) (a) of
the National Health Service Act 2006**

WELCOME TO OUR 2025-2026 REPORT

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FOREWORD FROM THE CHAIR

The last 12 months have been a time of significant change that has shaped us and brought opportunities as we approach the next stage of our journey as a trust.

In July 2025, the government announced its 10 Year Health Plan for England: fit for the future, which has informed the development of our own strategy which will be launched in May 2026. The 10-year plan aligns with our aspirations to substantially improve the experience of healthcare for patients, service users and staff.

As a trust providing a broad range of mental health services, the new Mental Health Bill approved in December 2025 has begun to shape and modernise the care we provide. In the background, colleagues in our two Integrated Care Systems have been navigating change in their core functions and responsibilities, and workforce reduction. We are also midway through an inspection by the Care Quality Commission involving a broad range of stakeholders with insight into the work and effectiveness of our services; the highlights and the challenges.

We have made good progress on improving equity of access and population health outcomes across the communities we serve. Our new mental health team at Barnsley Street in Tower Hamlets is an example of an approach that enables local people to come forward at an early stage if they feel they need support.

We had higher engagement with staff in their response to the National NHS Staff Survey which was good to see. It gave us a fuller picture of what is important to staff, what isn't going so well so that we can address concerns, and to try and do more of what is working well.

Along with other healthcare organisations, we have had to make considerable cost savings this year. We appear to be fairly advanced in our plans which is valuable assurance when we contemplate next year's savings plan. My sincere thanks go to managers and staff for their dedicated work to achieve our targets via the Going Further, Going Together programme.

There have been some changes to the Board which has brought in new skills and knowledge to help to steer the organisation. We welcomed Professor Dr Durka Dougall, Dr Farah Jameel and Vivek Chaudhri. And we said farewell to Non-executive Directors Aamir Ahmed, Anit Chandarana and Professor Sir Sam Everington, and to Chief Quality Officer, Dr Amar Shah MBE and thanked them for their sustained support and stewardship of the organisation.

Finally, I would like to extend my gratitude to everyone who plays a part in the success and effectiveness of the Trust through their insights as a service user or patient, as a governor, as a carer, an external organisation colleague, or as a member of staff. Being here for our communities is a team effort and your contribution is appreciated and valued. Thank you.



Eileen Taylor
Chair

PERFORMANCE REPORT

Overview of Performance

This overview provides information on the Trust, our history and purpose. Information is included about our services, where we provide them and the population we serve, and we highlight our performance, achievements and key risks for the past year.

About ELFT

East London NHS Foundation Trust (formerly East London and The City University Mental Health NHS Trust) was originally formed in April 2000. In April 2007, the Trust was awarded university status in recognition of the extensive research and education undertaken in the Trust. On 1 November 2007, the Trust was authorised to operate as an NHS Foundation Trust under the National Health Service Act 2006.

In February 2011, we integrated with community mental health services in Newham making us a healthcare provider of both mental health and community health services.

In 2015, we became the provider of mental health, substance misuse, learning disabilities and psychological services for Bedfordshire and Luton. Two years later, on 1 April 2017, Tower Hamlets community health services became part of ELFT. This was followed by community health services in Bedfordshire joining the Trust on 1 April 2018.

We provide primary care services in Newham (transitional GP practice), Tower Hamlets (Health E1) and Hackney (The Greenhouse) - GP practices specialising in support for homeless people. The Trust was rated 'outstanding' by the CQC in September 2016 and again in April 2018. In January 2022, the Trust was rated 'outstanding' for the third time in a row, the first community and mental health Trust in the country to attain this. Our quality improvement (QI) work is nationally and internationally renowned.

We are an 'anchor organisation' rooted in our locations alongside our communities. Working as an anchor organisation means we have a unique opportunity to improve the health of our communities through procurement, as an employer, through use of our land and buildings and by being environmentally sustainable. We aim to provide benefit to the local community as much as possible throughout our work as a Trust.

Our Services

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

In addition, the Trust provides:

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

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

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

The Trust operates from over 120 community and inpatient sites, employs over 7,800 permanent staff and has an annual income of over £750 million.

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

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

The Trust is part of a CAMHS Provider Collaborative involving a partnership with fellow north London mental and community trust providers. We also work closely with North East London NHS FT to make optimum use of adult health care resources to ensure that people can be cared for locally where possible.

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

Our Mission, Vision and Values

Our Trust mission and values have been reaffirmed, and our vision and organisational strengths refreshed, through our strategy refresh process (described below) over the past year.

Our trust mission

To improve the quality of life for all we serve

Our values

We Care
We Respect
We Are Inclusive

Our core ambitions

In all things we do, we are guided by our four-fold aim to improve:

- Experience of care

- Staff experience
- Population health
- Value

The strengths we're building on

- Our kind and caring staff
- People participation
- Quality improvement
- Clinical and care professional leadership
- Our diversity and approach to inclusion
- Responsible use of resources

Our Five-Year Strategy

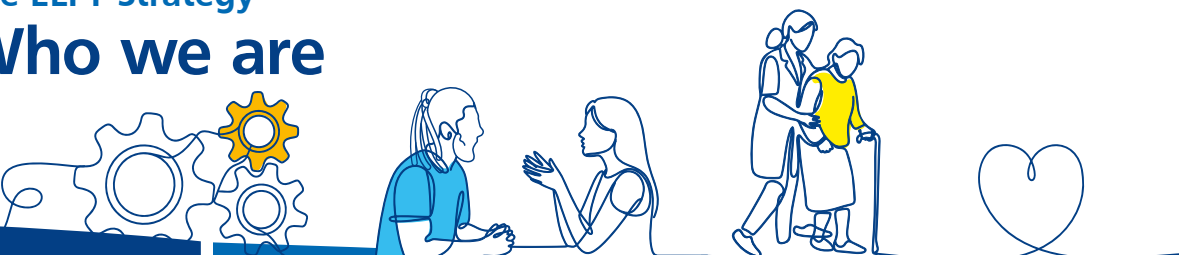
Starting in July 2025, we launched a 'Big Conversation' to refresh our Trust strategy. Organised around four distinct phases, our Big Conversation process enabled us to hear directly from over 1,700 employees, service users and carers, governors and system partners about the things that matter most to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

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

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

The ELFT Strategy

Who we are



Our trust mission To improve the quality of life for all we serve Our values We care We respect We are inclusive Our core ambitions In all things we do, we are guided by our four-fold aim to improve: 1. Experience of care 2. Staff experience 3. Population health 4. Value	The strengths we're building on ♥ Our kind and caring staff ♥ People participation ♥ Quality improvement ♥ Clinical and care professional leadership ♥ Our diversity and approach to inclusion ♥ Responsible use of resources	Our story East London NHS Foundation Trust provides community health, mental health and primary care services to a population of around 1.8m people across Bedfordshire, Luton, and East London ELFT is the first NHS 'Marmot Trust', which means we are testing the boundaries of what an NHS Trust can do to tackle some of the drivers of poor health, such as poverty and unemployment.	The context we are working in Over the next decade, the way we provide care will need to change. Our communities are growing and ageing, and more people are living longer with mental and physical health needs. Health inequalities remain too wide in the communities we serve. Nationally, there is a clear shift towards prevention and supporting people earlier, providing care closer to home, and making better use of digital technology to improve people's outcomes. Through engagement with staff, service users, carers and partners we heard that people are proud of our kind and caring culture, our commitment to involving people in their care, and our approach to improvement. People also told us that services feel stretched, care doesn't feel joined-up across teams, and that change is needed to make care more consistent and sustainable. This strategy sets out how we will build on our strengths, focus on what matters most, and work with our communities to improve outcomes, reduce inequalities and deliver high-quality care now and in the future.
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Our Strategy 2026 - 2031



East London
NHS Foundation Trust



Together we're building a future where

People can rely on safe, kind, joined-up care that helps them live well for longer and focuses on what matters to them.

ELFT is a place where staff choose to build their careers, with the freedom to grow, learn and share what works.

People who need it most achieve equitable access, experience and outcomes, shaped through collaboration with partners and communities.



Over the next five years, we will

- 1** Improve the quality and experience of care
Ensuring that people feel known, are supported through change and transitions, and experience a high standard of care wherever they are and whoever they see.
- 2** Make ELFT a place where people can do their best work
Creating an environment where staff feel safe and valued, and are supported to grow, learn and shape how we deliver care.
- 3** Advance equity in all that we do
Improving access, experience and outcomes for people facing barriers to care, and standing with communities to tackle racism and discrimination.
- 4** Strengthen prevention and earlier help
Working with partners and communities to support people earlier, and developing clear, practical approaches to prevention that improve people's quality of life.



Essentials for the journey ahead

Kind, inclusive and accessible communication, so people feel informed, respected and involved in decisions about their care.

Co-production with service users, carers, communities, alongside the voluntary sector and system partners, to improve outcomes and tackle inequalities.

A well-planned, supported workforce, with the roles, development and trust needed to deliver high-quality care.

Responsible stewardship of our resources, supporting financial and environmental sustainability now and in the future.

Safe, welcoming and sustainable places to deliver and receive care, fit for the future.

Digital tools and useful information that can support decisions, and enable joined-up care and fairer access.

Clear and effective systems and processes that reduce friction and support consistency where it matters.

A culture of continuous improvement and innovation, using evidence, insight and research to adapt and learn over time.

Find out more about our Trust strategy



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

An important set of relationships for us are those with Integrated Care System (ICS) partners. While there have been changes agreed about the NHS architecture over the past year, ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population.

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

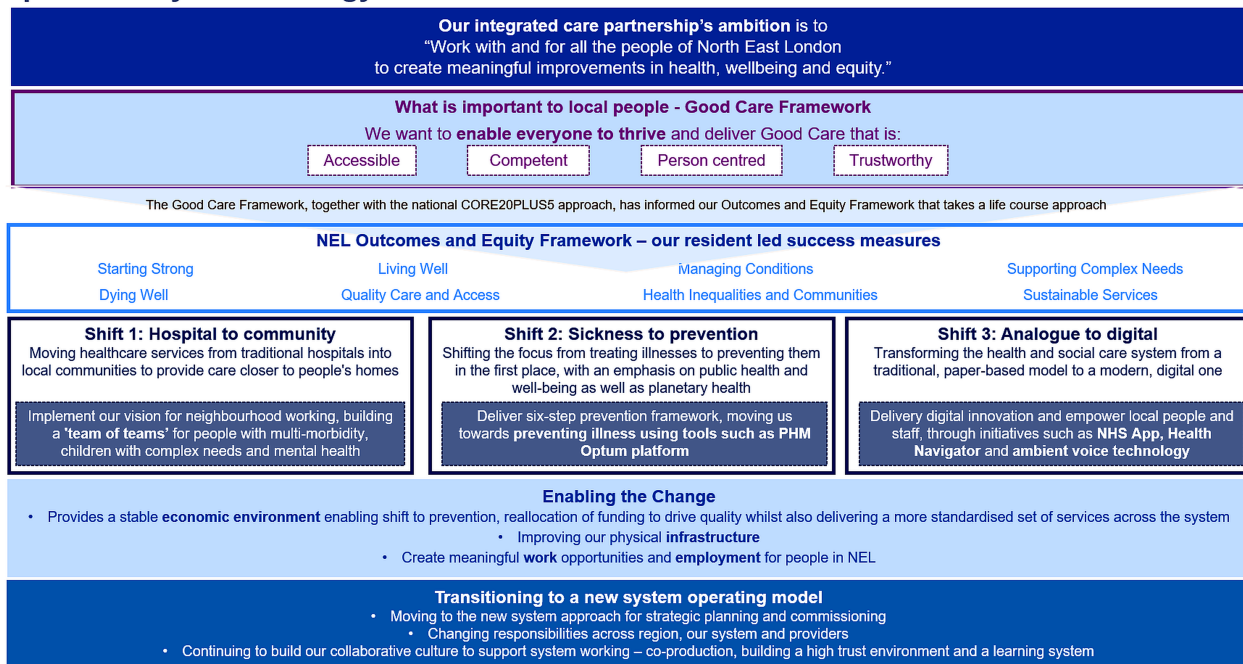
ICSs have been tasked with four main objectives:

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

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

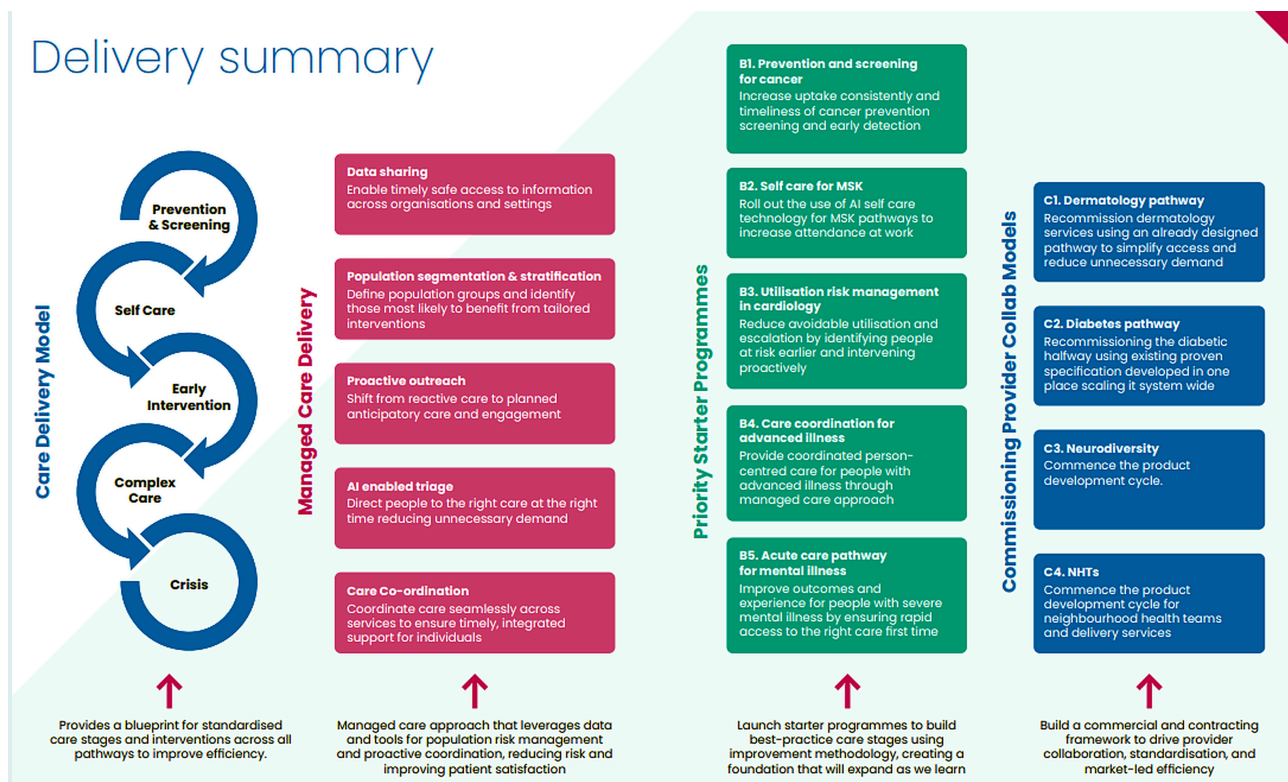
North East London

Scope of our system strategy



Central East

Delivery summary



Summary of Principal Risks

The Trust has a comprehensive risk management framework in place which enables informed management decisions in the identification, assessment, treatment and monitoring of risk, and defines risk as uncertain future events that could influence the achievement of the Trust's objectives.

Our board assurance framework (BAF) identifies risks that may prevent us from achieving our strategic objectives and is reviewed at least quarterly by the assigned lead Board committee as well as the Audit Committee and the Board. Five risks were rated as 'significant' on the Trust's Board Assurance Framework (BAF) at 31 March 2026. These relate to quality and safety, integrated care capability, partnerships and commissioning arrangements, digital infrastructure and cyber resilience, and estates.

Further details are included in the performance analysis section of the annual report (our principal risks and Issues) and the annual governance statement.

Overall Performance of the Trust in 2025-2026

Category	Indicator	Performance
NHS England	NHS Oversight Framework 2025-26 segmentation (1-4 with 1 = maximum autonomy)	3
Care Quality Commission	Overall rating (either 'inadequate,' 'requires improvement,' 'good' or 'outstanding')	Outstanding
National targets	National targets relevant to mental health and community services	Compliant

Going Concern

These accounts have been prepared on a going concern basis. After making enquiries, the Directors have a reasonable expectation that the services provided by East London NHS Foundation Trust will continue to be provided by the public sector for the foreseeable future. For this reason, the Directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's *Financial Reporting Manual*.

Performance Overview from the Chief Executive

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

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

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

The number of service users seen within 72 hours of discharge from an inpatient service has achieved an average of 79.3%, just below the 80% target. Encouragingly, 8 out of the 12 months

exceeded the target due to a range of initiatives that have been scaled across the Trust, including improvements in organising and discussing follow-up contacts, methods of communication, and strengthening monitoring processes on wards and at team huddles.

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

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

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

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

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

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

where this is embedded into our performance and quality domains, ensuring we actively address health inequalities in everything we do.

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

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

This year, like all Trusts across the NHS, we were working to deliver a balanced financial position which for ELFT meant living within our funding and delivering over £35m in efficiency savings through designing and implementing new ways to run our services, use our staff and technology most effectively and reduce waste at all levels. We established the Going Further, Going Together (GFGT) Programme in 2024/25 to help us to do this locally and through high impact workstreams supporting transformation across the Trust. This work continued during 2025/26.

Our focus is on making sure we have the right people, in the right roles to deliver excellent care. We are fully committed to maintaining safety and quality. Every savings idea goes through a Quality Impact Assessment, which is reviewed and approved by our very senior clinical staff including executives and service users.

The Trust delivered £36.9m of savings in 2025/26 which supported an overall surplus for the Trust of over £0.6m. Some of the highlights of the savings programme includes:

- We continued to make progress on reducing our length of stay in inpatient mental health beds which freed-up capacity to generate £7.2m of income through selling an average of 24 beds to other NHS Trusts.
- Reduction in the use of high-cost temporary staffing, delivering significant reductions in our agency and bank spending.
- Spent £3.0m less on non-pay expenditure as we made better use of our supply chain, standardising what we buy and how we manage suppliers and manage our contracts. This will continue in 2026/27 as ELFT have joined North East London Procurement Partnership, which will see greater buying power across our ICB
- Reviewed our NHS income contracts to ensure that spend is aligned with funding and worked to reduce the gap in forensics and with Bedford, Luton and Milton Keynes ICB through focused financial recovery plans with system partners.

In 2025/26, we transacted the decision to reduce our footprint in primary care whilst retaining our commitment to Inclusion Health services for homeless populations in City & Hackney, Newham and Tower Hamlets, which more closely align with other ELFT services in East London. All mainstream GP practices that ELFT had been operating were transferred to new providers. The Trust had been holding significant cost pressures relating to primary care; this programme of work mitigated these costs and allowed resources to be more effectively allocated to our retained primary care services.

Delivering our savings programme this year and with some other non-recurrent benefits, has enabled the Trust to invest around £5.0m in 2025/26 in some key initiatives including:

- The development of a digital impairment stratification tool for adult ADHD patients; this has been piloted across the Trust and reduced the waiting time for the backlog by almost half.
- A Trust-wide estates programme of works to improve the environment and reduce risks relating to safety and compliance
- Purchase of a broad range of digital, clinical and domestic equipment to replace end of life or non-compliant items, avoiding future costs relating to repair and equipment downtime
- Initiatives to improve inpatient flow and reduce waiting lists across a number of services in East London and Luton & Bedfordshire
- Additional resource to reduce significant ASD assessment backlog for children and young people.

A number of the schemes benefiting from this investment piloted developments which will become recurrently funded; the programme therefore provided rich learning to inform these developments.

For 2026/27 we have to deliver a further £20.1m of savings which we are looking to achieve through:

- **Improving our length of stay:** reducing the length of time patients spend unnecessarily in our inpatient beds and a focus on avoiding admissions to reduce the levels of private bed spend
- **Reviewing our organisational structures:** aligning our leadership structures to support the delivery of our refreshed strategy, which includes a commitment to breaking down some of the layers of decision making
- **Developing 'core' offers:** reducing unwarranted variation and making best use of our resources across our mental health and community health pathways
- **Analogue to digital:** working to adopt our existing technology, maximise the use of the NHS app, automate and digitise our workflows to reduce the time we all spend on administration
- **Making best use of our People:** we have made significant progress in 2026/27 but we need to continue to reduce our reliance on high cost temporary staffing through optimising how we roster and deploy our workforce
- **Maximising our estate:** making the best use of our available estate through reviewing how and when we use our buildings, especially with greater hybrid working
- **Exploring commercial opportunities** and ways to generate non-NHS income to support our NHS services including how we maximise research and innovation and selling our expertise to other Trusts.

Many of the improvements we're making, particularly through the GFGT High-Impact Workstreams, have been shaped with input from our service users and carers. Each workstream also is led by an Executive Sponsor, ensuring the focus of our most senior leaders.

We continue to work closely with partners in our six places: Bedford, Central Bedfordshire, Luton, City and Hackney, Newham and Tower Hamlets through place-based and operational teams, to improve on our offer of integrated, person-centred care. We also continue to work across North Central (NCL) and NEL as the lead provider for CAMHS specialised commissioning and, during the year, perinatal mental health services specialised commissioning. We continue to partner with NCL and NEL partners through the forensic specialised commissioning collaborative, and with East of England (EoE) colleagues in the EoE specialised commissioning collaborative.

A handwritten signature in black ink, appearing to be 'L Sunduza', with a large loop at the end.

Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

25th June 2026

Performance Analysis

This section provides a summary of the Trust's performance including how we measure and track performance.

How the Trust Measures Performance

The Trust provides a wide range of services commissioned by different organisations including ICBs, NHS England (NHSE), local authorities, resulting in a variety of performance indicators used to monitor service quality.

The Trust measures performance through various means, including:

- NHSE's Oversight Framework
- Performance against national targets
- Staff and patient survey results
- Quality measures in patient safety, clinical effectiveness, and patient experience
- Outcomes of QI projects
- Key financial and workforce targets
- Service user and carer outcomes and experiences
- Results of Care Quality Commission (CQC) inspections.

To track progress and improvement, the Trust has an established measurement system guided by certain principles:

- Integrating strategic and operational measures to engage all staff in delivering high-quality services and developing them
- Selecting measures that are relevant to the vision, mission, and strategic outcomes, linking to portfolios of work
- Regularly monitoring a small number of measures at Board, committee, and Trust operational meetings, with other measures reviewed as exceptions
- Allowing appropriate variation in measurement across directorates and services
- Utilising data viewing aligned with QI methodology
- Using measures as indicators of progress rather than strict targets, supplemented by quantitative and qualitative information for overall assessment
- Recognising the need for developing measures over time if they do not currently exist.
- Integrating information across various operational performance, quality, and outcome measures to enhance business intelligence and service delivery
- Utilising benchmarking whenever possible, comparing performance against external standards and benchmarks.

The Trust has a robust governance framework to oversee performance, incorporating bi-monthly reviews at various levels. Progress is tracked through multiple reports covering performance, quality, finance, and personnel, as well as specific assessments on national surveys and periodic outcomes. In the last year, we assessed our quality control systems to improve governance and oversight processes within directorate management teams, to help further strengthen our operational assurance arrangements.

The updated Board performance report has continued to offer insights into performance, focusing on equity and inequalities. It also ensures compliance with crucial national and local performance standards while overseeing indicators relevant to the execution of the Trust's strategy.

Our Performance

The Trust's performance in 2025-2026 across a range of services and key performance indicators is summarised in the Statistical Process Control (SPC) charts below. They are used to determine whether variation results from a common or special cause, and whether further investigation is required. Movement of activity between the hashed black lines (control limits) is considered normal variation, and points that exceed these upper and lower control limits are due to special cause.

Inpatient Flow

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

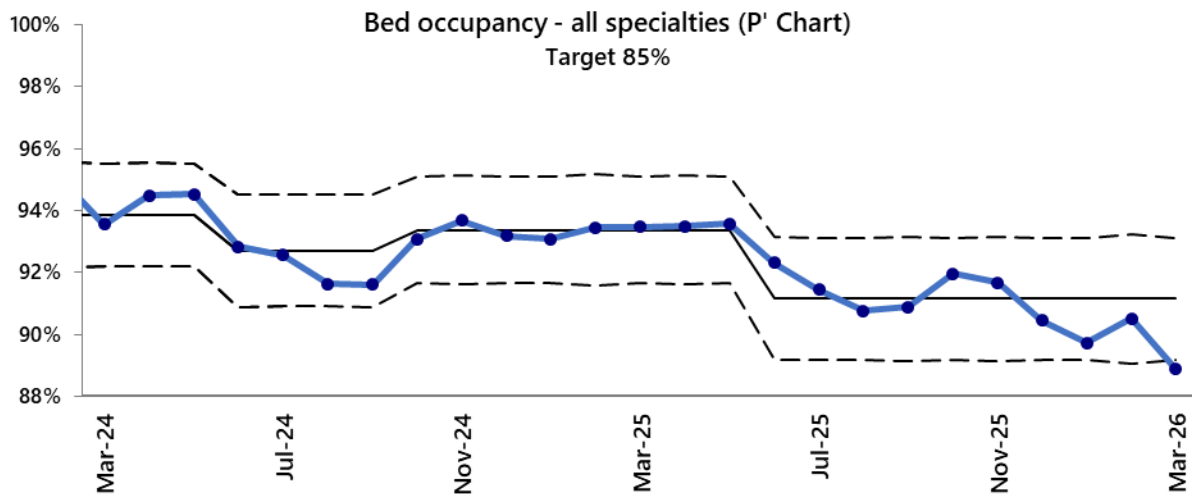
Learning and recommendations from the Trust-wide inpatient flow programme have been adopted which concluded earlier this year. Referrals for admission are increasingly coordinated with community and Home Treatment Teams to prevent avoidable admissions. During admission, frequent operational huddles with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

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

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

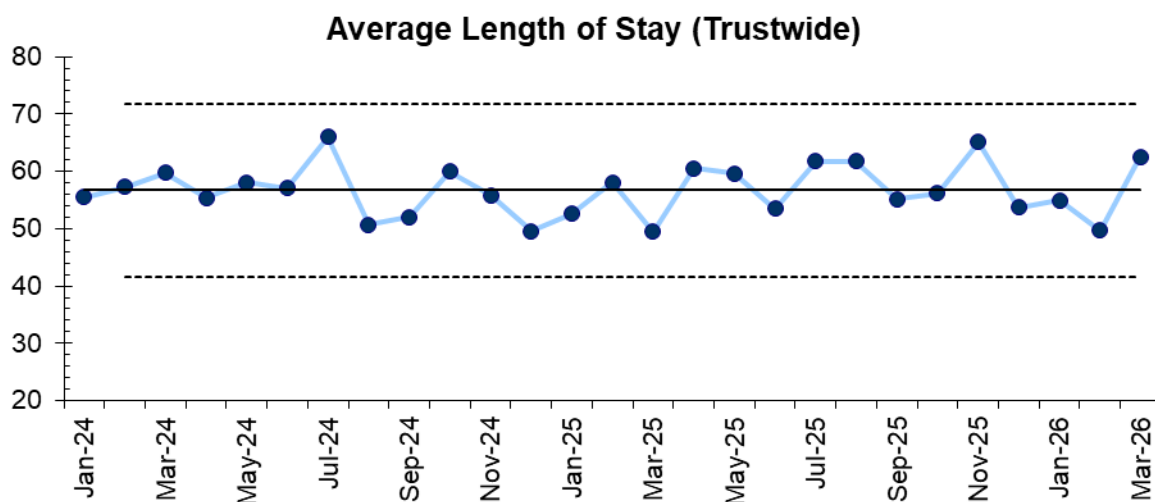
Additional step-up and step-down capacity is being created through the expansion of Crisis House beds, supporting earlier discharge and admission avoidance. The introduction of a 24/7 Neighbourhood Mental Health Team in Primrose Square (City & Hackney), Flying Angel (Newham) and Barnsley Street (Tower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

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



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

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

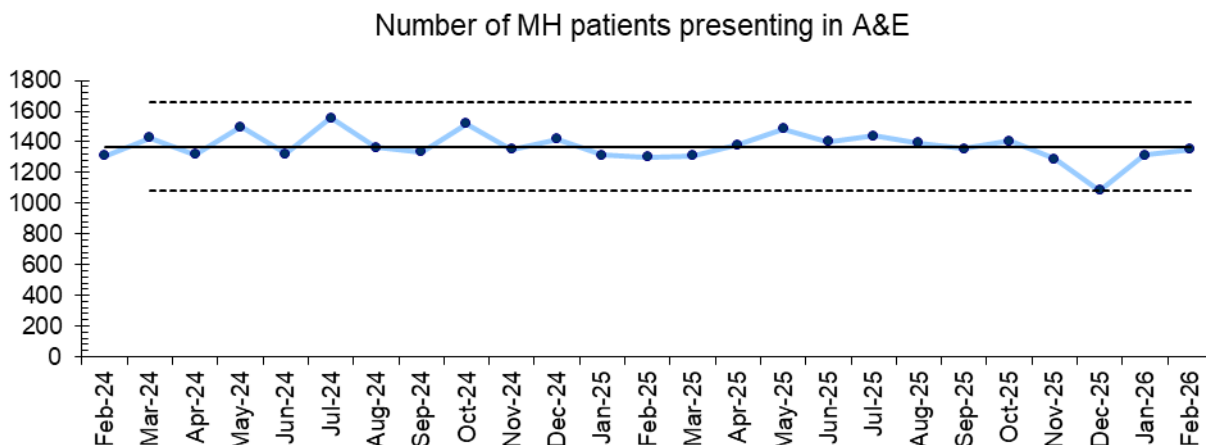


A&E Activity

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

The main reasons for delay relate to intoxication (thereby delaying mental health assessment), physical health issues, complex out-of-area presentations, and bed availability. Despite these pressures, 83.9% of service users receive their first assessment by a mental health professional within 1 hour of referral in the emergency department.

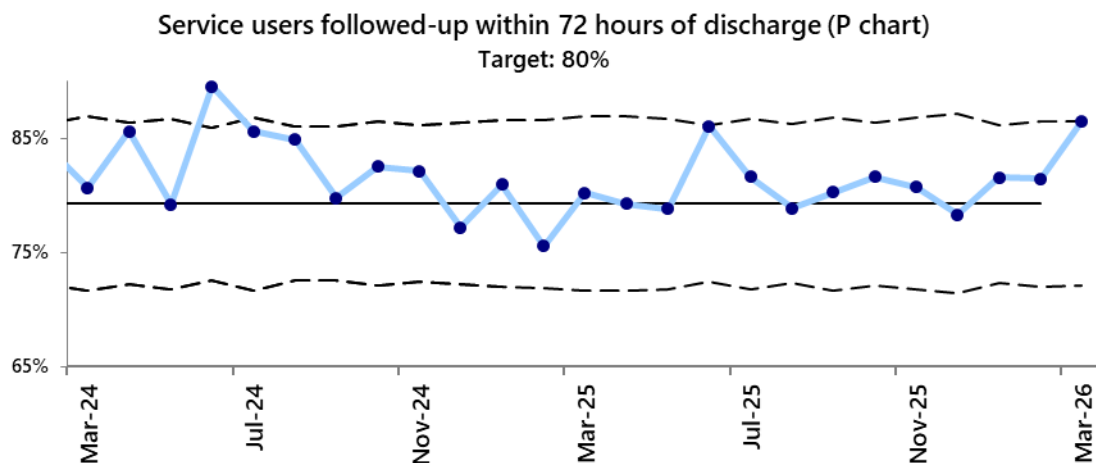
To improve bed availability, step-up and step-down beds continue to provide more flexible care options to avoid admission. A project has been underway across 2025/26 across all of the PLS departments to increase visibility of PLS activity by establishing data-sharing agreements with acute providers at our sites to support the necessary improvement work. Service have developed a range of initiatives which will be tested in 26/27 to reduce waiting time breaches in the department and improve inpatient flow.



72 Hour Follow-Up

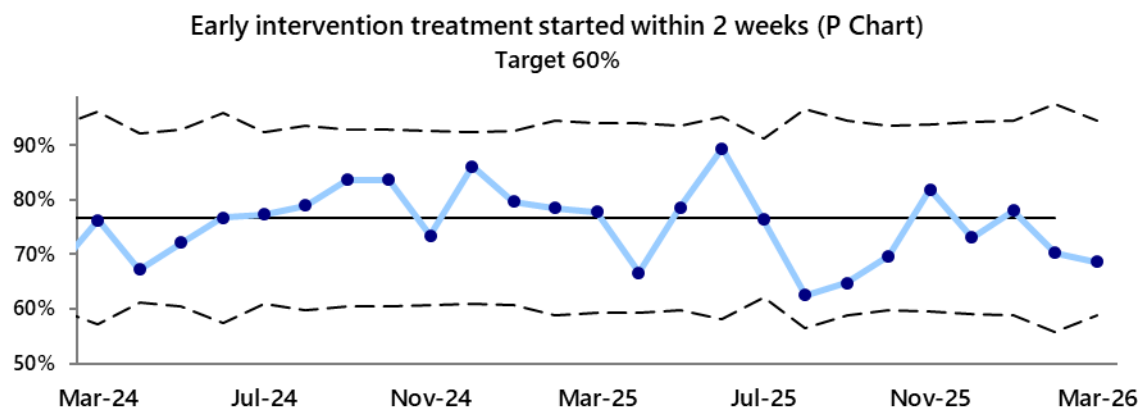
The percentage of service users followed up within 72 hours of discharge from inpatient services achieved an average of 79.3% across the year, just short of the national target of 80%. Recently there have been notable improvements with March 2026 achieving 86.5%. The primary barriers to timely contacts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

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



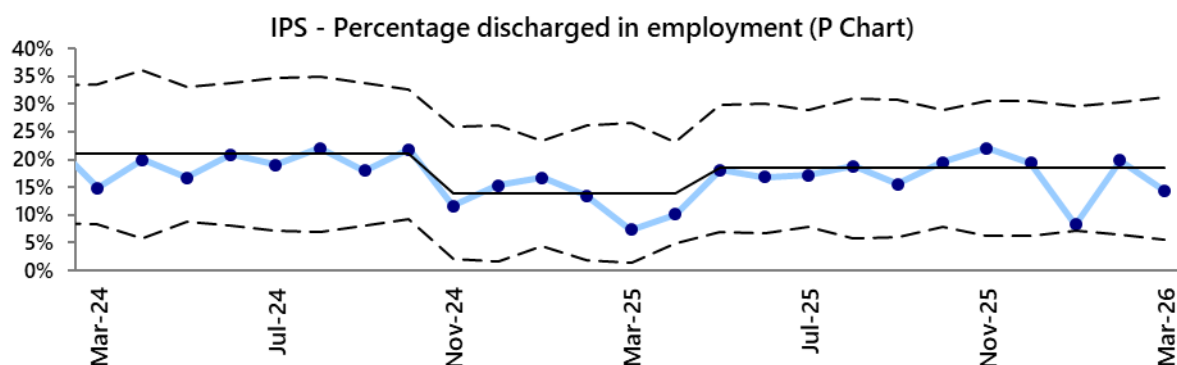
Early Intervention Services (EIS)

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



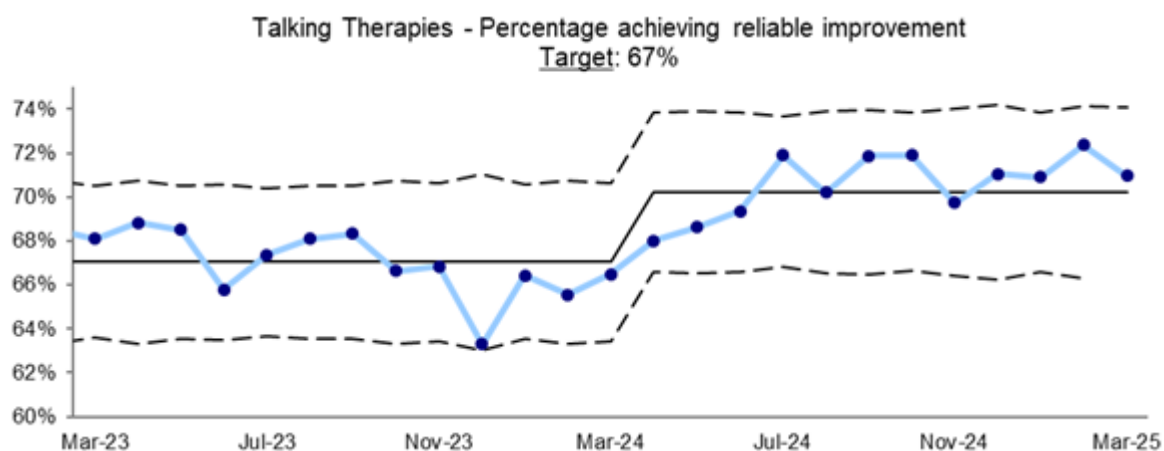
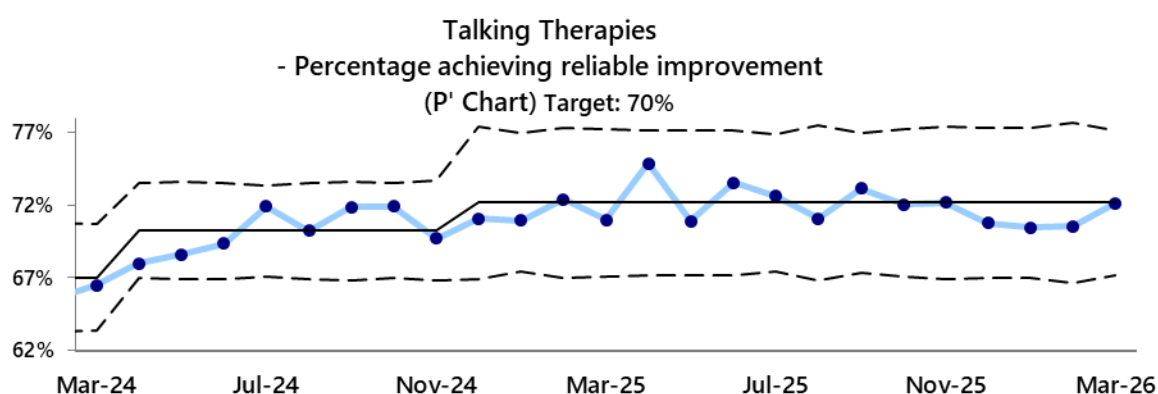
Individual Placement Support (IPS)

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



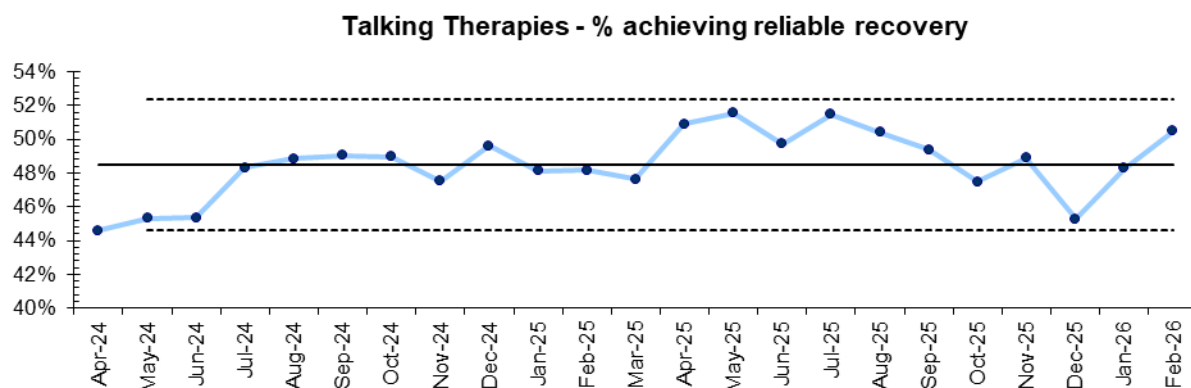
Improving Access to Talking Therapies Services

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



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

all teams to meet the 2026/27 aspirations for both reliable recovery and improvement outcome rates.



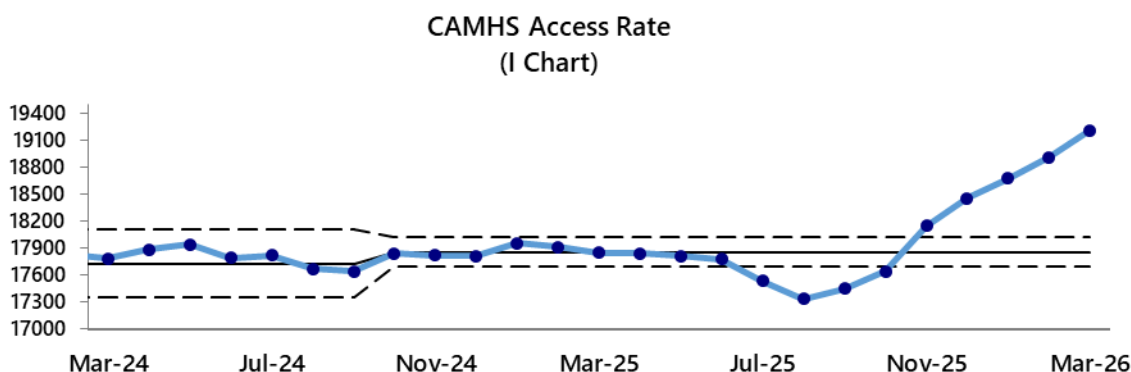
Children and Young People

In 2025/26, there has been a focused programme of improvement to strengthen CAMHS access rate in line with the NOF measure looking at increasing the percentage of children and young people accessing our services. Building on the success of the initial 10-day improvement plan which launched at the start of January 2026, this had a targeted consistent operational focus to improve recording activity. This approach is now being replicated through ongoing data cleansing plans. These include daily reminders and tracking of inactive or un-outcome'd appointments (where the outcome hasn't been recorded yet) to ensure all activity is accurately captured.

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

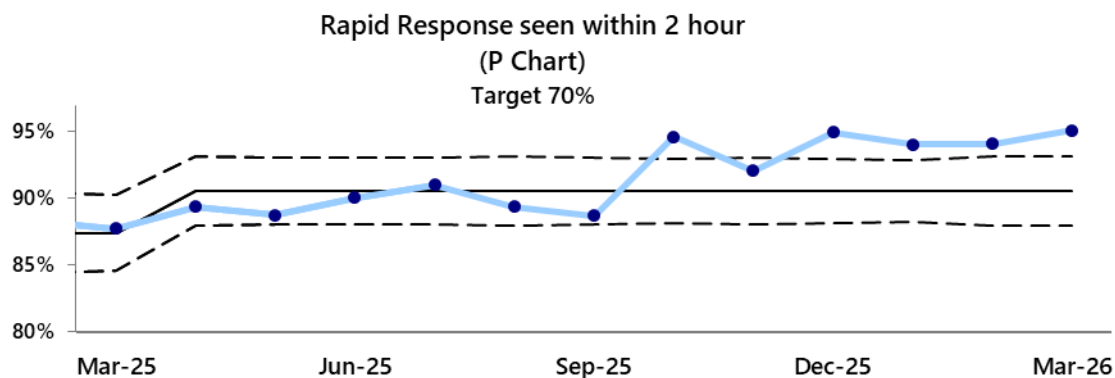
Workforce capacity was also strengthened with recruitment to additional posts resulting in higher throughput and a reduction in delays in the care pathway.

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



Rapid Response

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



Waiting Times

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

Across ADHD, a structured programme of work has been underway to ensure robust and patient-centred management of the waiting list for ADHD services. The programme brings together clinical, operational and digital stakeholders and focuses on improving patient communication, strengthening data quality, and ensuring safe and efficiency triage processes. Work is progressing to maximise the communication capabilities of ELFT's existing Patient Health Record platform, Patient Knows Best (PKB).

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

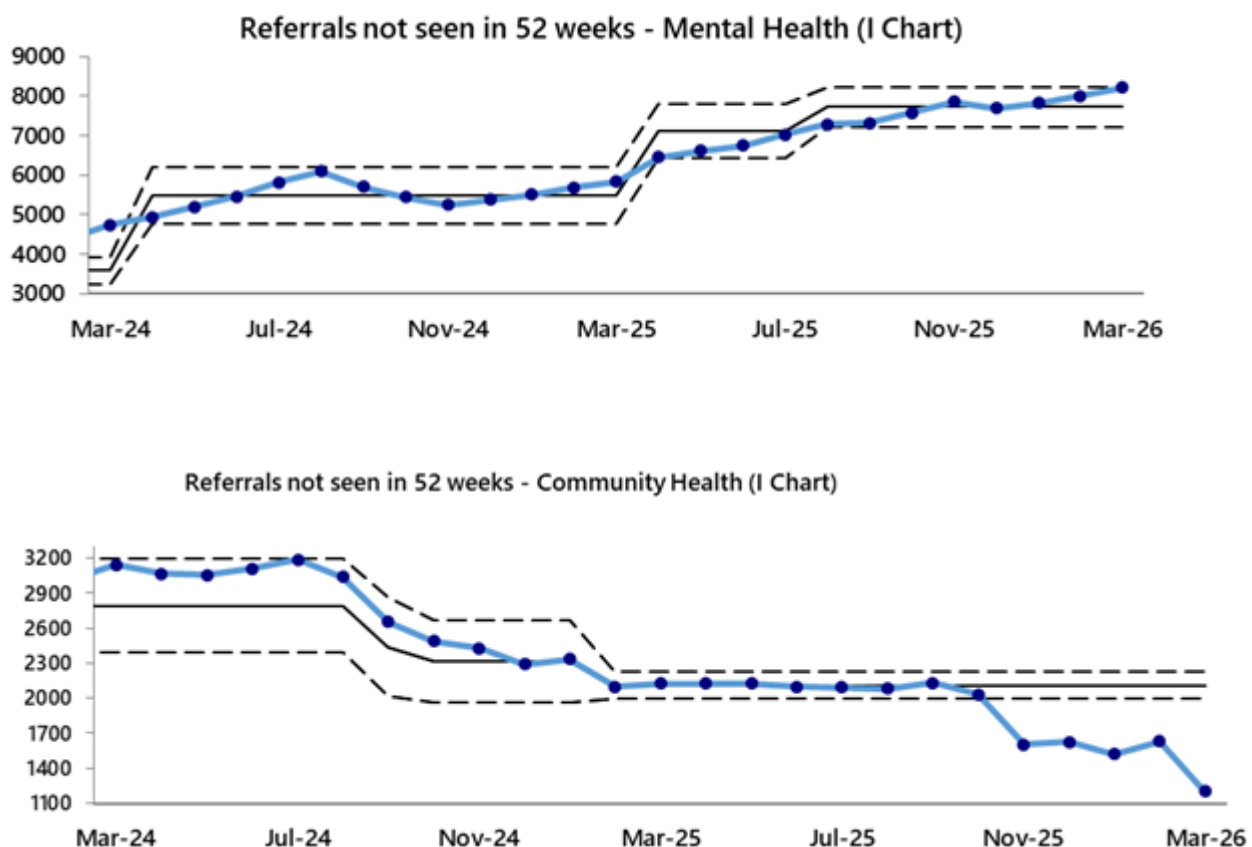
Across Autism services, a similar structured review is also underway. A workshop reviewed all existing self-referral forms used across Newham, Tower Hamlets, City & Hackney and BLMK. A unified ELFT version was created, testing both a long and shorter version. The Trust is also reviewing key triage tools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

Across local neighbourhood teams, several boroughs are seeing real improvements and meeting the 4-week access target. Newham are seeing patients within 2 weeks and Luton & Bedfordshire within 3.4 weeks. City & Hackney and Tower Hamlets have slightly longer waiting times where

service users are waiting an average of 10.1 weeks and 5.4 weeks respectively on average for an assessment.

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

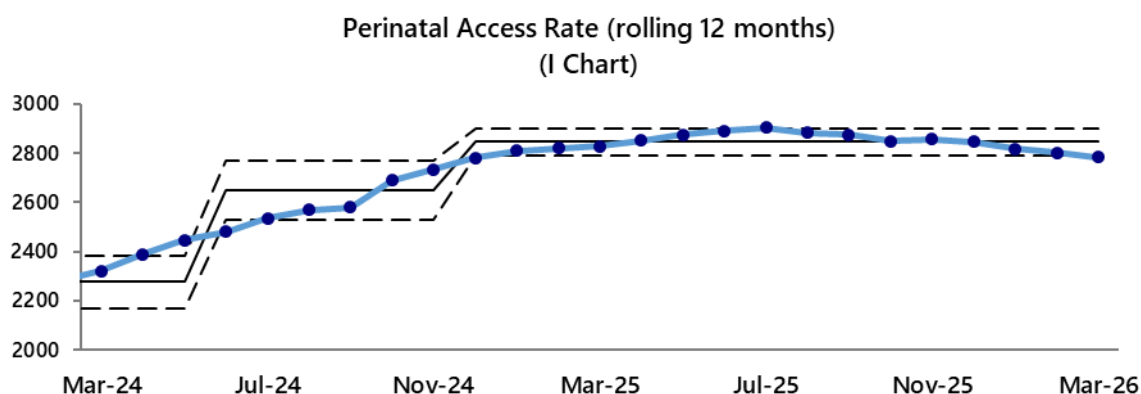
Across SCYPS ASD, service is currently implementing an internal dashboard to monitor waiting times and access figures, redesigning the ASD pathway to provide more timely support and introducing a streamlined assessment model. Enhanced patient engagement and process mapping are driving operational improvement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



Perinatal

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

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



Equality

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

In mental health services, this has been supported through targeted monitoring of referral-to-treatment times by ethnicity, alongside initiatives to improve access pathways, early intervention, and culturally appropriate engagement. Teams have worked to better understand barriers to access, strengthen community outreach, and ensure that pathways into care are consistent and responsive across different population groups.

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

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

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

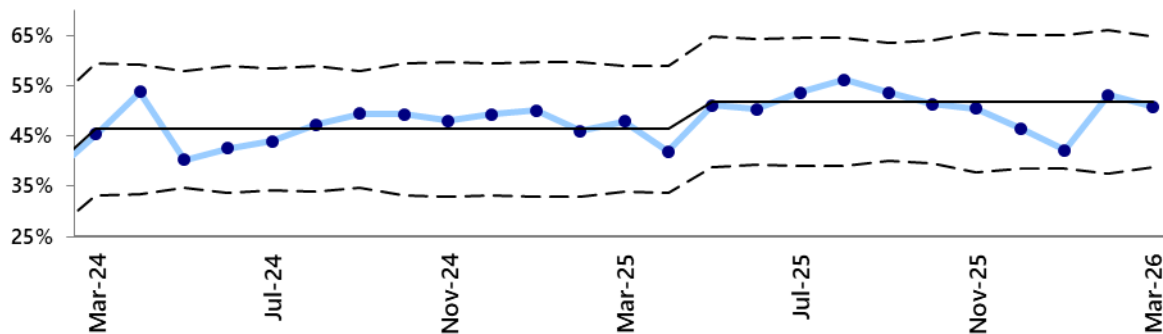
Measuring Outcomes

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

To address this, the Trust is taking a Trust-wide oversight approach to community mental health services. A committee has been established to focus on a number of priorities, including monitoring

team caseloads and setting care standards, promoting the use of Dialog+, personalised care planning, 24/7 provision, crisis interfaces, workforce capacity, and alignment with national frameworks. The aim is to reduce unwarranted variation while allowing reasonable local adaptations, supporting consistent, safe, and effective care across all areas. Through this approach, we are stabilising outcomes in the short term and driving sustained improvements in service user experience and care quality

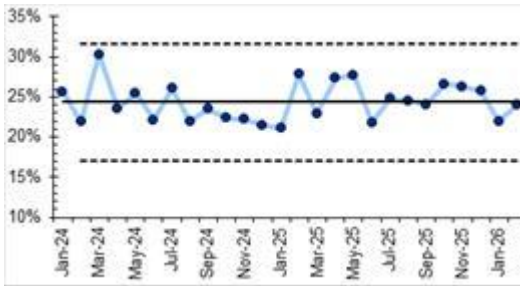
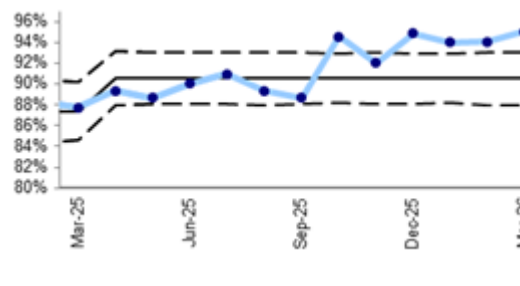
Adult Mental Health Improvement in Dialog score (P Chart)

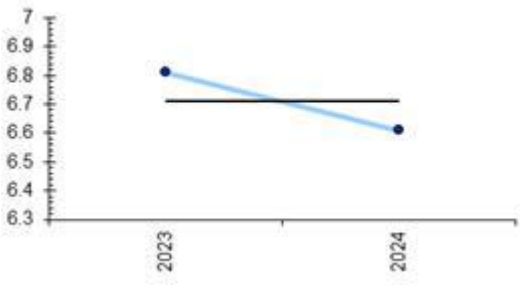
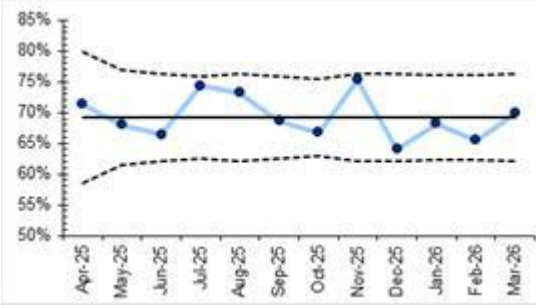


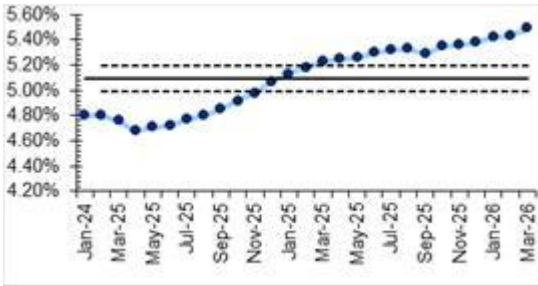
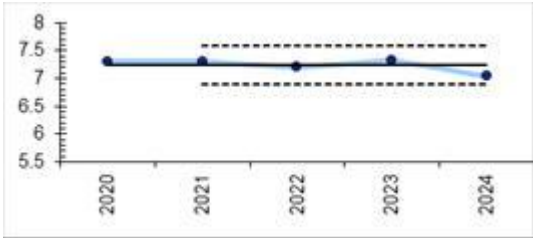
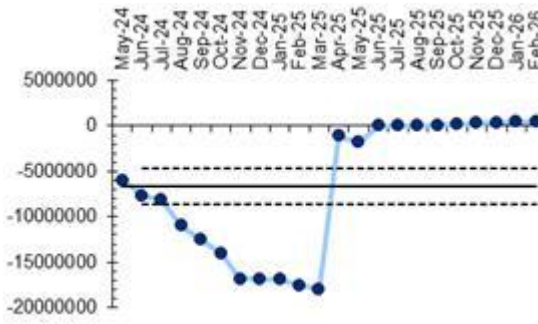
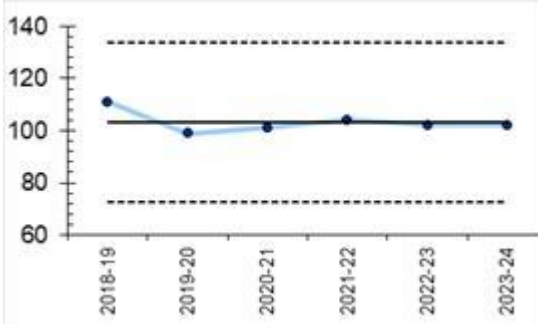
2025-26 NOF Performance

The table below summarises our performance across all the NOF performance metrics in 2025/26. Please note: at the time of writing this report official Q4 results were not available.

	Measure	Q1 NOF Score	Q2 NOF Score	Q3 NOF Score	Performance	Provisional Q4 position
Access to care	Percentage of patients waiting over 52 weeks for community health services	3.50	2.84	2.69		Positive change from 1.10% (Q3) to 0.41% (Q4)
	Annual change in the number of children and young people accessing NHS-funded mental health services	3.60	3.09	2.74		Improvement from +1.49% (Q3) to +5.30% (Q4)

Effectiveness and Experience	Percentage of inpatients with >60 day length of stay	3.30	3.11	3.36		Improvement from 25.78% (Q3) to 24.07% (Q4)
	Urgent community response 2-hour performance	1.93	1.76	1.76		No change from 94.1% (Q3) to 94.1% (Q4)
	Community mental health survey satisfaction rate	2.00	2.00	2.00	We have received preliminary results but are awaiting the full benchmarking report. When comparing results to the best-performing question in 2024, we have seen a decline in positive responses across several key areas: - Being offered support while waiting for assessment – 8.8% decrease - Reviewing how care is working for service users – 6% decrease - Offering advice and support (e.g. joining a group) – 6% decrease - Overall quality of care – 10% decrease	No change – this is an annual result -2025 results remain pending

	Measure	Q1 NOF Score	Q2 NOF Score	Q3 NOF Score	Performance	Provisional Q4 position
Patient Safety	NHS Staff Survey – raising concerns sub-score	3.10	3.10	3.10		No change - 6.61 [yearly submission]
	% of patients referred to crisis care teams to receive face to face contact within 24 hours	2.07	2.04	2.31		Improvement from 64% (Q3) to 69.9% (Q4)

Workforce & Finance	Sickness absence rate	2.76	2.40	2.60		Change from 5.38% (Q3) to 5.49% (Q4)
	NHS Staff Survey engagement score	2.70	2.70	2.70		No change – this is an annual result, 2025 results remain pending. Current score is 6.61
	Planned surplus/deficit	1.00	1.00	1.00		No change - Trust is on plan. The Trust is currently reporting a surplus position of £520k which is in line with the 2025/26 financial plan.
	Relative difference in costs score	1.94	1.94	1.94		No change [annual score]

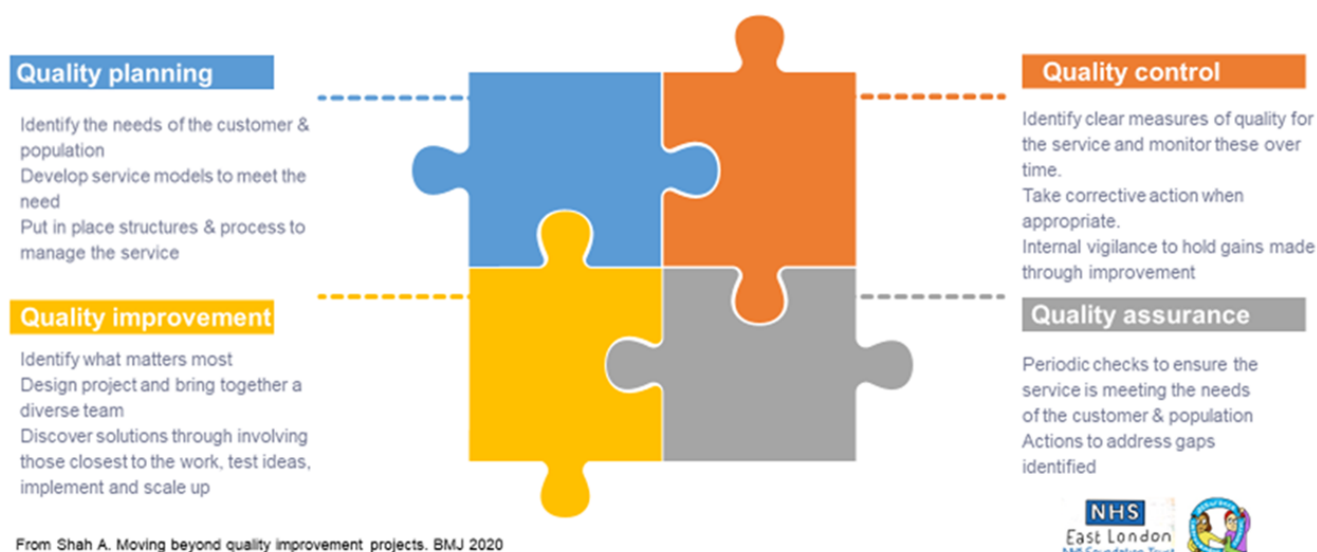
Our Focus on Quality

Our mission is to improve the quality of life for all we serve. Key to this is involving people in helping us continually improve every aspect of what we do. Our commitment to quality and involving people who use our services to help us improve is core to how we work at ELFT.

Quality improvement and quality assurance are embedded at the Trust and are best practice methods that are used by healthcare organisations and systems globally. They form the basis of our management system, the collection of processes that are required to deliver the strategy of a quality focused organisation and meet the quality expectations of its stakeholders.

At ELFT this comprises four elements, as set out below:

The ELFT quality management system



The elements of the management system should not be considered to be isolated; they are interconnected and are often utilised simultaneously or in conjunction with each other.

Good quality management will involve achieving a balance of the four elements of the system that is appropriate to current circumstances and deploying the correct approach for any given problem or opportunity. Each require intention, design and some, but not necessarily equal, resource.

In an effective management system, there will be local engagement with management processes, data driven decision making and clarity of roles and responsibilities.

Quality Assurance

Our quality assurance supports us to understand whether we are providing the quality of care that we aspire to identify gaps and work towards addressing these. We do this through:

- **Service-user led accreditation:** a pioneering programme to recognise excellence, support improvement in patient experience and develop key markers of quality that matter most to our service users
- **Patient experience:** understanding how to improve the service by collecting and reporting on regular service user feedback and taking action to improve
- **CQC@ELFT:** ensuring high quality services are maintained by assessing the service against CQC standards and ensuring actions are taken to improve
- **Clinical audit:** regularly measuring performance of a service by assessing against pre-defined standards of quality and taking actions to improve
- **NICE guidance:** to ensure services are providing high quality care using best available evidence
- **Executive walkrounds:** ensuring there is senior oversight of the key issues affecting services, supporting effective communication between services and the executive team
- **Non-Executive Directors walkrounds:** providing independent and objective understanding of the strengths and assets within a team, and opportunities for improvement.

Quality Improvement (QI)

Our quality management system continues to maintain and embed best practice QI and quality assurance as business as usual across the Trust by supporting staff and service users to build the skills to use QI methods and creating an infrastructure in a systematic way to tackle the most challenging and complex issues. QI is an inclusive way to ensure everyone is involved in improving the area where they work or receive services.

At ELFT we:

- Have applied QI to reduce inequity in missed appointments across our services and improve patient safety and patient pathways through services to improve inpatient flow through our mental health acute wards. We conduct annual QI programmes that support teams to share ideas and learning together in concert with system partners
- Ensure all staff and service users can access QI training so that they can use QI to improve their service through our one-day pocket QI, our year-long improvement leaders' programme and the six-month intensive improvement coaching programme
- Listen to staff and service users around 'what matters to them' when seeking to partner with them to improve their areas.

Quality Priorities

In 2025-2026 our quality priorities were aimed at improving the quality of life for all we serve and included:

- Improving patient safety and experience by reducing unnecessary therapeutic observations across inpatient wards
- Continuing to work on reducing missed appointments and closing the equity gap between those missing appointments in the least and most deprived communities we serve
- Linking our QI capability programme with strategic plans across the Trust to ensure delivery of our priorities
- Building stronger links across the corporate management system to ensure QI is linked to annual priorities and plans, and improvement is sustained across our systems via robust governance infrastructure and quality control mechanisms
- Developing stronger strategic links between local operational financial improvement and QI as a delivery mechanism.

Learning, and Sharing of Learning from Safety

The Trust continues to maintain a well-established culture of continuous learning, supported by embedded systems that enable the sharing of learning to improve patient and staff safety. Since launching our Trust Safety Plan and Patient Safety Incident Response Framework (PSIRF) in 2022–2023, a range of new decision-making tools and learning response frameworks have been fully embedded and are now established.

Monthly refresher training sessions practical applications of the Systems Engineering Initiative for Patient Safety (SEIPS) methodology and Human Factors initiatives are delivered to Patient Safety Learning Reviewers incorporating insights from recently completed safety reviews, supporting the continued integration of systems engineering and human factors principles into patient safety investigations.

Our Patient Safety Learning Reviewers continued to participate in PSIRF Learning Response Mentoring Workshops facilitated by patient safety consultant Dr Jane Carthey, with the final session taking place in May 2025. These workshops have supported the ongoing

development of reviewer capability and strengthened the quality and consistency of our learning responses.

Frontline staff continue to access training and support to utilise the After Action Review (AAR) approach to learning from safety events. All directorates have now adopted this method to engage teams more proactively in participative learning conversations, with particularly strong uptake across Bedfordshire and Luton Mental Health Services.

This year, the suite of learning responses used under PSIRF has been expanded. Multi Disciplinary Team (MDT) reviews have been introduced as a PSIRF learning response tool to support deeper organisational insight and system level learning. Swarm huddles have also been successfully adopted beyond the pressure ulcer teams, who were the first to utilise this learning response as a replacement for the traditional root cause analysis tool. Its wider use reflects growing confidence in rapid, collaborative learning approaches that support timely action and strengthen safety culture across services. The trust have also undertaken a number of thematic reviews, using systems methodology, and this has strengthened learning from our priority safety areas.

Collectively, these learning responses enable teams to identify learning from multiple patient safety incidents, agree key contributory factors and system gaps, explore safety themes, pathways and processes, to gain a clearer understanding of 'work as done' across the wider health and social care system.

The trust is working to broaden learning from the full range of outcomes, and to support this, a new system on our InPhase reporting platform has been launched to capture and learn from examples of care going well. Further work is planned to strengthen this process so that richer learning can be identified, shared across services, and disseminated Trust-wide to maximise its impact.

In parallel to growing these new methods for learning, we continue to share safety learning across committees and forums both from internal and wider national safety reviews. Examples include learning from our safety QI work, after-action reviews, safeguarding adult and children reviews, learning from lives and deaths of people with a learning disability or autism (LeDeR) reviews and reports, NHSE national safety briefings and from healthcare safety investigation branch reviews.

Sharing of learning has also been strengthened within the last year, with iterations in our trust-wide Safety Learning Seminars, including service users' participation and presentations, and learning from our new learning responses, thematic approaches and from Quality Improvement work in relevant safety areas. The trust has also engaged actively in sharing learning and learning together with system partners, across both ICB footprints, and with acute and primary care colleagues.

Safety Learning has also been shared using safety newsletters, safety review reports and communications Trust-wide. New learning tools, such as our PSII-on-a-Page, After Action Review summary documents, and a new dedicated intranet site for safety learning materials, and learning academy safety learning dashboard, have also made learning more accessible for staff across the organisation.

Our learning lessons seminars this year have focused on engaging priority specialist teams, including safeguarding, legal services, quality improvement, medication safety, health and safety, and risk management. This targeted approach has strengthened cross system learning and supported a more integrated understanding of safety across the Trust.

Our safety leadership have also been upskilled in safety over the year, with the majority of our patient safety specialists undertaking level 4 safety specialist training modules or the full course via the University of Loughborough. Two further safety specialists are currently mid-way through the

new cohort of Patient Safety Specialist training, and more are in the pipeline to join the next cohort. Our patient safety team and leadership are also actively involved in continuing to bring new learning into the organisation, via collaborations, national safety networks and research initiatives with a number of academic institutions, HSSIB, NCISH and the NHSE PSIRF team. Learning from ELFT has also been shared by staff at National conferences and via published research and quality improvement work.

Involving Service Users, Families and Carers

Involvement of service users and carers remains a core aspect of our philosophy and underpins the way we design, deliver and improve services. We continue to coproduce at team, borough and Trust level, with service users and carers playing an active and influential role across a wide range of priorities.

Coproduction through the People Participation Directorate has continued to grow, with a strong focus on quality improvement and organisational learning. People Participation now supports a number of service user-led workstreams, including anti-racism, accessibility and employment, ensuring that lived experience directly informs both strategic direction and service delivery. Service users and carers have been integral to our financial viability work, helping us to remain focused on what is truly important and to make informed, values-based decisions during a period of financial challenge. Despite these pressures, our Peer Support workforce has remained steady, continuing to provide vital, lived experience-led support across services.

We continue to address digital exclusion, with service users trained as Digital Life Coaches who support others on their digital journeys, increasing access, confidence and inclusion. Our patient-delivered Befriending Service has continued to grow and now supports more than 250 people each week. In addition to reducing isolation, this service provides a meaningful platform for individuals to build skills and confidence and to consider future opportunities in employment and education.

User-led research remains a priority. While we have refocused our approach, in 2025 we published a paper on Advance Directives in mental health, demonstrating the value of lived experience in shaping knowledge, practice and policy. We also continue to utilise lived experience trainers across all areas of the Trust and have generated income through delivering this expertise to other trusts.

Our commitment to coproduction is consistent and visible, echoed and supported by the Trust Board. Together, these developments reflect our ongoing dedication to placing lived experience at the heart of improvement, sustainability and compassionate care.

Complaints and Compliments

The Trust is committed to continuously improving the quality of care and services we provide. Feedback from patients, families, and carers is a vital part of this process, helping us to identify areas for improvement and take action to prevent similar issues from recurring.

One of the key ways the Trust receives this feedback is through complaints, compliments and the patient advice and liaison service (PALS). These functions not only provide a direct route for service users to share their experiences but also contribute to wider organisational learning. Information from the complaints and PALS teams is incorporated into the Trust's integrated patient safety report, where it is triangulated with data from other sources such as serious incidents, legal claims, inquests, Care Opinion, and internal incident reporting. This enables a more holistic understanding of safety, quality, and patient experience across the Trust.

Learning from complaints is incorporated into a variety of forums including the complaints team bi-monthly training programme, reporting at the patient safety forum and newsletters within each service to ensure that learning is shared, takes place and improvements are made.

A service user representative and a carer from the people participation team provides regular input to the complaints responses by reviewing drafts and providing recommendations.

Care Quality Commission (CQC)

East London NHS Foundation Trust is required to register with the Care Quality Commission. The Trust's current registration status is 'Registered with no conditions applied'. The Care Quality Commission has not taken enforcement action against the Trust during 2025/26. The Trust continues to be rated 'Outstanding' overall and maintains constructive and transparent engagement with the Care Quality Commission across all regulated services.

During 2025/26, the Trust has seen inspection activity across a number of services informing this and has continued to respond to routine regulatory enquiries. In early 2025/26 the Trust will be subject to a Well-Led assessment. All processes continue to be managed through established governance arrangements, with oversight of themes and learning at committee and Board to support ongoing improvement in quality and safety.

Our Highlights of the Year

The past year has seen many highlights for the Trust from innovative service transformations to national awards and recognition.

Population Health Approach

Annual Population Health Report

The Trust launched its annual population health report at a webinar on 11 March 2026, which focused on a review of progress and a look at priorities for the year ahead. Population health is a key way that the Trust is trying to influence and tackle inequity and deprivation to improve the health of local communities and prevent ill health.

The report highlighted examples of ELFT's work under six objectives:

- Support children and young people's emotional, physical, social and learning development
- Support service users, carers and the communities we serve to develop skills and to access meaningful activity and good quality employment
- Support service users, carers and our communities to achieve a healthy standard of living
- Promote the physical health of people with long term mental health conditions and learning disabilities
- Champion social justice and fully commit to tackling racism and other forms of prejudice
- Contribute to the creation of healthy and sustainable places, including taking action on climate change

The Trust is uniquely placed to support population groups experiencing unacceptably poorer health outcomes when compared to the general population. The report included a range of programmes from tackling racism to financial advice for service users.

ELFT Recognised for Supporting Veterans

The Trust continues as a 'Veteran Aware' Trust for its commitment to supporting the wellbeing of veterans, reservists and all members of the armed forces and also gained its Gold Award from the Defence Employment Recognition Scheme for the work we have undertaken to support our armed forces community. Sharon Dean - AF Accreditation Lead and Jane Kelly Clinical Lead for the AF

community where guest speakers at the Armed Forces Annual Conference to showcase the work being undertaken at ELFT.

Research and Innovation Conference

The Trust's annual Research and Innovation Conference took place in December. Research is one of our treasures here at ELFT and this was an opportunity to hear about 12 studies underway in the Trust. Studies ranged from how to effectively engage people with serious mental illness to improve their cardiometabolic health and absentee issues for children with ADHD to determining the content for programmes to support families with a child with complex neurodiversity.

ELFT Charity: Celebrating Four Years of Impact

The end of March 2026 marked four years since the ELFT Charity came together as a single, independent charity. During this time, we have been able to directly fund projects and ideas from staff across the Trust, supporting initiatives that make a meaningful difference to patients, service users, and carers. It has enabled us to support the work of the Trust and help the NHS to go further.

People Participation Awards

The Trust's People Participation Awards were held to recognise service users and carers from across East London, Bedfordshire and Luton. This annual event shines a spotlight on the vital work of people with lived experience across the Trust and is a powerful reminder that those with lived experience are not just recipients of care, but partners in shaping it.

ELFT service users are involved in everything from interview panels, service improvement programmes, supporting other service users and participating in training to getting involved with Quality Improvement (QI).

New Financial Wellbeing Tool for Staff Launched

We have introduced Stream, a new financial wellbeing app for staff, to help them to control and manage their finances. Stream has been adopted by several NHS organisations to build confidence and provide support when needed. The app allows staff to track their earnings day by day, save directly from their pay into a high-interest easy-access account and even access up to 40% of their earned wages in advance.

Trust Talk Live Webinars

We introduced a new programme of monthly all-staff webinars, Trust Talk Live, as an additional channel for colleagues from across all services and geographies to engage directly with the senior leadership team. The programme is led by Chief Executive Lorraine Sunduza OBE, with each session focusing on a strategic topic introduced by an executive director. Other members of the executive also attend to contribute and respond to staff questions. The purpose of Trust Talk Live is to strengthen two-way communication, ensuring staff have the opportunity to hear about key challenges and opportunities, and to share their insights and ideas.

ELFT's Largest Work Experience Student Placement

Sixth form students from across East London took part in the Trust's largest work experience week. The week in July was organised to give young people from communities supported by the Trust an opportunity to learn about different roles in ELFT. The aim was to provide young people with a vital opportunity to explore different careers, build new skills and grow in confidence. It was also an important way for the Trust to inspire future talent and open pathways into health and social care, an important population health commitment for the Trust.

Organisational Milestones

April 1 2025 marked two organisational milestones for ELFT. The date marked 25 years of ELFT being a Trust. Initially, mental health services in Tower Hamlets, Hackney, Newham and The City of London came together to form a single entity. Additionally, 1 April marked 10 years since staff and services in Luton and Bedfordshire joined ELFT.

Annual Institute for Health Improvement visit

We were delighted to welcome Pedro Delgado, Professor Jason Leitch CBE and Patti Harvey from our Institute for Health Improvement (IHI) partners for their annual review visit to the Trust - their 11th visit. They attended a number of meetings including our CEO Discussion Group meeting (for senior staff) and our leaders' programme.

Staff Safety and Operation Cavell

Staff safety remains a priority for us here at ELFT. We relaunched our focus on addressing violence and aggression with an emphasis on ensuring incident reporting through InPhase. This enables targeted prevention and appropriate support for affected staff. As part of this initiative, we also relaunched Operation Cavell, a national initiative involving the NHS, the Metropolitan Police, and the Crown Prosecution Service. This programme ensures a coordinated response to threats or assaults on staff with cases being handled by dedicated police investigators and receiving oversight from ELFT's Security Management Specialist. This renewed focus strengthens our commitment to maintaining a safe and respectful working environment for all staff members.

Pads on a Roll Now Available to Staff at 11 Trust Sites

ELFT is the first NHS trust to provide free period products inside toilet cubicles. This initiative aims to remove barriers to accessing essential menstrual products by making them as readily available as toilet paper, ensuring no one is stressed and left unprepared at work.

National Digital Maturity Ranking for ELFT

All London NHS Trusts were required to complete an in-depth questionnaire related to their digital maturity. Their digital function was assessed for being well-led, ensuring smart digital foundations, digital safe practice, digital supporting people, empowering citizens digitally, improving care and healthy populations with digital.

In the 2025 assessment, published in March 2026, ELFT achieved a maturity score of 2.9, a significant improvement on the previous year's measurement of 2.737 and an upward trajectory. This places ELFT firmly among the higher-performing mental health trusts nationally, reflecting sustained investment in digital infrastructure and digital systems. This includes the migration to a resilient private cloud infrastructure including enhanced resilience and the adoption of continuous third-party cyber risk monitoring. The Trust continues to benchmark well for its digital workforce model, investing in attracting high-calibre professionals and developing talent from within to future-proof the service.

The Trust has also embedded digital capability across the organisation through digital leads who support innovation at a local level, a comprehensive staff cyber awareness programme, and a network of Digital Champions coached and trained in digital skills and cyber safety, led by the Trust's Digital People Participation Lead to extend digital confidence to service users. This sits alongside the Trust's wider people-focussed digital strategy: recycling digital equipment for use by service users, the implementation of Patient Knows Best and tailored one-to-one digital skills support

In June 2025, Dr Alex Harborne, Clinical Director for Tower Hamlets Community Health Services, was highly commended as Digital Innovator of the Year at the HSJ Digital Awards for a quality improvement project that transformed digital communication between ELFT community health services and GP teams in Tower Hamlets.

Staff Awards Ceremony 2025

Remarkable ELFT staff who work tirelessly every day to support service users, carers and colleagues were celebrated at our annual awards ceremony.

Services, teams and individuals who work in east London, Bedfordshire and Luton won awards across a host of categories at the 2025 East London NHS Foundation Trust (ELFT) Staff Awards. The winners were selected by individual award judging panels consisting of representatives from partner organisations, executive and non-executive directors, governors, service users and carers. We are grateful to all our judges for giving up their time to support the awards ceremony.

Seven Teams Achieve Service User Accreditation at Platinum Level

The platinum award service user-led accreditation recognises outstanding services that demonstrate they excel in what matters most to their service users. The seven teams that have achieved this are: Bedford talking therapies, Clerkenwell ward, forensic services, continence service, Bedfordshire community health services (CHS), Health E1, Tower Hamlets, tissue viability service, Newham CHS, Topaz ward, Newham mental health services and the Tower Hamlets eating disorder service.

Estates and Environments

Patient-Led Assessments of the Care Environment (PLACE)

The results of the 2026 Patient-Led Assessments of the Care Environment (PLACE) were published in February. The Trust performed strongly across key domains including cleanliness, food quality, privacy and dignity, and the condition and appearance of facilities. Overall scores compare favourably with national benchmarks and reflect the continued focus of staff and service users on improving the environments in which care is delivered.

New Estates Helpdesk

The Trust's Hard Facilities Management (Hard FM) services officially transferred in November to a new provider, CBRE. CBRE now cover everything from heating, plumbing, lighting and engineering systems to general repairs that keep our environments fit for care delivery. All estates-related jobs will be raised through the new CBRE Helpdesk including cleaning, portering, grounds maintenance and other soft services. The Helpdesk will act as a single triage point ensuring every request is logged, tracked and routed to the right provider.

Green initiatives

As a Trust, we are striving to reduce our carbon footprint and improve our waste management and segregation. In support of this, we implemented food waste collection at a number of our sites. Additionally, we were successful in bids to install solar panels at the Newham Centre for Mental Health and at the John Howard Centre for Mental Health in Hackney. The Newham project has the potential of a 20 year saving of £1.82 million, while the John Howard Centre project has a potential 20 year saving of £1.75 million. Funding was awarded to 132 projects across 78 NHS Trusts covering around 200 sites in England. They are expected to deliver savings of around £8.6m a year and up to £260m over the panel's lifetime across the NHS. On 8 April, staff, service users and

contractors came together to see 150 NHS forest trees planted at Twinwoods Resource Centre in Bedfordshire, gifted by NHS Forest.

Bedfordshire and Luton

Wellbeing Games

More than 600 people from across Bedfordshire and Luton attended the Wellbeing Games, a free jam-packed day full of various activities at John Bunyan Sports and Fitness in Bedford. The event was organised jointly by the Trust and leisure centre provider GLL with the aim of promoting the physical and mental benefits of sports and activity for people of all ages who live across Bedford Borough, Central Bedfordshire and Luton Borough.

Luton & Bedfordshire Dementia Conference

Luton and Bedfordshire colleagues held ELFT's third Dementia Conference in Luton. The conference brought local specialists together and sought to raise the research profile of the Memory Assessment Service. Approximately 70 people attended from across Luton and Bedfordshire, including East of England Higher Trainees, London and BLMK colleagues, and multi-disciplinary team (MDT) members from the Memory Assessment Service. Attendees heard a range of speakers including a well-received talk from a carers and patient perspective, as well as research leaders from University of Cambridge, UCL (University College London) and researchers in the field of dementia, which sparked discussion and debate.

Luton Families Access Over £1m in Benefits with Healthier Wealthier Families Initiative

Families in Luton accessed more than £1m in additional benefits and grants through the Healthier Wealthier Families (HWF) partnership programme designed to improve financial security, health, and wellbeing. The HWF initiative connects families accessing Family Hubs with expert financial advice and support, helping them access support they are entitled to which can improve their health and wellbeing.

HWF in Luton is led by Luton Council's Public Health Team, through the Family Hub Programme in partnership with Citizens Advice Luton and the Trust. In addition, families and parents who need financial support are connected with HWF through ELFT's perinatal mental health service for parents of babies up to two-years-old and its Luton child and adolescent mental health service (CAMHS).

HWF Luton was launched in March 2025 and during its first nine months supported 159 parents and families, accessing a total of £1.18m in additional benefits and grants, helping families gain an average of £7,421.

£1m Invested for Nine New Mental Health Inpatient Bedrooms for Luton and Beds

Funding was secured for nine additional mental health inpatient bedrooms for service users in Bedfordshire and Luton. More than £1 million has been invested by the Trust, in partnership with NHS England, to expand the mental health inpatient bed capacity across the county. This will ensure that more people requiring inpatient care can access this closer to home.

The new bedrooms will be on Coral, Onyx and Crystal wards at the Luton Centre for Mental Health (Calnwood Court, on the Luton & Dunstable University Hospital site), and on Ash Ward at Oakley Court, Luton. All bedrooms are designed to be sensory-friendly, to better support people with

learning disabilities, autism and additional sensory needs. A dedicated sensory-friendly annexe has been created within Coral ward.

East London

Launch of City and Hackney Mental Health and Addiction Service

A new pilot service supporting residents with both mental health and substance use needs opened in October. Funded by City & Hackney Public Health and being delivered by ELFT in partnership with Turning Point, the pilot aims to strengthen collaboration between services and improve access to support for people with co-occurring needs.

Barnsley Street Neighbourhood Mental Health Centre

The Barnsley Street Neighbourhood Mental Health Centre in Tower Hamlets officially opened its doors as part of a trial to support those with mental health needs.

Tower Hamlets was chosen by NHS England as one of six areas across the country to trial new 24/7 centres to support those with mental health needs. Its aim is to provide mental health input for people when they need it – to help prevent people becoming very unwell and needing hospital admissions, or to help them avoid spending time in A&E as much as they may do now.

Pluto and Nova Arrive at the Coborn Centre for Adolescent Mental Health

Two wards at the Coborn Centre for Adolescent Mental Health in Newham were renamed after a series of collaborative workshops with staff and young people who have used inpatient services. The new names were chosen to better represent the values and spirit of the Coborn Centre community. Coborn Acute Ward is now Nova Ward. Coborn PICU Ward is now Pluto.

QICN Community Children's Nursing (CCN) Faculty Launch

A new faculty designed to strengthen the voice, visibility and professional development of community children's nurses has been launched by the Queen's Institute of Community Nursing (QICN).

The faculty is being led by Queen's Nurse and ELFT community children's matron Rebecca Daniels, who has already been chairing the QICN's community children's nurse's network and leading work to support specialist practitioner qualification standards in this area.

The faculty will act as a hub for education, leadership, and collaboration among the profession, while supporting workforce wellbeing, the development of future leaders and excellence in practice.

Staff Influencers

Collaborative Mental Health Conference with Universities

The Trust and university partners hosted a conference on 5 December jointly to explore the topic of whether healthcare professionals should end coercion in mental health settings, and if so, how this can be done safely. This very interesting discussion involved City St George's, University of London, the University of Essex, and Queen Mary University of London (QMUL) at City St George's campus in Clerkenwell and was attended by over 100 people, including carers and others with lived experiences of mental health conditions.

CEO Awarded Honorary Doctor of Science

Chief Executive Lorraine Sunduza OBE was the recipient of an Honorary Degree of Doctor of Science by City St George's, University of London on 26 January.

Reflections from All Staff Networks Conference

Staff from across the Trust came together on 9 October for this year's All Staff Network Conference, held virtually via Zoom. Centred on the theme of Intersectionality, the conference explored how our overlapping identities such as race, gender, sexuality, disability and faith shape our experiences at work and in our communities. The event brought together voices from every corner of ELFT.

Annual Conferences for ELFT Professionals

A series of conferences have been held for different professionals groups in the Trust. More than 100 staff and external partners gathered for ELFT's annual social work conference, approximately 150 allied health professionals (AHPs) attended the annual AHP conference and we were delighted to be joined at our Advanced Clinical Practitioners and Non-Medical Prescribing Conference by Professor Michelle Bateman, Deputy Chief Nursing Officer for England.

UK Black Pride

Our LGBTQIA+ Staff Network and RaCE Network hosted a stall at UK Black Pride 2025 at the Queen Elizabeth Olympic Park in Stratford on 10 August. It was an opportunity to talk about psychological therapies and talking therapies with passers-by. ELFT are proud to support UK Black Pride and show that we stand with LGBTQIA+ people of colour.

Psychological Professions Away Day

Colleagues from across the Trust gathered to reflect on their contribution and future direction at the ELFT psychological professions away day.

The event highlighted the pivotal role these professions play not only in delivering therapy, but also in driving innovation, supporting integrated neighbourhood care, and shaping our wider strategy.

Director for Psychological Professions

Dr Patricia Potter who has been appointed as Director of Psychological Professions for ELFT. Patricia trained in East London in the 1990s and held a number of roles working with groups often marginalised or excluded from psychological and other services (homeless outreach). She worked in one of the first CMHTs in Tower Hamlets offering psychological therapy for people with psychosis and was involved in setting up our first early intervention service.

Service Director for Children's & Specialist Services

George Chingosho was appointed Interim Service Director for Children & Specialist Services on 1 October. George was formerly the Associate Director of Patient Safety and Quality, Inpatient CAMHS and Alternatives to Admission.

Lifetime Achievement Award for Newham Tissue Viability Specialist Nurse

I was delighted to see that Caroline Dowsett, a senior nurse in Newham has received national recognition for her decades-long contribution to healthcare. Caroline was awarded an Outstanding Lifetime Contribution to Healthcare award at the Skills for Health Our Health Heroes Awards 2025.

ELFT Consultant Psychiatrist Appointed Treasurer for Royal College of Psychiatrists

Consultant Psychiatrist Dr Ian Hall was appointed as Treasurer for Royal College of Psychiatrists. The Royal College of Psychiatrists (RCPsych) is the professional body responsible for supporting psychiatrists throughout their careers and setting standards for psychiatry in the UK. The role is one of the most senior posts at the RCPsych. As well as his clinical leadership role in ELFT's Learning Disabilities services, Dr Hall is an elected Fellow on the RCP Council, Associate Dean for RCP Conferences and Advanced Learning, and Chair of the Westminster Parliamentary Liaison Committee, liaising on behalf of the College with politicians and other mental health charities, influencing what became the 2007 Mental Health Act. He was awarded the President's Medal in 2021 for his work with the college.

New Director of Nursing for Community Health London

Julie Glyn-Jones was appointed as Director of Nursing for Community Health London. Julie was formerly Divisional Director for Medicine and Community at Lewisham and Greenwich NHS Trust, where she has supported the emergency department, medical wards, specialties and community services across Lewisham.

Autism Awareness Film Screening

A powerful film premiere on 2 April 2025 explored neurodiversity, lived experience and compassion in healthcare at an Aldgate cinema. Two screenings of the film took place on the day, each followed by a panel discussion. The event was hosted by ELFT, Inner Eye Production, University of Bristol and the British Film Institute (BFI) drawing an engaged audience from across healthcare, academia, and the arts.

Visitors

Over the past 12 months, the Trust has hosted a number of international visitors to mutually share experience and expertise.

Rushanara Ali, MP for Bethnal Green and Bow, visits Barnsley Street Hub

We were delighted to welcome Rushanara Ali, MP for Bethnal Green and Bow, when she visited Barnsley Street Neighbourhood Mental Health Hub on 23 January. The hub is in her constituency, and she was keen to learn more about the pilot service and the work of the local team. Staff at Barnsley Street, alongside staff from Look Ahead, provided an overview of the work and operations at the Hub and she met local people who have used the service.

Mississippi Delegation Visits ELFT Corporate Communications Team

On 8 January, the Corporate Communications team hosted a delegation of communication professionals from the University of Southern Mississippi. The group were interested in processes and approaches employed when communicating with diverse audiences, creating and maintaining trust, risk and crisis communication in healthcare, and our learning from COVID-19 and large-scale health emergencies. They particularly valued hearing practical examples of how the Trust communicates with staff and makes use of social media.

Chinese Health Professionals Visit Newham Community Health Service

Six health professionals from Shanghai, China visited East Ham Care Centre in Newham on 22 October to learn about ELFT's healthcare work. The Chinese delegation involved health professionals from the Pudong New Area Health Commission in Shanghai. This consisted of senior leaders in policy-making including director and deputy directors with backgrounds in finance and maternity and child health.

Deans' Engagement

Chief Executive Lorraine Sunduza OBE hosted a visit from Professor Bill Irish, East of England Regional Postgraduate Dean, in Luton on 29 October. He was accompanied by Dr Nisha Nathwani, several of the Trust's education and discipline leads, as well as our Chief Medical Officer and Chief Nursing Officer who were all present for a two-way discussion with him. They reflected on the Trust's role in pre-registration and post-graduate training for a range of professions, the experiences of those who train with us, and challenges and achievements. One area of notable achievement discussed was ELFT's expansion in the number of resident doctors in Luton and Beds from 35 to 61 over the past 5 years in collaboration with the Deanery.

Zimbabwean Minister Visits ELFT

As part of the UK-Africa Health Summit 2025 and in collaboration with Global Health Partnerships (GHP) formerly known as THET, we were pleased to welcome a delegation from the Zimbabwean Ministry of Health and Child Care, led by Permanent Secretary Dr Aspect Maunganidze and Dr Christopher Pasi Head of the Health Service Commission to Mile End Hospital. The group were accompanied by Ben Simms, CEO of Global Health Partnerships and other GHP colleagues including Moses Wasswa Mulimira, Diaspora Engagement Advisor and a former ELFT staff member.

Chair of the Parliamentary Health and Social Care Committee Visits Perinatal Teams

On 16 June, we were delighted to welcome Paulette Hamilton MP, the Chair of the Parliamentary Health and Social Care Committee, who visited the Trust's Perinatal Teams to learn about work to improve maternal mental health support for women from ethnic minority backgrounds.

Summary of All ELFT Award Winning Teams and Individuals

A number of individuals, teams and services have been recognised at a national level for their dedication to service users, colleagues and the wider community:

May 2025

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

June 2025

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

August 2025

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

September 2025

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

October 2025

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

November 2025

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

January 2026

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

February 2026

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

March 2026

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

Our Principal Risks and Issues

The Trust has a risk management framework in place which enables informed management decisions in the identification, assessment, treatment and monitoring of risk. The Trust defines risk as uncertain future events that could influence the achievement of the Trust’s objectives, its success and future sustainability.

Our BAF provides a structure for the effective and focused management of the principal risks in meeting the Trust’s strategic objectives. It enables easy identification of the controls and assurances that exist in relation to the Trust’s key objectives and the identification of significant risks. Each risk on the BAF is allocated to an executive lead and to a relevant Board committee. The lead committee reviews the relevant entries on the BAF at each meeting.

The Audit Committee has responsibility for ensuring that the Trust has good risk management processes in place, which operate effectively. To avoid duplication, the committee does not discuss in detail any risks that are the responsibility of other committees but makes recommendations to those committees if this is felt to be required.

The BAF is reported to the Board at its meetings in public at least quarterly and is used as a tool to seek assurance around the delivery of the Trust’s strategic objectives.

As detailed in the annual governance statement and as part of good governance, the Trust continues to identify issues, opportunities and risks that could affect the delivery of our strategic objectives, our future success and sustainability.

Challenges

We continue to operate in an increasingly complex and demanding environment. Nationally, the NHS is under sustained pressure due to evolving political and policy dynamics, ongoing system reform, financial constraints, workforce shortages and global instability. These challenges present real risks to operational stability, long-term planning, and service sustainability, particularly in mental health and community services where demand is rising rapidly.

Locally, we are responding to a growing and ageing population, increasing levels of complexity and acuity, and persistent health inequalities linked to deprivation, housing, employment, and the wider social determinants of health. Recruiting and retaining skilled staff across disciplines remains difficult, impacting service delivery and adding to financial pressures, including from inflation and the cost of living.

Our local ICB and wider ICS has faced considerable financial constraints, limiting the availability of transformation funding and increasing the focus on efficiency, prevention, and joint working. This places greater emphasis on the need for collaboration across health, social care, and the voluntary sector—something we are actively supporting through our role in provider collaboratives and place-based partnerships.

Opportunities

Despite these challenges, we are seizing opportunities through strengthened system partnerships, provider collaboratives and integrated working – providing a platform for us to redesign services around the needs of our communities. We continue to pursue internal efficiencies, reduce reliance on out-of-area and private care placements, and make better use of our digital and estate infrastructure. As a Marmot Trust and anchor institution, we are committed to creating social value through local employment, sustainable procurement and a focus on tackling health inequity.

Looking ahead to 2026-2027, our priorities remain centred on improving access and outcomes, embedding prevention and integration, supporting our workforce, and contributing to a financially and environmentally sustainable future for the communities we serve.

Risks

At the beginning of each financial year, the Board assesses the potential risks that may prevent the achievement of its four strategic objectives:

- Improved population health outcomes
- Improved experience of care
- Improved staff experience
- Improved value.

The directors will consider each risk in terms of its potential impact considering the financial, safety and reputational risk and the likelihood of occurrence during the financial year, as well as the impact on the Trust of any legislative and regulatory changes introduced during the year.

The Trust continues to face a challenging external environment, marked by sustained financial pressures, workforce constraints, rising demand, and a changing political and regulatory landscape. In 2025-2026, we strengthened our risk management approach by reviewing and reframing a number of the risks on the BAF to ensure alignment with strategic priorities.

The overall structure of the BAF remained largely stable during the year. The Board retired the former commissioning responsibilities risk and introduced a new risk focused on potential changes to commissioning arrangements for mental health and community services in BLMK.

As at 31 March 2026, five Board Assurance Framework risks were rated as 'Significant' (risk score 16). These related to:

- Quality and safety, reflecting sustained demand pressures, complexity of need and variability across mental health and community services;
- Integrated care capability and capacity, reflecting the challenge of developing and sustaining new models of integrated care;
- Partnerships and commissioning arrangements, reflecting system instability, ICB restructuring and ongoing uncertainty across commissioning responsibilities;
- Digital infrastructure and cyber resilience, reflecting ongoing reliance on legacy systems alongside transitional risk during major digital infrastructure change and a heightened national cyber risk profile; and
- Estates, reflecting ageing infrastructure, limited capital availability, and increasing statutory, regulatory and compliance requirements.

While some risk scores fluctuated earlier in the year, scores were stable at year end, reflecting the Trust's continued operation within a constrained financial, workforce and capital environment, alongside sustained mitigating actions and oversight during delivery of major digital, estates and service transformation programmes.

Further detail on these risks, mitigation actions, and changes over the year is provided in the annual governance statement.

Strategic objective	BAF risk
Improved population health outcomes	BAF 1: If the Trust does not build and sustain the right capability and capacity to support new models of integrated care , this may impact adversely on our ability to deliver the Trust strategy
	BAF 2: If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy
	BAF 11: Potential changes to the commissioning arrangements for mental health and community health services may adversely impact the Trust's ability to deliver safe, high quality and sustainable services and achieve its strategic objectives (Note: former BAF 9 retired during 2025/26)
Improved experience of care	BAF 3: If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities
	BAF 4: If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm
Improved staff experience	BAF 5: If matters related to staff experience such as the recruitment and retention of individuals with the appropriate skills are not effectively planned for and addressed, this will negatively impact on staff retention, motivation, engagement and satisfaction
Improved value	BAF 7: There is a risk that the Trust cannot achieve its strategic priority to ensure financial stability
	BAF 8: If digital infrastructure plans are not robustly implemented and embedded, this will adversely impact on our service quality and delivery, patient care and carer experience as well as our ability to transform services within digital
	BAF 10: If the estate is not effectively maintained or improved this will result in a poor quality environment , reduced statutory compliance and failure in net zero carbon (NZC) obligations

Green Plan

At ELFT, we are dedicated to improving the health of our communities and delivering services that are efficient and effective. Since 2015 our sustainability development management plan delivered

impressive reductions in greenhouse gas emissions. In June 2021 ELFT declared a climate and ecological emergency, with a commitment to raise awareness and drive down emissions from the work that we do. Working with all our stakeholders, service users, carers, communities, staff and partners, we have committed to a more ambitious approach, recognising that to succeed, we must focus our effort on actions that adequately meet this challenge and integrate sustainability into all the work that we do.

We recognise that the climate emergency is a health emergency, acknowledging the threat that climate change and ecological damage poses to the health and well-being of our communities. We acknowledge the unequal distribution of poor outcomes and impacts be it globally or locally and see climate action aligning with our ambitions to tackle health inequalities, to be an anchor organisation and a Marmot Trust, and to deliver on our strategic objectives. We aim to centre marginalised communities and our patients and carers in this work.

ELFT's Green Plan in line with NHS targets is designed to deliver:

- Net zero NHS Carbon Footprint by 2040, reducing emissions by at least **47% by 2028-2032**;
- Net zero NHS Carbon Footprint Plus by 2045, reducing emissions by at least **73% by 2036-2038**.

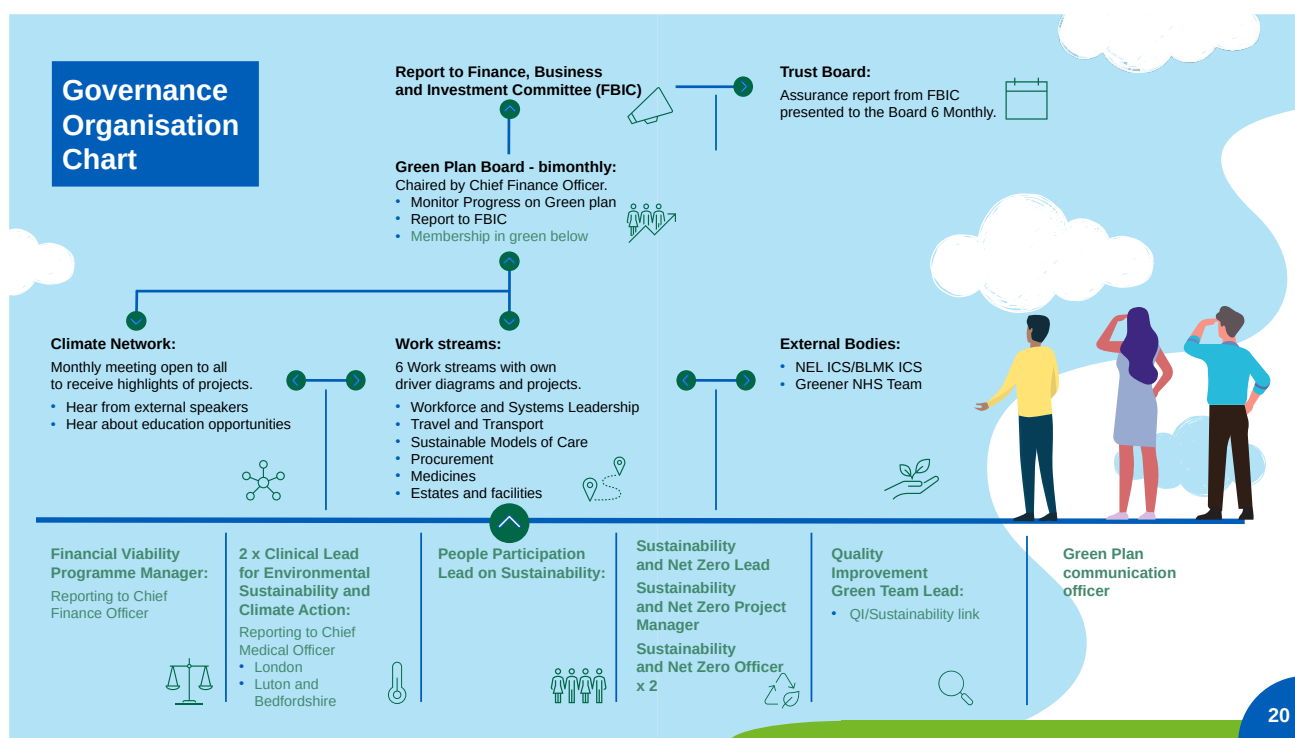
ELFT has already achieved a **reduction of over 40% compared to 1990 levels** in the emissions we control directly. This has been achieved by;

- Removal of carbon from our electricity supply which is 100% renewable
- 20% reduction in utilities usage since 2016
- Removal of polluting vehicles within ELFT fleet and migration to Ultra Low Emission Vehicles
- 14% Co2 reduction since 19/20

The challenge ahead is the reduction of the next 47% by 28-32 based on our 2019/20 baseline carbon footprint as this includes areas which are much more challenging to influence such as:

- Medicines
- Food and catering
- Staff and visitor travel
- Supply Chain
- Waste to energy carbon emissions

The Trust Green Plan was last updated and approved at board in April 2025 and will cover the next three years of the plan until 2028.



20

In line with the NHS Standard Contract 2020-2021 Service Conditions SC18 Sustainable Development, the Green Team who manage the Green Plan are committed to reporting against targets and goals set out in the Green Plan. Below outlines the ways this will be achieved and aligned with the SC18 section on sustainable development:

SC18 Sustainable Development	Progress/Comments
Action being taken to minimise its adverse impact on the environment	The Trust Green Plan outlines the ways in which we plan to reduce the Trust's emissions over the next three years and looks to even greater gains over the next 20 years and beyond. We are committed to using our resources and our influence in innovative ways that are also rooted in social justice. We will continue to work alongside stakeholders and partners to ensure the plan remains fit for purpose and responds to the environment around us. As we move into the first year of our second ratified Green Plan, informed by the greener NHS guidelines a list of achievements and lessons learned from our previous plan and years are shown below. We continue to work with all ICB partners to identify and tackle key areas of impact linked to environmental and climate breakdown. A key focus for the three years ahead will be our adaptation plan and how it is linked to not just our business continuity plans but also our financial viability program.
Maintaining and delivering a Green Plan, approved by its governing body, in accordance with Green Plan guidance and providing an annual summary of progress on delivery of that plan to the co-ordinating commissioner	The Green Plan was initially approved by the Board in January 2022; and an updated plan subsequently approved in March 2024. As we move into the first year of the three that will be covered by the new Green Plan, progress continues to be monitored monthly by a governance group chaired by Chief Finance Officer and six-monthly reports are provided to the Finance, Business and Investment Committee. Internal governance of the Green Plan also takes the form of steering groups for each individual workstream, linked to the Green Plan. Quarterly reporting to the Greener NHS (NHSE) and

SC18 Sustainable Development	Progress/Comments
	internal dashboards to ensure assurance is also in place. Accountability to our staff and service users is also important to us and a monthly Climate Network meeting is crucial to the steer of our objectives and priorities.
Within the Green Plan quantifying the environmental impacts and publishing in the annual report quantitative progress data, covering as a minimum, greenhouse gas emission in tonnes, emissions reduction projections and the way in which those projections will be achieved	A carbon footprint for the Trust was provided by Greener NHS listed as 64,255 tonnes based on 2019-2020 data. As recent as April 2026, more accurate and up to date data has been added by the Greener NHS team and the Green Team is currently in the process of assessing and analysing this. There are still challenges to this data and the methodology is not always accurate in specific areas of an individual Trusts carbon footprint but it does give us a good guide and a place to benchmark ourselves against other Trusts. The Trust's Green Team continues to hone and improve our internal dashboards and internal benchmarking of specific measurable such as energy usage, waste and mileage which we continue to provide assurance on quarterly. The Trust now utilises Gantt charts on all workstreams and detailed graphs on the key measures mentioned above.
Reducing air pollution from fleet vehicles, transitioning as quickly as reasonably practicable to the exclusive use of low and ultra-low emission vehicles	• Working with local authorities to integrate measures to alleviate localised pollution through electric vehicles (EV), cycling and schemes to enable staff and communities to make less polluting travel choices. The Trust is in the process of applying for central government funding to further increased our EV charging availability at Trust sites. The deadline for this is May 20th. • Working directly with NEL and BLMK ICSs to improve offerings on low carbon modes of transport. This involves EV install across Trust sites and external to site properties, initiatives to encourage cycling and events to promote active travel • Both ICS now have updated detailed plans in place on how they hope to assist Trusts to achieve their travel related emission reductions. This includes a full cross system matrix to identify areas for biggest impact • The Trust now only offers ultra-low emission vehicles (ULEV) for fleet purposes and a three-year plan ending in 2025 to ensure only ULEV are available for salary sacrifice is in place is fully on track. By 2030 planning to only offer full EV on salary sacrifice and fleet unless not feasible due to vehicle restrictions.
Phasing out oil and coal for primary heating and replace them with less polluting alternatives	N/A: ELFT has zero use of oil or coal.
Expenses policies for staff which promote sustainable travel choices	• The Trust now offers mileage claims for those using bicycles with a further review on how to deter staff from using personal vehicles to travel. We are currently mapping our pool car usage to advertise this more effectively. It will also help us understand where the gaps are in pool vehicle usage and where to focus on

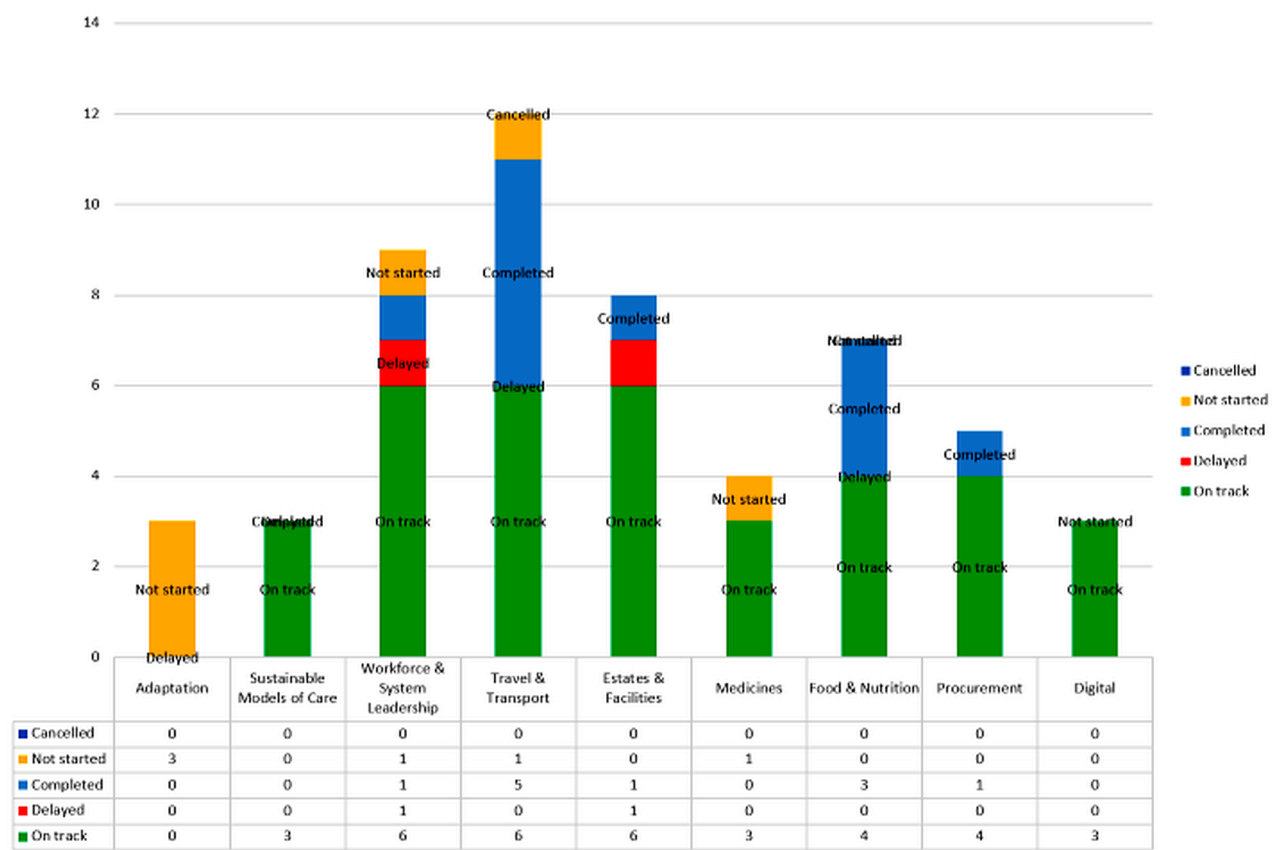
SC18 Sustainable Development	Progress/Comments
	• A new travel plan will be commissioned in 2026 to better assist the Trust with understanding where improvements in staff commuting and travelling can be achieved. • The Trust is also exploring the option of introducing parking restrictions and potential charged parking for staff and visitors with the suitable exceptions. This links in not just with GFGT scheme but also in reducing car usage across our sites and driving down localised pollution • There are currently two trial sites where parking restrictions including a fine system for improper use have been introduced. • The Trust is supporting its contractors to make a more sustainable choice for travel by introducing sustainability weighting into all contract tenders and utilising KPI penalties should the requirements not be adhered to.
Car leasing schemes restrict high-emission vehicles and promote ultra-low emission vehicles	ELFT now only offers ultra-low emission vehicles (ULEV) for fleet purposes; a three-year staggered plan ending in 2025 to ensure only ULEV are available for salary sacrifice is in place by 2025; this remains on track.
Reducing greenhouse gas emissions from the provider's premises in line with targets under the Climate Change Act 2008	A more detailed explanation on progress of key areas is contained within the Green Plan and six monthly FBIC reports, in summary • Met target of 40% reduction vs 1990 levels by 2025 in NHS carbon footprint emissions. These are the emissions we control directly. Largely due to decarbonising of electricity supply and large reductions in gas usage plus fleet emission reductions • Next target of a further 40% reduction by 2036 is much more challenging as this involves many factors we do not control directly. This is known as carbon footprint plus and includes staff commuting, supply chain, transport of supply chain and goods, medicines production and transport • Green Plan workstream measures for 25-28 cycle: 20.37% completed; 64.81% on track; 11% not started; 0% cancelled; 3.7% delayed • 10.35% reduction in electricity usage since 2019/20; • A fantastic achievement considering the move away from gas to a more electrical demand site • 34% reduction in gas usage since 2019/20 - in part due to plant optimisation, insulation of sites and plant rooms, building management system improvements and reduced occupancy due to agile working and estates optimisation.
Reducing the carbon impacts from the use, or atmospheric release, of environmentally damaging fluorinated gases used as anaesthetic agents and as propellants in inhalers, including by appropriately reducing the proportion of desflurane to sevoflurane used	• ELFT has no use of anaesthetic agents • The Green Team has actively engaged with our primary care teams and regularly presents at primary care forums, annual planning events and in the estates and facilities environmental action groups. Primary care staff have been encouraged to include specific carbon reductions practices within their annual plans and the greener practice resources and toolkits have been shared widely. Specifics

SC18 Sustainable Development	Progress/Comments
in surgery to less than 20% by volume, through clinically appropriate prescribing of lower greenhouse gas emitting inhalers, and the appropriate disposal of inhalers	on inhaler propellant use and reduction targets is yet to be developed but is a high priority for 25-28 Green Plan
Adapting premises and the manner in which services are delivered to mitigate risks associated with climate change and severe weather	ELFT wishes to develop a climate adaptation strategy that shifts the organisation towards a proactive (rather than reactive) approach to addressing the physical impacts of climate change. This should include an assessment of the risks to the ELFT portfolio of ~120 assets across East London and Bedford/Luton. The strategy should include an adaptation plan with primary action areas to start building resilience; engage with internal stakeholders to validate findings and get buy-in to the need for action; to have a focus on the financial picture and cost-benefit, looking at potential gains from action vs. inaction (and associated losses); and to align with the physical climate change risk assessment components of current reporting requirements (e.g., TCFD, Defra Adaptation Reporting Power). The aim is to have the plan complete before March 2027. We recognise the need to assess a broad range of climate hazards, such as heat, flooding, drought, cold weather and extreme events, and translate these into clearly articulated and prioritised risks while working collaboratively with the Trust to develop achievable actions within current resource constraints.
Reducing waste and water usage through best practice efficiency standards and adoption of new innovations	We have: • Increased recycling provision to 100% of sites over the last three years • Increased recycling rates to over 40% in 2026 with as high as 45% seen in recent months of 26/27 • Worked closely with our waste contractors to drastically reduce routes required on our sites therefore reducing costs and emissions • Piloted a reusable sharps system at our PFI site, Newham and now rolled out to John Howard Centre our main forensics site. • Reduced clinical waste emissions by 50% since 2024 • Installed water saving measures at six sites over the last year with another six planned by end of 2026
Reducing avoidable use of single use plastic products, including by signing up to and observing the plastics pledge	Two QI projects linked directly to single use plastics, a project at forensics to remove single use catering plastic and also a gloves-off campaign. The Green Team intends to target departments and directorates directly using their consumables data to create further internal departmental QI plans to reduce or eliminate their unnecessary single use plastic where possible and find less carbon alternatives An exercise to look specifically at our supply chain commenced in 2024 with the aim of identifying areas of large emissions and with the view to replace these items with more environmentally friendly alternatives. This has already been carried out centrally by NHS Supply chain for the largest emitters; however, the Trust intends to go further and analyse the whole TR22 list to identify savings in both carbon and cost. The
Ceasing to use single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics	
Reducing the use at the provider's premises of single-use plastic food and beverage	

SC18 Sustainable Development	Progress/Comments
containers, cups, covers and lids, and	outcomes of this report are now being utilised by procurement and GFGT to identify areas of waste and reduce accordingly.
Maximising the rate of return of walking aids for re-use or recycling	A QI project is still currently running across all sites that utilise walking aids. The project started in August 2022 and since then, we have recycled over 1600 aids. This number continues to grow.
Ensuring all electricity purchases are from renewable sources	Since 2019 all electricity purchases come from 100% renewable sources. The focus moving forward has been on reducing our energy demand on sites by prioritising LED lighting installs, onsite renewable programs and numerous other energy efficiency measures. This has been backed up with large scale solar projects at the John Howard Centre and further planned for 2026/27 and beyond.
Giving due regard to potential to secure wider social, economic and environmental benefits for local community and population in the purchase and specification of products and services; discussing and seeking agreement with the co-ordinating commissioner, and reviewing on an annual basis, including priority actions	An updated 26-31 ELFT anchor strategy document has been created and is being adhered to as per the commitments listed. One of the Green Plan workstreams focuses specifically on procurement to bring about the changes needed within the supply chain that will help reduce our carbon footprint and highlight cost savings. Anchor work is now routinely included in directorate and departmental annual planning and the E&F team have a monthly steering group for Anchor commitments. More details provided below.

Green Plan Measures

One of three assurance mechanisms for the Green Plan is tracking our workstream progress. The chart below shows the number of overarching targets within the Green Plan. Within each target are multiple actions and projects that are required to ensure we meet our net zero ambitions.



In a change from the previous annual report and in line with increased assurance, the categories we report on for the workstreams now include 'cancelled' and 'not started.' This helps us to track the workstreams that require more resource or attention than others.

The measures set out in the workstreams for the last three years were informed by the Green Plan assessment tool (GPAT), which in turn is managed by Greener NHS. In addition, we have included some ELFT specific measures that the Green Team, in conjunction with our service users, climate network and climate champions, formulated and strongly believe the Trust should also focus on.

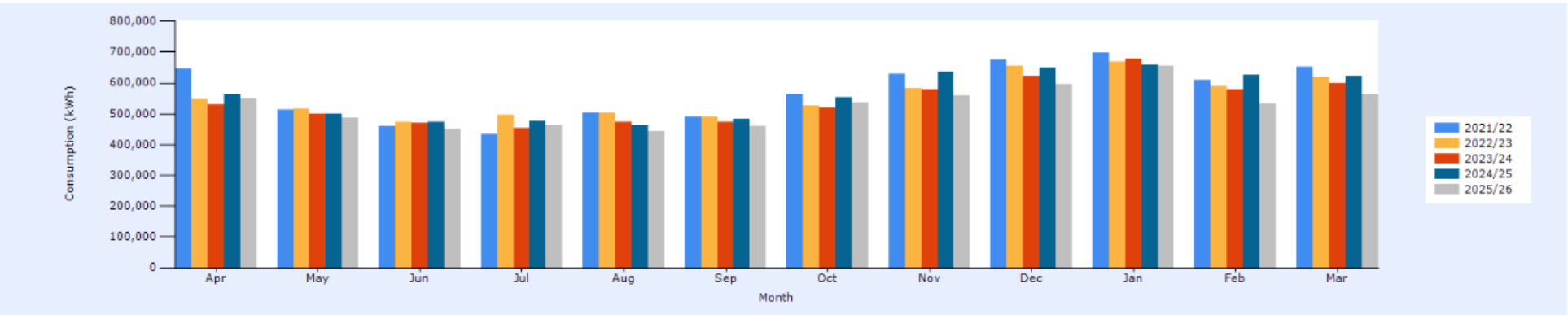
Utilities Usage

Due to the availability and accuracy of data, utilities usage, namely gas and electricity, kWh has been deemed an appropriate assurance method to show improvements over time. This only reflects our scope 2 indirect emissions but is still very important in our bid to reduce our overall emissions.

There has been a 10.35% reduction in electricity usage from since 2019-20. While this represents a significant reduction considering the increased pressure on energy power output, more still needs to be done in terms of infrastructure improvements and investment to drive this figure down. As we look to transition further away from fossil fuel usage on our sites there will be inevitable increases in electricity usage so the reduction in real terms is actually a great success.

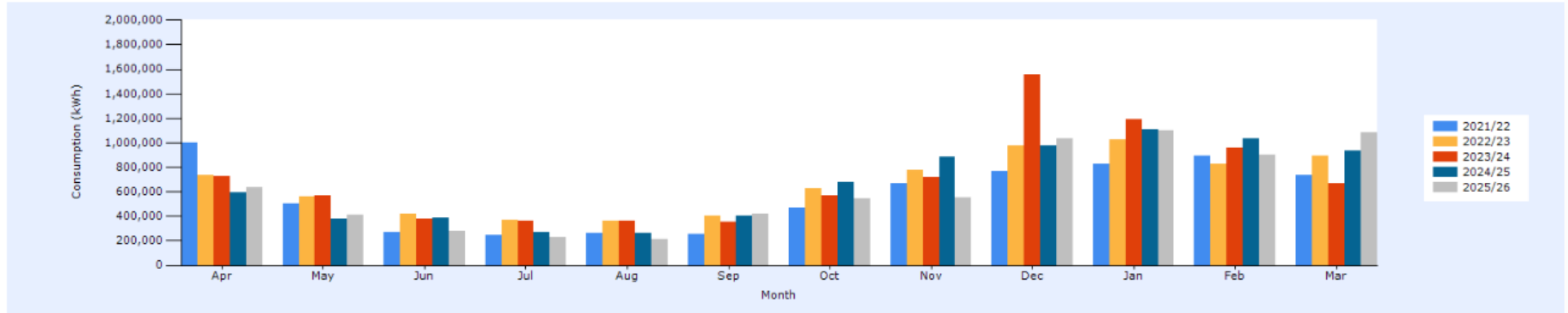
The reductions in gas usage (34% reduction compared to 2019-20) show a much more impressive reduction and are beyond the year-on-year reductions we have set ourselves to meet our scope 1 net zero goals. Through a number of efficiency measure such as plant optimisation, insulation and BMS improvements figures have been driven down but there will come a point where further decreases will be incredibly challenging without full financial commitment to the measures laid out in the estates' decarbonisation plan.

Electricity (kWh)



Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021/22	645,099	513,951	460,083	431,821	503,193	487,623	562,637	628,558	675,002	699,387	608,595	651,159	6,867,10
2022/23	544,268	515,697	473,649	496,137	502,502	488,581	527,281	581,477	653,583	669,183	590,312	619,223	6,661,89
2023/24	528,357	497,732	470,774	451,517	471,366	472,531	517,574	579,664	621,207	678,550	577,402	599,537	6,466,21
2024/25	563,031	498,060	472,302	476,584	463,735	482,967	553,314	633,901	648,864	658,446	624,002	620,247	6,695,45
2025/26	547,374	487,506	450,601	462,783	443,090	459,740	534,414	558,882	595,902	654,005	531,690	563,242	6,289,22

Gas (kWh)



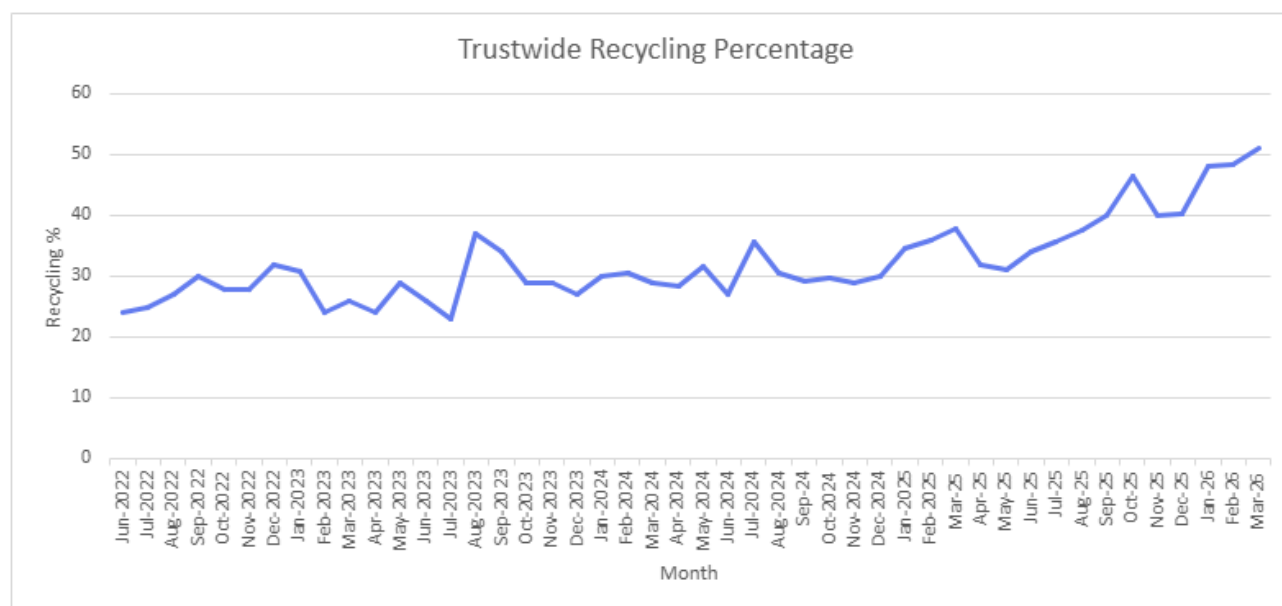
Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021/22	1,001,345	500,202	267,525	247,970	262,543	251,395	472,345	669,618	767,850	828,195	890,419	732,745	6,892,15
2022/23	731,389	556,309	420,373	366,376	362,620	400,875	628,594	772,540	977,343	1,024,767	823,811	891,003	7,956,00
2023/24	726,841	571,276	381,410	360,712	362,169	353,967	565,682	715,668	1,556,666	1,193,258	960,124	666,442	8,414,21
2024/25	591,234	375,789	386,604	273,630	261,331	399,225	679,494	881,081	976,401	1,109,793	1,030,227	932,309	7,897,11
2025/26	637,928	414,716	280,002	227,906	210,112	421,604	542,684	554,042	1,028,909	1,098,140	896,465	1,082,847	7,395,35

Recycling Levels

Another area where we have good access to data through a contractor portal is our recycling tonnage and percentage compared with general waste. A target of 40% was and is a main goal of all Green Plans we create. We have now achieved this 40% reliably for the last 6 months, in fact hitting 45% the last three months..

As per below, increases have been realised over the last twelve months. Particularly pleasing to see 40% plus from September 25 showing what is possible with a renewed focus and infrastructure changes which are happening every month.

Food waste has been successfully rolled out across all Trust sites over the last year and we have seen improved segregation which has helped massively with our recycling rates.



Task force on climate-related financial disclosures (TCFD)

East London NHS Foundation Trust is committed to aligning with the Task Force on Climate-related Financial Disclosures (TCFD) framework and NHS England requirements for climate-related financial reporting. The Trust's Green Plan 2025–2028 provides the overarching framework through which climate-related risks and opportunities are identified, managed and monitored, alongside delivery of the Trust's net zero commitments.

The Trust recognises that climate change represents both an environmental and public health challenge, with direct implications for population health, health inequalities and demand for services. Climate action is therefore aligned with the Trust's role as an anchor institution and its wider strategic objectives to improve outcomes for communities and deliver sustainable models of care.

The Trust's position against the four TCFD pillars is set out below on a comply or explain basis. The Trust is compliant with the Governance and Metrics, and Targets pillars, and partially compliant with the Strategy and Risk Management pillars, reflecting a recognised and time-bound development trajectory supported through completion of a Climate Change Risk Assessment (CCRA) and Adaptation Plan.

Governance – Status: Comply

The Board retains overall accountability for climate-related risks and opportunities. Executive leadership is provided by the Chief Finance Officer as Executive Lead for the Green Plan, ensuring alignment between sustainability priorities, financial planning and capital investment decisions.

Climate-related risks and performance are reported biannually to the Finance, Business and Investment Committee, supported by routine internal dashboards and structured performance monitoring. A broader governance framework is provided through the Green Plan Board and associated delivery groups, with clear escalation routes to the Board.

Operational responsibility sits with the Assistant Director of Estates and Facilities (Sustainability and Net Zero Lead), supported by a multidisciplinary programme including estates, procurement, health and safety and clinical services. Monthly Climate Network meetings provide further engagement across staff, service users and partners, supporting visibility of priorities and risks.

These arrangements ensure that climate-related risks are identified, assessed and escalated through established governance structures and are subject to appropriate Board oversight.

Strategy – Status: Partially Compliant (Explain)

While there is further work underway to achieve full compliance, positive progress has been made over the past year. The Trust's Green Plan 2025–2028 sets out its strategic approach to climate-related risks and opportunities, aligned to NHS net zero commitments and embedded within wider organisational priorities including population health, prevention and reducing health inequalities.

Climate-related risks and opportunities are considered across three time horizons.

In the short term, the Trust faces pressures associated with energy demand and cost, infrastructure performance and embedding sustainable practices into operational delivery. Opportunities include continued reduction in utilities usage, increased recycling, and behavioural and operational improvements supported through Green Quality Improvement projects and workforce engagement.

In the medium term, risks relate to the pace of estate decarbonisation, infrastructure constraints and increasing regulatory expectations. Opportunities include further reductions in energy use, transition to low-emission travel and delivery of more efficient, integrated and digitally enabled models of care.

In the long term, risks include physical climate impacts such as extreme weather, overheating and disruption to services, alongside increased population health pressures associated with environmental change. Opportunities include the development of sustainable, low-carbon care models and stronger alignment between environmental action and improvements in population health.

A consolidated and quantified assessment of these risks and opportunities across time horizons is being developed through the Climate Change Risk Assessment, with completion planned by March 2027.

In line with TCFD expectations, the Trust has undertaken initial qualitative consideration of a global warming pathway of 2°C or lower. Under this transition pathway, the Trust expects increasing requirements for decarbonisation, rising expectations in relation to estate and infrastructure performance, and the need for continued investment to support transition. Over time, this is expected to deliver operational efficiencies, reduced emissions and more sustainable service delivery models.

Climate-related risks and opportunities are expected to impact the Trust's operations, strategy and financial planning. Operationally, this includes the need for resilient infrastructure and adaptation to environmental pressures. Strategically, this includes embedding sustainability within service models, prevention and neighbourhood-based care. From a financial perspective, this includes ongoing investment in estates and infrastructure, balanced by longer-term efficiency gains and reduced operating costs.

Risk Management – Status: Partially Compliant (Explain)

The Trust uses established processes to identify, assess and manage risks, including the Board Assurance Framework, directorate risk registers and health and safety systems. These mechanisms support the identification and monitoring of both principal and emerging risks and provide structured routes for escalation to senior leadership and the Board.

Climate-related risks are currently identified through estates, facilities and health and safety reporting, including risks such as overheating, flooding and infrastructure resilience. These risks are subject to ongoing monitoring and are reported through established governance structures, including the Finance, Business and Investment Committee.

Work is underway to strengthen this approach through inclusion of climate-related risks within the Trust risk register, consolidation of risks into a centralised framework and development of dashboards and analytical capability to support monitoring and reporting. There is a clear programme of work to ensure that climate-related risks are more systematically captured, assessed and escalated through formal governance routes.

The Climate Change Risk Assessment will provide a comprehensive framework for identifying, evaluating and managing climate-related risks and opportunities, including consideration of their likelihood, impact and implications for organisational performance and delivery in both current and future years. This will support stronger alignment with the Board Assurance Framework and enhance integration with financial planning, capital prioritisation and business continuity arrangements.

This represents a recognised and time-bound area of development, with full integration planned by 2026–2027.

Metrics and Targets – Status: Comply

The Trust has established clear targets aligned with NHS net zero commitments, including achieving net zero NHS Carbon Footprint by 2040 and net zero NHS Carbon Footprint Plus by 2045, supported by interim reduction targets.

In addition to these targets, the Trust uses a range of metrics to assess and monitor climate-related risks and opportunities. These include energy consumption and utilities usage, supported by a sustained reduction in usage over time and the transition to 100% renewable electricity supply. Waste generation and recycling performance are monitored to support reduction in environmental impact. Travel-related metrics, including work-related mileage, are used to support transition to low-emission travel. Delivery of Green Quality Improvement projects is tracked as a measure of organisational engagement and continuous improvement.

These metrics are monitored through internal dashboards and routine reporting processes and are used within governance structures to assess performance, identify emerging risks and support decision-making. Reporting to the Finance, Business and Investment Committee and the Green Plan Board provides oversight and accountability for delivery against sustainability objectives.

The Trust has already achieved a reduction of over 40% in direct emissions compared to 1990 levels and continues to strengthen its data and analytical capability to support more detailed performance monitoring over time.

Overall Position

The Trust has established a clear and credible foundation for TCFD alignment through defined governance, measurable targets and an active delivery programme set out within the Green Plan.

A structured and time-bound programme is in place to strengthen compliance further, particularly in relation to climate scenario analysis, integration of climate risk into enterprise risk management and enhanced performance monitoring. Completion of the Climate Change Risk Assessment and Adaptation Plan will support full alignment with all TCFD pillars and enable more comprehensive and decision-useful disclosures in future reporting periods.

Public Interest Disclosures

The Trust strives to be a responsible member of the local community; information regarding its performance in this area, as well as other matters of public interest, is set out below and covered elsewhere in the annual report and annual accounts.

Consultations

Previously established staff consultation arrangements continued to operate through the Joint Staff Committee (JSC). Currently the JSC chairing arrangements alternate between the Chief Executive and the staff-side chair and is attended by staff-side and management. The Joint Local Negotiation Committee (JLNC), is chaired by the Chief Executive. The Trust also continues to consult with the Local Overview and Scrutiny Committees. The Trust consults with staff, service users and carers, the Council of Governors and the membership regarding its annual plan. More information regarding public and patient involvement activities is set out in this report.

Modern Slavery

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men using force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. It encompasses slavery, servitude, human trafficking, and forced labour. The Trust has a zero-tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings, and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the business or our supply chain. We adhere to the NHS Employment Checks standards and modern slavery guidance is embedded into Trust safeguarding policies.

Conflicts of Interest

The Trust aspires to the highest standards of corporate behaviour and responsibility. The standards of business conduct policy sets out the responsibilities of managers and staff to ensure that their behaviour inside and outside work, and interests outside of work do not conflict or appear to conflict with their role at the Trust, their duties and responsibilities. All staff are required to comply with this policy; this will help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take. A copy of the Trust's conflicts of interest register is available on request from the Director of Corporate Governance.

Freedom of Information Act 2000

The Trust complies with the Freedom of Information Act 2000. Details of the Trust's publication scheme, and how to make requests under the Act, are included on the Trust's website www.elft.nhs.uk. All requests for information received during the year have been handled in accordance with the Trust's policy and the Act.

Information Governance Risks and Security of Data

The Trust robustly manages and controls risks to information including data security. The Chief Digital Officer is the Executive Director lead for information governance as well as the nominated Senior Information Risk Owner (SIRO). The Chief Medical Officer is the nominated Caldicott Guardian. The Chief Digital Officer also oversees the cyber portfolio given the specialist nature of the threat. The Associate Director of Information Governance is the nominated Data Protection Officer. Policies are in place that are compliant with NHS guidelines, and incident-reporting procedures are in place and utilised by staff.

An Information Governance Steering Group forms part of the Trust's governance framework and the Board receives reports on compliance with the Data Security and Protection Toolkit. The Trust is required to report any data related incidents that would be classed as serious incidents. Further details are included in the annual governance statement.

Private Finance Initiative (PFI)

In 2002 a 30-year contract commenced with GH Newham Ltd for the construction, maintenance and operation of facilities' management services for the Newham Centre for Mental Health. The Trust also has a PFI contract to provide for the expansion and re-provision of the Coborn Centre for adolescent mental health – the Trust's specialist child and adolescent inpatient service. Details are also included in the annual accounts.

Political Donations

The Trust made no political donations during 2025-2026.

Compliance with the Better Payment Practice Code (BPPC)

Details of compliance with the BPPC are set out in the annual accounts.

Interest Liability

No interest was accrued and paid by the Trust for failing to pay invoices within the 30-day period where obligated to do so.

Income Generation and Disclosures

Details are included in the annual accounts.

Overseas Operations

The Trust did not undertake any overseas operations during the year 2025-2026.

Equality, Diversity and Inclusion: Our Service Users

Public Sector Equality Duty

At ELFT, our commitment to equity, diversity and inclusion is guided by our statutory responsibilities under the Public Sector Equality Duty (PSED). As a public sector organisation, we are required to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. We recognise the influence we hold as an employer, healthcare provider and system partner in addressing inequities and creating fairer outcomes for service users, carers, staff and communities. Our approach to meeting the PSED goes beyond compliance. Equity and inclusion are embedded across governance, strategy, workforce practice, service delivery and quality improvement, ensuring that policies, services and decision-making processes reflect the diverse needs of the population we serve.

In line with the PSED, the Trust continues to focus on the nine protected characteristics set out in the Equality Act 2010. Our approach also recognises that inequity is shaped by wider and intersecting factors, including deprivation, caring responsibilities, disability, mental health, neurodiversity, migration status and lived experience. An intersectional approach supports a more accurate understanding of where disparities persist and enables proportionate and targeted action. During 2025, the Trust strengthened its approach to PSED assurance by embedding the NHS Equality Delivery System 2022 (EDS22) within existing governance and improvement structures, rather than treating it as a standalone exercise. Evidence is drawn from established programmes of work, including workforce equality standards, the Patient and Carer Race Equality Framework (PCREF), population health intelligence and quality improvement activity.

Equality Impact Assessments (EIAs) remain a core mechanism for demonstrating compliance with the PSED and informing decision-making. During the year, updated EIA guidance was implemented with greater emphasis on analysis, proportionality and early application to service, workforce and estates changes. Plans are in place to further strengthen consistency and oversight of EIAs as part of the Trust's integrated equity governance arrangements.

The Trust's Annual Equality, Diversity and Inclusion Report for 2025 outlines how ELFT has met its responsibilities under the PSED during the year. It highlights areas of progress, including improved governance, clearer accountability and more consistent use of disaggregated data, alongside ongoing challenges where inequities persist. The report also sets out priorities for the year ahead, reinforcing the Trust's commitment to embedding equity as a core element of quality, safety and organisational culture.

Through this work, ELFT remains accountable to the communities it serves and committed to continuous improvement in how it advances equity, tackles discrimination and promotes fairness across all aspects of its work.

Health Inequities in the Populations We Serve

Health inequities refer to systematic differences in health outcomes between population groups, driven largely by the social determinants of health – the conditions in which people are born, grow, live, work and age. These inequities are often avoidable and unjust, arising from unequal access to resources, opportunities and power, and shaped by factors such as poverty, structural racism, discrimination, insecure employment and poor-quality housing.

Across the populations served by the Trust, these inequities are evident in both health outcomes and lived experience. They manifest through biological pathways, such as higher exposure to air pollution or long-term stress, and through social mechanisms, including barriers to accessing care, digital exclusion and experiences of stigma or discrimination. Differences in life expectancy and healthy life expectancy remain a stark indicator of inequality, with significant variation by deprivation, ethnicity and geography. In parts of the Trust's footprint, men in the most deprived communities live many years fewer, and experience substantially longer periods of ill health, than those in the least deprived areas.

The Trust provides services to communities characterised by high population growth, significant ethnic diversity and persistent socioeconomic disadvantage. Improving population health therefore requires a deliberate, evidence-based approach that focuses on prevention, early intervention and reducing avoidable variation in access, experience and outcomes.

Promoting Equality of Service Delivery

As part of our developing guidance on inclusive language, we have assessed the impact of using umbrella terms, especially when related to the use of data and service delivery. Catch-all terms do not always reflect the diversity within communities and can obscure inequities experienced by specific groups. We have thus moved away from “BAME” and towards “racialised groups” and “global majority.” The Trust’s commitment to equity ensures that our language accurately reflects our collective knowledge and fosters respect, in line with our values. By being clear on the terminology and changes we have made to the terms that are used, we combat discrimination, challenge assumptions of homogeneity among groups and ultimately enhance care quality.

While we recognise that preferences may vary and evolve over time, particularly in relation to catch-all terms, we encourage clear, precise language as much as possible when referring to and addressing individuals and specific groups. Positive, specific terminology honours the diversity of experience, acknowledging the breadth of healthcare inequities.

Our focus on equity also includes providing translation and interpretation services. Our 2024 fulfilment rates for translations and spoken/non-spoken languages were 100% and 96%, respectively.

Pursuing Equity

The Pursuing Equity Quality Improvement (QI) programme began in 2022 and supports teams to address health inequities by reducing disparities in access, experience and outcomes of care. The programme aligns with the Trust’s strategic objectives and embeds equity as a core component of quality improvement practice.

The programme’s second phase concluded in August 2024, supporting 21 teams to tackle a wide range of equity challenges across services.

Phase three concluded in July 2025 and focused specifically on reducing missed appointments, particularly addressing disparities between people living in the most and least deprived communities. Evidence from population health analysis and service data shows that missed appointments are associated with barriers such as language, digital exclusion, financial pressure and inflexible systems, which disproportionately affect some groups and contribute to poorer outcomes and inefficiency.

Across phase three, overall missed face-to-face appointments reduced from 21.43% to 19.82%. Importantly, missed appointments among people living in the most deprived neighbourhoods reduced at a similar rate, from 21.53% to 19.89%, closing and slightly reversing the deprivation gap. Improvements were also observed across demographic groups, including reductions for Asian service users in the most deprived areas and for Black service users overall.

Several teams achieved notable and sustained improvements, including:

- Woodberry Wetlands, where missed appointments reduced from 26% to 12%
- Well Street Common, where missed appointments reduced from 26% to 19%
- City and Hackney psychotherapy services, where missed appointments reduced from 21% to 13%
- City and Hackney CAMHS neurodevelopmental team, where missed appointments reduced from 21.7% to 11.7%
-

Learning from phase three has been consolidated into a Trust-wide change package, which brings together evidence-based approaches to appointment booking, reminders and follow-up. This learning is informing the development of a Trust-wide Access Policy, supporting consistent and equitable approaches across services.

Through its phased, data-driven approach, the Pursuing Equity programme continues to demonstrate how quality improvement methods can deliver measurable and equitable change, ensuring access to care is increasingly proportionate to need across the Trust's diverse communities.

ELFT's Commitment to Population Health

The Trust's population health approach commits us to improving population health alongside the quality of care, staff experience and value. We recognise that health outcomes are shaped not only by clinical care, but also by wider social, economic and environmental factors. As a large provider of mental health and community services, we have a responsibility to contribute to fairer outcomes and to support the communities we serve to thrive.

In January 2026, ELFT published its third Annual Population Health Report, which reflects activity during 2025 and marks the final report under the Trust's 2021–2026 strategy. The report showcases how population health principles are increasingly embedded across services, supported by quality improvement, people participation and partnership working. It identifies priority areas including early years and family support, employment, homelessness prevention and support, and promoting physical health for people with long-term mental health conditions and learning disabilities, alongside commitments to tackling racism and promoting healthy, sustainable places.

Our work on population health, including our role as an Anchor Organisation and as the first NHS Marmot Trust, is central to turning this ambition into action. These approaches enable the Trust to focus on prevention and early intervention, address the wider determinants of health, and reduce avoidable inequalities in access, experience and outcomes.

ELFT as an Anchor Organisation

NHS trusts are among the largest employers and purchasers of goods and services in their local areas and have a significant influence on local economies, environments and communities. Because of this long-standing presence and reach, they are often described as "Anchor Institutions".

In 2023, ELFT published an Anchor Plan covering the period 2023 to 2026. The plan sets out how the Trust will use its role as an employer, buyer and steward of land and estates to support population health and reduce inequalities. The plan is organised around four pillars:

- **Employment**, widening access to jobs, skills and progression for local people and those facing barriers to the labour market
- **Procurement**, embedding social value so that purchasing decisions support local businesses and wider social, economic and environmental wellbeing
- **Sustainability**, reducing environmental impact and contributing to healthier, more resilient communities
- **Land and estates**, using Trust buildings and spaces to benefit service users, staff and local neighbourhoods

Progress against the Anchor Plan is reported through the Annual Population Health Report. Examples include increased access to employment opportunities through social value contracts, a substantial rise in suppliers paying the Real Living Wage, and investment in green and therapeutic spaces across the estate, such as garden projects at Trust sites supported by the ELFT Charity. The Trust's environmental ambitions are set out in the Green Plan, which focuses on reducing carbon emissions and progressing towards net-zero direct emissions by 2040. Sustainability is

increasingly embedded across directorates, with the majority incorporating sustainability objectives into annual plans and growing engagement through the Trust's climate network, which includes both staff and service users.

This work is delivered in partnership with local authorities, voluntary and community organisations, other NHS bodies, education providers and system partners. Under the arrangements set out in the Health and Care Act 2022, Integrated Care Partnerships in North East London and Bedfordshire, Luton and Milton Keynes bring these partners together to improve the health and wellbeing of their populations collectively.

Focusing on upstream actions to improve the health of our populations

ELFT continues to work closely with the UCL Institute of Health Equity as the first NHS Marmot Trust, applying the Marmot principles across strategy, service delivery and population health programmes. This work builds on the evidence that avoidable inequalities in health outcomes are driven by factors such as poverty, insecure housing, unemployment and discrimination, and that effective action requires upstream, preventative approaches.

Being a Marmot Trust provides a structured platform for testing and embedding new models of care and support that reduce the impact of poverty on service users and families. A key example is the Healthier Wealthier Families work, which integrates welfare and financial advice into trusted healthcare settings. Evaluation of this approach has demonstrated how co-location supports access to advice, helps overcome barriers such as language and digital exclusion, and improves stability and wellbeing for families. The success of this work has enabled it to be sustained and expanded beyond its initial pilot phase.

Learning from Marmot-aligned work at ELFT continues to be shared with regional, national and international partners, supporting wider development of population health practice across the NHS.

Enabling change for better population health

Being a Marmot Trust – focusing on upstream actions to improve health

“A good example is how East London Foundation Trust is working with the people it serves to be a Marmot Trust, seeking to tackle health inequalities in all it does. A strong voice for patients and local communities would promote more responsive services, while making it easier for the NHS to fulfil its promises to promote population health and to narrow health inequalities” (Independent investigation of the NHS in England September 2024)

The Trust became the first designated NHS "Marmot Trust" by partnering with the Institute of Health Equity to embed Marmot principles for reducing health inequities across its population health strategy. To support this, the ELFT Marmot Implementation & Learning Advisory Group was established, working with public health and academic experts to evaluate progress and help prioritise action areas.

A commitment to Quality Improvement in everything we do

We have a long track record of using QI approaches to improve the quality of the services people receive. QI is an approach in which the combined work of everyone involved in healthcare – service users as well as healthcare professionals – is harnessed to make changes that improve care and, in the longer-term, people's health.

Since September 2022, teams have been supported to use QI to tackle equity issues as part of the pursuing equity programme. The programme in 2024 brought together 31 teams from across ELFT to reduce missed appointments and tackle these inequities. A programme-level theory of change framework helps support understanding of the drivers behind missed appointments and offers a practical “menu” of evidence-based change ideas. Initiatives tested include peer support workers making reminder calls, automated text reminders and distributing translated service information packs. Teams tested change ideas locally, using their data to see what works. The learning from

this programme will come together in a change package for sharing across the Trust and beyond, helping everyone benefit from proven ways to reduce missed appointments.

Building the knowledge and capabilities of ELFT staff to tackle inequalities

Building staff capability is central to embedding population health and equity into everyday practice. The Trust continues to invest in developing the skills, confidence and understanding of staff at all levels to recognise and address inequalities in access, experience and outcomes. Population health and equity are introduced from the outset of a colleague's journey with the Trust, including through induction and leadership development programmes. The Trust's accredited leadership offer incorporates population health principles, quality improvement and equity-focused decision making, supporting leaders to translate strategy into practical action.

Ongoing learning opportunities are provided throughout the year through webinars, learning sessions and staff engagement events. During 2025, a particular focus was placed on supporting staff to understand and respond to poverty and its impact on health. This included learning sessions on destitution in the UK, poverty-proofing healthcare services, and practical guidance on supporting people with no recourse to public funds. Population health learning has also been embedded into staff awaydays, conferences and Trust-wide networks, supporting shared understanding across clinical and corporate teams.

The Trust recognises leadership and innovation in this area through formal awards, including the Commissioner's Award for Improving Population Health and awards celebrating collaborative, multi-disciplinary approaches to improving wellbeing. These programmes help reinforce population health and equity as core components of quality and value, rather than additional responsibilities.

Monitoring Progress Against Population Health Objectives

The Trust tracks progress against its population health objectives using measures where it has meaningful influence and can demonstrate impact. These measures focus on priority action areas and are reviewed through established governance arrangements.

Examples of measures monitored include employment outcomes supported through Trust services, progress on suppliers paying the Real Living Wage, and uptake and outcomes of smoking cessation support for service users. The Trust continues to refine its approach to measurement, building on existing datasets and population health intelligence to capture impact more consistently.

As population health work develops, new measures are being introduced to reflect emerging priorities. This includes strengthening monitoring of support provided through co-located specialist immigration advice, recognising the role this plays in improving stability, access to care and discharge pathways for people facing housing insecurity or uncertain migration status.

Working For and With Carers

The ELFT Carers, Friends and Family Strategy, launched in 2022, sets out the Trust's commitment to recognising, supporting and working alongside carers. Responsibility for delivery sits with directorates, supported by Trust-wide oversight.

A Carers Strategy Implementation Group provides assurance and support across the organisation. Chaired by the Director of Social Work and meeting bi-monthly, the group focuses on strengthening how carers are identified, recorded and supported across services. A particular emphasis has been placed on improving the consistency and quality of carer information recorded within Trust clinical systems.

During the year, the group led work to design a dedicated carers form within RiO, which is currently being tested ahead of wider rollout. This work will support a consistent Trust-wide approach,

ensuring that carers' details and contacts are clearly recorded and accessible to staff involved in care.

The group has also overseen a successful pilot of young carers training, with plans in development to extend this more widely across the Trust. In addition, it has supported learning and assurance relating to carers through its work with risk and governance colleagues and contribution to Trust-wide learning events, including learning following the Nottingham review.

At a local level, directorates continue to strengthen carer support tailored to their communities. For example, the City and Hackney directorate has developed a public-facing website providing borough-specific information for carers across the Trust footprint.

The current strategy is due to be refreshed in 2026, and preparatory work on the next iteration has begun, informed by learning, feedback and evolving system expectations.

Stop Smoking Services

Tobacco use remains one of the most significant contributors to health inequality for people with serious mental illness and is a major driver of the life-expectancy gap between this group and the general population.

Reducing smoking prevalence among service users is therefore a core element of the Trust's population health and inequalities agenda. ELFT provides proactive tobacco dependence treatment across inpatient and community services, offering a range of evidence-based interventions including nicotine replacement therapy, e-cigarettes and psychological support tailored to individual need.

Over the past year, the Trust supported more than 1,350 inpatient and community service users to engage with smoking cessation support. Around a quarter of those accessing the service successfully quit, with many others reducing their tobacco consumption. This work contributes to improved physical health and wellbeing and helps reduce the long-term risk of smoking-related disease among people with mental health needs.

The Trust continues to expand and adapt its approach to tobacco dependence, recognising that people experiencing multiple forms of disadvantage often require tailored routes into support. This includes testing community-based approaches and working closely with local authority partners. For example, targeted tobacco dependency support has been embedded within substance misuse services, enabling more integrated care for people with co-existing mental health and addiction needs.

Population health analysis across the Trust continues to show significantly higher smoking prevalence among people with long-term mental health conditions compared to the general population. This reinforces the importance of sustained, targeted action on tobacco prevention and cessation as part of wider work to reduce health inequalities and support earlier, preventative care.

Friends and Family Test (FFT)

The Friends and Family Test (FFT) continues to be used across ELFT services to understand service user and carer experience and to inform quality improvement. During 2025/26, FFT results have been monitored through Trust-level dashboards, with routine review of trends at both service and directorate level.

FFT data is analysed using disaggregated information, including by ethnicity and other protected characteristics, to support delivery of the Patient and Carer Race Equality Framework (PCREF) and wider equity priorities. This enables the Trust to identify variation in experience, triangulate findings with other intelligence sources and target improvement activity where required.

As a live dataset, FFT results are routinely reviewed alongside qualitative feedback, complaints, compliments and People Participation insight, ensuring that learning from experience informs service improvement throughout the year. Finalised FFT results for 2025/26 will be reported through the Trust's governance and performance frameworks once end-of-year validation is complete.

Financial Review

Introduction

The accounts have been prepared in compliance with the accounting requirements of the *DHSC Group Accounting Manual (GAM) 2025-2026*. The accounting policies contained in the manual follow the International Financial Reporting Standards (IFRS) and *HM Treasury's Financial Reporting Manual* to the extent that they are meaningful and appropriate to NHS Foundation Trusts.

This section provides the financial performance summary for the year ended 31 March 2026.

Overview

The Trust reported a £0.623m annual surplus (on an adjusted control account basis) as part of the NEL ICS. The table below summarises our performance for 2025/2026:

Annual Report: I&E Extract	2025-2026 £000	2024-2025 £000
Annual Income and Expenditure Summary		
Operating Income	762,631	743,739
Operating Expenditure	(759,153)	(753,101)
Operating (Deficit) / Surplus	3,478	(9,362)
Finance Costs		
Interest Receivable	6,541	6,307
Finance expenditure	(4,991)	(5,244)
PDC Dividends payable	(5,451)	(6,648)
Net Finance Cost	(3,901)	(5,585)
Share of (loss)/profit of joint venture	320	(317)
Other gains/(losses)	748	133
(Deficit) / Surplus for the year	646	(15,131)
Add back I&E impairments/(reversals)	(487)	1,446
Remove capital donations/grants I&E impact	498	443
Remove net impact of consumables donated from DHSC	0	0
IAS19 - Removal of non-cash Pensions on SOFP	(186)	(75)
Remove impact of application of IFRS16 to PFI measurement	152	628
Adjusted financial performance	623	(12,689)

Capital

The Trust delivered a sizeable capital programme of £13.4m. The broad categories of spend are upgrades of clinical areas and buildings (£8.2m), plant and machinery / furniture and fittings (£0.1m), and digital and informatics improvements (£5.1m). Public Dividend Capital funding of £4.4m was received in year, £0.1m of this was for digital and informatics improvements and £4.3m for estates schemes including BLMK Reducing Out of Area Placements.

Income

The Trust received £762.6m of operating income in 2025-2026 and has complied with the cost allocation and charging requirements set out by HM Treasury. The Trust has not received any income that is not related to the provision of goods and services for the purposes of the health service in England. The following table provides an analysis of the income for 2025-2026 as reported in the accounts.

Annual Income	2025-2026 £000	2024-2025 £000
Income from Patient Care Activities		
Integrated Care Boards and NHS England	626,138	605,145
Foundation Trusts and NHS Trusts	85,944	81,578
Local Authorities	19,029	21,138
Non-NHS: Overseas patients (chargeable to patient)	14	0
Non-NHS: Other	8,786	8,596
Total Income from Activities	739,911	716,457
Other Operating Income		
Research and Development *	3,031	5,141
Education and Training	16,712	16,589
Non-patient care services to other bodies **	2,478	5,047
Rental revenue from operating leases	416	400
Peppercorn leased assets recognised	83	105
Total Other Operating Income	22,720	27,282
Total Operating Income from Continuing Operations	762,631	743,739

*NHS Benchmarking income for 2024/25 totalling £3,634k was reclassified from 'Non-patient care services to other bodies' to 'Research and development'.

** Renamed from 'Other income'

Expenditure

Annual Expenditure	2025-2026 £000	2025-2026 %	2024-2025 £000	2024-2025 %
Purchase of healthcare from NHS and DHSC Bodies	33,329	4%	26,260	3%
Purchase of healthcare from Non-NHS Bodies	23,361	3%	33,123	4%

Employee Expenses	544,012	72%	540,782	72%
Establishment	7,045	1%	6,716	1%
Supplies and Services	40,827	5%	38,378	5%
Drugs	6,327	1%	6,653	1%
Premises	40,957	5%	35,334	5%
Other	26,942	4%	27,738	4%
Depreciation and Amortisation	36,463	5%	36,664	5%
Impairments (reversals)	(110)	0%	1,453	0%
Total Expenditure	759,153	100%	753,101	100%

Analysis of the operating spend is shown in the table above with comparative figures for 2024-2025. Staff pay costs for 2025-2026 account for 72% of the total operating spend. This is consistent with the nature of the services we provide and is comparable with other Trusts who provide similar services.



Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

25th June 2026

ACCOUNTABILITY REPORT

Directors' Report

Our Board of Directors

Balance, Completeness and Appropriateness of the Board of Directors' Membership

Our Board has a wide range of skills and experience with the majority of members having a medical, nursing or other health professional background. Non-Executive Directors have wide-ranging expertise and experience with backgrounds in health, primary care, finance, audit and regulation, business and organisational development, HR, global commercial, local government and third sector, strategic estates and lived carer experience.

The Board considers it is balanced and complete in its composition, and appropriate to the requirements of the Trust, and is in line with the *NHS England's Code of Governance for NHS FTs* and with our standing orders.

There is a clear division of responsibilities between the Chair and Chief Executive. The Chair has throughout the year been responsible for the effective working of the Board, and for ensuring the Board has a strategy that delivers a service that meets the expectations and requirements of the communities we serve, ensuring all directors are able to play their full part in the strategic direction of the Trust and its performance. The Chair also facilitates the contribution of Non-Executive Directors and their constructive relationships with the Executives.

The Chief Executive is responsible for all aspects of the management of the Trust. This includes the leadership of the executive team and for implementing our strategy and delivering our overall objectives, and for ensuring that we have an appropriate risk management system in place.

The Chair, supported by the Director of Corporate Governance, ensures that the Directors and Governors receive accurate, timely and clear information, making complex information easier to digest and understand.

During the year, the time spent with Governors has helped the Board to understand their views of the Trust and its strategies; Board directors attend the Council of Governors meetings, with Governors routinely attending the Board meetings held in public as observers. Communication with members, service users and carers support the Board's understanding of what matters to them.

The Trust has one of the most diverse Boards in the NHS and international evidence shows that diversity is aligned with better decisions. The Board has also demonstrated a clear balance in its membership through extensive debate and development.

All Directors are required to comply with the fit and proper persons test requirements (FFPT) to meet the requirements of the general conditions of the provider licence and are required to make an annual declaration of compliance in this regard.

There were several changes to Board membership through the year, the details of which can be found in the remuneration report. The descriptions below of each director demonstrates the relevance of the experience and expertise that each director brings to the Trust.

**Eileen Taylor, Trust Chair**

Eileen joined the Trust in November 2018 and was appointed as the Joint Chair across East London NHS Foundation Trust and North East London NHS Foundation Trust with effect from 1 January 2023. She was Acting Chair of ELFT from 4 April 2022 and prior to this was appointed Vice-Chair of London in March 2019 and subsequently of the Trust from October 2020.

Eileen is a veteran investment banker with 38 years' experience within global leadership roles based in Asia, US and the UK. She has held a range of senior roles in Deutsche Bank over 30 years including Global Head of Regulatory Management and CEO of DB UK Bank Ltd. Eileen has held Chief Operating Officer roles at Global Markets Europe, Global Foreign Exchange and the Institutional Client Group. She was also Chair of the Catalyst Europe Advisory Board and was the Co-Chair of the Task Force of Talent Innovation.

Eileen is currently the Chair at MUFG Securities EMEA plc having previously served as its Senior Independent Director and also the Chair of its Remuneration Committee. At MUFG Bank she was also Chair of the Joint Remuneration Committee and member of the Audit Committee. Eileen has also served as a Trustee on the Board of the East London Alliance (ELBA) Charity, as a member of the Advisory Council of Heart of the City Charity and as a Board member of the British Bankers Association from 2013–2016.

**Lorraine Sunduza OBE, Chief Executive**

Lorraine was appointed as Chief Executive at the Trust with effect from 1 May 2024 having formally been the Interim Chief Executive from August 2023.

Lorraine graduated from De Montfort University with a mental health nursing qualification. She has over 20 years' registered nurse experience having started her career working in adult mental health inpatient services.

Lorraine joined the Trust in 2002 as a charge nurse in the forensic directorate; she was appointed as Head of Nursing for Forensic Services and in 2015 was appointed as Deputy Director of Nursing for London Mental Health. She became Interim Chief Nurse in November 2017 and was substantially appointed in June 2018. She was appointed as Deputy CEO at the Trust in June 2021.

Lorraine is a Myers-Briggs Step 2 Administrator, Nye Bevan Health Care Leadership Programme and Race Equality in the work place (WRES Expert).

Lorraine's qualifications include Registered Nurse (Mental Health).

**Dr David Bridle, Chief Medical Officer**

David was appointed as Chief Medical Officer from 2 May 2023 having previously carried out the interim role from 1 July 2022.

David joined ELFT in 2006 as a specialist registrar. In 2010 he was appointed as consultant in general adult psychiatry, working in a sector general adult Consultant post in Newham where he also served as an Associate Clinical Director for a period of two years.

In 2014 David was appointed as Clinical Director in City and Hackney where he also worked as a consultant in primary care liaison psychiatry. In 2018 he was appointed as the Medical Director for ELFT's London mental health services and continued in a limited clinical role in primary care liaison.

In 2022 he was appointed as Responsible Person for the Use of Force Act. His role is to ensure that the organisation complies with the requirements of the Use of Force Act. Clinical Directors are nominated leads for the Use of Force Act and carry out the Responsible Person's functions that are delegated to them.

**Richard Carr, Senior Independent Director**

Richard joined the Trust in December 2020 as a Non-Executive Director after almost 26 years as a local authority Chief Executive. He was appointed as the Senior Independent Director from 1 November 2023 and is the chair of the Integrated Care & Commissioning Committee.

Richard was the first Chief Executive of Central Bedfordshire Council, a unitary authority created from the merger of a County Council and two District Councils in 2009. In his 11 years at the helm, the Council delivered significant improvements in key areas such as Children's Services, Adult Social Care and Regeneration, against the background of a challenging financial climate.

Richard has worked for seven councils throughout his career. He became Chief Executive of East Cambridgeshire District Council in 1995 and then Aylesbury Vale District Council in 2000. He then took the helm at Wolverhampton City Council in 2006.

Between May 2017 and October 2020, Richard was the Senior Responsible Officer for the Bedfordshire, Luton and Milton Keynes Integrated Care System (ICS) serving a population of a million people and comprising fifteen organisations straddling the NHS and local government. Richard has also been a university Governor and a Governor of two colleges of further education as well as being the Interim Managing Director of Colchester Commercial Holdings Ltd.

Richard now runs a small management consultancy whose assignments have included working with the Department of Health & Social Care as part of the response to the Covid-19 pandemic. He is appointed to the Ministry of Housing, Local Government & Communities and is also Managing Director Commissioner at Woking Borough Council and Chair of the Improvement Board, Cambridgeshire & Peterborough Combined Authority.

**Tanya Carter, Chief People Officer**

Tanya joined the Trust in 2016 as the Associate Director of Human Resources and was appointed as the Trust's interim Director of Human Resources in May 2018, until her substantive appointment in July 2018.

Tanya has Human Resource management experience spanning over 26 years within several public sector organisations; a significant period of which has been spent in middle and senior management positions, managing multi-disciplinary teams.

Tanya has worked in a primary care Trust and three acute care NHS Trusts, as well as working in two London local authorities and further education colleges. Her experience also includes lecturing on undergraduate programmes and working as a management consultant with PriceWaterhouseCooper (PwC).

In 2022, 2023 and 2024 Tanya was recognised in the Health Service Journal (HSJ) Top 50 most influential Black, Asian Minority Ethnic leaders in the NHS.

Tanya has a postgraduate diploma in HR Management, an MA in Strategic HR Management, and a certificate in Organisational Development. She is also a Chartered Fellow Member of the Chartered Institute of Personnel Development (CIPD).

**Vivek Chaudhri, Non-Executive Director**

Vivek joined the ELFT Board in September 2025.

Vivek is an experienced NED and digital transformation leader with over 30 years' experience across global life sciences and technology organisations. He has held senior leadership roles at Eli Lilly, Pfizer, and Boehringer Ingelheim, where he led digital health innovation, governance, and patient-first technology strategies.

Vivek brings deep expertise in AI, cyber security, and digital operating models, and has successfully led large-scale transformation programmes that delivered measurable improvements in operational efficiency, patient outcomes, and stakeholder value. He has also served on NHS trust boards with a focus on aligning technology with care quality, patient safety, and regulatory assurance.

Vivek is a co-founder of the Global AI Leaders Network (GAIL), a platform supporting organisations to ethically scale AI innovation. He also advises a number of AI startups and contributes to global healthcare and technology thought leadership initiatives.

A passionate advocate for inclusion, Vivek has championed diversity in leadership and technology roles in multiple organisations. He is equally committed to building equitable, patient-centred cultures aligned with NHS values.

Outside of work, Vivek is deeply engaged in yoga, meditation, and wildlife conservation.



Peter Cornforth, Non-Executive Director

Peter joined the Trust on 1 April 2023 as a Non-Executive Director and is chair of the Charitable Funds Committee.

Peter is an investment and development professional with over 35 years' experience, with the past decade engaged in private equity real estate. He is currently a senior adviser at PineBridge Benson Elliott LLP focusing on UK regeneration projects - homes, commercial, leisure, workspace and healthcare developments; and was previously responsible for the strategic performance of multi-location portfolios for mixed commercial and residential properties.

Peter holds a number of Director appointments including at Good Way Ltd, Field Doctor Ltd, Kind Canyon Digital Ltd and Music Venue Properties Ltd as well as being Non-Executive Director at Community Health Partnership, a Governor of the John Whitgift Foundation and a Trustee of The Ormiston Trust.



Alison Cottrell, Non-Executive Director (from 1 April 2024) Vice-Chair (Bedfordshire & Luton)

Alison joined the Trust on 1 April 2024 as a Non-Executive Director. Alison was appointed Vice-Chair (Bedfordshire and Luton) from 1 November 2025

Alison was the founding CEO of the Financial Services Culture Board (FSCB), a not-for-profit body established in the wake of the global financial crisis to help banks and firms manage their organisational cultures and share learning and good practice across the sector.

Alison began her career as an economist, working in investment banking. She then joined HM Treasury where she held several policy roles including, over the six years to 2015, Director of Financial Services. As a member of the Department's senior leadership team and Director of Corporate Services, she also had specific responsibility for its people strategy and related functions.

Alison was made a Companion of the Order of the Bath in 2015. She is a Non-Executive Director at LINK (the UK's cash access and ATM network) and a Trustee of Phoenix Futures, a charity that helps individuals, families and communities recover from drug and alcohol problems. She is a member of the Education and Charity Committee of the Worshipful Company of International Bankers and a Fellow of the Society of Professional Economists.



Kevin Curnow, Chief Finance Officer

Kevin joined the Trust on 31 July 2023 as the Chief Finance Officer (CFO) having previously been the CFO and Deputy CEO at the Whittington Health NHS Trust.

Having professional trained in the south west and worked in industry and commerce for 10 years, Kevin began his NHS career in 2008 at the Royal Cornwall Hospitals NHS Trust.

Since 2011 Kevin has operated at deputy or director level across a variety of NHS organisations whose services covered ambulance, community, mental health and acute provision, allowing him to gain a breadth of NHS provider services knowledge.

Kevin is a support of QI initiatives to drive financial improvement and promotes system collaboration to maximise patient outcomes and experience. He also has a passion for staff development and encourages his teams to maximise the potential of learning opportunities.

Kevin is a Fellow Chartered and Certified Accountant.



Professor Dr Durka Dougall, Non Executive Director

Durka is a medical consultant and public health specialist who has been working in the NHS for over 25 years. She is the Chief Executive of the Centre for Population Health, the Chair of the national Health Creation Alliance, and an Honorary Professor in Public Health and Population Health supporting two global universities. Durka has been supporting the development of NHS Provider Trust and ICB Boards nationally for the last 10 years and is also a Non-Executive Director at Kingston & Richmond NHS FT since April 2023 and Deputy Chair from January 2024.

Durka is a nationally recognised health and care leader who has been involved in a variety of roles addressing population health and tackling health inequalities across the UK and beyond. She is passionate about transforming the approach of the health and care system in England so that it is more joined-up, equitable, effective in prevention as well as treatment, and focused on enabling people to be healthy for as long as possible. Durka is proud of her Sri-Lankan heritage and being a mum to her two teenage children.



Richard Fradgley, Executive Director of Integrated Care & Deputy CEO

Richard joined the Trust as Director of Integrated Care in June 2015 and joined the Trust Board in 2017. He was appointed as Deputy CEO at the Trust in July 2022.

Richard was previously Director of Mental Health & Joint Commissioning at NHS Tower Hamlets CCG where he worked as part of the East London Mental Health Consortium commissioning mental health services across east London. Prior to that, Richard worked in a variety of commissioning and provider leadership roles, including general manager and CMHT manager roles in the Trust.

Richard is a qualified social worker and has worked in acute hospital social work, mental health social work and as an Approved Social Worker.

Richard's qualifications include BA(Hons) in English Literature, Diploma in Social Work, MA in Social Work, Masters in Public Administration.

**Philippa Graves, Chief Digital Officer**

Philippa joined the Trust in July 2020 as Chief Digital Officer. She was previously the Chief Digital Information Officer for Bedfordshire Hospitals NHS Foundation Trust and has been an Executive Director of Operations & Transformation in two acute Trusts prior to this.

Philippa has worked in a variety of senior strategic and operational roles and in a range of settings including A&E and estates. She has a background in radiology, and has conducted research into neurology, pathology and paediatrics at King's College Medical School.

Philippa's passion is digital transformation, to learn what good looks like from all sectors, and she led a team that partnered with a F1 racing company to learn about the value of analytics in the diagnosis of problems, and to share with them the knowledge to manage a fully mobile delivery platform. She has also partnered with a HIMSS level 7 hospital in Cascais in Portugal which is a world leader in digitally informed healthcare.

Philippa's qualifications include BSc (Hons), MBA and is an NHS Digital Academy Leadership Graduate.

**Dr Farah Jameel, Non-Executive Director**

Farah joined the Trust in June 2025 as Non-Executive Director.

Farah is a respected General Practitioner based in Camden, with a wealth of clinical experience spanning over 20 years. She is Co-Chair of Camden Local Medical Committee, and Non-Executive Director at the North London NHS Foundation Trust where she chairs the Quality & Safety Committee. She is a Trustee of the Medical Women's Federation and serves on the Board of Directors for London-wide Local Medical Committees.

Farah has also made substantial contributions at a national level. In 2021, she made history as the first woman to chair the General Practitioners Committee in England, following on from her role on the executive team since 2017.

Farah is an award-winning leader and has a proven record of achievement in medical politics and contract negotiations including navigating challenging circumstances during the COVID-19 pandemic. Having lived in UAE and India, she has experience in national and international healthcare systems. She draws on her clinical experience to influence health policy, strategy, and implementation. She is passionate about the use of technology and data to improve patient outcomes.

**Professor Dame Donna Kinnair DBE, Non-Executive Director**

Donna joined the Trust in January 2021 as a Non-Executive Director. She is chair of the Trust's Quality Assurance Committee.

Donna was General Secretary and Chief Executive of The Royal College of Nursing (RCN). She was responsible for delivering the RCN's strategic and operational plans and promoting patient and nursing interests on a wide range of issues.

She is a Non-Executive Director at the Royal Free Hospital NHS Foundation Trust; a Board Member of the NHS Race & Observatory and of UCL Partners (health research); Patron at Trinity College Medical Society; and a Trustee at Burdett Trust for Nursing. She is also a Director at DDK Consultancy Ltd

Prior to joining the RCN, Donna held various roles including Clinical Director of Emergency Medicine, Executive Director of Nursing and Director of Commissioning. She has specialised in child protection, providing leadership in major hospital Trusts in London, teaching, and advising on legal and governmental committees.



Sue Lees, Non-Executive Director

Sue joined the Trust in April 2023 as a Non-Executive Director. She is the chair of the Trust's Finance, Business & Investment Committee.

Sue is currently a Non-Executive Director at Barking, Havering & Redbridge University Hospitals NHS Trust and is chair of the Charitable Funds Committee of the BHRUT Charity Committee. She is also the Vice-Chair and Audit Committee chair at North East London NHS Foundation Trust.

Sue is a qualified chartered accountant with more than 30 years' experience in both the private and public sectors including a period working within the NHS and local government. She has led large capital programmes including the delivery of a number of new healthcare facilities as well as leading a number of back-office services in local government including ICT.

Sue is the former Chief Executive of Elevate East London, a joint not-for-profit venture between the London Borough of Barking & Dagenham and Agilysis, an innovation and technology consultancy company. Previously she was Divisional Director of Assets and Commercial Services for London Borough of Barking & Dagenham, and CEO of Barking & Havering LIFTCo, a partnership delivering new build health centres between 2003 and 2008.



Claire McKenna, Chief Nurse (from 25 July 2024)

Claire was appointed as Chief Nurse in June 2024 having formerly been appointed as the Interim Chief Nurse at the Trust on 21 August 2023. Prior to this, she was Director of Nursing for Bedfordshire and Luton.

Claire trained as a mental health nurse at St Bartholomew's Hospital (now Barts Health Trust) and apart from a year of travelling, has developed and honed her skills at the Trust as a staff nurse in City and Hackney. She was a CAMHS service manager and lead nurse in Newham before becoming Director of Nursing where she was responsible for adults and CAMHS services.

Claire a MAPPA trainer specialising in child and adolescent mental health care. She is the Trust lead for safeguarding adults and children, and is active in the ELFT Ability Staff Network, working to reduce barriers for staff and service users with a disability.



Edwin Ndlovu MBE, Chief Operating Officer & Deputy CEO

Edwin was appointed Chief Operating Officer in June 2021, having previously served as Director of Operations from January 2020 and Interim Chief Operating Officer from October 2020. He was appointed Deputy Chief Executive in November 2023.

Edwin is a Registered Mental Health Nurse (RMN) by professional background, with clinical and operational leadership experience across a range of complex care settings, including forensic and adult mental health services. His career reflects a progression from point of care clinical practice into senior system leadership, maintaining a strong focus on quality, safety and service improvement.

He held the role of Borough Lead Nurse and Associate Clinical Director for Newham adult mental health services between 2009 and 2015, where he combined clinical leadership with operational accountability. He subsequently took up the position of Borough Director for Tower Hamlets in 2016, leading integrated services within a highly complex and diverse urban system.

Edwin holds a Master's degree in Public Administration and is a graduate of the NHS Nye Bevan Healthcare Leadership Programme. He is also a Trustee of St Mungo's.



Deborah Wheeler, Vice-Chair (London)

Deborah joined the Trust in January 2021 as a Non-Executive Director and was appointed as Vice-Chair (London) from 1 November 2025. Prior to that Deborah was Vice-Chair (Bedfordshire & Luton) from 1 January 2023, having acted up in this role since July 2022. She is the chair of the Trust's Appointments & Remuneration and People & Culture Committees.

Deborah trained as a nurse at St Bartholomew's Hospital, spending her clinical career in orthopaedic nursing before moving into nursing management. She has been Director of Nursing at several NHS Trusts in London and became Deputy Regional Chief Nurse for NHS England South Region. More recently, Deborah moved back to a Director of Nursing post at the North Middlesex Hospital, before retiring from full-time work at the end of 2019.

Deborah is a Florence Nightingale Foundation Leadership Scholar and received the Chief Nursing Officer's Gold Award for lifetime achievement in 2019. She is currently a Non-Executive Director at North East London NHS FT and is also a Trustee of two national charities – Epilepsy Society and Revitalise Respite Holidays.

Independence of the Non-Executive Directors

The Trust is committed to ensuring that the Board of Directors is comprised of a majority of independent Non-Executive Directors who objectively challenge management. Our Non-Executive Directors provide a wide range of skills and experience; they bring strong, independent oversight and judgement on issues of strategy, performance and risk through their contribution at Board and committee meetings. The Board considers that throughout the year each Non-Executive Director

was independent in character and judgement as they have not been employed by the Trust and do not have any financial or other business interest in the organisation. None has close family ties with the Trust's directors or senior employees, and none has served on the Board for more than nine years.

The Council is responsible for all decisions to reappoint Non-Executive Directors and is supported in its consideration by the recommendations it receives from the Chair and the Board's Appointments & Remuneration Committee. Any recommendation to reappoint a Non-Executive Director beyond six years follows detailed review to ensure the continued independence of the individual. Any Non-Executive Director appointed beyond six years is subject to rigorous annual review and reappointment. Non-Executive Directors declare their interests and in the unlikely event that such interests conflict with those of the Trust, then the individual would be excluded from any discussion and decision relating to that specific matter.

Chairs' Significant Commitments

During 2025-2026 Eileen Taylor declared an interest in the following:

- Joint Chair, East London NHS Foundation Trust and North East London NHS Foundation Trust
- Chair, MUFG Securities EMEA plc
- Chair, NEL Mental Health, Learning Disability and Autism (MHLDA) Collaborative

Register of Interests

All Board directors are required to disclose their relevant interests as defined in our constitution. These are recorded in a publicly available register that is formally reported to the Board at the beginning of each meeting. A copy of the register is available on our website or on request from the Joint Director of Corporate Governance at Robert Dolan House, 9 Alie Street, London E1 8DE or email elft.declarations@nhs.net

How to Contact the Board of Directors

Post: Trust Head Office
Robert Dolan House
9 Alie Street
London E1 8DE

Switchboard: 020 7655 4000

Email: elft.communications@nhs.net

Directors Meeting Attendance Summary

The table below shows the attendance of directors at Board and Council of Governor meetings for all directors in post during the 2024-2025 financial year.

Name	Role	Board of Directors	Council of Governors
		Actual/Possible	
Aamir Ahmad	Vice-Chair (London) (to 31/10/2025)	2/3	0/4
David Bridle	Chief Medical Officer	6/6	8/8
Barbara Britner	Acting Chief People Officer (from 08/05/2025)	6/6	8/8
Richard Carr	Senior Independent Director	6/6	4/8
Tanya Carter	Chief People Officer (Maternity Leave from 09/05/2025)	N/A	N/A

Name	Role	Board of Directors	Council of Governors
		Actual/Possible	
Anit Chandarana	Non-Executive Director (to 31/10/2025)	3/3	3/4
Vivek Chaudhri	Non-Executive Director (from 01/09/2025)	3/4	4/5
Peter Cornforth	Non-Executive Director	6/6	3/8
Alison Cottrell	Vice-Chair (Bedfordshire & Luton)	6/6	8/8
Kevin Curnow	Chief Finance Officer	6/6	8/8
Durka Dougall	Non-Executive Director (from 01/06/2025)	4/5	5/6
Sam Everington	Non-Executive Director (to 31/12/2025)	3/4	0/6
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO	6/6	6/8
Philippa Graves	Chief Digital Officer	6/6	6/8
Farah Jameel	Non-Executive Director (from 01/06/2025)	5/5	5/6
Donna Kinnair	Non-Executive Director	5/6	5/8
Sue Lees	Non-Executive Director	5/6	7/8
Claire McKenna	Chief Nurse	6/6	8/8
Edwin Ndlovu	Chief Operating Officer & Deputy CEO	6/6	5/8
Amar Shah	Chief Quality Officer (to 11 Feb 2026)	4/5	1/7
Lorraine Sunduza	Chief Executive	6/6	6/8
Eileen Taylor	Trust Chair	5/6	7/8
Deborah Wheeler	Vice-Chair (London)	5/6	7/8

Evaluating Performance and Effectiveness

The Board undertakes regular reviews of its performance and effectiveness as this provides a useful opportunity to step back and reflect. This includes:

- The Chair conducts individual performance evaluations of the Non-Executive Directors and the Chief Executive, as well as Executive Directors in relation to their duties as a member of the Board
- The Senior Independent Director conducts a performance evaluation of the Chair having collectively met with all other Non-Executive Directors and received feedback from Governors and Executive Directors. Feedback will also be sought from regional representatives from NHS England local ICSs and local provider trusts. During the year, the review was jointly undertaken with North East London NHS FT, with both Senior Independent Directors leading the process as the Chair is the Joint Chair across both Trusts
- The Chief Executive conducts performance evaluations of the Executive Directors
- The outcomes of the performance evaluation of the Chair and Non-Executive Directors is presented to the Council's Nominations and Conduct Committee and reported to the Council at a general meeting in line with the process agreed by the Council
- The outcomes of the performance evaluation of the Chief Executive and Executive Directors are presented to the Board's Appointments and Remuneration Committee
- The Board has an ongoing development programme in place and held four sessions during the year.

Directors' Remuneration

The responsibility for setting the remuneration of the Executive Directors falls to the Board's Appointments and Remuneration Committee.

The Council's Nominations and Conduct Committee has the delegated responsibility for reviewing the remuneration levels of the Trust Chair and Non-Executive Directors and makes recommendations to the Council who has the statutory responsibility to set remuneration levels.

Full details of Directors' remuneration are set out in the remuneration report.

Board Committees

The Board exercises all the powers of the Trust on its behalf and remains accountable for all its functions including those delegated to committees of directors. These functions are clearly set out in the respective committees' terms of reference which are reviewed regularly by the Board. As a unitary Board, all executive and Non-Executive Directors have joint responsibility for every decision of the Board and share the same liability. This does not impact upon the responsibilities of the Chief Executive as accounting officer to Parliament, for ensuring that the Trust operates consistently within national policy and public service values. In addition, certain decisions are made by the Council of Governors, and some Board decisions require the approval of the Council.

OBJ

Audit Committee

Purpose

The Audit Committee provides an independent and objective review to the Board on the effectiveness of the Trust's integrated governance processes, risk management systems and internal controls across the whole of the Trust's activities (both clinical and non-clinical) that support the achievement of the Trust's strategic objectives; this includes compliance with law, guidance and regulations governing the NHS. It works in partnership with the other Board committees to fulfil these aims.

The committee is authorised by the Board to investigate any activity within its terms of reference and to seek any information it requires from staff. It considers both the internal and external audit work plans and receives regular updates from both sets of auditors. The committee also receives an anti-fraud update at each of its meetings.

Membership and Meeting Attendance

The committee comprises of not less than three independent Non-Executive Directors one of whom will be the chair of the committee and at least one will have recent and relevant financial experience.

The table below shows the attendance at committee meetings during the 2024-2025 financial year.

Committee member	Title	Attendance (actual/possible)
Richard Carr	Non-Executive Director, Senior Independent Director	6/8
Anit Chandarana	Non-Executive Director, Chair of Committee (until 31 October 2026)	3/5
Alison Cottrell	Non-Executive Director, Vice-Chair and Chair of Committee (from 1 November 2026)	7/8
Sue Lees	Non-Executive Director	8/8
Deborah Wheeler	Non-Executive Director, Vice Chair	6/8

The Chief Finance Officer, the Joint Director of Corporate Governance, and representatives from internal and external audit, and Local Counter Fraud Specialists (LCFS) were also in attendance at meetings.

Effectiveness of the Committee

The committee annually reviews the terms of reference to ensure that it is meeting its statutory requirements and operating in line with best practice. This year the terms of reference were updated to reflect best practice in line with the HMFA Audit Committee handbook.

At each meeting, the committee received papers of good quality, provided in a timely fashion to allow due consideration of the content. Meetings were scheduled to allow sufficient time to enable a full and informed debate. Minutes of each meeting are taken, and an assurance report is presented to the Trust Board following each meeting.

Given the skills and experience of the members and, through the work of the committee across the year, the Board is satisfied that the committee has remained effective and has a balanced membership including both recent and relevant financial experience as well as clinical experience.

External Audit

The main responsibility of external audit is to plan and carry out an audit that meets the requirements of the National Audit Office's *Code of Audit Practice* by reviewing and reporting on the Trust's accounts and whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

The committee reviews the external audit annual audit plan during the financial year and receives regular updates on progress.

The value of the external audit contract is £158,000 (excluding VAT) per annum.

External Auditor's Reporting Responsibilities

Forvis Mazars' report on the Trust's financial statements is based on its examination conducted in accordance with International Financial Reporting Standards (IFRS) and DHSC Group Accounting Manual. Their work includes a review of the Trust's internal control structure for the purposes of designing their audit procedures.

Internal Audit

The Trust's internal auditors for 2025-2026 were RSM UK. Internal audit provides an independent appraisal service to provide the Trust Board with assurance regarding the Trust's systems of internal control.

The committee considers and approves the internal audit plan in discussion with the whole Board and receives regular reports on progress against the plan, as well as an annual report. The committee also receives and considers internal audit reports on specific relevant topics. Internal audit also provides benchmarking data, updates on assurance frameworks and briefing notes on a range of current issues.

Counter Fraud and Bribery

The Trust employs two LCFS staff whose role is to assist in creating an anti-fraud and anti-bribery culture within the Trust; to deter, prevent and detect fraud and bribery; to investigate any suspicions that arise; to seek to apply appropriate sanctions; and to seek redress in respect of monies obtained through fraud and bribery.

The committee receives regular progress reports from the LCFS during the year as well as an annual report. The Board attaches significant importance to the issue of fraud and corruption. Reported concerns have been investigated by our LCFS specialists in liaison with the NHS Counter Fraud Authority (CFA) and the police, as necessary. The committee reviewed the levels of fraud reported and detected, and the arrangements in place to prevent, minimise and detect fraud and bribery.

The Trust continues to work to maintain an anti-fraud culture and in addition to a range of policies and procedures in place to minimise risk, the LCFS team have rolled out a regular and innovative communications and engagement programme during the year to support staff with raising concerns.

Relationship with the Council of Governors

The Council has the responsibility for the appointment, reappointment and/or removal of the Trust's external auditors and will consider recommendations from the Audit Committee when doing so.

Financial Reporting

A key aspect of the Audit Committee's work is to consider significant issues in relation to financial statements and compliance. To assist this review, the committee considered reports from management, and the internal and external auditors to assist in their consideration of:

- The quality and acceptability of accounting policies, including their compliance with accounting standards
- Key judgements made in preparation of the financial statements
- Compliance with legal and regulatory requirements
- The clarity of disclosures and their compliance with relevant reporting requirements
- Whether the annual report as a whole is fair, balanced and understandable and provides the information necessary to assess the Trust's performance and strategy.

The committee has reviewed the content of the annual report and accounts and advised the Trust Board that, in its view, taken as a whole:

- It is fair, balanced and understandable, and provides the information necessary for stakeholders to assess the Trust's performance, business model and strategy
- It is consistent with the draft Annual Governance Statement, the Head of Internal Audit opinion and the assurances provided by management and the external auditors
- The key judgements and estimates underpinning the financial statements have been appropriately scrutinised and are considered to be reasonable and supportable
- The disclosures within the financial statements and narrative report are appropriate, compliant with relevant reporting requirements, and sufficiently transparent to support understanding by users of the report

Other Areas Reviewed

In addition to the above areas of work during the year the committee:

- Supported the continued enhancement of the BAF framework and approach to refreshing this in line with the new strategy
- Continued a programme of deep dives into individual risks on the Trust's BAF
- Regularly monitored components of the Trust's internal control framework
- Received regular updates on waivers and breaches.
- Received reports on policies such as the standards of business conduct policy
- Received regular updates on the progress on the delivery of the internal audit plan and reviewing the next year's plan for recommendation to the Board for approval; and scrutinised the implementation timelines to ensure they were realistic and achievable
- Received regular updates on the status of the Trust's cyber security and preparedness
- Received the ELFT Charitable Funds annual report,
- Was informed by assurance work undertaken by other Board committees through joint memberships and escalation pathways across Board committees and received regular updates from the Quality Assurance Committee together with a verbal report from the Non-Executive Director who is a member of both committees.
- Received assurance on counter fraud matters, including review of the annual self-assessment.

Appointments & Remuneration Committee

Chaired by a Non-Executive Director, this committee comprises of all Non-Executive Directors including the Chair. The committee has the statutory responsibility for identifying and appointing suitable candidates to fill Executive Director (including the Chief Executive) positions on the Board including determining their remuneration, allowances and other conditions of service including pension rights and any compensation payments, ensuring compliance with any mandatory guidance and relevant statutory requirements. It is also responsible for receiving and reviewing the annual performance of Executive Directors as well as succession planning and reviewing Board structure, size and composition.

Further details can be found in the remuneration report.

Charitable Funds Committee

Chaired by a Non-Executive Directors, this committee includes a membership of one other Non-Executive Director, Chief Finance Officer, Chief People Officer and Chief Nurse, and includes communications, Governor and people participation representation. The purpose of the committee is to maintain a detailed overview of the Trust's charitable funds assets and resources in relation to the achievement of the agreed strategy. The committee carries out the functions delegated to it by the Board which is the corporate trustee of the ELFT Charity (registered charity no: 1198337).

Finance, Business & Investment Committee

Chaired by a Non-Executive Director, this committee has a membership of two other Non-Executive Directors one of whom will be a member of the Quality Assurance Committee, the Chief Executive, the Chief Finance Officer and the Chief Operating Officer. The committee provides oversight and assurance to the Board on the integrity and deliverability of the Trust's financial, efficiency, and infrastructure plans. Its responsibilities include reviewing financial performance and planning, assessing financial and business risks, overseeing procurement and efficiency strategies, monitoring financial decision-making, promoting sound financial practices, and reviewing cash management and surplus investment.

The committee is also the lead committee for risks relating to the improving value strategic objective on the BAF.

Integrated Care & Commissioning Committee

Chaired by a Non-Executive Director, this committee has a membership of two other Non-Executive Directors, Chief Medical Officer and Executive Director of Integrated Care. The committee provides oversight and assurance on the Trust's strategic objective to improve population health and reduce health inequalities. It supports the Trust's commitment to the triple aim - enhancing patient experience, improving population health, and reducing per capita healthcare costs. The committee also oversees the Trust's integration efforts, particularly within ICSs and evaluates new care models aimed at improving health outcomes and addressing inequalities.

The committee is also the lead committee for risks relating to the improving population health strategic objective on the BAF.

People & Culture Committee

Chaired by a Non-Executive Director, this committee has a membership of two other Non-Executive Directors and three Executive Directors, including the Chief People Officer. The purpose of the committee is to provide assurance to the Board on the delivery of the Trust's strategic objective relating to people and the management of risks pertaining to this and includes oversight of and assurance on the achievement of the Trust's people plan.

The committee is also the lead committee for risks relating to improving staff experience strategic objective on the BAF.

People Participation Committee

Chaired by a Non-Executive Director, this committee has a wide representative membership including one other Non-Executive Director, the Chair, the director of people participation, service user and carer representatives from across the Trust, senior people participation leads, Working Together Group representatives, Governors, Director of Corporate Governance and the Head of Governors & Community Engagement as well as members of the Trust's executive team including the Chief Executive demonstrating the Trust's commitment to public involvement. This committee provides assurance on the Trust's overall approach to people participation and ensures that there is a culture of continuous, positive improvement driven by engagement and co-production with people with lived experience in the communities we serve.

The committee is also the lead committee for one of the risks relating to the improving patient experience strategic objective on the BAF.

Quality Assurance Committee

Chaired by a Non-Executive Director, this committee has a membership of two other Non-Executive Directors one of whom will also be a member of the Audit Committee, the Chief Medical Officer, Chief Nurse, Chief Operating Officer and Chief Quality Officer as well as the Head of Internal Audit. The committee provides assurance to the Board on the delivery of safe, high-quality care, positive experiences and outcomes for service users and carers, and a strong focus on equality and inclusion. It also ensures that quality assurance and improvement are embedded across the Trust, and that quality and safety risks are effectively managed and controlled.

The committee is also the lead committee for one of the risks relating to the improving patient experience strategic objective on the BAF.

NHS England's Well-Led Framework

Overview

NHS England's well-led framework identifies the characteristics required of good provider organisations that ensure quality services are provided:

- Leadership capacity and capability
- Clear vision and credible strategy
- Culture of high-quality care
- Clear responsibilities, roles and systems of accountability
- Clear and effective processes for managing risks
- Robust and appropriate information effectively processed and challenged
- People using services, the public, staff and partners engaged and involved
- Robust systems and processes for learning, continuous improvement and innovation.

The Trust has robust quality and corporate governance arrangements in place to ensure the quality of services it provides, and reviews these on an annual basis to consider further improvements. Quality governance and quality performance are covered in detail in the annual governance statement as well as in the performance section of the annual report.

Care Quality Commission (CQC)

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

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

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

None of the inspection reports have yet been published by CQC, however written high-level initial feedback has been received for all. The Trust is taking forward improvement actions in response to the feedback received to date, noting many were already in train.

Positive practice

Strong collaboration with partners and stakeholders: The Trust demonstrated effective collaboration with stakeholders across a range of services. In community health services, teams worked closely with partners to improve pathways and communication, including joint working through the ambulance Stack programme in Luton and Bedfordshire. In Tower Hamlets, initiatives to strengthen engagement with primary care helped to raise awareness of community health services, while teams in Newham undertook quality improvement work focused on improving communication with GP practices.

In inpatient mental health services: inspectors observed good partnership working both within the Trust and with external agencies, including substance misuse services. Across crisis services, there were positive examples of staff working constructively with local communities and voluntary sector organisations to provide more tailored support for people using services.

In Children and Adolescent Mental Health Services (CAMHS): multidisciplinary team meetings observed by inspectors were collaborative, constructive and clearly focused on the best interests of children and young people, demonstrating a strong commitment to person-centred care.

Caring and compassionate staff: Staff across services were consistently described as caring and compassionate. In community health services, staff were recognised for providing holistic support and frequently going above and beyond for patients, supported by positive feedback from Experts by Experience and inspectors' observations.

In inpatient mental health services, inspectors observed respectful and caring interactions between staff and patients. Staff demonstrated awareness of, and responsiveness to, the needs of autistic people, people with learning disabilities and other vulnerable groups. Community mental health services also demonstrated good integration with primary care and the voluntary sector, with proactive outreach to marginalised communities.

Supportive leadership and staff wellbeing: Staff in community mental health and crisis services spoke positively about local leadership and feeling supported by managers. Inspectors observed examples of flexible working and a continued focus on staff wellbeing across services.

Areas for development

Alongside the positive practice identified, inspectors highlighted a number of areas where further development would support greater consistency and resilience across services.

These included opportunities to strengthen consistency in mandatory training, supervision and record-keeping, improve the accessibility of patient information, and continue to address aspects of the physical environment within some inpatient settings. Inspectors also noted variation in

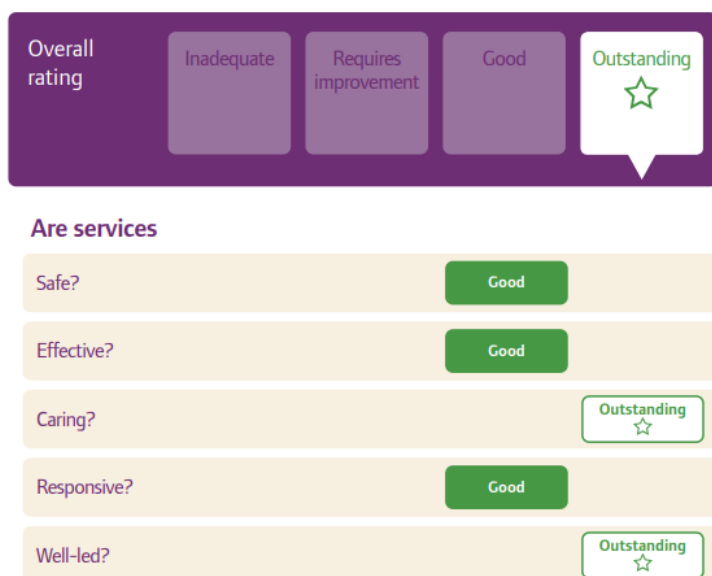
processes and service models across some crisis services, highlighting opportunities for greater standardisation and shared learning.

The Trust has ongoing programmes of improvement in place to address these areas, supported by quality improvement activity, targeted oversight and investment where required. Progress is monitored through the Trust's Quality Assurance Committee to ensure sustained improvement and learning across services



Last rated
22 June 2023

East London NHS Foundation Trust



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

Safer Services

ELFT Patient Safety Plan

We are now in the second year of our ELFT safety plan, shown in the driver diagram below, which builds upon a wealth of safety improvement work that has been completed within the trust over the last decade. The mission is to provide the safest possible care for our patients, safest conditions for our staff and safest lives for those communities we serve, with five key drivers to achieve this mission.

Our year two focus areas have been chosen by our trust Patient Safety Specialist Group with input from our patient safety partners and build on year one work to continuously improve culture and systems that are fundamental to safety for all. They include:

- Developing our safety insight, involvement and improvement by further embedding our patient safety incident response framework approach to learning from incidents (PSIRF)
- Further developing and growing ELFT staff skills in patient safety
- Involvement of service users, carers and families
- Supporting staff in relation to safety

- Digital improvement for safety.



Embedding and developing our PSIRF approach to learning from safety incidents

Having transitioned from the serious incident framework to PSIRF in 2022-2023, this year has provided time to test and further embed new learning methodologies to optimise safety outcomes for both patients and staff. The focus has been on continuous learning, improvement and supporting those affected in line with NHSE recommendations and we have continued to take advice and learning from national experts, NHSE, our ICBs and system partners to grow and refine our approaches.

Over the year we have trained a substantial number of staff in our new PSIRF methodologies. This has enabled our safety team to embed the new SEIPS methodology into our in-depth incident reviews to support improved learning from incidents. Our frontline leaders have been trained and supported in after-action review approach to learning from safety, and all directorates are now using this approach to engage teams more proactively in participative learning conversations. Feedback from these reviews suggested they are growing our positive and just safety culture.

In parallel our pressure ulcer teams have learnt to use another dynamic PSIRF learning tool, the swarm huddle, and have transformed their incident learning to use this as their standard learning approach, replacing root cause analysis methodology which is recognised as inappropriate for our complex and dynamic healthcare system. Examples of work undertaken over the year, as part of PSIRF include an in-depth review of our safety themes; revision of our safety learning methods; improved shared learning approaches; review of our new safety learning forums and networks; proactive planning of annual safety priorities at Trust-wide level; impactful large-scale safety improvement work; involvement of our patient safety partners in all our safety work; development of a new 'people first' framework for supporting staff after incidents; improvements in our incident management pathway; and ICB involvement in safety review decision-making and sign off forums.

Development of Staff Skills in Patient Safety

Alongside the training delivered to key staff on our PSIRF methodologies, the Trust has devised a patient safety training and learning plan with a broad menu of developmental opportunities and has commenced work on a safety training dashboard making it easier for staff in key roles to access learning and CPD relevant to their roles. Our safety leadership have also been upskilled in safety

over the year, with nine of our patient safety specialists undertaking level 4 safety specialist training modules via the University of Loughborough, and our Director of Patient Safety graduating from the full course. Our Safety Reviewers have also had the benefit of external coaching with patient safety consultant, Dr Jane Carthey, to support their skills in SEIPS and learning from observation of “work-as-done.” We have commissioned and delivered additional bespoke human factors training during the year and work is taking place to further safety content into several of our leadership development modules and our QI leaders’ programme.

Involvement of Service Users, Carers and Families

During the year we have continued to benefit from our new patient safety partner (PSP) roles – dedicated lived experience roles focussed on continuous learning and improvement for safer care. Our PSPs have helped us develop and share guidance for involving service users and carers in safety work and have supported more service users and carers to become involved in our safety improvement working groups, committees and forums. As a result, we have service user or carer involvement in a wide range of safety work such as our Operation Cavell Working Group, our CCTV Improvement Group, our Sexual Safety Improvement Group, our Observations Working Group and our Medication Safety Group. Our PSPs have also become members of our incident sign off panels, adding quality and valuable challenge to the process. They are now growing the involvement of other service users and carers in this role to widen the diversity of service user voices. Our PSPs remain involved in carer strategy working group and the ELFT Patient Experience Forum, to ensure safety is a focus in both these areas of parallel work.

To amplify the voice of service users and carers in our incident review work, this year we have introduced a new feedback system for people involved in any of our in-depth safety reviews. The insights gained from this interview-based feedback system are now being incorporated into our ongoing learning and improvement work in this area. In the year ahead we anticipate growing the involvement of service users and carers further, by including service users and carers more directly in our new PSIRF learning approaches, where this is possible and appropriate.

Improving Safety Culture, Leadership and Just Culture

Work in this area includes:

- Safety reporting has been strengthened to support board to ward communication and monitoring of safety
- Strengthening of our safety incident decision-making and review processes, to enhance quality, reliability, and transparency, including a new daily incident review huddle and PSIRF decision-making panel
- New safety leadership roles including Director of Safety, Head of Incidents, PSIRF Lead and the appointment of three additional patient safety specialists from our existing senior clinical and safety leadership team
- Strengthened the Patient Safety Forum with renewed focus on PSIRF and safety plan priority areas
- Establishment of our PSIRF Oversight Group
- Representation of ELFT safety leadership at ICB-level safety specialist, safety and PSIRF forums and involvement of system colleagues within our safety forums.
- Ongoing work, led by the Chief Executive and Chief Quality Officer, to further grow a common understanding of leadership at ELFT and creating a way for us to measure and improve our leadership across the organisation
- Further use of our safety culture inpatient team staff self-assessment tool which is now embedded within our annual CQC readiness programme for all inpatient wards, with the aim of improving awareness, triggering safety culture conversations and improvement work
- Work on improved triangulation of service user experience data with our staff reported safety measures, including addition of a question into our patient survey specifically relating to safety culture
- Review of Trust disciplinary process and documentation to further incorporate the principles of a just culture

- Review of the speaking up/whistleblowing policy to support staff by identifying many ways in which concerns can be raised and escalated, and support resolution of concerns by managers wherever possible
- Guidance provided to all staff re raising/escalating concerns, signposting key contacts and policies as well as the clear parameters of Freedom to Speak Up and people and culture processes
- Ongoing work to embed respectful resolution across the Trust
- Further work to develop our Schwarz Rounds with community health services and beyond, to support a just and learning culture and compassionate care.
- Iterative improvements in the data being used to report on our safety work and outcomes, shifting towards more meaningful measures of improvement, learning and reliability of our safety systems.

People Participation and Coproduction

At ELFT, we want to deliver the very best quality and safe services, and we can only do this by listening and working with our service users and carers. The people participation team operates across Trust services to ensure that service users, carers and our local communities are actively coproducing the planning, development, effective delivery and evaluation of all Trust services so that we can offer a better service for all.

Our network of service-based Working Together Groups, which feed into the People Participation Committee of the Board, enable service users, carers, clinicians and other staff to work together to:

- Lead or take part in major decisions on service delivery
- Shape and initiate policies
- Facilitate collaborative work and research
- Represent the views of the wider community
- Hold the Trust to account for participation and care experience
- Provide opportunities for people to develop and contribute to recovery.

People participation is about helping our service users and carers to have a say in how we run the Trust so we can offer a better service for all and supports service users in their recovery journey by increasing their confidence, ensuring they are feeling valued, listened to and by making a difference.

Our service users can engage with the Trust in a variety of non-traditional ways to ensure that all aspects of our services are designed with service users in mind. Service users are involved on all interview panels, have been involved in the procurement of our new soft facilities management contract; and the complaints team benefits from a service user who helps to write responses.

Key highlights during 2025-2026 include:

- Our befriending service now has over 60 befrienders (all service users and carers) who are supporting over 250 people a week
- We have service users and carers involved in all our financial viability workstreams
- Volunteering is going from strength to strength, developing new and exciting roles with teams from all areas. The corporate volunteering programme has started and continues to be expanded.
- We continue to support the Academy for Lived Experience, which is already bringing lived experience into teaching for doctors, nurses, psychology and allied health professionals (AHPs) as well as external partners
- Our peer support workforce continues to develop, including a carers' peer support worker and community physical health peer support worker development.

Stakeholder Relations

The Trust serves a population of more than two million across our two ICSs, and substantially more across our specialised commissioning partnerships in north-central and east London and the East of England. To ensure that we are maintaining focus on the delivery of the Trust strategy for the population we serve – to improve population health, quality and value for the population we serve, and to improve experience of our staff – and to deliver on our duty to collaborate, the Trust works extremely closely with a wide range of stakeholders. This work starts with service users and carers, residents and communities and deeply involves our voluntary sector partners, social care providers, GP practices, councils, acute trusts and other community and mental health service providers.

The Trust's vision is to work with our partners to deliver person-centred coordinated mental and physical healthcare and to improve the health and wellbeing of the communities we serve. We are involved, committed and trusted partners in the two ICSs in which we work – BLMK and NEL – and in our place-based partnerships in Bedford, Central Bedfordshire, Luton, City and Hackney, Newham and Tower Hamlets. We work closely with our specialised commissioning collaboratives in North London and East of England and are the lead provider for the NCL CAMHS and perinatal mental health collaboratives in London.

In NEL we work very closely with North East London NHS FT and the NEL ICB through our NEL MHLDA Collaborative which has again in 2025/2026 had a major role in developing and mobilising our NEL-wide plans for mental health as part of operational planning for 2025-2026. Our NEL MHLDA Collaborative was one of the nine national provider collaborative innovators and was noted for the way in which lived experience leadership was and is central to the way in which the collaborative works.

In BLMK during 2025-2026 the Trust has worked closely with Central & North West London NHS FT and the BLMK ICB and other partners to accelerate the positive improvements we have made to our mental health programme through deeper collaboration, in particular in the extensive work we have done together to plan for the delivery of the NHS long term plan for mental health.

People participation is at the heart of everything we do. We aim to ensure there is a culture of continuous positive improvement with people with lived experience fully involved. The Board's People Participation Committee demonstrates the Trust's commitment to people participation by bringing people with lived experience together with Non-Executive Directors, members of the executive team and Governors together to oversee our people participation work. In addition, there are service user and carer representatives on various groups at the Trust including in co-production of services, quality improvement initiatives and the service user led accreditation of services programme. We also continue to develop our collaboratives with people participation to the fore, for example in participation of four committee members with lived experience to the MHLDA Committee of the ICB which oversees the NEL [MHLDA Collaborative](#).

The Council of Governors represents the interests of members (both public and staff) and the wider public as well as appointing organisations such as local authorities and has a role to hold the Non-Executive Directors both individually and collectively to account for the performance of the Board.



Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

25th June 2026

Remuneration Report

I am pleased to present the remuneration report for the financial year 2025-2026 on behalf of the Trust's two committees responsible for directors' remuneration. The statements are supported by the chairs of the Board of Directors Appointments & Remuneration Committee and the Council of Governors Nominations & Conduct Committee.

Within this report, the term 'senior manager' is used. Guidance issued by NHSE defines senior managers as those who influence the decisions of the Trust as a whole rather than the decisions of individual directorates within the Trust. For the purposes of this report, only members of the Board are treated as senior managers.

In accordance with the requirements of the HM Treasury Financial Reporting Manual and reporting requirements issued by NHSE, this report is in three parts:

- **Annual statement on remuneration** describes the major decisions on senior managers' remuneration as well as any substantial changes to senior managers' remuneration which were made during the year and the context in which those changes occurred, and decisions taken
- **Senior managers' remuneration policy** sets out information about our policy
- **Annual report on remuneration** includes details about senior managers' service contracts and sets out other matters such as committee membership, attendance and the business transacted.

Annual Statement on Remuneration

Committees Responsible for Remuneration

The Trust has two committees responsible for reviewing the remuneration of Non-Executive and Executive Directors:

- Council of Governors Nominations & Conduct Committee
- Board of Directors Appointments & Remuneration Committee.

The two committees aim to ensure that both Non-Executive and Executive Directors' remuneration is set appropriately taking into account relevant market conditions.

Council of Governors Nominations & Conduct Committee

The Nominations & Conduct Committee has the delegated responsibility to recommend to the Council the remuneration levels for all Non-Executive Directors including the Trust Chair as well as the allowances and the other terms and conditions of office in accordance with all relevant legislation and regulations.

In reviewing the remuneration of Non-Executive Directors, the committee balances the need to attract and retain directors with the appropriate knowledge, skills and experience required on the Board to meet current and future business needs without paying more than is necessary and at a level which is affordable to the Trust.

Major Decisions on Remuneration During 2025-2026

During the year, following recommendation by the committee, the Council:

- Appointed Vivek Choudhri as a Non-Executive Director for an initial term of three years from 1 September 2025
- Approved the appointments of Deborah Wheeler as Vice-Chair for London and Alison Cottrell as Vice-Chair for Bedfordshire and Luton with effect from 1 November 2025

- Reappointed Peter Cornforth and Susan Lees as Non-Executive Directors for a second term of office of three years with effect from 1 April 2026.
- Reappointed Richard Carr as a Non-Executive Director for a third term of office of one year with effect from 1 December 2026 and approved his continued appointment as Senior Independent Director
- Reappointed Donna Kinnair and Deborah Wheeler as a Non-Executive Directors for a third term of office of one year with effect from 1 January 2027

All appointments and reappointments were in accordance with the standard terms and conditions for Non-Executive Directors.

Board of Directors Appointments & Remuneration Committee

The Appointments & Remuneration Committee has delegated responsibility to review and agree the remuneration levels and terms and conditions of the Executive Directors.

Major Decisions on Remuneration During 2025-2026

During the year, the committee approved:

- An uplift in line with NHS England pay recommendations to be backdated to 1 April 2025 to be applied to the Executive Director and VSM pay scale
- The appointment and remuneration of the Acting Chief People Officer
- Recruitment plans for the Chief Quality Officer.

Senior Managers' Remuneration Policy

Non-Executive Directors (including the Chair)

The remuneration policy for the Trust's Non-Executive Directors is to ensure remuneration is consistent with market rates for equivalent roles in other trusts of comparable size and complexity taking account of benchmarking information. Account is also taken of the performance of the Trust, the time commitment and responsibilities required of the Non-Executive Directors as well as the skills, knowledge and experience required on the Board to meet current and future business needs and succession planning.

Guidance in the setting of Non-Executive Director remuneration is taken from NHS England and benchmarking with other similar NHS foundation trusts. Levels of remuneration also take into account the Non-Executive Directors' time commitments and responsibilities, e.g. there is an increased time commitment for the Senior Independent Director and Vice-Chairs.

Non-Executive Directors are entitled to receive remuneration only in relation to the period for which they hold office; there is no entitlement to compensation for loss of office. Non-Executive Directors' remuneration is non-pensionable. No individual is involved in any discussion or decision regarding their own pay. Additional responsibilities undertaken by a Non-Executive Director, such as Vice-Chair and/or Senior Independent Director roles are reflected in increasing the time commitment required to undertake these additional duties but are subject to the same terms and conditions.

Non-Executive Directors are appointed for a term of office of usually three years and can serve two consecutive terms, dependent on confirmation of satisfactory ongoing performance. A third term of up to three years may be served subject to rigorous review and confirmation of satisfactory ongoing performance as well as taking into account the needs of the Board and the Trust. The maximum period of office for any Non-Executive Director should not exceed nine years. However, to facilitate effective succession planning and the development of a diverse Board, this period of nine years can be extended for a limited time; the reason for extending should be clearly articulated and should have been agreed with NHS England. The Council is mindful of the need to ensure independence and progressive refreshing of the Board and consider this when deciding as

to the reappointment of Non-Executive Directors. Account will also be taken of whether any extension beyond six years is likely to impair or could appear to impair a Non-Executive Directors' independence.

Non-Executive Directors are not employees of the Trust; they receive no benefits or entitlements other than their remuneration and are not entitled to any termination payments.

The primary performance measurement is an annual review conducted by the Trust Chair for the Non-Executive Directors and by the Senior Independent Director for the Chair. Performance is assessed against individual objectives and the overall performance of the Trust. As the Chair has been appointed as the Joint Chair of ELFT and North East London NHS FT, the Senior Independent Directors of both Trusts undertake a joint review in line with a process agreed by both Councils.

Executive Directors (including the Chief Executive)

An incremental scale for people on Very Senior Managers (VSM) pay scales for those on VSM contracts. A scale for Executive Director posts was introduced by the Trust as a more structured way of determining Executive Director pay, providing an incremental scale in line with other NHS reward schemes, and simplifying decision-making on the level of reward. The Appointments & Remuneration Committee reviews this scale annually in line with recommendations from NHS England.

Where an Executive Director's salary has exceeded £150,000 per annum the necessary opinions have been sought from HM Treasury in line with the process set out by NHS England.

The committee has the discretion to vary starting salaries for those on VSMs terms and conditions within the agreed salary scale in line with skills, experience and market conditions. In setting the remuneration level, the committee balances the need to attract, retain and motivate directors of the quality required. A variety of factors are considered including the leadership needs of the organisation at an executive level, strategic and commercial issues affecting the Trust and the environment in which we operate and succession planning, as well as the structure, size, diversity and composition of the Board.

The executive pay scale is used in the Trust for Executive Directors. There is also a sub-board pay scale for other VSM post holders who are not in the executive team. This enables pay at higher rates than Agenda for Change (AfC) pay rates and is the most common reward mechanism for senior staff in the NHS.

Salary is the main remuneration component of the overall reward package for all staff and is designed to support the long-term strategic objective of attracting and retaining appropriately experienced colleagues who demonstrate the Trust values and behaviours. Additional annual leave as an alternative to salary increase is available as part of the overall reward package for Executive Directors and is designed to support the strategic objective of ensuring our staff are engaged and empowered to deliver the highest quality of service. It recognises that non-financial reward provides an important mechanism to recognise performance. The primary performance measurement is an annual appraisal conducted by the Chief Executive for Executive Directors and by the Chair for the Chief Executive. Performance is assessed against individual objectives and the overall performance of the Trust. No individual is involved in any discussion or decision regarding their own pay.

The Appointments & Remuneration Committee has the discretion to vary starting salaries for those on VSM terms and conditions within the agreed salary scale in line with skills, experience and market conditions.

The Trust's policy is to successfully attract and recruit well-qualified, experienced executives, including clinicians, into the most senior leadership positions, taking account of equality and

diversity. To do this and remain competitive, the relevant Executive Team members are paid on medical consultant pay scales with enhancements.

Equity, Diversity and Inclusion Policy

Equity, diversity and inclusion are embedded in everything that the Trust does. We are committed to the principles of equity, diversity and inclusion and we recognise the importance of having a Board that reflects the diversity of our staff and the populations that we serve.

The People & Culture Committee regularly receives reports on people, which includes matters of equity, diversity and inclusion. Updates to the committee and the Board also includes progress updates against the Trust's people equalities plans, and both have oversight of the annual submissions of the Workforce Race Equalities Standards (WRES) and the Workforce Disability Equality Standards (WDES), Gender Pay Gap submissions as well as analysis on the ethnicity pay gap and disability pay gap and associated action plans as well as the equality delivery system assessment.

Service Contract Obligations and Policy on Payment for Loss of Office

Executive Directors are contractually required to give six months' notice to terminate their employment. In the employment contract for Executive Directors there is discretion to terminate employment with immediate effect by paying a sum in lieu of notice equal to basic salary, only subject to prior deductions for tax and national insurance contributions excluding any element in respect of holiday entitlement that would have accrued during the period for which the payment is made. The Trust does not make any termination payments beyond its contractual, policy or procedural amounts, without seeking approval from HM Treasury. This also includes sick pay arrangements and does not contain any obligations above the national level.

Statement of Consideration of Employment Conditions Elsewhere in the Trust

Remuneration comparisons are undertaken on an annual basis with other mental health Trusts in London via the Cavendish Square Group (CSG) Chief People Officer Network and taking account of the NHS Providers annual salary benchmarking survey analysis. These comparisons are also used to benchmark salaries when new posts are recruited to. The Trust has also reviewed and complied with the NHSE's salary guidance for Foundation Trusts to obtain a ministerial opinion where salaries exceed £150,000. The Trust has received confirmation there is no requirement for HM Treasury approval where existing Trust VSMs/staff exceed a salary of £150,000; however, approval will be required for new Executive Director appointments whose remuneration is above this threshold.

When decisions about the application of the annual cost of living awards for Executive Directors and Non-Executive Directors as recommended by NHS England, information is provided about pay and conditions for staff employed on 'agenda for change' (AfC) contracts and medical and dental staff terms and conditions of service. Trusts are imminently expecting an updated VSM pay framework from NHS England which will also confirm the increased threshold for HM Treasury approval to £170,000.

Annual Report on Remuneration

Council of Governors Nominations & Conduct Committee

Purpose

Under its terms of reference, the Nominations & Conduct Committee is responsible for selecting candidates to fill Non-Executive Director vacancies, including the Chair, and recommending

candidates to the Council for appointment. The committee reviews in detail the annual performance reviews and objectives of the Chair and Non-Executive Directors and reviews their terms and conditions, making recommendations to Council about any changes. The committee is also responsible for reviewing and addressing Governor standards and any conduct issues.

Membership of the Nominations & Conduct Committee

Membership of the Nominations & Conduct Committee comprises the Chair as chair of the committee, the Lead Governor (ex-officio) and six Governors of which there must be a minimum of two public Governors, one staff Governor and one appointed Governor. The Chair and Vice-Chair, while members of the committee, may not receive any papers in relation to or be present when their remuneration or conditions of service or performance evaluation or reappointment are considered.

In addition to the core membership, the Senior Independent Director will be a non-voting member of the committee and will chair any discussion in respect of its duties pertaining to the appointment and reappointment of the Chair as well as the Chair's performance review, as will the Chief Executive as a non-voting member. The Senior Independent Director will also be a non-voting member of the committee in respect of its duties pertaining to Governor standards.

Attendance Record

During the year, the committee met 5 times. Attendance requirements varied based on the business discussed. Attendance by committee members at committee meetings during 2025-2026 is as follows:

Committee member	Role	Attendance (actual/possible)
John Bennett (to 31/10/2025)	Public Governor	4 of 4
Richard Carr	Senior Independent Director	1 of 1
Mark Dunne	Staff Governor	1 of 2
Sade Etti	Appointed Governor	1 of 2
Caroline Ogunsola	Staff & Lead Governor	4 of 5
Andrea Okoloekwe (from 01/11/2025)	Staff Governor	1 of 1
Jamu Patel	Public Governor	2 of 2
Ruby Sayed (from 01/11/2025)	Appointed Governor	1 of 1
Suzana Stefanic (to 31/10/2025)	Public Governor	3 of 4
Eileen Taylor	Trust Chair	5 of 5
Hazel Thomas	Public Governor	2 of 2
Deborah Wheeler	Trust Vice-Chair	0 of 0

Decisions Made During 2025-2026

In addition to the decisions made on remuneration as reported under the annual remuneration statement, during the year following recommendation by the committee the Council:

- Reviewed the annual performance review of the Non-Executive Directors, noting their satisfactory performance, and that they continue to be independent of the Trust and are meeting the Fit and Proper Persons Test
- Reviewed the joint annual performance review of the Chair of the Trust, noting her satisfactory performance and that she continues to be independent of the Trust and is meeting the Fit and Proper Persons Test

Board of Directors Appointments & Remuneration Committee

Purpose

The Appointments & Remuneration Committee has delegated responsibility to:

- Review the structure, size and composition of the Trust Board and make recommendations for changes where appropriate
- Identify and appoint candidates to fill Executive Director positions
- Determine their remuneration, allowances and other conditions of service including pension rights and any compensation payments, including the development of the remuneration policy
- Monitors the level and structure of remuneration for other VSMs, operating within the locally determined payscale
- Review reports on the Executive Directors' annual performance evaluations.

Membership and Meeting Attendance

Membership comprises of all Non-Executive Directors who are viewed as independent having no financial interest in matters to be decided. The Chief Executive is a member of the committee but may not receive any papers in relation to or be present when their remuneration or conditions of service or performance evaluation are considered.

Attendance by committee members at committee meetings during 2025-2026 is as follows:

Committee member	Role	Attendance (actual/possible)
Aamir Ahmad (to 31/10/2025)	Vice-Chair (London)	2/2
Richard Carr	Senior Independent Director	2/3
Anit Chandarana (to 31/10/2025)	Non-Executive Director	1/2
Vivek Chaudhri (from 01/09/2025)	Non-Executive Director	2/3
Peter Cornforth	Non-Executive Director	1/3
Alison Cottrell	Vice-Chair (Bedfordshire & Luton)	2/3
Durka Dougall (from 01/06/2025)	Non-Executive Director	3/3
Sam Everington (to 31/12/2025)	Non-Executive Director	1/2
Farah Jameel (from 01/06/2025)	Non-Executive Director	2/3
Donna Kinnair	Non-Executive Director	3/3
Sue Lees	Non-Executive Director	3/3
Lorraine Sunduza	Chief Executive (<i>from 17 May 2024</i>)	3/3
Eileen Taylor	Trust Chair	3/3
Deborah Wheeler	Vice-Chair (London) (chair of committee)	2/3

The Chief People Officer attends all meetings in an advisory capacity but again will not receive any papers in relation to or be present when their remuneration or conditions of service or performance evaluation are considered. The Director of Corporate Governance provides support to the committee.

Decisions Made During 2025-2026

In addition to the decisions made on remuneration as reported under the annual remuneration statement during the year, the committee:

- Received satisfactory appraisals for all Executive Directors and assurance that all remained of 'good character' and continue to meet the Fit & Proper Persons Test

- As part of the approach to collective leadership, approved team objectives as well as individual and personal objectives for the Executive Directors

Service Contracts: Non-Executive Directors

Name	Non-Executive Director Post	Term of Office	Appointment Date	Expiry of Current Term
Aamir Ahmad	Non-Executive Director	3 rd term*	1 November 2018	31 October 2025
Richard Carr	Non-Executive Director	2 nd term	1 December 2020	30 November 2026
Anit Chandarana	Non-Executive Director	3 rd term*	1 November 2018	31 October 2025
Vivek Chaudhri	Non-Executive Director	1 st term	1 September 2025	31 August 2028
Peter Cornforth	Non-Executive Director	2 nd term	1 April 2023	31 March 2029
Alison Cottrell	Non-Executive Director	1 st term	1 April 2024	31 March 2027
Durka Dougall	Non-Executive Director	1 st term	1 June 2025	31 May 2028
Sam Everington	Non-Executive Director	2 nd term	1 January 2020	31 December 2025
Farah Jameel	Non-Executive Director	1 st term	1 June 2025	31 May 2028
Donna Kinnair	Non-Executive Director	2 nd term	1 January 2021	31 December 2026
Sue Lees	Non-Executive Director	2 nd term	1 April 2023	31 March 2029
Eileen Taylor**	Non-Executive Director Trust Chair	2 nd term 2 nd term	1 November 2018 1 January 2023*	30 September 2027
Deborah Wheeler	Non-Executive Director	2 nd term	1 January 2021	31 December 2026

* 1st year of 3rd term of office

** Appointed as Joint Chair with North East London NHS FT

Service Contracts: Executive Directors

Name	Executive Director Post	Appointment Date	Notice Period
David Bridle	Chief Medical Officer	2 May 2023	6 months
Tanya Carter	Chief People Officer	1 July 2018	6 months
Barbara Britner	Acting Chief People Officer	08 May 2025	N/A
Kevin Curnow	Chief Finance Officer	1 July 2023	6 months
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO	19 October 2017	6 months
Philippa Graves	Chief Digital Officer*	1 July 2020	6 months
Claire McKenna	Chief Nurse	25 July 2024	6 months
Edwin Ndlovu	Chief Operating Officer & Deputy CEO	21 June 2021	6 months
Amar Shah	Chief Quality Officer (to 11/02/2026)	19 October 2017	6 months
Lorraine Sunduza	Chief Executive	17 May 2024	6 months

* Non-voting

Board Directors Remuneration

Senior Managers Pay 2025-2026

Name	Title	Salary (bands of £5,000)	Expense payments (taxable) to the nearest £100	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Aamir Ahmad	Non-Executive Director and Vice Chair (London) (to 31/10/2025)	10-15	0	0	10-15
Richard Carr	Non-Executive Director and Senior Independent Director	20-25	100	0	20-25
Anit Chandarana	Non-Executive Director (to 31/10/2025)	5-10	0	0	5-10
Sam Everington	Non-Executive Director (to 31/12/2025)	10-15	0	0	10-15
Donna Kinnair	Non-Executive Director	15-20	0	0	15-20
Eileen Taylor	Chair	40-45	0	0	40-45
Deborah Wheeler	Non-Executive Director and Vice Chair (London)	25-30	0	0	25-30
Peter Cornforth	Non-Executive Director	15-20	0	0	15-20
Susan Lees	Non-Executive Director	15-20	0	0	15-20
Alison Cottrell	Non-Executive Director and Vice Chair (Bedfordshire & Luton)	15-20	0	0	15-20
Vivek Chaudhri	Non-Executive Director (from 01/09/2025)	5-10	0	0	5-10
Professor Dr Durka Dougall	Non-Executive Director (from 01/06/2025)	10-15	0	0	10-15
Dr Farah Jameel	Non-Executive Director (from 01/06/2025)	10-15	0	0	10-15
Tanya Carter***	Chief People Officer (maternity leave from 08/05/2025)	100-105	0	47.5-50	150-155
Richard Fradgley	Executive Director of Integrated Care and Deputy CEO	175-180	0	27.5-30	205-210
Philippa Graves	Chief Digital Officer	170-175	0	15-17.5	185-190
Edwin Ndlovu	Chief Operating Officer & Deputy CEO	170-175	0	35-37.5	210-215
Dr Amar Shah**	Chief Quality Officer (to 11/02/2026)	85-90	0	52.5-55	140-145
Lorraine Sunduza	Chief Executive Officer	205-210	0	50-52.5	255-260
Barbara Britner***	Chief People Officer (from 08/05/2025)	130-135	0	207.5-210	340-345
Dr David Bridle*	Chief Medical Officer	205-210	0	62.5-65	270-275
Kevin Curnow	Chief Finance Officer	170-175	0	30-32.5	205-210
Claire McKenna	Chief Nurse	155-160	0	50-52.5	205-210

* Salary (Dr Shah and Dr Bridle) includes National Impact Awards which are given to recognise and reward the exceptional contribution of NHS consultants over and above that normally expected in a job, to the values and goals of the NHS and to patient care.

** Salary band reflects Dr Shah's consultant role and board role, but not his secondments to NHS England and RCPsych.

*** Barbara Britner was acting Chief People Officer whilst Tanya Carter was on maternity leave. Tanya Carters pay reflect full SMP received for 2025/26. Barbara Britners pension benefit is high due to the calculation using her previous years pension was not on an executive salary package.

The Trust is compliant with the NHS VSM pay framework. Existing people on VSM contracts are on the Trust's historic/established VSM pay scales. Under the new NHS framework there is no requirement to move existing people onto the new framework. However, the new appointments for Chief Quality Officer/Director of Quality and the Chief Finance Officer will be made on the new pay scale.

Senior Managers Pay 2024-2025 (restated)*

Name	Title	Restated Salary* (bands of £5,000)	Expense payments (taxable) to the nearest £100	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Aamir Ahmad	Vice-Chair (London) & Non-Executive Director	20-25	0	0	20-25
Richard Carr	Non-Executive Director & Senior Independent Director	20-25	0	0	20-25
Anit Chandarana	Non-Executive Director	15-20	0	0	15-20
Sam Everington	Non-Executive Director	15-20	0	0	15-20
Donna Kinnair	Non-Executive Director	15-20	0	0	15-20
Eileen Taylor	Chair	40-45	0	0	40-45
Deborah Wheeler	Vice-Chair (Luton & Bedfordshire) & Non-Executive Director	15-20	0	0	15-20
Peter Cornforth	Non-Executive Director	15-20	0	0	15-20
Susan Lees	Non-Executive Director	15-20	0	0	15-20
Alison Cottrell	Non-Executive Director (from 1 April 2024)	15-20	0	0	15-20
Tanya Carter	Chief People Officer	165-170	0	42.5-45	210-215
Richard Fradgley	Executive Director of Integrated Care & Deputy CEO	170-175	0	27.5-30	200-205
Philippa Graves	Chief Digital Officer	165-170	0	15-17.5	180-185
Edwin Ndlovu	Chief Operating Officer & Deputy CEO	165-170	0	40-42.5	205-210
Dr Amar Shah**	Chief Quality Officer	145-150	0	55-57.5	205-210
Lorraine Sunduza	Interim Chief Executive until became substantive on 17 May 2024	200-205	0	102.5-105	305-310
Dr Mohit Venkataram***	Executive Director of Commercial Development (to 30 April 2024)	50-55	0	0	50-55
Dr David Bridle*	Chief Medical Officer	200-205	0	157.5-160	360-365
Kevin Curnow	Chief Finance Officer	165-170	0	27.5-30	195-200
Claire McKenna	Interim Chief Nurse until became substantive on 25 July 2024	145-150	0	47.5-50	195-200

* Salary (Dr Shah and Dr Bridle) includes National Clinical Impact Awards which are given to recognise and reward the exceptional contribution of NHS consultants over and above that normally expected in a job, to the values and goals of the NHS and to patient care. Salary table has been restated for 2024/25 due to the classification of the NCIA being treated as performance related bonus. This does not meet the definition of a performance related bonus and has now been restated as salary. Salary bands include awards for Dr Shah £36k and Dr Bridle £12k.

There were no taxable benefits or long-term performance pay or bonuses paid to Senior Managers during the period.

** Salary band reflects Dr Shah's consultant role and board role, but not his secondments to NHS England and RCPsych.

*** Remuneration for Dr Mohit Venkataram includes payment for untaken annual leave due under the Trust's Holiday of a Lifetime scheme.

2024/25 has been restated for comparative purposes to take all pay awards as salary and not as performance related bonuses

Salary and Pension Entitlement of Senior Managers: Pension Benefits 2025-2026

Name and Title	Real Increase in Pension at Pension Age (bands of £2,500) £000	Real Increase in Pension Lump Sum at Pension Age (bands of £2,500) £000	Total accrued Pension at Pension Age at 31.03.2025 (bands of £5,000) £000	Lump Sum at pension age related to accrued pension at 31.03.2025 (bands of £5,000) £000	Cash Equivalent Transfer Value at 01.04.2024 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31.03.2025 £000	Employers Contribution to Stakeholder Pension £000	All Pension Related Benefits £000
Tanya Carter, Chief People Officer (maternity leave from 08/05/2025)	2.5-5	0	30-35	0-5	358	31	408	0	49
Richard Fradgley, Executive Director of Integrated Care and Deputy CEO	2.5-5	0	50-55	120-125	1,140	31	1,212	0	29
Dr Amar Shah, Chief Quality Officer (to 11/02/2026)	2.5-5	0-2.5	65-70	150-155	1,209	45	1,309	0	55
Lorraine Sunduza, Chief Executive Officer	2.5-5	0	70-75	165-170	1,340	51	1,440	0	51
Philippa Graves, Chief Digital Officer	0-2.5	0	80-85	210-215	164	37	225	0	16
Edwin Ndlovu, Chief Operating Officer & Deputy CEO	2.5-5	0	55-60	130-135	1,105	36	1,182	0	36
Dr David Bridle, Chief Medical Officer	2.5-5	0-2.5	65-70	155-160	1,350	63	1,462	0	63
Kevin Curnow, Chief Finance Officer	2.5-5	0	45-50	0	641	24	697	0	32
Claire McKenna, Chief Nurse	2.5-5	0-2.5	50-55	125-130	1,109	57	1,205	0	51
Barbara Britner, Chief People Officer (from 08/05/2025)	10-12.5	22.5-25	45-50	115-120	724	189	966	0	210

Salary and Pension Entitlement of Senior Managers: Pension Benefits 2024-2025

Name and Title	Real Increase in Pension at Pension Age (bands of £2,500) £000	Real Increase in Pension Lump Sum at Pension Age (bands of £2,500) £000	Total accrued Pension at Pension Age at 31.03.2025 (bands of £5,000) £000	Lump Sum at pension age related to accrued pension at 31.03.2025 (bands of £5,000) £000	Cash Equivalent Transfer Value at 01.04.2024 £000	Real Increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31.03.2025 £000	Employers Contribution to Stakeholder Pension £000	All Pension Related Benefits £000
Tanya Carter, Chief People Officer	2.5-5.0	0	25-30	0-5	293	24	358	0	45
Richard Fradgley, Executive Director of Integrated Care & Deputy CEO	2.5-5.0	0	50-55	120-125	1,021	29	1,140	0	29
Amar Shah, Chief Quality Officer	2.5-5.0	0-2.5	60-65	150-155	1,067	43	1,209	0	56
Lorraine Sunduza, Interim Chief Executive (<i>until became substantive on 17 May 2024</i>)	5.0-7.5	5.0-7.5	65-70	160-165	1,142	96	1,340	0	104
Mohit Venkataram, Executive Director of Commercial Development (<i>until 30 April 2024</i>)	0	0	50-55	135-140	1,170	0	1,206	0	0
Philippa Graves, Chief Digital Officer	0-2.5	0	80-85	210-215	101	35	164	0	16
Edwin Ndlovu, Chief Operating Officer & Deputy CEO	2.5-5	0	50-55	130-135	981	38	1,105	0	42
David Bridle, Chief Medical Officer	7.5-10	12.5-15	60-65	155-160	1,094	157	1,350	0	159
Kevin Curnow, Chief Finance Officer	0-2.5	0	40-45	0	543	16	641	0	28
Claire McKenna, Interim Chief Nurse (<i>until became substantive on 25 July 2024</i>)	2.5-5	2.5-5.0	45-50	120-125	934	50	1,109	0	48

Loss of Office Payments and Payments to Past Senior Managers

There was no compensation paid to any past or current members of the Board during 2025-2026.

Fair Pay Disclosures

The banded remuneration of the highest-paid director in the organisation in the financial year 2025-2026 was £205,000-£210,000 (2024-2025, £200,000-£205,000). This is a change between years of +3.3%, all of which relates to Salary & Allowances.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

For employees of the Trust as a whole, the range of remuneration in 2025-2026 was from £11,142 to £237,264 (2024-2025 £8,228 to £263,249). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is +5.6%, split as follows:

- Salary & Allowances average per WTE £67,827 (2024-25, £64,214). This is a change between years of +5.6%

7 employees received remuneration in excess of the highest-paid director in 2025-2026 (28 in 2024-25).

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2025-2026

	25th percentile	Median	75th percentile
Total pay and benefits, excluding pension benefits	£35,492	£46,764	£60,651
Salary component of total remuneration	£30,162	£40,823	£54,710
Pay and benefits excluding pension: pay ratio for highest paid director	5.8:1 (£207,500 being the mid-point of highest paid director/ £35,492 being 25th percentile of employee remuneration)	4.4:1 (£207,500 being the mid-point of highest paid director/ £46,764 being the median employee remuneration)	3.4:1 (£207,500 being the mid-point of highest paid director/ £60,651 being 75th percentile of employee remuneration)

From 2025/26 it has been clarified that non-executive directors (NEDs) are not included in fair pay disclosures. Where NEDs were included in the prior year, the Trust does not need to restate the prior year and can explain the difference in approach in a foot note.

2024-2025

	25th percentile	Median	75th percentile
Total pay and benefits, excluding pension benefits	£33,020	£44,961	£58,544
Salary component of total remuneration	£29,114	£38,733	£52,809
Pay and benefits excluding pension: pay ratio for highest paid director	6.1:1 (£202,500 being the mid-point of highest paid director/ £33,020 being 25th percentile of employee remuneration)	4.5:1 (£202,500 being the mid-point of highest paid director/ £44,961 being median employee remuneration)	3.5:1 (£202,500 being the mid-point of highest paid director/ £58,544 being 75th percentile of employee remuneration)

For 2024/25 Median and 75th percentile ratio's have been restated for comparative purposes to bring in line with 2025/25 calculation.

Director Expenses

There was a total of £3,004 of non-taxable expenses claimed for 2025-2026 financial year by 5 out of a total of 23 Directors (£1,448 claimed for 2024/25 by 6 directors). The number of Directors includes all those in post at any time during the year. All expense claims are made and processed in line with Trust policy.

Governor Expenses

£70 was claimed by two Governors during 2025-2026 out of 44 in office during that period (£149.00 was claimed by Governors in 2024-2025). All expense claims are made and processed in line with Trust policy.



Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

25th June 2026

Staff Report

Our People

The Trust recognises that providing high-quality inpatient and community-orientated health care to the communities we serve requires a highly skilled and motivated workforce. The Trust's revised people plan is in its third year and continues to support the delivery of the Trust strategy, future of HR and organisational development work led by NHS England the NHS People Plan and Promise.

Given the national staffing challenges across multiple professional groups. In addition to the cost-of-living crisis, there has been industrial action across multiple sectors, but particularly within the NHS. The impact of high sickness absence, and that staff may be feeling tired and burned out. It is even more important to recognise the link between positive staff experiences and the impact on patient care. The Trust is committed to ensuring that every member of staff feels valued and can contribute to the best of their ability.

The 2022-2026 Trust people plan has been created to support the delivery of the ELFT strategy. The four pillars of the ELFT people plan align to the NHS People Plan and Promise, and the Trust's strategy. Progress of the delivery of the plan is regularly reported to the People & Culture Committee and the Trust Board.

ELFT People Plan 2022-2026

Trust Strategy

Improving the quality of life for all we serve

Primary Driver

Improved experience of Staff

Priority Area: New Ways of Working

Improve flexible working policies, practice and modes of working to be consistent and transparent

Streamline processes to get the basics right to reduce frustration and misunderstanding

Enhance hybrid working and/or remote working

Upskill workforce to make better use of technology to improve efficiently

Work collaboratively with partner organisations across NEL and BLMK integrated care systems, closer working with NELFT

Support for staff to go through the emotional impact of change management and changes to ways of working

Create new roles and placements such as apprentices, Advanced Clinical Practitioners, etc

Future proof People and Culture functions inline with the national HR and OD review to deliver and support the People Plan

Priority Area: Looking After our People

A responsive and evolving wellbeing offer that develops a trauma informed approach to support the health of staff using the Wellbeing Wheel to support their emotional, environment, social, physical and financial needs

Advice, guidance sign posting information sharing

Health Checks and MOTs for staff

Supporting staff who experience difficulties resulting from impact of trauma in their role

Recognition and thank you mechanisms

Environments suitable for staff to have breaks in and good quality work space that help staff to work comfortably and effectively

Trauma informed approach to wellbeing and people policies

Enabling the purchase and selling of annual leave via an electronic platform i.e. Health Roster

Priority Area: Belonging in the NHS

Staff transferring into ELFT on to AfC terms and conditions at 'day 1'

Celebration of diversity through events and marketing

Increase the representation of people from Black, Asian and Ethnic minority communities in senior positions

Develop the organisational culture in terms of all equality strands embedding the Trust values

Becoming an anti-racist and multicultural organisation

De-bias recruitment practices and processes to have greater representation from the local community

Priority Area: Growing and Developing for the Future

Using certified and validated competency frameworks to inform and develop our staff including for recruitment at senior level

Building in strategic workforce planning so that we build our future workforce in a more tactical and less reactive way

Leadership Strategy that supports compassionate leadership across all staff groups

A robust and equitable Organisational Development Offer

Embed a new approach to managerial supervision which has at its core a focus on wellbeing and personal development

Refocus the appraisal process to ensure that all staff have clarity of objectives, feel their work is valued and their personal development aspirations incorporated

Professional development opportunities for all staff with clear, transparent and accessible pathways available

Access to coaching and mentoring

Improve the apprentice learner journey ensuring all staff maximise the experience and complete the programmes they start

Increase the number of apprenticeships, ensuring all learners are supported and developed to a high standard

As an Anchor organisation use our apprenticeship levy to enable small medium enterprises and charity organisations to access support

Maximise the ELFT Learning Academy to become the primary home for the Trust's learning content and development processes

Increase the uptake of informal learning activities such as shadowing, project work, and shadowing to support the professional development of staff

A strategy for centralised temporary staffing leading to reduced agency usage

Building on our pilot for international recruitment for difficult to recruit roles to incorporate a staff accommodation strategy

Work with local schools and colleges

Staff Health and Well-being

The Trust has continued to develop its well-being offering to staff throughout 2025-2026. These offers have continued to address the needs of staff and continues to include positive emotional, physical, financial and social well-being.

The Trust has long recognised the connection between staff wellbeing and engagement, satisfaction and happiness, and the care and treatment we provide, the current context has continued to be challenging with systemic and financial challenges impacting staff experience.



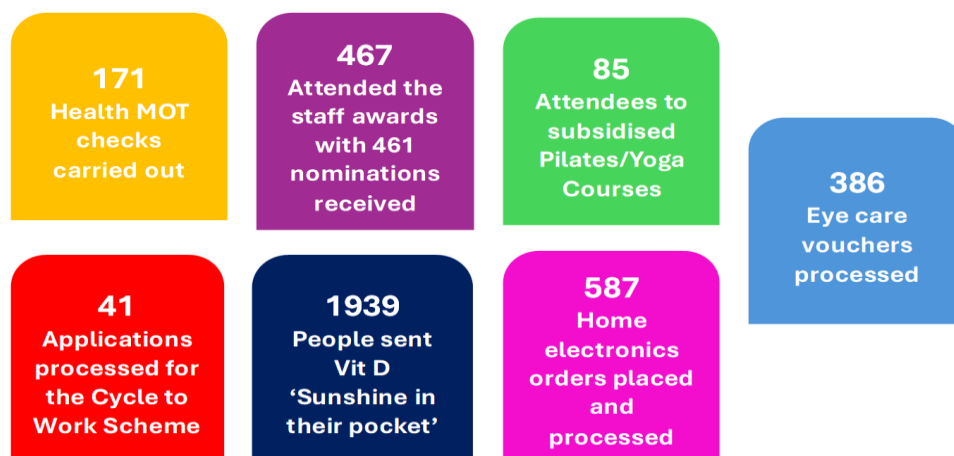
In the Trust's continued focus on staff wellbeing, it has been necessary to support staff with specific initiatives to reduce the burden of the cost-of-living crisis. Specific initiatives have included education and webinars; money management workshops to empower staff to manage their financial resources more effectively and pension workshops to encourage staff to think about the importance of saving for their future retirement in the light of changes to the NHS Pension Fund. The Trust also has a cost-of-living resources page available for all staff including signposting to resources on a variety of support including warm home hacks, cost saving on energy bills, savvy supermarket shopping, council and borough cost saving advice.

The Trust continues to offer a plethora of wellbeing and engagement initiatives to staff via regular wellbeing bulletins and magazines, hosting inductions and by visiting teams and services across the Trust via wellbeing roadshows. The Trust regularly capture feedback from staff via various qualitative measures as well as via the national staff survey and the national quarterly pulse survey.

During the year, numerous Trust wide wellbeing campaigns took place, focussing on MOT health checks for all, subsidised pilates/yoga courses and staff recognition by way of the annual staff awards ceremony and employee and team of the month scheme.

Lorraine Sunduza, the Trust's Chief Executive, is the Trust's wellbeing champion. The Staff Wellbeing Forum meets regularly to discuss and shape our wellbeing initiatives and engagement plan.

Below is a snapshot of some of the well-being initiatives that have been implemented:



Vitamin D

During the winter months of 2025-2026, ELFT received 1,939 vitamin D course requests from all ELFT staff (a decrease from 2,031 requests the previous year). That means that 5817 boxes of vitamin D were sent out by the ELFT wellbeing team. Of these requests, 1474 were female and

439 were male. 700 requests were from staff who are White, 664 requests were from staff members who are Black, Africa, Caribbean or Black British, and 414 requests were from staff who are Asian or Asian British.

We have received positive feedback about the difference that the vitamin D supplements are making. A few examples of this feedback are detailed below:

- *Made me feel better in my mood and promoted my immunity'*
- *'I feel more energy and less fatigue when I take them so thank you so much'*
- *'Requested last year - as someone that suffers with deficiencies this is a great program. Thank you'*

People Promise Manager

Following the publication of the NHS People Promise, NHS England piloted a recruitment and retention exemplar programme back in June 2024. During the 12-month pilot period the People Promise Manager developed a robust project plan to ensure the co-ordination and embedding of all aspects of the NHS People Promise into ELFT.

The NHS People Promise intranet page is now continues to be available for all staff (available [here](#))the page provides comprehensive information about the NHS People Promise, signposts available support through the ELFT People Promise bundle. In addition, physical ELFT People Promise Z-cards featuring key information and a QR code linking to the full bundle were sent to all staff. People Promise champions have also been trained in all ELFT directorates as a further supportive measure for staff to signpost them to the support available. We continue to hold huddles and forums with the champions to ensure they are kept up to date with wellbeing initiatives and support available to all staff.

Health and Safety at Work

The Chief Operating Officer and Deputy CEO is the Executive Director lead for health and safety matters and is supported by the Chief Nurse, the Chief People Officer, estates and governance directorates, staffside and local health and safety leads. The Health & Safety Committee meets regularly to discuss implementation of legislation and current health and safety issues. Trust staff are provided with occupational health services through an agreement with a private provider.

Recruitment

During 2025/26, East London NHS Foundation Trust continued to make measurable progress in reducing workforce vacancies, reflecting sustained focus on recruitment, retention and workforce stabilisation across services.

The Trust's overall vacancy rate showed a consistent downward trajectory across the year, reducing from approximately 13.3% in April 2025 to around 8.6% by March 2026. This represents a reduction of almost five percentage points over the year, marking a significant improvement in workforce fill rates and supporting greater service continuity.

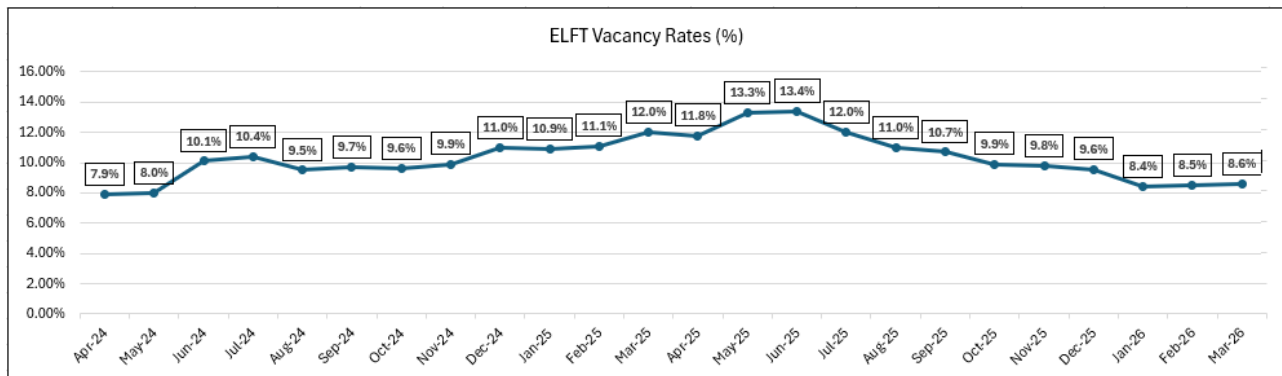
The most notable improvement occurred in the second half of the year, with vacancy rates falling steadily below 10% from November 2025 onwards and reaching their lowest levels by the end of the financial year in 2026. This improvement aligns with targeted recruitment initiatives, improved onboarding timelines, and enhanced retention focus with priority staff groups.

Vacancy rates during 2025/26 varied across services and directorates within ELFT, reflecting differences in service configuration, workforce profiles and local labour market conditions. As is typical for a large and diverse Trust, borough-based services had more stable vacancy patterns, while specialist and transformation-led services had more fluctuation, particularly earlier in the year.

Across the Trust, most service areas saw an improving position over time, with vacancy rates trending downward as recruitment pipelines strengthened and retention activity embedded. By the second half of the year, a growing number of services were operating at or close to the Trust average vacancy rate, supporting improved workforce stability and service delivery.

Some services continued to experience higher vacancy levels, largely in areas requiring specialist clinical skills or operating in particularly competitive labour markets. These pressures are consistent with national workforce challenges and continue to be addressed through targeted recruitment, development pathways and international recruitment where appropriate.

Overall, despite variation between services, the direction of travel across the Trust was consistently positive, with vacancy reductions observed in most areas by year-end.



Average time to hire

During 2025/26, the Trust's average time to hire remained consistently better than the target of 45 days for most of the year, demonstrating the effectiveness of recruitment processes and coordinated workforce planning. From April to October, the average time to hire ranged between 14 and 24 days, reflecting strong recruitment performance. This was supported by a more strategic approach to recruitment, with targeted and collective recruitment campaigns implemented across the year. These campaigns reduced the reliance on single, role-specific advertisements and instead maximised the impact of shared recruitment activity, improving economies of scale and ensuring more effective use of resources.

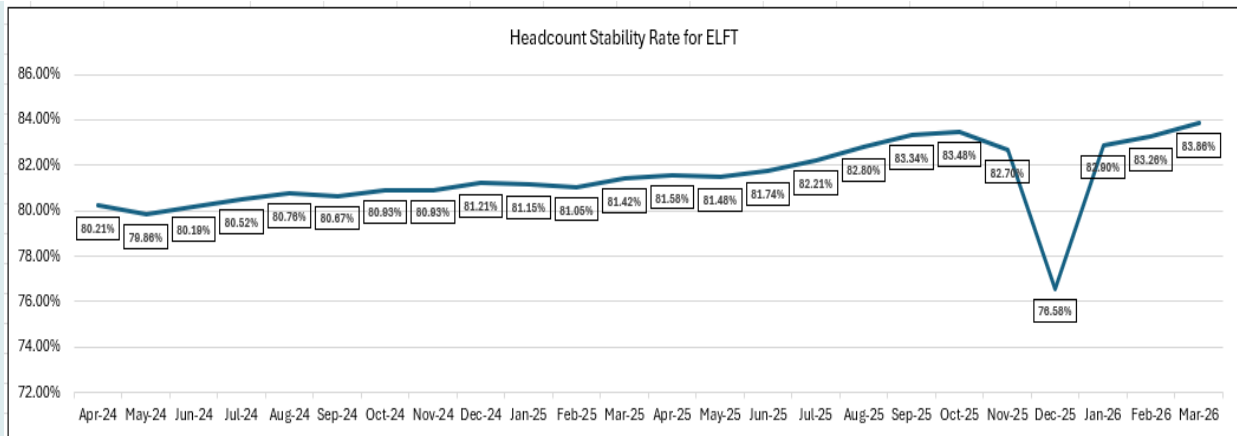
In the latter part of the year, the average time to hire increased, reaching the mid-30 days between November and February and 46 days in March, marginally above target. This increase reflects higher recruitment volumes, seasonal pressures, and the complexity of recruiting to specialist and priority roles, alongside the continued shift towards larger, campaign-based recruitment activity. Overall, performance against the target remained positive, and work is ongoing to further streamline end-to-end recruitment processes, improve pre-employment clearance times and maintain efficient hiring into 2026/27.

Retention

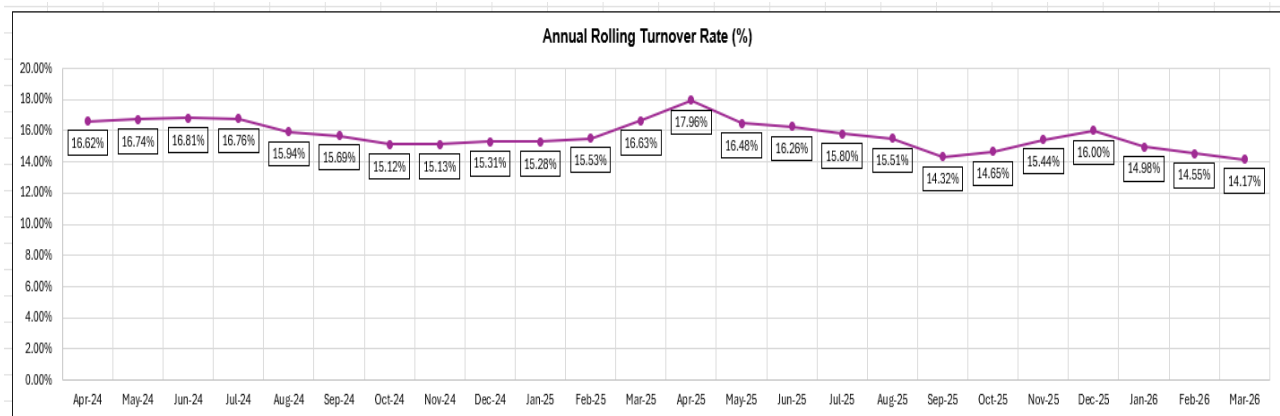
During 2025/26, ELFT continued to strengthen workforce retention, reflected in improving headcount stability and a reducing rolling turnover rate over the course of the year.

The Trust's headcount stability rate showed a sustained improvement, rising from approximately 81.6% in April 2025 to 83.9% by March 2026. This represents a positive year-on-year increase and indicates that a greater proportion of staff remained in post throughout the year.

While there was a temporary reduction in stability in December 2025 (mainly due to the majority of our Primary Care Staff transferring (via TUPE) from ELFT during this period), this was followed by a strong recovery in early 2026, with March representing the highest stability rate recorded since April 2024. Overall, the upward trend demonstrates increasing workforce continuity and reflects the impact of ongoing retention initiatives focused on wellbeing, flexible working, career development and improved staff experience



The Trust's annual rolling turnover rate showed a downward trend during 2025/26, reducing from a peak of 17.9% in April 2025 to 14.2% by March 2026. Turnover reduced steadily during the second half of the year, falling below 15% from January 2026 onwards. This reduction in turnover aligns with improvements in vacancy levels and suggests a more stable workforce environment, reducing the need for repeated recruitment to the same roles and supporting continuity of patient care. The improving position toward year-end reflects targeted retention activity, improved workforce planning, and focused support for hard-to-retain staff groups



Taken together, the increase in headcount stability and the decrease in rolling turnover during 2025/26 demonstrate tangible progress on workforce retention. These improvements have supported service resilience, reduced churn and contributed to greater team stability across the Trust.

While retention pressures remain in some areas, particularly those experiencing national workforce shortages, the overall trajectory during 2025/26 is positive. The Trust enters 2026/27 with a stronger retention position and a continued commitment to embedding a supportive, inclusive and healthy working environment that enables staff to remain and develop their careers within ELFT.

Exit Questionnaires

49% of leavers are “happy”, their decision to leave was not due to the job or the organisation. This is higher than average compared to other similar organisations, which reinforces that some turnover is positive.

However, the leaving reasons by area highlight the areas of focus required to reduce the number of leavers going forward: 27% said ‘career progression’ was a key reason for leaving, followed by 23% who listed ‘personal growth’ or ‘wellbeing’ as their reason.

The Trust’s exit questionnaire confirms that:

- 72% of leavers would work for ELFT again
- 66% would recommend working at ELFT
- 45% moved into a role which was a step up in their career
- 67% moved into a similar role in the NHS.

Equity, Diversity and Inclusion

The Trust is an equal opportunities employer, is accredited with the Two Ticks Disability Symbol and has achieved the ‘positive about disabled people’ status. An Equity, Diversity and Human Rights Policy and supporting workforce governance are in place, with clearer ownership through a dedicated EDI Lead within the People and Culture Directorate. Values-based recruitment continues to be embedded, alongside work to de-bias recruitment and employment processes, improve accessibility and widen participation. The Trust also continues to promote inclusive recruitment pathways, including veterans’ recruitment. Workforce equality priorities are informed by statutory reporting, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and pay gap analysis, which help identify areas requiring focused improvement. The Trust remains committed to fostering an inclusive culture where all staff feel valued, supported and able to thrive, and is developing a new Workforce Equality Plan for 2026–2028 to support sustained and measurable improvement.

Staff Recognition Initiatives

As part of an ongoing commitment to recognise exceptional staff contribution, the Trust has continued to award staff with the *Employee of the Month Award* and recognise collective efforts through the *Team of Month Award*. These awards take place within each directorate, where winners are selected through local DMT meetings. The winners are then presented their certificates by the service director for that directorate...

Last year also saw 276 staff members being recognised for their exceptional continuous NHS service, with 234 staff members receiving a bronze award (20 years’ service), 38 staff members receiving a silver award (30 years’ service), 2 receiving a gold award (40 years’ service) and 2 employees receiving the platinum award (50 years’ service)

We continue to provide our very own ELFT staff recognition platform, Highfive, in partnership with our home electronics and cycle to work scheme provider Vivup. With Highfive, we can continuously recognise the hard work and tireless dedication that each of you brings to our Trust. It is about actively appreciating one another as a daily part of our work lives.

In October 2025, the annual staff awards ceremony took place at the Troxy in Limehouse, East London. The ceremony was deemed an enormous success. In the lead up to the event, 461 staff nominations were received. Over 400 Trust staff and their guests attended the evening (excluding the VIP guest list as well as those who volunteered on the night), and ELFT staff members and their families had the option to tune into the live stream feed of the event.

Learning and Development

The ELFT Learning Academy (ELA) has been active for four years, and in that time its usage has continued to widen to now include over 400 personal development and statutory and mandatory training courses that are available to staff across the trust. It is becoming the one-stop-shop for all learning with many of the different professions having dedicated dashboard pages for their professional learning and education. It is now also the home for our core people conversations, hosting appraisal, supervision, and career experience conversations.

Statutory and Mandatory Training

Statutory and mandatory training compliance demonstrated a sustained upward trajectory throughout 2025. Although a slight decline was observed toward the end of the calendar year, compliance levels recovered in Q4, concluding the year with a rate of 89.10%.

During the year, we actively participated in the NHSE programme to optimise, rationalise, and redesign statutory and mandatory training. This national initiative aimed to develop a clear and consistent framework defining:

- Statutory training requirements
- Nationally mandated training
- Locally mandated or essential training.

As a part of this the Mandatory Learning Operational Group (MLOG) was launched in 2025, the group provides strategic governance and oversight of statutory and mandatory training, ensuring compliance, effectiveness, and alignment with national standards.

In parallel, we enhanced our training offer by leveraging additional functionalities within ELA. These improvements were implemented to increase learner engagement, streamline the user experience, and encourage the timely completion of required training.

We also streamlined three classroom-based mandatory training requirements, reducing the overall time clinical staff spend in training while maintaining compliance and improving efficiency.

In 2025 we also saw the launch of the Mandatory Training Dashboard in Power BI, enabling real-time access to training data and strengthening organisational oversight and reporting.

Career Experience Conversations

The final element, the career experience conversation is an optional discussion that has been designed so that individuals can have a more in-depth discussion around their career and development. This can be used as a 'stay' conversation with new starters to understand their current experience or can be requested during an appraisal or supervision conversation.

Apprenticeships

ELFT continues to strengthen its commitment to developing a skilled, confident and future ready workforce through a broad and inclusive apprenticeship offer. At present, the Trust has 172 apprentices on programme. Of these, 16 have been recruited directly into apprenticeship roles, while 156 are existing colleagues undertaking an apprenticeship as part of their ongoing professional development and career progression.

The Trust supports a wide range of clinical and non-clinical apprenticeships, from Level 2 NHS Customer Services Practitioner through to Level 6 Chartered Manager. Over the past year, 53 apprentices successfully completed their programmes, representing a diverse range of professions including nursing associates, occupational therapists, psychological wellbeing practitioners and clinical associates in psychology. Encouragingly, 81% of those who completed an apprenticeship in 2025-2026 have remained in their roles or secured further employment within the Trust, demonstrating the strong retention impact of our apprenticeship pathways.

The learner journey has remained central to our improvement work, ensuring that programmes are aligned to organisation need and support the development of critical skills across our services. During 2025-2026, we expanded our offer to include new non-clinical engineering and digital apprenticeships and welcomed our first Speech & Language Therapist apprentice at the Trust.

This year has also seen significant national changes to apprenticeship funding. All Level 7 (master's-level) apprenticeships were defunded from January 2026, and further changes will remove funding for three non-clinical programmes used within ELFT: Level 5 Operations Manager, Level 5 Coaching Professional and Level 3 Team Leader. These changes will be phased in over the coming year. In response, the Trust is ensuring that all eligible colleagues have the opportunity to apply before the funding window closes, maintaining access to development wherever possible.

From April 2026, the Government has introduced a new initiative; apprenticeship units. These short, focused modules are drawn from existing apprenticeship standards and provide a flexible way for staff to develop specific skills over a 1–16 week period. One of the first units to be released will focus on data, an area the Trust intends to explore and potentially implement in 2026-27 as part of our commitment to digital capability and workforce innovation.

Our focus on continuous improvement is reflected in the strong progress made in apprenticeship retention and completion. In 2025–2026, 82 apprentices began a programme, and 98% remain on programme. Of the 89 apprentices with a planned end date in 2025-26, 61% have already completed, with a further 30% expected to complete within the next two months. Completion rates continue to rise year on year, with a 3.7% increase recorded in 2025-26. The accompanying chart illustrates the steady upward trajectory in overall completion rates since the previous financial year:

[OBJ]

Beyond our internal workforce, ELFT continues to play an active role as an anchor institution within the local system. Through the transfer of apprenticeship levy funds to partner organisations, the Trust has supported the creation and development of apprenticeship opportunities across the wider community. Over the past year, ELFT has committed £388,000 of its levy to support this work, reinforcing our commitment to local employment, skills development and system-wide collaboration.

Organisational Development Report (April 2025– March 2026)

During the reporting period of April 2025 – March 2026, a total of 79 OD projects were delivered across the Trust. Activity was strongest within Corporate and Forensic services, together accounting for over one-third of all projects. Substantial OD activity was also undertaken across Bedfordshire Community Health Services and Newham/Tower Hamlets services, reflecting strong demand for organisational development support across both corporate and frontline operational teams.

Activity Overview

OD delivery was greatest within Corporate (19%) and Forensic services (16.5%), together representing over one-third of all activity. Bedfordshire Community Health Services and Newham/Tower Hamlets services each accounted for 13.9%, reflecting consistent demand across community-facing services. City & Hackney contributed 10.1%, while Specialist Services accounted for 8.9%. The remaining activity was distributed across a range of teams, demonstrating broad organisational reach and accessibility of OD support.

Contribution to Staff Experience and Trust Strategy

The OD team continues to play an active role in supporting multiple strands of the Staff Experience Programme and the delivery of wider Trust strategic priorities, helping to build a more compassionate, adaptive and high-performing organisation.

People Relations

The employee relations (ER) case activity remained high during 2025–2026, with **258 new cases (excluding sickness)** initiated across the Trust. This represents a slight reduction from the previous year. 54% of all new cases are disciplinary cases with 38% related to Resolution/Grievance/Dignity at Work. The remainder are Capability or whistleblowing matters.

In Summer 2025, the Trust launched a major Quality Improvement (QI) project to review and modernise the disciplinary process. This followed a deep dive into case volumes, outcomes, timescales, and the impact on staff and services. The project identified three core improvement themes: **Compassion, Equity, and Timeliness**.

As well as creating and testing change ideas the QI work has begun to influence practice through greater awareness of the project and has started to see a reduction in the average time taken to conclude a case. Learning from this project will inform a full review of the disciplinary policy and support more compassionate and timely management of all formal processes.

The People Relations Team undertook several targeted deep dives to assess the effectiveness of ER policies and identify opportunities for improvement. These included:

- A follow-on deep dive into **Bullying and Harassment**.
- A joint review with **Freedom to Speak Up**, combining intelligence from formal and informal cases relating to **Equality and Diversity**.
- A detailed deep dive into **sickness absence** to support the aim to reduce sickness absence

Following the commencement of sickness deep-dives at the end of 2024-25, as part of the GFGT work to reduce sickness absence, these are now undertaken regularly in all localities. The deep dives are locality led and the senior triumvirate (Service Director; Borough Lead Nurse and Clinical Lead) identifies who will be present to ensure senior oversight and accountability. The deep dives provide an opportunity to explore themes of absence as well as developing and monitoring sickness management strategies and action plans. If themes are identified, the locality leadership team and people business partner can work together to develop actions to reduce sickness occurring.

A significant development this year was the introduction of the **Resolution Policy**, which replaces the former Grievance and Dignity at Work policies. The new approach emphasises early, local resolution wherever possible and is *an exciting shift in approach to support staff experiencing concerns during their employment*.

The People Relations Team continued to invest in building management capability across the Trust. During 2025–2026:

- 107 managers completed the comprehensive three-day HR Skills course.
- 264 managers attended a one-day masterclass.
- 16 managers participated in quarterly Investigating Officer training.
- Targeted training was delivered for Commissioning Managers.

This sustained programme ensures managers are equipped to handle ER matters confidently, consistently, and in line with Trust values.

Partnership Working and Consultation

The Trust has maintained effective partnership working with trade unions and staffside representatives, despite the ongoing industrial action. We have maintained relationships through the formal Trust-wide Joint Staff Side Committees (JSC) and Joint Local Negotiating Committees (JLNC), as well as informal communications and annual away days. All organisational change proposals are taken for discussion at one of these committees prior to consultation with staff. We have embedded undertaking pre-consultation conversations to support transparency, engagement, and meaningful dialogue ahead of any formal change processes.

Speaking Up

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

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

Ways to Speak Up

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

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

Freedom to Speak Up (FTSU)

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

Freedom to Speak Up arrangements

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

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

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

- Emailing the FTSUG via the confidential inbox: elft.freedomtospeakup@nhs.net
- Calling the FTSUG directly on 07436 027388
- Completing an online FTSU referral form or use the dedicated form to share an experience, suggest an improvement or raise a concern anonymously if they so wish.
- Contacting a local FTSU Champion
- Writing to the FTSU Guardian at the Trust head office.

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

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

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

Freedom to Speak Up 2025-2026

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

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

[OBJ]

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

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

Where concerns were raised

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

Who used the service

Staff from a wide range of roles used FTSU in 2025-2026, including administrative and clerical staff, nurses and midwives, additional clinical services staff, professional and technical staff, allied

health professionals and medical staff. Some staff chose not to share their role, which reflects the importance of confidentiality and choice. This range shows that FTSU is accessible across the Trust.

Learning and improvement

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

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

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

Keeping people safe when they speak up

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

Equity of voice

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

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

Building awareness and a supportive culture

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

Looking ahead to 2026-2027

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

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

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

ELFT Staff Access to Employee Relations, Advice and Support

- Mediation service – where to get support
- Bullying and harassment – contact an advisor
- Employee assistance - app.pamwellness.co.uk

Counter Fraud and Bribery

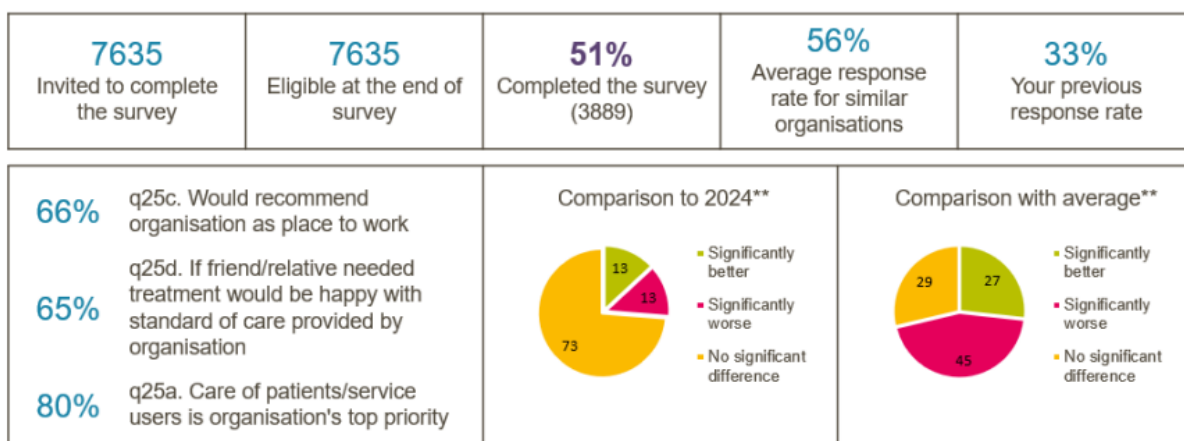
The Trust employs two LCFSs and reports on counter fraud activity are regularly submitted to the Trust's Audit Committee. Further details are set out in the report on the Audit Committee within this annual report.

2025 NHS National Staff Survey

The 2025 NHS National Staff Survey was conducted between October and November 2025. As in previous years, the Trust used Picker as the survey provider.

The Trust undertook an extensive campaign to promote the benefits of participation in the staff survey. Through a combination of strong Trust-level engagement, trust-wide staff survey roadshows, and improved communication and engagement activities, a 51% response rate was achieved. This represents an 18-percentage point increase compared to the previous year and is the second highest response rate in the Trust's history.

The key results from the 2025 ELFT National Staff Survey are summarised below.



Thirteen survey questions showed statistically significant improvement compared to 2024, 73 questions showed no statistically significant change, and 13 questions were statistically significantly worse. Using a summary table provided by Picker, the five most improved and five least improved questions are presented below, based on comparisons with ELFT responses from 2024 only

Top 5 scores vs Organisation Average	Org	Picker Avg
q8a. Teams within the organisation work well together to achieve objectives	60%	53%
q23b. Appraisal helped me improve how I do my job	33%	26%
q23c. Appraisal helped me agree clear objectives for my work	42%	36%
q25c. Would recommend organisation as place to work	66%	61%
q25b. Organisation acts on concerns raised by patients/service users	79%	74%

Bottom 5 scores vs Organisation Average	Org	Picker Avg
q23a. Received appraisal in the past 12 months	81%	90%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	70%	78%
q4d. Satisfied with opportunities for flexible working patterns	60%	67%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	72%	78%
q26c. I am not planning on leaving this organisation	52%	58%

Most improved scores	Org 2025	Org 2024
q23b. Appraisal helped me improve how I do my job	33%	25%
q8a. Teams within the organisation work well together to achieve objectives	60%	55%
q10c. Don't work any additional unpaid hours per week for this organisation, over and above contracted hours	46%	41%
q23c. Appraisal helped me agree clear objectives for my work	42%	36%
q3a. Always know what work responsibilities are	88%	84%

Most declined scores	Org 2025	Org 2024
q23a. Received appraisal in the past 12 months	81%	93%
q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours	72%	77%
q13a. Not experienced physical violence from patients/service users, their relatives or other members of the public	80%	85%
q31b. Disability: organisation made reasonable adjustment(s) to enable me to carry out work	70%	74%
q24a. Organisation offers me challenging work	69%	73%

The overarching themes emerging from the 2025 NHS staff survey as areas for improvement are:

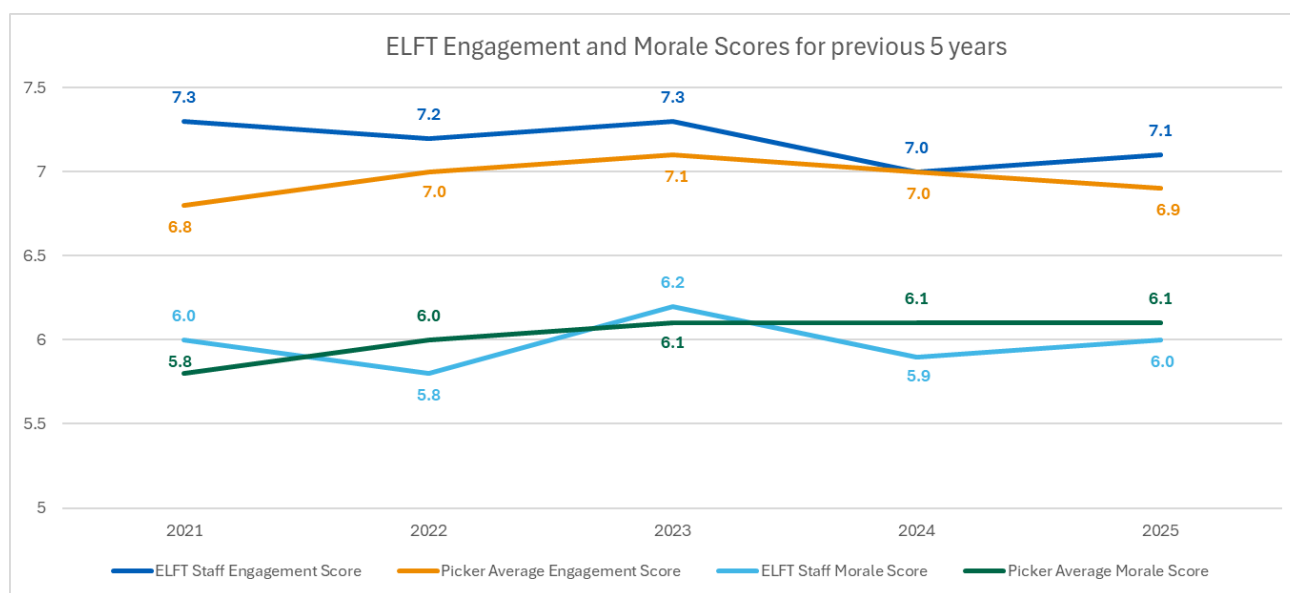
- Staff retention
- Flexible working
- Reducing burden and friction

- We are safe and healthy

NHS People Promise Themes

A staff engagement score is calculated using responses to nine survey elements. These questions cover areas including recommending the organisation as a place to work and receive care, looking forward to coming to work, being absorbed in work, feeling involved, and having a say in decision-making.

Run charts illustrate ELFT's staff engagement and morale scores over the past five years, compared with the Picker average. In 2025, the Trust's engagement score was 7.1, which is higher than the Picker average. The Trust's morale score was 6.0, which is slightly below the Picker average of 6.1.



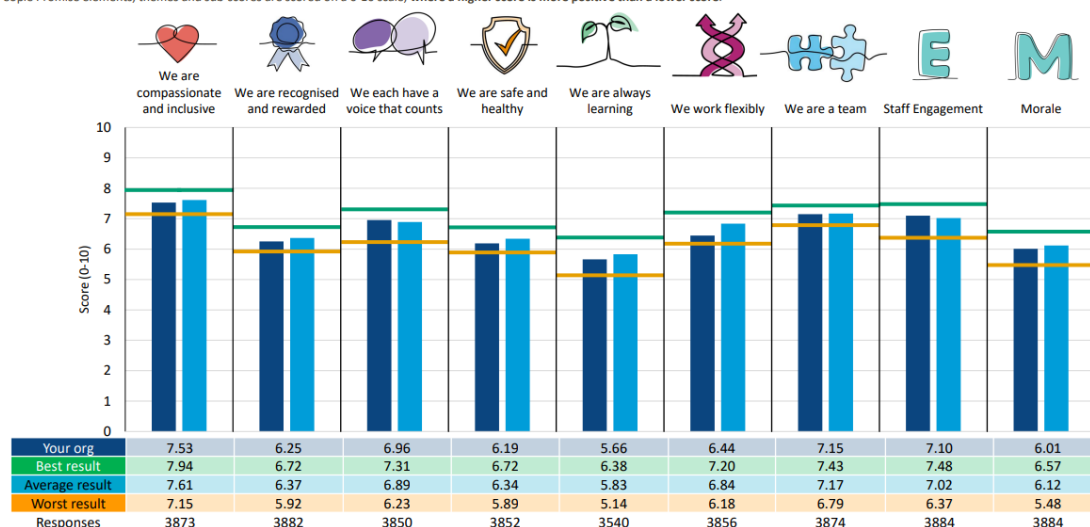
All 124 survey questions are grouped into nine themes aligned with the NHS People Promise:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team
- Staff engagement
- Staff morale

Across these nine People Promise themes, Trust results are generally comparable with, or slightly below, the national average. However, the Trust performed above the national average in two areas: *We each have a voice that counts* and *Staff engagement*.

Survey
Coordination
Centre **NHS**

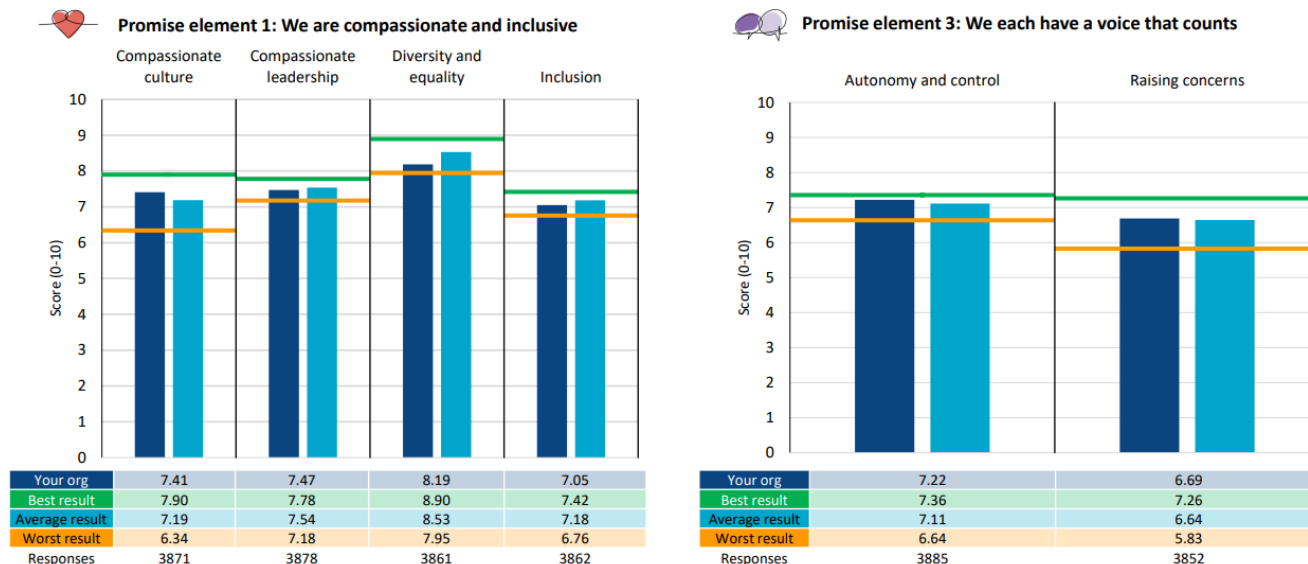
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



People promise element 1: We are compassionate and inclusive: For ELFT, the diversity and equality indicator, the inclusion indicators, and compassionate leadership are all below the national average. However, the compassionate culture indicator is above the national average.

People promise element 3: We each have a voice that counts: This element has shown improvement, with the Trust now scoring above the national average for both autonomy and control and raising concerns.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



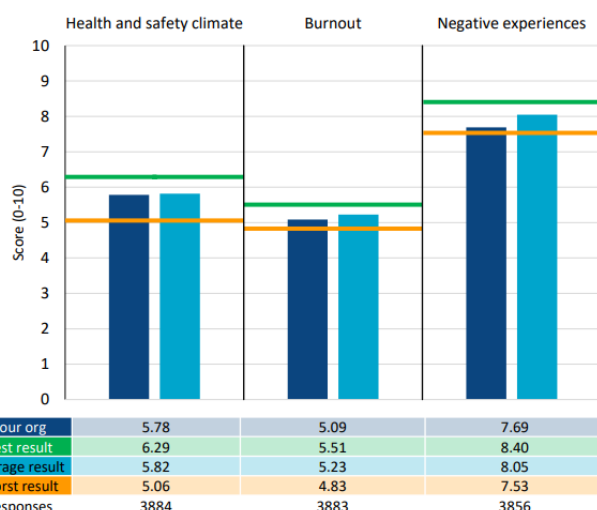
People promise element 4: We are safe and healthy: For all indicators within this element, the Trust remains below the national average. However, the health and safety climate score has improved compared to the 2024 result.

People promise element 5: We are always learning: The Trust is below the national average for the development indicator within this element.

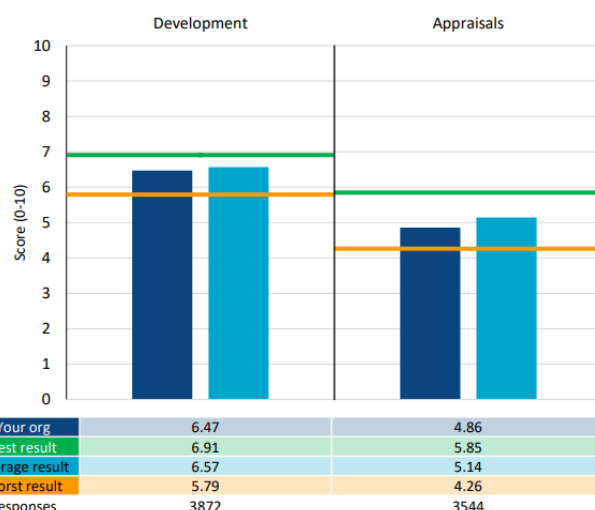
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 4: We are safe and healthy



Promise element 5: We are always learning



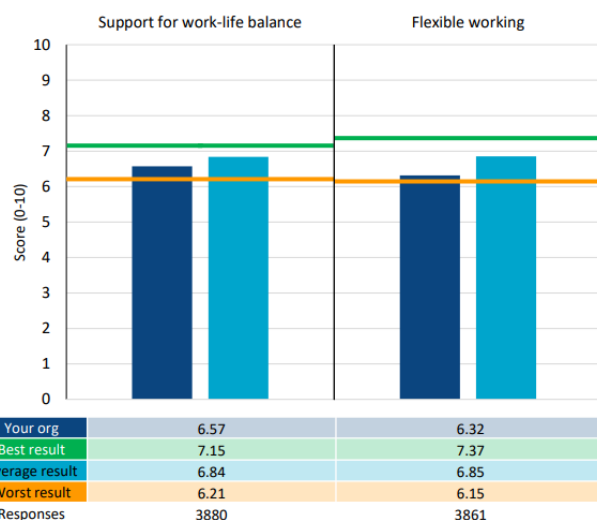
People promise element 6: We work flexibly: The Trust scores below the national average for both indicators within this element: support for work-life balance and flexible working.

People promise element 7: We are a team: The Trust is slightly below the national average for line management and in line with the national average for team working.

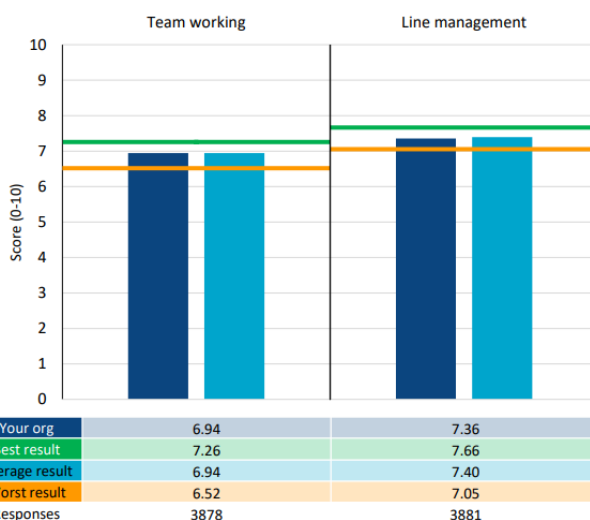
People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Promise element 6: We work flexibly



Promise element 7: We are a team



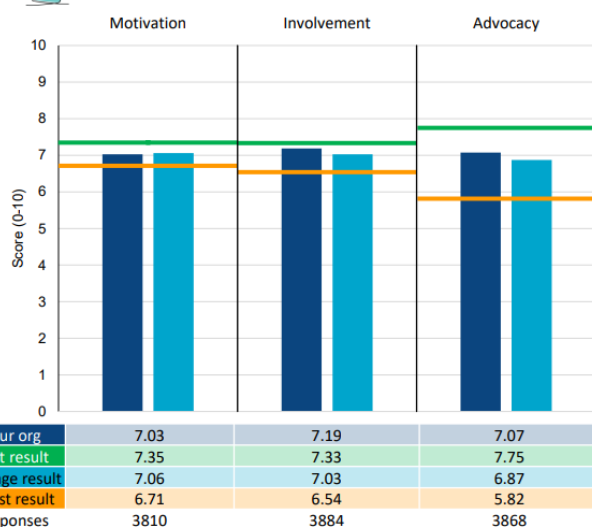
Staff engagement: Staff engagement is measured across three indicators: motivation, involvement and advocacy. The Trust scores above the national average for involvement and advocacy, and slightly below the national average for motivation. All three indicators showed improvement compared with the Trust's 2024 results.

Morale: The morale indicators for thinking about leaving and stressors are below the national average, while work pressure is slightly above the national average. As with staff engagement, all three morale indicators have improved since 2024.

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Theme: Staff engagement



Theme: Morale



Staff Experience Programme

In 2025-26, the Trust established a new Staff Experience Programme, representing a significant step in strengthening its commitment to improving the working lives of colleagues across ELFT. Led by the Executive Team, the programme brings together focused workstreams designed to enhance staff experience and drive sustained improvement in staff survey outcomes.

The programme is developing in alignment with the new Trust strategy, the NHS Oversight Framework (NOF), and emerging national standards. Progress is underway, with an increasing number of projects being developed that are expected to deliver meaningful and measurable improvements to staff experience across the organisation in the year ahead.

Equity, Diversity and Inclusion: Staff

The Trust remains committed to creating a workplace where all staff experience fairness, dignity and opportunity. This work is underpinned by statutory workforce equality standards, robust data analysis and ongoing engagement with staff, trade unions and staff equity networks.

Our workforce continues to reflect the diversity of the communities we serve, with strong representation across a range of protected characteristics. This provides a solid foundation; however, the Trust recognises that representation alone does not ensure equity of experience, progression or outcomes. These areas are therefore examined in detail through our Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Pay Gap reporting.

Workforce data for 2025 shows that the organisation remains predominantly female and racially diverse, with Black, White and Asian staff forming the largest ethnic groups. There is a broad spread across age bands, reflecting both early and mid-career staff and a significant proportion of colleagues aged over 50. Disability declaration rates have continued to improve, although levels of non-disclosure across disability and sexual orientation indicate the need for continued work to strengthen psychological safety and confidence in reporting.

The 2025 Workforce Race Equality Standard highlights sustained progress in overall representation, alongside areas requiring continued focus. Staff from Black and minority ethnic

backgrounds make up a significant proportion of the workforce but remain underrepresented at more senior levels. Data also shows ongoing disparities in experience, including higher likelihood of entering formal disciplinary processes and reporting discrimination. In response, the Trust has prioritised action to improve fairness in disciplinary processes, strengthen recruitment assurance, and support career progression through leadership development, sponsorship and reciprocal mentoring.

The Workforce Disability Equality Standard demonstrates improved disability declaration rates and increased reporting that reasonable adjustments are in place. However, disparities remain in experience, including higher reporting of bullying and harassment and lower representation at senior grades. The Trust continues to prioritise improvements in reasonable adjustments, management capability and inclusive leadership to address these issues.

Pay gap reporting provides further insight into structural inequities. The Trust has continued to publish Gender Pay Gap data as a statutory requirement and has voluntarily reported Ethnicity and Disability Pay Gaps to strengthen transparency. The data indicates that pay gaps are largely driven by differences in representation at senior levels rather than unequal pay within bands. Addressing progression and representation therefore remains central to reducing these gaps over time.

Alongside statutory reporting, work has continued to strengthen overall staff experience. In 2025, the Trust launched a Staff Experience Programme with six workstreams covering communication and engagement, equality and diversity, workplace culture, growth and development, wellbeing, and data and intelligence. This programme provides a structured mechanism to monitor and improve staff experience using data from the NHS Staff Survey and other sources.

Targeted initiatives have supported staff wellbeing and engagement, including programmes on financial wellbeing, flexible working, and enhanced exit surveys to better understand drivers of attrition. The Trust has also continued to deliver a wide range of wellbeing support aligned to physical, emotional, social, environmental and financial health.

Staff equity networks remain a key component of this work, providing lived experience insight, peer support and direct influence on Trust priorities. Networks including the RaCE Network, Ability Network, LGBTQIA+ Network, Women's Network and Men's Network have contributed to policy development, quality improvement work and staff engagement. Their input has been particularly important in areas such as disciplinary process improvement, reasonable adjustments and sexual safety.

The Trust has also continued to embed its Sexual Safety Charter commitments within the staff experience agenda, strengthening governance, reporting routes and support infrastructure. This work reinforces the expectation of a safe, respectful working environment for all staff. Looking ahead, the Trust will publish a Workforce Equality Plan covering 2026 to 2028, bringing together learning from WRES, WDES, pay gap analysis and the Staff Experience Programme. This will set out clear priorities and measurable actions to reduce inequities in experience, progression and outcomes. A dedicated Equity, Diversity and Inclusion lead within the People and Culture Directorate will support delivery, ensuring closer alignment between workforce policy, practice and equity objectives.

Overall, while the Trust has maintained a diverse workforce and strengthened its approach to data, governance and staff experience, the evidence continues to demonstrate that inequities persist. Addressing these systematically remains a core organisational priority, with a clear focus on translating insight into sustained and measurable improvement.

Further details on the Trust's performance and work in relation to EDI are available in the [2025 Annual Report](#) which was approved by the Trust Board in May 2026.

Staff Costs

	Permanent Staff £000	Other Staff £000	2025/26 Total £000	2024/25 Total £000
Salaries and wages	351,915	50,511	402,426	401,073
Social security costs	54,747	0	54,747	44,238
Apprenticeship levy	2,022	0	2,022	1,979
Employer's contributions to NHS pensions	47,546	0	47,546	46,010
Pension cost - other	101	0	101	115
Pension costs- employer contributions paid by NHSE on provider's behalf	30,992	0	30,992	29,987
Termination benefits	1,867	0	1,867	0
Agency/contract staff	0	10,472	10,472	19,900
Total staff costs	489,190	60,983	550,173	543,302

Included within:

Costs capitalised as part of assets	3,437		3,437	2,528
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Operating expenditure analysed as:

Employee expenses - staff & executive directors	482,790	60,983	543,773	540,580
Research and development	1,347		1,347	0
Redundancy	1,616		1,616	194
Total staff costs	489,190	60,983	550,173	543,302

Average Staff Numbers WTE basis 2025-2026

Staff Group	Total	Permanent	Other
Medical and dental	552	480	72
Administration and estates	1,523	1,423	100
Nursing, midwifery and health visiting staff	3,829	3,205	624
Scientific, therapeutic and technical staff	2,116	2,081	35
Other	4	4	0
Total average numbers	8,024	7,193	831
Number of employees (WTE) engaged on capital projects	34	15	19

Average Staff Numbers WTE basis 2024-2025

Staff Group	Total	Permanent	Other
Medical and dental	522	443	79
Administration and estates	1,698	1,575	123
Nursing, midwifery and health visiting staff	3,975	3,157	818
Scientific, therapeutic and technical staff	2,218	2,130	88
Other	6	6	0
Total average numbers	8,419	7,311	1,108
Number of employees (WTE) engaged on capital projects	22	7	15

Gender Analysis

Staff Group	Total	Gender		Age			
		Female	Male	<25	26-45	46-65	>65
Board Directors	19	9	10	0	2	15	2
Employees	7782	5719	2063	382	4095	3104	201
All Employees	7801	5728	2073	382	4097	3119	203
All Employees %	100	73	27	5	52	40	3

Gender Pay Gap

Targeted initiatives address pay disparities related to race, disability, and gender, encouraging a more equitable compensation structure. Our goal is to aim for total pay gap equity, while promoting diversity and inclusion in leadership and enhancing workforce support and engagement. Our pay gap actions include increased salary transparency and pay progression, specific targets for recruitment, retention and promotion and the fostering of a more inclusive workplace culture that addresses the needs of all employees, particularly those from marginalised backgrounds. These actions align with our strategic plans for WRES, WDES, our People Plan, and our NHS High Impact Action Plan.

Our analysis of data includes pay gap by pay quartiles, staff group, pay bands and bonuses, allowing for us to identify more pronounced pay inequities and marked improvements, all which inform our strategic priorities. Gender pay gap information can be found with the EDI report referenced earlier.

Gender pay gap reporting has been mandated since 2019 for employers with 250 or more employees. Legislation requires NHS Trusts provide snapshots of average pay differences for men and women, as well as differences in bonus payments. Reports must be published on the employer's website, a government website and confirmed by a senior official.

Our gender pay gap reporting is particularly important given 73.66% of ELFT's workforce are women. Since 2020, our mean and median hourly pay differences have narrowed between male and female employees. In 2020, the mean gender pay gap was 12%; in 2025, it is 7.57%.

Additionally, the median gender pay gap was 6% in 2020, and it is now 0.85% in 2025.

Information on the Trust's gender pay gap can be found at <https://gender-pay-gap.service.gov.uk/>

Ethnicity

This is the first year ELFT has published an ethnicity pay gap report. Future ethnicity pay gap reports will include data analysis of trends, improvements and priority areas, measuring the Trust's progress from the previous year.

59.2% of ELFT's workforce come from diverse ethnic backgrounds (significantly more than the national average of the NHS workforce, of which around 24% are from non-white ethnicities). Thus, our ethnicity pay gap reporting is vital in informing our strategic equity plans, aligned with the WRES action plan and the NHS high impact action plan. Targets include retention of Black and Asian staff through mentoring and development initiatives, setting recruitment targets for Black and Asian staff and encouraging increases in Black and Asian representation in Band 8d and above through mentorship and development programmes. All pay gaps are calculated against the average pay of white employees.

Across ELFT's workforce, white staff receive a higher average and median hourly pay rate than any other ethnicity. Black employees have the biggest average hourly pay gap (14.26%), while Asian employees have the largest median hourly pay gap (15.70%). Black staff face the largest ethnicity pay gap (11.25%) in the Allied Health Professionals staffing group. Asian staff have the largest ethnicity pay gap in the Administrative and Clerical staff group. However, within some staff groups, white employees experience a pay gap, such as Additional Clinical Services where average pay of white employees is less than Black, Asian and Mixed Ethnicity staff.

Disability

This is the second year ELFT has published disability pay gap data, though it is not yet mandated by NHSE.

8.4% of ELFT's workforce has declared a disability, largely in line with the national average in the NHS workforce (around 8% of whom declared a disability). Approximately 85% of ELFT's workforce are non-disabled; 5.95% did not disclose their disability status. Given this, our disability pay gap reporting helps inform our strategic goals, particularly relating to the WDES action plan and NHS high impact action plan. This includes increasing disability declaration rates, recruiting more disabled staff and improving reasonable adjustments for disabled staff. Pay gaps are calculated against the average pay of non-disabled staff.

In ELFT's overall workforce, disabled staff experience an hourly pay gap of 12.77% and median hourly pay gap of 0%. The majority of disabled staff are in the lower quartile, and Band 3 disabled staff face the largest disability pay gap (10.04%) followed by Band 9 staff (9.17%). Disabled staff are significantly underrepresented in Band 8b (4%) and Medical (4.4%). The staffing group with the largest disability pay gap is Medical and Dental (13.63%) followed by Additional Clinical Services (5.63%) and Allied Health Professionals (5.07%).

Sickness Absence

In accordance with the Treasury guidance, all public bodies must report sickness absence data on a consistent basis per calendar year, to permit aggregation across the NHS. The Trust is required

to use the published statistics which are produced using data from the ESR data warehouse. The latest publication covering January to December 2025 can be found on NHS Digital website. The average sickness rate for the Trust during 2025-2026 was 11.91 days sickness per full-time member of staff.

Figures converted by DHSC to Best Estimates of Required Data Items			Statistics published by NHS Digital from ESR Data Warehouse	
Average FTE Jan 25 – Dec 25	Adjusted FTE days lost to Cabinet Office definitions (225 working days per year)	Average sick days per FTE	FTE-Days available	FTE-Days lost to sickness absence
7,285.32	86,804.10	11.91	2,606,715.85	140,815.54

Off Payroll Arrangements

In common with most other NHS bodies the Trust engages staff on an “off-payroll” basis. The main reasons for this are as follows:

- Recharges from other bodies (mainly other NHS organisations or universities) for staff who hold joint appointments; and
- Temporary workers to cover vacant positions or staff absences.

With effect from 6 April 2017, the Government introduced new rules for off-payroll working in the public sector which placed the responsibility with the public sector engager rather than the worker to determine whether or not the engagement was captured by the intermediaries’ regulations (often known as IR35). With the implementation of these new rules, the Trust changed its approach to the engagement of off-payroll workers and ceased contracting directly with personal service companies (PSCs) unless the contracts have been determined as meeting the HMRC criteria for self-employment and suitable alternative arrangements are not available.

The Trust is required to disclose certain information in connection with such arrangements as set out in the three tables below.

Off-payroll engagements as of 31 March 2026 earning at least £245 per day:

The total number of existing engagements as of 31 March 2026	0
Of which:	
Number that have existed for less than one year at time of reporting	0
Number that have existed for between one and four years at time of reporting	0
Number that have existed for between two and three years at time of reporting	0
Number that have existed for between three and four years at time of reporting	0
Number that have existed for between four or more years at time of reporting	0

All off-payroll appointments engaged at any point during the year ended 31 March 2025 and earning more than £245 per day:

Number of off-payroll workers engaged during the year ended 31 March 2025	0
Of which:	
Number assessed as within the scope of IR35	0
Number assessed as not within the scope of IR35	0

Number of engagements reassessed for consistency/assurance purposes during the year	0
Of which: number of engagements that saw a change to IR35 status following review	0
Number of engagement where the status was disputed under provisions in the off-payroll legislation	0

For any off-payroll engagements of Board members, and/or senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025:

Number of off-payroll engagements of board members, and/or senior officials with significant financial responsibility, during the financial year	0
Number of individuals that have been deemed board members and/or senior officials with significant financial responsibility during the financial year. This figure must include both off-payroll and on-payroll engagements	0

Staff Exit Packages

There were 80 exit packages agreed in 2025-2026 totalling £2.031m (48 in 2024-2025 totalling £0.929m). The amounts disclosed for the exit packages are inclusive of Employer's National Insurance contributions where relevant.

Exit Packages 2025-2026	Number of compulsory redundancies Number	Cost of compulsory redundancies £000	Number of other departures agreed Number	Cost of other departures £000	Total number of exit packages Number	Total cost of exit packages £000
Exit package cost band (inc any special payment element)						
< £10,000	16	80	23	129	39	209
£10,001 - £25,000	13	206	9	121	22	327
£25,001 - £50,000	6	219	0	0	6	219
£50,001 - £100,000	7	491	0	0	7	491
£100,001 - £150,000	5	628	0	0	5	628
£150,001 - £200,000	1	157	0	0	1	157
Total	48	1,780	32	251	80	2,031

Exit Packages: Other Departures	Payments agreed	Total value of agreements
2025-2026	Number	£000
Contractual payments in lieu of notice	30	238
Exit payments following employment tribunals or court orders	2	13
Total	32	251

Exit Packages 2024-2025	Number of compulsory redundancies Number	Cost of compulsory redundancies £000	Number of other departures agreed Number	Cost of other departures £000	Total number of exit packages Number	Total cost of exit packages £000
Exit package cost band (inc any special payment element)						
< £10,000	8	60	17	99	25	159
£10,001 - £25,000	6	120	7	109	13	229
£25,001 - £50,000	7	240	0	0	7	240
£50,001 - £100,000	1	51	0	0	1	51
£100,001 - £150,000	2	250	0	0	2	250
Total	24	721	24	208	48	929

Exit Packages: Other Departures	Payments agreed	Total value of agreements
2024-2025	Number	£000
Contractual payments in lieu of notice	18	143
Exit payments following employment tribunals or court orders	6	65
Total	24	208

There were no non-contractual payments requiring HM Treasury approval in 2025-2026.

Expenditure on Consultancy

During 2025-2026 £0 was spent on consultancy expenditure in respect of the provision of objective advice and assistance to the Trust in delivering its purpose and objectives.

NHS Foundation Trust Code of Governance

Statement of Compliance

The *NHS Foundation Trust Code of Governance* was published by NHS England (formerly operating as Monitor) on 29 September 2006 and revised in July 2014. The new *Code* for NHS provider trusts came into force on 1 April 2023.

The purpose of the *Code* is to assist NHS Foundation Trusts in improving their governance practices, contribute to better organisational performance and ultimately discharge their duties in the best interests of service users and patients. The *Code* is based on the principles of the *UK Corporate Governance Code* issued in 2018.

The *Code* is issued as best practice advice but imposes some disclosure requirements. This annual report includes all the disclosures required by the *Code*.

ELFT has applied the principles of the *Code* on a comply-or-explain basis. The Board of Directors and Council of Governors are committed to continuing to operate according to the highest standards of corporate governance, and support and agree with the principles set out in the *Code*.

There are no provisions within the *NHS Foundation Trust Code of Governance* that we did not comply with for the period 1 April 2025 to 31 March 2026.



Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

25th June 2026

Council of Governors

The Council of Governors (the Council) is led by the Chair of the Trust and comprises of elected and appointed Governors representing staff, public constituencies and partner organisations.

The Council is an integral part of the Trust; Governors bring the views and interests of the public, service users, our staff and other stakeholders into the heart of our governance. This group of committed individuals has an essential involvement with the Trust and contributes to its work and future developments; in the words of our ELFT promise, *working together creatively to learn what matters to all of us, to achieve a better quality of life and help improve the quality of services and care for all those we serve.*

Role of the Council

Governors do not undertake operational management of the Trust. Instead, they challenge the Trust Board, acting as the Trust's critical friends. They help shape the organisation's future direction in a joint endeavour with the Board.

A significant responsibility of the Council is to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and to represent the interests of the members of the Trust and of the public. This includes:

- Scrutinising how well the Board is working
- Challenging the Board in respect of its effectiveness
- Asking the Board to demonstrate that it has sufficient quality assurance in respect of the overall performance of the Trust
- Questioning Non-Executive Directors and seeking assurance about the performance of the Board and of the Trust
- Ensuring that the interests of the Trust's members and public are represented.

The Council has a number of statutory duties including appointing the Chair and Non-Executive Directors, determining their remuneration and other terms and conditions of service, approving their reappointment and approving the appointment of the Chief Executive as well as the appointment of the Trust's external auditor.

The Council is required to meet "sufficiently regularly to discharge its duties effectively, but in any event, shall meet not less than three times each financial year." In practice, there are usually six meetings of the Council per year and additional meetings are called as required for the Council to meet its responsibilities in a timely manner. In addition, Governors attend the annual general meeting/annual members meeting to receive the annual report and accounts and to be held accountable by the Trust's members.

Council meetings are held face to face with the exception of the January meeting. Governors who for reason of disability only are currently unable to attend meetings are offered the opportunity to follow the meeting online and register their questions or comments through contact via WhatsApp during the meeting; however, the meeting format is not hybrid.

Most other Council business including committee meetings, special briefing sessions, and training and development sessions are conducted using virtual meeting technology (Zoom or MS Teams) in support of the Trust's financial viability and sustainability aims. Governors are kept informed between meetings with regular email updates including a weekly look ahead at meetings for the coming eight weeks.

Council of Governor Impact 2025-2026

At ELFT, the Board and the Council regard the continuous improvement of services as a shared endeavour between Directors and Governors. Accordingly, the Council's role in offering

constructive challenge, encouragement, and support is considered equally important. Key highlights from the past year include:

Supporting the Joint Chair with collaboration with North East London NHS Foundation Trust

- Governors had previously agreed to the Board's proposal to recruit a Joint Chair in collaboration with North East London NHS Foundation Trust (NELFT). Eileen Taylor assumed the role on 1 January 2023.
- Governors reviewed the Joint Chair's performance in early 2026, concluding that it was satisfactory.
- Governors remain mindful of the cultural and operational differences between the two Trusts and their respective Councils and continue to manage these differences respectfully and constructively.

In light of the Chair's second term in office, Governors continue to maintain a clear focus on the strategic benefits of the joint Chair arrangement and the value of collaboration in improving outcomes for service users and the populations served by both Trusts.

Strategic priorities

Following a previous quality improvement project, the Council became the first in England to establish its own strategic priority themes for Council meetings. These themes are explored through presentations, typically introduced by Non-Executive Directors and prepared by Executive Directors, followed by group discussion. Outcomes from these discussions are collated, themed, and fed back to the relevant teams or directorates.

For the current year, Governor priority themes broadly align with the Trust's strategic priorities, Marmot Trust ambitions, and the three priorities outlined in the NHS 10-Year Plan: acute to community, intervention to prevention, and analogue to digital.

- Shifting from acute to community care
- Staff wellbeing
- AI and digital innovation – improving service user experience
- Prevention and support for independence in older adults
- Estates planning and its impact on service user experience

Enabling conversations

Throughout the year, Governors have provided feedback to the Trust on challenges faced by communities and staff in accessing services or working within the Trust. This ensures that the voices of the people we serve are heard at Board level and elsewhere, enabling open and productive conversations. Examples include:

- Governors maintained a sharp focus on the Trust's financial viability strategy and the impact of savings on services and service user experience. For example, they raised concerns regarding long waiting times for ASD/ADHD diagnostic services, which led to a Governor Development Session focused on ASD/ADHD services within CAMHS.
- Staff Governors raised a formal query regarding whether the Trust had been 'oversteering' its financial viability programme. Assurance was provided that the Trust is aiming for a balanced budget, with planned expenditure broadly aligned to income, rather than building up additional underspends, while ensuring service quality and safety through the Trust's Quality Impact Assessment processes.
- Governors raised questions regarding the assurance the Trust has about the effectiveness of its interventions. This resulted in the Quality Assurance Committee requesting that future reports include information on how services demonstrate clinical effectiveness. In addition, a governor development session on DIALOG +, the Trust's clinical effectiveness measurement scoring scale, is in planning.

Suggestions from Governors to introduce Gardening Awards for Trust staff and service users, recognising the positive impact of green spaces on mental health and wellbeing, are currently being progressed and are awaiting opportunities to seek funding through the ELFT Charity.

Membership engagement

Governors play a key role in ensuring the views of members and the wider public are central to the Trust's strategic direction.

Following a review of the membership strategy, a new membership engagement plan was developed as a concise 'plan on a page', focusing on what matters most to members, service users, staff, and communities. The plan recognises that membership activity complements, rather than replaces, other forms of engagement across the Trust.

System-working

Governors remain actively engaged in system-wide collaboration, particularly in the context of the shared Chair arrangement with North East London NHS Foundation Trust. Throughout the Joint Chair's performance reviews, Governors have sought assurance that the role is delivering clear and tangible benefits for service users. This partnership continues to be approached with respect for the distinct cultures of each organisation.

This work also aligns with Governors' statutory responsibility to hold the Non-Executive Directors to account for the Board's performance within the two systems in which the Trust operates, particularly during periods of significant change.

In addition, Governors have contributed to the wider Integrated Care System by, for example, regularly attending public meetings of the former BLMK Integrated Care Board.

Bringing the views of members and the wider public to the Trust

A core responsibility of Governors is to represent the views of members and the wider public, ensuring these perspectives are reflected in the Trust's decision-making processes. This often involves raising challenging or sensitive issues, and the Trust is grateful to Governors for doing so with integrity, constructive challenge, and a shared commitment to identifying solutions and driving improvement.

Taking decisions

Under the NHS Act 2006, Governors are required to take certain statutory decisions in Council. Decisions made following recommendations from the Nominations and Conduct Committee are detailed in the Remuneration Report section of the Annual Report. In addition, as in previous years, the Council set five strategic priorities to guide its work for the year ahead.

Composition of the Council of Governors

Constituency		No of Governors
Public	Bedford Borough (one vacancy as of 31/03/2026)	2
	Central Bedfordshire (three vacancies as of 31/03/2026)	4
	City of London	1
	Hackney	5
	Luton	3
	Newham (three vacancies as of 31/03/2026)	5
	Rest of England	1
	Tower Hamlets (two vacancies as of 31/03/2026)	5
Staff	Staff Constituency (single Trust-wide constituency) (two vacancies as of 31/03/2026)	9
Appointed	Bedford Borough Council	1
	Central Bedfordshire Council	1
	City of London	1
	Hackney Council	1
	Luton Council (vacancy as of 31 March 2026)	1

Constituency		No of Governors
	Newham Council	1
	Tower Hamlets Council	1
	Clinical Commissioning (vacancy as of 31 March 2026)	1
	Education Sector (vacancy as of 31 March 2026)	1
	Voluntary Sector	1

* Vacancies for elected positions are due to be filled in the current Governor ballot, due to be completed by 21 April 2026

Council of Governors Elections

Public and staff Governors are elected for a three-year period usually starting on 1 November; they may stand for re-election at the end of their term of office and can hold three terms of office.

Due to the publication of the Government's NHS 10 Year Plan which stated that in future it would no longer be a requirement for NHS Foundation Trusts to have Councils of Governors, the 2025 election was deferred in the expectation of further guidance.

Following further discussion, it was decided to hold the elections starting in February 2026 for the vacancies that arose from 31 October 2025 to ensure the Council will be quorate going forward.

Whilst potential candidates were advised that Government plans make it likely that the position of Governors would be abolished in future, the nomination process nevertheless resulted in contested elections for each Constituency.

There were 11 vacancies across 5 constituencies (including staff). Three "becoming a Governor" workshops for prospective candidates were offered in February 2026 with one meeting being held with four potential candidates, and elections commenced on 26 January 2026 with the nominations closing on 23 February 2026. Nominations were sought through postal and regular email invitations, via the Trust website as well as social media. Elections in all constituencies were contested.

Board's Relationship with the Council

The Trust Chair is responsible for the leadership of both the Council and the Board. The Chair has overall responsibility for ensuring that the views of the Council and Trust members are communicated to the Board as a whole and considered as part of decision-making processes and that the two bodies work effectively together. The powers and roles of the Trust Board and of the Council are set out in their respective standing orders.

The Chair works closely with the elected Lead Governor Caroline Ogunsola and Deputy Lead Governor Jamu Patel. The Chair meets with both the Lead Governor and Deputy Lead Governor as well as the Director of Corporate Governance and Corporate Governance Manager at regular intervals to set the Council meeting agenda, review key issues and develop plans and opportunities for the future.

The Board and Council work closely together. The Executive and Non-Executive Directors continued to regularly attend each meeting of the Council, presenting agenda items as required and participating in open discussions that form part of each meeting. Governors sought and received assurance directly from the Non-Executive Directors across a broad spectrum of issues including the Trust's challenging financial stretch target for the year, and the impact of our financial viability plan on Trust services.

Our aim is for Non-Executive Directors to introduce major agenda items at Council meetings to support the Council in gaining a better understanding in how the Non-Executive Directors seek and receive assurance from the Executive Directors. Joint Non-Executive Director/ Governor site visits

are also providing Governors with an opportunity not just to learn more about specific services but also to observe Non-Executive Directors in carrying out their role and create a closer relationship with them.

As previously mentioned, the Council sets its own annual plan of five strategic items across the year that form the core of their discussion at the relevant Council meeting; these often reflect the feedback from members. For 2025-2026 these included:

- Shifting from acute to community care
- Staff Wellbeing
- AI and digital improving patient experience
- Prevention and support for independent in older adults
- Estates improving service user experience.

One strategic priority is reviewed in depth at each Council meeting usually through a presentation by a member of the executive team and introduced by a Non-Executive Director followed by group discussions (comprising of both Governors and Board members) focused around one or two questions to seek Governors' views. Feedback is provided at a later meeting thereby maintaining continual conversations between the Board and Council.

The benefits of this approach include Governors finding it easier to focus on their strategic role rather than operational detail; the Trust actively seeking out Governor input on other strategic priorities; and Governors feeling their contributions are having an impact as a Council and on behalf of their constituencies. The Trust sees this meaningful involvement as supporting their role, valuing their contributions and contributing to and reflecting the Trust's overarching vision to make a positive difference to people's lives.

The Council's standing agenda items also include a report on various aspects of Trust performance which this year really came into its own by offering the Council and the Board the opportunity to flexibly respond to, discuss and receive assurance around issues of concern which often Governors themselves had raised with the Trust, for example the impact of our financial viability targets on Trust services (moving away from the numbers and focusing on services).

The Trust's Strategic Review, with its Big Conversation, started with a discussion at the July 2025 Council meeting to seek Governors' priorities for the Trust's focus for 2026-2031; Governors were kept informed of progress on the new Trust Strategy at every meeting following that initial conversation, and were given opportunities to contribute and comment.

The agenda also includes assurance reports from the Council's committees; in addition, there are updates on Trust finance and quality matters, the Trust's annual plan, and other appropriate and timely information to support the Council to fulfil their duties. A summary of discussions at Council meetings is included in the Chair's report presented at each Board meeting.

Richard Carr, the Senior Independent Director actively pursues an effective relationship between the Council and the Board and regularly attends Council meetings. As part of his performance review of the Chair, the Senior Independent Director proactively holds discussions with the Lead and Deputy Lead Governor who in turn seek the views of Governors. Governors can contact the Senior Independent Director if they have concerns regarding any issues that have not been addressed by the Chair, Chief Executive or Chief Finance Officer.

Governors continue to have an open invitation to attend all Board meetings held in public and are encouraged to ask questions of the Board on matters relating to agenda items. To draw their attention to these, they routinely receive the agenda, minutes, Chair's and CEO's reports, the quality report and the report on the People Participation Committee separately, in addition to a complete set of papers which are also published on our website. Prior to both Board and Council meetings held in public there is usually a chance for Board members and Governors to network.

Governor Open Forum meetings are held bi-monthly and are open to all Governors; each one opens with a period of discussion between Governors only, followed by an hour's discussion with up to two individual Non-Executive Directors who attend by invitation. In addition, ad hoc meetings and discussions between individual Board members and Governors can be arranged on specific subjects of interest.

Governors join Non-Executive Directors at site visits; Non-Executive Directors value the Governor perspective while it is also a good opportunity for Governors to learn about services as well as observe the Non-Executive Directors in their role. Governor feedback is always shared with the leading Non-Executive Director on the visit to inform their own report to the Board. Governors are provided with information on services to be visited plus any additional information from Board papers or, where applicable, from local news.

The Board values the relationship it has with the Council and recognises that its work promotes the Trust's strategic objectives and assists in shaping the culture of the Trust. Both the Board and the Council are committed to continuing to promote enhanced joint working so that they can deliver their respective statutory roles and responsibilities in the most effective way possible.

Keeping Informed of Governors' and Members' Views

The Board recognises the importance of ensuring the relations with stakeholders are embedded and in particular there is dialogue with members, patients and the local community.

The Trust encourages quality engagement with stakeholders and regularly consults and involves Governors, members, patients and the local community through various routes. It also supports Governors in ensuring they represent the interests of the Trust's members and the public, through seeking their views and keeping them informed.

Our co-produced membership engagement plan recognises that our members are all those who connect us to all we serve – our local community, service users, staff, stakeholders and the voluntary sector. The aim is to create a membership that provides a voice to connect us to those we serve and work with to help shape the services we deliver so we can achieve our population health ambitions. Further details can be found in the membership section of this report. The Council receives updates on the implementation of the plan at each meeting; in addition, an annual update is provided by the Trust Chair to Council and the People Participation Committee.

The Trust fosters an 'open door' policy where issues, queries and feedback can be raised via the Governors and Members Office with the Chair, the Chief Executive and any Board member or service director as appropriate. A track of any queries is maintained to ensure a timely and full response; outcomes and themes are shared with the Council as appropriate.

Governors are offering exit interviews with departing Governors which focus on the following questions:

- What do you wish you knew at the beginning of your tenure that you know now?
- What advice would you give to new Governors?
- Do you have any other recommended changes, comments or observations related to the effectiveness of the Council of Governors

All responses to these questions are reported back to the Communications & Engagement Committee and will flow into the Council improvement plan.

Some examples of the wide range of engagement opportunities with Governors are covered in other sections of the annual report and include:

- **Council of Governors meetings:** six per year; five strategic priorities chosen by the Council addressed annually. The Council can (and does) request feedback on specific discussions and receives regular strategic development and other updates

- **Council Committees** (Communications & Engagement, Nominations & Conduct, Significant Business & Strategy): supporting the Council through discussing issues in detail and reporting back to full Council. Committees have no delegated decision-making powers, all formal decisions reserved for the Council
- **Ad hoc drop-in sessions** for all Governors at certain points, for example a planned briefing session to update Governors on progress of the current CQC inspection, in particular their role in the Well-Led Review
- **Governor open forums:** bimonthly meetings with up to two Non-Executive Directors attending at each as an opportunity to hold an informal discussion without minutes, or staff present
- **Regular borough and service director meetings** in the localities: these formal meetings enable Governors to learn about local service developments in more detail, query issues and feedback local issues
- **Governor development sessions:** regular briefings on specific topics to ensure Governor knowledge and training is updated and Governors are informed about major developments or regular issues such as a session on the Forensic Service, an in-depth look at the Annual Report and Accounts 2024/25, our Crisis Service or the Trust's ADHD/Autism Service for Children and Young People
- In addition, Governors are routinely invited to Trust training sessions and webinars as appropriate, for example the Trust's TrustTalk sessions on topical issues
- **Governor queries:** Governors are encouraged to submit formal queries to the Governors and members office who will identify the person best placed to respond, within a given timeframe. Queries will be collated and analysed, and themes and learning shared
- **Trust Board meetings:** the opportunity to observe these meetings virtually has enabled more Governors to attend although attendance in person is encouraged (e.g. by covering travel expenses etc)
- **Bi-monthly meetings for staff Governors** to share and discuss issues of concern
- **Trust Board meetings in public reports:** the Board's performance and quality reports provide detailed information that enables Governors to understand the Trust's performance against key indicators with a supporting narrative. Governors can triangulate this information with the assurance reports from the Non-Executive Director chairs of the Board's standing committees and the BAF that focuses on the identification and management of key risks to the Trust achieving its strategic objectives. In addition, Council meetings have as a standing item a closer look at a specific performance issue in the operational update
- Routine attendance and agenda item presentations by Board directors at all Council meetings held bi-monthly. Governors are provided with the opportunity of asking questions and providing feedback, as well as being involved in small group work including Board directors on the Council's strategic priorities
- Regular **Governors' update e-newsletter**.

Governor feedback and views are captured and shared with the Board as described above and are also reported, for example, through the Chair's report to the Board or the Trust's annual members meeting

Governors are regularly invited and attend Trust events, including those intended for staff, to gain a wider understanding of our services. They also attend external events such as their local HealthWatch meetings or Governor and public meetings arranged by the ICSs or NHS Providers (now NHS Alliance) to ensure they stay abreast of issues in the wider systems we work in.

The Head of Governors & Community Engagement proactively identify opportunities for Governor participation in wide ranging areas such as attendance at the annual NHS Providers events including their Governor Focus Conference; regular events such as a monthly webinar on the future of primary care arranged by NELFT and other events such as staff network conferences.

By choosing staff wellbeing as one of their annual five top priorities, Governors once again publicly acknowledged the significant contributions, efforts and sacrifices of staff.

Council of Governors Committees

The Council's committee governance framework is designed to ensure it robustly supports and enables Governors to fulfil their duties, roles and responsibilities effectively. The committees do not have any delegated authority; all responsibilities are undertaken in support of the Council as it is the Council of Governors that holds the responsibility for decisions relating to all issues covered by the committees.

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Nominations & Conduct Committee

This committee has been established to carry out specific duties on behalf of the Council, including recommending candidates for appointment or re-appointment to the posts of Trust Chair and Non-Executive Directors, discussing their annual performance review and remuneration, and promoting Governor conduct and standards. When leading the recruitment and appointment process, the committee takes account of the views of the Board of Directors and system context and uses open advertising and the services of external advisers to facilitate the search. Further information on the activities of the committee can be found under the remuneration report.

Communications & Engagement Committee

This committee has been established to carry out specific duties on behalf of the Council including reviewing the Trust's membership and engagement strategy and communications with members and amongst Governors. It is now being supported by the Trust's Community Engagement Manager. It has a core membership comprising of at least six Governors; as of 1 November it has a membership of seven Governors; its meetings are open to all interested Governors.

The committee met five times during the year. In addition to a standing agenda item of a communications and media update by the Trust's Head of Communications, Governors:

- Agreed the process of carrying out a membership refresh and set the parameters for the options to remain a member, mindful especially of the risk of digital exclusion
- Reviewed the literature for the Council of Governors elections
- Received reports on:
 - The communication strategy underpinning the Trust's Strategy Refresh
 - The exit interviews for Governors leaving the Trust
 - The Trust's Charitable Funds and People Participation Committees
 - Joint Governor/NED site visits
 - Reviewed Governor communication guidelines
 - Carried out a review of its terms of reference.

It is anticipated the Committee will play a central role in supporting the Council to work closely with the Board to develop any plans for future engagement with the public, our members and our communities following the implementation of the NHS 10 Year Plan.

Significant Business & Strategy Committee

This committee works to support the Council in reviewing business opportunities potentially of strategic importance to the Trust, even though they may not reach the required threshold to be classed as 'significant.' Governors draw on the guidance and support of Kevin Curnow, the Trust's Chief Finance Officer and other executive leaders as required.

The committee also serves as the Council's horizon-scanning forum, with in-depth discussions on issues such as what focusing on population health as ELFT's core strategy means in terms of what the Trust focuses on. This approach leads to better informed and richer discussions at Council meetings and supports the Council to integrate and reflect the Trust strategy in their priorities. As

such, it meets whenever there is a requirement for a broader, more in-depth discussion. While the committee has a core membership agreed by the Council, many of its meetings with a broader strategic theme are open to all Governors in support of subsequent discussions at Council meetings.

The committee met virtually only once during 2025-2026 to receive an update from the SID in his role as Chair of the Integrated Care & Commissioning Committee on the NHS 10 Year Plan, with an in-depth discussion on how the Trust's existing focus on population health and being a Marmot Trust already align with many of the ambitions outlined in the Plan.

Just as the Communications & Engagement Committee, it is anticipated the SBSC will be supporting the Council in its undertaking to work with the Board to seek solutions for meaningful public engagement following the implementation of the NHS 10 Year Plan.

The committee has developed into a purposeful and unique forum for discussion on strategic developments supporting the wider Council to be alert to significant changes in the systems in which the Trust operates. In turn, this aids Governors in expressing their own priorities, reflecting the views of the public when it comes to the Trust's strategic choices.

Council of Governors Meeting Attendance 2025-2026

Information about staff representatives and public representatives for each local area of the Trust is available on the Trust's website. Details of Council meetings held in public are also published on the Trust's website.

Name	Term	Attendance (actual/possible)	
Public: Tower Hamlets			
Yesmin Begum	1 st term	2022-2025	3/4
John Bennett (to 31 October 2025)	3 rd term	2022-2025	2/4
Gren Bingham	2 nd term	2024-2027	7/8
David Edgar	1 st term	2024-2027	8/8
Rofikul Islam	2 nd term	2024-2027	4/8
Public: Newham			
Ian Gibbs	1 st term	2024-2027	5/8
Peter Landman	2 nd term	2022-2025	2/4
Stella Oloyede (to 31 October 2025)	1 st term	2022-2025	3/4
Sarifa Patel	1 st term	2023-2025	2/4
Hazel Thomas	2 nd term	2024-2027	5/8
Public: Hackney			
Renato Congias	1 st term	2024-2027	8/8
Caroline Diehl	3 rd term	2024-2027	6/8
Coral Jones	1 st term	2024-2027	6/8
Beverley Morris	3 rd term	2024-2027	5/8
Eseoghene Okonedo	1 st term	2024-2027	8/8
Public: Rest of England			
Elliot Goodman	1 st term	2024-2027	7/8
Public: City of London			
Reno Marcello	2 nd term	2023-2026	4/8

Name		Term	Attendance (actual/possible)
Public: Luton			
Fatima Begum	2nd ^t term	2024-2027	3/8
Dafni Boula	1 st term	2023-2026	8/8
Jamu Patel**	3rd term	2023-2026	8/8
Public: Bedford			
Cass Howes"	1 st term	2022-2025	0/4
Felicity Stocker	3rd term	2024-2027	7/8
Public: Central Bedfordshire			
Elizabeth Birch"	1 st term	2022-2025	4/4
Bob Cazley"	1 st term	2022-2025	4/4
Suzana Stefanic"	2 nd term	2022-2025	4/4
Gordon Weller	1 st term	2025-2027	7/8
Staff			
Patrick Adamolekun	2nd term	2023-2026	2/8
Mark Dunne	2nd term	2023-2026	4/8
Love-Jane Egbe (to 31 October 2025)	1 st term	2022-2025	1/4
Elizabeth Maushe	1 st term	2023-2026	2/8
Caroline Ogunsola*	3rd term	2023-2026	6/8
Andrea Okoloekwe	1 st term	2024-2027	7/8
John Peers	2 nd term	2023-2026	6/8
Kathryn Smith (to 10 July 2025)	1 st term	2022-2025	0/3
Sharmeen Sheikh Sultana	1 st term	2023-2026	3/4
Appointed: Bedford Borough Council			
Martin Towler	1 st term	Jul 2023	1/8
Appointed: Central Bedfordshire Council			
Robert Morris	1 st term	May 2024	6/8
Appointed: City of London			
Ruby Sayed	1 st term	Sep 2024	6/8
Appointed: Clinical Commissioning - VACANCY			
Appointed: Education Sector - VACANCY			
Appointed: Hackney Council			
Sade Etti	1 st term	Feb 2024	2/8
Appointed: Luton Council			
Khtija Malik (to 10 September 2025)	2nd term	Feb 2020	2/3
Vacancy (as of 10 September 2025)			
Appointed: Newham Council			
Rita Chadha (to 22 May 2025)	1 st term	May 2024	0/2
Melanie Onovo (from 22 May 2025)	1 st term	May 2025	1/6
Appointed: Tower Hamlets Council			
Gulam Choudhury	1 st term	Aug 2022	0/8
Appointed: Voluntary Sector			
Viv Ahmun	2nd term	Aug 2020	1/8

- * *Lead Governor*
- ** *Deputy Lead Governor*
- .. *Governors whose term ended on 31 October 2025 but where re-election was deferred to April 2026 due to publication of the NHS 10 Year Plan*

Governor Training and Development

The Nominations & Conduct Committee works with the Chair to ensure that the Board have put effective and robust training and development arrangements in place to develop Governors' skills, knowledge and capabilities enabling them to be confident, effective, engaged and informed members of the Council. This is to ensure the Council as a body remains fit for purpose and is developed to deliver its responsibilities effectively.

During the year, the Trust has hosted or provided Governors with access to a range of training and development opportunities with the purpose of enhancing their knowledge and understanding of the organisation. All Governors have undertaken a comprehensive induction programme which is regularly reviewed and updated. The induction programme, which has moved to a virtual model, has received excellent feedback from Governors who attended. Induction is mandatory for new Governors but is also made available as a refresher for more experienced Governors. A new series of induction modules is scheduled following the completion of the current ballot on 21 April 2026. In addition, new Governors will be offered a session to go through the papers of their first Council meeting.

Governors also make regular use of their Governor WhatsApp group for peer support. The Head of Governors & Community Engagement monitors the group to see if additional support or advice would be beneficial. He also provides 1:1 support as required in terms of helping Governors in focusing queries on their role, identifying suitable ways to address Governor concerns, e.g. through development sessions, support with IT or accessibility/disability issues, for example, by discussing possible sabbatical periods following periods of ill health.

During 2025-2026 there have been various opportunities for providing support to Governors with their training and development including:

- a "becoming a Governor" workshop was held prior to the nominations deadline in February 2026
- A new series of iterative, bite-sized induction sessions had been introduced to enable as many Governors as possible, new and old, to take part in the sessions, avoid overloading new Governors with information and facilitate learning. These have been very successful and will be rolled out again in April and May 2026, including a session on bringing the voice of the members and wider public to the Trust through the Council's Membership Engagement Plan.
- Attendance at NHS Providers (now NHS Alliance) Governor learning events
- Invitations to attend Trust events which the Head of Governors & Community Engagement proactively seeks out such as the recent TrustTalk webinars, Population Health events, the regular *Future of Primary Care* webinars (now organised by North East London NHS FT), events organised by staff networks, FTSU Guardian and many others
- Briefing sessions for Governors were held covering a range of topics identified by Governors as well as in response to Governor queries to support them in understanding their role
- In addition to separate briefing sessions, the Council meetings themselves include updates on topical operational issues and Borough/Service Director Meetings include reference to local service performance data.
- Examples of the sessions held (often in response to Governor queries) include:
 - Annual accounts (with the Chief Finance Officer)
 - Crisis Services
 - Children and Young People's Autism & ADHD Services
 - Forensic Services
 -

- Governor Open Forums: These meetings, held 4-5 times each year and chaired by the Lead/Deputy Lead Governor, provide the opportunity for Governors to meet informally and without Trust staff present to discuss issues of interest or concern. A summary of queries will be reported back to the Trust Chair as appropriate who may address these in public at the following Council meeting
- In addition, two Non-Executive Directors are now routinely invited to be part of this meeting which provides the opportunity for Governors to discuss topical issues and ask questions. An annual joint session with the Chair and the Chief Executive has also been introduced.
- Borough/Service Director Meetings are held regularly across the Trust's constituencies (City and Hackney, Bedfordshire & Luton, Newham and Tower Hamlets). These meetings offer Governors the opportunity to learn about local service developments and feed back to service directors any issues or concerns they may have heard from service users, members or the wider public. In addition to regular service updates and performance data, Governors are setting a forward plan of items they wish to look at in depth at each meeting
- Our Chief Executive and other Board members are regular attendees of our Council meetings where they present on a specific topic, lead on discussion groups, and respond to questions from Governors. All Governors are also routinely sent the Chief Executive's and Chair's report as well as the quality report to the Board separately in addition to the Board papers; the Chair's report highlights the feedback to the Board of previous Council discussions
- Particular attention has been paid at Council meetings about the financial challenges faced by the Trust
- A programme of joint site visits with Non-Executive Directors with regular visits across the Trust scheduled, with up to two Governors attending in addition to one or two NEDs.
- Staff Governors continued to meet regularly with broad ranging discussions but also with a particular focus on staff wellbeing and issues such as supporting staff through service restructuring.

The Trust has also kept Governors informed of training and development workshops and conferences hosted by other organisations, including NHS Providers, and encouraged all to utilise these development opportunities. Our Governors are encouraged to share their experiences of events attended through brief verbal or written feedback circulated to the wider Council and report back to the Communications & Engagement Committee.

Governors are also kept regularly informed through direct emails with information gathered from internal Trust updates such as regular bulletins or the communications team; in addition, they receive weekly Governor e-reminders with information about regular meetings and other opportunities.

Register of Governors' Interests

All Governors are individually required to declare relevant interests as defined in the Trust's constitution which may conflict with their appointment as a Governor of the Trust including any related party transactions that occurred during the year. A copy of the register is available from the Trust's Governors and members office (see contact details below).

How to Contact the Council of Governors

Post: Governors and Members Office
Robert Dolan House
9 Alie Street
London E1 8DE

Freephone: 0800 032 7297

Email: elft.council@nhs.net

Membership Report

Membership

Our membership is more than an essential and valuable asset – it is an ‘opportunity’ for both us and our local communities, more now than ever before as we continue with our ambitious population health and Marmot Trust ambitions.

Foundation trust membership is designed to offer local people, service users, patients and staff a greater influence in how the Trust’s services are provided and developed. The membership structure reflects this composition and is made up of two categories of membership:

- **Public:** All members of the public aged 12 years or older and living in Bedford Borough, Central Bedfordshire, the City of London, Hackney, Luton, Newham or Tower Hamlets are eligible to become members of the Trust. Residents from the Rest of England aged 12 years or older can also join the Trust. From the outset the Trust made the conscious decision not to create separate membership categories for service users or carers. Both service users and carers are purposefully well-represented within the public membership group of the Council. ELFT’s highly successful People Participation work also ensures that the voice of carers and service users is heard in other ways within the Trust
- **Staff Members:** All Trust staff are automatically part of the staff membership group provided they are on a permanent contract or on a fixed-term contract of at least 12 months’ duration. Staff can opt-out of membership if they wish.

Membership Size and Movement

Membership is important in helping to make the Trust more accountable to the people it serves, to raise awareness of mental health, community health and learning disability issues. With our wider focus on health, we have also shared information for other Trusts and healthcare partners assisting the Trust to work in partnership with our local communities.

The Trust balances membership size with its aim to ensure that its membership is similar to demographic proportions in the population served by the Trust. Creating a more active and representative membership with increased engagement will continue to be the focus over the next few years. We are now actively inviting our colleagues working in people participation to join our membership to ensure that there is every opportunity to hear their voice.

After more than 10 years, the Trust has carried out a membership refresh in February 2026, inviting members without an email address to either provide us with an email address or indicate that they wish to remain members but continue to receive information by post to minimise the impact of digital exclusion. Of 5,760 members contacted, 63 opted to remain members without providing an email address and 32 provided an email address, a response rate of 1.65%

As of 31 March 2026, the Trust had 3,936 public members and 7,856 staff members.

Membership size and movements	
Public constituency	2025-2026
At year start (1 April 2025)	8,554
New members	82
Members leaving	4,700*
At year end (31 March 2026)	3,936
Staff constituency	2025-2026
At year start (1 April 2025)	7,817

New members	1,219
Members leaving	1,178
At year end (31 March 2025)**	7,858

Analysis of current membership	
Public constituency	Number of members
Age (years):	
0-16	5
17-21	14
22+	3,598
Ethnicity:	
White	1,395
Mixed	174
Asian or Asian British	1,054
Black or Black British	840
Other	77
Socio-economic groupings	
AB	855
C1	1,138
C2	724
DE	1,197
Gender analysis	
Male	1,467
Female	2,425

The analysis section excludes:

- 319 public members with no stated dates of birth
- 396 members with no stated ethnicity
- 44 members with no stated gender
- General exclusions: Out of Trust Area

**The change in membership numbers reflects the outcome of the data cleansing exercise which has not been undertaken for many years, ensuring that those members included represent those who have actively chosen to engage with the Trust.*

***Staff members comprise of staff who are permanent staff, staff on a temporary contract for more than 2 months, and those bank staff who have been working regularly at the Trust for more than 12 months and who do not opt out of being a member*

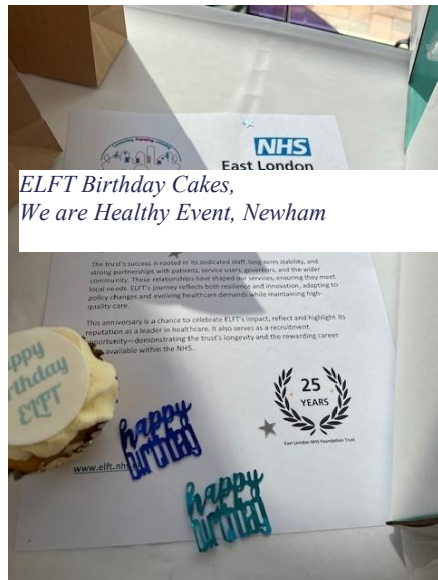
Membership Engagement Plan

We continue to deliver our Membership Engagement Plan launched in 2023; the plan has strengthened our connections with local communities, ensuring we can effectively share information and provide guidance that supports people to improve their health outcomes. It has also created more opportunities to reach new communities, helping us adapt to the evolving needs of our populations and partners.



Community Engagement in 2025/26

During 2025/26, our focus has been on creating more opportunities for communities to hear directly from the Trust on issues that matter to them, while also making information easier to access.



*ELFT Birthday Cakes,
We are Healthy Event, Newham*

We held our first joint community event at Newham Hospital, part of Barts Health NHS Trust. This event brought together teams from ELFT and Newham Hospital and included stalls offering blood pressure checks, cost-of-living advice, information from the Well Newham hub, and support from our Membership Team. The event coincided with 25 years of ELFT in London, and we marked the occasion by sharing cake with visitors on the day.

We have continued to open new channels of engagement and to strengthen how we listen to the voices within our communities, bringing our engagement plan to life in meaningful and varied ways.



Friendship Café, St Andrew's Church, Luton

Working in Partnership

We have continued to work more closely with teams across the Trust and alongside external partners, including Healthwatch Luton and Bedfordshire, the Listening Café in London, and Compass CIC at the London Employment Fair.



We are Healthy Event, Newham

At community events, we donated fruit and vegetable bags, provided socks and gloves in giveaway packs, shared packed lunches, supported a carers' group with refreshments, and provided large-print Scrabble sets for a group in Luton. Working with established community groups allows us to reach people even when ELFT is not their immediate health provider. Signposting on health matters at an early stage can help prevent health issues from worsening.

While organisations may differ, we share the same goal: improving health outcomes for the communities we serve. Working together enables us to have a greater collective impact.

The Community Engagement Manager's additional role as manager of the ELFT charity has also likewise led to opportunities and connections, especially in terms of the Trust's Marmot Trust and population health ambitions.

Membership Vision

Our vision is to develop a community membership base that is well informed, listened to, and empowered to improve health outcomes. Our membership provides a vital voice and connection to those we serve and work with, helping to shape what we do.

This will become increasingly important in the coming years as the NHS evolves. The NHS 10 Year Health Plan proposes removing the statutory requirement for Foundation Trusts to maintain Councils of Governors, subject to future primary legislation but emphasises the need to "put in place more dynamic arrangements to take account of patient, staff and stakeholder insight". This very much aligns with our vision of *membership* as being broader than formal structures.



Friendship Café, St Andrew's Church, Luton

The Trust therefore regards membership as extending beyond those who formally sign up to receive information or take part in Council of Governor elections. Our membership includes everyone we serve or work with who has an interest in shaping our services.

Membership Engagement

The Trust recognises that not all members wish to be involved in the same way or to the same degree. Engagement ranges from those who wish to receive updates on Trust developments, to those who attend local groups, pop up membership meetings, "What Matters to You?" sessions and consultation events, and those who may consider standing for election to the Council of Governors.

Communication continues to be a key theme raised by members and Governors. Our engagement plan emphasises that communication is more than sending out information—it is about creating meaningful opportunities for dialogue. Engagement is not driven by increasing the size of inboxes, but by enabling connection and conversation.

Listening to What Matters



*Chicks East Tenants and Resident Association
Tower Hamlets*

We consistently hear from our members that they value opportunities to meet in person. They want to learn how to improve their health, get advice about local employment opportunities and working in the NHS, caring for family members, and staying well.

We have remained highly mindful of the need to reduce costs while continuing to provide effective support to our membership. The Trust had nearly 8,000 members, over 50% of whom were postal-only, with no email address recorded. Many of these members had joined more than ten years ago and had little contact with us. Rising postal costs made it increasingly challenging to communicate with this group in a timely and sustainable way. Following consultation with our Governors, a decision was made to contact postal members to ask whether they wished to remain postal members or to provide an email address to

receive communications digitally. As a result, we now have a more current and engaged membership database, with some members choosing to remain postal, ensuring that communication preferences continue to be respected while improving efficiency and value for money.

Members Pop-ups

We have continued to hold our meetings within local communities, alongside existing community groups and in venues where there is already an engaged audience. Put simply, we join people

Working together across organisations helps us achieve greater impact for our communities.

Shared commitment to improving population and community health outcomes

People want to meet in person, hear what matters to them, and get practical support to stay well.

We met with the community at the following events:

- Chicksand East Tenants and Residence Association Family Fun Day - Tower Hamlets
- Compass – Employment Support Fair – Tower Hamlets
- Cost of Living Support - Hackney
- Healthwatch Older People Festival, Healthwatch Luton
- Luton Friendship café
- Luton Carers Eventn Dunstable
- Newham Hospital *We are Healthy* event
- Newham Older People's Reference Group
- Tower Hamlets Summer Fair

Annual Members Meeting

Due to the delay in receiving the external audit opinion on the Local Government Pension Scheme as part of the final external audit for 2023/24 the Annual Members Meeting to receive the Trust's annual report and accounts for 2023/24 and the auditors' report was combined with the Council of Governors meeting on 14 May 2025. Going forward, and due to audit changes in materiality we were able to complete a timely audit. The Annual Members Meeting 2024/25 to receive the Trust's annual report and accounts for 2024/25 and the auditors' report was combined with the Council of Governors meeting on 13 November 2025.

NHS System Oversight Framework

The NHS National Oversight Framework (NOF) sets out NHS England's approach to assessing the performance and capability of integrated care systems and NHS providers, and to determining the nature and level of oversight and support required. The framework supports improvement, strengthens accountability and enables proportionate oversight, while recognising organisational context and system complexity.

Under the framework, NHS organisations are placed into one of four core segments, which indicate the scale and breadth of challenge faced by an organisation and help to inform NHS England's approach to oversight and engagement. These range from segment 1, representing organisations with the narrowest range of challenges, to segment 4, indicating the most significant and wide-ranging challenges and a likelihood of mandated intensive support. Segmentation does not, in itself, determine specific regulatory actions or interventions.

By default, NHS organisations are placed in segment 2, unless the criteria for placement in another segment are met. Segmentation decisions draw on a combination of:

- Objective and measurable performance metrics across the national oversight themes, including:
 - quality of care
 - access, delivery and outcomes
 - people and culture
 - preventing ill-health and reducing inequalities
 - leadership and organisational capability
 - finance and use of resources
 - delivery of local strategic priorities
- Qualitative assessment, including consideration of leadership behaviours, governance arrangements, and organisational improvement capability and capacity.

In addition, NHS England assesses each provider's capability, drawing on self-assessment, historic delivery, and third-party assurance, to form a view of the organisation's capacity to deliver improvement and sustain performance.

An NHS foundation trust will only be placed in segment 3 or segment 4 where NHS England has identified the need for enhanced oversight, including where there are material performance, financial or governance challenges, or where there is actual or suspected breach of licence conditions.

Segmentation and Provider Capability

East London NHS Foundation Trust was assessed as segment 3 under the NHS National Oversight Framework as at 31 March 2026. This reflects enhanced oversight and engagement by NHS England, focused on supporting improvement, and does not in itself imply the application of mandated regulatory action.

As part of this assessment, the Trust received a provider capability score of **'green/green'**, reflecting NHS England's assessment of the Trust's leadership, governance and improvement capability.

Current segmentation and performance information for NHS trusts and NHS foundation trusts is published quarterly by NHS England: <https://www.england.nhs.uk/nhs-oversight-framework/segmentation-and-league-tables>

Statement of the Director's Responsibilities in Respect of the Accounts

The Directors are required under the National Health Service Act 2006 to prepare accounts for each financial year.

The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the Directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts, and
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Directors are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

The Directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy

By order of the Board



Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

25th June 2026



Kevin Curnow
Chief Finance Officer
East London NHS Foundation Trust

25th June 2026

Statement of the Chief Executive's Responsibilities as the Accounting Officer of East London NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the *NHS Foundation Trust Accounting Officer Memorandum* issued by NHS England.

NHS England has given Accounts Directions which require East London NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of East London NHS Foundation Trust and of its income and expenditure, other items of comprehensive income and cash flows for the financial year.

In preparing the accounts and overseeing the use of public funds, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care's *Group Accounting Manual* and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the *NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual)* have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- Prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The Accounting Officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

As far as I am aware, there is no relevant audit information of which the foundation trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

A handwritten signature in black ink, appearing to be 'L Sunduza', written in a cursive style.

Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

25th June 2026

Annual Governance Statement 2025-2026

Scope of Responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

Introduction

Our Board operates according to the highest corporate governance standards. It is a unitary Board providing overall leadership and vision to the Trust and is ultimately and collectively responsible for all aspects of performance, including clinical and service quality, financial performance and governance as well as the management of significant risks.

The Board leads the Trust by formulating strategy; ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable; and shaping a positive culture for the Board and the organisation. It is also responsible for establishing the values and standards of conduct for the Trust and its staff in accordance with NHS values and accepted standards of behaviour in public life – Nolan Principles – including selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of East London NHS Foundation Trust (ELFT), to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in ELFT for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

As the Accounting Officer, I am ultimately accountable for the Trust's capacity to manage risk effectively across all areas including organisational, clinical and financial risks. I am responsible for maintaining a sound system of internal control that supports the achievement of the Trust's objectives.

The Trust's leadership arrangements for risk management are set out in our risk management framework, supported by the Board Assurance Framework (BAF) and individual job descriptions. The risk management framework outlines our approach to risk and the accountability arrangements including the responsibilities of the Board and its committees, Executive Directors and all staff. Active leadership from all managers at all levels to ensure effective risk management

is a fundamental part of an integrated approach to quality, corporate and clinical governance, performance management and assurance.

Executive Directors are responsible for managing risk within their specific areas of control in line with the management and accountability arrangements in the Trust. All BAF risks are assigned both an Executive lead and a responsible Board committee for oversight. The BAF risks and the actions in place to reduce and mitigate the risks are reviewed and monitored by the relevant Board committee at least quarterly.

Audit Committee has delegated responsibility for developing, maintaining and monitoring the risk management and assurance systems within the Trust and specifically the BAF including regular deep dives on strategic risks and assurance over the effectiveness of controls.

Directorate governance arrangements ensure regular review of directorate and corporate risk registers and escalation where appropriate with regular monitoring by the Service Delivery Board.

All members of staff have an important role to play in identifying, assessing and managing risk. A fair and open culture and environment promotes early reporting of risks, incidents and concerns with multiple routes for escalation as detailed in our speaking up strategy including the Freedom to Speak Up Guardian, raising concerns policy, the Senior Independent Director. The Trust does not apportion blame and promotes the reporting of all incidents and encourages learning and transparency.

Staff across the Trust are trained to manage risk in a manner appropriate to their duties and authority. All staff, regardless of role or grade, are required to complete mandatory training including safeguarding, Oliver McGowan training on learning disability and autism, health and safety, fire safety, infection control, conflict resolution, equality and diversity, moving and handling, information governance and data security training. compliance is monitored at team level on an ongoing basis through the Trust's learning management system – ELFT Learning Academy (ELA), with oversight by the People & Culture Committee. Trends are reported to directorate management teams to maintain focus and oversight.

Staff are trained in various aspects of risk management included as part of the onboarding process for new staff. The training is designed to provide an awareness and understanding of the risk management framework, the risk management process and to give practice experience of completing risk assessment paperwork. There has been ongoing training to support staff with the InPhase system for recording patient safety incidents, risk and assurance which replaced Datix. Root-cause analysis training is provided to staff members who have direct responsibility for risk and incident management within their area of work.

The quality assurance team leads communications to ensure learning from good practice, experience and lessons learnt from incidents or near misses is shared with staff promptly and effectively. The Trust embeds quality improvement methodology to support continuous learning with local improvement data shared and visible to teams to encourage adoption, scaling and spread of successful practices.

The Trust's counter fraud work plan and Local Counter Fraud Specialist also play a key role in assisting the Trust to anticipate and manage risk. Regular reporting to each Audit Committee meeting ensures the Board is frequently apprised of counter fraud prevention and detection activity, and any necessary improvements required to the Trust's controls.

The internal audit plan includes a yearly review of the Trust's approach to risk management. The recommendations and learning identified from such reviews are taken forward in an action plan, to support improvements and the embedding of risk management in the Trust. The Audit Committee maintains oversight of the internal audit plans; in addition, our internal auditors provide progress reports on internal audits relating to quality and safety at each Quality Assurance Committee and

the relevant lead Board committee will also receive an overview of the internal audit findings and recommendations.

The Trust remains committed to learning from experience, sharing good practice and encourages the use of reflective practice. The quality report presented at each Board meeting provides an overview of quality across the Trust and also focuses on a specific theme highlighting both Trust and system-wide learning, and outlining actions being taken to further strengthen and embed practice.

The Risk and Control Framework

Key Elements of the Risk Management Framework

The Trust considers risk management to be an integral component of our governance and quality frameworks. It is embedded throughout our organisational culture and operational processes, forming a core element of our strategic and day-to-day decision-making rather than operating as a standalone function.

Effective risk management underpins the delivery of our strategic objectives supporting the provision of high quality, safe and effective care to service users while ensuring a safe and responsive working environment for staff.

The Trust adopts a comprehensive approach to risk management encompassing clinical, non-clinical, corporate, financial and operational domains. This approach ensures that risk is systematically identified, evaluated and managed at all levels across the organisation. Risk management is a continuous process that informs strategic planning, resource allocation, and service delivery. All staff are expected to actively engage in identifying and managing risk within their areas of responsibility.

The Trust's risk management framework sets out the structures, responsibilities and processes in place to manage risk across the organisation. Risks are identified through a variety of sources including local and corporate risk registers, incident reporting, internal and external audits, complaints, claims, workforce data, safety alerts, horizon scanning and intelligence from regulatory bodies. This framework supports a cohesive and consistent approach to managing both current and emerging risks and ensures alignment with our internal control environment.

Our BAF provides a structured mechanism for identifying, assessing, and managing the most significant risks to the delivery of our strategic objectives. Principal risks are assessed using a 5 x 5 risk matrix to determine the likelihood and impact of each risk. Each risk is assigned an Executive Director lead and is overseen by a lead Board committee. The Board regularly reviews the complete BAF at its meetings in public usually through the Audit Committee assurance report and other committees.

The Board defines the Trust's risk appetite and reviews this in light of evolving internal and external factors including national policy developments, changes in healthcare commissioning and funding priorities, system level reforms and developments, and increasing regulatory and public expectations. The Trust also remains cognisant of wider geopolitical risks including economic instability, workforce supply challenges, global health threats and political uncertainty, all of which have the potential to influence service delivery, financial sustainability and patient outcomes.

In response to these challenges, the Board considers the extent to which it is willing to accept or tolerate different levels and types of risk in pursuit of its strategic objectives. This includes a cautious approach to risks that could compromise patient or staff safety, regulatory compliance, or public confidence, while recognising the need to tolerate a higher degree of risk to support innovation, digital transformation, and service redesign. These positions are informed by annual

strategic risk discussions at Board development sessions and are reflected in committee-level oversight throughout the year.

The Board recognises that the Trust's long-term sustainability relies not only on the successful delivery of its strategy but also on maintaining strong relationships with service users, staff, the public, and strategic partners. In an increasingly complex and dynamic health and care landscape, the Trust remains committed to maintaining robust risk management processes that are adaptable to change, promote accountability, and enable the organisation to respond confidently and effectively to both current and future challenges.

Quality Governance

The Trust is committed to maintaining an effective and responsive quality governance system to ensure compliance with national standards and to support the continuous improvement in care quality and safety. We regularly review our governance structures and reporting arrangements to strengthen assurance and enhance the effectiveness of Board and committee oversight.

The Quality Assurance Committee chaired by a Non-Executive Director is the key forum for seeking that high standards of care are maintained, quality improvement and learning is embedded, and appropriate governance structures, processes and controls are in place. Executive responsibility for clinical risk management sits with the Chief Nurse who reports directly to the Chief Executive as the Accounting Officer.

Operational oversight of clinical governance and risk management is provided by the Quality Committee which reports to the Quality Assurance Committee and oversees specialist groups covering areas such as safeguarding, medicines management, infection control, health and safety, information governance, patient safety, mental health law, and service user and carer experience. A clinical audit programme is in place to drive up quality standards. The Quality Committee considers the clinical audit plan and receives and discusses individual clinical audit reports ensuring that appropriate action is being taken to address any areas of under-performance. An annual report of results is presented to the Quality Assurance Committee.

The Board receives regular quality and performance reports at its meetings in public. These include a quality report that provides assurance on both quality performance and quality improvement activity, and the performance report covers organisational-level quality measures, strategic metrics and risk. The quality of performance information is validated through the Data Security & Protection Toolkit.

We aspire to provide highest quality care in collaboration with those who use our services. Our approach to quality management is comprehensive encompassing quality planning, control, assurance and improvement. This is underpinned by a well-established quality improvement programme and training infrastructure that enables staff at all levels to develop the skills to lead change, focusing on what matters most to our service users and staff to improve experiences of care and outcomes.

The Trust's structured Quality Impact Assessment (QIA) process supports effective quality governance, ensuring that all service change and FV schemes are evaluated for their potential impact on quality, safety, and equity. QIAs are a core component of the decision-making process involving clinical leaders and service users, providing a mechanism to assess risks and benefits, and to ensure appropriate mitigation is in place. The process supports robust quality governance, promotes learning, and ensures alignment with wider system priorities where relevant.

Through our integrated approach to quality assurance and quality improvement, we aim to deliver outstanding care in partnership with those who use our services, continuously improving experiences and outcomes.

Further details on our quality management approach are provided in the main body of the annual report.

CQC

The Trust is fully compliant with the registration requirements of the Care Quality Commission (CQC) and no enforcement action was taken by CQC during the year. Assurance on compliance with CQC registration requirements is reported and monitored regularly through the Quality Assurance and Quality Committees with biannual reports to the Board.

Following a CQC comprehensive inspection and well-led review in 2021, the Trust was rated 'outstanding' for the third consecutive time. During 2025/206 there were no changes to this overall rating.

Embedding Risk Management in the Activity of the Organisation

Risk management is a core component of the Trust's operational and governance structures with directorates maintain local risk registers and taking responsibility for managing their risks, supported by the central risk and assurance team. These registers are reviewed at directorate meetings and, where appropriate, risks are escalated to the corporate risk register. While this framework supports active risk oversight, it is recognised that further improvements are needed to ensure greater consistency in the quality, review and escalation of risks, and to embed risk management more fully into routine business processes across all areas of the Trust.

Internal audit reviews have highlighted key areas for improvement in the Trust's risk management approach, including the quality and consistency of risk registers, clarity of mitigating actions, accountability and the effectiveness of risk controls. While directorate representatives participate in key governance committees, promoting staff engagement, consistent reporting and the sharing of learning across the organisation, enhancing communication, training and role clarity will support a more consistent and embedded risk culture to ensure that all staff contribute to the identification and management of risk. In 2025-2026, the internal audit risk management programme focused on reviewing the past five years of implementation to strengthen the alignment of risk practices with strategic objectives, improve organisational culture and communication around risk, and promote consistent, accountable, and proactive risk management across all levels of the Trust.

Patient safety remains a core organisational priority underpinned by a strong culture of openness and learning. Oversight is maintained through systems such as Trust-wide safety huddles, local safety forums, Executive walkrounds and comprehensive safety reporting to the Board. The Trust actively promotes a culture in which staff feel safe to speak up about safety concerns, recognising this as fundamental to high-quality safe care. The Quality Assurance Committee receives a quarterly integrated patient safety report which triangulates safety data, system performance and improvement initiatives; the report also includes updates on learning from incidents and the resulting safety improvement work. Additionally, the committee has oversight on directorate-level quality and safety reports ensuring oversight at both strategic and operational levels.

The Quality Committee and Patient Safety Forum oversee reports on all key safety areas including safeguarding, health and safety, security, infection control, central alerting system, medicines safety, serious incidents, prevention of future deaths reports, complaints, claims, restrictive practices, use of force and safety improvement areas with cascades to the Quality Assurance Committee by exception reporting.

The Trust continues to implement the NHS patient safety incident response framework (PSIRF) with a focus on continuous learning, improvement and supporting those affected by incidents. Safety is further supported by systematic environmental risk assessments across all sites, monitored by the Health & Safety Committee.

Emergency planning, resilience and business continuity arrangements continued to be strengthened during the year with full compliance confirmed through the NHSE annual assurance process against emergency prevention, preparedness and response (EPPR) core standards. An internal audit of the Trust's business continuity arrangements identified areas for improvement in policy consistency, training compliance, record-keeping, and third-party assurance. The Trust is taking action to address these, strengthen resilience and ensure compliance.

The Trust has a standards of business conduct policy, and all Board standing committees, sub-committees and other Trust groups include 'declarations of interest' as a standing agenda item. The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff as defined by the Trust with reference to the guidance, within the past twelve months as required by the *Managing Conflicts of Interest in the NHS* guidance.

Trust's Major Risks

The BAF includes nine risks that align with the Trust's strategic objectives. The lead Board committees review and discuss at each meeting the controls and assurance for each of their assigned risks including the actions identified to address gaps and whether there should be any changes to the current and/or target risk scores. The Audit Committee has responsibility for ensuring that the Trust has risk management processes in place that operate effectively. To avoid duplication, the committee does not discuss in detail any risks that are the responsibility of other committees but makes recommendations to those committees if this is felt to be required. The committee continued with the programme of deep dives into the key risks that may affect the achievement of the Trust's strategic objectives.

In 2025/26, the Trust continued to use the Board Assurance Framework (BAF) as a core mechanism for strategic oversight and risk management, in the context of sustained operational and system pressures across the NHS. These pressures included ongoing financial constraints, rising demand for services, workforce recruitment and retention challenges, industrial action, and a complex and evolving political and regulatory environment. While some movement in risk scores was observed during the year, a number of risks remained stable despite mitigating actions, reflecting the scale of external and system-wide factors influencing the Trust's overall risk profile. The BAF was considered routinely by the Board and its committees throughout the year as part of established governance and assurance arrangements. Through this ongoing oversight, targeted updates were agreed to ensure risks remained relevant, clearly articulated and aligned with the Trust's strategic objectives. This included refinements to the wording and trajectories of individual risks, adjustments to the framing of digital and financial risks, and incremental improvements to supporting narrative and presentation in response to Board and committee discussion.

During 2025/26, the Board also agreed to elevate estates-related risks, which had previously been reflected within other BAF risks, into a standalone estates risk (BAF 10). This change was intended to strengthen Board-level oversight of estate condition, compliance and sustainability and their impact on the delivery of safe, high-quality services. In addition, a generic commissioning responsibilities risk was retired and replaced with a more specific risk focused on potential changes to commissioning arrangements (BAF 11), ensuring the BAF more accurately reflected the external commissioning context and associated strategic risks facing the Trust. These changes were progressed through normal Board and committee oversight rather than as part of a formal review process.

Overall, the BAF continued to provide the Board with a structured view of the principal risks facing the Trust and the effectiveness of mitigating actions. While progress was evident in some areas, a number of risks remained rated as significant, highlighting the scale and complexity of the challenges faced and the extent to which several risks are influenced by factors beyond the Trust's direct control. The Board remains committed to using the BAF to support informed decision-making

and maintain effective oversight as the Trust continues to operate in a period of sustained pressure and uncertainty.

Strategic Priority	Risk No	Risk Description 2025-2026	Target Score	Q1	Q2	Q3	Q4
Improved population health outcomes	1	If the Trust does not build and sustain the right capability and capacity to support new models of integrated care this may impact adversely on our ability to deliver the Trust strategy	8 High	12 ↔	12 ↔	16 ↑	16 ↔
	2	If the Trust does not build and sustain effective partnerships with other health, care, voluntary sector and other key organisations, this may impact adversely on our ability to deliver the Trust strategy	8 High	12 ↔	12 ↔	16 ↑	16 ↔
	9	**Retired** If the Trust does not effectively manage its commissioning responsibilities and associated risks as a lead provider and/or collaborative commissioner, this will impact on the quality and experience of care for service users and patients	8 High	16 ↔	16 ↔	Retired	
	11	**New** Potential changes to the commissioning arrangements for mental health and community health services in Bedfordshire and Luton				12 ↔	12 ↔
Improved patient experience	3	If the Trust does not work effectively with patients and local communities in the planning and delivery of care, services may not meet the needs of local communities	8 High	12 ↔	12 ↔	12 ↔	12 ↔
	4	If essential standards of quality and safety are not maintained, this may result in the provision of sub-optimal care and increases the risk of harm	9 High	12 ↔	16 ↔	16 ↑	16 ↔
Improved staff experience	5	If matters related to staff experience such as the recruitment and retention of individuals with the appropriate skills are not effectively planned for and resolved, this will negatively affect staff retention, motivation, engagement, and satisfaction	12 High	12 ↔	12 ↔	12 ↔	12 ↔
Improved value	7	There is a risk that the Trust cannot achieve its strategic priority to ensure financial stability	8 High	20 ↔	12 ↓	12 ↔	12 ↔
	8	If digital infrastructure plans are not robustly implemented and embedded, this will adversely impact on our service quality and deliver, patient care and carer experience as well as our ability to transform services within digital	12 High	16 ↔	16 ↔	16 ↔	16 ↔
	10	If the estate is not effectively maintained or improved this will result in a poor quality environment , reduced statutory compliance and failure in net zero carbon (NZC) obligations	10 High	20 ↔	16 ↓	16 ↔	16 ↔

BAF 1 – Integrated care capability and capacity

Throughout 2025/26 this risk increased from High to Significant and remained rated as Significant (score of 16) by the end of the year. This reflects heightened system volatility arising from Integrated Care Board restructuring, running cost reductions and uncertainty surrounding the development of integrated neighbourhood models of care. While progress continued in the development of a neighbourhood vision aligned to the Trust strategy and the 10 Year Health Plan, national guidance remains awaited and pace of delivery has varied across places. Leadership development activity and work to strengthen integrated care competencies continued; however, system capacity constraints, leadership churn and uneven place-based maturity continue to present material risk. The sustained Significant rating reflects the scale of external dependency and the potential impact on delivery of strategic objectives.

BAF 2 – Effective partnerships

During 2025/26 this risk increased from High to Significant and remained rated as Significant (score of 16). The change reflects increased instability within system partnerships, driven by Integrated Care Board restructuring, consultation processes and reductions in commissioning capacity. While the Trust has maintained strong executive and non-executive visibility across systems and provider collaboratives, progress in collaborative governance and joint planning has been inconsistent. There is an ongoing risk of more transactional behaviours emerging within pressured systems. The Significant rating reflects the strategic importance of partnership working and the degree to which external system factors continue to constrain delivery.

BAF 11 – Commissioning arrangements

This risk was introduced during 2025/26 and remained rated as High (score of 12). Greater clarity has emerged regarding the scope of the risk, including the appointment of Central East cluster leadership and the pausing of the Case for Change process pending new executive leadership. While existing arrangements continue to provide relative short-term stability, the medium-term commissioning landscape beyond 2028 remains uncertain, with potential implications for financial sustainability, workforce and service configuration. The consistent High rating reflects the need for sustained oversight as future arrangements continue to develop.

BAF 3 – People participation and engagement

Throughout 2025/26 this risk remained rated as High (score of 12). Progress continued in areas such as service user-led accreditation, peer support workforce development and Integrated Care System co-production activity. However, no material new progress was reported during the latter part of the year. Variation in participation maturity, workforce and financial pressures and limited availability of Trust-wide experience data continue to constrain the ability to embed consistent, meaningful engagement. These factors support the continued high-risk rating.

BAF 4 – Quality and safety

This risk increased from High to Significant during 2025/26 and remained rated as Significant (score of 16). Despite strengthened governance arrangements, executive and clinical leadership oversight and targeted improvement activity, sustained pressure on demand, patient flow and bed availability continued. Standardisation work across community mental health and crisis services is progressing and preparatory work is underway to increase inpatient capacity in BLMK. However, high demand, workforce constraints and ongoing system pressures mean the likelihood and impact of quality and safety risks remain significant.

BAF 5 – Workforce

Throughout 2025/26 this risk remained rated as High (score of 12). Sustained improvements were seen in bank and agency usage, alongside continued targeted recruitment activity, strengthened wellbeing oversight and cultural development work, including anti-racism initiatives. Despite these improvements, sickness absence, workplace violence and discrimination themes persist, alongside wider financial constraints. The stable High rating reflects both progress made and the continuing structural pressures affecting staff experience.

BAF 7 – Financial sustainability

During 2025/26 this risk reduced from Significant (score of 20) to High (score of 12) and remained at that level. The Trust continues to deliver against plan, with progress made in medium-term financial planning and the maturation of recurrent efficiency schemes. However, commissioner allocations for future years remain unconfirmed and system-level financial uncertainty persists. The High rating reflects improved control and oversight, balanced against ongoing exposure to external financial risk.

BAF 8 – Digital and cyber

Throughout 2025/26 this risk remained rated as Significant (score of 16). Progress continued on digital infrastructure improvements, including SD-WAN early adopter rollout and preparation for private cloud transition. However, the cyber risk profile remains elevated due to legacy infrastructure, end-of-life systems and vendor dependency. Capital constraints and the need to operate within a hybrid environment continue to present material risk, supporting the unchanged Significant rating.

BAF 10 – Estates

During 2025/26 estates risk remained rated as Significant (score of 16). The risk reflects ongoing challenges associated with an ageing estate, backlog maintenance, recruitment constraints and limited capital funding. Assurance activity progressed through PLACE and Premises Assurance Model assessments, and the Estates Environment Improvement Programme was mobilised. Despite this progress, the scale and systemic nature of the challenge continues to limit the pace of risk reduction.

Outlook for 2026/27

Looking ahead to 2026/27, the Trust continues to face significant strategic risks arising from a dynamic internal and external environment, including changes in national policy, commissioning arrangements, funding priorities, system reform and regulatory expectations. Financial constraints, workforce pressures and rising demand continue to add complexity, alongside wider economic and political uncertainty. These challenges require strong system collaboration and organisational adaptability. The Board remains committed to maintaining low tolerance for risks affecting safety, compliance and public confidence, while supporting proportionate risk-taking to enable innovation and transformation. Effective risk management will remain central to supporting accountability, partnership working and long-term sustainability.

NHS Foundation Trust Licence Condition Compliance

As an NHS foundation trust, the Trust is required by its provider licence FT4 to apply relevant principles, systems and standards of good corporate governance. To meet these obligations, the Trust maintains an effective corporate governance framework. This includes a clearly defined Board and committee structure, regularly reviewed terms of reference and committee effectiveness, forward plans and clear lines of accountability. This system of layered oversight sees each committee undertaking scrutiny and assurance of the systems of internal control including risk management, performance, finance, quality and compliance.

The Board receives regular integrated reports on finance, performance, quality and compliance as well as specific reports on areas such as safe staffing levels and regulatory risks. Assurance is further strengthened through reports from committee chairs following each meeting; this ensures clear oversight of the Trust's delivery against its objectives and licence conditions.

Governance arrangements are mirrored at divisional and directorate level, promoting alignment across the organisation. A comprehensive internal audit programme aligned to areas of key financial and operational risk, supports assurance on the effectiveness of internal control systems. The Trust remains committed to upholding the principles of good governance, transparency and accountability in line with its licence requirements and the expectations of NHS England. The Trust has not identified any principal risks to compliance with provider licence condition FT4 and is

satisfied with the timeliness and accuracy of information to assess risks to compliance with the provider licence and degree of rigour of oversight it has over performance.

Involvement of Stakeholders

The Trust is committed to working with our partners to deliver person-centred coordinated mental and physical healthcare and to improve the health and well-being of the communities we serve. We are involved, committed and trusted partners in the two ICSs in which we work –BLMK and NEL – and in our place-based partnerships in Bedford, Central Bedfordshire, Luton, City and Hackney, Newham and Tower Hamlets. We work closely with our specialised commissioning collaboratives in north London and east of England and are the lead provider for child and adolescent mental health services (CAMHS) and perinatal collaboratives in London.

In NEL we continue to work closely with North East London NHS FT and NEL ICB through our North East London Mental Health Learning Disability & Autism Collaborative (MHLDA), and which has had a major role in developing and mobilising our NEL-wide plans for mental health as part of our system operating plan, and through our developing Community Health Services Collaborative, with NEL ICB, North East London NHS FT, the Homerton Hospital NHS FT and Barts Health NHS Trust as well as with other partners.

In BLMK we are working with Central & North West London NHS FT (CNWL) and the BLMK ICB and other partners thorough the BLMK MHLDA Collaborative which was formed during 2024-25.

Our approach is to ensure that our clinical and care professional leaders are driving improvement in our place-based partnerships and improvement networks across them, working with fully alongside lived experience leaders. The Board has a dedicated committee – the Integrated Care & Commissioning Committee – specifically to oversee the development of our partnerships and the implementation of our strategy as it impacts or relies upon them.

People participation is at the heart of everything we do. We aim to ensure there is a culture of continuous positive improvement which ensures people with lived experience are fully involved. Our people participation initiatives play a valuable role and opportunity to understand and triangulate risk. The Board's People Participation Committee demonstrates the Trust's commitment to people participation by bringing people with lived experience together with Non-Executive Directors, members of the executive team and Governors together to oversee our people participation work. In addition, there are service user and carer representatives on various groups at the Trust including in co-production of services, quality improvement initiatives and the service user led accreditation of services programme. We are also developing our collaboratives with people participation at the fore, for example in the recruitment of four people with lived experience to the MHLDA Committee of the ICB which oversees the NEL MHLDA Collaborative.

The Council of Governors represents the interests of members (both public and staff) and the wider public as well as appointing organisations such as local authorities and has a role to hold the Non-Executive Directors both individually and collectively to account for the performance of the Board. The Trust has continued to engage actively with Governors and our members in reporting on our performance and planning for the future. Our Governor development programme has continued to provide updates and training throughout the year facilitated by our Executive Directors and service directors. Governors are now also included in the programme of Non-Executive Director visits to services. Details of the meetings, briefing sessions and training for Governors is included in the annual report and have covered a range of topics including the development of PSIRF, the contribution of psychological services to achieving our population health ambitions and understanding financial performance of the Trust.

During the year there was a focus on continuing to roll out the Trust's membership engagement plan in particular to open the channels of engagement and listening to the voice of our communities, e.g. the annual planning sessions informed attendees of the work the Trust has been undertaking to deliver our strategy, our involvement with the ICSs and our forward plans; as well as

providing an opportunity for our members and the public to share their views and feedback. Further details are included in the main annual report.

Staff

The Trust recognises that providing high quality inpatient and community orientated health care to the communities we serve requires a highly skilled and motivated workforce. Given the continued national staffing challenges across the NHS, it is even more important to recognise the link between high quality staff experience and the impact on the experience of care. The Trust is committed to supporting the well-being of our staff and ensuring that staff feel valued and able to contribute to the best of their ability. The health and safety of all service users, staff, carers and visitors is paramount.

The Trust's strategy is underpinned by the ELFT people plan and reflects our commitment in terms of its people, the NHS People Plan and *Developing Workforce Safeguards* national guidance in managing incidents and engenders a culture that promotes open and honest reporting. Staff have a duty to report all incidents to prevent harm in the future. Incident reporting is monitored through the Trust's committee structure with issues escalated to the Board or its standing committees as appropriate.

During the year, the Trust has continued to focus on stabilising the workforce given the increasing turnover and staff shortages with an increased focus on recruitment and retention. Work is continuing to identify and implement new roles to enable skill mixes to address areas that are difficult to recruit to. We are committed to creating opportunities for our local population to join ELFT and establishing attractive roles to create a sustainable workforce.

The People Plan Delivery Board oversees the delivery of the ELFT people plan which underpins people development and training as well as leadership development designed to create resilience and capacity within our people. Progress updates are provided to the People & Culture Committee on safer staffing, vacancy rates, staff turnover, sickness absence levels, staff engagement, equality and diversity data and agency spend. In addition, there is a focused piece of work to address the agency spend, through the people paper and finance reports.

NHS Pension Scheme

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Equality, Diversity and Human Rights Legislation

Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with. In addition, strategies are in place to further quality, diversity and inclusion. The Trust's arrangements for ensuring that equality, diversity and human rights are integrated into our core business is described in the performance and staff sections of the annual report.

Climate Change Obligations

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. Further detail is included in the annual report.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

As Accounting Officer, I have responsibility for ensuring economy, efficiency and effectiveness of the use of resources. I am supported in this by my executive team which oversees the day-to-day operations of the Trust. The Board regularly monitors performance in this area through financial, performance and quality reports as well as through assurance reports from its standing committees. The Board also approves the Trust's strategic and annual plans, and associated budgets taking into account the views of the Council of Governors.

Throughout the year the Board receives regular finance, financial viability, quality and performance reports to assess progress against the Trust's annual plan, strategic objectives and overall organisational performance. These reports together with the annual population health report provide assurance on the delivery of the Trust's strategy and include insights into quality, compliance and Trust-wide performance.

Directorate performance and quality review meetings examine performance across a wide range of financial and quality metrics. These reviews inform the monthly performance and compliance reports to the Service Delivery Board forming a key component of operational oversight.

During the year, the Trust strengthened its system for setting and controlling budgets, including activity-based financial planning and periodic review. This is underpinned by a clear framework of standing financial instructions, a scheme of delegation and reservation, and established financial approval limits. These controls are reviewed regularly by the Finance, Business & Investment Committee and the Board to ensure ongoing effectiveness.

To further strengthen financial governance in response to increasing financial pressures and to support the delivery of one of the Trust's key strategic outcomes – improving value – the *Going Further, Going Together (GFGT)* programme was established. This strategic initiative reflects a collaborative, strategic approach and recognises that achieving long-term financial resilience requires more than isolated cost-cutting, the programme focuses on reducing both known and emerging cost pressures while delivering against ambitious savings commitments. Governance arrangements were enhanced to support oversight, with clear ownership at Executive and directorate levels and regular reporting to the Finance, Business & Investment Committee and the Board. The Board recognised that successful delivery of this programme is essential not only for maintaining financial stability, but also for creating the headroom necessary to invest in innovation and service development to meet evolving service user needs.

The Audit Committee plays a central role in supporting the Board and me as the Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management and internal control. It is chaired by a Non-Executive Director and engages closely with the work of both internal and external audit. Its scope, defined in its terms of reference, reflects the full range of assurance needs of the Board.

Internal audit provides an independent and objective opinion on the effectiveness of the Trust's governance, risk management and control systems. The internal audit plan, approved by the Board, is aligned to financial and operational risk areas and includes specific reviews of value for money and efficient use of resources. Outcomes and management responses from audits are reviewed not only by the Audit and Quality Assurance Committees but also by relevant standing committees for more detailed scrutiny.

In addition, the Trust has an embedded counter fraud work plan, approved by the Audit Committee, with a strong emphasis on prevention and deterrence. There is a proactive approach to fraud awareness raising among staff through proactive communications and engagement.

The Trust also uses national benchmarking tools to identify areas for cost reduction and service improvement. These tools help inform service redesign and productivity improvements, ensuring we deliver value for money in line with national benchmarks and expectations.

Digital transformation is a key enabler in delivering economy and efficiency. Investment in digital infrastructure, automation and electronic systems supports the delivery of more integrated, safe and efficient care. These programmes are aligned to the Trust's strategy and include outcome monitoring.

Workforce planning and productivity are actively monitored through key performance indicators such as agency usage, vacancy rates and staff wellbeing metrics. These are routinely reviewed to ensure the optimal use of human resources and reduce avoidable costs.

The Trust is committed to working collaboratively across the wider health and care system. We actively engage with our Integrated Care Boards in both North East London and Bedfordshire, Luton & Milton Keynes and system partners to align financial plans, maximise joint investment opportunities, and reduce duplication through shared services and planning.

Continuous improvement underpins our approach. Lessons learned from internal audit, counter fraud, external reviews, and transformation programmes are used to refine our resource management practices and embed a culture of learning and accountability.

Information Governance

Risks to information including data security are managed and controlled by the Trust in a robust way. The Chief Quality Officer is the Executive Director lead for information governance and is supported by key staff within the information governance team and directorate leads.

The Trust has a nominated Caldicott Guardian who is the Chief Medical Officer, and the Chief Digital Officer is the Senior Information Risk Owner (SIRO). The SIRO is supported by the Data Protection Officer. Policies are in place that are compliant with NHS guidelines, and incident reporting procedures are in place and utilised by staff. The Chief Digital Officer oversees the Cyber portfolio, given the specialist nature of the threat, and is supported by the Chief Technology Officer and a dedicated specialist expert lead for Cyber Security, the Chief Information Security Officer.

An Information Governance Steering Group forms part of the Trust's healthcare governance framework and the Board receives reports on compliance with the Data Security and Protection Toolkit. The Board has been assured by the SIRO, in the annual SIRO report, that effective arrangements are in place to manage and control risks to information and data security.

The Trust is acutely aware of the ongoing threat from cyber-crime, i.e. malicious attempts to damage, disrupt or steal our digital resources and data. To minimise and respond to the risk, the Chief Information Officer is delivering the cyber strategy, part of the Board approved digital strategy, which is in line with Cyber Essentials+ and national compliance frameworks. The key deliverables of the cyber strategy consist of a dedicated team, developing extensive training programmes for all Trust staff, and the deployment of key tools to monitor the Trust's infrastructure and data traffic for suspicious activity. The need for a robust approach to business continuity in terms of documented plans and regular exercises to test preparedness and response are also recognised and led by the Chief Operating Officer's EPRR team.

There were eight reportable incidents via the Data Security and Protection Toolkit in 2025/26. The incidents primarily involved data exposure through email platforms, mostly failure to use bcc. One

incident met the threshold for notification to the Information Commissioner's Office (ICO) where a pathology partnership providing test results for numerous NHS organisations, ELFT included, was the victim of a ransomware attack. Although this was not a data security breach caused by ELFT, we were asked to report this to the ICO for information, along with all other affected NHS Trusts.

Data Quality and Governance

The Trust maintains strong governance and leadership arrangements to ensure high standards of data quality and clinical governance. The Chief Nurse is the Executive Director lead for the development of the annual quality account overseen by the Quality Committee and Quality Assurance Committee.

The Trust has established systems to ensure the accuracy, completeness and timeliness of data used in decision making. Data quality is monitored through the Information Governance Steering Group, chaired by the SIRO and is reported into the Quality Committee and Service Delivery Board. All data presented to the Board within the performance report is locally validated and supported by contextual analysis to ensure informed scrutiny.

Responsibilities for data quality and quality governance are clearly defined in job descriptions. When new data processes are introduced, appropriate training and guidance are provided. These processes help embed a culture of continuous improvement and support safe, effective and transparent decision-making across the organisation.

Review of Effectiveness

As Accounting Officer, I am responsible for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework.

I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed external auditors' observations as detailed in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit and Quality Assurance Committees. While some areas for improvement have been identified, a plan is being developed to address these weaknesses and to support the continued development of a robust and responsive control framework. The work of the committees including their oversight of internal and external audit findings, has provided assurance that systems are in place to identify and manage risks effectively and ensure compliance with regulatory and statutory obligations.

I am assured that where areas for improvement have been identified, appropriate actions are being taken with progress monitored closely by the Executive team and relevant Board committees. Executive Directors provide regular assurance through reporting on audit action progress, risk management updates and committee oversight, ensuring that issues are addressed and improvements embedded.

Internal audit services are outsourced to RSM UK who provide an objective and independent opinion on the degree to which risk management, control and governance support the achievement of the Trust's agreed objectives. Individual audit reports include a management response and action plan. Internal audit routinely follows up actions with management to establish the level of compliance and the results are reported to the Audit Committee.

The Head of Internal Audit's opinion for the period 1 April 2025 to 31 March 2026 concluded that the Trust has an adequate and effective framework for risk management, governance and

internal control. The opinion recognises that further enhancements are required to ensure the framework remains robust and continues to operate effectively.

The factors influencing the opinion include the inherent risk in areas audited; limitations in individual audit assignments; the adequacy and effectiveness of the risk management and governance control framework; the impact of identified weaknesses; the level of risk exposure; and the timeliness and effectiveness of management responses to agreed actions.

During the year, the Trust received the following final internal audit opinions:

Substantial assurance

Key Financial Controls – General Ledger

Reasonable assurance

These reviews confirmed that controls were adequately designed and generally well applied to mitigate the associated risks. Some opportunities for strengthening controls were identified, with appropriate management actions agreed.

- Waiting List Management
- Backlog Maintenance
- Care Quality Commission (CQC) readiness
- Cyber Security - Supply Chain
- Disciplinary Processes

Partial assurance

These reviews identified weaknesses in control design and/or operation that require management attention. Action plans have been agreed and are being monitored through the Audit Committee.

- Sickness Absence
- Risk Management

Key areas for further development

While internal audit confirmed that the overall framework remains adequate and effective, a number of recurring themes were identified where further strengthening is required. These include:

- Strengthening governance, reporting and escalation arrangements
- Clarifying roles and responsibilities and ensuring accountability
- Ensuring policies, procedures and supporting guidance are up to date and consistently applied
- Embedding processes across the organisation to promote consistency
- Improving compliance monitoring and escalation of non-compliance
- Strengthening arrangements for capturing and acting on lessons learnt
- Ensuring staff receive timely and appropriate training to support effective practice

Service Auditor Reports

In forming his opinion, the Head of Internal Audit also reviewed relevant Service Auditor Reports:

- **Electronic Staff Record (ESR) – ISAE 3000**
ESR provides a single payroll and human resources management system to the Trust. No exceptions were identified.
- **NHS Shared Business Services – ISAE 3402 (PwC)**
NHS Shared Business Services provide finance and accounting services to the Trust. The report contained a qualified opinion relating to three control exceptions; however, these were not considered sufficiently significant to impact the overall internal audit opinion.

Conclusion

In concluding this Annual Governance Statement, I recognise the significant challenges facing the NHS and wider public sector. The national political and policy landscape continues to evolve, with the prospect of change and uncertainty compounded by persistent financial pressures, workforce constraints, system reform, and a volatile geopolitical environment. These factors present real risks to operational stability, long-term planning, and the sustainability of services.

Despite the challenges faced, the Trust has remained resilient and committed to delivering safe, high-quality and equitable care. We have continued to strengthen our governance, risk management, and assurance processes to ensure they are responsive and fit for purpose. However, we acknowledge there are areas requiring further development, including governance structures, organisational culture, role clarity, policy consistency, process compliance and training. These will be a key focus in the year ahead to support continuous improvement.

We continue to navigate a demanding financial environment, rising demand, and increasing expectations with a focus on delivering value, improving population health, and strengthening partnerships across the integrated care system. Our commitment to collaborative system working and prudent financial management will be central to sustaining services and meeting the needs of those we serve.

Overall, I am satisfied that the Trust's governance structure remains fit for purpose and responsive to a complex and changing context. While there is always room for improvement, my review confirms that overall the Trust maintained an adequate and effective governance system throughout 2025-2026 with no significant internal control issues identified through internal or external reviews during the year. We are not complacent and will continue to strengthen our approach, drawing on insight from internal and external reviews, performance reporting and engagement with staff, service users and partners to drive ongoing improvement.



Lorraine Sunduza, OBE
Chief Executive
East London NHS Foundation Trust

25th June 2026

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

East London NHS Foundation Trust

Audited Annual Accounts
for the year ended 31 March 2026

Audited Annual Accounts for the year ended 31 March 2026



FOREWORD TO THE ACCOUNTS

These accounts, for the year ended 31 March 2026, have been prepared by East London NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed:

A handwritten signature in black ink, appearing to be 'L Sunduza', written over a light blue circular stamp.

Lorraine Sunduza, OBE
Chief Executive Officer

Date: 25 June 2026

Audited Annual Accounts for the year ended 31 March 2026



Statement of Comprehensive Income for the year ended 31 March 2026

		2025/26	2024/25
	Note	£000	£000
Operating income from patient care activities	3	739,911	716,457
Other operating income	4	22,720	27,282
Total operating income from continuing operations		762,631	743,739
Operating expenditure	5	(759,153)	(753,101)
Operating surplus / (deficit) from continuing operations		3,478	(9,362)
Finance income	8	6,541	6,307
Finance expenditure	9	(4,991)	(5,244)
Public Dividend Capital dividends payable		(5,451)	(6,648)
Net finance costs		(3,901)	(5,585)
Share of (loss) / profit of joint venture	30.4	320	(317)
Other gains/(losses)		749	133
Surplus / (deficit) for the year from continuing operations		646	(15,131)
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments charged to revaluation reserve	11.1	(6,680)	(1,790)
Revaluation to revaluation reserve		2,348	2,684
Share of other comprehensive (expense)/income from joint ventures	30.4	(1,028)	(27)
Remeasurements of the net defined benefit pension scheme asset	21.2	107	(174)
Other reserve movements		-	(1)
Total comprehensive expense for the year		(4,607)	(14,439)

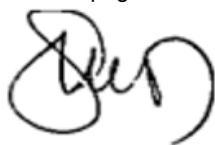
The notes on pages 180 to 214 form part of these accounts.

Audited Annual Accounts for the year ended 31 March 2026

Statement of Financial Position as at 31 March 2026

	Note	31 March 2026 £000	31 March 2025 £000
Non-current assets			
Intangible assets	12	2,201	2,922
Property, plant and equipment	11	251,926	258,600
Right of use assets	14	61,530	70,977
Investment property	13	2,768	2,081
Investment in joint ventures	30	735	1,443
Trade and other receivables	15	390	442
Net defined benefit pension scheme asset	21.1	546	266
Total non-current assets		320,096	336,731
Current assets			
Inventories		194	187
Trade and other receivables	15	23,977	30,727
Assets held for sale		350	350
Cash and cash equivalents	16	157,671	120,978
Total current assets		182,192	152,242
Current liabilities			
Trade and other payables	18	(92,228)	(70,870)
Borrowings	20	(16,011)	(15,021)
Provisions	22	(3,387)	(1,915)
Deferred income	19	(13,322)	(12,328)
Total current liabilities		(124,948)	(100,134)
Total assets less current liabilities		377,340	388,840
Non-current liabilities			
Trade and other payables		-	-
Borrowings	20	(67,714)	(78,928)
Provisions	22	(1,616)	(1,747)
Total non-current liabilities		(69,330)	(80,675)
Total assets employed		308,010	308,165
Financed by			
Public dividend capital		125,018	120,566
Revaluation reserve		91,271	95,737
Income and expenditure reserve		91,721	91,862
Total taxpayers' equity		308,010	308,165

The notes on pages 180 to 214 form part of these accounts.



Lorraine Sunduza, OBE
Chief Executive Officer

Date: 25 June 2026

Audited Annual Accounts for the year ended 31 March 2026

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2025	120,566	95,737	91,862	308,165
Surplus / (deficit) for the year	-	-	646	646
Revaluations to revaluation reserve	-	2,348	-	2,348
Impairments charged to revaluation reserve	-	(6,680)	-	(6,680)
Share of other comprehensive expense from joint ventures	-	-	(1,028)	(1,028)
Remeasurements of the net defined benefit pension scheme asset	-	-	107	107
Public dividend capital received	4,452	-	-	4,452
Other reserve movements	-	(134)	134	-
Taxpayers' equity at 31 March 2026	125,018	91,271	91,721	308,010

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the Trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the Trust.

Audited Annual Accounts
for the year ended 31 March 2026

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2025

	Public dividend capital £000	Revaluation reserve £000	Income and expenditure reserve £000	Total £000
Taxpayers' equity at 1 April 2024	118,885	94,688	107,350	320,923
Surplus / (deficit) for the year	-	-	(15,131)	(15,131)
Revaluations to revaluation reserve	-	2,684	-	2,684
Impairments charged to revaluation reserve	-	(1,790)	-	(1,790)
Share of other comprehensive expense from joint ventures	-	-	(27)	(27)
Remeasurements of the net defined benefit pension scheme asset	-	-	(174)	(174)
Public dividend capital received	1,681	-	-	1,681
Other reserve movements	-	155	(155)	-
Taxpayers' equity at 31 March 2025	120,566	95,737	91,862	308,165

Audited Annual Accounts for the year ended 31 March 2026

Statement of Cash Flows for the year ended 31 March 2026

		2025/26	2024/25
	Note	£000	£000
Cash flows from operating activities			
Operating deficit		3,477	(9,362)
Non-cash income and expense:			
Depreciation and amortisation	5	36,463	36,664
Impairments and reversals of impairments	5	(110)	1,453
Income recognised in respect of capital donations (non-cash)	4	(83)	(105)
Non-cash movements in on-SoFP pension asset		(173)	(64)
(Increase) / decrease in receivables and other assets		7,456	3,593
(Increase) / decrease in inventories		(6)	369
Increase / (decrease) in payables and other liabilities		19,129	6,340
Increase / (decrease) in provisions		942	1,252
Net cash generated from / (used in) operating activities		67,095	40,140
Cash flows from investing activities			
Interest received		6,600	6,341
Purchase of intangible assets		(585)	(3,921)
Purchase of property, plant, equipment		(14,018)	(12,322)
Sales of property, plant, equipment and investment property		92	-
Net cash from / (used) in investing activities		(7,911)	(9,902)
Cash flows from financing activities			
Public dividend capital received		4,452	1,681
Capital element of lease liability repayments		(14,212)	(14,041)
Capital element of PFI payments	25.3	(2,539)	(2,207)
Other interest (pension fund liabilities)	21.2	(371)	(359)
Interest element of lease liability repayments	14.3	(848)	(830)
Interest paid on PFI obligations	25.3	(2,809)	(2,968)
PDC dividend paid		(6,164)	(6,950)
Net cash (used in) / generated from financing activities		(22,491)	(25,674)
Increase / (decrease) in cash and cash equivalents		36,693	4,564
Cash and cash equivalents at 1 April		120,978	116,413
Cash and cash equivalents at 31 March	16	157,671	120,978

Audited Annual Accounts for the year ended 31 March 2026

Notes to the Accounts

Accounting Policies and Other Information

1 Accounting policies

1.1 Basis of preparation

NHS England has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2025/26 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, investment property, inventories and certain financial assets and financial liabilities.

1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

1.3 Critical accounting judgements and key sources of estimation uncertainty

In the application of the Trust's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

The judgements and key sources of estimation uncertainty that have a significant effect on the material amounts recognised in the Accounts are detailed below:

Critical accounting judgements

- Department of Health and Social Care guidance specifies that the Trust's specialised land and buildings should be valued on the basis of depreciated replacement cost, applying the Modern Equivalent Asset (MEA) concept. The MEA is defined as "the cost of a modern replacement asset that has the same productive capacity as the property being valued." Therefore, the MEA is not a valuation of the existing land and buildings that the Trust holds, but a theoretical valuation for accounting purposes of what the Trust could need to spend, in order to replace the service potential that those assets have.

In determining the MEA, the Trust has to make assumptions that are practically achievable; however, the Trust is not required to have any plans to make such changes. For the purpose of the valuation, it has been assumed that the new building would be constructed in compliance with current building standards and may differ in appearance and construction type to the current buildings. We have adopted the same floor area as the existing building. Where the building is underutilised, or unused, specific adaptations to the floor area of the building have been made within the valuation. The catchment area for patients using the services has been taken into account when deciding on an appropriate alternative site.

The Trust is satisfied that the assumptions underpinning the MEA valuation are practically achievable, would not change the services provided by the Trust, and would not impact on service delivery or the level and volume of service provided with staff contracted to work across all sites.

The Trust does not intend to implement any of the theoretical assumptions that underpin the MEA valuation.

- For Right of Use assets the Trust considers the cost model to be an appropriate proxy for current value in existing use or fair value.

Key sources of estimation uncertainty

- Property asset valuations are provided by independent, qualified valuers. Valuations are subject to general price changes in property values across the UK. Asset values might vary from their real market value when assets are disposed of. A 1% variation in value would result in a £2.22m increase or decrease in the value of land & buildings and a 5% variation would result in an £11.12m increase or decrease in the value of land & buildings. Refer to Note 11.

The key assumptions that are most likely to affect the valuations are:

Cost data: For specialised properties valued on a depreciated replacement cost basis, the valuer uses actual cost data where it is available however this is adjusted to reflect price changes since the construction date and any differences between those costs and the costs that would be incurred in constructing the modern equivalent asset. Where actual cost data is not available, the valuer relies on published construction price data. Published price data is an estimate of the costs that would be incurred in constructing a modern equivalent asset and may differ to the costs that would actually be incurred in practice. If the cost data were to increase by 2% (both locational weighting and BCIS costings), this would increase the value of specialised properties by £6.2m.

Audited Annual Accounts for the year ended 31 March 2026



Notes to the Accounts

1.3 Critical accounting judgements and key sources of estimation uncertainty (continued)

Adjustments for rental yield: For non-specialised assets valued at market value for existing use, the key assumption underlying the valuation is the rental yield. Had the adjustment for rental yield been 2% lower than the value assumed, this would increase the value of non-specialised operational properties by £0.67m, and the investment properties by £0.09m.

- Estimation by the actuaries of the net asset to pay pensions depends on a number of complex judgements relating to the discount rate used, the rate at which salaries are projected to increase, changes in retirement ages, mortality rates and expected returns on pension fund assets. The effects on the net pension's liability of changes in individual assumptions can be measured. The estimates, assumptions and sensitivity of changes are provided in Note 21.

1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. This includes income from contracts with local authorities and education and training income. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS) which replaced the National Tariff Payment System on 1 April 2023. The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Mental health provider collaboratives

NHS led provider collaboratives for specialised mental health, learning disability and autism services involve a lead NHS provider taking responsibility for managing services, care pathways and specialised commissioning budgets for a population. As lead provider for North East London Provider Collaborative, the Trust is accountable to NHS England and as such recognises the income and expenditure associated with the commissioning of services from other providers in these accounts. Where the Trust is the provider of commissioned services, this element of income is recognised in respect of the provision of services, after eliminating internal transactions.

Revenue from local authority contracts

As with revenue from NHS contracts the Trust is contracted to provide health care services to local authorities. A fixed contract amount is received monthly in respect of the agreed service specification. For some contracts a small element of the contract value may be linked to performance against Key Performance Indicators. KPIs are monitored on a monthly basis. Where under achievement on KPIs is likely to mean that the contract price is reduced then income is reduced accordingly.

Revenue from training and education

Most of the Trust's Training and Education income is derived via an agreement with NHS England. The majority of training and education income relates to costs in the current financial year. Where dedicated funding is received for training activities that cannot be delivered until the following financial year the relevant portion of income is deferred.

1.4.1 Other forms of income - Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Audited Annual Accounts for the year ended 31 March 2026



Notes to the Accounts

1.5 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

NHS Pensions

Past and present employees are covered by the provisions of the two NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. The schemes are not designed to be run in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the Trust of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Local Government Pension Scheme

Some employees are members of the Local Government Pension Scheme (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of the future obligations.

The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. The interest earned during the year from scheme assets is recognised within finance income. Re-measurements of the defined benefit plan are recognised in the Statement of Comprehensive Income as an item of "other comprehensive income".

1.6 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

1.7 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- a) it is held for use in delivering services or for administrative purposes;
- b) it is probable that future economic benefits will flow to, or service potential be provided to, the Trust;
- c) it is expected to be used for more than one financial year;
- d) the cost of the item can be measured reliably;
- e) the item has a cost of at least £5,000;
- f) collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control;

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Audited Annual Accounts for the year ended 31 March 2026



Notes to the Accounts

1.7 Property, plant and equipment (continued)

Measurement

Valuation

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use is defined as market value except where a building is so specialised in nature no active market exists from which to draw satisfactory transactional evidence. In this case a valuer will adopt a depreciated replacement cost (DRC) model on a modern equivalent asset (MEA) basis.

A DRC model estimates current value in existing use as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided.

The Trust commissioned independent RICS qualified valuers, Montagu Evans, to carry out a valuation of land and buildings at 31 March 2026 (excluding building works done to leasehold properties).

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure. Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably.

Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful economic lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification.

Audited Annual Accounts for the year ended 31 March 2026

Notes to the Accounts

1.7 Property, plant and equipment (continued)

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated, government grant and other grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) transactions

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's Financial Reporting Manual, are accounted for as "on-Statement of Financial Position" by the Trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Audited Annual Accounts for the year ended 31 March 2026

Notes to the Accounts

1.7 Property, plant and equipment (continued)

Private Finance Initiative (PFI) transactions (continued)

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life	Max life
	Years	Years
Buildings, excluding dwellings	60	60
Plant & machinery	5	10
Transport equipment	5	5
Information technology	3	10
Furniture & fittings	5	5

1.8 Intangible assets

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Software which is integral to the operation of hardware, e.g. an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, e.g. application software, is capitalised as an intangible asset where it meets recognition criteria.

Audited Annual Accounts for the year ended 31 March 2026

Notes to the Accounts

1.8 Intangible assets (continued)

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.

Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as 'deemed cost' and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Impairments

Where indicators of impairment exist, the recoverable amount is assessed as the higher of its fair value and the cost to replace the service capacity. Where this is lower than the carrying value an impairment is recognised in expenditure. The recoverable amount of intangible assets under construction is assessed annually, irrespective of indicators of impairment.

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Software licences	3	5

1.9 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The Trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

Audited Annual Accounts for the year ended 31 March 2026

Notes to the Accounts

1.9 Leases (continued)

The Trust as a lessee (continued)

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

1.11 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using the discount rates published and mandated by HM Treasury.

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2026:

	Inflation rate	Prior year rate
Year 1	2.5%	2.6%
Year 2	2.0%	2.3%
Into perpetuity	2.0%	2.0%

Audited Annual Accounts for the year ended 31 March 2026

Notes to the Accounts

1.11 Provisions (continued)

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution which in return, settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at Note 23 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any 'excesses' payable in respect of particular claims are charged to operating expenses when the liability arises.

1.12 Financial assets/liabilities classified as subsequently measured at amortised cost

Recognition

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principle and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e., when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are classified as subsequently measured at amortised cost using the effective interest method, less any impairment.

Financial liabilities are classified as subsequently measured at amortised cost using the effective interest method.

The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets, the Trust recognises an allowance for expected credit losses. Expected credit losses are estimated via a provision matrix that considers different categories of debt. This takes into account an assessment of past performance, current/future market and general economic conditions and any other considerations relevant to specific categories of debtor.

The Trust adopts the simplified approach to impairment for contract and other receivables and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

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Notes to the Accounts

1.13 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.14 Public Dividend Capital (PDC) and PDC dividend

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at <https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts>.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result of the audit of the annual accounts.

1.15 Standards, amendments and interpretations in issue but not yet effective or adopted

The DHSC GAM does not require the following IFRS Standards to be applied in 2025/26

IFRS 18 Presentation and disclosure in financial statements	The Standard has been adopted by the UK Endorsement Board to be effective for accounting periods beginning on or after 1 January 2027. The Standard has not yet been adopted by the FReM and early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.
IFRS 19 Subsidiaries without Public Accountability: Disclosures	The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

The following future changes to adaptations and interpretations of IAS 16 for the public sector are also not yet adopted:

Changes to valuation of property, plant and equipment (PPE) assets	The DHSC GAM for 2026/27 and associated consultation response document confirms future changes which will impact on the financial statements. From 2026/27 NHS bodies' valuation methodology will be a mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years. The requirement in IAS 16 to revalue an asset when its fair value differs materially from its carrying value is being withdrawn for the public sector. The impact of applying these changes in future periods has not yet been assessed. PPE assets currently subject to revaluation have a total book value of £222.5m as at 31 March 2026. The current accounting policy for property assets measures the cost of replacing the service potential using a 'modern equivalent asset'. This policy is not changing. In deriving the modern equivalent asset, the Trust and its valuers currently adopt an 'alternative site' assumption for some of its specialised buildings, meaning the replaced service potential may be in a different location. The option of using this assumption is being withdrawn for NHS bodies from 1 April 2028. Therefore the hypothetical modern equivalent asset will change to be located on current sites in asset valuations from 2028/29. Assets valued on an alternative site basis have a total book value of £90.4m at 31 March 2026. The impact of applying this change in future periods cannot currently be quantified.
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1.16 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in Note 17 in accordance with the requirements of HM Treasury's Financial Reporting Manual.

Audited Annual Accounts for the year ended 31 March 2026

Notes to the Accounts

1.17 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.18 Consolidation

Subsidiary

Subsidiary entities are those over which the Trust is exposed to, or has rights to, variable returns from its involvement with the entity and has the ability to affect those returns through its power over the entity. The Trust has one subsidiary and has not consolidated the results into the Trust accounts due to materiality.

Joint ventures

Joint ventures are arrangements in which the Trust has joint control with one or more other parties, and where it has the rights to the net assets of the arrangement. Joint ventures are accounted for using the equity method.

2 Segmental analysis

A business segment is a group of assets and operations engaged in providing products or services that are subject to risks and returns that are different from those of other business segments. A geographical segment is engaged in providing products or services within a particular economic environment that is subject to risks and returns that are different from those of segments operating in other economic environments.

The directors consider that the Trust's activities constitute a single segment since they are provided wholly in the UK, are subject to similar risks and rewards and all assets are managed as one central pool.

Audited Annual Accounts for the year ended 31 March 2026

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

	2025/26 £000	2024/25 £000
Mental health services		
Aligned payment & incentive (API) income	429,284	424,445
Services delivered as part of a mental health collaborative	49,002	39,347
Clinical income for the secondary commissioning of mandatory services	54,100	53,415
Other clinical income from mandatory services	57,113	50,641
Community services		
Aligned payment & incentive (API) income	114,000	106,884
Income from other sources	5,420	11,130
All services		
Agenda for change pay offer central funding *	-	608
Additional pension contribution central funding **	30,992	29,987
Total income from activities	739,911	716,457

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	2025/26 £000	2024/25 £000
NHS England	41,170	75,448
Integrated Care Boards	584,968	529,697
NHS foundation trusts	80,340	37,503
NHS trusts	5,604	44,075
Local authorities	19,029	21,138
Non-NHS: overseas patients (chargeable to patient)	14	-
Non NHS: Other	8,786	8,596
Total income from activities	739,911	716,457

* Additional funding was made available directly to providers by NHS England in 2024/25 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised..

** Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions was 23.7%, of this 9.4% was funded by NHS England.

Audited Annual Accounts for the year ended 31 March 2026

Note 4 Other operating income

	2025/26	2024/25
	£000	£000
Research and development ¹	3,031	5,141
Education and training	16,712	16,589
Non-patient care services to other bodies ²	2,478	5,047
Rental revenue from operating leases	416	400
Peppercorn leased assets recognised	83	105
Total other operating income	22,720	27,282

¹ NHS Benchmarking income for 2024/25 totalling £3,634k was reclassified from Non-patient care services to other bodies to Research and development.

² Renamed from 'Other income'

Note 4.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2025/26	2024/25
	£000	£000
Revenue recognised in the reporting period that was included in contract liabilities at the previous period end	9,896	7,368

Note 4.2 Transaction price allocated to remaining performance obligations

	31 March 2026	31 March 2025
	£000	£000
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised: within one year	13,322	12,328
Total	13,322	12,328

Note 4.3 Income from activities arising from commissioner requested services

Under the terms of its Provider License, the Trust is required to analyse the level of income from activities that has arisen from commissioner requested and non-commissioner requested services. Commissioner requested services are defined in the provider license and are services that commissioners believe would need to be protected in the event of provider failure. This information is provided in the table below:

	2025/26	2024/25
	£000	£000
Income from services designated as commissioner requested services	739,911	716,457
Income from services not designated as commissioner requested services	22,720	27,282
Total	762,631	743,739

Within the 2025/26 financial statements, management has taken the view to define the following as commissioner requested services (the same services were defined as such in the prior year):

Adult Mental Health Services
Adult Community Health
CAMHS & Addiction
Children & Young People Community Health
Forensic (low & medium secure) Services
Older People's Mental Health Services
Specialist Services
Improving Access to Psychological Therapies (IAPT)
Learning Disability Services
Primary Care Services

Audited Annual Accounts for the year ended 31 March 2026

Note 5 Operating expenses

	2025/26 £000	2024/25 £000
Purchase of healthcare from NHS and DHSC bodies	33,329	26,260
Purchase of healthcare from non NHS bodies ¹	23,361	33,123
Employee expenses - non-executive directors	239	202
Employee expenses - staff & executive directors	543,773	540,580
Supplies and services - clinical	11,673	13,134
Supplies and services - general	29,154	25,244
Drug costs	6,327	6,653
Establishment	7,045	6,716
Research and development	3,497	6,818
Transport	2,960	4,910
Premises	40,957	35,334
Change in provisions discount rate(s)	36	-
Movement in credit loss allowance: contract receivables	3,036	250
Depreciation on property, plant and equipment	35,006	35,631
Amortisation on intangible assets	1,457	1,033
Impairments/(Reversals of impairments)	(110)	1,453
Audit fees payable to the external auditor		
audit services- statutory audit ²	197	180
Internal audit costs	92	87
Clinical negligence	2,394	2,068
Legal fees	1,837	1,081
Consultancy costs	1,149	708
Education and training	3,884	4,696
Redundancy	1,616	1,694
Hospitality	24	94
Insurance	176	117
Other services, eg external payroll	1,187	1,122
Losses, ex gratia & special payments	223	153
Other	4,634	3,760
Total	759,153	753,101

Of which:

¹ The purchase of healthcare from non-NHS bodies includes local authority, independent sector, private sector and charitable organisations.

² The Trust's auditor, Forvis Mazars LLP, have charged £197k (inclusive of VAT) in respect of the statutory audit of the financial statements for the year ended 31 March 2026 (2024/25: £180k inclusive of VAT). £7k (inclusive of VAT) was paid in 2025/26 that relates to the 2024/25 audit.

Audited Annual Accounts for the year ended 31 March 2026



Note 6 Limitation on auditor's liability

The Trust's auditor, Forvis Mazars LLP, have not limited their liability in respect of their audits for 2025/26 or 2024/25.

Note 7 Employee benefits

	2025/26 £000	2024/25 £000
Salaries and wages	402,426	401,073
Social security costs	54,747	44,238
Apprenticeship levy	2,022	1,979
Employer's contributions to NHS pensions	47,546	46,010
Pension cost - other	101	115
Pension cost - employer contributions paid by NHSE on provider's behalf (9.4%)	30,992	29,987
Termination benefits	1,867	-
Agency/contract staff	10,472	19,900
Total staff costs	550,173	543,302
Included within:		
Costs capitalised as part of assets	3,437	2,528
Operating expenditure analysed as:		
Employee expenses - staff & executive directors	543,773	540,580
Research & development	1,347	-
Redundancy	1,616	194
	550,173	543,302

There have been 4 early retirements from the Trust agreed on the grounds of ill health (2024/25: 6). The estimated additional pension liabilities of these ill-health retirements is £252k (2024/25: £667k).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8 Finance Income

Finance income represents interest received on assets and investments in the period.

	2025/26 £000	2024/25 £000
Interest on bank accounts	5,947	5,815
Other finance income	594	492
	6,541	6,307

Note 9 Finance Expenses

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2025/26 £000	2024/25 £000
Interest expense:		
Interest on lease obligations	848	830
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	2,809	2,968
Remeasurement of the liability resulting from change in index or rate	846	1,030
Total interest expense	4,503	4,828
Unwinding of discount on provisions	117	57
Other finance costs	371	359
Total finance costs	4,991	5,244

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Notes to the Accounts

Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

The estimated expected employer contributions to the NHS pension scheme for 2025/26 is £81.2m, of this £32m will be funded by NHS England.

Local Government Pension Scheme (LGPS)

The Trust also has a number of employees who are members of a LGPS - the Bedfordshire Pension Fund. The Funds comprising the LGPS are multi-employer schemes, and each employer's share of the underlying assets and liabilities can be identified. Hence a defined benefit approach is followed. The scheme has a full actuarial valuation at intervals not exceeding three years. In between the full actuarial valuations, the assets and liabilities are updated using the principle actuarial assumptions at the balance sheet date. The scheme assets and liabilities attributable to these employees can be identified and are recognised in the Trust's accounts. The assets are measured at fair value, and the liabilities at the present value of future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs. Remeasurement of the net defined liability during the year are recognised in the income and expenditure reserve and reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

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Note 11 Property, plant and equipment

Note 11.1 Property, plant and equipment - 2025/26

	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2025	23,226	217,011	8,107	4,384	116	59,769	1,489	314,102
Additions	-	7,427	5,436	149	-	4,230	-	17,242
Impairments charged to operating expenses	(3)	(1,212)	(17)	-	-	-	-	(1,232)
Impairments charged to revaluation reserve	(11)	(6,669)	-	-	-	-	-	(6,680)
Reversals of impairments	-	510	-	-	-	-	-	510
Reclassifications	-	2,495	(7,997)	115	-	4,734	631	(21)
Revaluations	270	(5,540)	-	-	-	-	-	(5,270)
Disposals / derecognition	-	(1,856)	-	(0)	-	0	-	(1,856)
Valuation/gross cost at 31 March 2026	23,482	212,166	5,529	4,648	116	68,733	2,120	316,795
Accumulated depreciation at 1 April 2025	-	11,619	-	3,345	99	39,486	953	55,502
Provided during the year	-	8,728	-	428	17	9,898	440	19,511
Impairments charged to operating expenses	-	(832)	-	-	-	-	-	(832)
Reclassifications	-	(823)	-	49	-	414	360	-
Revaluations	-	(7,618)	-	-	-	-	-	(7,618)
Disposals/ derecognition	-	(1,695)	-	-	-	-	-	(1,695)
Accumulated depreciation at 31 March 2026	-	9,379	-	3,822	116	49,798	1,753	64,868
Net book value at 31 March 2026	23,482	202,787	5,529	826	(0)	18,935	367	251,926
Net book value at 1 April 2025	23,226	205,392	8,107	1,039	17	20,283	536	258,600

The figures for Buildings excluding dwellings above include building works that the Trust has done to leasehold properties. The £9.4m disclosed as accumulated depreciation at year-end relates to these assets. All other accumulated depreciation has been written out following the revaluation exercise.

Useful economic life

- Minimum useful economic life	60	5	5	3	5
- Maximum useful economic life	60	10	5	10	5

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Note 11.2 Property, plant and equipment - 2024/25

	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Valuation/gross cost at 1 April 2024	24,988	222,113	109	5,666	116	64,335	3,877	321,204
Additions	-	2,200	8,005	127	-	947	28	11,307
Impairments charged to operating expenses	(1,347)	(391)	(7)	-	-	-	-	(1,745)
Impairments charged to revaluation reserve	(494)	(1,296)	-	-	-	-	-	(1,790)
Reversals of impairments	-	292	-	-	-	-	-	292
Reclassifications	-	(1,793)	-	-	-	-	-	(1,793)
Revaluations	79	(3,939)	-	-	-	-	-	(3,860)
Disposals / derecognition	-	(175)	-	(1,409)	-	(5,513)	(2,416)	(9,512)
Valuation/gross cost at 31 March 2025	23,226	217,011	8,107	4,384	116	59,769	1,489	314,102
Accumulated depreciation at 1 April 2024	-	9,945	-	4,231	82	33,864	3,059	51,181
Provided during the year	-	8,393	-	523	17	11,128	310	20,371
Revaluations	-	(6,544)	-	-	-	-	-	(6,544)
Disposals / derecognition	-	(175)	-	(1,409)	-	(5,506)	(2,416)	(9,506)
Accumulated depreciation at 31 March 2025	-	11,619	-	3,345	99	39,486	953	55,502
Net book value at 31 March 2025	23,226	205,392	8,107	1,039	17	20,283	536	258,600
Net book value at 1 April 2024	24,988	212,168	109	1,435	34	30,471	818	270,023

The figures for Buildings excluding dwellings above include building works that the Trust has done to leasehold properties. The £11.6m disclosed as accumulated depreciation at year-end relates to these assets. All other accumulated depreciation has been written out following the revaluation exercise.

Useful economic life

- Minimum useful economic life	60	5	5	3	5
- Maximum useful economic life	60	10	5	10	5

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Note 11.3 Property, plant and equipment financing - 2025/26

	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2026								
Owned	23,481	164,820	5,529	827	0	18,935	367	213,957
On-SoFP PFI contracts	-	35,748	-	-	-	-	-	35,748
Donated	-	2,220	-	-	-	-	-	2,220
NBV total at 31 March 2026	23,481	202,788	5,529	827	0	18,935	367	251,926

Note 11.4 Property, plant and equipment financing - 2024/25

	Land £000	Buildings £000	Assets under construction £000	Plant & machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Net book value at 31 March 2025								
Owned	23,226	164,203	8,107	1,039	17	20,283	536	217,411
On-SoFP PFI contracts	-	38,969	-	-	-	-	-	38,969
Donated	-	2,220	-	-	-	-	-	2,220
NBV total at 31 March 2025	23,226	205,392	8,107	1,039	17	20,283	536	258,600

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Note 12 Intangible assets

Note 12.1 Intangible assets - 2025/26

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2025	4,268	4,268
Additions	585	585
Reclassifications	151	151
Valuation/gross cost at 31 March 2026	5,005	5,005
Accumulated depreciation at 1 April 2025	1,346	1,346
Provided during the year	1,457	1,457
Accumulated depreciation at 31 March 2026	2,803	2,803
Net book value at 31 March 2026	2,201	2,201

Note 12.2 Intangible assets - 2024/25

	Software licences £000	Total £000
Valuation/gross cost at 1 April 2024	4,099	4,099
Additions	735	735
Disposals/derecognition	(566)	(566)
Valuation/gross cost at 31 March 2025	4,268	4,268
Accumulated depreciation at 1 April 2024	879	879
Provided during the year	1,033	1,033
Disposals/derecognition	(566)	(566)
Accumulated depreciation at 31 March 2025	1,346	1,346
Net book value at 31 March 2025	2,922	2,922

Note 13 Investment Properties

	2025/26 £000	2024/25 £000
Carrying value at 1 April	2,081	148
Fair value gains/(losses)	817	140
Reclassifications from Property, Plant and Equipment	(130)	1,793
Carrying value at 31 March	2,768	2,081

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Note 14 Right of use assets

Note 14.1 Right of use assets - 2025/26

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation/gross cost at 1 April 2025	106,733	182	106,915	93,518
Additions	4,262	72	4,334	3,341
Remeasurements of the lease liability	3,698	-	3,698	3,726
Dilapidation provisions arising	283	-	283	-
Disposals / derecognition	(5,059)	(23)	(5,082)	(1,321)
Valuation/gross cost at 31 March 2026	109,917	231	110,148	99,264
Accumulated depreciation at 1 April 2025	35,879	60	35,939	30,803
Provided during the year	15,412	83	15,495	12,835
Disposals / derecognition	(2,792)	(23)	(2,815)	(986)
Accumulated depreciation at 31 March 2026	48,499	120	48,619	42,652
Net book value at 31 March 2026	61,419	111	61,530	56,612
Net book value of right of use assets leased from other NHS providers				6,986
Net book value of right of use assets leased from other DHSC group bodies				49,626

Note 14.2 Right of use assets - 2024/25

	Property (land and buildings) £000	Transport equipment £000	Total £000	Of which: leased from DHSC group bodies £000
Valuation/gross cost at 1 April 2024	104,420	-	104,420	94,547
Additions	2,252	182	2,434	460
Remeasurements of the lease liability	3,175	-	3,175	2,174
Dilapidation provisions arising	1,419	-	1,419	134
Disposals / derecognition	(4,533)	-	(4,533)	(3,797)
Valuation/gross cost at 31 March 2025	106,733	182	106,915	93,518
Accumulated depreciation at 1 April 2024	25,210	-	25,210	22,216
Provided during the year	15,200	60	15,260	12,384
Disposals / derecognition	(4,532)	-	(4,532)	(3,797)
Accumulated depreciation at 31 March 2025	35,878	60	35,938	30,803
Net book value at 31 March 2025	70,856	122	70,978	62,715
Net book value of right of use assets leased from other NHS providers				6,649
Net book value of right of use assets leased from other DHSC group bodies				56,066

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Note 14.3 Reconciliation of the carrying value of lease liabilities

	2025/26	2024/25
	£000	£000
Carrying value at 1 April	68,987	77,524
Lease additions	4,251	2,329
Lease liability remeasurements	3,698	3,175
Interest charge arising in year	848	830
Terminations	(2,268)	-
Lease payments (cash outflows)	(15,060)	(14,871)
Carrying value at 31 March	60,456	68,987

Note 14.4 Maturity analysis of future lease payments at 31 March 2026

	Total	Of which leased from DHSC group bodies:
	31 March 2026	31 March 2026
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	13,878	12,242
- later than one year and not later than five years;	40,848	38,261
- later than five years.	7,821	6,926
Total gross future lease payments	62,547	57,429
Finance charges allocated to future periods	(2,091)	(1,655)
Net lease liabilities at 31 March 2026	60,456	55,774
Of which:		
- Current	13,183	11,668
- Non-Current	47,273	44,106

Note 14.5 Maturity analysis of future lease payments at 31 March 2025

	Total	Of which leased from DHSC group bodies:
	31 March 2025	31 March 2025
	£000	£000
Undiscounted future lease payments payable in:		
- not later than one year;	13,289	11,105
- later than one year and not later than five years;	42,891	38,670
- later than five years.	15,377	13,588
Total gross future lease payments	71,557	63,363
Finance charges allocated to future periods	(2,570)	(2,030)
Net lease liabilities at 31 March 2026	68,987	61,333
Of which:		
- Current	12,566	10,522
- Non-Current	56,421	50,811

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Note 15 Trade and other receivables

	31 March 2026 £000	31 March 2025 £000
Current		
Contract receivables (invoiced and accrued)	18,481	22,680
Allowance for impaired contract receivables	(3,710)	(713)
Prepayments (non-PFI)	4,408	4,700
Clinician pension tax provision reimbursement funding from NHSE	14	18
VAT receivable	1,698	1,877
PDC dividend receivable	1,049	336
Other receivables	2,037	1,829
Total current trade and other receivables	23,977	30,727
Non-current		
Clinician pension tax provision reimbursement funding from NHSE	390	442
Total non-current trade and other receivables	390	442
Of which receivable from NHS and DHSC group bodies	16,292	17,336

Note 15.1 Allowances for credit losses

	2025/26 £000	2024/25 £000
At 1 April brought forward	713	482
New allowances arising	3,309	422
Utilisation of allowances (write offs)	(39)	(19)
Reversals of allowances	(273)	(172)
At 31 March	3,710	713

Note 16 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2025/26 £000	2024/25 £000
At 1 April	120,978	116,413
Net change in year	36,693	4,565
At 31 March	157,671	120,978
Broken down into:		
Cash at commercial banks and in hand	170	239
Cash with the Government Banking Service	157,501	120,739
Total cash and cash equivalents as in SoFP	157,671	120,978

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Note 17 Third party assets held by the NHS Foundation Trust

The Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2026 £000	31 March 2025 £000
Bank balances	806	724
Monies on deposit	233	286
Total third party assets	1,039	1,010

Note 18 Trade and other payables

	31 March 2026 £000	31 March 2025 £000
Current		
Trade payables	26,952	17,242
Capital payables	6,818	3,594
Other taxes payable	12,530	11,391
Other payables	7,724	7,741
Accruals	38,204	30,902
Total current trade and other payables	92,228	70,870
Of which payable to NHS and DHSC group bodies	20,567	15,086

Note 19 Deferred income

	31 March 2026 £000	31 March 2025 £000
Current		
Deferred income	13,322	12,328
Total deferred income	13,322	12,328

Note 20 Borrowings

	31 March 2026 £000	31 March 2025 £000
Current		
Lease liabilities	13,182	12,566
Obligations under PFI	2,829	2,455
Total current borrowings	16,011	15,021
Non-current		
Lease liabilities	47,273	56,421
Obligations under PFI	20,441	22,507
Total non-current borrowings	67,714	78,928

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Note 21 Employee retirement benefit obligations

The Trust has a number of employees in Luton and Bedfordshire who are members of a Local Government Pension Scheme, the Bedfordshire Pension Fund. A defined benefit approach is followed and has been included in the Accounts as set out in Notes 21.1 & 21.2.

Note 21.1 Amounts recognised in the Statement of Financial Position

	2025/26 £000	2024/25 £000
Change in benefit obligation during period		
Defined benefit obligation as at 1 April	(6,446)	(7,557)
Current service cost	(101)	(115)
Interest on pension obligations	(371)	(359)
Member contributions	(53)	(42)
Remeasurements recognised in other comprehensive income	(486)	1,028
Benefits paid	262	600
Defined benefit obligation as at 31 March	(7,195)	(6,445)
Change in fair value of plan assets during period		
Fair value of plan assets as at 1 April	10,220	10,193
Interest income on plan assets	594	492
Expected return on plan assets (excluding interest income)	269	-
Actuarial gains	(319)	46
Employer contributions	64	58
Administration expenses	(13)	(12)
Member contributions	53	42
Benefits paid	(262)	(600)
Fair value of plan assets as at 31 March	10,606	10,219
Impact of asset ceiling	(2,865)	(3,508)
Net asset/(liability) as at 31 March	546	266

Note 21.2 Amounts recognised in the Statement of Comprehensive Income

	2025/26 £000	2024/25 £000
Current service cost	(101)	(115)
Interest on pension obligations	(371)	(359)
Interest income on plan assets	594	492
Total pension cost recognised	122	18
Re-measurements in other comprehensive income:		
Return on fund assets in excess of interest	269	47
Other actuarial gains/(losses)	(319)	-
Change in financial assumptions	379	1,008
Change in demographic assumptions	(52)	17
Experience losses on defined obligations	(813)	3
Interest on impact of asset ceiling	(205)	(112)
Impact of asset ceiling	848	(1,137)
Total re-measurements in other comprehensive income	107	(174)

The projected pension expense for the year ending 31 March 2027 is £70k, with employer contributions estimated at £23k.

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Note 21 Employee retirement benefit obligations (continued)

Note 21.3 Principal actuarial assumptions

The sensitivity regarding the principle assumptions used to measure the scheme liabilities are set out below.

	31 March 2026	31 March 2025
	% p.a.	% p.a.
Pension increase rate	2.90%	2.95%
Salary increase rate	3.90%	3.95%
Discount rate	6.15%	5.85%
RPI inflation	3.30%	3.20%

Life Expectancy from Age 65 (years)

	31 March 2026	31 March 2025
- Retiring Today		
- Males	21.2	21.1
- Females	23.9	24.0
- Retiring in 20 years		
- Males	22.8	22.2
- Females	25.6	25.5

The estimate of past service liability duration is 24 years.

Sensitivity analysis 2026/27

	£000	£000	£000
Adjustment to discount rate	0.1%	0.0%	-0.1%
Present Value of Total Obligation	7,089	7,195	7,303
Projected Service Cost	90	93	95
Adjustment to long term salary increase	0.1%	0.0%	-0.1%
Present Value of Total Obligation	7,205	7,195	7,144
Projected Service Cost	93	93	93
Adjustment to pension increase and deferred revaluation	0.1%	0.0%	-0.1%
Present Value of Total Obligation	7,299	7,195	7,131
Projected Service Cost	96	93	90
Adjustment to life expectancy assumptions	+1 Year	None	-1 Year
Present Value of Total Obligation	7,411	7,195	6,986
Projected Service Cost	96	93	90

Sensitivity analysis 2025/26

	£000	£000	£000
Adjustment to discount rate	0.1%	0.0%	-0.1%
Present Value of Total Obligation	6,336	6,446	6,559
Projected Service Cost	89	92	94
Adjustment to long term salary increase	0.1%	0.0%	-0.1%
Present Value of Total Obligation	6,464	6,446	6,428
Projected Service Cost	92	92	92
Adjustment to pension increase and deferred revaluation	0.1%	0.0%	-0.1%
Present Value of Total Obligation	6,544	6,446	6,351
Projected Service Cost	94	92	89
Adjustment to life expectancy assumptions	+1 Year	None	-1 Year
Present Value of Total Obligation	6,624	6,446	6,273
Projected Service Cost	95	92	88

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Note 21 Employee retirement benefit obligations (continued)

Note 21.4 Analysis of assets

	31 March 2026 £000	31 March 2026 %	31 March 2025 £000	31 March 2025 %
Equities	6,616	62%	6,187	61%
Bonds	1,865	18%	2,076	20%
Property	1,691	16%	1,569	15%
Cash	433	4%	387	4%
Total assets	10,605	100%	10,219	100%

Assets break down is as follows:

	31 March 2026		31 March 2025	
	Quoted (%)	Unquoted (%)	Quoted (%)	Unquoted (%)
Corporate bonds				
Overseas	5.0%	-	5.0%	-
Equities				
Overseas	-	7.0%	-	8.0%
Property				
All	-	5.0%	-	5.0%
Others				
Absolute return portfolio	-	-	4.0%	-
Private equity	-	2.0%	-	2.0%
Infrastructure	-	11.0%	-	11.0%
Unit trusts	-	52.0%	-	48.0%
Private debt	-	3.0%	-	3.0%
Unit trust - UK government bonds	-	-	-	-
Multi-asset credit	-	10.0%	-	10.0%
Cash/temporary investments	-	5.0%	-	4.0%
	5.0%	95.0%	9.0%	91.0%

Note 21.5 Impact of the Asset Ceiling

	2025/26 £000	2024/25 £000
Opening impact of asset ceiling	3,508	2,259
Interest on impact of asset ceiling	205	112
Actuarial losses/(gains)	(848)	1,137
Closing impact of asset ceiling	2,865	3,508

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Note 22 Provisions for liabilities and charges

	Pensions - other staff	Other legal claims	Clinicians' pension reimbursement	Capitalised lease dilapidations	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2025	335	450	460	1,476	941	3,662
Change in discount rate	36	-	(31)	-	-	5
Arising during the year	7	1,498	-	283	1,929	3,717
Utilised during the year	(81)	(206)	(14)	(8)	(1,369)	(1,678)
Reversed unused	-	(76)	(37)	(7)	(725)	(845)
Unwinding of discount rate	32	-	26	85	-	143
At 31 March 2026	328	1,666	404	1,829	776	5,003
Expected timing of cash flows:						
- not later than one year	32	1,666	14	899	776	3,387
- later than one year and not later than five years	127	-	57	876	-	1,060
- later than five years	170	(0)	333	54	-	557
Total	328	1,666	404	1,829	776	5,003

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Note 23 Clinical negligence liabilities

At 31 March 2026, £10,895k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of the Trust (£12,872k at 31 March 2025).

Note 24 Better Payment Practice Code - measure of compliance

	2025/26	2025/26
	Number	£000
Total Non-NHS trade invoices paid in the year	52,909	141,462
Total Non-NHS trade invoices paid within target	49,389	124,919
Percentage of Non-NHS trade invoices paid within target	93.3%	88.3%
Total NHS trade invoices paid in the year	2,068	64,617
Total NHS trade invoices paid within target	1,647	53,587
Percentage of NHS trade invoices paid within target	79.6%	82.9%
	2024/25	2024/25
	Number	£000
Total Non-NHS trade invoices paid in the year	62,010	173,105
Total Non-NHS trade invoices paid within target	57,096	159,716
Percentage of Non-NHS trade invoices paid within target	92.1%	92.3%
Total NHS trade invoices paid in the year	1,790	62,568
Total NHS trade invoices paid within target	1,467	56,222
Percentage of NHS trade invoices paid within target	82.0%	89.9%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

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Note 25 On-Statement of Financial Position PFI

Note 25.1 On-SoFP PFI obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2026 £000	31 March 2025 £000
Gross PFI obligation	32,705	36,806
Of which liabilities are due		
- not later than one year	5,348	5,173
- later than one year and not later than five years	21,392	20,691
- later than five years	5,965	10,942
Finance charges allocated to future periods	(9,436)	(11,844)
Net PFI obligation	23,269	24,962
- not later than one year	2,829	2,455
- later than one year and not later than five years	14,964	12,978
- later than five years	5,477	9,529

Note 25.2 Total future payments committed in respect of PFI

Total future payments committed in respect of PFI	53,507	60,655
Of which due:		
- not later than one year	8,308	8,036
- later than one year and not later than five years	34,637	33,503
- later than five years	10,562	19,116

Note 25.3 Analysis of amounts payable to PFI operator

	2025/26 £000	2024/25 £000
Unitary payment payable to operator	8,174	7,907
Consisting of:		
- Interest charge	2,809	2,968
- Repayment of PFI liability	2,539	2,207
- Service element	2,826	2,732
Total	8,174	7,907

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Note 26 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the Trust has with ICBs and the way those ICBs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Interest Rate Risk

All of the Trust's financial assets and financial liabilities carry nil or fixed rates of interest. The Trust is not, therefore, exposed to significant interest rate risk.

Credit Risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The most significant exposure to credit risk is in receivables from customers, as disclosed in Trade and other receivables (note 15).

Liquidity risk

The Trust's operating costs are incurred under contracts with integrated care boards, which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure from internally generated funds. The Trust is not, therefore, exposed to significant liquidity risks.

Note 26.1 Reconciliation of liabilities arising from financing activities

	Lease liabilities	PFI Obligations	Total	Lease liabilities	PFI Obligations	Total
	2025/26	2025/26	2025/26	2024/25	2024/25	2024/25
	£000	£000	£000	£000	£000	£000
Carrying value at 1 April	68,987	24,963	93,949	77,524	26,139	103,663
Cash movements:						
Financing cash flows - principal	(14,212)	(2,539)	(16,751)	(14,041)	(2,207)	(16,247)
Financing cash flows - interest	(848)	(2,809)	(3,657)	(830)	(2,968)	(3,799)
Non-cash movements:						
Additions	4,251	-	4,251	2,329	-	2,329
Lease liability remeasurements	3,698	-	3,698	3,175	-	3,175
Remeasurement of PFI	-	846	846	-	1,030	1,030
Interest charge arising in year	848	2,809	3,657	830	2,968	3,799
Early termination	(2,268)	-	(2,268)	-	-	-
Carrying value at 31 March	60,456	23,270	83,725	68,987	24,962	93,949

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Note 27 Financial instruments

Note 27.1 Carrying values of financial assets*

Carrying values of financial assets as at 31 March 2026

Trade and other receivables excluding non financial assets

Cash and cash equivalents at bank and in hand

Total at 31 March 2026

Held at amortised cost £000	Total £000
17,212	17,212
157,671	157,671
174,883	174,883

Carrying values of financial assets as at 31 March 2025

Trade and other receivables excluding non financial assets

Cash and cash equivalents at bank and in hand

Total at 31 March 2025

Held at amortised cost £000	Total £000
24,256	24,256
120,978	120,978
145,234	145,234

Note 27.2 Carrying value of financial liabilities*

Carrying values of financial liabilities as at 31 March 2026

Obligations under leases

Obligations under PFI contracts

Trade and other payables excluding non financial liabilities

Total at 31 March 2026

Held at amortised cost £000	Total £000
60,456	60,456
23,269	23,269
66,630	66,630
150,355	150,355

Carrying values of financial liabilities as at 31 March 2025

Obligations under leases

Obligations under PFI contracts

Trade and other payables excluding non financial liabilities

Total at 31 March 2025

Held at amortised cost £000	Total £000
68,987	68,987
24,962	24,962
45,202	45,202
139,151	139,151

*Carrying values are deemed to be a reasonable approximation to fair value

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Note 27.3 Maturity of financial liabilities

	31 March 2026 £000	31 March 2025 £000
In one year or less	85,857	63,664
In more than one year but not more than five years	62,240	63,582
In more than five years	13,786	26,318
Total	161,882	153,564

The above discloses undiscounted future contractual cashflows including finance charges, for this reason it will differ to book values reported in note 27.2.

Note 28 Losses and special payments

	2025/26		2024/25	
	Total number of cases Number	Total value of cases £000	Total number of cases Number	Total value of cases £000
Losses				
Losses of cash due to theft, fraud etc.	1	-	1	-
Losses of cash due to overpayment of salaries	28	28	24	8
Bad debts and claims abandoned	35	133	110	841
Total losses	64	161	135	849
Special payments				
Compensation payments	12	220	14	147
Ex-gratia payments	12	3	35	6
Total special payments	24	223	49	153
Total losses and special payments	88	384	184	1,002

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Note 29 Related party transactions

During the period none of the Trust Board members or members of the key management staff or parties related to them has undertaken any material transactions with the Trust (nil in 2024/25).

None of the Trust Board members or members of the key management staff received any form of long term benefits, termination benefits or share-based payments (nil in 2024/25).

Edwin Ndlovu, Chief Operating Officer and Deputy Chief Executive is also:

Director of East End Health Network Co Ltd. The Trust received £50k income and there was £115 receivable at year end.

Director of Stratford PCN Limited. The Trust received £163k income and there was £17k receivable at year end.

Director of Well Street Common PCN. The Trust received £6k income and there was £2k receivable at year end.

Kevin Curnow, Chief Finance Officer, and Philippa Graves, Chief Digital Officer, are Directors of Health & Care Space Newham Ltd. See note 30.

Richard Fradgley, Director of Integrated Care and Deputy Chief Executive, is also a Director of Compass Wellbeing CIC. The Trust paid £4,319k for services received (£5,780k in 2024/25) and there was £5k payable at year end (£383k in 2024/25).

Eileen Taylor, Chair is also Chair at North East London NHS Foundation Trust. Dr Farah Jameel, Non Executive Director, is also a Non Executive Director of North London Foundation Trust. Deborah Wheeler, Non Executive Director, is a Non Executive Director of North East London NHS Foundation Trust. Sue Lees, Non Executive Director, is a Non Executive Director at Barking, Havering and Redbridge University Hospitals. Durka Dougall, Non Executive Director & Deputy Chair, is a Non Executive Director at Kingston and Richmond NHS Foundation Trust. Donna Kinnair, Non Executive Director, is a Non Executive Director at Royal Free London NHS Foundation Trust. All of these organisations also have the Department of Health and Social Care as a parent department.

Peter Cornforth, Non Executive Director is a Non Executive Director of Community Health Partnerships Ltd, a company owned by the Department of Health and Social Care.

The Board members for the Trust are the corporate trustee for the ELFT Charity. The Trust has received £197k income from the Charity in 2025/26 (£137k in 2024/25), of which nil was outstanding at year-end (£11k in 2024/25).

The Trust's parent is the Department of Health and Social Care and has had material dealings with the following bodies:

NHS England
NHS North East London ICB
NHS North Central London ICB
NHS Bedfordshire, Luton and Milton Keynes ICB
Homerton University Hospital NHS Foundation Trust
Barts Health NHS Trust
Bedfordshire Hospitals NHS Foundation Trust
Cambridgeshire Community Services NHS Trust
Hertfordshire Partnership University NHS Foundation Trust
North East London NHS Foundation Trust
North London NHS Foundation Trust
The Whittington Health NHS Trust
Central Bedfordshire Unitary Authority

In addition, the Trust has had a number of material transactions with other Government departments and other central and local Government bodies.

Audited Annual Accounts for the year ended 31 March 2026



Note 30 Investments in subsidiaries and joint ventures

Note 30.1 Joint Venture - Health & Care Space Newham Limited

On 1st April 2019 the Trust paid £2m for a 50% stake in Health & Care Space Newham Limited (HCSN), a Joint Venture between the Trust and London Borough of Newham to purchase and manage strategic healthcare estate in Newham.

The objective of HCSN is to bring the key players in Newham primary and community/social care together within a local Joint Venture to consolidate the estate and fund the development of new, fit for purpose healthcare facilities, providing tenants affordable rent and the flexibility to develop an estate that meets the Trust's needs.

The registered office of HCSN is Newham Dockside, 1000 Dockside Road, London, England, E16 2QU.

HCSN has been accounted for as a joint venture.

Note 30.2 Subsidiary - Compass Wellbeing CIC

Compass Wellbeing CIC is a not for profit community interest company with a mission to improve quality of life, tackle social inequalities and make a difference to life opportunities to all the communities it serves.

It is concerned with social justice and strives to bring equality to society. It aims to work with marginalised groups, backgrounds, religions, women, people with conditions such as mental health problems and those that are deprived and lack the same opportunities as others.

The Trust has not consolidated Compass Wellbeing CIC into the Trust accounts due to materiality.

Note 30.3 Operating results of subsidiaries and joint ventures

	HCSN		Compass	
	31 March 2026 £000	31 March 2025 £000	31 March 2026 £000	31 March 2025 £000
Total (loss)/profit	640	(460)	(500)	93
Total gross assets	16,573	13,998	3,394	5,057
Total net assets	1,471	2,887	1,351	1,798

Note 30.4 Carrying values in these accounts

	HCSN	
	2025/26 £000	2024/25 £000
Carrying value at 1 April	1,443	1,787
Share of trading (loss)/profit	320	(317)
Share of Other Comprehensive Income	(1,028)	(27)
Carrying value at 31 March	<u>735</u>	<u>1,443</u>

Note 31 Events after the reporting date

Events after the end of the reporting period are events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the financial statements are authorised. The events can be adjusting or non adjusting.

There have been no events that took place after the reporting period that merit disclosure.

Independent auditor's report to the Council of Governors of East London NHS Foundation Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of East London NHS Foundation Trust ('the Trust') for the year ended 31 March 2026 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including material accounting policy information.

The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2025/26 as contained in the Department of Health and Social Care Group Accounting Manual 2025/26, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2026 and of the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2025/26; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the "Auditor's responsibilities for the audit of the financial statements" section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. The Directors are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of the Chief Executive's Responsibilities as the Accounting Officer of East London NHS Foundation Trust, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2025/26 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

Based on our understanding of the Trust, we did not identify any laws and regulations that have an indirect effect on the preparation of the financial statements where non-compliance might have a material effect on the financial statements.

To help us identify instances of non-compliance with laws and regulations, and in identifying and assessing the risks of material misstatement in respect to non-compliance, our procedures included, but were not limited to:

- gaining an understanding of the legal and regulatory framework applicable to the Trust, the environment in which it operates, and the structure of the Trust, and considering the risk of acts by the Trust which were contrary to the applicable laws and regulations, including fraud;
- inquiring with management and the Audit Committee, as to whether the Trust is in compliance with laws and regulations, and discussing their policies and procedures regarding compliance with laws and regulations;
- inspecting correspondence, if any, with relevant licensing or regulatory authorities;
- reviewing minutes of relevant meetings in the year; communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our

audit; and considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

We also considered those laws and regulations that have a direct effect on the preparation of the financial statements, such as the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)

In addition, we evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, in particular in relation to significant one-off or unusual transactions.

Our audit procedures in relation to fraud included, but were not limited to:

- making enquiries of management, Internal Audit and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with both management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, (Revised 2024) and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in November 2024.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2026.

We have nothing to report in this respect.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not

required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in March 2026.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2025/26; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2025/26; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Council of Governors of East London NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have received confirmation from the NAO that the group audit of the Department of Health and Social Care has been completed and that no further work is required to be completed by us.



Suresh Patel, Key Audit Partner
For and on behalf of Forvis Mazars LLP (Local Auditor)

30 Old Bailey
London
EC4M 7AU

25 June 2026

