

Meeting Book - Public Council of Governors

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002. Confirmation of Quoracy

003. Council of Governors' Declarations of Interest

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004. Digital and Short Courses Portfolio Presentation: 'Supporting children of parents with a mental illness: a systemic approach'

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011. Service Visits (forward plan)

PROVIDING OUTSTANDING PATIENT CARE

012. Summary Report on Quality and Performance

012 Summary Report on Quality and Performance to CoG Mar 25
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013. Quality and Safety Committee (QSC) Assurance Report

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observers' feedback

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DEVELOPING A CULTURE WHERE EVERYONE THRIVES with a focus on equality, diversity and inclusion

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016. Performance, Finance and Resources Committee (PRFC)
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021. Questions from the Public

022. Any other business (including any new risks arising during the meeting): Limited to urgent business notified to the Chair and/or the Trust Secretary in advance of the meeting

023. Issues to be escalated to the Board of Directors

024. Reflections and Feedback from the meeting

025. Date and time of next meeting - Thursday 29th May 2025 at 3.00 – 5.00p.m.

Council of Governors' Part Two

Agenda and papers of a meeting to be held in public

**Thursday, 27th
March 2025**

For timings and venue, please refer to the agenda.

**COUNCIL OF GOVERNORS – PART TWO
MEETING HELD IN PUBLIC
THURSDAY, 27TH MARCH 2025 at 3.00 – 5.30 p.m.
Garden Wing (Training Rooms A and B)**

The Tavistock and Portman NHS Foundation Trust, as well as Online (via Zoom)

AGENDA

25/03	Agenda Item	Purpose	Lead	Format Verbal Enclosure	Time	Report Assurance rating
OPENING ITEMS						
001	Welcome and Apologies for Absence	Information	John Lawlor, Chair	V	3.00 (5)	
002	Confirmation of Quoracy	Information	John Lawlor, Chair	V		
003	Council of Governors' Declarations of Interest	Information	John Lawlor, Chair	E		
004	Digital and Short Courses Portfolio Presentation: 'Supporting children of parents with a mental illness: a systemic approach'	Discussion	Angela Bagum, Head of Digital and Short Course Portfolio; Shona Grant, Associate Lecturer Systemic Portfolio; and External Partner, Dympna Cunnane (Chief Executive of Our Time Charity)	E	3.05 (15)	
005	Minutes of the Previous Meeting held on 5 December 2024	Approval	John Lawlor, Chair	E	3.20 (5)	
006	Matters Arising from the Minutes and Action Log Review	Approval	John Lawlor, Chair	E	3.25 (5)	
007	Chair and Chief Executive's Report including Merger Update	Discussion	John Lawlor, Chair; and Michael Holland, Chief Executive Officer	E	3.30 (10)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
COUNCIL OF GOVERNORS': SPECIFIC MATTERS						
008	Governor Elections and Terms of Office - Update	Information	Dorothy Otite, Interim Director of Corporate Governance	E	3.40 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

009	Governor Feedback (including induction, training, etc)	Discussion	All Governors	V	3.45 (10)	
009a	Governor Induction on 28 January 2025	Information	Dorothy Otite, Interim Director of Corporate Governance	E		
009b	Proposal for Council of Governors Effectiveness Survey and Feedback Workshop	Information	Dorothy Otite, Interim Director of Corporate Governance	E		
010	Governor Observers on Board Committees - Update	Discussion	Dorothy Otite, Interim Director of Corporate Governance	E	3.55 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
011	Service Visits (forward plan)	Information	Dorothy Otite, Interim Director of Corporate Governance	V	4.00 (5)	
Comfort Break (5 minutes) 4.05pm – 4.10pm						
PROVIDING OUTSTANDING PATIENT CARE						
012	Summary Report on Quality and Performance	Discussion	Rod Booth, Director of Strategy & Business Development	E	4.10 (10)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
013	Quality and Safety Committee (QSC) Assurance Report	Assurance	Claire Johnston, QS Committee Chair	E	4.20 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	Quality and Safety Committee (QSC) Governor observers' feedback	Discussion	Kathy Elliott and Paru Jeram, QSC Governor Observers	V	4.25 (5)	
DEVELOPING A CULTURE WHERE EVERYONE THRIVES with a focus on equality, diversity and inclusion						
014	People, Organisational Development, Equality, Inclusion and Diversity Committee (POD EDI) Assurance Report	Assurance	Shalini Sequeira, POD EDI Committee Chair	E	4.30 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
ENHANCE OUR REPUTATION AND GROW AS A LEADING local, regional, national & international provider of training & education						
015	Education and Training Committee (ETC) Assurance Report	Assurance	Sal Jarvis, E&T Committee Chair	E	4.40 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	Education and Training Committee (ETC) Governor observers' feedback	Discussion	Sheena Bolland and Katherine Knight, ETC	V	4.45 (5)	

			Governor Observers			
IMPROVING VALUE, PRODUCTIVITY, FINANCIAL AND ENVIRONMENTAL SUSTAINABILITY						
016	Performance, Finance and Resources Committee (PRFC) Assurance Report	Assurance	Aruna Mehta, PFR Committee Chair	E	4.50 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	Performance, Finance and Resources Committee (PRFC) Governor observers' feedback	Discussion	Stephen Frosh, PRFC Governor Observer	V	4.55 (5)	
017	Finance Report – Month 10	Information	Peter O'Neill, Interim Chief Finance Officer	E	5.00 (5)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
018	Financial Planning 2025/26	Information	Peter O'Neill, Interim Chief Finance Officer	E	5.05 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
019	Integrated Audit and Governance Committee (IAGC) Assurance Report	Assurance	David Levenson, IAGC Committee Chair	E	5.10 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
CLOSING ITEMS						
020	Annual Schedule of Business 2025/26	Approval	Dorothy Otite, Interim Director of Corporate Governance	E	5.15 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
021	Questions from the Public	Discussion	John Lawlor, Chair	V	5.20 (10)	
022	Any other business (including any new risks arising during the meeting): <i>Limited to urgent business notified to the Chair and/or the Trust Secretary in advance of the meeting</i>	Discussion	John Lawlor, Chair	V		
023	Issues to be escalated to the Board of Directors	Discussion	John Lawlor, Chair	V		
024	Reflections and Feedback from the meeting	Discussion	John Lawlor, Chair	V		
DATE AND TIME OF NEXT MEETING						
025	Thursday 29 th May 2025 at 3.00 – 5.00p.m.					

REGISTER OF GOVERNOR INTERESTS - 2024/25 (LAST UPDATED 07/03/25)						
NAME	POSITION HELD (INCLUDING CONSTITUENCY)	FIRST APPOINTED	DESCRIPTION OF INTERESTS DECLARED	RELEVANT DATES		DECLARATION COMMENTARY
				FROM	TO	
Michael Arhin-Acquaah	Rest of London	October 2021 (1st term)	Employed by Kids as a Playworker	Jun-21	Dec-21	Zero hour contract working with children with additional needs
		December 2024 (2nd Term)	Research Assistant (employed/voluntary) at London South Bank University	Jun-23	present	
Stephen Frosh	Rest of London	December 2022 (1st term)	NIL RETURN			
Sebastian Kraemer	Rest of London	December 2022 (1st term)	NIL RETURN			
Roswitha Dharampal	Rest of London	December 2024 (1st term)	NIL RETURN			
Chidinma Uwakaneme	Rest of London	December 2024 (1st term)	NIL RETURN			
Susan Lendrum	Rest of London	December 2024 (1st term)	Small Supervisory practice of two people in Scotland.	2014	present	No conflict as no connection with the Tavistock & Portman NHS Foundation Trust.
Natalia Barry	Camden	May 2022 (1st term)	Employed by North Middlesex Hospital as Associate Medical Director and ED Consultant	01/04/2020	present	No conflict declared – will withdraw from any decision making relating to the Tavistock & Portman NHS Foundation Trust
Ffyona Dawber	Camden	May 2022 (1st term)	NIL RETURN			
Jocelyn Cornwell	Camden	December 2022 (1st term)	Chair, board of trustees - Action Against Medical Accidents (3)	01/12/2021	present	no perceived conflict - Declared on application
Sheena Bolland	Rest of England & Wales	October 2021 (1st term) December 2024 (2nd Term)	NIL RETURN			
Maisam Dato	Staff - Admin & Technical	December 2022 (1st term)	NIL RETURN			
Paru Jeram	Staff - Education & Training	December 2021 (1st term) December 2024 (2nd Term)	NIL RETURN			
Pauline Williams	Staff - Clinical, Academic, Senior	December 2024 (1st term)	NIL RETURN			
Katharine Knight	Student	May 2022 (1st term)	Honorary Contract at Oxford Health NHS Trust	01/09/2022	present	Trainee psychotherapist voluntary placement.

NAME	POSITION HELD (INCLUDING CONSTITUENCY)	FIRST APPOINTED	DESCRIPTION OF INTERESTS DECLARED	RELEVANT DATES		DECLARATION COMMENTARY
				FROM	TO	
Peter Ptashko	Stakeholder - Local Authority	March 2022 (1st term)	NIL RETURN			
Kathy Elliott (Lead Governor)	Stakeholder - Voluntary Action Camden)	December 2020 (2nd term)	Trustee and Vice Chair of Voluntary Action Camden (3)	Sep-20	present	Stakeholder Governor representing Voluntary Action Camden
			Vice Chair Caversham Practice Patient Participation Group (3)	06/01/2014	present	no perceived conflict
			Chair Registration Panel; and Assessor UK Public Health Register (3)	06/01/2014	present	no perceived conflict
Robert Waterson	Stakeholder - University of East London)	December 2022 (1st term)	NIL RETURN			
Annecy Lax	Stakeholder - University of Essex	March 2025 (1st term)				
LEAVERS (TENURES ENDED IN 2024/25)						
Michael Rustin	Rest of London	October 2021 (1st term) - December 2024	NIL RETURN			Left the Council at the end of 2nd term 20 December 2024
Julian Lousada	Rest of London	October 2021 (1st term) - December 2024	NIL RETURN			Left the Council at the end of 2nd Term on 20 December 2024
Michelle Morais	Rest of London	October 2021 (1st term) - December 2024	NIL RETURN			Left the Council at the end of 2nd Term on 20 December 2024
Kenyah Nyameche	Rest of England & Wales	October 2021 (1st term) - December 2024	NIL RETURN			Left the Council at the end of 2nd Term on 20 December 2024
Jessica Anglin d'Christian	Staff - Clinical, Academic, Senior	November 2021 (2nd term) - 31st July 2024	Employed by East London NHS Foundation Trust as a Specialist CAMHS Practitioner	05/12/2018	31/07/2024	Left the Council at the end of July 2024
			Employed by the Institute of Family Therapy as a course lecturer	01/09/2022	31/07/2024	
David O'Mahony	Stakeholder - University of Essex	May 2021 (1st term) - May 2024	NIL RETURN			Left the Council at the end of 1st term in May 2024

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 27 March 2025						
Report Title: 'Supporting children of parents with a mental illness: a systemic approach' – a presentation from the Digital and Short Courses Portfolio				Agenda No.: 004		
Report Author and Job Title:		Angela Bagum, Head of Digital and Short Course Portfolio		Lead Executive Director:	Mark Freestone, Chief Education and Training Officer	
Appendices:		Appendix 1: Our Time Charity Appendix 2: A sample of graphics and images taken from the course Appendix 3: Collaborative working between Our Time Charity and the Trust - slide deck				
Executive Summary:						
Action Required:		Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:		This is a presentation to showcase the recent collaboration between Our Time Charity and the Trust in the development of a new, online self-study course 'Supporting children of parents with a mental illness: a systemic approach' (DAA021).				
Background:		We have entered into a partnership agreement with Our Time Charity to create and develop a new online, self-study course, with a view to working together on other future projects, using lessons learned from this process.				
Assessment:		The new course launched successfully at the end of January 2025.				
Key recommendation(s):		The Council of Governors is asked to DISCUSS ; and <ul style="list-style-type: none"> • NOTE this exciting new development within DET • COMMENT on how we might utilise our staff and governor networks for marketing the course. 				
Implications:						
Strategic Ambitions:						
<input type="checkbox"/> Providing outstanding patient care		<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Quality Statements (we statements) Domain:		Safe <input type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:		BAF <input checked="" type="checkbox"/>	CRR <input type="checkbox"/>		ORR <input type="checkbox"/>	
		None specifically. However				
Legal and Regulatory Implications:		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
		There are no legal and/ or regulatory implications associated with this report.				
Resource Implications:		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		

	There are no additional resource implications associated with this report.			
Equality, Diversity and Inclusion (EDI) implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no additional EDI implications associated with this report.			
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:				
Assurance Route - Previously Considered by:	DET Development Group, October 2023			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input checked="" type="checkbox"/> Not applicable: No assurance is required

‘Supporting children of parents with a mental illness: a systemic approach’ – a presentation from the Digital and Short Courses Portfolio

1. Purpose of the report

- 1.1. This paper is being presented to the Council of Governors (CoG) to showcase the recent collaboration between Our Time Charity and the Trust in the development of a new, online self-study course ‘Supporting children of parents with a mental illness: a systemic approach’ (DAA021).
- 1.2. This paper (and the presentation to the CoG on 27th March 2025) have been jointly prepared by the Digital and Short Course Portfolio on behalf of the Trust and Dympna Cunnane on behalf of Our Time Charity.

2. Background

- 2.1 In early 2023, the Department of Education and Training (DET) were approached by Dympna Cunnane, Chief Executive of Our Time Charity, with a proposal to develop a joint course on supporting children with parents with a mental illness. There was already some synergy between the charity and the trust - Dympna is herself an postgraduate alumnus of the Tavistock and Portman, and Claire Johnston, one of the Trust’s non-executive directors, is a past Chair of the Our Time Board.

2.2 About Our Time Charity

- 2.2.1 Set up in 2012 to address the support needs of children who have a parent with a mental illness (COPMI).
- 2.2.2 Founded by Dr Alan Cooklin, Consultant Psychiatrist/Family Psychiatrist.
- 2.2.3 Working across the UK and Europe to offer specific solutions for this large group of at-risk children and young people.
- 2.2.4 What makes a difference? Children who have a parent with a mental illness are at a higher risk of developing a mental illness themselves and may face a myriad of challenges. However, Our Time’s work with young people suggests three protective factors that are key in helping them to thrive and these three central tenets are woven throughout the course:
 1. Knowing they are not alone
 2. Having a good explanation
 3. Having a trusted adult outside the family to talk to

3. Collaborative working between Our Time Charity and the Tavistock and Portman

3.1 The Partnership

- 3.1.1 Developing the partnership and parameters for the collaboration took just over a year to work through, in order to understand the opportunities of the collaboration, undertake due diligence on both sides, work through the approval processes for the course itself (via the DET Development Group and DET Executive), understand and forecast the potential development costs of the course build and agree a mutual partnership service level agreement (SLA) under which this, and any future developments, could be contracted (including agreements around intellectual property and revenue split). A full schedule and development process were agreed and drawn up, outlining the responsibilities of the key stakeholders from both organisations and indicating clear milestones in the process.
- 3.1.2 Development of the course commenced in February 2024 and the course launched at the end of January 2025. This was the first course that we have developed and built entirely in-house, having worked with Pearson (a learning technology design company) on all previous self-study course builds.
- 3.1.3 Entering into this partnership had many benefits for both parties:
- Allowed the Trust to develop training in an area currently unrepresented within DET’s existing training offering, partnering with specialists from Our Time to focus on a demographic of service users (COPMI) that are often overlooked and are not an officially recognised group in the UK
 - Allowed the Trust to increase development capacity by widening the pool of expertise and resource available to us for content creation
 - Combined the Trust’s existing hosting platform and in-house project development resource with Our Time Charity’s course writing expertise and access to lived experience experts
 - Built-in a collaborative approach that brought a Tavistock (systemic) slant to the material provided by Our Time Charity, including introducing relevant aspects of the i-THRIVE framework
 - Shared financial risk by splitting investment costs and moving to a profit-share model once those costs are recouped
 - Broadened the audience-reach of both partners to increase chances of commercial success and to make a positive impact in supporting children of parents with a mental illness
 - Created a sustainable partnership model – with many lessons learned along the way – that can be used to work with Our Time Charity and other external partners on potential future joint projects

3.2 The Course

- [Supporting children of parents with a mental illness: a systemic approach \(DAA021\)](#)
- Designed to deepen understanding of the impact of parental mental illness on children’s development and learn strategies for building their resilience
- Target audience: anyone working with children, young people and families who are affected by parental mental illness, including adult, family or child psychologists, GPs, nurses, social workers, educators and youth workers
- This is an online self-study course, with six hours of learning content, structured into five interactive units each with their own clear learning outcomes. The course contains engaging visuals, videos, animations, audio including expert interviews and lived experience testimonies, reflective activities and a discussion forum (please see Appendix 2 for examples of the course graphics)
- **Course content:**

- Draws on whole-family and systemic approaches including attachment theory, multi-family therapy and biopsychosocial models
- Explores the impact of parental mental illness on children's cognitive, social and emotional development, and the importance of fostering resilience to help them thrive despite adversity
- Suggests a range of strategies to enhance confidence and a practical toolkit to support children and young people affected by parental mental illness

4. Reflections on the partnership and course development

- 4.1. Full engagement with the collaborative approach and equity in terms of commitment/investment from all stakeholders on both sides.
- 4.2. Clear roles and responsibilities of the two organisations were outlined right at the start of the process.
- 4.3. Effective project management, with clear and realistic deadlines, also allowing for regular reviews of content, imagery, case material and opportunities for discussion around complex areas.
- 4.4. Marketing teams from both organisations were involved from the start of the process, helping to define the audience, the messaging and the pricing.
- 4.5. A useful learning curve for the Trust's development team in terms of time and cost of the overall course build, allowing us to understand better the resources and time required for future projects.
- 4.6. A learning opportunity to help us understand the importance of having all of the relevant stakeholders involved in the project from the start, to ensure a shared understanding of the deadlines, responsibilities and priorities.

5. Recommendations

- 5.1. We would like to invite the Council of Governors to comment on traction and marketing for the course – for example, can staff and governor networks support reach in their environments, if not a conflict of interest?
- 5.2. We would like to explore opportunities for further work with Our Time Charity.
- 5.3. We will use lessons learned throughout this development process, most specifically with regards to time and resources, to guide us in the planning of future projects.

Appendix 1: Our Time Charity

[Our Time Charity - For children of parents with a mental illness](#)

For more than 20 years, Our Time has been developing innovative ways to improve our national understanding and support for children who are growing up with a parent with a mental illness, including through our unique family-centred workshop model known as KidsTime.

The impact of the poor mental health of a parent can be serious and long-lasting, but our evidence shows that relatively small interventions can make a big difference. Right now, in the UK, children are under-served by the support available. Awareness of the issue is low, and [recent evidence](#) has even shown that poor parental mental health may mean that children are turned away from receiving mental health support themselves, due to their living situation being deemed an 'unstable environment'.

The issue: facts and figures

- 4 million children and young people in the UK are impacted by parental mental illness
- 1 in 10 have a parent with a serious and enduring mental health condition
- 3 children in an average classroom
- Hidden due to stigma and fear of losing their children
- No specific policy or practice guidelines/pathways for this group
- 3 times more likely to develop a mental health condition
- Early intervention and recognition can make a huge difference

Our Time's approach

Our Time Charity aims to drive change by reaching professionals who work with children in a wide range of roles, many of whom are a critical source of support for young people, and remains the only UK charity dedicated to this issue. This is done through a range of approaches:

- The KidsTime Workshop – multi-family, systemic, strength based, in a community setting.
- Schools – training and specialist resources for schools to enable them to take a whole-school approach to supporting children's wellbeing.
- Continuing Professional Development (CPD) – building the skills and confidence to talk/listen to these children within the boundaries of their professional role.
- Representation and advocacy – influencing policy and practice based on lived experience.

Appendix 2: A sample of graphics and images taken from the course

About Our Time Charity



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The course

The scale of parental mental illness

Children of parents with a mental illness are not an officially recognised group in the UK, but data suggests that around **one in three children** have a parent with poor mental health.

Select the four buttons on the graphic to find out more.

Parental mental illness in context

A child identifying with a parent who has a mental illness

Please watch this video (42 seconds) featuring Dr Alan Cooklin, a family psychologist and founder of Our Time Charity, talking with a young girl who describes seeing bugs, which was a delusion of her ill mother. You'll find a video transcript at the end of this screen.

As explained earlier, many children who have a mentally ill parent also strongly identify with that parent: they become fiercely defensive of them and begin to model their behaviour (Cooklin, A., 2013).

Key principles of KidsTime


Select the nine buttons to read more about the key principles of KidsTime Workshops.



The course

Support from professionals

LESSON 16 OF 22



There are many different professionals and services across the health and social care sectors that may be involved in the mental health care of parents and their families, but targeted support for this group of children can be challenging to coordinate because it is not seen as the responsibility of any one group.

In this course, we will explore how a systemic approach helps to coordinate such support and we will use case examples from the work of Our Time Charity and the National i-THRIVE Programme's implementation of the THRIVE Framework for system change to demonstrate how to facilitate an integrated support network around the family.

Take a look at the concentric circles, each representing a different system.



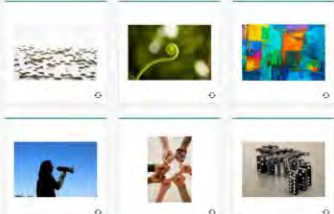
- Microsystem:** immediate relationships and activities with the child at the centre.
- Mesosystem:** connects elements from the microsystem including the family and early life or education.
- Exosystem:** represents external settings that can indirectly affect the child such as school and community structures.
- Macrosystem:** depicts broader societal influences such as cultural values and religion.
- Chronosystem:** enforces all other layers and represents the influence of time on the child's development, such as successful moments like receiving an award or a life incident such as a death.

Key principles of systemic practice

LESSON 17 OF 22

Systemic practice considers the problems of the individual in relation to the different contexts in which we all live. Let's look at some of the key principles underpinning this approach.

Select each of the six flashcard images to learn more about the principles of systemic practice.





The course

Supporting families using systemic practice

LESSON 19 OF 22



We're now going to look at how a systemic approach can be applied in practice to support children, young people and their families through two different approaches - the i-THRIVE programme developed by Our Time Charity and the National i-THRIVE Programme, which supports other to use the principles of the THRIVE Framework to inform their local model of care.

There is a lot of evidence that shows that children who experience adversity in their early years are more likely to experience mental health problems later in life.



ACEs have been found to have a graded dose-response relationship with later outcomes, to ACEs.



The relationship between the number of ACEs and the risk of mental health problems is graded and dose-responsive.

Key principles of i-THRIVE and the THRIVE Framework for system change

LESSON 20 OF 22

Let's move on to our second example of a systemic approach in practice - i-THRIVE.

The National i-THRIVE Programme supports evaluation and improvement in child and adolescent mental health and uses an evidence-based approach to translate the principles of the THRIVE Framework for system change into local models of care.

When we think about whole system change, we think about how we work with the environment around the child - that whole network - to address their needs and how building communities of mental health and wellbeing support around families can help us to respond dynamically.

Select the cards below to find out more about the key principles of the THRIVE Framework.





Student feedback

“This course gave me the theory to go alongside my lived experience, to have a more rounded view of the challenges and solutions in supporting children of parents with mental illness.”

“I particularly enjoyed learning more about systemic practice and liked the course tutors.”

“This course was very valuable and I felt it gave a really good understanding of the subject.”

“Very easy to navigate.”



Find out more

*Supporting children of parents
with a mental illness: a systemic
approach (DAA021)*



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**OUR TIME
CHARITY**



www.ourtimecharity.org.uk



Collaborative working between Our Time Charity and the Tavistock and Portman

Presenter 1: Angela Kaur Bagum, Head of Digital and Short Course Portfolio, Tavistock and Portman

Presenter 2: Dympna Cunane, CEO at Our Time Charity

Presenter 3: Shona Grant, Family and systemic psychotherapist, Tavistock and Portman

Thursday 27 March 2025

About the Digital and Short Course Portfolio



About Our Time Charity



About Our Time Charity



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The issue: facts and figures

4 million children

have a parent with a mental illness
(NHS Digital, 2022)



On average
3 children
per classroom



have a parent with
a mental health
condition

These children are
three times
more likely

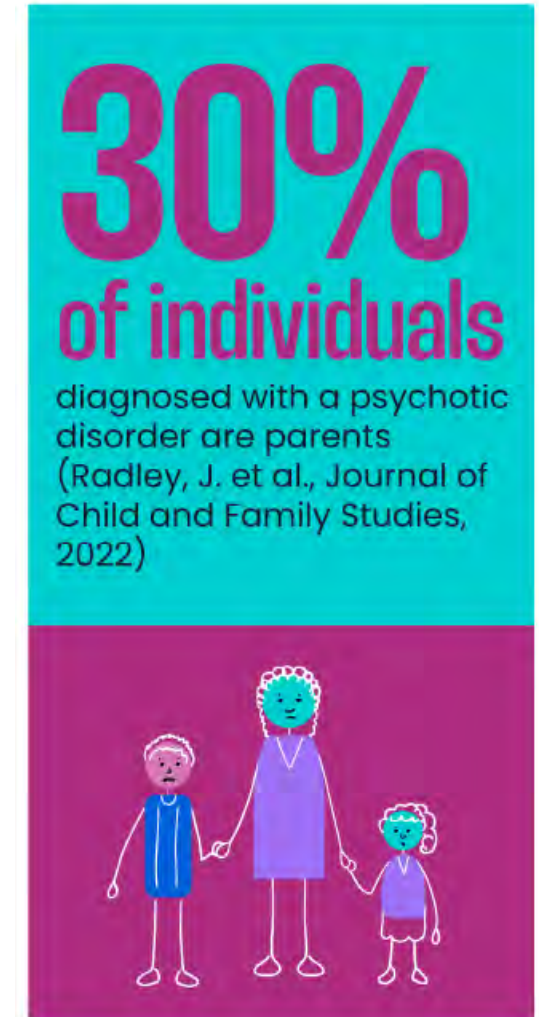


to develop a mental
health problem
themselves

The issue: facts and figures



20% of children
have a parent with a mental disorder
(Abel KM et al., Lancet Public Health, 2019)



The course



Unit 1: Parental mental illness and the impact on children and young people

START SESSION



Unit 2: Multi-Family Therapy and systemic practice

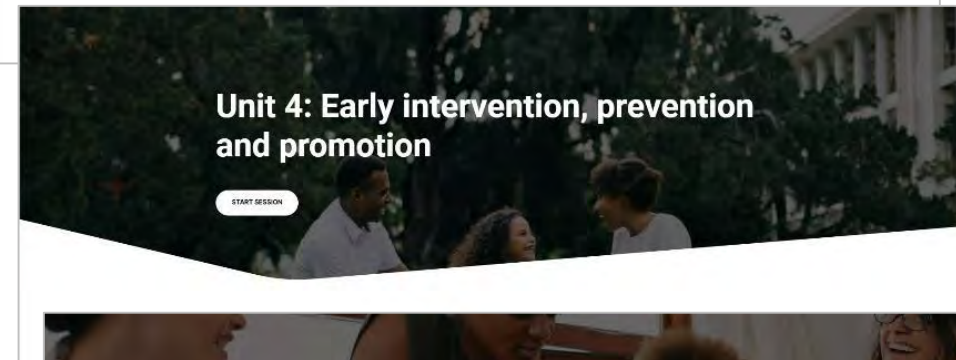
START SESSION

OUR TIME CHARITY The Tavistock and Portman



Unit 3: Safeguarding and risk support

START SESSION



Unit 4: Early intervention, prevention and promotion

START SESSION



Unit 5: Integrating whole system thinking and support strategies

START SESSION

OUR TIME CHARITY The Tavistock and Portman

The course

The scale of parental mental illness

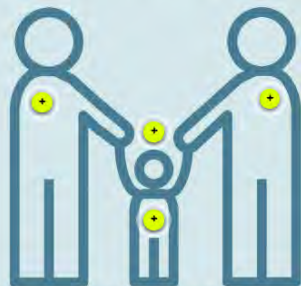
LESSON 4 OF 22

Children of parents with a mental illness are not an officially recognised group in the UK, but data suggests that around **one in three children** have a parent with poor mental health.

(UK Household Longitudinal Study, 2010)

Select the four buttons on the graphic to find out more.

Parental mental illness in context



A child identifying with a parent who has a mental illness



Please watch this video (42 seconds) featuring Dr Alan Cooklin, a family psychologist and founder of Our-Time Charity, talking with a young girl who describes seeing bugs, which was a delusion of her ill mother. You'll find a video transcript at the end of this screen.

As explained earlier, many children who have a mentally ill parent also strongly identify with that parent: they become fiercely defensive of them and begin to model their behaviour (Cooklin, A., 2013).

Key principles of KidsTime

LESSON 17 OF 25

Select the nine buttons to read more about the key principles of KidsTime Workshops.



The course

Support from professionals

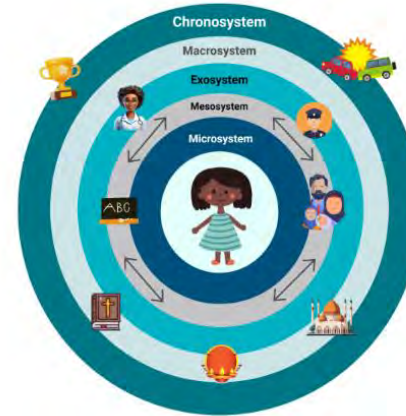
LESSON 16 OF 22



There are many different professionals and services across the health and social care sectors that may be involved in the mental health care of parents and their families, but targeted support for this group of children can be challenging to coordinate because it is not seen as the responsibility of any one group.

In this course, we will explore how a systemic approach helps to coordinate such support and we will use case examples from the work of Our Time Charity and the National i-THRIVE Programme's implementation of the THRIVE Framework for system change to demonstrate how to facilitate an integrated support network around the family.

Take a look at the concentric circles, each representing a different system.



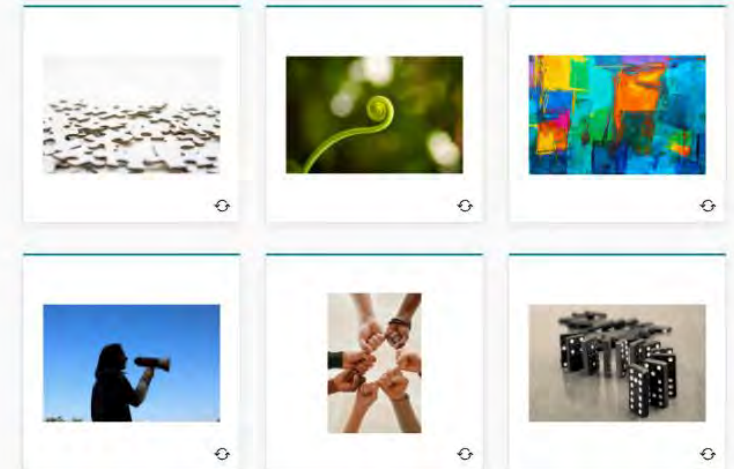
- **Microsystem:** immediate relationships and activities with the child at the centre.
- **Mesosystem:** connects elements from the microsystem including the family and early life or education.
- **Exosystem:** represents external settings that can indirectly affect the child such as health and community structures.
- **Macrosystem:** depicts broader societal influences such as cultural values and religion.
- **Chronosystem:** encircles all other layers and represents the influence of time on the child's development, such as successful moments like receiving an award or a life incident such as a car crash.

Key principles of systemic practice

LESSON 6 OF 25

Systemic practice considers the problems of the individual in relation to the different contexts in which we all live. Let's look at some of the key principles underpinning this approach.

Select each of the six flashcard images to learn more about the principles of systemic practice.



The course

Supporting families using systemic practice

LESSON 13 OF 25



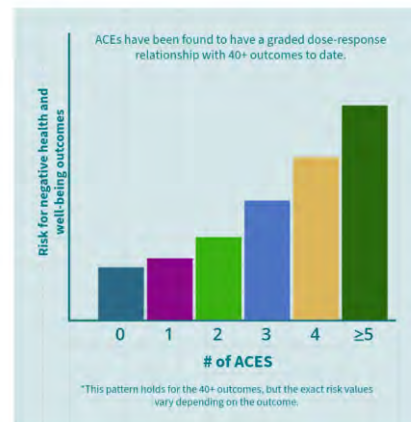
We're now going to look at how a systemic approach can be applied in practice to support children, young people and their families through two different approaches – the KidsTime Workshops (developed by Our Time Charity) and the National i-THRIVE Programme, which supports sites to use the principles of the THRIVE Framework to inform their local model of care.

Despite the prevalence, there is no UK policy or legislation that specifically identifies the support needs of this group, despite the challenging circumstances many face. This is not the case in other countries, however.

Select the six buttons on the map to find out more.



Take a look at the following bar chart to see the relationship between the number of ACEs and the negative effect on health and wellbeing outcomes.



This image has been adapted from the original work created by the Centers for Disease Control and Prevention, part of the United States Department of Health and Human Services. The image is dedicated to the public domain under CC0 license.

Key principles of i-THRIVE and the THRIVE Framework for system change

LESSON 20 OF 25

Let's move on to our second example of a systemic approach in practice: i-THRIVE.

The National i-THRIVE Programme supports innovation and improvement in child and adolescent mental health and uses an evidence-based approach to translate the principles of the THRIVE Framework for system change into local models of care.

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Student feedback

“This course gave me the theory to go alongside my lived experience, to have a more rounded view of the challenges and solutions in supporting children of parents with mental illness.”

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OUR TIME
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PRESENT:

John Lawlor	Trust Chair and Chair of the Council of Governors	JL
Kathy Elliott	Stakeholder Governor and Lead Governor	KE
Julian Lousada	Public Governor	JLo
Ffiona Dawber	Public Governor	KK
Kenyah Nyameche	Public Governor	KN
Michael Rustin	Public Governor	MR
Michael Arhin-Acquaah	Public Governor	MAA
Paru Jeram	Staff Governor	PJ
Sebastian Kraemer	Public Governor	SK
Sheena Bolland	Public Governor	SB
Stephen Frosh	Public Governor	SF

IN ATTENDANCE:

Michael Holland	Chief Executive Officer	MH
Peter O'Neill	Interim Chief Finance Officer (item 16)	PON
Jane Meggitt	Interim Director of Communications (item 13)	JM
Mark Freestone	Chief Education and Training Officer	MF
Ken Batty	Non-Executive Director	KB
Aruna Mehta	Non-Executive Director	AM
Claire Johnston	Non-Executive Director	CJ
Sal Jarvis	Non-Executive Director	SJ
Sabrina Phillips	Associate Non-Executive Director	SP
Adewale Kadiri	Director of Corporate Governance	AK
Susan Lendrum	Incoming Public Governor (Observer)	SL
Chidi Uwakaneme	Incoming Public Governor (Observer)	CU
Pauline Williams	Incoming Staff Governor (Observer)	PW
Zoe Given-Wilson	Principal Clinical Psychologist & Trauma Specialist (item 4)	ZW
Asma Bi	Committee Secretary, Minute Taker	AB

APOLOGIES:

Jocelyn Cornwell	Public Governor	JC
Peter Ptashko	Public Governor	PP
David Levenson	Non-Executive Director	DL
Shalini Sequeira	Non-Executive Director	SS

MINUTE NO.

ACTION (INITIALS)

24/001 **WELCOME AND APOLOGIES FOR ABSENCE**

JL opened the meeting and welcomed all in attendance noting the apologies for absence received as above.

JL informed there was a separate paper on the agenda to provide progress on the Governor Elections noting 4 new Governors will be observing the meeting today. They would officially be starting their first terms of office on 20 December. They are:

Rest of London: Roswitha Dharampal, Susan Lendrum and Chidinma Uwakaneme.

Staff Governor Senior, Clinical, Academic: Pauline Williams.

JL thanked the Governors for whom this will be their last meeting for their contributions. They are Michelle Morais, Julian Lousada, Michael Rustin and Kenyah Nyameche.

JL also expressed thanks to Sheena Bolland and Michael Arhin-Acquaah for their contributions during their first terms of office and advised they were both re-elected unopposed for a second term. The Declaration of results will be shared on 6th December 2024.

24/002 **CONFIRMATION OF QUORACY**

The Chairman **NOTED** and confirmed the meeting was quorate.

24/003 **DECLARATIONS OF INTEREST**

The Council **NOTED** there were no new declarations of interest.

24/004 **SERVICE PRESENTATION: LAC / Refugee CAMHS**

Zoe Given-Wilson (ZW), Team Manager, shared the service presentation on LAC/Refugee CAMHS Service and held a reflective session with the Council of Governors. ZG highlighted care experienced children and unaccompanied asylum-seeking children often experience poorer outcomes than their non-care experienced peers. They are often underrepresented in traditional CAMHS services and so the development of specialist services that are responsive to their specific needs is vital.

The service receives approximately 120 referrals per annum which are representative of racialised groups. Presentations include developmental trauma, attachment/relational difficulties, (complex) post-traumatic stress disorder, identity concerns, emerging personality disorder, depression and anxiety disorders, self-harm and suicidality with high levels of social and systemic complexity. Legal proceedings also contribute to uncertainty and instability.

The team decided to co-produce and work on a new name and logo called Growing With You, with meaningful engagement from service users:



Comments from service users:

“The logo to me is about togetherness and unity. It is about looking after each other. The tree protects the hands and provides shade for those sheltering under it. It is about partnership.”

“Doing this project made me feel like what I had to say was worth something. The fact that not one but two professionals met with me made me feel like I was important, and they were interested in what I had to say. That was a new feeling.”

“I like the name and logo because it makes me feel calm.”

“I would have just been at home if I didn’t come to this group. It’s nice to have your say and have people listen to you.”

The project took approximately 11 months with support from the Patient and Public Involvement (PPI) Team and funding from the Tavistock Charity. The name Looked After Children is outdated, too long, NHS and CAMHS have negative associations. ZG highlighted challenges around resources for time and engagement alongside business as usual with co-producers; their time, support to engage, building trust, empowerment and voice.

The pandemic highlighted a need to develop films to engage and support, the materials are available on YouTube and NCL Waiting Room.

Link to YouTube video: [Mental health and emotional wellbeing \(youtube.com\)](https://www.youtube.com/watch?v=...)

Questions and Comments from the Governors

SF: Great to see the service. The young people are facing public discourse and queried if there were any interventions in Public Policy. ZG noted the work with other Camden Policy Practitioners and Clinicians within the team do additional roles in the Policy arena.

KE: Do you see everyone you feel would benefit from the service or is this just for Camden Asylum Seekers, querying if ZG considered scaling up and if hotels were still being used as alternative accommodation in Camden. ZG advised the team is not overwhelmed and were focused on meeting needs of young people, confirming there were other services and offers. If they are under 18 years of age and looked after, they would get foster care and accommodation.

SP: Do you have any outcomes data to share? ZG noted the work is in progress as there has been some struggle to complete outcome measures and have young people engaged but regarding children moving on, there is a record number of discharges, with some moving out of borough or into adult settings.

MR: What makes it work is young people feeling like they have engaging relationships with staff which is key and ZG agreed this is meaningful.

JLo: Imagines clinicians as foster parents and wondered what they were experiencing, and can this be fed into the learning of the system? Is there a dedicated place for foster parents to share their experiences? ZG noted there is a monthly Camden reflective session to support foster carers.

JL thanked ZG and her team for the dedication to the service and noted the positive changes with the new name and logo.

24/005 **MINUTES OF THE PREVIOUS MEETING HELD ON 17TH OCTOBER 2024**

DECISION: The Council of Governors **APPROVED** the minutes of the previous meeting held on 17th October 2024 as an accurate record.

24/006 **ACTION LOG and MATTERS ARISING FROM THE MINUTES ON 17TH OCTOBER 2024**

The Council of Governors reviewed the action log and **AGREED** closing:

Action 21: To ensure that the issue with sound in the Lecture Theatre is sorted out before the next meeting

25/11/24: The Team met with IT and extensively tested the sound and video functionality in the Lecture Theatre both online and in person. It was all working perfectly when tested and used for the Board of Directors meeting in November 2024. It is planned to have IT on stand-by going forward.

There were no other matters arising raised.

24/007 **CHAIR'S AND CHIEF EXECUTIVE'S REPORTS**

Chair's Verbal Update

JL noted it was pleasing to see a good number of Governors and Members in attendance at the Annual Members' Meeting (AMM) which was held at the WAC Arts Centre on Haverstock Hill on 29 October 2024. The AMM gave us an opportunity to reflect on what we had achieved during 2023/24 and to look forward as the Trust continues to work with its proposed partners towards a potential merger.

Governors had also attended the Joint Board of Directors and Council of Governors workshop which took place on the 28 November 2024 and the session reflected on the Darzi review.

The Government has launched a national conversation to inform development of the new 10-year NHS Health Plan. The Trust will be running some staff engagement sessions to develop an organisation-wide response, and we are encouraging all colleagues to contribute their ideas, experience and expertise into the process.

JL added the work around Trust Values and Behaviours was also reviewed.

JL reported the Government has started a Consultation on a new regulatory framework for Senior Managers which the Board of Directors will keep sight of.

The Council received and **NOTED** the Chair's verbal update.

Chief Executive Officer's Update

The Chief Executive Officer's report was taken as read and MH highlighted the following:

- The NHS England national review of gender clinics continues and is due to be completed in December. Our GIC has responded positively to the data request in preparation for their review. A full report will be shared in January 2025.
- The Trust achieved a 52% response rate to the national staff survey.
- Close working continues between the Trust, our proposed merger partners, NHS England (NHSE) and our commissioners to progress the merger to the formal transaction stage. We hope to be able to make an announcement very soon about next step.

SF referred to paragraph 13 of the report and noted a reduction in student intake and sought clarity on the financial impact to the Trust. MF responded due to a rise in fees and an increase in international students there will be approximately £1m in additional student-related income. The issue we have is some of the courses where we are not fully in control of admissions.

MR referred back to the workshop and his suggestion of collating feedback into a report for the 10-year health service plan and JL noted there was an initial deadline to respond and feedback will be collated as part of the response.

The Council received and **NOTED** the Chief Executive Officer's report.

24/008

GOVERNOR ELECTIONS UPDATE

AK had taken the paper as read and highlighted in total, 8 members of the Council of Governors reached the end of either their first or second terms between October and December 2024. The election process to fill these seats on the Council formally commenced on 10 October with the publication by the Trust's electoral partners, UK Engage, of the Notice of Election.

In relation to existing Governors coming to the end of their first terms of office, AK confirmed that Sheena Bolland, and Michael Arhin-Acquaah have been re-elected to serve second terms as they are unopposed. They have both been notified. Paru Jeram is standing in the only contested election.

We will be welcoming 3 new Governors in the Rest of London constituency, and 1 in the Clinical Staff constituency. All have been invited to attend today's meeting as observers before they formally take their seats on 20 December 2024.

The Council received and **NOTED** the Governor Elections Update.

24/009 **GOVERNOR FEEDBACK**

A space for Governors to share any information on visits, events, or information:

KE noted it had been a pleasure working with colleagues who had now come to the end of their tenure and thanked them for their contributions and welcomed new colleagues to the Council. A service visit to Estates was powerful in terms of how it was run and learning from and speaking to various staff members, the heart of the message was do staff understand each other's roles. KE emphasised the importance of embedding the values work into practice and the need for the Board to think about the behavior framework. How are we assured that staff feedback from these visits is discussed at Executive Leadership Meetings? AK agreed the learning from visits would be triangulated and incorporated into a programme of improvements.

SB and KB visited the People Team meeting where they had a section on celebrating team success alongside individual success. They noted the team was very coordinated and staff were happy working together. Key messages were they felt respected, valued, and supported each other.

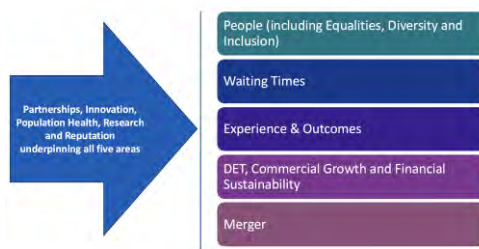
SF attended the Performance Finance and Resources Committee and noted colleagues were unaware of the Group Relations conference and that more should be done to strengthen communications between management and clinical practices.

24/010 **SUMMARY REPORT ON QUALITY AND PERFORMANCE**

RB had taken the newly amended format with improvements to the report as read and highlighted:

- Month six was considered by Board on 14 November 2024 and prior to this Quality and Safety Committee on 24 October and Performance Finance and Resources Committee on 7 November. The content reflects discussion at these meetings to mitigate areas of risk. Trust quality and performance is reviewed (1) weekly via the Executive Leadership Team meeting, Strategic Delivery Room (which has a focus on our five strategic priorities) and Quality Huddles; and (2) monthly via team and delivery unit level IQPR meetings. The

Trust's agreed five priorities are set out below for Governor colleague background:



- The Trust delivered a 74% positive experience of service questionnaire (ESQ) result in August 2024, which is below the target of 90%. A lower number of responses was received in this period which correlates with a lower number of appointments during the summer holiday period. A smaller amount of feedback is likely to skew the scores either way if individuals are unhappy or happy with elements of their care.
- To support meeting our target, work is being progressed to set team level targets for the amount of feedback to be collected each month and to ensure that teams can review the feedback comments monthly. A quick response (QR) code has been developed to provide a number of ways in which service users and carers can give feedback.
- The Trust continues to focus on investigating and responding to all overdue complaints and has reduced the number to 11 complaints overdue, with clear timeframes for responding to all 11. The Trust moved to a new complaints process and investigation template, all formal complaints are now responded to on the new template which is shared with the complainant along with a response letter. This provides transparency around the investigation.
- The autism service which has a small number of 52-week waiters and positively has shown improvement in reducing waiting times over the past four months as a result of quality improvement work to increase the volume of triage appointments and put in place a new clinic model. North Central London Integrated Care System has also provided additional funding to support a reduction in waits for neurodevelopmental services across the five North London Boroughs which will support a further reduction in autism waiting times. The Autism and Quality Improvement Teams are attending a number of external events to support learning on how we reduced long waits for neurodevelopmental services and to promote our approach to continuous improvement.
- Reviewing long waits at the Gender Identity Clinic and held a quality improvement event.
- Reviewing long waits at the trauma service. A targeted piece of work is required to reduce waiting times moving forward. Highlighted limited resources for a small Trust.

- Mandatory and statutory training is currently below expectation. Work is on-going to increase compliance. The Chief Medical Officer and Chief People Officer are working alongside business partners.
- Finances are above plan because the 5.5% pay award was not fully recompensed. RB is working with PON on a detailed plan to recover funding. JL queried whether money would be recurring, and RB advised once agreed it would be part of the baseline.

SJ queried what the status is of national waiting times and RB advised other organisations are using more Nursing/Triaging to support the reduction and have a more varied workforce.

JL inquired if there was a plan of action and timelines for Mandatory/Statutory training as this seems to be a regular issue for a small organisation, RB suggested a quality improvement event would be useful. MH advised the Chief People Officer is working on the trajectory of improvements, and this would be shared at the People Organisational Development Equality Diversity Inclusion Committee. PW suggested the Course criteria should be reviewed prior to colleagues joining to ensure that statutory and mandatory training is completed prior to signing up for extra training.

The Council received and **NOTED** the summary report on Quality and Performance.

24/011

QUALITY AND SAFETY COMMITTEE ASSURANCE REPORT AND GOVERNOR FEEDBACK

The report was taken as read and CJ highlighted six key topics:

Reduction in Complaints:

The number of complaints has decreased.
Managers have been trained in the importance of handling complaints efficiently.
The quality and compassion in responses have improved.
The Chief Nursing Officer (CNO) reviews all complaints.

Young Service Users in the MOC GIC Review:

Participation of young service users is considered vital.
The outcome of the review will be shared at the next Quality and Safety Committee meeting.

Radar System & Clinical Audit:

Radar is crucial for audits.
Challenges persist in ensuring all teams understand clinical audits.
Ongoing work is being done to support teams in this area.
Patient and Public Involvement (PPI) & Co-Production:
Engagement with service users is key to evidencing co-production.
Special consideration should be given to younger individuals, particularly those under 16.
As a Trust working with young people, it is essential to accurately capture their involvement.

NERDs – New Infection PPI:

Currently being utilised at Moorfields.
Results have been included in the latest audit.

New Patient Portal, DrDoctor:

Supports clinical pathway work.
The Trust is the only mental health trust utilising this system.
A current bid is in place, with an update awaited.

Trust Response to National Reviews:

The response has been compiled in a thoughtful and reflective manner.
Concerns exist regarding staff not feeling confident in speaking up.
Nursing perspectives have been considered.
The outcome is expected to be shared in the next meeting.

Governor Observer Feedback

PJ: Found the committee's work to be highly beneficial. Impressed by the level of detail and thoroughness of discussions and noted strong attendance and meaningful engagement.

KE: Praised the committee's leadership and focus. Appreciated the emphasis on action implementation and learning. Recognised the transparent and supportive approach.

CJ thanked governors for their interest and engagement.

The Council received and **NOTED** the Quality and Safety Committee Assurance Report and Governor Feedback.

24/012

**PEOPLE ORGANISATIONAL DEVELOPMENT EQUALITY DIVERSITY
INCLUSION COMMITTEE ASSURANCE REPORT AND GOVERNOR
FEEDBACK**

JL had taken the report as read and shared on behalf of SS and GD who were absent.

JL highlighted section 4 reflections which is around drilling into a particular risk in the BAF. SF noted the language used regarding resistance to change in the report and queried whether the language used was appropriate.

Governor Observer Feedback

KB: Important to reflect on the quality of appraisals rather than just the numbers. A meaningful appraisal would be looking into working towards future career aspirations.

FD: Great Committee and group are working out plans on how to improve performance across key areas

The Council received and **NOTED** the POD EDI Committee Assurance Report and Governor Feedback.

24/013 **OPPORTUNITY TO INFLUENCE THE FUTURE DIRECTION OF THE NHS**

JM provided an update on Sir Keir Starmer's review of key priorities to be incorporated into the development of NHS plans. The Tavistock and Portman NHS Foundation Trust has been asked to participate in events across the country. A dedicated website has been set up to collect comments and suggestions. The key focus areas include community care and other strategic priorities. To date, 60,000 responses have been received, and eight engagement events have been held with staff and students. The process is ongoing to determine how the Trust can influence future developments. 255 contributions have been compiled into a report available on the website. The NHS Change Portal is available for further participation. Feedback is being collated on a monthly basis and will be consolidated into a formal paper.

The Council received and **NOTED** the opportunity to influence the future direction of the NHS report.

EDUCATION AND TRAINING COMMITTEE ASSURANCE REPORT & GOVERNOR FEEDBACK

SJ highlighted the importance of building a sense of expertise and belonging at the Tavistock alumni event. Efforts continue to improve offerings, particularly around Visiting Lecturers (VLs). There are four hundred VLs, and the goal is to develop a stronger base for substantive posts while strategically filling gaps.

MF noted that instead of abolishing the term "Visiting Lecturer," an extension or reclassification is being considered, though it would be a cost-controlling rather than cost-saving measure. PJ inquired about barriers to VL participation, and MH noted this would be discussed. Work is ongoing on placement agreements, as placement providers are not always adequately overseen.

Student recruitment is slightly lower than expected, with particular challenges in postgraduate programs. Concerns exist regarding the effectiveness of advertising for open positions; MF suggested that manual posting might improve visibility.

MF noted that the ongoing validation of Essex poses no new risks.

Governor Observer Feedback

SB: Well chaired meeting which covers a variety of areas.

The Council received and **NOTED** the Education and Training Committee Assurance Report and Governor Feedback.

24/015 **PERFORMANCE, FINANCE AND RESOURCE COMMITTEE ASSURANCE REPORT & GOVERNOR FEEDBACK**

RB highlighted:

- Positive progress in increasing activity and reducing waiting times for the Autism pathway as a direct result of (1) quality improvement initiatives; and (2) increased funding and corresponding capacity to meet demand. The Autism and Quality Improvement Teams are attending a number of external events to support learning on how we reduced long waits for neurodevelopmental services and to promote our approach to continuous improvement.

- Concern raised on increasing waits for the Trauma service and the clinical, capacity, and staffing risk linked to this. It was noted there was one month of increased activity due to additional funding / capacity, but we were yet to see a significant improvement trend. The Trauma Quality Improvement (Kaizen) event had recently taken place and there were a number of gatekeeping and referral initiatives planned to manage demand and reduce waits with the impact of these to be reviewed at the next meeting.

- It was noted that the national Gender Identity Clinic review was taking place with the Board to consider further detail of any recommendations once the Trust is in receipt of the official report.

- The Green Plan and carbon neutral approach was welcomed. It was good to see feedback from the 'All Staff Session' included in planning. There is an ongoing risk in how we will measure the impact of the plan and 'make it real' for the Trust with a current risk rating of twelve with eight as a target risk score. The Green Plan was also being considered by the Board on 14th November.

Governor Observer Feedback

SF: Chaired well and covers a lot of areas. Great presentation on Green Plan and encouraging to colleagues.

KE queried which Committee discussed contracts and queried the assurance around closure of services and JL/RB advised this would be discussed at PFRC.

The Council received and **NOTED** the Performance Finance and Resources Committee Assurance Report and Governor Feedback.

24/016 **FINANCE REPORT MONTH 6**

PON had taken the report as read and highlighted:

- Risk related to the underfunded pay award, contributing to an additional £1.3m deficit.
- The deficit at month seven has shifted due to cost pressures, and mitigation strategies are being explored.
- Capital remains on track.
- Challenges persist in managing the cash position.
- JL inquired about the £1.3m additional deficit, and PO clarified that the forecasted year-end deficit is expected to reach £3.5m due to the additional pay award unfunded costs and the efforts continue to mitigate until the year end.

The Council received and **NOTED** the Finance Report Month 6.

24/017 **QUESTIONS FROM THE PUBLIC**

There were no questions from the public submitted.

24/018 **QUESTIONS FROM THE GOVERNORS**

There were no questions from the Governors submitted.

24/019 **ANY OTHER BUSINESS**

There was no other business raised.

24/020 **ISSUES TO BE ESCALATED TO THE BOARD OF DIRECTORS**

There were no issues to be escalated.

24/021 **REFLECTIONS AND FEEDBACK FROM THE MEETING**

MR: Noted the meetings are well conducted by the Trust Chair and are inclusive, with colleagues feeling heard and listened to. Always informative.

CU: Great discussions and useful to see the interesting service presentation.

The Chair closed the meeting at 5.05pm.

Date of Next Meeting in Public:
Thursday 27th March 2025 at 3.00 – 5.00p.m.

Council of Governors Part 2 - Public Action Log (Open Actions)							
Actions are RAG rated as follows: ->				Open - New action added	To Close - propose for closure	Overdue Due date passed	Not yet due Action still in date
Meeting Date	Agenda Ref.	Agenda Item (Title)	Action Notes	Action Due date	Action owner (Name and Job Title)	Status (pick from drop-down list)	Progress Note / Comments (to include the date of the meeting the action was closed)
28.03.24	6	Governor Feedback	A service visit programme to be done for all service not only clinical. The programme should include other services like, Education, Corporate, Finance, Estates, etc	May-24	Dorothy Otite, Director of Corporate Governance (Interim)	Open	17/02/25: In progress. Action being progressed at pace by the new Interim Director of Corporate Governance. A new process and plan covering 2025/26 is being developed and will be circulated to Governors by email.
28.03.24	9	Membership & Engagement Update	To provide information to the Governors regarding feedback from members on the merger information from the website.	Jun-24	Jane Meggitt, Interim Director of Communications	To Close	17/02/25: A new Governor and Member Strategy and Plan is on the agenda for discussion with the CoG. TO CLOSE.
28.03.24	9	Membership & Engagement Update	To arrange events for the membership – sessions for Young People and sessions for Adults.	Jun-24	Jane Meggitt, Interim Director of Communications	To Close	17/02/25: A new Governor and Member Strategy and Plan is on the agenda for discussion with the CoG. TO CLOSE.

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 27 March 2025					
Report Title: Chief Executive's Report			Agenda No.: 007		
Report Author and Job Title:	Michael Holland, Chief Executive	Lead Executive Director:	Michael Holland, Chief Executive		
Appendices:	Appendix 1: NCL Health Alliance Governance document				
Executive Summary:					
Action Required:	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:	This report provides a focused update on the Trust's response to specific elements of its service delivery and subsequent future, and the evolving health and care landscape.				
Background:	The Chief Executive's report aims to highlight developments that are of strategic relevance to the Trust and which the Board of Directors should be sighted on.				
Assessment:	This report covers the period since the meeting on 16 January 2025.				
Key recommendation(s):	The Council of Governors is asked to receive this report, DISCUSS its contents, and note the progress update against the leadership responsibilities within the CEO's portfolio.				
Implications:					
Strategic Ambitions:					
<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Quality Statements (we statements) Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	All BAF risks				
Legal and Regulatory Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no legal and/or regulatory implications associated with this report.				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no resource implications associated with this report				
Equality, Diversity and Inclusion (EDI) implications:	There are equality, diversity and inclusion implications associated with different aspects of this report.				

Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:				
Assurance Route - Previously Considered by:	Board of Directors (Public) – 13 March 2025			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required

Chief Executive's Report

1. Introduction

It has been a very busy start to the year as colleagues across the Trust have been working on plans to deliver our planning round for 2025/26. The Executive Leadership Team have been busy reviewing the annual plans produced by the clinical and DET teams. These plans underpin the submission the Trust makes to the Integrated Case System (ICS). It is one of the most challenging years on record for the NHS, and we are having to make tough decisions to meet our minimum efficiency savings.

We have also heard the news that Amanda Pritchard is stepping down from being Chief Executive of the NHS at the end of March. I want to thank her for her values-driven leadership of the NHS during what has been a challenging time.

2. Merger update

We continue to work with NHSE and the local Integrated Care system to build a sustainable future for the Trust via delivery of a merger. The challenging 2025/26 planning round has paused plans for the past few weeks as all Trusts work to deliver robust activity, workforce and finance plans for the year ahead. We will restart our merger delivery programme once the planning round has concluded. To support an open and transparent approach I am holding weekly CEO drop-ins for all staff to keep everyone posted and up to date on recent developments.

Providing outstanding patient care

3. Independent investigation into the care and treatment provided to VC

The Independent Investigation report into the care and treatment of VC was published in January 2025. NHS England (NHSE) commissioned an independent investigation into the care and treatment provided to VC by NHS services prior to the tragic events of 13 June 2023.

The purpose of the investigation was to identify learning for NHS delivered care from the care and treatment provided to VC. The investigation covered the period from when VC first came into contact with mental health service in May 2020 up to 13 June 2023 when he killed three people and seriously injured three others. The investigation focused on identifying learning at a local, regional and national level to reduce the likelihood of a reoccurrence of the tragic events perpetrated by VC in June 2023.

Findings identified gaps in the documentation and formulation of risk; the voice of VC's family was not effectively considered to support the dynamic evaluation of risk; the absence of robust Trust discharge processes and a record template, which resulted in limited consideration and quality in the effectiveness of the transfer of care and management of risks. Additionally, there were issues around communication with primary care, there were limitations with the assurance and oversight arrangements at the ICB.

Recommendations were made for NHSE and other national leaders, including people with lived experience, to come together to discuss and debate how the needs of people similar to VC are being met and how they are enabled to be supported and thrive safely in the community.

Recommendations for the Trust were made in relation to improvements around the implementation of Patient Safety Incident Response Framework (PSIRF); family engagement, clinical information sharing, across organisational working, governance arrangements that support triangulation of information and enable system-wide working, peer support, care planning.

The Trust has commenced a review of its own services against the recommendations in the report.

Enhancing our reputation and grow as a leading local, regional, national & international provider of training & education

4. Student Recruitment

Student recruitment for 2025/26 is progressing positively after great efforts by the Department of Education and Training (DET) operations team to open student recruitment in October instead of January. Currently, applications to our courses are at a 42% increase over 2024/25, with a 98% increase on application numbers in January 2025 (the first full month in the cycle) compared to January 2024. This is a very promising situation in a difficult NHS financial context, reflecting the significant staffing and process changes delivered by DET to improve the attraction, processing and enrolment of students.

Developing partnerships to improve population health and building on our reputation for innovation and research in this area

5. NCL Health Alliance updated governance document

I recently attended the NCL Health Alliance (NCL HA) Executive meeting, at the meeting, the provider collaborative CEOs approved the overarching governance document for NCL HA which replaces the previous articles of association. I approved this on behalf of the Board of Directors and the document is attached to this report for information.

The document outlines the purpose, structure, function, and governance of the NCL HA. It builds on the previously approved member board documents that established the Alliance and reflects the scope, function, and structure as approved by NHSE in 2024. The updated sections relate to Board assurance; agreeing priorities; determining scope of decision-making powers; dispute resolution; exit and ongoing collaboration agreement and accountability arrangements.

Developing a culture where everyone thrives with a focus on equality, diversity and inclusion

6. Staff Survey

The national staff survey results have now been released (in an embargoed format at the time of writing this report). We had a challenging agenda last year and continue to have a busy year ahead of us, and so we know there are areas where we still have improvements to make, and we are committed to doing so. However, we have also made some tangible improvements in the responses that we should celebrate. We are doing some analysis of the results, and more information will be shared at a future board meeting once the embargo has been lifted.

The national staff survey launched on 30 September and closed on 29 November. We set ourselves an ambitious target of a 60% response rate and whilst we were only able to achieve

a 54.63% response rate by the end of the completion window, we improved on last years' response rate of 53% and did better than the average rate for our benchmarked peers.

7. Staff engagement

Following the launch of our values and behaviours framework at the beginning of February 2025, we subsequently introduced two new physical implementations, our pop-up banners and our values cards. The banners serve as a visible reminder across the Trust of ways all employees can demonstrate behaviours that are aligned with our values. We are also encouraging everyone to show their appreciation whenever a colleague demonstrates one of our values; we have placed values cards in staff kitchens which can be used to write a message and give to a colleague who has done something to shout about. An email version is also available. We will be talking to our staff engagement group about other ideas for embedding a behaviours framework throughout the organisation, including career conversations and staff awards.

Improving Value, Productivity, Financial and Environmental Sustainability

8. Development and Delivery of the Trust's strategy and financial plan

The Trust incurred a net deficit of £1,910k in the period up to the end of January 2025, against the plan of £1,907k, a negative variance of £3k. This is an improvement of the position from month 9 by £957k. This improved position reflects the benefit of the non-recurrent rates rebate received in January 25. The Trust is thus now able to achieve its year-end deficit plan of £2,200k. The previously highlighted funding gap relating to the 24/25 pay award is still a concern for future periods but is being offset by this non recurrent income in 24/25.

In line with the agreed NCL timescales the updated the forecast for 2024/25 has been confirmed as part of the month reporting cycle.

The financial planning 'round' for 2025/26 has now started, with the first submissions to the NCL ICB and NHSE being made at the end of February. This first submission showed an initial deficit plan of £3.2m, reflecting the increased pressure in the system in 2025/26. The Trust continues to take a series of recovery actions to the year end, including restrictions on appointments to only essential posts and maximizing the impact of any non-recurrent opportunities. This is still deemed an important part of the preparation for the planned merger and delivery of the likely challenging efficiency targets in 2025/26 plan.

Other Key Internal Updates:

9. Council of Governors' Elections 2025

We have commenced the elections process to fill 4 seats (3 Public and 1 Student) on the Council of Governors. The nominations opened on Monday, 4 March and will close at 5p.m. on Wednesday, 19th March 2025. Three of these seats (Camden – 2; and Student – 1) are currently filled by Governors in their 1st terms of office which come to an end in May 2025. One seat (the Rest of England and Wales seat) is currently vacant. The link to the election's website is provided below:

<https://nom.uk-engage.org/tavi-port/>

Regional and National Context

10. Department of Health and Social Care (DHSC) consultation on regulation of NHS Managers

In November 2024, the Secretary of State for Health and Social Care launched a 12-week consultation on options for the regulation of NHS managers, as part of a programme of work to meet the government's manifesto commitment to introduce professional standards for, and regulating of, NHS managers.

NHS Employers has recently led on a response to the consultation on behalf of NHS Confederation. The response is informed by views of Chief Executive Officers, Chairs, Chief People Officers and Senior Board workforce leaders across the NHS following a series of engagement activities. Key messages from the consultation response include:

- NHS leaders agree there should not be fear of accountability.
- Any new regulatory framework needs to be clear in its purpose, aims and objectives, as well as, explicit in the problem it is seeking to resolve.
- Regulation must be supported with robust standards for practice, professional development, clear and simple processes, just and restorative cultures, and underpinned by principles of fairness, equality and trust.
- Regulation must be proportionate in its approach and positioned as an opportunity to raise the standards of the profession.
- NHS leaders welcome the introduction of a new professional duty of candour.

11. Chief Executive's meetings with external stakeholders

Since my last Chief Executive's Report to the Board in January, I have attended the following external meetings / events:

- NHS England London CEOs meetings with the London Regional Director
- NHS England London Regional Workshop on the new national Operating Model
- NHS England 10 Year Plan: Mental Health Trust CEO event
- NHS England Mental health productivity session
- NHS England MH UEC BAME Advisory Group
- NHS England Mental Health Trusts Chief Executives meeting
- HSJ Digital Transformation Event
- Cavendish Square Group
- CYP Lead Provider CEO Workshop
- CICE
- UCL Health Alliance Executive Group
- NCL ICB Development Session
- NCL ICB Financial planning
- NCL ICB System Management Board

1. Document purpose

This document outlines the purpose, structure, function, and governance of the NCL Health Alliance (NCL HA). It builds on the previously approved member board documents¹ that established the Alliance and reflects the scope, function, and structure as approved by NHS England (NHSE) in 2024. The updated sections are

- Board assurance
- Agreeing priorities
- Determining scope of decision-making powers
- Dispute resolution
- Exit and ongoing collaboration agreements
- Accountability arrangements

Should any material changes to the NCL HA be required, prior consultation and approval from NHSE may be necessary. Advice should be sought before implementing any such changes.

2. Introduction and context

The NCL Health Alliance is the multi-sector provider collaborative for North Central London. Its purpose is to enable effective partnership working to improve the outcomes and experience for the population it serves. The scope includes people across North Central London as well as people travelling in across the wider region and in some cases nationally to receive specialist care. The original Alliance Charter is included in the **Appendix 1**

Provider collaboratives are self-convening partnerships, driven by the need to span organisational boundaries that exist within the NHS. Guidance from NHS England published in 2021 set out the requirement for all acute and mental health providers to participate in at least one provider collaborative. This Alliance model maintains the sovereignty of all member organisations and establishes a protocol for the delegation of authority for some elements of collective decision making to the provider alliance for specific shared initiatives.

Established in 2021 as the UCL Health Alliance, the Alliance was formally recognised as a Provider Collaborative by the North Central London NHS Integrated Care Board. In 2023, it transitioned to become a division of UCL Partners, creating a unified innovation partnership for NCL to maximise collective impact on health outcomes.

As part of this transition, the Alliance was renamed the NCL Health Alliance, and UCL ceased to be a member organisation. This change also facilitated the closure of the company limited by guarantee and the establishment of a governance structure aligned with UCLP and NCL HA member organisations.

The Alliance enables NHS partners to collaborate on pressing health and care priorities, addressing the full pathway from prevention to treatment and integrating physical and mental health needs. It aims to deliver best value for taxpayers while helping member organisations sustain high-quality care within resource constraints. With UCL no longer a partner, research and education are no longer primary

¹ UCL Health Alliance – articles of association – May 2022
UCL Health Alliance Charter – October 2020
Member Board papers – Annual plan 22/23 - May 2022

priorities but remain integral to all programmes and will be referenced in the annual business planning process. Established by member boards and governing bodies, the NCL Health Alliance serves as the principal vehicle for system-level collaboration across North Central London

3. NCL Health Alliance membership

The member organisations of NCL HA include:

- Acute Providers
- Community Providers
- Mental Health Providers
- Primary care providers
- Specialist providers

The NCL Integrated Care System is a named partner organisation of NCL HA

The terms of reference for the NCL HA Executive Group (**appendix 2**) contains the up-to-date list of the member organisations.

4. Board assurance

As part of the development of NCL HA, UCL Partners became accountable for

- The recruitment, retention and line management of the Alliance core team
- Oversight of the finances related to the core team including invoicing, resource allocation and budgetary approval
- Oversight of the programme delivery by the Alliance team.
- Policies and procedures as it relates to programme delivery and core team appointments.
- Risk management as it relates to functions of the core team, programme delivery and participation in NCL HA activities by member organisations.

Member organisations retain responsibility for

- Clinical delivery of services within NCL HA programmes
- Performance and conduct of staff employed directly by those organisations
- Service and organisational performance including against constitutional standards.

The governance structure for providing regular board assurance on the delivery of agreed programmes of work and core team finances includes the following:

- i. **Routine reporting** – monthly progress briefings circulated through the CEOs as part of the monthly NCL HA Executive meetings. Additionally, biannual reports are additionally shared with each member organisation’s board and UCLPartners board.
- ii. **Escalation** - robust arrangements for the timely escalation of programme delivery risks or participation concerns through the UCLP governance structure or to the Alliance Executive where appropriate via the Managing Director.

- iii. **Participation:** All members are required to actively contribute to the strategic and operational decision-making, oversight, and direction of the Alliance. Members participate in monthly Alliance Executive meetings and collaborate on Alliance programmes, which serve as the primary drivers of joint action.

A key feature of the Alliance's operation is the leadership role of Chief Executives in guiding these programmes. This provides visible and accessible senior leadership to the communities within the Alliance membership, shaping and delivering shared priorities. Additionally, this model strengthens board-level assurance by creating a direct line of sight from board-level leaders to the programmes across the Alliance.

2. Information governance

The core Alliance team will operate under the information governance policies of UCLPartners and will not hold any patient identifiable information. All performance information concerning commissioned services will be within the governance of member organisations and the ICB.

Any staff working to deliver Alliance work programmes (for activities directly related to patient care,) will be hosted/employed by a member organisation and not UCLPartners. These staff will therefore be subject to the mandatory training, policies and procedures of the employing organisation.

3. Agreeing Priorities for the Alliance

The process of identifying priorities for the Alliance will be addressed through the annual business planning cycle. During this process, the Alliance Executive—including the UCLPartners CEO and ICB leadership—will agree on the scope of priorities that require collaboration between providers at the system level.

These priorities will be translated into clear objectives, with each programme assigned a CEO lead. The objectives for the upcoming year will undergo scrutiny and ratification by the Alliance Executive group before the business plan is submitted for authorisation by member boards, the UCLPartners board, and other relevant governing bodies where necessary.

These objectives will be developed into programme level plans, specifying:

- Leadership arrangements: the responsible CEO lead, clinical leads and operational leads.
- High level deliverables: to achieve within the coming 12-18 months.
- Benefits: which can be expected in four domains: (1) financial; (2) quality, safety and outcomes; (3) access and (4) health and workforce inequalities.
- Resourcing arrangements: both those devolved within the member organisations as well as any central resource requirement.
- Governance: highlighting governance arrangements outside of the Alliance, such as into the ICB.
- Programme evaluation: highlighting the approach being taken to evaluate and review the outcomes of the programme/project

This process of prioritisation, programme level planning and approvals is an important feature for how the resource and workforce arrangements are determined.

4. Determining scope of decision-making powers

The scope of activities and decision-making powers are directly controlled through the member organisation chief executives and the UCLPartners CEO. This includes the ability to design and establish the requisite changes to Alliance governance arrangements.

The annual business plan will include a clear specification of deliverables for each financial year. This plan will require approval from member CEOs and UCL Partners, following the internal governance arrangements specific to their respective organisations.

Once the business plan is finalised and approved, the Alliance Executive Group will be empowered to act and make decisions necessary to deliver the plan. However, certain decisions—such as those involving commissioning—may require additional approval through the Integrated Care Board (ICB) or other relevant bodies.

5. Exclusions

The following exclusions were agreed as part of the establishment of the original Health Alliance and remain in place with the reconfiguration of the governance structures without further engagement through all members and the re-engagement and approval of NHSE.

- i. Prevent the Alliance (as a part of UCLPartners) taking on provision of CQC licensed services, for example through the direct employment of staff responsible for patient care or ownership of premises used for patient care.
- ii. Prevent the Alliance (as part of UCLPartners) being used as a vehicle to transact large contract values for the provision of CQC licensed services, without first re-engaging with NHSE; this does not prevent the Alliance agreeing that a member can function as a lead provider to fulfil this purpose and is consistent with the NHSE guidance for collaboratives to consider governance models that are not mutually exclusive.
- iii. Prevent the Alliance (as part of UCLPartners) being used for a vehicle for avoiding the incursion of taxes (such as VAT) which would otherwise be borne by member organisations.

6. Inclusions

During the initial formation of the Alliance corporation, a series of explicit inclusions was established to define its functions. The following list highlights the elements that the NCL HA Executive Group and the UCLPartners Executive have determined remain relevant to the ongoing function of the NCL Health Alliance. This list is;

- I. Ensure the powers enable the Alliance to make decisions concerning the optimal configuration of service provision, insofar as these are endorsed by the ICB/NHSE and are within the scope of deliverables set out in the annual Alliance Business Plan or otherwise agreed unanimously by members.
- II. Ensure the powers enable the Alliance to agree the use of new care models including lead provider arrangements, to achieve optimal provision of both patient facing and corporate services.

- III. Ensure the powers enable the Alliance to agree to the optimal usage of finances made available for innovation, education and transformation and enable UCLPartners to function as the organisation responsible for financial administration of these resources, where it represents best value for the member organisations.
- IV. Recognise the role of the annual business plan in setting out the scope of objectives pertaining to the priorities which members ascribe to the Alliance and do not require further processes for individual board level authorisations.

It remains important that each member organisation has an equal voice in the decision-making process for the Alliance. The scope of decisions is therefore also linked to the voting arrangements as set out in the Terms of Reference for the NCL HA Executive group (**Appendix 2**) through which the Alliance agree a specific course of action.

7. Dispute resolution

Any disputes within the Alliance will be approached through the spirit of collaboration, recognising that failing to work effectively together is to fail both staff and the populations served. The following steps are recognised as a reasonable path of escalating effort to reconcile major differences:

- **Managing Director:** to function as the initial point of contact for members of the Alliance Executive in highlighting potential differences and acting early and swiftly to reach agreement. The Managing Director is ultimately accountable to the UCLPartners CEO.
- **UCLPartners CEO:** in instances where there is a perceived or actual conflict of interest for the Managing Director, or the Managing Director is not able to find a satisfactory agreement within a satisfactory time frame.
- **Chair and Vice chair of NCL HA Executive Group:** depending on the topic in question, the Chair and Vice Chair will function as a point of escalation from the Managing Director where there are issues which have the potential to endure or create a barrier to improving patient care.
- **External mediation:** where the previous steps have not been successful in reconciling differences, there is an option for commissioning expert external mediation to support resolution.

8. Funding model

The funding model for the Alliance is expected to comprise two key elements:

1. **Member Subscriptions:** Contributions from member organisations to support core functions and initiatives.
2. **External Funding:** Resources sourced from outside the Alliance membership, either to establish specific functional capabilities across member organisations or to act as a vehicle for delivering on an external contract specification

A central principle of resourcing delivery through the Alliance is to establish the most effective model for providers to collaborate with each other and with partner organisations. This approach aims to achieve meaningful impact on priorities best addressed at the NCL level.

The primary resource for collective action comes from the contributions of provider organisations to the Alliance's work programmes. These contributions represent the most significant portion of the resources dedicated to achieving shared objectives.

The subscription costs are required to cover the pay, non-pay and corporate overheads related to the employment of the core team. As appropriate additional programme related costs may also be applied to member organisations. The specifics of the financial arrangements will be negotiated on a 3 yearly basis and will be approved by the CEO of UCLPartners and the NCL HA Executive Group. The responsibility for the management and use of the annual budget will be the Alliance Managing Director, and accountability will be held by the UCLPartners CEO.

Where additional funds, investment or external grants are awarded to NCL HA, they will typically be held and managed through UCLPartners.

9. Exit process and ongoing collaboration

If a member organisation wishes to withdraw from the Alliance, the following provisions are in place:

- A member organisation must give 6 months’ notice in writing to the Chair of the Alliance Executive group and the UCLPartners CEO. This must include a proposal to cover the membership fees due for the duration of the existing subscription agreement.
- The Alliance Executive Group and UCLPartners board then confirm in writing the exit process and date that the membership will terminate.

Current legislation requires all acute and mental health trusts to be part of a provider collaborative therefore any acute or mental health organisation leaving the Alliance must ensure that they become part of an alternative formal provider collaborative.

Even if a member organisation chose to withdraw from the Alliance, the duty to collaborate in the service of patients and the population we collectively serve will remain. It is therefore a principle for the Alliance to sustain collaborative working relationships with any member having left the Alliance. This principle will be realised primarily through the ongoing involvement of all organisations in the Alliance programme. It would however not be possible to maintain any form of material decision making rights for departed members through the Alliance Executive Group.

If existing Alliance members form a new organisation through merger the following will occur

- The newly merged organisation will propose their plan on how the organisations will be represented going forward if it would present a material change.
- The original organisations remain committed to their individual subscription responsibilities for the duration of the relevant agreement.

10. Accountability arrangements

It is important that there is clarity as to the respective roles and responsibilities of the member organisations, the organisation executives, the UCLPartners and its CEO to ensure that the Alliance can create and deliver its priorities and objectives.

The arrangements in the accountability framework below set out how members and partners (UCLPartners and NCL ICB) set the direction for the Alliance, using national and local priorities as well as a wider spectrum of government policy to create priorities and objectives.

Organisation/Role	Scope of responsibilities	Accountability
Member organisations	Individually the responsibilities are defined in Trust constitutions and commissioning contracts subject to the relevant CQC licence.	Board of directors NCL ICB

	For NCL HA each member organisation is responsible for approving the annual business plan and delegating responsibility for oversight and implementation to the Chief Executives. Member organisations are also responsible for delegating financial approval in relation to NCL HA activity in line with organisational SFIs.	NHSE
Member Chief Executives	Individually these are defined in the powers specified by member organisations. For NCL HA each CEO has responsibility for contributing to the development of the annual business plan and supporting oversight and delivery of the plan once approved by relevant member boards.	Member boards
UCLPartners ELT	The organisational responsibilities are defined in UCLPartners' articles of association. For NCL HA, UCLPartners' board has a responsibility to approve the annual business plan as it pertains to organisational business delivery	UCLPartners Board
UCLPartners Chief Executive	Individual responsibility is defined in the powers as set out by UCLPartners governance articles For NCL HA the CEO has a responsibility for contributing to the development of the annual business plan and overseeing the Alliance team which is responsible for delivery of the plan once approved by member organisations	UCLPartners Board
NCL ICB	Responsible for holding member organisations to account for delivery of services, contracts and commissions	NHSE and DHSC

Within the scope of this accountability framework, it is useful to consider the arrangements for designing and delivering any major patient service changes. The role of the Alliance in this scenario is circumscribed to the development of options and recommendations concerning new care models, optimal clinical pathways and the case for change. Decisions concerning the commissioning of any new care models or clinical pathways will be the responsibility of the ICB for most NHS services, recognising where relevant the retained duties within NHSE.

APPENDIX 1: Alliance Charter

Delivery at pace: the ethos of the partnership will be to deliver results and prove itself by getting things done, and fix things as we go to deliver

patient/service user, staff and tax payer benefits

2. **Collaboration as the default:** we will only 'opt out' where an existing binding contract precludes us from participation
3. **Devolution:** we will be biased towards devolving delivery accountability to individual partners to act on behalf of the overall partnership
4. **Sovereignty:** all partner boards will remain sovereign and will delegate authority for collective decision making to the provider alliance for an agreed agenda of shared initiatives
5. **Mutual support:** we will expect each partner to act on behalf of the system/resident and taxpayer interest even when that is not in individual institutional benefit but the quid pro quo is that we will strive to "keep each other whole"/we will work to ensure no partner fails
6. **No duplication and shared resources:** ICS- HQ workstreams and Provider Alliance- delivery work should be stepped-up and stepped-down in lockstep –we will avoid duplication and be clear about accountability. We should seek to share resources across partner organisations to enable health services, education and research to be focused on the population we serve. A number of people will have different roles / 'wear different hats' and we will use this to be as efficient as possible.
7. **Embedded with the system team:** Same set of people in the room wherever we can (e.g., transparency between ICS HQ & Provider Alliance Board)
8. **Data and analysis:** we will make data-driven decisions and monitor our performance.
9. **Honest and transparent:** we do difficult things, we talk about difficult things, we are direct and transparent with each other
10. **Learning system:** we have an ethos of 'continuous improvement' adopting a QI approach. Innovation and the spreading of proven best practice will be key.

Appendix 2 - Terms of Reference for NCL HA Executive Group

North Central London Health Alliance (NCL HA) Executive Committee

Terms of Reference

Purpose

The NCL Health Alliance (NCL HA or the 'Health Alliance') Executive Committee has delegated authority from the UCL Partners Board on all NCL HA matters subject to the exceptions detailed in the NCL HA Board terms of reference. The overall purpose of the committee is to deliver the NCL HA annual business plan which aims to address system-level priorities.

Duties and responsibilities

- To advise the UCL Partners Board on the strategic direction of the NCL HA and provide assurance that the objectives and work plan align with the UCL Partners strategic priorities
- To lead the delivery of the NCL HA business plan
- To agree and oversee the delivery of the NCL HA annual objectives and work programmes
- To ensure the annual objectives appropriately cover all relevant aspects of health services, education and research
- To ensure health care services objectives focus on delivery across physical and mental health care, from prevention to complex tertiary treatment to address health inequality and access to treatment and care
- To be responsible for agreeing programme level CEO, clinical and operational leadership arrangements
- To seek assurance from individual member organisations about the mitigation plans for matters concerning risk to programme delivery
- To inform UCLP board of any matters concerning risks to programme delivery (UCLP board do not hold accountability for individual provider performance and may where necessary escalate concerns to external statutory bodies)

The group will receive regular updates on strategic priorities from the Chief Executives concerning the portfolios they lead on behalf of the wider Health Alliance.

The group will receive reports from system leaders on issues and programmes of work that would benefit from a collective Health Alliance approach and receive reports and proposals from innovation and transformation partners.

Core Membership

- Chair (role to be occupied on a rotational basis for a term of two years)
- Vice chair (role to be occupied on a rotational basis for a term of two years, following which the individual will take the chair)
- Chief Executives for the Partner NHS Trusts
- North London Foundation Trust
- Tavistock and Portman NHS Foundation Trust
- Central and North West London NHS Foundation Trust

- Central London Community Healthcare NHS Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Great Ormond Street Hospital NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- University College London Hospitals NHS Foundation Trust
- Royal Free London NHS Foundation Trust - including group and site CEOs
- Whittington Health NHS Trust
- North Middlesex University Hospitals NHS Trust
- Lead for the GP Provider Alliance

In attendance

- NCL ICB Accountable Officer
- NCL ICB Executive Director of Transformation and Performance
- NCL HA Joint Executive Leads
- NCL HA Managing Director
- Chief Medical Officer representative
- Chief Nursing Officer representative
- Chief Financial Officer representative

Deputies may attend at the discretion of the NCL HA Chair but will not count towards the quorum.

N.B. Neither the Chair or Vice Chair shall also sit as members of the UCLP board. The chair and vice chair are appointed following an expressions of interest process led by the Managing Director and UCLP CEO.

Quorum and expected attendance

The meeting is considered quorate if the following people are present

- 50% of the core membership

Frequency of Meetings

Meetings will be held monthly. An annual meeting will be scheduled to which non-executive representatives from each of the partner NHS Trusts and GP Provider alliance will be invited. This will provide non-executive scrutiny from partners and assurance to partner Boards that the health alliance is making progress against its objectives and business plan.

Agenda, Administrative Support and Reporting Arrangements

- Administrative support for the meetings will be provided by a nominated Company Secretary from the providers, this will include taking minutes, and recording actions
- The agenda will be set by the NCL HA Chair and Alliance Director, based on emerging issues for discussions and the forward look schedule for the meeting
- The agenda, minutes and relevant papers will be circulated electronically five working days in advance of the meeting
- Members have been chosen as either their organisational representative, direct employees of the NCL HA or NCL ICB leaders
- The NCL HA Executive committee is a subcommittee of the UCL Partners Board
- The Terms of Reference will be approved by the UCL Partners Board and reviewed at regular intervals

Date of Terms of Reference	
Version Control: Created 13 September 2022 Updated 19 February 2025	
Reviewed by	UCL Partners Board
Approved by	UCL Partners Board
Required Review Frequency	Annually

Report Title: Governor Elections and Governor Terms of Office - Update		Agenda No. 008													
Cover Report Author and Job Title:	Dorothy Otite, Director of Corporate Governance (Interim)	Lead Executive Director:	Dorothy Otite, Director of Corporate Governance (Interim)												
Appendices:	Appendix 1: Elections Timetable - The Tavistock and Portman Appendix 2: Governors' Terms of Office – 2024/25														
Executive Summary:															
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>														
Situation:	The report provides an update on Governor Elections for 2025 and Governor terms of office.														
Background:	<p>The term of office for Governors is three years, with eligibility for re-election at the end of the first three-year term.</p> <p>As some members of the Council of Governors are coming to the end of their current terms of office, to fill the vacancies, the Trust is required to go through an election process, where members of the Trust elect Governors to represent their constituencies.</p> <p>The elections process for the vacant posts is being run on the Trust's behalf by UK Engage, and it commenced on 3 March 2025, with the expectation that it would be completed by 1 May 2005. This was earlier communicated to the Council of Governors by email and each of the Governors affected have been notified individually.</p> <p>Please note the following sections of the Trust's Constitution which apply to Governors' tenure in office:</p> <p>14.1 <i>An elected Governor may hold office for a period of up to three years.</i></p> <p>14.2 <i>An elected Governor shall be eligible for re-election at the end of his first term. However, no Governor may stand for election having served two terms or six years, whichever is the less.</i></p>														
Assessment:	<p>Vacancies: There are a total of 3 upcoming vacancies and 2 vacancies on the Council of Governors as follows:</p> <table border="1"> <thead> <tr> <th>Constituency</th> <th>Number of seats required</th> <th>Number of Vacancies</th> <th>Current Governors</th> </tr> </thead> <tbody> <tr> <td>Camden</td> <td>3</td> <td>3</td> <td>Talia Barry – End of 1st term May 2025 Ffyona Dawber – End of 1st term May 2025 Jocelyn Cornwell – Vacancy due to in term resignation</td> </tr> <tr> <td>Rest of England & Wales</td> <td>2</td> <td>1</td> <td>Vacancy</td> </tr> </tbody> </table>			Constituency	Number of seats required	Number of Vacancies	Current Governors	Camden	3	3	Talia Barry – End of 1 st term May 2025 Ffyona Dawber – End of 1 st term May 2025 Jocelyn Cornwell – Vacancy due to in term resignation	Rest of England & Wales	2	1	Vacancy
Constituency	Number of seats required	Number of Vacancies	Current Governors												
Camden	3	3	Talia Barry – End of 1 st term May 2025 Ffyona Dawber – End of 1 st term May 2025 Jocelyn Cornwell – Vacancy due to in term resignation												
Rest of England & Wales	2	1	Vacancy												

Student	1	1	Katherine Knight – End of 1 st term May 2025
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Election Timetable:

The Election Timetable is attached as Appendix 1 and summarised below for ease:

Action	Date
Last Day for Publication of Notice of Election	03/03/2025
Deadline for receipt of nominations	19/03/2025
Publication of Statement of Nominations	20/03/2025
Deadline for candidate withdrawals	24/03/2025
Notice of Poll/Issue of ballot packs	03/04/2025
Close of Poll 5.00pm	30/04/2025
Count and Declaration of Result	01/05/2025

Publicity for elections:

- The Corporate Governance team, UK Engage and the Communications Team have issued the election material/ information to members of the relevant constituencies.
- Information about the elections were published on the Trust’s [website](#); featured on the alumni newsletter which was sent to 5000 people; thank you page of members survey which was distributed to 3000 member and 1500 students; promoted on the Trusts LinkedIn page and to Camden residents on NextDoor.
- Governors who have only served one term and who are eligible to stand for a further term on the Council of Governors have been informed.
- Governors were encouraged to pass on details of elections to any eligible members who may be interested in serving on the Council of Governors ahead of the nomination deadline on 19 March 2025.

Governor Terms of Office:

- The Register of Council of Governors including their terms of office is attached as Appendix 2 to the report.
- There are currently **16 Governors** on the Council. The following key updates are being brought to the Council’s attention:
 - **5 new Governors** have joined the Council since the last meeting in December 2024:
 - Roswitha Dharampal Public, Rest of London
 - Susie Lendrum Public, Rest of London
 - Chidinma Uwakaneme Public, Rest of London
 - Pauline Williams Staff, Clinical, Senior, Academic
 - Dr. Annecy Lax Appointed, University of Essex.
 - **2 Governors** have left the Council:
 - Jocelyn Cornwell Public, Camden (in term resignation)
 - Peter Ptashko Appointed, Camden Council (end of 1st

	Term)				
	<ul style="list-style-type: none"> • 4 Governors are coming to the end of their terms of office in December 2025. A paper will be brought to the next Council of Governors meeting on the process for filling those vacancies: <ul style="list-style-type: none"> • Stephen Frosh Public, Rest of London • Sebastian Kraemer Public, Rest of London • Maisam Dato Staff Admin & Technical • Robert Waterson Appointed, University of East London 				
Key recommendation(s):	The Council is asked to NOTE the contents of this report.				
Implications:					
Strategic Ambitions:					
<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant <u>CQC Quality Statements</u> (we statement) Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	There are no related BAF risks.				
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	The Elections are conducted in line with the Trust's Constitution.				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific resource implications.				
Equality, Diversity and Inclusion (EDI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific EDI implications.				
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.			<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:					
Assurance Route - Previously Considered by:	None				

<p>Reports require an assurance rating to guide the discussion:</p>	<p><input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans</p>	<p><input type="checkbox"/> Partial Assurance: There are gaps in assurance</p>	<p><input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance</p>	<p><input type="checkbox"/> Not applicable: No assurance is required</p>
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Election of Governors 2025

TIMETABLE

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST COUNCIL OF GOVERNORS ELECTION

Event	Date
Publication of Notice of Election	Monday, 03 March 2025
Deadline for Receipt of Nominations	Wednesday, 19 March 2025
Publication of Statement of Nominations	Thursday, 20 March 2025
Deadline for Candidate Withdrawals	Monday, 24 March 2025
Notice of Poll / Issue of Ballot Packs	Thursday, 03 April 2025
Close of Poll 5pm	Wednesday, 30 April 2025
Declaration of Result	Thursday, 01 May 2025

COUNCIL OF GOVERNORS' TERMS OF OFFICE 2024/25

PUBLIC CONSTITUENCY, CAMDEN (Elected Governors - 3 seats)	PUBLIC CONSTITUENCY, REST OF LONDON (Elected Governors - 6 seats)	PUBLIC CONSTITUENCY, REST OF ENGLAND & WALES (Elected Governors - 2 seats)	STAFF/STUDENT CONSTITUENCY (Elected Governors – 4 seats) [3 staff, 1 student]	STAKEHOLDER GOVERNORS (Appointed Governors)
<ul style="list-style-type: none"> • Natalia ‘Talia’ Barry 1st Term: May 2022 – May 2025 • Ffiona Dawber 1st Term: May 2022 – May 2025 • Jocelyn Cornwell 1st Term: Dec 2022 – Dec 2025 (Seat now vacant due to in-term resignation) 	<ul style="list-style-type: none"> • Michael Arhin-Acquaah 1st Term: Oct 2021 – Dec 2024 2nd Term: Dec 2024 – Dec 2027 • Stephen Frosh 1st Term: Dec 2022 – Dec 2025 • Sebastian Kraemer 1st Term: Dec 2022 – Dec 2025 • Roswitha Dharampal 1st Term: Dec 2024 – Dec 2027 • Chidinma Uwakaneme 1st Term: Dec 2024 – Dec 2027 • Susie Lendrum 1st Term: Dec 2024 – Dec 2027 	<ul style="list-style-type: none"> • Sheena Bolland 1st Term: Dec 2021 – Dec 2024 2nd Term: Dec 2024 – Dec 2027 <p style="text-align: center;">1 Vacancy</p>	<ul style="list-style-type: none"> • Pauline Williams Staff: Clinical, Academic, Senior 1st Term: Dec 2024 – Dec 2027 • Maisam Dato Staff Admin & Technical 1st Term: Dec 2022 – Dec 2025 • Paru Jeram Staff: Education & Training 1st Term: Dec 2021 – Dec 2024 2nd Term: Dec 2024 – Dec 2027 • Katherine Knight Student 1st Term: May 2022 – May 2025 	<p style="text-align: center;">University Partners Dr Anney Lax (UoE) 1st Term: Mar 2025 – May 2028</p> <p style="text-align: center;">Robert Waterson (UEL) 1st Term: Dec 2022 – Dec 2025</p> <p style="text-align: center;">Non-Statutory Sector Kathy Elliott (VAC) 1st Term: Dec 2020 – Dec 2023 2nd Term: Jan 2024 – Dec 2026</p> <p style="text-align: center;">Local Authority (Camden) Peter Ptashko 1st Term: March 2022 – March 2025 (Seat now vacant)</p>

Council of Governors' Induction Session

Tuesday, 28 January 2025

9:30 – 11.30a.m.

Agenda

9.30a.m	Arrivals, Tea and Coffee	
10:00a.m (10)	<u>Welcome and Introduction</u>	John Lawlor, Trust Chair
10:10a.m (15)	<u>An Overview of the Trust</u>	Michael Holland, Chief Executive Officer
10:25a.m (15)	<u>An Overview of Your Role as Governors</u>	Kathy Elliott, Lead Governor
10:40a.m (15)	<u>Our Governance Arrangements</u>	Adewale Kadiri, Director of Corporate Governance
10:55a.m (15)	<u>How we will Communicate and Engage with you</u>	Jane Meggitt, Director of Communications and Marketing
11:10a.m (10)	<u>How we will Support you</u>	Dorothy Otite, Governance Consultant
11:20a.m (10)	<u>Questions from Governors</u>	All Governors
11:30a.m	<u>Closing Remarks</u>	John Lawlor, Trust Chair

Welcome and Introduction

John Lawlor, Trust Chair

An Overview of the Trust

Michael Holland, Chief Executive Officer

About us



We are a specialist NHS mental health trust providing a full range of mental health services and therapies for children and their families, young people and adults. With a focus on education and training, we have a distinct approach to clinical practice, and over the years have built a reputation as a testing ground for fundamental new ideas and practices.

Our work covers three key areas:

- ❖ **Clinical services** - we provide over 30 specialist and community services for children and adults in Camden, across London and nationally
- ❖ **Education and training** – we train clinicians, social workers, nurses, teachers and many other professionals through our unique clinical-educator model
- ❖ **Research** – since 1920 our research and innovative approach means we have been at the forefront of pioneering mental health care.

Our vision, mission and values



Our vision is to be a leader in mental health care and education, promoting talking and relational therapies, to make a meaningful difference to people's lives



Our mission is to work in partnership with people, families and communities to provide high-quality specialist mental healthcare, alleviate emotional distress and pioneer innovative education and research



We strive for excellence



We place compassion at our core



We champion inclusivity



We respect each other

Focus for 2025/26



- Our priority for 2025/26 continues to be the delivery of specialist mental health care and high-quality education, and we're working hard to ensure the best possible service for staff, students and patients.
- This year, our strategic focus is on **Partnerships, Innovation, Population Health, Research and Reputation**, which underpin five specific priority areas:
 - People – including Equalities, Diversity and Inclusion
 - Waiting Times
 - Experience and Outcomes
 - Education and Training, Commercial Growth and Financial Sustainability, and;
 - Merger.

Our plan to merge

- We are ambitious for the future, but while we have much we want to achieve across our clinical and academic fields, **we understand that for the Tavistock and Portman to succeed, we cannot stay as we are.**
- Last year - following discussions with colleagues at NHS England London region and North Central London Integrated Care System - it was agreed that merging with another organisation was the only way to secure the long-term future of the Tavistock and Portman, and so we formally invited expressions of interest from organisations who wished to be considered as a merger partner.
- Following a period of robust staff and stakeholder engagement, last summer we selected our preferred merger partner <redacted>



The merger process

(information accurate at the time of delivering the Induction)

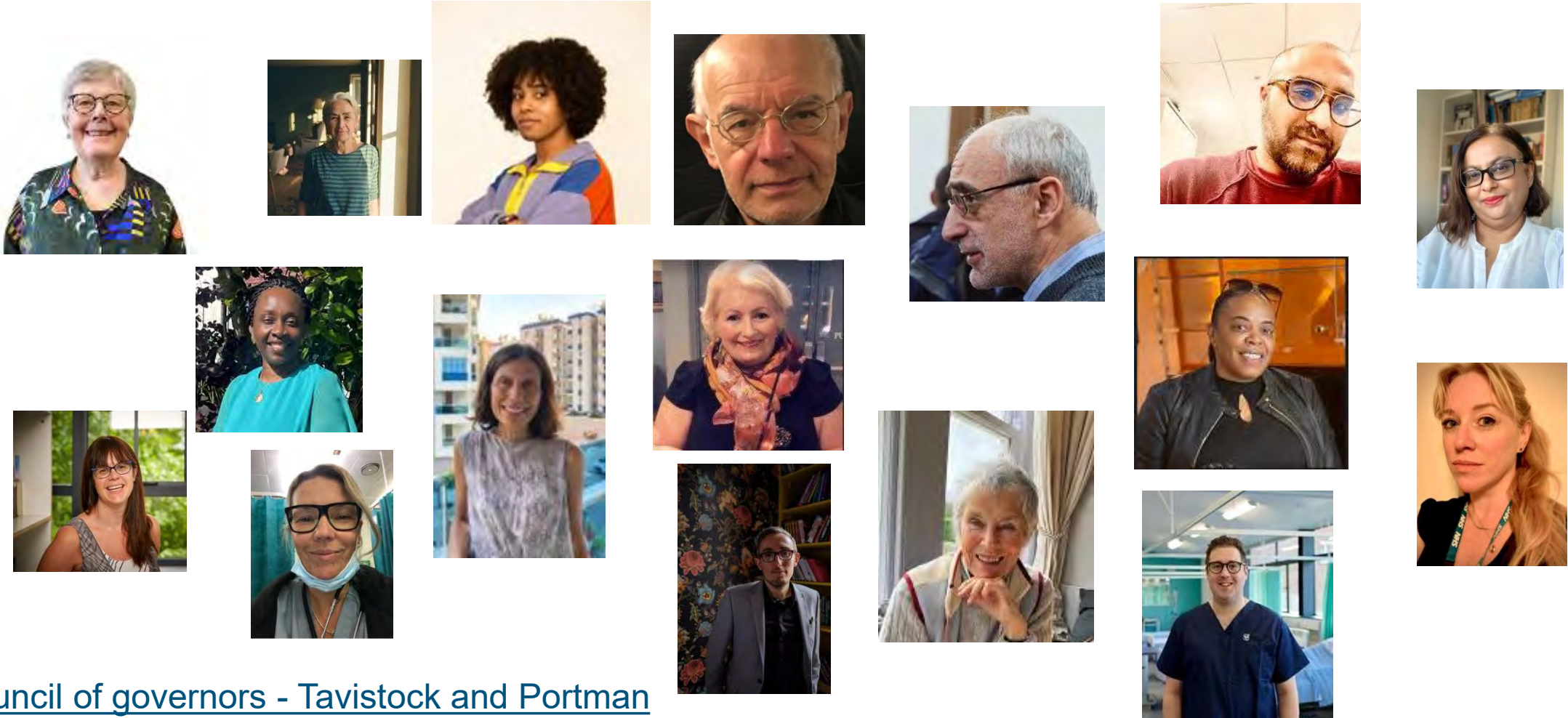
- Working in partnership with <redacted> will deliver various patient, student and staff benefits, help us to improve and expand our clinical and academic offering and, most crucially, put us on sustainable footing for the future.
- Now, working together with <redacted>, we need to develop a Strategic Case which outlines the benefits of merging for both organisations. This will be submitted to NHS England by <redacted>
- If this is approved in the spring, we will then move to the next stage of the process, which is development of the Full Business Case. This will be submitted later this year, before final approvals take place in 2026.
- As governors, your input in the merger process is crucial, and we have developed an extensive communications and engagement plan for 2025/26 to ensure ongoing engagement.



An Overview of Your Role as Governor

Kathy Elliott, Lead Governor

Our Governors



Council of governors - Tavistock and Portman

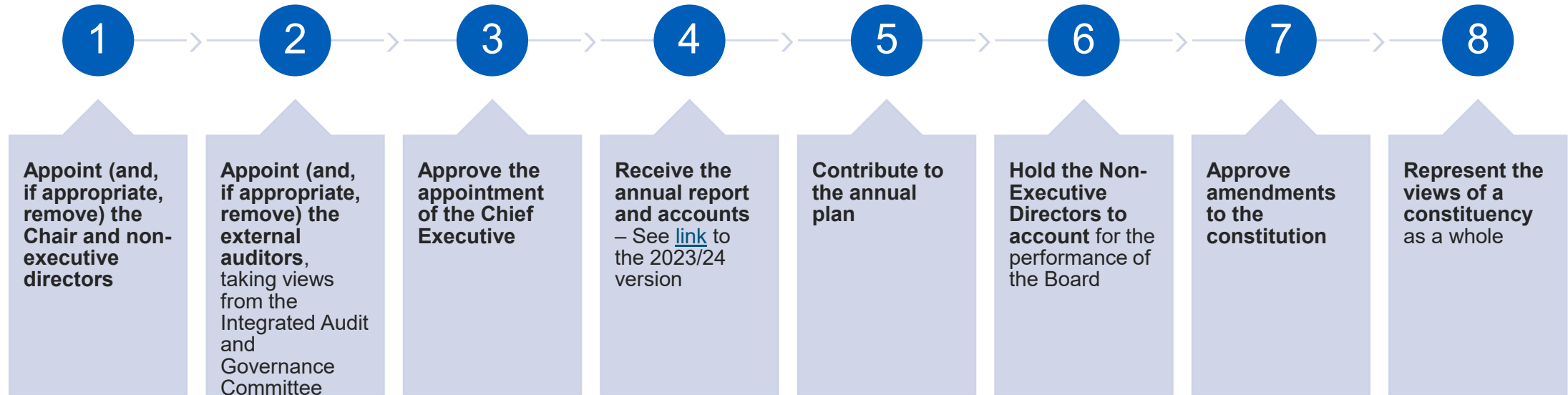
The Trust's Constituencies

Type/ Constituency	Seats	Commentary
Elected:		
Public Governors - Camden	3	
Public Governors – Rest of London	6	
Public Governors – Rest of England and Wales	2	1 Vacant seat
Staff/ Student Governors: <ul style="list-style-type: none"> • Administrative and technical • Clinical, academic and senior • Education and Training 	4 (3 staff, 1 student)	
Appointed:		
Stakeholder Governors	6	University Partners, Non-Statutory Sector, Local Authority, <i>Trade Union and North Central London ICB</i> 3 Vacant seats

The Role of Governors

- **governors are representatives** of our members (the public, our students and staff), plus the wider community
- we play a key role in **listening to the views and experiences of our members and the public**, and make sure our key stakeholders have a say in the shaping the work of the Tavistock and Portman
- we attend quarterly **Council of Governors meetings and the Annual Members' Meeting**, where we discuss key issues as well as the strategic direction of the trust
- we also have some specific responsibilities that are governed by the governors' code of conduct and the Trust's constitution

Statutory Duties



Governor highlights



programme of **service visits with non-executive directors** to inform our understanding of the Trust's services, plus the various challenges and opportunities we face



governors are **observers on board committees**



delivery of **personal development opportunities** for governors, including informal drop-in sessions and joint workshops with non-executive directors



improved communications and engagement with the trust board and executive leadership team, with more one-to-one meetings and newsletters



recruiting for more governors, reaching out in various ways to share our experiences of the role

Our Governance Arrangements

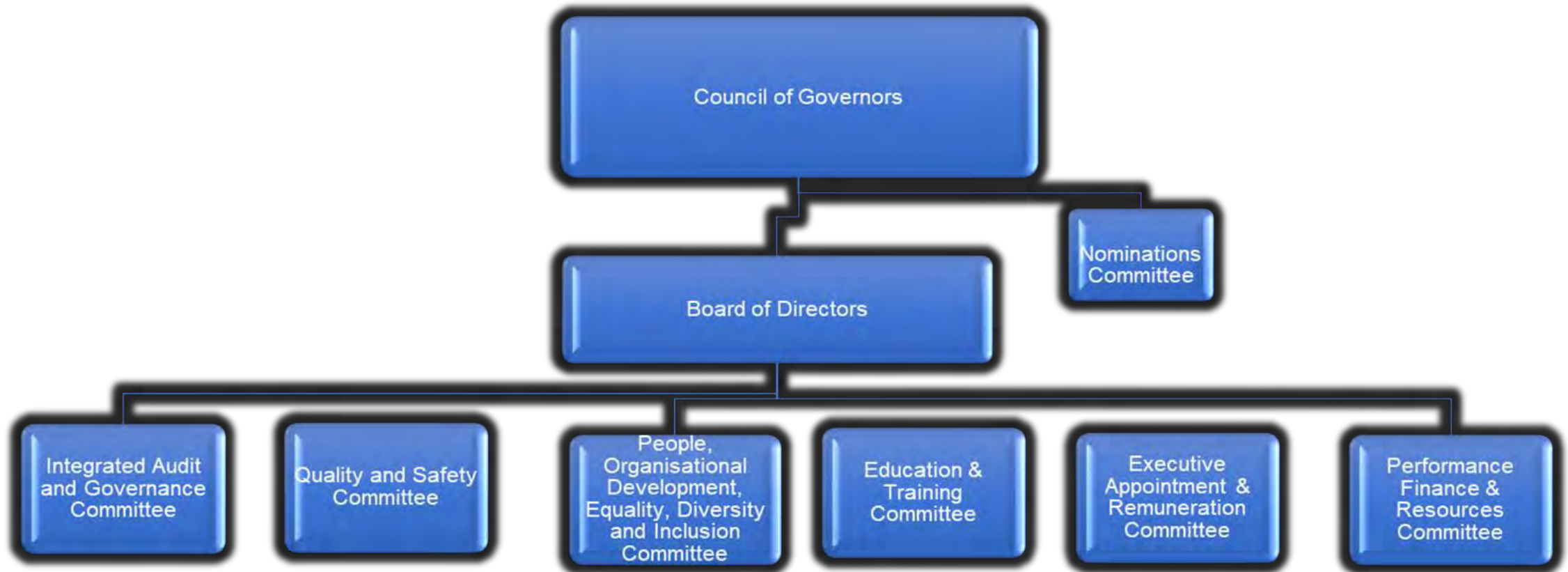
Adewale Kadiri, Director of Corporate Governance

How we Operate

- As an NHS Foundation Trust, we are accountable to Parliament via NHS England
- Our Regulator NHS England oversees our performance, governance and financial sustainability
- The Care Quality Commission (CQC) is our independent regulator. It ensures that safety
- Our school, Gloucester House, is regulated and inspected by the Office for Standards in Education, Children's Services and Skills (Ofsted)
- Our Education and Training activities are regulated by the Office for Students (OfS)
- Our work is increasingly, more closely co-ordinated and integrated with that of the North Central London Integrated Care System (NCL ICS)
- Our Governors and members ensure that we are accountable and that we listen to the needs and views of our service users



Our Governance Structure



The Board of Directors



The Board is responsible for the strategy and overall running of the Trust



9 Executive Directors and 9 Non-Executive Directors:

Executive Directors are senior staff members, clinical and non-clinical, who are responsible for the day-to-day running of the Trust

Non-Executive Directors are independent people who offer a broad variety of skills and a commitment to our values. They work with the executive directors to set our strategy and ensure we perform well.

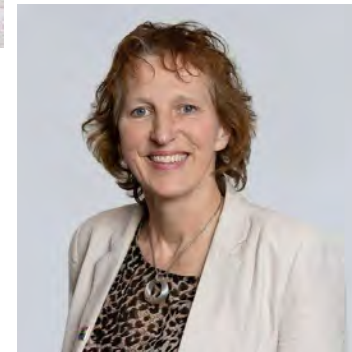


Link to current Board profiles: [Our board - Tavistock and Portman](#)

Executive Leadership Team



Our Non-Executive Directors



Legislation/ Governing documents and Guidance

- The powers and obligations of Governors of NHS Foundation T in the NHS Act 2006, as amended
- The [Trust Constitution](#) is the overarching document that sets out the purpose and operating arrangements for the Trust and confirms the role of the Council of Governors
- Guidance documents such as [Your Statutory Duties: A reference guide for NHS Foundation Trust Governors](#) 2013, [System working and collaboration: The role of foundation trust councils of governors](#) 2022, [Code of Governance for NHS Provider Trusts](#) 2022
- The Trust's Code of Conduct for Council of Governors sets out the professional and person conduct for members of the Council when engaged in activities associated with their office and in the wider context. **The Code has been sent to new Governors to read and sign**



How the Council's Business is Conducted

- Quarterly Council of Governors meetings
 - Part 1 – Private meeting
 - Part 2 – Meeting held in public – but it is not a public meeting [See link](#) to previous papers on the Trust website
- At least 2 Joint Board of Directors and Council of Governors meetings a year
- Annual Members' Meeting held Annually
- 1 Council of Governors Committee – Nominations Committee (meetings held as required)
- In-person attendance is encouraged at meetings – [See How to Claim Expenses](#)

Nominations Committee

- Membership includes:
 - Trust Chair as Chair
 - The Senior Independent Director; and
 - Four Governor members
- Oversees the recruitment of the Trust Chair and all Non-Executive Directors
- Sets, agrees and reviews remuneration of the Chair and Non-Executive Directors
- Oversees and scrutinises the Chair and Non-Executive Director appraisal processes

How we will Communicate and Engage with you

Jane Meggitt, Director of Communications



Excellence



Inclusivity



Compassion



Respect

The importance of communications and engagement

- As a Foundation Trust, the Tavistock and Portman is accountable to its membership, rather than the government.
- As governors you play a key role in listening to the views and experiences of our members (and wider public), and feeding this back to the Board so we can deliver services which meet patients, families and the wider community's needs.
- Governors are also the guardians of our Trust **vision** and **mission**, and support us to achieve our **objectives**.
- So that you can perform your duties effectively, it is critical that we keep you regularly informed and give you opportunities to engage with both the Trust and members.



A new strategy

- Ultimately, the Trust needs to support you to learn more about who the Tavistock and Portman is and what we do, and the context we operate in 2025/26, especially with the upcoming merger.
- To achieve this goal, we have reviewed our processes and **developed a new communications and engagement strategy for governors and members.**
- The strategy is being driven by **three key objectives:**
 1. *To communicate effectively with our members and governors throughout the merger process*
 2. *To increase opportunities for members and governors to engage with the Trust*
 3. *To provide opportunities for governors to meet and engage with members*



Our approach



Stage 1: Review and assess (January – February 2025)

- We are reviewing current engagement activities and communication channels for governors and members
- We are also mapping our current membership
- We are developing a survey for our governors and members



Stage 2: Deliver and implement (February 2025 – ongoing)

- We will implement new engagement channels
- Our new channels include merger specific activities
- We will also enhance and improve our existing channels, using feedback from the survey and other interactions



Stage 3: Measure and refine (throughout)

- We will test our strategy regularly with the Council of Governors
- We will also review our effectiveness throughout using various feedback mechanisms

How we will engage with you

Current channels:

- Council of Governors (COG) and informal COG
- Weekly governors and NEDs update
- Joint workshops with NEDs
- 1-1s with the CEO, Chair and Lead Governor
- Service visits
- Members' newsletter (quarterly)
- Members' inbox
- Annual Members' Meeting
- Website
- Social media

New, proposed channels:

- Governor and member surveys
- Governor-led member sessions (split into Camden, London and rest of England)
- Monthly merger virtual drop-ins (one session for governors, one for members)
- Case for Change review session (February 2025)
- Merger workshops (spring/summer 2025)
- Governor guest articles for website
- Members sessions – invite members to discussions on service areas/topics
- Events – invite governors and members to more (and new) Trust events (to be determined)

We want your feedback

***We will
measure and
refine our
strategy
throughout
by...***

reviewing our strategy at the joint Board and COG (20 February)

assessing feedback from the governor and member surveys

asking for feedback at merger engagement sessions and drop-ins

using feedback forms at events

1-1 sessions between CEO, Chair, Lead Governor and governors will provide the chance for feedback

regular agenda item at COG to review this strategy and our progress against objectives

Next steps

- We will take the strategy to the Council of Governors (COG) to review, and regularly ask for feedback at each COG meeting to understand the effectiveness of our approach.
- We want to hear your feedback throughout the year, so please do share your thoughts and ideas.
- As governors, you play a very important role in our merger process, and you will be closely involved and engaged at each stage. We will very shortly be asking for your support on the first stage of the process.
- We will also be sharing more information on the wider transaction process in due course.

How we will Support you

Dorothy Otite, Governance Consultant



Excellence



Inclusivity



Compassion



Respect

Support we provide:

- Effective support from the Corporate Governance Team to enable you fulfil your statutory roles:
 - **Meeting management** – including circulation of agenda and papers
 - **Legal compliance** – ensure meetings and decisions comply with the Constitution and regulatory requirements
 - **Induction and Training** – on joining the Trust and ongoing to ensure Governors have the skills and knowledge required to carry out their roles
 - **General Administrative support** – e.g. record-keeping – terms of office and attendance, process travel expenses, service visits programme, declaration of interests
 - **Communication and Coordination** – point of contact for Governors; address Governor queries or escalate them as appropriate
 - **Election oversight** – support the election process for Governors
 - **Support for statutory duties** – manage the process for appointing Chair or NEDs; Approval roles – support in changes to the Trust's constitution

BoardEffect Portal

- All Council of Governors meeting papers are published on the new BoardEffect Portal at least 5 working days before the meeting
<redacted>
- In addition, a PDF version is sent by email to all Governors
- All Governors have access to view CoG papers on the Portal
- The Corporate Governance Team will help with any queries regarding the Portal. In the first instance, you may email:
<redacted>

Board and Council of Governors’ Forward Meeting / Training Dates (Remainder of 2024-25)

Month	Board	CoG
Feb 25	20 Feb (Joint)	18 Feb (Governwell: Core Skills Virtual Training) 20 Feb (Joint)
Mar 25	13 Mar (3 5p.m.)	18 Mar (Informal) 27 Mar

Note invitations for all meetings have been sent by email. If for any reason you’re unable to attend, please send your apologies to the Corporate Governance Team Email: <redacted>

Board and Council of Governors' Forward Meeting Dates 2025-26

Month	Board	CoG
Apr 25	10 Apr (Joint)	10 April (Joint)
May 25	15 May	29 May
Jun 25		11 Jun (Informal)
Jul 25	10 Jul	16 Jul (Informal)
Aug 25	No meeting	No meeting

Month	Board	CoG
Sep 25	18 Sep	24 Sep (Informal)
Oct 25		16 Oct
Nov 25	20 Nov	26 Nov (Informal)
Dec 25	11 Dec (Joint)	4 Dec 11 Dec (Joint)
Jan 26	15 Jan	21 Jan (Informal)
Feb 26		18 Feb (Informal)
Mar 26	19 Mar	26 Mar

Note invitations for all meetings are being sent by email. If for any reason you're unable to attend, please send your apologies to the Corporate Governance Team Email: <redacted>

Useful contacts

<Redacted>

Questions

Closing remarks

John Lawlor, Trust Chair

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 27 March 2025			
Report Title: Proposal for a Council of Governors’ Effectiveness Survey and Feedback Workshop			Agenda No. 009b
Cover Report Author and Job Title:	Dorothy Otite, Director of Corporate Governance (Interim)	Lead Executive Director:	Dorothy Otite, Director of Corporate Governance (Interim)
Appendices:	None		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	<p>The report provides a proposal for a Council of Governors’ Effectiveness Survey and Feedback Workshop in May and June 2025.</p> <p>This was earlier communicated to the Council of Governors by email.</p>		
Background:	<p>It is good practice to conduct a regular effectiveness review of the Council of Governors. This review is being conducted by NHS Providers on behalf of the Trust.</p> <p>The Trust and Governors will gain:</p> <ul style="list-style-type: none"> • An opportunity to provide views on the way in which the council of governors is operating individually through an anonymised survey. The survey is undertaken by NHS Providers to provide an independent review of responses. • Survey responses will be collated into a report for review and discussion. The high-level results will be shared with the trust prior to delivery of the development workshop. • A development workshop for the council of governors to discuss and reflect on the survey results and what this means for them, reflecting on what is working well and areas for future development. This is delivered by experienced trainers who bring a wealth of experience of the NHS and working with foundation trust governors to bring in alternative perspectives. • A clear set of actions as a result of the workshop designed to help strengthen the effectiveness of the council of governors. • The opportunity to meet and network with fellow governors. 		
Assessment:	<p>The review will consist of two sections:</p> <p>1. Governor Self-Assessment Effective Survey – 2nd to 23rd May 2025: A link to the survey will be issued to Governors on 2nd May 2025 and will close on 23rd May 2025. The outcome of the survey will provide valuable insights into the Council’s current practices and help identify areas for improvement.</p> <p>2. Full-Day Workshop – 26th June 2025: Following the survey, we are planning a full or half day workshop (dependent on uptake) on 26th June 2025, which will be held in person. The session will be split into two parts:</p> <ul style="list-style-type: none"> • The first half of the day will be a developmental workshop to discuss and reflect on the survey results (this is required) 		

	<ul style="list-style-type: none"> The second half of the day will be a training session to address any gaps identified in the survey results (proceeding with this part is dependent on uptake). 				
Key recommendation(s):	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> DISCUSS the proposal for a Council of Governors Effectiveness Survey and Workshop; and INFORM the Corporate Governance Team by email of individual preference for the workshop on 26 June 2025 (i.e. half day (a.m. or p.m.) or full day). 				
Implications:					
Strategic Ambitions:					
<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Quality Statements (we statement) Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	There are no related BAF risks.				
Legal and Regulatory Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific legal or regulatory implications.				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific resource implications.				
Equality, Diversity and Inclusion (EDI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific EDI implications.				
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:					
Assurance Route - Previously Considered by:	None				
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	

	in assurance or action plans			
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MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 27 March 2025			
Report Title: Governor Observers on Board Committees - Update		Agenda No. 010	
Cover Report Author and Job Title:	Dorothy Otite, Director of Corporate Governance (Interim)	Lead Executive Director:	Dorothy Otite, Director of Corporate Governance (Interim)
Appendices:	Appendix 1: Governor Observers on Board Committees Register 2024/25 Appendix 2: Board Committee observer role description		
Executive Summary:			
Action Required:	Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	The report provides an update on the Governor Observers on Board Committees during 2024/25 and a proposal for 2025/26.		
Background:	<p>One of the statutory roles that the Council of Governors holds within the Trust's governance structure is to hold the Non-Executive Directors (NEDs) to account for the performance of the Board.</p> <p>It is therefore important that Governors have enough opportunities to observe how the NEDs support and challenge their Executive colleagues. While many Governors do take the time to attend Board meetings, these do not always provide opportunities for Governors to observe the full range of interactions.</p> <p>The process took effect from April 2024. Attached in Appendix 2 is a brief role description indicating the expectations around the Governor Observer role. As these arrangements are not covered by the Trust's constitution, it is essential to ensure that the Trust's governance lines are not inadvertently blurred.</p>		
Assessment:	<ul style="list-style-type: none"> • During 2024/25, specified Governors who put their names forward as Observers and subsequently agreed by the Chair of each Committee, were invited to join meetings of five Board Committees as observers (apart from the Executive Appointment and Remuneration Committee). The attendance records are attached (for information) as Appendix 1 to this report. • In practice, at each formal meeting of the Council during 2024/25, Governor observers were to comment, adjacent to the Chair's subsequent update to the Council of Governors, as to how they found the meeting, and importantly, whether in fact they considered that the NEDs were holding the Executives to account. • For 2025/26, the same process is being proposed to ensure all Governors have an opportunity to observe Committees, Governors would be asked to put their names forward, by no later than Thursday, 10th April 2025, indicating the Committee(s) that they would like to observe. It will be for the Chair of each Committee to decide who to choose as their observer, and once agreement has been reached, the Chair and their observer(s) will meet to decide on how they will work together. • Observers must note that they can only observe – as Governors, 		

	<p>they cannot be members or participants in the meeting itself – this would amount to an inappropriate muddling of our governance structures. It may be possible for the observer to ask questions or comment at the end of the meeting, but as above, this would have to be agreed in advance with the Chair.</p> <ul style="list-style-type: none"> The Interim Director of Corporate Governance will shortly after this meeting, send out an email to all Governors asking for expressions of interest. Governors may indicate that they: <ul style="list-style-type: none"> wish to remain as observers in the current Committee they observe; wish to observe a named Committee; and observe more than one named Committee, although it is unlikely that a Governor will be asked to observe two. It is expected that the final decision on who will observe which Committee would be made by the end of April, with the refreshed list kicking off with the round of Committee meetings starting around May 2025. 				
Key recommendation(s):	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> NOTE the Board Committee Governor Observers' update for 2024/25; and APPROVE the proposals for selecting Board Committee Governor Observers in 2025/26. 				
Implications:					
Strategic Ambitions:					
<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Quality Statements (we statement) Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
There are no related BAF risks.					
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
The CQC's Well Led domain requires that Governors are given sufficient information and support to enable them effectively to carry out their role.					
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
There are no specific resource implications.					
Equality, Diversity and Inclusion (EDI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
There are no specific EDI implications.					
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.			<input type="checkbox"/> This paper is exempt from publication under the FOI Act which	

		allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:				
Assurance Route - Previously Considered by:	None			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required

Appendix 1: Governor Observers on Board Committees Attendance Register 2024/25:

Board Committee	Governor Observers	Attendance
Quality & Safety Committee	• Kathy Elliott	6/6
	• Paru Jeram	5/6
People Organisational Development Equality Diversity & Inclusion Committee	• Ffyona Dawber	1/6
Performance Finance & Resources Committee	• Stephen Frosh	5/6
Education & Training Committee	• Sheena Bolland	3/6
	• Katherine Knight	1/1
Integrated Audit & Governance Committee	• Peter Ptashko	0/4

Governor observer of Board Committees – Agreement and Role Description

Introduction

1. All members of the Council of Governors are eligible to put themselves forward to observe scheduled meetings of the following Board Committees:
 - Education and Training Committee
 - Integrated Audit and Governance Committee
 - People, Organisational Development, Equality, Diversity and Inclusion Committee
 - Performance, Finance and Resources Committee
 - Quality and Safety Committee.

Agreement

2. It will be for the Chair of the Committee, in conjunction with the Trust Chair to decide which Governor will observe their meetings.
3. It may be possible for more than one Governor to observe meetings together or separately, but this would be for the Committee Chair to decide.
4. In the absence of the nominated observer, it will not be possible for another member of the Council of Governors to attend a Committee meeting if they are not the observer for that group, without the expressed consent of the Chair.

The Role

5. The Governor observer will be provided with the full pack of papers for each meeting at the same time as the Committee members.
6. At the point of taking up the role, the Governor observer will be provided with all the Committee dates for the year and will indicate their availability at the earliest opportunity. Where this changes mid-year and they can no longer attend a meeting, they should notify the Corporate Governance team as soon as possible.
7. The Governor observer is not a member of the Committee and therefore does not have the right to ask questions or comment on the papers during the meeting.
8. The Committee Chair may ask the observer if they have any questions, or to comment on how they found the meeting, after it has concluded.
9. The Governor observer will provide verbal feedback at the next meeting of the Council of Governors of what they observed at the Committee meeting, at the same time as the Committee Chair presents their update report.
10. The Governor observer will be asked to provide feedback, along with the Committee members and attendees, as part of the annual evaluation process.
11. All the Governor observers will provide feedback as appropriate to the Trust Chair as part of the Non-Executive Director appraisal process.

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 27 March 2025			
Report Title: Summary Report on Quality and Performance			Agenda No.: 012
Report Author and Job Title:	Rachel James, DoT Sheva Habel, Medical Director Hector Bayayi, Managing Director	Lead Executive Director:	Rod Booth, Director of Strategy and Business Development Clare Scott, Chief Nursing Officer Chris Abbott, Chief Medical Officer
Appendices:	None		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/>		
Situation:	This is the Trust Integrated Quality and Performance Report (IQPR) for 2024/25 Month 9 data (December 2024) and provides an overview of delivery against NHS national targets and Trust agreed priorities. The report content has been co-produced and developed and considered “Floor to Board” with all levels of the Trust having the same data and content to ensure there is one version of the Trust across our quality and performance portfolio. This ensures a Trust-wide focus on areas of good practice for shared learning, risk and mitigations. The report combines elements from the previous reporting framework with newly automated templates, with an aim to achieve fully automated reporting of data and metrics by April 2025.		
Background:	<p>Month 9 was considered in the Trust-wide IQPR meeting on 28th January 2025. The content reflects discussion at this meeting to mitigate areas of risk. Trust quality and performance is reviewed (1) weekly via the Executive Leadership Team meeting, Strategic Delivery Room (which has a focus on the quality improvement projects underpinning our five strategic priorities) and Quality Huddles; and (2) monthly via team and delivery unit level performance and clinical governance meetings. The Trust agreed five priorities are set out below:</p>		
Assessment:	<p><u>Quality & Safety</u></p> <p>Patient Feedback: Clinical Services reported 84% of ESQ positive responses in December, which is below the benchmark of 90%. The new digital platform for the anonymous collection of Experience of Service</p>		

Questionnaires (ESQ) is being implemented as part of the QI Project on User Experience. Lunch and Learn sessions have been scheduled to take place in January to support increased compliance. Work continues to agree team level targets for ESQ feedback, and a new ESQ feedback protocol for sharing Team level data and feedback has been implemented.

Incidents: 16 incidents reported, including 6 patient safety incidents, 8 involving violence & aggression and 2 requiring physical restraint at Gloucester House. Policies and processes for the recording of incidents and management of behaviour that challenges are under review as part of the improvement plan for the school.

Complaints: A total of 4 formal complaints were received in December 2024, and the number of complaints overdue was 16. The Trust continues to focus on investigating and responding to all overdue complaints in a timely way through weekly meetings with Service Clinical Leads to address any issues or delays. In addition, we will be developing a Quality Improvement project in January 2025 to improve patient experience and the quality of the complaints process, whereby the required timeframes are met.

Performance

The Clinical Services IQPR highlights progress and challenges across several areas.

In GIC, progress has been made in embedding risk management governance frameworks. The IQPR will begin reporting data relating to this from February 2025. However, there was a dip in performance during November and December due to preparation for the National GIC Review by NHSE.

In Trauma services, the mean waiting list increased, reflecting a consistent trend of around 20 additional referrals per month. A potential risk lies in the expiration of ERF-funded post-holder contracts in September 2025, limiting the service's capacity to address the waiting list. The team will move into Targeted Support starting February 2025 to ensure delivery remains on track.

ASD services continue to deliver against their trajectory, with their approach being recognised as a success within NCL. The RTT waiting list for both 18 and 52 weeks has shown a decline, demonstrating the positive impact of recent interventions. Nevertheless, the service anticipates potential instability due to upcoming staffing changes.

At Gloucester House, a dedicated programme delivery group has been formed to unify three separate recovery and improvement plans, fostering cohesive progress. Clinical respiratory risk assessments for staff have been completed although the risk assessments for the pupils are behind schedule. The school nurse is working with a specialist respiratory nurse to address this delay.

Looking ahead, clinical services are working to consolidate key modelling logic to ensure consistent and accurate reporting of waiting time trajectories. This effort is targeted for completion by March 2025. Units are also expected to complete their annual planning processes by 5 February 2025

People

Appraisals stood at 57.2%, a small increase again on previous months (this rate excludes Medical and Dental staff group). Historical data has now been cleaned up in the watch metrics slide to reflect the agreed new criteria as

	<p>requested at the last board meeting. Continuous work is being carried out by the Learning and Development Team to ensure the Trust raise the standard of appraisals.</p> <p>MaST compliance dropped again to 76.8%. Non-compliance is escalated by the people team to the appropriate channels including the relevant executive director for the directorate. Managers have been advised to provide staff with 'protected time' within the confines of their working hours to complete their MaST. In addition, each Executive Director has been requested to provide the CPO with tier action plan for improvement, and a paper on this will be taken to POD EDI Committee in March.</p> <p>The Recruitment and Retention Group will start receiving workforce data from next month to more closely interrogate the information and routes for mitigation where required.</p> <p>Finance</p> <p>The Trust is £960k behind plan at Month 9, this is a worsening of the position by £220k from the M08 position. The variance to plan is driven by the unfunded element of the pay award and a one-off income error worth £156k in Month 09. The reported cash position at the end of December was behind plan by £323k at £1,533k. However, cash continues to be a challenge, with the NHSE cash support not agreed for the first time in January 2025. Capital spend is expected to be on plan at £2,468k at the end of the year.</p>				
Key recommendation(s):	The Council of Governors is asked to review and DISCUSS the contents of the report.				
Implications:					
Strategic Ambitions:					
<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Quality Statements (we statements) Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	All Related BAF Risks including BAF 2.				
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	This report includes delivery against NHS national targets.				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no additional resource implications associated with this report.				
Equality, Diversity, and Inclusion (EDI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	EDI implications are addressed through the working groups, it is noted that both feedback and waiting lists are focusing on ensuring that ways in which				

	service users can give feedback are made more accessible and that waiting list work focuses on reducing barriers to accessing our services.			
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.	<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:				
Assurance Route - Previously Considered by:	Local IQPR meeting held in January 2025 Quality and Safety Committee – 27 th February 2025 Performance Finance Resource Committee – 27 th February 2025 People Organisational Development Equality Diversity and Inclusion Committee – 6 th March 2025 Board of Directors – 13 th March 2025			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input checked="" type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required

**CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (CoG) –
Thursday, 27 March 2025**

Committee:	Meeting Date	Chair	Report Author	Quorate	
Quality & Safety Committee	27 th February 2025	Claire Johnston, Committee Chair, Non-Executive Director	Emma Casey, Associate Director of Quality	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Appendices:	None	Agenda Item: 013
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Assurance ratings used in the report are set out below:

Assurance rating:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required
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The key discussion items including assurances received are highlighted to the Board below:

Key headline	Assurance rating
<p>1. Oversight of Board Assurance Framework (BAF) The Committee undertook a focused review of BAF Risks 1 and 2, relating to inequality of access for patients and the provision of consistent, high-quality care in line with the national quality standards.</p> <p>It was proposed that BAF Risk 1 (inequality of access) reduced the risk score (from 16 to 12), reflecting measurable improvements in patient access driven by the ongoing PCREF implementation, clinical pathway redesign and triage improvements and clinical harm reviews initiated across services. On review by the Committee this proposed reduction was not agreed as it was recognised that further work was required to truly embed, monitor and evidence the improvements for sustainable change.</p> <p>The Committee agreed to reduce BAF Risk 2 (high quality services) from 16 to 15 aligning the consequence score and reflecting the progress made in mitigating the risk, including strengthened workforce planning, governance structures, and assurance processes. However, to ensure that these improvements are evidenced and sustained, further work is needed to review and evaluate key controls for effectiveness.</p>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>2. PSIRF Update and PSIRF Transition Group Highlight Report The Committee received an update about the latest actions undertaken as part of the PSIRF A3 project.</p> <p>A verbal update was given about the Trust's participation in the NCL PSIRF Community of Practice 'sprint'. The focus is on safety in transitions of care and the intent is that a number of system safety actions will be</p>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

<p>developed from the sprint to be trialed by each of the teams involved. The Trust have volunteered to take part with colleagues from the Whittington.</p> <p>A funding request has been submitted to extend the Trust's two patient safety partner (PSP) contracts for a further year. Funding for the first year was based on three PSPs however there are only two currently in role, therefore there has also been a request to split the remaining budget between the two roles, increasing capacity of each to 12 hours per month. A notable amount of work has occurred as part of the induction and orientation period for the PSPs which has focused on development of the roles. As the Trust progresses further with patient safety improvement work in line with PSIRF continued involvement with the PSPs is fundamental.</p> <p>The previous version of the Group's Terms of Reference were issued in October 2023 and have now been reviewed and refreshed. The group will be renamed from PSIRF Implementation Group to PSIRF A3 Implementation Group in light of the significant steps made in implementation of the framework and as the A3 project will be a key tool to monitor and demonstrate success.</p>	
<p>3. LRMS Project Board (Radar)</p> <p>The Committee received an update on the implementation of the Trust's new Local Risk Management System (LRMS), Radar. The recent milestones reached were noted including claims and feedback (for collecting Experience of Survey Questionnaires) modules which are now live for use. A plan to move the implementation project into business as usual is being developed.</p> <p>The Committee noted and extended thanks to the project manager, Abi Omoniyi, who has been instrumental in the successful implementation of the new system.</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input type="checkbox"/></p> <p>Adequate <input checked="" type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>Summary of Decisions made by the Committee:</p>	
<ul style="list-style-type: none"> • The Committee APPROVED the Terms of Reference for the PSIRF A3 Implementation Group (previously the PSIRF Transition Group). • The Committee APPROVED the reviewed Terms of Reference for the Clinical Incident & Safety Group • The Committee approved the refreshed Terms of Reference for the CQC Improvement Group. 	
<p>Risks Identified by the Committee during the meeting:</p>	
<p>The Committee discussed the Trust's Health & Safety Group and agreed to escalate a concern about the effectiveness of the Group for discussion at the Executive Leadership Team Meeting.</p>	
<p>Items to come back to the Committee outside its routine business cycle:</p>	
<p>None.</p>	
<p>Items referred to the BoD or another Committee for approval, decision or action:</p>	
<p>Item</p>	<p>Date</p>

<p>The Committee received an update about the issues with staff access to face-to-face Basic Life Support (BLS) training due to a delay with procuring training. The Committee agreed to escalate this to the POD EDI Committee for an assurance update on the action(s) taken to address this.</p>	<p>Assurance</p>	<p>Next meeting date – 6th March 2025</p>
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CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (CoG) – Thursday, 27 March 2025

Committee:	Meeting Date	Chair	Report Author	Quorate	
People, Organisational Development, Equality, Diversity and Inclusion Committee	9 January 2025	Shalini Sequeira, NED	Gem Davies, Chief People Officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None		Agenda Item: 014		

Assurance ratings used in the report are set out below:

Assurance rating:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required
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The key discussion items including assurances received are highlighted to the Board below:

Key headline: The Committee reviewed BAF risk 7	Assurance rating
<p>1. BAF Risk 7</p> <ul style="list-style-type: none"> The Committee looked at BAF Risk 7 – lack of fair and inclusive culture. There have been positive developments in the management of the risk. Regular EDI meetings have improved assurance levels from amber to green. These meetings enhance communication, visibility of issues, and alignment with organisational objectives. Policies emphasising fairness are under final consultation. There is possibility to reduce the score with further work required. AK noted work is progressing in the right direction. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>2. Operational considerations</p> <ul style="list-style-type: none"> ECP - Committee felt there is a tighter grip on establishment and was pleased to hear plans to introduce further quality impact assessment criteria when considering requests to recruit. Recruitment and retention group – the committee was also assured with the progress of the R&R group in setting up process and procedures for fairer progression and implementing the TNA process for 25/26. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>3. Culture and Values Work</p> <ul style="list-style-type: none"> A paper on restorative just and learning culture was presented for information and well received. It was requested that this be shared with the board to help deepen understanding on the purpose. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

<p>4. EDI Programme Board</p> <ul style="list-style-type: none"> • POD EDI noted the assurance from EDI Programme Board on the work being done on the Trust's desired future state re EDI and the EDI "I" statements to complement the wider behavioural "I" statements in the values work. • The Communications team are looking at launching this alongside other parts of the behaviour's framework. 	<p>Limited <input type="checkbox"/></p> <p>Partial <input type="checkbox"/></p> <p>Adequate <input checked="" type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	
<p>5. Reflections</p> <ul style="list-style-type: none"> • There was a good mix of reports with information and data accompanied by really refreshing papers and productive debate. • It was recognised that there is some work to be done around communication and training for people in order to really disseminate the work that we are doing. • There were notable improvements to the quality of the reports. There is culture shift work to be done however it was pleasing to see inclusivity and empowerment in the room. • It was lovely to see support around the table for HR and ELT. Thanks were noted for all report authors and the staff network chairs' contributions. 	<p>Limited <input type="checkbox"/></p> <p>Partial <input type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input checked="" type="checkbox"/></p>	
<p>Summary of Decisions made by the Committee:</p>		
<p>None</p>		
<p>Risks Identified by the Committee during the meeting:</p>		
<p>There was no new risk identified by the Committee during this meeting.</p>		
<p>Items to come back to the Committee outside its routine business cycle:</p>		
<p>There was no specific item over those planned within its cycle that it asked to return.</p>		
<p>Items referred to the BoD or another Committee for approval, decision or action:</p>		
<p>Item</p>	<p>Purpose</p>	<p>Date</p>
<p>None</p>		

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (CoG) – Thursday, 27 March 2025

Committee:	Meeting Date	Chair	Report Author	Quorate	
Education and Training Committee	25 February 2025	Sal Jarvis, Non-Executive Director	Mark Freestone, Chief Education and Training Officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Appendices: None **Agenda Item: 015**

Assurance ratings used in the report are set out below:

Assurance rating:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required
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The key discussion items including assurances received are highlighted to the Board below:

Key headline	Assurance rating
<p>1. Merger Update</p> <p>1.1. DET leadership have agreed to give a paper at this Board (13th March) to explain how the Higher Education Sector is regulated and do a deep dive into the higher-education related DET merger risks.</p> <p>1.2. We were joined by colleagues from the University of Essex for a very positive meeting with the Office for Students (OfS) earlier in February to discuss the implications of the merger for our OfS registration. This was a very constructive discussion and all parties feel that there is a pathway to ensuring this is retained in every scenario and that disruption to students is kept to an absolute minimum.</p>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>2. Success Stories</p> <p>2.1. Student recruitment for 25/26 is progressing very positively after considerable efforts by the DET operations team to open student recruitment in October instead of January. Currently, complete applications to our courses are at a 42% increase over the 2024/25 intake, with a 98% increase on application numbers in January '25 (the first full month in the cycle) compared to Jan '24. This is a very promising situation in a difficult NHS financial context and speaks to the major staffing and process changes delivered by DET around attracting, processing and enrolling students.</p> <p>2.2. CETO attended the Open Day for the Trust on Saturday 1st February and was struck by the level of interest in our courses – with both the Lecture Theatre and overspill in Training Room B being full of prospective students – and the efficiency and smoothness of the event, despite our Marketing Lead having to take early maternity leave. Sincere thanks to all involved but particularly to our Marketing team and to the Student Panel, who were again balanced and eloquent.</p>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

<p>3. Challenge Areas</p> <p>3.1. The Committee noted a report from the CFO about the general state of financial situation in the NHS and in the Trust specifically, with an emphasis on reducing the underlying deficit ahead of a potential merger. This will likely require efficiencies to be made across all service lines including education, which has had a significant investment over the past two FYs. DET leads will be reviewing student number projections, budgets and course viability over the coming weeks to identify efficiency savings.</p> <p>3.2. It was agreed that a DET strategy event to help involve all staff in understanding and responding to the Trust's financial situation would be a positive way of addressing these issues positively and collaboratively. DET SLT have begun planning for this in Q1 2025.</p> <p>3.3. Space utilisation featured in the previous report, but to update on our plans for this, a paper compiled by Corporate during the Kaizen Planning suggests that there may not be sufficient organisational 'grip' on space usage, or an adequate range of policies to cover the different use scenarios. CETO and CNO will be progressing this directly through a Task and Finish Group, meeting first on Monday 17th February.</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input checked="" type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input checked="" type="checkbox"/></p>						
<p>4. Ongoing Work of Note</p> <p>4.1. Last month I reported on the success of the consultation around the use of the terms 'Lecturer' and 'Senior Lecturer' replacing the title 'Associate Lecturer'. As part of the next phase of our review of the use of visiting lecturers at the Trust, we are intending to advertise 32 new substantive Lecturer and Senior Lecturer positions in the Trust as well as engaging with the visiting lecturer group to help them understand these changes, and to attract interest in the positions from the pool.</p> <p>4.2. This move has attracted significant attention from the existing visiting lecturers as well as Governors and there are some unhelpful narratives around the abolition of the visiting lecturer role. CETO has responded to several of these concerns and will continue to engage with both groups, but we are very clear that several visiting staff will always be required to keep our courses internationally excellent and efficient.</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input checked="" type="checkbox"/></p>						
<p>Summary of Decisions made by the Committee:</p>							
<ul style="list-style-type: none"> Next Committee is 08/05/2025. 							
<p>Risks Identified by the Committee during the meeting:</p>							
<ul style="list-style-type: none"> BAF adequately reflects the risks facing the Education and Training Directorate. 							
<p>Items to come back to the Committee outside its routine business cycle:</p>							
<p>n/a,</p>							
<p>Items referred to the BoD or another Committee for approval, decision or action:</p>							
<table border="1"> <thead> <tr> <th>Item</th> <th>Purpose</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>None</td> <td></td> <td></td> </tr> </tbody> </table>	Item	Purpose	Date	None			
Item	Purpose	Date					
None							

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (CoG) – Thursday 27 March 2025					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Performance Finance and Resources Committee	27 February 2025	Aruna Mehta, Non-Executive Director	Rod Booth, DSBD and Peter O'Neill, CFO	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None	Agenda Item: 016			
Assurance ratings used in the report are set out below:					
Assurance rating:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	
The key discussion items including assurances received are highlighted to the Board below:					
Key headline			Assurance rating		
Integrated Quality and Performance report: <ul style="list-style-type: none"> The committee commended the overall format and development of the report It was agreed that the good work being done in some services, e.g. Camden CAMHS needs to be added to give a more balanced position across the Trust The improvements still required to reduce GIC and Trauma waiting times along with targeted support underway was noted. It was agreed by the Committee to keep a close watch on these areas and to escalate to Board if improvements were not delivered during Q1 of 2025-26. 			Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>		
Finance report: <ul style="list-style-type: none"> Finance Report for M10 was presented to the Committee, noting the I&E position was back on plan, with the Trust expecting to achieve its year end deficit target of £2,200k. This being achieved due to the rates rebate received in January 25. The cash support process continues to be a concern, with the CFO highlighting the ongoing work with NHSE to resolve this issue for future periods. 			Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>		
BAF Risks <ul style="list-style-type: none"> Current risks within the Committee's remit agreed as appropriate. Risk 9 – Financial sustainability. Risk to be reviewed at the next Committee after the conclusion of the 2025/26 planning round. Risk 12 – IT Infrastructure and Cyber Security. Committee agreed that the business-as-usual metrics should be added as additional assurance. 			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
Financial Planning 2025/26 <ul style="list-style-type: none"> Noted that initial submissions to the ICB and NHSE had been submitted at the end of February, with a deficit position of £3.2m, in line with the early draft received by Board in mid-February. 			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		

<ul style="list-style-type: none"> Committee will receive further update in April, including the approach to mitigating the efficiency risk. 		
<p>Income Reporting Process</p> <ul style="list-style-type: none"> A joint report from the DoS/CFO was received highlighting the work done to strengthen existing processes, reporting and working arrangements between the finance and contracting teams to mitigate any in-year income risk. As part of this committee received a comprehensive summary of the contracts in place and the risks and issues associated with them. The new reporting and management processes will be presented to future committee for assurance. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	
<p>WTE and Vacancies</p> <ul style="list-style-type: none"> It was noted that the report only included the vacancies relating to clinical services, and it was agreed that DET would be added in line with the finance report received by ETC. After discussion it was agreed to refer the likely 25/26 staffing efficiency challenge in DET to ETC to ensure adequate mitigation plans are developed. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	
<p>Summary of Decisions made by the Committee:</p>		
<ul style="list-style-type: none"> The Committee was not required to make any decisions. 		
<p>Risks Identified by the Committee during the meeting:</p>		
Risks to cash and the efficiency challenge in 25.26.		
<p>Items to come back to the Committee outside its routine business cycle:</p>		
None		
<p>Items referred to the BoD or another Committee for approval, decision or action:</p>		
<p>Item</p>	<p>Purpose</p>	<p>Date</p>
DET staffing efficiency in 25/26 referred to ETC.	Action	April 2025

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 27 March 2025			
Report Title: Finance Report – As at 31 January 2025 (Reporting Month 10)			Agenda No. 017
Report Author and Job Title:	Hanh Tran, Deputy Chief Finance Officer	Lead Executive Director:	Peter O’Neill, Interim Chief Financial Officer
Appendices:	None		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	<p>The report provides the Month 10 (cumulative position to the 31st January 2025) Finance Report. Note a verbal update of the most recent position at M11 will be given at the Council of Governors meeting, as additional context.</p> <p>Income & Expenditure</p> <p>The Trust incurred a net deficit of £1,910k in the period, against the plan of £1,907k, a negative variance of £3k. This is an improvement of the position from month 09 by £957k, and from the from month 08 (last reported at Board) by £743k. This improved position reflects the benefit of the non-recurrent rates rebate received in January 25. The Trust is thus now able to achieve its year-end deficit plan of £2,200k. The previously highlighted funding gap relating to the 24/25 pay award is still a concern for future periods but is being offset by this non recurrent income in 24/25. In line with the agreed NCL timescales the updated the forecast for 24/25 has been confirmed as part of the M10 reporting cycle. The Trust continues to take what recovery actions it can to the year end, including restrictions on appointments to the year end to only essential posts and maximizing the impact of any non-recurrent opportunities. This is still deemed an important part of the preparation for the planned merger and delivery of efficiencies that will benefit the 25/26 financial position.</p> <p>Capital Expenditure</p> <p>To date capital spend to date is £1,726k, £131k ahead of the planned spend to date of £1,525k. This reflects the expected catch up of spend from previous months with the anticipated expenditure at the year-end expected to be on the revised plan (including the initial additional capital allocation of £268k and a more recent distribution of £150k) at £2,618k. Note the additional agreed capital spend is not reflected in the target on the monthly returns and hence will show a year end variance of £418k.</p> <p>Cash</p> <p>The cash balance at the end of M10 was £3,275k against the planned balance of £1,950k. This reflects the cash receipt associated with the rates rebate received in January. The NHSE cash support agreed in the plan, was ultimately not required in January but had already been refused for a second month. This has now been escalated to the regional CFO and work continues with the revenue support team to resolve this ongoing risk. At the time of writing no satisfactory resolution has been secured.</p>		

Background:	The Trust has an agreed deficit revenue plan for 2024/25 of £2.2m, with a Capital Expenditure limit of £2.47m (including the additional allocation from NHSE) and a planned year-end cash position of £1.9m, based on accessing £7.5m cash support in year.				
Assessment:	<p>Income and Expenditure</p> <p>The Trusts agreed deficit plan of £2,200k was contingent on the delivery of recurrent efficiency targets of £2,500k and the release of non-recurrent balance sheet opportunities of £2,656k, a total of £5,156k. The Trust will in addition continue to identify and pursue additional income opportunities, not currently part of the 24/25 plan, as part of its development of the medium-term financial plans designed to achieve a balanced financial position in future periods. This being a key part of the merger development and delivery work.</p> <p>Capital Expenditure</p> <p>The agreed capital spend limit for the year is £2,468k, an increase on the previously advised figure of £2,200k, which was broadly similar to that in 23/24. The increase is due to the Trust sharing in the additional capital awarded to the ICS for delivering a balanced plan in 24/25. Initial planning was based on an expected allocation of c.£1,950k, thus a limited degree of replanning of the capital program will be required in the early part of 24/25 to reflect the additional available capital.</p> <p>Cash</p> <p>The agreed plan included a reduction in cash over the year to an outturn of £1,950k, which is driven by the deficit, non-cash income sources in the financial plan for 24/25 and the planned capital spend. This cash flow forecast in the 24/25 plan is reliant on cash support of £7,500k being agreed throughout the year by NHSE. The cash support comes into the Trust via a monthly application for additional non repayable PDC.</p>				
Key recommendation(s):	The Council of Governors is asked to NOTE the content of this report.				
Implications:					
Strategic Ambitions:					
<input type="checkbox"/> Providing outstanding patient care	<input type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Quality Statements (we statements) Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
BAF 9: Delivering Financial Sustainability Targets.					

	<p>A failure to deliver a medium / long term financial plan that includes the delivery of a recurrent efficiency program bringing the Trust into a balanced position in future periods. This may lead to enhanced ICB/NHSE scrutiny, additional control measures and restrictions on autonomy to act.</p> <p>BAF 11: Suitable Income Streams The result of changes in the commissioning environment and not achieving contracted activity levels could put some baseline income at risk, impacting on financial sustainability. This could also prevent the Trust securing new income streams from the current service configuration.</p>			
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
	It is a requirement that the Trust submits an annual Plan to the ICS and monitors and manages progress against it.			
Resource Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no resource implications associated with this report.			
Equality, Diversity and Inclusion (EDI) implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no EDI implications associated with this report.			
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:				
Assurance Route - Previously Considered by:	Board of Directors (Public) – 13 March 2025			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input checked="" type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 27 March 2025					
Report Title: Financial Planning 2025/26 Update – March 2025				Agenda No.: 018	
Report Author and Job Title:	Peter O’Neill, Interim Chief Finance Officer (CFO)	Lead Executive Director:	Peter O’Neill Interim CFO		
Appendices:	None				
Executive Summary:					
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:	The Trust submitted its initial headline plan for 25/26 to NCL 21st Feb 25 showing a planned deficit of £3.2m, with submission to NHSE 27 th Feb 25. The final submission is to be received by NCL on 21 March 25, then to NHSE 27 th March 25.				
Background:	The Trust had a deficit plan of £2.2m in 2024/25.				
Assessment:	The attached paper shows the initial 2025/26 deficit plan of £3.2m submitted with underpinning assumptions. In addition, potential next steps are included, if the initial plan is rejected by NHSE. The key focus of the work in the next two being the generation of detailed income, expenditure, efficiency and workforce plans to populate the templates that form the basis of the submission.				
Key recommendation(s):	The Council of Governors is asked to NOTE the contents of this report				
Implications:					
Strategic Ambitions:					
<input type="checkbox"/> Providing outstanding patient care	<input type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
Risk Ref and Title: BAF 9: Delivering Financial Sustainability Targets. A failure to deliver a medium / long term financial plan that includes the delivery of a recurrent efficiency program bringing the Trust into a balanced position in future periods. This may lead to enhanced ICB/NHSE scrutiny, additional control measures and restrictions on autonomy to act.					
BAF 11: Suitable Income Streams					

	The result of changes in the commissioning environment, and not achieving contracted activity levels could put some baseline income at risk, impacting on financial sustainability. This could also prevent the Trust securing new income streams from the current service configuration.			
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
Resource Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
Equality, Diversity and Inclusion (EDI) implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:				
Assurance Route - Previously Considered by:	Board of Directors (Public) – 13 March 2025			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required

Financial Planning 2025/26 Update – March 2025

The detail below shows the current position in the development of the 25/26 financial plan and the assumptions and efficiency requirements underpinning them.

Movement in Deficit Plan 24/25 to 25/26

The table below summarises the movements between the forecast outturn in 24/25 to the first submission of the 25/26 plan. It should be noted that this is not yet an agreed plan for 25/26 with a second submission due to NHSE by 27th March 25.

	£000's	
Deficit 24/25	(2,200)	Forecast Outturn 24/25
25/26 Opening Plan	(3,231)	Unconfirmed first draft submitted to NHSE 27th march
Increase in deficit plan	(1,031)	

Movements within the plan	£000's	
25/6 Cost Uplift Factor	(1,443)	Consequence of Planning Guidance assumptions
Reduction in Non Rec Resource	(4,018)	Year on year difference - various sources
Recurrent Income Movements	(1,011)	Overhead contributions decommissioned services
Expenditure Movements	1,787	Pay and non pay reductions
Pay Cost Pressure	(744)	Full Year Effect of additional posts
Tavistock Consulting Income	500	
Efficiency Plans	3,898	Includes expenditure efficiency and income growth
Total of Movements	(1,031)	Year on year difference

Assumption/Notes

- Trust 24/25 deficit plan £2.2m being achieved via non recurrent benefits
- Headline plan (first draft) 25/25 sent to NCL/NHSE deficit plan of £3.2m
- Planning guidance has implicit 2% efficiency included in the uplift, c£1.4m for the Trust
- 25/26 plans assumed staffing spend held at 24/25 levels, with no increase in wte count (exception is VL conversion from non-pay). FYE cost pressure of £744k as a consequence
- Reduction in underlying deficit is a key element of the merger planning work, with credibility of plans being tested as part of the business case. The starting point for the updated plans will be outcome from the 25/26 plan.
- Efficiency assumed in plan to date in plan is £3,898k in spend reduction and £500k additional Tavistock Consulting income:
 - Staffing reduction/agency c£1.2m
 - ERF staffing absorbed in vacancies c.£0.9m
 - FYE staffing absorbed c.£0.7m
 - Rates reduction/Other Non Pay c£0.5m
 - Reduction in loss making services c.£0.5m
- Delivery of the above efficiency being the biggest risk to delivery
- Plan also assumes that the non-recurrent benefits of c.£3.5m can be carried forward to support the 25/26 position – subject to agreement with external auditors

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (CoG) – Thursday, 27 March 2025

Committee:	Meeting Date	Chair	Report Author	Quorate	
Integrated Audit & Governance Committee	06 March 2025	David Levenson, Non-Executive Director	Peter O'Neill, Interim CFO; and Dorothy Otite, Interim DoCG	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None		Agenda Item: 019		

Assurance ratings used in the report are set out below:

Assurance rating:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required
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The key discussion items including assurances received are highlighted to the Board below:

Key headline.	Assurance rating
The main issue highlighted to the Board of Directors are issues relating to the outstanding Internal audit management actions.	
1. External Audit Progress Report <ul style="list-style-type: none"> External audit plan for the accounts process was received by Committee. Highlighted the agreed improvement in accruals and deferred income working papers, to improve the audit process. Materiality limit has now been increased to reflect the reduction in assessed risk by Grant Thornton. Focus on financial stability, and going concern opinion linked to the merger. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
2. Internal Audit Update <ul style="list-style-type: none"> The number of outstanding internal audit actions was highlighted as an area that required further assurance, with the Executive Leadership Team to agree a revised approach to ensuring implementation dates are achievable and that management updates reflect the latest position. Partial assurance received for three recent internal audit reports was raised by the Committee as an area of concern. The Committee approved the 2025/26 Internal Audit Plan. 	Limited <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
3. Local Counter Fraud <ul style="list-style-type: none"> Pre-employment checks were highlighted as an area that required strengthening. The Committee approved the 2025/26 Local Counter Fraud Plan. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
4. Oversight of Board Assurance Framework (BAF) and Corporate Risk Registers (CRR) <ul style="list-style-type: none"> The Committee received the report noting progress made on the BAF with no significant issues raised. The Committee also noted progress being made with the Corporate Risk Register. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
5. HFMA Checklist	Limited <input type="checkbox"/> Partial <input type="checkbox"/>

<ul style="list-style-type: none"> The Committee received a report of outstanding issues and agreed with the recommendation that these are best dealt with as part of the merger finance planning. 	Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
6. Single Tender Waiver Report <ul style="list-style-type: none"> The Committee received the report, and no significant issues were raised. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
7. Salary Overpayments and Underpayments Report (Including Losses and Special Payments) <ul style="list-style-type: none"> The Committee noted measures in place to mitigate overpayment incidents. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
8. Information Governance Report <ul style="list-style-type: none"> The Committee received the report of the Information Governance Programme of work and noted updates in relation to Subject Access Requests, Information Governance Incidents, Freedom of Information Requests and Data Security & Protection Toolkit. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
9. Gifts, Hospitality and Interests Update <ul style="list-style-type: none"> The Committee noted the updated Trust registers of interests including the Register of Gifts and Hospitality and Register of Decision Makers' Interest. No breaches of the policy were reported. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
10. Annual Report and Accounts – Process 2024-25 <ul style="list-style-type: none"> The Committee approved the Annual Report and Accounts production timetable and process for 2024/25. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
11. Cyber Security Report <ul style="list-style-type: none"> The Committee received the Cyber Security Report with no significant issues raised. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
12. IAGC Schedule of Business 2025/26 <ul style="list-style-type: none"> The Committee approved its schedule of business for 2025/26 and noted the Board and Committee Meeting Schedule for 2025/26. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

Summary of Decisions made by the Committee:

Approved:

- Internal Audit Plan 2025/26
- Local Counter Fraud Plan 2025/26
- Annual Report and Accounts 2024/25 Production timetable
- IAGC Schedule of Business 2025/26

Risks Identified by the Committee during the meeting:

There were no new risks identified by the Committee during this meeting.

Items to come back to the Committee outside its routine business cycle:

None

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
None		

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 27 March 2025				
Report Title: Public Council of Governors Annual Schedule of Business 2025/26			Agenda No.: 020	
Report Author and Job Title:	Dorothy Otite, Director of Corporate Governance (Interim)	Lead Executive Director	Dorothy Otite, Director of Corporate Governance (Interim)	
Appendices:	Appendix 1: Public Council of Governors Annual Schedule of Business 2025/26			
Executive Summary:				
Action Required:	Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>			
Situation:	This report proposes the Public Council of Governors Annual Schedule of Business for 2025/26 (attached as Appendix 1) for approval.			
Background:	<p>It is good corporate governance practice for the Council of Governors to agree a forward plan of its activities ahead of the new financial year.</p> <p>This is the first iteration of the Schedule of Business for the Council.</p> <p>Process undertaken: The process of producing the Council of Governors Schedule of Business is conducted annually (ahead of the new financial year) and is facilitated by the Corporate Governance Team in consultation with the Trust Chair and Lead Governor.</p>			
Assessment:	<p>The Public Council of Governors Schedule of Business for 2025/26 covers the period April 2025 to March 2026.</p> <p>The Council of Governors is asked to note that the Schedule of Business is a live document, and it may be updated overtime depending on the Trust's priorities, and other external/ regulatory factors.</p> <p>The Public Council of Governors Schedule of Business will be presented at each meeting of the Council of Governors for discussion highlighting any changes and to give an opportunity to members to discuss any new items for addition.</p> <p>Diary appointments for the 2025/26 meetings have been issued to members. Any future changes to dates will be reflected in the schedule of business.</p>			
Key recommendation(s):	<p>The Council of Governors is asked to discuss:</p> <p>1) APPROVE the Public Council of Governors Schedule of Business for 2025/26.</p>			
Implications:				
Strategic Ambitions:				
<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability

	provider of training & education	research in this area			
Relevant CQC Quality Statements (we statements) Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>	ORR <input type="checkbox"/>	
	The Council of Governors receives a summary update of BAF risks on a six-monthly basis and is included in the schedule of business.				
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
	The schedule of business covers all statutory duties of the Council of Governors.				
Resource Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	There are no additional resource implications associated with this report.				
Equality, Diversity, and Inclusion (EDI) implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	There are no additional EDI implications associated with this report.				
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:					
Assurance Route - Previously Considered by:	None				
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	

Key: ▼ - indicates drop down on template; P - planned, D - Deferred, M - Missed, X - discontinued, R - received			2025		2026		Board / Committee / Meeting			
Agenda Item	Category ▼	Sponsor / Lead ▼	May ▼	Oct ▼	Dec ▼	Feb ▼	Previous committee/group ▼	Onward approval ▼	Agenda Section ▼	Frequency ▼
Date of Meeting			29-May	02-Oct	11-Dec	12-Feb				
Paper Deadline			15-May	18-Sep	27-Nov	29-Jan				
Standard monthly meeting requirements										
Opening / Standing Items (every meeting)										
Chair's Welcome and Apologies for Absence	Information	Chair	P	P	P	P			Opening / Standing Items	Quarterly
Confirmation of Quoracy	Information	Chair	P	P	P	P			Opening / Standing Items	Quarterly
Declarations of Interest	Information	Chair	P	P	P	P			Opening / Standing Items	Quarterly
Patient/ Service User / Staff Story / Student Story	Discussion	CNO / CPO/ C	P	P	P	P			Opening / Standing Items	Quarterly
Minutes of the Previous Meeting	Approval	Chair	P	P	P	P			Opening / Standing Items	Quarterly
Matters arising from the minutes and Action Log Review	Approval	Chair	P	P	P	P			Opening / Standing Items	Quarterly
Chair's Report	Information	Chair	P	P	P	P			Opening / Standing Items	Quarterly
Chief Executive Officer's report (including merger update)	Information	CEO	P	P	P	P			Opening / Standing Items	Quarterly
Closing Matters (every meeting)										
Annual Council of Governors' Schedule of Business (For approval in Feb	Discussion	Chair	P	P	P	P			Closing Matters	Quarterly
Questions from the Public	Discussion	Chair	P	P	P	P			Closing Matters	Quarterly
Any other business (including any new risks arising during the meeting)	Discussion	Chair	P	P	P	P			Closing Matters	Quarterly
Issues to be escalated to the Board of Directors	Discussion	Chair	P	P	P	P			Closing Matters	Quarterly
Reflection and Feedback from the meeting	Discussion	Chair	P	P	P	P			Closing Matters	Quarterly
Date and Venue of Next meeting	Information	Chair	P	P	P	P			Closing Matters	Quarterly
Quarterly (4)										
Governor Feedback (Including Service Visits, Induction, Training etc)	Discussion	Governor	P	P	P	P			Corporate Reporting covering all strategic ambitions	Quarterly
Summary Report on Quality and Performance	Discussion	DoSBD	P	P	P	P	Trust Board		Corporate Reporting covering all strategic ambitions	Quarterly
Finance Report - Month (insert)	Assurance	CFO	P	P	P	P	Trust Board		Improving value, productivity, financial and environmental	Quarterly
Quality and Safety Committee Chair's Assurance Report	Assurance	NED	P	P	P	P	Trust Board		Providing outstanding patient care	Quarterly
Quality and Safety Committee Governor Observers's Feedback	Assurance	Governor	P	P	P	P			Providing outstanding patient care	Quarterly
Performance, Finance & Resources Committee Chair's Assurance Report	Assurance	NED	P	P	P	P	Trust Board		Improving value, productivity, financial and environmental	Quarterly
Performance, Finance & Resources Committee Governor Observers' Feedback	Assurance	Governor	P	P	P	P			Improving value, productivity, financial and environmental	Quarterly
People, Organisational Development, Equality, Diversity & Inclusion Committee Chair's Assurance Report	Assurance	NED	P	P	P	P	Trust Board		Developing a culture where everyone thrives	Quarterly
People, Organisational Development, Equality, Diversity & Inclusion Committee Governor Observers' Feedback	Assurance	Governor	P	P	P	P			Developing a culture where everyone thrives	Quarterly
Education & Training Committee Chair's Assurance Report	Assurance	NED	P	P	P	P	Trust Board		Enhance our reputation and grow as a leading local, regional, national & international provider of training & education	Quarterly
Education & Training Committee Governor Observers' Feedback	Assurance	Governor	P	P	P	P			Enhance our reputation and grow as a leading local, regional, national & international provider of training & education	Quarterly
Integrated Audit and Governance Committee Chair's Assurance Report	Assurance	NED	P	P	P	P	Trust Board		Corporate Reporting covering all strategic ambitions	Quarterly
Integrated Audit and Governance Committee Governor Observers' Feedback	Assurance	Governor	P	P	P	P			Corporate Reporting covering all strategic ambitions	Quarterly

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Agenda Item	Category ▼	Sponsor / Lead ▼	May ▼	Oct ▼	Dec ▼	Feb ▼	Previous committee/group ▼	Onward approval ▼	Agenda Section ▼	Frequency ▼
Date of Meeting			29-May	02-Oct	11-Dec	12-Feb				
Council of Governors and Members Communication and Engagement Strategy and Plan 2025/26	Discussion	DCE	P	P	P	P			Corporate Reporting covering all strategic ambitions	Quarterly
Nominations Committee Report (as required)	Approval	Governor	P	P	P	P			Corporate Reporting covering all strategic ambitions	Quarterly
Six-monthly (2)										
Summary Report on Board Assurance Framework (BAF) and Corporate Risk Register (CRR)	Discussion	IDOCG	P			P	Trust Board		Corporate Reporting covering all strategic ambitions	6 monthly
Governor Elections and Terms of Office Update	Information	IDOCG	P	P					Corporate Reporting covering all strategic ambitions	6 monthly
Service Visits Annual Plan 2025/26 (2026/27 - For approval in Feb 2026)	Approval	Chair	P			P	Trust Board		Corporate Reporting covering all strategic ambitions	6 monthly
Council of Governors Training and Development Programme 2025/26 - Update	Discussion	Discussion		P		P			Corporate Reporting covering all strategic ambitions	6 monthly
Annual (1)										
Annual Council of Governors' Effectiveness Survey 2025/26 (Outcome)	Discussion	IDOCG		P			Trust Board		Corporate Reporting covering all strategic ambitions	Annual
Review of Committee Terms of Reference	Approval	Chair	P				Nominations Committee		Corporate Reporting covering all strategic ambitions	Annual
Council of Governors and Nominations Committee Meeting Dates 2026/27	Information	IDOCG				P	Trust Board		Corporate Reporting covering all strategic ambitions	Annual
Fit & Proper Persons Test Outcome for Non-Executive Directors 2024/25	Approval	IDOCG	P				Board NHSE		Corporate Reporting covering all strategic ambitions	Annual
Financial Plan 2026/27 (if required)	Discussion	ICFO				P	Trust Board		Improving value, productivity, financial and environmental sustainability	Annual
Governor Observers on Board Committees - Annual Update	Discussion	IDOCG				P			Corporate Reporting covering all strategic ambitions	Annual