

## Meeting Book - OPEN - COUNCIL OF GOVERNORS MEETING

### AGENDA

00a COG May25 Front Page Part 2.docx - 3

00b CoG Agenda 29 May 2025 Public Part 2 FINAL.docx - 4

014. Quality & Safety Committee Governor Observers Feedback

002. Confirmation of Quoracy

003. Council of Governors' Declarations of Interest

003 Copy of Register of Governor Interests - 2025-26 Updated  
160525.pdf - 7

004. Service User Patient/Service User Story

005. Minutes of the Previous Meeting held on 27 March 2025

005 UNCONFIRMED Minutes of the Meeting of Council of Governors  
held in Public on 27th March 2025.docx - 9

006. Matters Arising from the Minutes and Action Log

006 Action Log of the Public Council of Governors - Updated May  
2025.pdf - 17

007. Chair and Chief Executive's Report

007 CEO report to CoG May 2025 (public).docx - 19

008. Governor Elections and Terms of Office Update

008 Governor Elections Report- CoG Public May 25.docx - 26

008a Governor Terms of Office 2025-26 - May 25.docx - 29

009. Governor Feedback (Including induction, training etc)

009 Governor - NHS Providers Core Skills Training Update May 25.docx  
- 30

009a NHS Providers Core Skills 01.04.25 Evaluation report.pdf - 32

010. Council of Governors Effectiveness Survey 2024/25 Update

010 Council of Governors Effectiveness Survey Update - CoG Public  
May 25.docx - 36

011. Governor Observers on Board Committees 2025/26

011 Governor Observers attending Board Committees - CoG Public May  
25.docx - 38

011a. Governor observer role description.pdf - 41

012. Service Visits - Forward Plan 2025/26

012 Service Visits 2025-26 Update to CoG Public - May 25.docx - 42

012a Service Visits 2025-26 FINAL - Council of Governors.pdf - 44

013. Summary Report on Quality and Performance

013 Summary Report on Quality and Performance CoG  
Coversheet.docx - 48

014. Quality & Safety Committee Assurance Report

014. Chairs Assurance report to CoG - Quality & Safety Committee 17  
April 2025.docx - 52

014a. Quality and Safety Committee Governor Observers' Feedback

015. People, Organisational Development, Equality, Inclusion and Diversity Committee Assurance Report

015 Chairs Assurance Report PODEDI to CoG May 2025.docx - 55

015a. People, Organisational Development, Equality, Inclusion and Diversity Committee Governor Observers' Feedback

016. Staff Survey Results and Actin Plan 2024

016 Staff survey CoG May 2025.docx - 57

017. Education and Training Committee Assurance Report

017. ETC Chairs Assurance Report to CoG May 25.docx - 64

017a. Education and Training Committee Governor observers' Feedback

018. Performance, Finance and Resources Committee Assurance Report

018 PFR Chairs Assurance report to CoG May 25.docx - 67

018a. Performance, Finance and Resources Committee Governor Observers' Feedback

019. Finance Report - Month 12 (Including Financial Plan 2025/26)

019 Finance Report M12 2024.25 Public CoG May 2025.docx - 69

020. Integrated Audit and Governance Committee Assurance Report

020 IAGC Chairs Assurance report to CoG - May 25FINAL.docx - 72

020a. Integrated Audit and Governance Committee Governor Observers' Feedback

021. Annual Schedule of Business 2025/26

021 Annual Public CoG Schedule of Business 2025-26 Coversheet.docx - 75

021a Council of Governors Schedule of Business V1 2025-26 - Public.pdf - 77

022. Questions from the Public

023. Any Other Business (including any new risks arising during the meeting)

024. Issues to be Escalated to the Board of Directors

025. Reflections and Feedback from the Meeting

026. Date and Time of Next Meeting.

026. Thursday 9th October 2025 at 3:00 - 5:00

# **Council of Governors' Part Two**

**Agenda and papers of a meeting to be held in public**

**Thursday, 29<sup>th</sup>  
May 2025**

**For timings and  
venue, please  
refer to the  
agenda.**

**MEETING OF THE COUNCIL OF GOVERNORS – PART TWO**  
**HELD IN PUBLIC**  
**THURSDAY, 29 MAY 2025 3.00 – 5.30P.M.**  
**LECTURE THEATRE, TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST**  
**AND VIRTUALLY VIA ZOOM**

**Living our values:**



**AGENDA**

25/05	Agenda Item	Purpose Approval Discussion Information Assurance	Lead	Format Verbal Enclosure Presentation	Time	Report Assurance rating
<b>OPENING ITEMS</b>						
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	Service User Story: Camden Adolescent Intensive Support Service (CAISS) An intensive mental health outreach service working with young people aged 12-18 years old.	Discussion	Alex Finnegan, Clinical Lead – CAISS attending with 1 young Service User and Parent of Service User	P	3.05 (15)	
005	Minutes of the Previous Meeting held on 27 March 2025	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 type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>COUNCIL OF GOVERNORS': SPECIFIC MATTERS</b>						
008	Governor Elections and Terms of Office Update (including verbal update on outcome of discussions at the Council of Governors meeting held in Private)	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) - Feedback from the Core Skills training (for information)	Discussion	All Governors	E	3.45 (10)	
010	Council of Governors Effectiveness Survey 2024/25 - Update	Information	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	Governor Observers on Board Committees 2025/26	Information	Dorothy Otite, Interim Director of Corporate Governance	E	4.00 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
012	Service Visits - Forward Plan 2025/26	Information	Dorothy Otite, Interim Director of Corporate Governance	E	4.05 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>Comfort Break (5 minutes) 4.10pm – 4.15pm</b>						
<b>PROVIDING OUTSTANDING PATIENT CARE</b>						
013	Summary Report on Quality and Performance	Discussion	Rod Booth, Director of Strategy & Business Development	E	4.15 (10)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
014	Quality and Safety Committee (QSC) Assurance Report	Assurance	Claire Johnston, QS Committee Chair	E	4.25 (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	New Observer: Kathy Elliott, QSC Governor Observer	V	4.30 (5)	
<b>DEVELOPING A CULTURE WHERE EVERYONE THRIVES</b> with a focus on equality, diversity and inclusion						
015	People, Organisational Development, Equality, Inclusion and Diversity Committee (POD EDI) Assurance Report	Assurance	Shalini Sequeira, POD EDI Committee Chair	E	4.35 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	People, Organisational Development, Equality, Inclusion and Diversity Committee (POD EDI) Governor observers' feedback	Discussion	New Observer: Paru Jeram, POD EDI Governor Observer	V	4.40 (5)	
016	Staff Survey Results and Action Plan 2024	Information	Gem Davies, Chief People Officer	E	4.45 (5)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
<b>ENHANCE OUR REPUTATION AND GROW AS A LEADING</b> local, regional, national & international provider of training & education						
017	Education and Training Committee (ETC) Assurance Report	Assurance	Sal Jarvis, E&T Committee Chair	E	4.50 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/>

						N/A ☒
	Education and Training Committee (ETC) Governor observers' feedback	Discussion	New Observers: Stephen Frosh and Susie Lendrum, ETC Governor Observers	V	4.55 (5)	
IMPROVING VALUE, PRODUCTIVITY, FINANCIAL AND ENVIRONMENTAL SUSTAINABILITY						
018	Performance, Finance and Resources Committee (PRFC) Assurance Report	Assurance	Aruna Mehta, PFR Committee Chair	E	5.00 (5)	Limited ☐ Partial ☐ Adequate ☐ N/A ☒
	Performance, Finance and Resources Committee (PRFC) Governor observers' feedback	Discussion	Stephen Frosh (last meeting as Observer), PRFC Governor Observers (new Observers: Sheena Bolland & Pauline Williams)	V	5.05 (5)	
019	Finance Report – Month 12 (including Financial Plan 2025/26)	Information	Peter O'Neill, Interim Chief Finance Officer	E	5.10 (5)	Limited ☐ Partial ☒ Adequate ☐ N/A ☐
020	Integrated Audit and Governance Committee (IAGC) Assurance Report	Assurance	David Levenson, IAGC Committee Chair	E	5.15 (5)	Limited ☐ Partial ☐ Adequate ☐ N/A ☒
	Integrated Audit and Governance Committee (IAGC) Governor observers' feedback	Discussion	New Observer: Natalia Barry, IAGC Governor Observer	V	5.20 (5)	
CLOSING ITEMS						
021	Annual Schedule of Business 2025/26	Information	John Lawlor, Chair	E	5.25 (5)	Limited ☐ Partial ☐ Adequate ☒ N/A ☐
022	Questions from the Public	Discussion	John Lawlor, Chair	V		
023	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	Discussion	John Lawlor, Chair	V		
024	Issues to be escalated to the Board of Directors	Discussion	John Lawlor, Chair	V		
025	Reflections and Feedback from the meeting	Discussion	John Lawlor, Chair	V		
DATE AND TIME OF NEXT MEETING						
026	Thursday 9 <sup>th</sup> October 2025 at 3.00 – 5.00p.m.					

**REGISTER OF GOVERNOR INTERESTS - 2025/26 (LAST UPDATED 16/05/25)**

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) December 2024 (2nd Term)	Research Assistant (employed/voluntary) at London South Bank University	Jun-23	present	No conflict as not involved in management decision making. - Working on project involving intervention courses for safeguarding staff working with transgender youth, particularly in the care sector. Developing signposting resources and research evidence to increase staff competence and confidence.
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 Uwakame	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) May 2025 (2nd Term)	Employed by the Royal Free Hosital Group as emergency medical consultant and associate medical director for clinical effectiveness	2019	present	No conflict declared – will withdraw from any decision making relating to the Tavistock & Portman NHS Foundation Trust in competition with Royal Free
			Husband owns healthrota, a national NHS rostering system		present	No perceived conflict
Peter Ptashko	Camden	May 2025 (1st term)	<i>TBC - New Governor</i>			
Sheena Bolland	Rest of England & Wales	October 2021 (1st term) December 2024 (2nd Term)	NIL RETURN			
Maisam Datoo	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			
Chipo Mukoki	Student	May 2025 (1st term)	<i>TBC - New Governor</i>			
Kathy Elliott (Lead	Stakeholder - Voluntary	December 2020 (2nd	Trustee and Vice Chair of Voluntary Action Camden (3)	Sep-20	present	Stakeholder Governor representing Voluntary Action Camden

NAME	POSITION HELD (INCLUDING CONSTITUENCY)	FIRST APPOINTED	DESCRIPTION OF INTERESTS DECLARED	RELEVANT DATES		DECLARATION COMMENTARY
				FROM	TO	
Governor)	Action Camden)	term)	Vice Chair Caversham Practice Patient Participation Group (3)	06/01/2014	present	no perceived conflict
			<b>Closed Interest:</b> Chair Registration Panel; and Assessor UK Public Health Register (3)	06/01/2014	09/10/2024	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)	NIL RETURN			
Councillor Anna Wright	Stakeholder - Camden Council	April 2025 (1st term)	NIL RETURN			
LEAVERS (TERMS OF OFFICE ENDED IN 2025/26)						
Ffyonaw Dawber	Camden	May 2022 (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.



**UNCONFIRMED MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS  
HELD IN PUBLIC  
THURSDAY 27<sup>TH</sup> APRIL 2025, 3.00-5.00 PM  
TRAINING ROOMS A&B, THE TAVISTOCK & PORTMAN NHS FOUNDATION TRUST  
120 BELSIZE LANE, LONDON, NW3 5BA  
AND VIRTUALLY VIA ZOOM**

**PRESENT:**

John Lawlor	Trust Chair and Chair of the Council of Governors	JL
Kathy Elliott	Stakeholder Governor and Lead Governor	KE
Michael Arhin-Acquaah	Public Governor	MAA
Paru Jeram	Staff Governor	PJ
Sebastian Kraemer	Public Governor	SK
Stephen Frosh	Public Governor	SF
Susan Lendrum	Public Governor	SL
Natalia Barry	Public Governor	NB
Chidi Uwakaneme	Public Governor	CU
Pauline Williams	Staff Governor	PW
Annecy Lax	Stakeholder Governor, University of Essex	AL
Katharine Knight	Student Governor	KK

**IN ATTENDANCE:**

Michael Holland	Chief Executive	MH
Peter O'Neill	Interim Chief Finance Officer	PON
Dorothy Otite	Interim Director of Corporate Governance	DO
Aruna Mehta	Non-Executive Director	AM
Claire Johnston	Non-Executive Director	CJ
Sal Jarvis	Non-Executive Director	SJ
Shalini Sequeira	Non-Executive Director	SS
David Levenson	Non-Executive Director	DL
Sabrina Phillips	Associate Non-Executive Director	SP
Jane Meggitt	Director of Communications & Engagement	JM
Dympna Cunnane	CEO, Our Time Charity	DC
Angela Bagum	Head of Digital and Short Course Portfolio	AB
Victoria Howells	Head of Conference, CPD & Events Unit	VH

**APOLOGIES:**

Sheena Bolland	Public Governor	SB
Roswitha Dharampal	Public Governor	RD
Ken Batty	Non-Executive Director	KB
Janusz Jankowski	Non-Executive Director	JJ
Rod Booth	Director of Strategy & Transformation	RB

MINUTE NO.	ACTION (INITIALS)
25/001	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>

The Chair welcomed those present and noted apologies. He introduced new Staff Governor Pauline Williams, new Public Governors Chidi Uwakaneme, Susan Lendrum and Roswitha Dharampal, and new University of Essex Governor Annecy Lax.

25/002 **CONFIRMATION OF QUORACY**

The Chair confirmed the meeting was quorate.

25/003 **DECLARATIONS OF INTEREST**

The Council noted that there were no new declarations of interest. The Chair highlighted an error in the first version of the papers, which incorrectly stated that several Governors were no longer on the Council because they had completed their second term. This was corrected in the later version.

25/004 **DIGITAL & SHORT COURSES PORTFOLIO PRESENTATION: 'SUPPORTING CHILDREN OF PARENTS WITH A MENTAL ILLNESS: A SYSTEMIC APPROACH'**

Angela Bagum, Head of Digital & Short Course Portfolio, explained that the Trust had recently collaborated with the charity Our Time to develop a new 4-week online self-study course, *Supporting Children of Parents with a Mental Illness: A Systemic Approach*.

Dympna Cunnane, CEO of Our Time, added that one way the charity fulfils its mission is through a local community support model called *KidsTime* multifamily workshops. Originally developed at the Tavistock, this approach draws on systemic practice and trauma-informed ideas. Since 2012, the charity has been building its knowledge and expertise to support any practitioners working with children whose parents have a mental illness. The aim is to help families develop their own coping strategies and build resilience.

Victoria Howells, Head of the Conference, CPD & Events Unit, confirmed that the course launched at the end of January 2025 and has had 30 enrolments to date. Her team will produce a two-minute snapshot video featuring course highlights and a welcome from the course leads, which will be used to promote the course more widely.

Action: AB to share a clip for Governors and the Board to view, accompanied by a message encouraging colleagues to actively promote the programme.

**AB**

25/005 **MINUTES OF THE PREVIOUS MEETING HELD 5<sup>TH</sup> DECEMBER 2024**

The minutes from the meeting held 5<sup>th</sup> December 2024 were approved.

25/006 **MATTERS ARISING FROM THE MINUTES AND ACTION LOG REVIEW**

The service visit programme is on the agenda. This action will remain open until the programme has been shared.

The other two actions will be closed in light of recent events, with CNWL withdrawing as a potential merger partner. These can be reopened when a new merger partner is confirmed.

25/007 **CHAIR AND CHIEF EXECUTIVE'S REPORT INCLUDING MERGER UPDATE**

The Chair provided the following update:

- A decision has been made by the government to abolish NHS England.
- ICBs have been asked to reduce their running costs by 50%.
- The financial situation across the NHS for 25/26 is very tight, due in part to the pay awards, employer National Insurance costs, NHS Pension contributions, and other related cost pressures.

The CEO provided the following updates:

- The Trust is engaged in merger discussions with another potential partner with details to be shared once the other trust's Board has considered the proposition.
- Regarding the Staff survey, the Tavistock & Portman is the most improved Trust, with a 9.7% increase in completion rates. Staff satisfaction has improved across 7 out of 9 themes; however, the Trust still ranks as one of the lowest overall across key indicators. There will need to be effective support for staff over the next year, given the financial and existential challenges, as well as the ongoing merger process.
- Further work is needed on both the WRES and WDES indicators which show staff with these protected characteristics having a worse experience. The broader cultural climate globally, including anti-EDI sentiment, is also likely to impact staff wellbeing.

25/008 **GOVERNOR ELECTIONS AND TERMS OF OFFICE - UPDATE**

DO's paper was taken as read. There are currently a number of upcoming Governor vacancies: three for Camden, one for the rest of England and Wales, and one student vacancy.

Together with UK Engage, the Corporate Governance and Communications teams have issued election materials to members of the relevant constituencies. Nominations for the Council of Governors close on 20<sup>th</sup> March. So far, there have been two nominations for Camden and three for the student seat. All election results will be announced on 1 May. As this falls between Council meetings, DO will update members by email.

There are currently 16 Governors. Following this election, two vacancies will remain: one for Camden and one for the rest of England. Jocelyn Cornwell has recently resigned as a public governor and Peter Ptashko has stepped down at the end of his first term as stakeholder governor for Camden Council. DO will bring a paper to the next meeting outlining the process going forward.

CJ proposed extending the terms of some existing Governors to support continuity. DO noted that this would require a constitutional amendment, as the current version does not include provision for term extensions.

25/009

## GOVERNOR FEEDBACK

### Governor Induction – 28<sup>th</sup> January 2025:

JL confirmed that induction training took place on 28<sup>th</sup> January. NHS Providers will be offering further training on 1<sup>st</sup> April ('GovernWell: Core Skills'). PW noted that she found the session informative and helpful, particularly the sections covering finance.

### Proposal for Council of Governors Effectiveness Survey and Feedback Workshop:

The council was given the option of either conducting an effectiveness survey through NHS Providers followed by a workshop, or carrying out a simple in-house survey. The former would incur a cost and would therefore require members' commitment.

Action: DO will request that the survey be circulated again, with a deadline set for two weeks' time.

**DO**

25/010

## GOVERNOR OBSERVERS ON BOARD COMMITTEES - UPDATE

DO's paper outlining the role of the observers was taken as read. She noted that a key statutory role of the Council of Governors is to hold the Non-Executive Directors to account for the performance of the Board. One effective way to support this is through Governors attending committees as observers. Feedback so far indicates that this approach has worked well. The proposal is to continue with the same process next year.

Action: DO will email the Council to open up the observer process to anyone else who may be interested.

**DO**

**25/011 SERVICE VISITS**

DO reiterated that the Trust recognises how valuable service visits are and acknowledged that the process requires strengthening. Moving forward there will be one dedicated coordinator in her team to cleanse the data and centralise the schedule. The aim is for each team across the trust to receive one visit per quarter.

Action: In April, DO will send an update to the Board and Council of Governors.

**DO**

**25/012 SUMMARY REPORT ON QUALITY AND PERFORMANCE**

The paper was taken as read. MH confirmed that services are making progress in reducing waiting times, although performance in the GIC has been slightly affected by work related to the national review. Trauma and ASD services have shown strong engagement.

On the People front, the Trust is focusing on improving compliance with appraisals and statutory and mandatory training.

**25/013 QUALITY AND SAFETY COMMITTEE (QSC) ASSURANCE REPORT**

CJ reported that the patient safety partners had been highly engaged and had increased their contribution to 12 hours per month. The ICB has requested that all Trusts collaborate with another organisation, and the Tavistock & Portman has volunteered to partner with the Whittington. Outcomes from this collaboration will be reported back to this meeting. KE acknowledged that while significant challenges remain, she is confident that the right actions are being taken. PJ added that the developments with Dr Doctor were impressive.

**25/014 PEOPLE, ORGANISATIONAL DEVELOPMENT, EQUALITY, INCLUSION AND DIVERSITY COMMITTEE (POD EDI) ASSURANCE REPORT**

SS took the paper as read and reported that each committee meeting includes a review of a specific Board risk. At the most recent meeting, the focus was on the risk relating to the Trust's ability to foster a fair and inclusive culture, where positive developments were noted. The Recruitment & Retention Group was also discussed, and PW shared feedback that the group is proving to be effective.

## 25/015 **EDUCATION AND TRAINING COMMITTEE (ETC) ASSURANCE REPORT**

SJ took the paper as read and highlighted two key risks: student recruitment, and the future of the Trust's registration with the Office for Students in the context of the proposed merger. Recruitment of home students has increased, but the Trust remains cautious about international student recruitment. A constructive meeting was held with the Office for Students, during which the Trust's commitment to maintaining the organisation as a collective was emphasised. PON attended the most recent meeting and underlined the financial challenges the Trust is facing, along with the need to improve DET's overall financial contribution.

## 25/016 **PERFORMANCE, FINANCE AND RESOURCES COMMITTEE (PRFC) ASSURANCE REPORT**

AM took the paper as read and noted that performance was addressed in the IQPR, with PON to discuss finance separately. She highlighted a risk she would like to see more prominently reflected in the IQPR: IT infrastructure and cybersecurity. Additionally, she mentioned that SF's insights as an observer had been very helpful.

## 25/017 **FINANCE REPORT - MONTH 10**

PON took the paper as read. As of month 10, the Trust had a net deficit of £1.9m, slightly behind plan by £3k. By month 11, the Trust was £115k ahead of plan and is now on track to meet the £2.2m deficit target by year-end. This improved position is due to the rates rebate funding received in January 2025. For month 10, the Trust was on track to spend £2.6m of its capital allocation. Since then, it has received an additional £100k in capital from NCL, bringing the projected year-end capital spend to £2.7m. The cash balance at month 10 was £3.2m, reflecting the rates rebate. Cash support from NHSE has been confirmed for March and for May 2026 onwards.

25/018 **FINANCIAL PLANNING 2025/26**

The paper was taken as read. MH highlighted that the challenge for every Trust is achieving a balanced position, with ongoing discussions focused on various strategies to reach this goal. PON added that the paper is similar to the February submission, which outlined a £3.2m deficit plan. Since then, the Trust has been collaborating with NCL colleagues to identify areas for closing the gaps. Once finalised, the plan will be shared with Governors.

Action: JL to provide Governors with further details of the Trust's plan to achieve a balanced position in 25/26.

JL

25/019 **INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC) ASSURANCE REPORT**

DL took the paper as read. The Trust is currently in a busy period, with year-end accounts and reports being filed. Adequate assurance has been received from external auditors, though internal assurance has been limited; this is expected to improve once the reports are finalised. The CEO has confirmed that the revised action targets will be met. The next meeting is scheduled for early May, followed by a special meeting in mid-June, when the committee expects to sign off the accounts for 24/25.

25/020 **SCHEDULE OF BUSINESS**

The schedule of business for 25/26 was provided for information. Any additions should be sent to DO.

25/021 **QUESTIONS FROM THE PUBLIC**

None put forward.

25/023 **ISSUES TO BE ESCALATED TO THE BOARD OF DIRECTORS**

No additional items were raised.

JL confirmed that the Board had viewed the content of the papers. He also emphasised that no significant financial changes would be implemented without first conducting an Equality Impact Assessment and a Quality Impact Assessment.

25/024

## REFLECTIONS AND FEEDBACK FROM THE MEETING

JL suggested that a condensed version of the course slides could be presented to the Board, once feedback is available. He expressed his disappointment that more could not be shared about the new potential merger partner at this stage. However, he noted it was positive that the Trust had a clear path to achieving financial balance in 25/26. KE added that the Governors appreciated the increased communication.

The Chair closed the meeting at 5.00 P.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 27.03.25	6 11	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)	To Close	06/05/25: On the agenda. Programme in place and circulated to Governors by email on 02/05/25. 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. 25/11/24: In progress - A programme covering the next few months has been prepared, and this will shortly be updated to cover the rest of the financial year.
27.03.25	4	Digital & Short Courses Portfolio Presentation	Angela Bagum to share a clip for Governors and the Board to view, accompanied by a message encouraging colleagues to actively promote the programme	May-25	Angela Bagum, Head of Digital & Short Course Portfolio	Open	20/05/25: AB confirmed they are still in the process of building the video clip for the parental mental health training. This is due to the Partner's wish to include a service user which requires a slightly longer process. This will be available during the week of 9 June by which point it will be forwarded to the Corporate Governance Team for circulation to Governors and the Board.
27.03.25	9	Governor Feedback	Proposal for Council of Governors Effectiveness Survey and Feedback Workshop: Re-circulate question to Governors regarding preference (Inhouse or NHS Providers)	May-25	Dorothy Otite, Director of Corporate Governance (Interim)	To Close	06/05/25: Outcome on agenda. Majority preferred inhouse survey.
27.03.25	10	Governor Observers on Board Committees	Email the Council to open up the observer process for Expressions of Interest.	May-25	Dorothy Otite, Director of Corporate Governance (Interim)	To Close	06/05/25: Outcome on agenda. Complete.

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)
27.03.25	18	Financial Planning 2025/26	To provide Governors with further details of the Trust's plan to achieve a balanced position in 25/26.	May-25	Jonathan Bell, Interim Chief Finance Officer	To Close	06/05/25: On the agenda

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 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:	None				
<b>Executive Summary:</b>					
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 and Council of Governors should be sighted on.				
Assessment:	This report covers the period since the meeting on 27 March 2025.				
Key recommendation(s):	The Council of Governors is asked to receive this report, <b>DISCUSS</b> its contents, and note the progress update against the leadership responsibilities within the CEO's portfolio.				
<b>Implications:</b>					
<b>Strategic Ambitions:</b>					
<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 <a href="#">CQC Quality Statements</a> (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"/>
Alignment with Trust Values:	Excellence <input checked="" type="checkbox"/>		Inclusivity <input checked="" type="checkbox"/>	Compassion <input checked="" type="checkbox"/>	Respect <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				

<b>Equality, Diversity and Inclusion (EDI) implications:</b>	There are equality, diversity and inclusion implications associated with different aspects of this report.			
<b>Freedom of Information (FOI) status:</b>	<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.	
<b>Assurance:</b>				
<b>Assurance Route - Previously Considered by:</b>	Board of Directors (Public) – May 2025			
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input checked="" type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input type="checkbox"/> <b>Not applicable:</b> No assurance is required

## Chief Executive's Report

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### 1. Introduction

As I reported last time, it is one of the most challenging years on record for the NHS. There is a big drive from central government to work smarter and harder and, as ever, our teams are rising to the challenge so that we can continue to deliver excellent care and education to patients and students. Through this challenging period, we remain driven by our vision to be a leader in mental health care and education and to make a meaningful difference to people's lives.

I'm pleased to report that we're making good progress with our merger plans.

### 2. Merger update – Joint announcement with North London NHS Foundation Trust

On 1 April 2025 we [confirmed plans](#) to explore a merger by acquisition with [North London NHS Foundation Trust \(NLFT\)](#). We are confident that merging with NLFT will significantly enhance and strengthen children and adult mental health services across North London, as well as end the uncertainty and increase opportunities for our staff, students and patients.

Working with NLFT, we intend to complete the merger process by 1 April 2026, so that we can focus on creating improved care quality and stability for staff, students and patients. To support an open and transparent approach I am holding weekly CEO drop-ins for all staff and monthly informal sessions with Governors to keep everyone informed of recent developments.

### Providing outstanding patient care

### 3. Regional Chief Nursing Officer Visit

The London Region Chief Nursing Officer, Karen Bonner, visited the Trust on 1<sup>st</sup> May, during the visit she met with nurses from across the Trust and heard about their unique roles within the organisation. It was also an opportunity for the Trust to share the post graduate training for nurses, including the valuable work that we are currently doing with North Central London ICB, Trusts across the system and further afield to embed reflective practice, restorative-based supervision through training, and supporting organisations to develop a sustainable approach to this.

### 4. International Nurses Day

On 12<sup>th</sup> May, the Trust celebrated International Nurses Day with the theme "Caring for Nurses Strengthens Economies", showing the importance of the profession for health systems. At the Tavistock and Portman, we held a celebration event, and shared the impact that nurses have on the services they deliver and to the overall service user experience. Ahead of the day, non-nursing colleagues were asked to provide statements on the role of nurses in their teams, there was an overwhelming response that was shared across the Trust.

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

## **5. Office for Students' (OfS) Changes**

I was interested to hear about the changes proposed by the Office for students for their regulatory framework for Higher Education providers and both the Trust Chair and CETO attended briefings on these before Easter. The changes are, firstly, to the conditions around treating students fairly, which introduce a new definition of detriment based on poor behaviour by providers. The second change around effective governance is potentially more impactful to our Trust as it provides a clearer framework for non-University providers to meet the governance requirements of OfS regulation, together with the expectation that leaders and governing bodies have a basic competence and understanding of Higher Education provision. We have informed the Board that we have been seeking to provide this through recent Department of Education and Training briefings at Board Seminars and we will continue to respond to the proposals as they move forward.

## **6. Student Recruitment**

After a very strong start to the year driven by our opening student recruitment to our long courses four months earlier in October 2024, applications to our courses for 2025/26 entry have settled down to 2024/25 levels which is in part disappointing after such a fantastic opening. However, a consequence of the early acceptance of applications is that we are very far ahead of last year's position in terms of the number of offers made to students and acceptance of those offers; up to 350% in the first case. This gives us confidence to forward plan our marketing of courses where we believe we can attract more applicants and enrolments, and to confirm our teaching requirements for the next year. We will monitor this situation closely.

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

## **7. Staff Experience**

We recognise that when there is excellent staff experience, we give the best care to our patients and deliver the best education to our students. To achieve this, we need to create a workplace where our employees feel valued, supported and encouraged to deliver. One of my priorities for the year ahead is to improve the working lives of staff, so they can continue to deliver for patients and students.

We have started a piece of work to explore what needs to be done to achieve this, and we are encouraging everyone to get involved to tell us about what matters to them. We are committed to delivering meaningful outcomes arising from everyone's involvement and from us listening and responding to what we hear. Invitations to drop-in sessions have been sent to all employees, with the first session already producing lots of rich dialogue.

## **8. Staff Awards**

Our first ever Values in Practice awards will be held in June to recognise and celebrate the work and achievements of our staff over the past year. Staff across our organisation work incredibly hard to fulfil our mission to provide high-quality specialist mental healthcare, alleviate emotional distress and pioneer innovative education and research. We aim to provide a safe and supportive workplace where our organisational values – respect, compassion, inclusivity, and excellence – are reflected every day, along with our behaviours which guide who we are and everything we do.

Our Values in Practice awards allow us to recognise and thank our staff for their dedication and hard work. Nominations are open until 21 May, and will recognise individuals or teams for their work, impact and dedication to our patients, students and colleagues.

#### Key dates

- 21 May – Nominations deadline
- 28 May – 2 June - Shortlisting
- 3 June – Online shortlist event
- 4-9 June: Staff choice awards voting
- W/C 9 June – Judges select winners
- 26 June – Awards event at Everyman Hampstead

## **Improving Value, Productivity, Financial and Environmental Sustainability**

### **9. Development and Delivery of the Trust's strategy and financial plan**

The Trust incurred a net deficit of £2,197k in the period up to the end of March 2025, against the plan of £2,200k, a positive variance of £3k. This is subject to confirmation via the normal year end final accounts and external audit process. This improved position reflects the benefit of the non-recurrent rates rebate received in January 25. 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.

The financial planning 'round' for 2025/26 has concluded, with the Trust agreeing a balanced plan for 2025/26. The improvement from the previously deficit position of £3.2m being generated by some additional income from NCL, a commitment to reduce the annual accrual costs by £500k (requiring staff to use all their annual leave in 2025/26) and the planned sale of Gloucester House.

#### **Other Key Internal Updates:**

### **10. Council of Governors' Elections 2025 and New Appointed Governor**

I am pleased to announce the results of our recent elections to fill vacancies on the Council of Governors.

Two public seats in Camden have been filled by Natalia Barry (2<sup>nd</sup> Term) and Peter Ptashko (1<sup>st</sup> Term as a Public Governor), and the student seat has been filled by Chipu Mukoki. We also welcomed a new Appointed (Stakeholder) Governor in April (Councillor Anna Wright, representing Camden Council).

## **Regional and National Context**

### **11. Mental Health Network Annual Conference 2025**

The Trust was represented at this year's Mental Health Network Conference which included a panel discussion on the 10-year plan and what this means for mental health and learning disabilities and a keynote address from Sir Jim Mackey. Key themes throughout the day focused on the voice of the service user, patient power, with the service user being an equal partner in their care; how we achieve parity for physical and mental health through recognising stigma as a barrier to accessing services.

Discussions around the 10-year plan centred around this not being a plan for specific services, specialisms or pathways but will be on creating services tailored to population

needs, with greater devolved responsibility where local decision making and innovation is encouraged. It was acknowledged that mental health services are at the sharp end of today's challenges, with rising demand and workforce pressures. Yet, amidst this, our sector continues to deliver and is ahead of the curve with the governments key shifts particularly with moving more care from hospital to the community, making better use of technology and focusing on prevention.

Through the presentations on digital innovation and digital solutions, that were shared, there was a focus on patient benefits, not only in reducing waiting lists but also in reducing duplication for patients, and greater accessibility, although there were some words of caution around the need for workforce training, a scaled approach and above all, giving due consideration to digital poverty and any unintentional barriers to accessing services.

The priority for the 10-year plan will undoubtedly focus on rebuilding public confidence in the NHS and in improving staff experience.

## **12. Supreme Court ruling**

The [UK Supreme Court has recently ruled](#) on the definition of a "woman" under equality legislation. The implications of this ruling are not yet completely clear, and we await guidance on how this might be applied across the NHS.

In the meantime, we are aware our Trans and non-binary patients, students, staff and their allies may be anxious about what this might mean for them, their everyday life and wellbeing and their safety. At the Tavistock and Portman, we are very clear that we will continue to treat everyone with dignity, compassion, and respect.

## **13. Changes to Statutory and Mandatory Training across the NHS**

NHS England recently announced a universal agreement across the NHS in England to accept a core list of prior statutory and mandatory (StatMand) training. This means that, starting on 1 May 2025, staff will no longer need to repeat training when they move between NHS organisations, resulting in greater efficiency and improved staff experience.

## **14. Board Member Appraisal Guidance**

NHSE published in April, the [Board member appraisal guidance](#), for Chairs, Chief Executives, Executive Directors and Non-Executive Directors, which establishes clear expectations and enhances consistency in standards for board-level appraisals. The Trust has begun to implement this guidance for the 2024/25 Board-level appraisals.

## **15. Mental Health Strategy Update**

I attended the NHS England London CEOs meetings on 23rd April, where we discussed the Mental Health Strategy for London. We have a shared vision to improve mental health services in London which we can achieve through delivering the mental health strategy. This shared strategy for mental health in London will help us to achieve our vision of ensuring that London is the best global city in which to receive mental health services. The final Strategy document is due to be published in the coming weeks. It offers a good opportunity for the Tavistock and Portman to demonstrate and lead in the Children and Young Persons (CYP) space and demonstrate the outcomes we achieve in this area.



## **16. Chief Executive's meetings with external stakeholders**

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

- Planning check in 2025/26 with NCL Chairs & CEOs
- NHS Providers Chair's and Chief Executives
- CICE Neighbourhood workshop
- London CEO with London Regional Directors
- NHS Leadership Event
- NHS England London CEOs meetings with the London Regional Director

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025																			
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: Governors' Terms of Office – 2025/26																		
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 the recent Governor Elections 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>The elections process for vacant posts on the Council of Governors was run on the Trust's behalf by UK Engage, commencing on 3 March 2025, and this was completed on 1 May 2025.</p> <p>The outcome of the elections was communicated to the Council of Governors by email on 2 May 2025.</p>																		
Assessment:	<p>Elections outcome:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th>Constituency</th> <th>Number of vacant seats</th> <th>Number of Elected Governors</th> <th>Elected Governors</th> </tr> </thead> <tbody> <tr> <td>Camden</td> <td>3</td> <td>2</td> <td>Natalia (Talía) Barry – 2<sup>nd</sup> Term from May 2025 (elected unopposed) Peter Ptashko – 1<sup>st</sup> term from May 2025 (elected unopposed)</td> </tr> <tr> <td>Rest of England &amp; Wales</td> <td>1</td> <td>0</td> <td>None</td> </tr> <tr> <td>Student</td> <td>1</td> <td>1</td> <td>Chipo Mukoki – 1<sup>st</sup> term from May 2025</td> </tr> </tbody> </table> <p><b>Governor Terms of Office:</b></p> <ul style="list-style-type: none"> <li>The Register of Council of Governors including their terms of office is attached as Appendix 2 to the report.</li> <li>There are currently <b>17 Governors</b> on the Council. The following key updates are being brought to the Council's attention: <ul style="list-style-type: none"> <li><b>2 new Governors</b> have joined the Council since the last meeting in March 2025: <ul style="list-style-type: none"> <li>Peter Ptashko                      Public, Camden</li> <li>Councillor Anna Wright          Appointed, Camden Council</li> </ul> </li> <li><b>2 Governors</b> have left the Council: <ul style="list-style-type: none"> <li>Katharine Knight                  Student Governor (end of 1<sup>st</sup> Term)</li> <li>Ffyona Dawber                      Public, Camden (end of 1<sup>st</sup> Term)</li> </ul> </li> </ul> </li> </ul>			Constituency	Number of vacant seats	Number of Elected Governors	Elected Governors	Camden	3	2	Natalia (Talía) Barry – 2 <sup>nd</sup> Term from May 2025 (elected unopposed) Peter Ptashko – 1 <sup>st</sup> term from May 2025 (elected unopposed)	Rest of England & Wales	1	0	None	Student	1	1	Chipo Mukoki – 1 <sup>st</sup> term from May 2025
Constituency	Number of vacant seats	Number of Elected Governors	Elected Governors																
Camden	3	2	Natalia (Talía) Barry – 2 <sup>nd</sup> Term from May 2025 (elected unopposed) Peter Ptashko – 1 <sup>st</sup> term from May 2025 (elected unopposed)																
Rest of England & Wales	1	0	None																
Student	1	1	Chipo Mukoki – 1 <sup>st</sup> term from May 2025																

	<ul style="list-style-type: none"> <li>• <b>4 Governors</b> are coming to the end of their terms of office in December 2025. A proposal to extend the terms of office of the Public Governors is on the agenda for consideration: <ul style="list-style-type: none"> <li>• Stephen Frosh                      Public, Rest of London</li> <li>• Sebastian Kraemer                Public, Rest of London</li> <li>• Maisam Datoo                      Staff Admin &amp; Technical</li> <li>• Robert Waterson                  Appointed, University of East London</li> </ul> </li> <li>• To note two Governors (Maisam Datoo and Robert Waterson) did not attend any meetings of the Council of Governors during 2024/25. A report will be presented to the next formal meeting of the Council with a recommendation on next steps.</li> </ul>				
<b>Key recommendation(s):</b>	The Council is asked to <b>NOTE</b> the contents of this report.				
<b>Implications:</b>					
<b>Strategic Ambitions:</b>					
<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	
<b>Relevant CQC Quality Statements (we statement) Domain:</b>	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
<b>Alignment with Trust Values:</b>	Excellence <input checked="" type="checkbox"/>		Inclusivity <input checked="" type="checkbox"/>	Compassion <input checked="" type="checkbox"/>	Respect <input checked="" type="checkbox"/>
<b>Link to the Risk Register:</b>	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	There are no related BAF risks.				
<b>Legal and Regulatory Implications:</b>	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	The Elections are conducted in line with the Trust's Constitution.				
<b>Resource Implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific resource implications.				
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific EDI implications.				
<b>Freedom of Information (FOI) status:</b>	<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.			
<b>Assurance:</b>				
<b>Assurance Route - Previously Considered by:</b>	None			
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input checked="" type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input type="checkbox"/> <b>Not applicable:</b> No assurance is required

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"><li>• <b>Natalia ‘Talia’ Barry</b> 1<sup>st</sup> Term: May 2022 – May 2025 2<sup>nd</sup> Term: May 2025 – May 2028</li><li>• <b>Peter Ptashko</b> 1<sup>st</sup> Term: May 2025 – May 2028</li></ul> <p><b>1 Vacancy</b></p>	<ul style="list-style-type: none"><li>• <b>Michael Arhin-Acquaah</b> 1<sup>st</sup> Term: Oct 2021 – Dec 2024 2<sup>nd</sup> Term: Dec 2024 – Dec 2027</li><li>• <b>Stephen Frosh</b> 1<sup>st</sup> Term: Dec 2022 – Dec 2025</li><li>• <b>Sebastian Kraemer</b> 1<sup>st</sup> Term: Dec 2022 – Dec 2025</li><li>• <b>Roswitha Dharampal</b> 1<sup>st</sup> Term: Dec 2024 – Dec 2027</li><li>• <b>Chidinma Uwakaneme</b> 1<sup>st</sup> Term: Dec 2024 – Dec 2027</li><li>• <b>Susie Lendrum</b> 1<sup>st</sup> Term: Dec 2024 – Dec 2027</li></ul>	<ul style="list-style-type: none"><li>• <b>Sheena Bolland</b> 1<sup>st</sup> Term: Dec 2021 – Dec 2024 2<sup>nd</sup> Term: Dec 2024 – Dec 2027</li></ul> <p><b>1 Vacancy</b></p>	<ul style="list-style-type: none"><li>• <b>Pauline Williams</b> <b>Staff: Clinical, Academic, Senior</b> 1<sup>st</sup> Term: Dec 2024 – Dec 2027</li><li>• <b>Maisam Datoo</b> <b>Staff Admin &amp; Technical</b> 1<sup>st</sup> Term: Dec 2022 – Dec 2025</li><li>• <b>Paru Jeram</b> <b>Staff: Education &amp; Training</b> 1<sup>st</sup> Term: Dec 2021 – Dec 2024 2<sup>nd</sup> Term: Dec 2024 – Dec 2027</li><li>• <b>Chipo Mukoki</b> <b>Student</b> 1<sup>st</sup> Term: May 2025 – May 2028</li></ul>	<p><b>University Partners</b> <b>Dr Annecy Lax (UoE)</b> 1<sup>st</sup> Term: Mar 2025 – May 2028</p> <p><b>Robert Waterson (UEL)</b> 1<sup>st</sup> Term: Dec 2022 – Dec 2025</p> <p><b>Non-Statutory Sector</b> <b>Kathy Elliott (VAC)</b> 1<sup>st</sup> Term: Dec 2020 – Dec 2023 2<sup>nd</sup> Term: Jan 2024 – Dec 2026</p> <p><b>Local Authority (Camden)</b> <b>Councillor Anna Wright</b> 1<sup>st</sup> Term: April 2025 – April 2028</p>

<b>MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025</b>					
<b>Report Title: Governor NHS Providers' Core Skills Training Update</b>				<b>Agenda No. 009</b>	
<b>Cover Report Author and Job Title:</b>	Dorothy Otite, Director of Corporate Governance (Interim)		<b>Lead Executive Director:</b>	Dorothy Otite, Director of Corporate Governance (Interim)	
<b>Appendices:</b>	Appendix 1: NHS Providers' Core Skills Training Evaluation Report				
<b>Executive Summary:</b>					
<b>Action Required:</b>	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>				
<b>Situation:</b>	The report provides the NHS Providers' Core Skills Training Evaluation Report following the virtual training attended by Governors on 1 April 2025.				
<b>Background:</b>	It is essential to provide requisite training to Governors to ensure they can fulfill their statutory duties effectively, safeguard good governance and contribute meaningfully to the Trust's strategic ambitions.				
<b>Assessment:</b>	Although the training was offered to all Governors, nine of sixteen Governors on the Council of Governors attended the training.				
<b>Key recommendation(s):</b>	The Council is asked to <b>NOTE</b> the contents of this report.				
<b>Implications:</b>					
<b>Strategic Ambitions:</b>					
<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	
<b>Relevant CQC Quality Statements (we statement) Domain:</b>	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
<b>Alignment with Trust Values:</b>	Excellence <input checked="" type="checkbox"/>		Inclusivity <input checked="" type="checkbox"/>	Compassion <input checked="" type="checkbox"/>	Respect <input checked="" type="checkbox"/>
<b>Link to the Risk Register:</b>	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>	ORR <input type="checkbox"/>	
	There are no related BAF risks.				
<b>Legal and Regulatory Implications:</b>	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	Governors have specific duties under the NHS Act 2006 including holding the NEDs to account for the performance of the Board.				
	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	

<b>Resource Implications:</b>	There are no specific resource implications.			
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no specific EDI implications.			
<b>Freedom of Information (FOI) status:</b>	<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.	
<b>Assurance:</b>				
<b>Assurance Route - Previously Considered by:</b>	None			
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input checked="" type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input type="checkbox"/> <b>Not applicable:</b> No assurance is required

## Evaluation: Core skills, Virtual

The Tavistock and Portman NHS Foundation Trust

Date: Tuesday 1 April 2025

Virtual event via Zoom

Training delivered by: Mark Price – Member Development Manager, NHS Providers  
Louise McCourt – Member Development Manager, NHS Providers

Number of attendees: 11

Number of respondents: 9

## Event statistics: Overall

### RECOMMENDATION AND SATISFACTION SCORES

Question	Score
Would you recommend this event?	Yes:9 No:0
Percentage of delegates who would recommend the event	100%
Overall satisfaction with the event (average score)	4.6
Number of 5s	7
Number of 4s	1
Percentage of delegates scoring 5 or 4 for overall satisfaction	88.9%

### Any comments on why you would or would not recommend this event:

- Very informative and quite timely given the changes to NHSE and ICBs
- Excellent introduction for particularly new governors



- Focussed and enabled participation. As lead governor it helped me to be confident that new governors knew the basics and existing governors (who didn't have this input) could revisit their understanding and experience
- I found this workshop clarified some really important basic things that I hadn't grasped fully prior to attending. I liked the mix of info and participation too
- Helps clarify the governance structure, the duties and responsibilities of governors and recommends the collaborative nature of governor development
- Very insightful, helpful in understanding Core skills and roles of governors within Tavistock and Portman NHS Foundation Trust.

#### IMPACT SCORES

Question	Average score
This event increased my confidence in discussing topics related to being a governor in the NHS	4.7
This event increased my understanding of topics related to being a governor in the NHS	4.7

#### FORMAT AND DELIVERY SCORES

Question	Average score
Content of the event	4.7
Length of the event	4.4
Delivery of the event	4.9

#### Any other comments on the general organisation of the event:

- Content and short exercises are very engaging
- Thought provoking and interesting training and well organised from information to presentations
- A useful session
- I think the event could have been slightly compressed into 2 hours without losing much of the important messaging. I would dispense with the dates quiz - took up too much time and was slightly stressful. A shorter, friendlier icebreaker would work better. Overall I was impressed by the delivery, clarity, and ways in which our questions were explored by the trainers and among the group as a whole
- It was long, was the ice breaker appropriate or break out rooms necessary?

## Scoring for individual agenda items

### Introduction to the NHS

Trainer: Mark Price

Score: 4.7

- Could have mentioned primary care
- Very useful as I had not fully understood this structure before, despite having been a governor for the past 2 years.

### Governance and the role of the governor

Trainer: Mark Price

Score: 4.8

- Invaluable - wish I'd had this 2 years ago.

### Effective questioning and challenge

Trainer: Louise McCourt

Score: 4.8

- Good. Not much challenge, but we needed gentle handholding at this stage. I appreciated the open dialogue and respectful tone of the event
- Practical and useful
- Would like to develop the technique further.

## Average for sessions

Score: 4.8

## Final thoughts

### What key messages or reflections did you take from this event?

- I really appreciated my role and how it shapes the direction of the trust
- Re-enforced the governors role to challenge
- This was a really informative course it now gives me adequate clarity and motivation to carry out my role
- I am glad I have worked to ensure an improving quality internal and external induction process
- As new or inexperienced governors, we need really straightforward information and takeaways (which this event delivered). I have often felt overwhelmed by charts, reports, acronyms, structures, and outsmarted by more experienced professionals. This training was excellent in orienting newly-elected governors to the key aspects of our role before we become swamped by NHS-speak and performance indicators and other masses of detail
- Confirmed governors hold the NEDS to account, understanding of assurance
- How to frame different effective questions both to clarify and to hold NEDs to account.

### What topics would you like to see covered in future events?

- I enjoyed the effective questioning session and would have appreciated more time on this especially addressing confidence and assertiveness tips
- Working together as a board
- I felt the amount of information was good and key information covered
- Maybe a little on what are essential activities in the role of governor (attendance at which meetings and so forth) and what are 'nice-to-haves' (observing committee meetings or service visits or whatever) and some discussion of how best organisations can streamline comms with governors to get the best out of our attendance - simpler, shorter reports, sent out in good time, and a very clear schedule of meetings and other events. Organisations will get out of their governors what they put in and as busy volunteers with lives outside of the Trust, I would welcome some discussion of the role's scope and how best to motivate governors to get involved and with what kinds of things, plus, perhaps, some discussion of whether expenses are covered and such like (this was never discussed with me when I first became a governor and it has limited what I have been able to get involved with as an unwaged student)
- How to dig deeper into some of the issues raised e.g. connection between staff support and waiting lists
- Effective questioning and challenge.

<b>MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025</b>					
<b>Report Title: Council of Governors' Effectiveness Survey -</b>				<b>Agenda No. 010</b>	
<b>Cover Report Author and Job Title:</b>	Dorothy Otite, Director of Corporate Governance (Interim)		<b>Lead Executive Director:</b>	Dorothy Otite, Director of Corporate Governance (Interim)	
<b>Appendices:</b>	None				
<b>Executive Summary:</b>					
<b>Action Required:</b>	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>				
<b>Situation:</b>	The report provides the Governor's preference for conducting the Council of Governors' Effectiveness Survey.				
<b>Background:</b>	<p>It is good practice to conduct regular effectiveness reviews of the Council of Governors. At the last Council of Governors meeting, it was agreed that Governors' views should be sought on their preference for the Council of Governors' Annual Effectiveness Survey:</p> <p>1. NHS Providers survey including a half day workshop to discuss the survey results.</p> <p>Or</p> <p>2. Short in-house survey conducted by the Corporate Governance Team with survey outcomes reported to the Council of Governors meeting.</p>				
<b>Assessment:</b>	Nine responses were received from Governors. Six of nine Governors indicated their preference for <b>Option 2 – Short in-house survey</b> .				
<b>Key recommendation(s):</b>	<p>The Council of Governors is asked to <b>NOTE:</b></p> <ul style="list-style-type: none"> <li>the preference for Option 2 – Short in-house survey; and</li> <li>the Corporate Governance Team will conduct an effectiveness survey during the Summer of 2025, and the outcome reported to the Council in Autumn 2025.</li> </ul>				
<b>Implications:</b>					
<b>Strategic Ambitions:</b>					
<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	
<b>Relevant CQC Quality Statements (we statement) Domain:</b>	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
<b>Link to the Risk Register:</b>	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	There are no related BAF risks.				

<b>Legal and Regulatory Implications:</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	There are no specific legal or regulatory implications.			
<b>Resource Implications:</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	There are no specific resource implications.			
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	There are no specific EDI implications.			
<b>Freedom of Information (FOI) status:</b>	<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.		
<b>Assurance:</b>				
<b>Assurance Route - Previously Considered by:</b>	None			
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input checked="" type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input type="checkbox"/> <b>Not applicable:</b> No assurance is required

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025															
Report Title: Governor Observers on Board Committees 2025/26 - Update			Agenda No. 011												
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 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 for 2025/26.														
Background:	<p>One of the statutory roles that the Council of Governors holds within the Trust's governance structure is to <b>hold the Non-Executive Directors (NEDs) to account for the performance of the Board.</b></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>At the Council of Governors meeting in March 2025, it was agreed that the Interim Director of Corporate Governance will send an email to Governors seeking fresh expressions of interest for Governor Observers to attend five Board Committees (apart from the Executive Appointment and Remuneration Committee) during 2025/26.</p>														
Assessment:	<ul style="list-style-type: none"> <li>Expressions of Interest were received from about half of the Governors on the Council which shows a slight improvement from 2024/25.</li> <li>Following receipt of the Expressions of Interest, the Committee Chairs decided on who to choose as their observer(s).</li> </ul> <p><b>Refreshed list of Governor Observers for 2025/26</b></p> <table border="1"> <thead> <tr> <th>Committee</th> <th>Governor Observers 2025/26</th> </tr> </thead> <tbody> <tr> <td>Quality &amp; Safety Committee (QSC)</td> <td>1. Kathy Elliott</td> </tr> <tr> <td>Performance, Finance &amp; Resources Committee (PFRC)</td> <td>1. Pauline Williams 2. Sheena Bolland</td> </tr> <tr> <td>People, Organisational Development, OD EDI</td> <td>1. Paru Jeram</td> </tr> <tr> <td>Education &amp; Training Committee (ETC)</td> <td>1. Stephen Frosh 2. Susie Lendrum</td> </tr> <tr> <td>Integrated Audit &amp; Governance Committee (IAGC)</td> <td>1. Natalia Barry</td> </tr> </tbody> </table>			Committee	Governor Observers 2025/26	Quality & Safety Committee (QSC)	1. Kathy Elliott	Performance, Finance & Resources Committee (PFRC)	1. Pauline Williams 2. Sheena Bolland	People, Organisational Development, OD EDI	1. Paru Jeram	Education & Training Committee (ETC)	1. Stephen Frosh 2. Susie Lendrum	Integrated Audit & Governance Committee (IAGC)	1. Natalia Barry
Committee	Governor Observers 2025/26														
Quality & Safety Committee (QSC)	1. Kathy Elliott														
Performance, Finance & Resources Committee (PFRC)	1. Pauline Williams 2. Sheena Bolland														
People, Organisational Development, OD EDI	1. Paru Jeram														
Education & Training Committee (ETC)	1. Stephen Frosh 2. Susie Lendrum														
Integrated Audit & Governance Committee (IAGC)	1. Natalia Barry														

	<ul style="list-style-type: none"> <li>• Arrangements have been made for the Board Committee Chairs and the observer(s) to meet to agree how they will work together.</li> <li>• Observers must note that they can only observe – as Governors, 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.</li> <li>• As the decisions were made whilst the last cycle of Board Committee meetings were in train, the new arrangements will fully commence during the June/ July cycle of Board Committee meetings.</li> </ul>
<b>Key recommendation(s):</b>	<p>The Council of Governors is asked to <b>NOTE:</b></p> <ul style="list-style-type: none"> <li>• the Board Committee Governor Observers' for 2025/26; and.</li> <li>• there are vacancies for one additional Governor Observer on QSC, POD EDI and IAGC should any Governors wish to express interest in any of these Committees.</li> </ul>
<b>Implications:</b>	
<b>Strategic Ambitions:</b>	
<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
<b>Relevant CQC Quality Statements (we statement) Domain:</b>	Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well-led <input checked="" type="checkbox"/>
<b>Link to the Risk Register:</b>	BAF <input type="checkbox"/> CRR <input type="checkbox"/> ORR <input type="checkbox"/> There are no related BAF risks.
<b>Legal and Regulatory Implications:</b>	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.
<b>Resource Implications:</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> There are no specific resource implications.
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> There are no specific EDI implications.
<b>Freedom of Information (FOI) status:</b>	<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.			
<b>Assurance:</b>				
<b>Assurance Route - Previously Considered by:</b>	None			
<b>Reports require an assurance rating to guide the discussion:</b>	<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



## **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, 29 May 2025			
Report Title: Service Visits Forward Plan 2025/26			Agenda No. 012
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: Service Visits Programme – 2025/26		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	This report outlines the Service Visits Programme for 2025/26.  In advance of the formal Council of Governors’ meeting, an email was circulated to all Governors (including new Governors) inviting expressions of interest in attending specific service visits.		
Background:	<p><b>Purpose of the visits:</b> The Service Visits Programme for 2025/26 has been developed to provide Board members and Governors with direct insight into the delivery of services across the Trust. These visits play a key role in supporting assurance, driving continuous improvement, and strengthening engagement by enabling observation, dialogue, and reflection.</p> <p><b>Outline process:</b></p> <ul style="list-style-type: none"><li>Following the receipt of Governors’ expressions of interest for a visit, the Service Visits programme will be updated in a timely manner ahead of each visit.</li><li>In sufficient time prior to the visit, the Service Visits <b>Co-ordinator</b> will then contact the relevant Governor to make the necessary arrangements to ensure the process runs as smoothly as possible for all involved.</li><li>Each visit is expected to include an Executive Director, a NED and a Governor <b>OR</b> a NED and a Governor as a minimum.</li><li>After the visit, Governors will be asked to complete and return a feedback proforma which will be provided in advance of the visits.</li><li>Feedback will then be shared at a future Council of Governors/Board of Directors meeting.</li></ul> <p><b>Support for the Service Visits Programme:</b> To ensure the Programme is coordinated effectively, a dedicated member of the Corporate Governance team will support the process.</p>		
Assessment:	The initial response received from Governors has been positive. Governors are encouraged to commit to attending at least three to five visits over the course of the year.		
Key recommendation(s):	The Council of Governors is asked to <b>NOTE</b> the contents of this report.		
Implications:			

<b>Strategic Ambitions:</b>					
<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	
<b>Relevant CQC Quality Statements (we statement) Domain:</b>	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"/>
<b>Alignment with Trust Values:</b>	Excellence <input checked="" type="checkbox"/>	Inclusivity <input checked="" type="checkbox"/>	Compassion <input checked="" type="checkbox"/>	Respect <input checked="" type="checkbox"/>	
<b>Link to the Risk Register:</b>	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>	ORR <input type="checkbox"/>	
	There are no related BAF risks.				
<b>Legal and Regulatory Implications:</b>	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	The Elections are conducted in line with the Trust's Constitution.				
<b>Resource Implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific resource implications.				
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific EDI implications.				
<b>Freedom of Information (FOI) status:</b>	<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.	
<b>Assurance:</b>					
<b>Assurance Route - Previously Considered by:</b>	None				
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input checked="" type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input type="checkbox"/> <b>Not applicable:</b> No assurance is required	

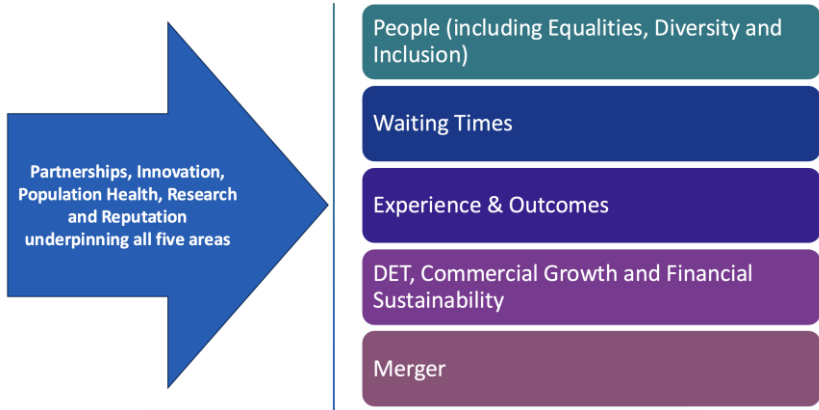
Meeting Details						Governors																	
Department	Unit	Meeting Name	Date	Timings	Duration	NB Talia	MA Michael	SF Stephen	SK Sebastia	RD Ros	CU Chidi	SL Susie	SB Sheena	PW Pauline	MD Maisam	PJ Paru	CM Chipo	RW Robert	KE Kathy	PP Peter	AL Annecy	AW Anna	
Clinical	Adult	Psychoanalytic Assessment and Treatment Hub (PATH) Meeting	01/05/2025	12pm - 1pm	1 hour																		
Clinical	Camden	MOSAIC	06/05/2025	11.00am - 12.30pm	1 hour 30 mins																		
Clinical	Camden	Clinical Intake Team	06/05/2025	10am																			
DET	Digital Education Services & Library Services	Digital Education Open Forum (DET-Wide)	08/05/2025	10.30am - 12pm	1 hour 30 mins																		
Clinical	Camden	Camden Adolescent Intensive Support Service (CAISS)	13/05/2025	9am-11am	2 hours																		
Corporate	Scheduling	Scheduling Team Meeting	14/05/2025	11.30am - 12.30pm	1 hour																		
Clinical	Adult	Fitzjohn's Team Meeting (Adult Psychotherapy)	16/05/2025	1 - 2pm	1 hour																		
Clinical	Adult	Portman Team Meeting	16/05/2025	11am - 12.30pm	1 hour 30 mins																		
Clinical	Adult	Trauma - Staff Team Meeting	19/05/2025	3pm - 4pm	1 hour																		
DET	Senior Managers Meeting	Heads of Professional Services Meeting	19/05/2025	3pm - 4.30pm	1 hour 30 mins																		
DET	Digital Education Services & Library Services	Digital Education Services & Library Services Team Meeting	19/05/2025	11am - 12pm	1 hour																		
Clinical	Child and Family	Forensic Child & Adolescent Mental Health Services (FCAMHS)	20/05/2025	10am - 12pm	2 hours																		
Clinical	Child and Family	Eating Difficulties Service	20/05/2025	9am - 11am	2 hours																		
DET	Managers Meeting	Professional Services Managers Meeting	20/05/2025	10am - 11am	1 hour																		
Clinical	Camden	Camden Wellbeing Team (Haringey CWP)	21/05/2025	1pm - 2pm	1 hour																		
Clinical	Child and Family	Fostering, Adoption & Kinship Team (FAKCT )	21/05/2025	8.30am - 10.30am	2 hours																		
DET	Senior Managers Meeting	Senior Managers Meeting (Heads of Professional Services and Portfolios)	21/05/2025	2pm - 3pm	1 hour																		
DET	DET - Wide	DET: Learning and Teaching Sub-Committee	21/05/2025	11am - 12.30om	1 hour 30 mins																		
DET	DET - Wide	Academic Governance and Quality Assurance Sub-Committee	21/05/2025																				
Clinical	Adult	GIC Executive Committee/Senior Leadership	22/05/2025	12.30pm - 1.30pm	1 hour																		
Clinical	Camden	Whole Family Team - Perinatal (WFT-P)	22/05/2025	9.15am - 11.15am	2 hours																		
Clinical	Child and Family	First Step + First Step Plus	22/05/2025	1.30pm - 4pm	2 hours 30 mins																		
Clinical	Child and Family	Creative Arts Therapy Service	22/05/2025	11.30am																			
Corporate	IT	Weekly ICT Meeting (both Service Desk and ICT team)	22/05/2025	11am - 11.30am	30 mins																		
Clinical	Child and Family	Returning Families	23/05/2025	1pm - 2.30pm	1 hour 30 mins																		
Clinical	Child and Family	Surrey Mindworks	23/05/2025	3pm - 4pm	1 hour																		
Clinical	Adult	Maresfield Speciality Team	27/05/2025	1pm																			
Clinical	Child and Family	Gloucester House	27/05/2025	9.30am - 11.30am	2 hours																		
Corporate		London Waiting Room Team Meeting	27/05/2025	4pm - 5pm	1 hour																		
Clinical	Camden	Growing With You Team Meeting (Looked After Children)	28/05/2025	2pm - 3.30pm	1 hour 30 mins																		
DET	DET: Admissions	Marketing and Admissions Team Meeting	28/05/2025	10.30am - 11.30am	1 hour																		
Corporate	Finance	Finance Team - Weekly Meeting	29/05/2025	11.30am - 12pm	30 mins																		
Clinical	Adult	Trauma - Whole Team Meeting	02/06/2025	2pm - 3pm	1 hour																		
Corporate	Communications	Communications Team Meeting	02/06/2025	11am - 12pm	1 hour																		
CNO	CNO	Complaints and PALS Monthly Catch-up	02/06/2025	11am - 12pm	1 hour																		
Corporate	HR	HR Team Meeting	04/06/2025	11am - 12pm	1 hour																		
CNO	CNO	Safeguarding Team Meeting	04/06/2025	11am - 12pm	1 hour																		
DET	Senior Managers Meeting	Heads of Portfolio Group Meeting	04/06/2025	11.30am - 1pm	1 hour 30 mins																		
Clinical	Adult	GIC Admin Team Meeting	09/06/2025	11.30am - 12.30pm	1 hour																		
Clinical	Child and Family	Gloucester House Outreach	09/06/2025	2.45pm - 4.45pm	2 hours																		
Corporate	Tavistock Consulting	Tavistock Consulting Team Meeting	09/06/2025	10am - 11.30am	1 hour 30 mins																		
DET	Student Support and Engagement	Student Support and Engagement Team Meeting	09/06/2025	11am - 11.45am	45 mins																		
Clinical	Camden	The South Camden and Community CAMHS Team Meeting (SCCT)	10/06/2025	1.30pm - 2.30pm	1 hour																		
DET	Project Management Office	Project Managers Team Meeting	10/06/2025	11am - 12pm	1 hour																		
Clinical	Camden	Early Intervention in Psychosis Team (EIS)	12/06/2025	9.30am-11.30am	2 hours																		
Clinical	Child and Family	Adolescent & Young Adult Service (AYA)	12/06/2025	11am																			
CNO	CNO	PPI Team Meeting	16/06/2025	2pm - 3pm	1 hour																		
CNO	CNO	PPI Team Meeting	17/06/2025	2pm - 3pm	1 hour																		
Clinical	Child and Family	Gloucester House Teachers' Meetings	18/06/2025	3.45pm - 5pm	1 hour 15 mins																		
Clinical	Adult	GIC Leadership Team	19/06/2025	12.30pm - 1.30pm	1 hour																		
Clinical	Camden	The North Camden and Community CAMHS Team Meeting (NCCT)	19/06/2025	11am - 12pm	1 hour																		
Clinical	Child and Family	Family Mental Health Team (FMHT)	19/06/2025	1.30pm - 3pm	1 hour 30 mins																		
CNO	CNO	Trustwide Forum	19/06/2025	11.30am - 1pm	1 hour 30 mins																		
Clinical	Child and Family	Returning Families	21/06/2025	1pm - 2.30pm	1 hour 30 mins																		
Corporate	Informatics	Informatics Team Meeting	25/06/2025	11am - 12pm	1 hour																		
Clinical	Camden	Whole Family Team	03/07/2025	9.15am - 11.15am	2 hours																		
Clinical	Child and Family	Autism & Learning Disabilities Team	03/07/2025	1pm - 2pm	1 hour																		
Corporate	HR	HR Team Meeting	03/07/2025	11am - 12pm	1 hour																		

Department	Unit	Meeting Name	Date	Timings	Duration	NB Talia	MA Michael	SF Stephen	SK Sebastia	RD Ros	CU Chidi	SL Susie	SB Sheena	PW Pauline	MD Maisam	PJ Paru	CM Chipo	RW Robert	KE Kathy	PP Peter	AL Annecy	AW Anna
DET	Digital Education Services & Library Services	Digital Education Open Forum (DET-Wide)	08/07/2025	10.30am - 12pm	1 hour 30 mins																	
Clinical	Child and Family	Surrey Mindworks	17/07/2025	3pm - 4pm	1 hour																	
Clinical	Camden	Camden Adolescent Intensive Support Service (CAISS)	22/07/2025	9am-11am	2 hours																	
Clinical	Camden	Clinical Intake Team	29/07/2025	10am																		
Clinical	Adult	Psychoanalytic Assessment and Treatment Hub (PATH) Meeting	07/08/2025	12pm - 1pm	1 hour																	
Clinical	Adult	Portman Team Meeting	08/08/2025	11am - 12.30pm	1 hour 30 mins																	
Clinical	Child and Family	Gloucester House	12/08/2025	9.30am - 11.30am	2 hours																	
Clinical	Camden	Camden Wellbeing Team (Haringey CWP)	13/08/2025	1pm - 2pm	1 hour																	
Clinical	Adult	GIC Executive Committee/Senior Leadership	14/08/2025	12.30pm - 1.30pm	1 hour																	
Clinical	Child and Family	Family Drug and Alcohol Court (FDAC)	14/08/2025	10am - 11am	1 hour																	
Clinical	Child and Family	First Step + First Step Plus	14/08/2025	1.30pm - 4pm	2 hours 30 mins																	
Clinical	Child and Family	Creative Arts Therapy Service	14/08/2025	11.30am																		
Clinical	Adult	Fitzjohn's Team Meeting (Adult Psychotherapy)	15/08/2025	1 - 2pm	1 hour																	
Clinical	Child and Family	Returning Families	15/08/2025	1pm - 2.30pm	1 hour 30 mins																	
Clinical	Adult	Trauma - Staff Team Meeting	18/08/2025	3pm - 4pm	1 hour																	
DET	Senior Managers Meeting	Heads of Professional Services Meeting	18/08/2025	3pm - 4.30pm	1 hour 30 mins																	
Clinical	Child and Family	Forensic Child & Adolescent Mental Health Services (FCAMHS)	19/08/2025	10am - 12pm	2 hours																	
DET	Managers Meeting	Professional Services Managers Meeting	19/08/2025	10am - 11am	1 hour																	
Clinical	Child and Family	Fostering, Adoption & Kinship Team (FAKCT )	20/08/2025	8.30am - 10.30am	2 hours																	
DET	Senior Managers Meeting	Senior Managers Meeting (Heads of Professional Services and Portfolios)	20/08/2025	2pm - 3pm	1 hour																	
Clinical	Camden	Whole Family Team - Perinatal (WFT-P)	21/08/2025	9.15am - 11.15am	2 hours																	
Clinical	Child and Family	Surrey Mindworks	21/08/2025	3pm - 4pm	1 hour																	
Corporate	IT	Weekly ICT Meeting (both Service Desk and ICT team)	21/08/2025	11am - 11.30am	30 mins																	
Clinical	Adult	Maresfield Speciality Team	26/08/2025	1pm																		
Clinical	Camden	MOSAIC	26/08/2025	9.30am - 12.30pm	1 hour 30 mins																	
Corporate		London Waiting Room Team Meeting	26/08/2025	4pm - 5pm	1 hour																	
Clinical	Camden	Growing With You Team Meeting (Looked After Children)	27/08/2025	2pm - 3.30pm	1 hour 30 mins																	
Corporate	Informatics	Informatics Team Meeting	27/08/2025	11am - 12pm	1 hour																	
DET	DET: Admissions	Marketing and Admissions Team Meeting	27/08/2025	10.30am - 11.30am	1 hour																	
Corporate	Finance	Finance Team - Weekly Meeting	28/08/2025	11.30am - 12pm	30 mins																	
Clinical	Adult	Trauma - Whole Team Meeting	01/09/2025	2pm - 3pm	1 hour																	
Corporate	Communications	Communications Team Meeting	01/09/2025	11am - 12pm	1 hour																	
CNO	CNO	Complaints and PALS Monthly Catch-up	01/09/2025	11am - 12pm	1 hour																	
Clinical	Child and Family	Eating Difficulties Service	02/09/2025	9am - 11am	2 hours																	
Corporate	Scheduling	Scheduling Team Meeting	03/09/2025	11.30am - 12.30pm	1 hour																	
Corporate	HR	HR Team Meeting	03/09/2025	11am - 12pm	1 hour																	
CNO	CNO	Safeguarding Team Meeting	03/09/2025	11am - 12pm	1 hour																	
DET	Senior Managers Meeting	Heads of Portfolio Group Meeting	03/09/2025	11.30am - 1pm	1 hour 30 mins																	
Clinical	Adult	GIC Admin Team Meeting	08/09/2025	11.30am - 12.30pm	1 hour																	
Corporate	Tavistock Consulting	Tavistock Consulting Team Meeting	08/09/2025	10am - 11.30am	1 hour 30 mins																	
DET	Student Support and Engagement	Student Support and Engagement Team Meeting	08/09/2025	11am - 11.45am	45 mins																	
Clinical	Camden	The South Camden and Community CAMHS Team Meeting (SCCT)	09/09/2025	1.30pm - 2.30pm	1 hour																	
DET	Project Management Office	Project Managers Team Meeting	09/09/2025	11am - 12pm	1 hour																	
Clinical	Child and Family	Gloucester House Teachers' Meetings	10/09/2025	3.45pm - 5pm	1 hour 15 mins																	
DET	DET - Wide	Academic Governance and Quality Assurance Sub-Committee	10/09/2025																			
Clinical	Camden	Early Intervention in Psychosis Team (EIS)	11/09/2025	9.30am-11.30am	2 hours																	
Clinical	Child and Family	Adolescent & Young Adult Service (AYA)	11/09/2025	11am																		
Clinical	Child and Family	Gloucester House Outreach	15/09/2025	2.45pm - 4.45pm	2 hours																	
CNO	CNO	Trustwide Forum	18/09/2025	11.00am - 2pm	3 hours																	
Clinical	Child and Family	Family Mental Health Team (FMHT)	25/09/2025	1.30pm - 3pm	1 hour 30 mins																	
Corporate	Communications	Communications Team Meeting	07/10/2025	11am - 12pm	1 hour																	
Clinical	All	Clinical Admin Team Meeting	13/10/2025	1pm - 2pm	1 hour																	
DET	DET - Wide	DET: Learning and Teaching Sub-Committee	15/10/2025	11am - 12.30om	1 hour 30 mins																	
Clinical	Adult	GIC Leadership Team	16/10/2025	12.30pm - 1.30pm	1 hour																	
Clinical	Camden	The North Camden and Community CAMHS Team Meeting (NCCT)	16/10/2025	11am - 12pm	1 hour																	
Clinical	Camden	Camden Adolescent Intensive Support Service (CAISS)	21/10/2025	9am-11am	2 hours																	
Corporate	Informatics	Informatics Team Meeting	29/10/2025	11am - 12pm	1 hour																	
Clinical	Adult	Psychoanalytic Assessment and Treatment Hub (PATH) Meeting	06/11/2025	12pm - 1pm	1 hour																	
Clinical	Camden	Whole Family Team	06/11/2025	9.15am - 11.15am	2 hours																	
Clinical	Child and Family	Autism & Learning Disabilities Team	06/11/2025	1pm - 2pm	1 hour																	
Clinical	Child and Family	Creative Arts Therapy Service	06/11/2025	11.30am																		

Department	Unit	Meeting Name	Date	Timings	Duration	NB	MA	SF	SK	RD	CU	SL	SB	PW	MD	PJ	CM	RW	KE	PP	AL	AW
						Talia	Michael	Stephen	Sebastia	Ros	Chidi	Susie	Sheena	Pauline	Maisam	Paru	Chipo	Robert	Kathy	Peter	Annecy	Anna
Clinical	Camden	Camden Wellbeing Team (Haringey CWP)	12/11/2025	1pm - 2pm	1 hour																	
Clinical	Adult	Fitzjohn's Team Meeting (Adult Psychotherapy)	14/11/2025	1 - 2pm	1 hour																	
Clinical	Adult	Portman Team Meeting	14/11/2025	11am - 12.30pm	1 hour 30 mins																	
Clinical	Adult	Trauma - Staff Team Meeting	17/11/2025	3pm - 4pm	1 hour																	
DET	Senior Managers Meeting	Heads of Professional Services Meeting	17/11/2025	3pm - 4.30pm	1 hour 30 mins																	
Clinical	Camden	MOSAIC	18/11/2025	9.30am - 12.30pm	1 hour 30 mins																	
Clinical	Camden	Clinical Intake Team	18/11/2025	10am																		
Clinical	Child and Family	Forensic Child & Adolescent Mental Health Services (FCAMHS)	18/11/2025	10am - 12pm	2 hours																	
Clinical	Child and Family	Gloucester House	18/11/2025	9.30am - 11.30am	2 hours																	
DET	Managers Meeting	Professional Services Managers Meeting	18/11/2025	10am - 11am	1 hour																	
Clinical	Child and Family	Fostering, Adoption & Kinship Team (FAKCT )	19/11/2025	8.30am - 10.30am	2 hours																	
DET	Senior Managers Meeting	Senior Managers Meeting (Heads of Professional Services and Portfolios)	19/11/2025	2pm - 3pm	1 hour																	
Clinical	Adult	GIC Leadership Team	21/11/2025	12.30pm - 1.30pm	1 hour																	
Clinical	Child and Family	Returning Families	21/11/2025	1pm - 2.30pm	1 hour 30 mins																	
Clinical	Adult	Maresfield Speciality Team	25/11/2025	1pm																		
Corporate		London Waiting Room Team Meeting	25/11/2025	4pm - 5pm	1 hour																	
Clinical	Camden	Growing With You Team Meeting (Looked After Children)	26/11/2025	2pm - 3.30pm	1 hour 30 mins																	
Corporate	Scheduling	Scheduling Team Meeting	26/11/2025	11.30am - 12.30pm	1 hour																	
DET: Admissions		Marketing and Admissions Team Meeting	26/11/2025	10.30am - 11.30am	1 hour																	
Clinical	Adult	GIC Executive Committee/Senior Leadership	27/11/2025	12.30pm - 1.30pm	1 hour																	
Clinical	Camden	Whole Family Team - Perinatal (WFT-P)	27/11/2025	9.15am - 11.15am	2 hours																	
Clinical	Child and Family	Family Drug and Alcohol Court (FDAC)	27/11/2025	10am - 11am	1 hour																	
Clinical	Child and Family	First Step + First Step Plus	27/11/2025	1.30pm - 4pm	2 hours 30 mins																	
Corporate	Finance	Finance Team - Weekly Meeting	27/11/2025	11.30am - 12pm	30 mins																	
Corporate	IT	Weekly ICT Meeting (both Service Desk and ICT team)	27/11/2025	11am - 11.30am	30 mins																	
Clinical	Adult	Trauma - Whole Team Meeting	01/12/2025	2pm - 3pm	1 hour																	
Corporate	Communications	Communications Team Meeting	01/12/2025	11am - 12pm	1 hour																	
CNO	CNO	Complaints and PALS Monthly Catch-up	01/12/2025	11am - 12pm	1 hour																	
Corporate	HR	HR Team Meeting	03/12/2025	11am - 12pm	1 hour																	
CNO	CNO	Safeguarding Team Meeting	03/12/2025	11am - 12pm	1 hour																	
DET	Senior Managers Meeting	Heads of Portfolio Group Meeting	03/12/2025	11.30am - 1pm	1 hour 30 mins																	
Clinical	Adult	GIC Admin Team Meeting	08/12/2025	11.30am - 12.30pm	1 hour																	
Clinical	Child and Family	Gloucester House Outreach	08/12/2025	2.45pm - 4.45pm	2 hours																	
Corporate	Tavistock Consulting	Tavistock Consulting Team Meeting	08/12/2025	10am - 11.30am	1 hour 30 mins																	
DET	Student Support and Engagement	Student Support and Engagement Team Meeting	08/12/2025	11am - 11.45am	45 mins																	
Clinical	Camden	The South Camden and Community CAMHS Team Meeting (SCCT)	09/12/2025	1.30pm - 2.30pm	1 hour																	
Clinical	Child and Family	Eating Difficulties Service	09/12/2025	9am - 11am	2 hours																	
DET	Project Management Office	Project Managers Team Meeting	09/12/2025	11am - 12pm	1 hour																	
Clinical	Child and Family	Gloucester House Teachers' Meetings	10/12/2025	3.45pm - 5pm	1 hour 15 mins																	
Clinical	All	Clinical Admin Team Meeting	15/12/2025	1pm - 2pm	1 hour																	
CNO	CNO	PPI Team Meeting	16/12/2025	2pm - 3pm	1 hour																	
Clinical	Camden	Early Intervention in Psychosis Team (EIS)	18/12/2025	9.30am-11.30am	2 hours																	
Clinical	Child and Family	Family Mental Health Team (FMHT)	18/12/2025	1.30pm - 3pm	1 hour 30 mins																	
CNO	CNO	Trustwide Forum	18/12/2025	11.00am - 2pm	3 hours																	
Clinical	Child and Family	Adolescent & Young Adult Service (AYA)	08/01/2026	11am																		
Clinical	Camden	Whole Family Team	05/02/2026	9.15am - 11.15am	2 hours																	
Clinical	Child and Family	Autism & Learning Disabilities Team	05/02/2026	1pm - 2pm	1 hour																	
Clinical	Adult	GIC Leadership Team	19/02/2026	12.30pm - 1.30pm	1 hour																	
Clinical	Camden	The North Camden and Community CAMHS Team Meeting (NCCT)	19/02/2026	11am - 12pm	1 hour																	
Clinical	Child and Family	Family Drug and Alcohol Court (FDAC)	19/02/2026	10am - 11am	1 hour																	
Clinical	All	Clinical Admin Team Meeting	09/06/2025	1pm - 2pm	1 hour																	
Clinical	Adult	Psychotherapy Clinical Leadership Group Meeting	(see comment)	11.30am - 12.30pm	1 hour																	
Clinical	Adult	GIC Executive Committee/Senior Leadership	?	12.30pm - 1.30pm	1 hour																	
Clinical	Camden	Mental Health Support Team (MHST) Whole Service Meeting		9.15am - 10.45am	1 hour 30 mins																	
Clinical	Camden	Mental Health Support Team (MHST) Whole Service Meeting		9.15am - 10.45am	1 hour 30 mins																	
Clinical	Camden	Mental Health Support Team (MHST) Whole Service Meeting		9.15am - 10.45am	1 hour 30 mins																	
Corporate		Strategy and Transformation Team Meeting																				
Corporate	Commercial	Commercial Team Meeting																				
Corporate	Commercial	Commercial Team Meeting																				
Corporate	Commercial	Commercial Team Meeting																				
Corporate	Data Assurance	Data Assurance Team Meeting																				
Corporate	Data Assurance	Data Assurance Team Meeting																				
Corporate	Data Assurance	Data Assurance Team Meeting																				
Corporate	Estates	Estate Team Meeting																				
Corporate	Estates	Estate Team Meeting																				



Department	Unit	Meeting Name	Date	Timings	Duration	NB Talia	MA Michael	SF Stephen	SK Sebastia	RD Ros	CU Chidi	SL Susie	SB Sheena	PW Pauline	MD Maisam	PJ Paru	CM Chipo	RW Robert	KE Kathy	PP Peter	AL Annecy	AW Anna
Corporate	Estates	Estate Team Meeting																				
Corporate	IT	IT Operation Team Meeting																				
Corporate	IT	IT Operation Team Meeting																				
Corporate	IT	IT Operation Team Meeting																				
CNO	CNO	Patient Safety Team Meeting																				
CNO	CNO	Patient Safety Team Meeting																				
CNO	CNO	Patient Safety Team Meeting																				
DET	DET - Wide	DET: Student Experience Sub-Committee		9.45am - 11am	1 hour 15 mins																	
DET	DET - Wide	DET: Student Experience Sub-Committee		9.45am - 11am	1 hour 15 mins																	
DET	DET - Wide	DET: Student Experience Sub-Committee		9.45am - 11am	1 hour 15 mins																	
DET	DET - Wide	Academic Governance and Quality Assurance Sub-Committee																				
DET	DET - Wide	DET Development Group																				
DET	DET - Wide	DET Development Group																				
DET	DET - Wide	DET Development Group																				
DET	Digital Education Services & Library Services	Digital Education Services & Library Services Team Meeting		11am - 12pm	1 hour																	
DET	Digital Education Services & Library Services	Digital Education Services & Library Services Team Meeting		11am - 12pm	1 hour																	
DET	Digital Education Services & Library Services	Digital Education Services Team Meeting		10am - 12pm	2 hours																	
DET	Digital Education Services & Library Services	Digital Education Services Team Meeting		10am - 12pm	2 hours																	
DET	Digital Education Services & Library Services	Digital Education Services Team Meeting		10am - 12pm	2 hours																	
DET	Digital Education Services & Library Services	Library Services Team Meeting		11am - 12pm	1 hour																	
DET	Digital Education Services & Library Services	Library Services Team Meeting		11am - 12pm	1 hour																	
DET	Digital Education Services & Library Services	Library Services Team Meeting		11am - 12pm	1 hour																	
DET	Digital Education Services & Library Services	Digital Education Open Forum (DET-Wide)		10.30am - 12pm	1 hour 30 mins																	
DET	DET: Digital and Short Courses	Digital and Short Courses Team Meeting		11am - 12pm	1 hour																	
DET	DET: Digital and Short Courses	Digital and Short Courses Team Meeting		11am - 12pm	1 hour																	
DET	DET: Digital and Short Courses	Digital and Short Courses Team Meeting		11am - 12pm	1 hour																	

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025			
Report Title: Summary Report on Quality and Performance M11			Agenda No.: 013
Report Author and Job Title:	Rachel James, Director of Therapies, Sheva Habel, Medical Director, Hector Bayayi – Managing Director	Lead Executive Director:	Clare Scott, Chief Nursing Officer Chris Abbott, Chief Medical Officer Rod Booth, Director of Strategy and Business Development
Appendices:	None		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/>		
Situation:	<p>This is the Trust Integrated Quality and Performance Report (IQPR) for February 25 (Month 11) and provides an overview of delivery against NHS national targets and Trust agreed priorities. The report content has been reviewed through quality and performance structures “floor to Board”, ensuring a Trust-wide focus on areas of good practice for shared learning, risk and mitigations.</p> <p>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.</p>		
Background:	<p>Month 11 was considered in the Trust-wide IQPR meeting on 25<sup>th</sup> March 2025, additionally Trust quality and performance is reviewed weekly at Strategic Delivery Room, with a focus on our five strategic priorities and monthly via team and delivery unit level performance and clinical governance meetings.</p> <p>The Trust strategic priorities:</p> <div></div>		
Assessment:	<p>To ensure we focus on important issues and priority areas, the IQPR paper reports by exception, providing an overview of key highlights, emerging concerns, and a summary of actions being taken Trust to address issues identified for improvement in relation to the delivery of our strategic priorities and on-going clinical and educational service delivery across quality, operational performance, people and finance.</p> <p>We received the 2025/26 planning guidance and developed draft plans at unit level. These were reviewed in an event chaired by Executive</p>		



Leadership Team to provide scrutiny and support in further development of the plans, with a focus on efficiency and productivity whilst improving quality.

## Operational Performance

### Waiting Times

Two teams are monitored under the Trust targeted support framework, Gender Identity Clinic and Trauma service with a focus on reducing waiting lists, improving productivity and improving patient experience.

GIC

- In this period there was a decrease in activity in GIC.
- The service implemented the patient portal and core clinic model with the full implementation of the Universal Assessment form, wait list validation has been carried out.

Trauma service

- Moved into targeted support in February 2025 and recorded a second month of above job planned activity, with reduced referrals into the service due to improved triaging.

The Autism Spectrum Condition Team is under ELT oversight due to significant demand on the service and the need to ensure the ongoing improvement work continues to balance out activity levels with the referral rate.

- Autism assessments - the average waiting time in Haringey reduced to 40 weeks. Hertfordshire waiting times remain at 3 years, although negotiations with commissioners regarding 2025/26 funding for waiting list reduction. Business as Usual assessment team have increased activity following additional investment.
- Work continues to recruit to the Team Clinical Lead role.

## Quality and Safety:

### Experience and Outcomes

- **Patient Feedback:** Clinical Services reported 84% positive responses to the Friend and Family Test (FFT) question in the Experience of Service Questionnaires (ESQ), below the 90% target. Posters with ESQ QR codes are now displayed in reception areas, QR codes are added to email and letter footers to increase the ways in which people can feedback.
- **Complaints:** 10 formal complaints were received in February 2025, the number of open complaints has reduced from 34 to 20, with 8 overdue. The Trust now holds a daily complaint huddle focusing on overdue complaints, timeliness of response and allocation of new complaints. Lessons learned and action plans arising from complaint investigations are recorded on Radar and shared at unit clinical governance meetings and Trust wide Service User Experience Group.
- **Clinical Outcome Measures:** Services have continued to progress the QI Project to increase the number of outcome measures (OM) collected across all services. In February 2025, this included the development and delivery of a range of OM

	<p>training resources and information available on the intranet, and the Waiting Room Platform. Further improvements to include OM information within care plans is ongoing with service users. 'You Said, We Did' and patient stories content have been created and will be uploaded to the intranet page. The Quality Team are creating the OM dashboard to track key metrics. This puts the Trust in a strong position for the launch of the new waiting time metrics on 1<sup>st</sup> April 2025.</p> <ul style="list-style-type: none"> <li>• <b>Patient and Carer Race Equality Framework (PCREF)</b> implementation and developments will now be reported in IQPR with a focus on referrals and acceptance data.</li> <li>• <b>Incidents:</b> A total of 27 incidents were reported, 12 were identified as patient safety incidents, of which 10 incidents involved violent and aggressive behaviour; 2 incidents involved the use of restrictive practice.</li> <li>• <b>After Action reviews:</b> Three After Action Reviews (AARs) were initiated in February. Two focused on the violence and aggression incidents at Gloucester House, a third concerns an incident where a patient attended the clinic without an appointment. Relevant findings and key learnings will be shared Trust wide.</li> </ul> <p><b>People:</b></p> <ul style="list-style-type: none"> <li>• Appraisal completion remains low, there has been slow improvement, with an almost 1% increase in February.</li> <li>• The Trust completion for mandatory and statutory training (MAST) is 80.1%, under the Trust target of 90%.</li> <li>• The Learning and Development team is developing a quality improvement workstream to improve the completion rates for both appraisals and MAST.</li> </ul> <p><b>Finance:</b></p> <ul style="list-style-type: none"> <li>• The Trust is £115k ahead of plan at M11, with a recorded deficit of £1,951k. This is an improvement of the position by £118k from the M10 position. The continued improved position has been delivered by the receipt of a one-off rates rebate received in January. The unfunded element of the pay award remains a recurrent issue for 25/26. The reported cash position at the end of February was ahead of plan and capital spend is expected to be on plan at £2,718k at the end of the year. This is an increase from previous months reflecting additional capital distributions received via the ICB. The Trust now expects to deliver its planned deficit of £2,200k in 24/25.</li> </ul> <p><u>Contracts By Exception</u></p> <ul style="list-style-type: none"> <li>• <b>PCPCS</b> will close on 31st March, programme of staff support and redeployment, where possible, in place.</li> <li>• <b>First Step Haringey</b> are in consultation and will close on 31<sup>st</sup> March 2025.</li> <li>• <b>Surrey Mindworks Team</b> has been served notice, the team will continue to work within the Alliance for 6 months</li> </ul>
<b>Key recommendation(s):</b>	The Council of Governors is asked to review and <b>DISCUSS</b> the contents of the report.
<b>Implications:</b>	

<b>Strategic Ambitions:</b>					
<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	
<b>Relevant <a href="#">CQC Quality Statements</a> (we statements) Domain:</b>	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"/>
<b>Alignment with Trust Values:</b>	Excellence <input checked="" type="checkbox"/>	Inclusivity <input checked="" type="checkbox"/>	Compassion <input checked="" type="checkbox"/>	Respect <input checked="" type="checkbox"/>	
<b>Link to the Risk Register:</b>	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>	ORR <input type="checkbox"/>	
	All Related BAF Risks including BAF 2.				
<b>Legal and Regulatory Implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific legal and regulatory implications associated with this report.				
<b>Resource Implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no additional resource implications associated with this report.				
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	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.				
<b>Freedom of Information (FOI) status:</b>	<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.	
<b>Assurance:</b>					
<b>Assurance Route - Previously Considered by:</b>	Local IQPR meeting held in March 2025				
<b>Reports require an assurance rating to guide the discussion:</b>	<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 IN PUBLIC – Thursday, 29 May 2025					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Quality & Safety Committee	17 <sup>th</sup> April 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: 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	
The key discussion items including assurances received are highlighted to the Board below:					
Key headline				Assurance rating	
<b>1. Quality and Safety Report</b> The Committee received the April 2025 Quality & Safety Report, which reports on February 2025 data; it was noted that the paper will be presented in full to the Board of Directors in May 2025. The Trust's new learning poster, which has been designed by Lucy Hegarty, Patient Safety Manager, was highlighted as an excellent source of information sharing.				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<b>2. Gloucester House Update including review of calming rooms</b> The Committee received an update of progress against the action plan resulting from the review of Gloucester House, the action plan is monitored at the Gloucester House Steering Committee. Areas of concern continue to be focused on the environment and the gaps in meeting the Independent Schools Regulatory standards.  The Committee received a paper on the review of the use of calming rooms at the school, carried out in response to a request by the Children's Commissioner following an expose in the news. Eleven recommendations were identified in the Trust's review, these will be subsumed into the overarching action plan.				Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>3. Quality Priorities 25/26</b> The Committee were updated about the work undertaken to set quality priorities for 25/26, including the stakeholder event held in March and the discussion at the Joint Board and Council of Governors meeting in April 2025. The stakeholder event was well attended and included representation from service users, the Board, Council of Governors, Executive Leadership team and staff. Feedback was received at both				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	

<p>presentations on the proposed quality priorities for 25/26 and has been incorporated where appropriate.</p> <p>The Committee reviewed the drafted quality priorities for 25/26 which had been updated following feedback received from both events. The Committee approved the quality priorities for inclusion in the Trust's Quality Account.</p>	
<p><b>4. Internal Audit: Complaints Data Quality</b></p> <p>The Committee received an update on the outcomes of the audit on Data Quality: Formal Complaints Management, completed as part of the Trust's approved internal audit annual plan for 2024/25. The audit focused on reviewing the arrangements in place to ensure the accuracy and quality of data of information is maintained and reported.</p> <p>The outcome of the audit was an overall rating of partial compliance, and it recommended five medium priority management actions to be taken under the themes of Policies &amp; Procedures, Data Quality and Training &amp; Learning. Two of these recommendations are underway through existing pieces of work and the remainder will be actioned as part of the Complaints quality improvement project or through the work of the Quality Assurance Team.</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input checked="" type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p><b>5. Annual Plan QIA and EQIA</b></p> <p>The Committee received a report outlining the approach to quality impact assessments (QIAs) and equality impact assessments (EQIAs) carried out for the efficiency plans proposed in the Trust for 2025/26. The process is used to identify and mitigate against any potential impact on quality and equality of the efficiency programme. An update report will be brought back to each Quality and Safety Committee.</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><b>6. Terms of Reference</b></p> <p>The Committee's Terms of Reference (ToR) were reviewed in November 2024 in line with the annual review of all ToR to ensure effectiveness. However, at that time, changes to membership were inadvertently overlooked. It was agreed that the changes were urgent to consider out with the next effectiveness review therefore the Committee agreed the addition of the following roles to the required attendees list;</p> <ul style="list-style-type: none"> <li>• Patient Safety Partner</li> <li>• Deputy Chief Medical Officer</li> <li>• Medical Director</li> <li>• Director of Therapies &amp; Clinical Governance</li> </ul>	<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><b>7. Annual Committee Effectiveness Review Outcome 2024/25</b></p> <p>The Committee reviewed the outcomes of the Annual Committee Effectiveness Self-Assessment survey for 2024/25. Overall, the survey responses received were positive with steady improvements and maturity noted around administration, agenda time management, quality of reports to the Committee and the focus on risk management.</p> <p>Recommended actions for further development included streamlining of Committee agendas, the need for members to increase constructive challenges to management, improving in-person attendance, transparency around deferrals in the schedule of business and ensuring alignment to</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input checked="" type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>

the timings of reporting groups and other meetings in the corporate governance calendar.		
<b>Summary of Decisions made by the Committee:</b>		
<ul style="list-style-type: none"> <li>The Committee <b>APPROVED</b> the updates to the Terms of Reference membership list</li> <li>The Committee <b>APPROVED</b> the Quality Priorities for 2025/26</li> </ul>		
<b>Risks Identified by the Committee during the meeting:</b>		
The Committee did not identify any new risks during the meeting.		
<b>Items to come back to the Committee outside its routine business cycle:</b>		
None.		
<b>Items referred to the BoD or another Committee for approval, decision or action:</b>		
Item	Purpose	Date
None.		

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025					
Committee:	Meeting Date	Chair	Report Author	Quorate	
People, Organisational Development, Equality, Diversity and Inclusion Committee	1 <sup>st</sup> May 2025	Shalini Sequeira, NED	Gem Davies, Chief People 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	
The key discussion items including assurances received are highlighted to the Board below:					
Key headline The committee looked at all the People BAF Risk				Assurance rating	
<b>1. Discussion on current BAF Risks (6,7,8)</b> <ul style="list-style-type: none"> <li>The Committee looked at all three BAF risks for this meeting. The meeting was themed around three areas of staff experience, EDI, and compliance; the papers received were grouped under these areas for discussion.</li> <li>Each paper author was asked to provide a succinct summary of their paper and the key item(s) to be discussed. By grouping up the papers and summaries under three main topic headings, those present were able to focus on the most important themes, and to more fully ascertain whether the associated risks are being mitigated.</li> </ul>				Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>2. New risk</b> <ul style="list-style-type: none"> <li>As a result of the discussions held, a new risk was identified in relation to staff experience and engagement (or disengagement). This will be worked into a new BAF risk by the IDOCG and CPO.</li> </ul>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
<b>3. Other considerations</b> <ul style="list-style-type: none"> <li>It was also discussed at the meeting that the actions log had become quite long, that a number of the actions had potentially become business as usual, and that a number of standing items potentially no longer required separate papers but could be captured either within other headings, or within the CPO report.</li> <li>The CPO committed to reviewing the open actions, and making recommendations on:</li> </ul>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	



<ol style="list-style-type: none"> <li>1. Actions that could be closed as they have become business as usual</li> <li>2. Actions that required a paper</li> <li>3. Associating risks with each action / paper going forward to enable richer dialogue and better assurance</li> </ol>		
<p><b>4. Reflections</b></p> <ul style="list-style-type: none"> <li>• There was general consensus that the change in how the meeting was ordered had aided discussion and also created the opportunity to consider a new risk.</li> <li>• There was also acknowledgement that due to the number and length of papers, it would be helpful for the committee notetaker to advise attendees of associated page numbers when starting to discuss a new topic.</li> <li>• Our new staff governor observer was assured by the level of discussion and due consideration given to each topic and reflected that some of the information shared would be beneficial for more staff to hear about.</li> </ul>	<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><b>Summary of Decisions made by the Committee:</b></p>		
<p>A decision was made to consider theming the agenda in relation to the three summary areas going forward. The IDOCG will work with the Committee Chair and the CPO to do this.</p>		
<p><b>Risks Identified by the Committee during the meeting:</b></p>		
<p>A new risk was identified in relation to staff experience and engagement (or disengagement). This will be worked into a new BAF risk by the IDOCG and CPO.</p>		
<p><b>Items to come back to the Committee outside its routine business cycle:</b></p>		
<p>There was no specific item over those planned within its cycle that it asked to return.</p>		
<p><b>Items referred to the BoD or another Committee for approval, decision or action:</b></p>		
<p><b>Item</b></p>	<p><b>Purpose</b></p>	<p><b>Date</b></p>
<p>None at this stage; the new BAF risk will require Board approval in due course however.</p>		



MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025				
Report Title: Staff Survey Final Results 2024 and Draft Action Plan			Agenda No.: 016	
Report Author and Job Title:	Gem Davies, Chief People Officer (CPO)	Lead Executive Director:	Gem Davies, Chief People Officer (CPO)	
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 purpose of the report is to provide headlines of the final staff survey results for 2024 and an initial draft action plan.			
Background:	The staff survey is a national initiative carried out each year by all NHS Trusts. As such, the survey is the Trust's current primary method by which organisational culture is measured. This includes how well-led staff feel and whether they feel sufficiently supported to enable them to fulfil their potential. This can be best described as staff experience. We therefore use the results to inform improvements in working conditions and practices.			
Assessment:	<p>The main headlines for the 2024 responses are:</p> <ul style="list-style-type: none"> <li>• We have improved in 7 of the 9 people promise areas</li> <li>• We are now above the bottom of our benchmark in 8 of the 9 areas</li> <li>• We can see direct improvements in staff engagement</li> <li>• We are at, or above average, in: acting fairly re career progression /promotion; being kind to each other; being polite and respectful, being valued by team; opportunities to show initiative and make suggestions; and reporting incidents of bullying/harassment/abuse</li> <li>• Our main areas for concern remain: people with LTHC and those from global majority feeling bullied by colleagues, managers not caring about concerns, colleagues with LTHC feeling pressured to come to work</li> </ul> <p>An initial action plan has been drafted to respond to the concerns as well as further progressing the areas of improvement.</p>			
Key recommendation(s):	The Council of Governors is asked to <b>NOTE</b> the contents of the report and planned actions.			
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 checked="" 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 <a href="#">CQC Quality Statements</a> (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"/>
Alignment with Trust Values:	Excellence <input checked="" type="checkbox"/>	Inclusivity <input checked="" type="checkbox"/>	Compassion <input checked="" type="checkbox"/>	Respect <input checked="" type="checkbox"/>	
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>	ORR <input type="checkbox"/>	
	<b>Risk Ref and Title:</b> <b>Risk 6 – Lack of Workforce Development, Retention &amp; Recruitment</b> <b>Risk 7 – Lack of a Fair and Inclusive Culture</b> <b>Risk 8 – Lack of Management Capability and Capacity</b>				
Legal and Regulatory Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	The people plan priorities serve to enact improvements both in our legal obligations to our staff and the people agenda within the organisation. As such, there are no negative 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:	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
	Due regard will be taken to mitigate any equity of opportunity issues which arise from this report – ongoing EDI projects across the Trust including those described in the report will assure this.				
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.		
<b>Assurance:</b>					
Assurance Route - Previously Considered by:	POD EDI – May 2025 Board of Directors (Public) – May 2025				
Reports require an assurance rating to guide the discussion:	<input checked="" type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input type="checkbox"/> <b>Not applicable:</b> No assurance is required	

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**Report Title: Staff Survey Final Results 2024 and Draft Action Plan**

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**1. Purpose of the report**

- 1.1 The purpose of the report is to provide headlines of the final staff survey results for 2024 and an initial draft action plan.

**2. Background**

- 2.1 The staff survey is a national initiative carried out each year by all NHS Trusts. As such, the survey is the Trust's current primary method by which organisational culture is measured. This includes how well-led staff feel and whether they feel sufficiently supported to enable them to fulfil their potential. This can be best described as staff experience. We therefore use the results to inform improvements in working conditions and practices.

- 2.2 As previously notified, the main headlines of the 2024 responses are:

- We have improved in 7 of the 9 people promise areas
- We are now above the bottom of our benchmark in 8 of the 9 areas
- We can see direct improvements in staff engagement
- We are at, or above average, in: acting fairly re career progression /promotion; being kind to each other; being polite and respectful, being valued by team; opportunities to show initiative and make suggestions; and reporting incidents of bullying/harassment/abuse
- Our main areas for concern remain: people with LTHC and those from global majority feeling bullied by colleagues, managers not caring about concerns, colleagues with LTHC feeling pressured to come to work

- 2.3 An initial action plan has been drafted to respond to the concerns as well as further progressing the areas of improvement.

**3. Action Plan**

- 3.1 The initial draft action plan is shown at the end of this paper.

- 3.2 The plan is intended to complement the work of a number of workstreams, for example there is a separate FTSU action plan and the EDI Programme Board have also mapped their priorities and therefore those actions are referred to rather than duplicated here.

- 3.3 A Staff Experience Programme Board, has been stood up, to commence in May, and it will be accountable for the development and delivery of a programme of work to improve staff experience across the Trust including this plan. Assurance will be

provided to the Board (via the People, OD and ED&I Committee) on the delivery of all aspects of the plan to improve staff engagement, experience, and FTSU areas.

#### **4 Conclusion**

- 4.1 We are currently undertaking a number of initiatives in order to improve the experience of all our people. The Council of Governors is asked to note the draft action plan.

Objective/Action	Allocated to	Deadline	Notes
<b>Supporting and developing a culture of compassion, belonging and inclusion where all staff feel safe and confident to speak up, express views, and raise concerns.</b>			
Refer to FTSU Action Plan	FTSUGs, People Team Lead, Exec Lead, Comms	Various 30/05/2025 to 31/10/2025	The FTSU Action Plan will be overseen by the Staff Experience Programme Board
Refer to EDI Programme Board Priorities	FTSUGs, People Team Lead, Exec Lead, Comms	Various to 30/04/2026	The EDI Action Plan is overseen by the EDI Programme Board
Service visit refresh	Governance Team / EAs along with Exec, NEDs, Governors	31/05/2025	Service visits to be held throughout the year. Feedback forms to include questions / conversation starters to help gain feedback that really matters to our people
Admin Forum			
Merger drop in sessions			
Senior Leadership Forum Refresh			
Values and Behaviours frameworks			
All Staff Meeting Refresh			
<b>Improving the experience of staff in the organisation.</b>			
Increased sharing of “you said, we did” outcomes from staff experience sessions	Exec Leads, People Team Lead, Comms lead	Monthly item	Incorporate as part of comms calendar and ensure all Exec Leads find opportunities to feedback.
Staff awards based on trust values and behaviours, to recognise individuals or teams for their work, impact and dedication to our patients, students and colleagues.	DOC, CPO	26 June 2025 Awards	<ul style="list-style-type: none"> <li>• 21 May – Nominations deadline</li> <li>• 28 May – 2 June - Shortlisting</li> <li>• 3 June – Online shortlist event</li> <li>• 4-9 June: Staff choice awards voting</li> <li>• W/C 9 June – Judges select winners</li> </ul>

			<ul style="list-style-type: none"> <li>26 June – Awards event at Everyman Hampstead</li> </ul>
Staff events calendar refreshed (and share event with new merger partner as soon as is practicable)	Staff Network Chairs, with support from Comms Lead and People Team Leads	31/05/2025	
Set priorities for the Staff Experience Programme Board	Core membership of the Programme Board	30/06/2025	
Create additional actions / refine existing ones off the back of the staff experience drop in sessions	Comms, People Team Lead, Core membership of the Programme Board	30/06/2025	
Merger drop in sessions			
Staff experience drop in sessions			
Free tea and coffee and spoons in every kitchen			
Admin development programme			
Values and Behaviours frameworks			
<b>Supporting the development of inclusive and compassionate leadership, outstanding teams, effective performance management and professional development.</b>			
Introduction of career conversations			
Policy development reflective of a restorative just and learning culture			
Values and Behaviours frameworks			
CPD process and panel			
ECP Process and panel			
Admin development programme			
Leadership and management development programme			
Kaleidoscope Organisational development programme			
Revamp of the Senior Leadership Forum			
<b>Taking a positive and proactive role in prioritising the health and wellbeing of staff and enabling flexible and agile working.</b>			

Burnout response toolkit			
Wellbeing room			
Introduction of a saver meal in Toza's			
Free Yoga sessions for employees			
<b>Ensuring continuity of work through a merger</b>			
Align staff experience processes with merger partner where possible and ensure handover	Exec	01/09/2025	First meetings with potential merger partner colleagues May 2025

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025					
<b>Committee:</b>	<b>Meeting Date</b>	<b>Chair</b>	<b>Report Author</b>	<b>Quorate</b>	
Education and Training Committee	8 <sup>th</sup> May, 2025	Sal Jarvis, Non-Executive Director	Mark Freestone, Chief Education and Training officer	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Appendices:</b>	n/a		<b>Agenda Item: 017</b>		
<b>Assurance ratings used in the report are set out below:</b>					
<b>Assurance rating:</b>	<input type="checkbox"/> <b>Limited</b> Assurance: There are significant gaps in assurance or action plans	<input checked="" type="checkbox"/> <b>Partial</b> Assurance: There are gaps in assurance	<input type="checkbox"/> <b>Adequate</b> Assurance: There are no gaps in assurance	<input type="checkbox"/> <b>Not applicable:</b> No assurance is required	
<b>The key discussion items including assurances received are highlighted to the Board below:</b>					
<b>Key headline</b>				<b>Assurance rating</b>	
<b>1. Merger Update</b>  1.1. Following the announcement of our potential merger with North London NHS Foundation Trust, we have begun preliminary discussions about this with our key stakeholders, including the Office for Students (OfS), The University of Essex and our NLFT colleagues. Despite the change of merger partner, we are optimistic that we remain approximately in the position we would have been with our previous partner. This is due to a higher level of transparency around the merger from our prospective partner and pre-existing relationships between clinical services.  1.2. As with the previous merger partner, the narrative around DET's position in the merger is one of 'lift and shift' of our education provision with negligible variance to our structure or programmes (noting the financial concerns in 3.2 below). This is primarily in response to our desire to retain our OfS registration, validation through the University of Essex and PSRB accreditations, most of which are in place until 2027/28 or beyond. Retaining these links in a merged entity will require minimal variation as well as clarity on student protection plans for various scenarios.				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<b>2. Success Stories</b>  2.1. We are tracking strongly on our offers made to potential students for the 2025/26 intake in offers accepted and unconditional accepts (i.e. students who are very likely to attend our courses), with offers up firm accepts up 370% on 2024/25 and unconditional firms up 156%. This news should be taken in consideration with the slowing application numbers (see 3.1 below) but suggests our internal processes have adjusted well to the earlier opening and that we should have a strong cohort for 25/26				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	



<p><b>3. Challenge Areas</b></p> <p>3.1. After a strong start following the early opening of admissions in October 2024, student applications have now fallen back to parity with 2024/25 levels. The DET Senior Leadership Team are working with Marketing colleagues on a targeted plan to bring in more applications to courses with potential capacity, promote conversion of incomplete applications to completes.</p> <p>3.2. In response to the financial position within the broader NHS, DET will be required to make approximately £1.1million in efficiency savings and/or growth to ensure we contribute to the Trust's balanced position. A Project Initiation Document (PID) has been set up to assure these savings which we are hoping to deliver through a combination of removal of posts in recruitment, increase in student fee income, and a review of courses that are not currently providing a contribution to the organisation, but without redundancies. This work will be ongoing throughout the 2025/26 financial year with monthly reviews of progress.</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input checked="" type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p><b>4. Ongoing Work of Note</b></p> <p>4.1. We have now formally begun to advertise for our new substantive Lecturer and Senior Lecturer positions to replace roles previously held by visiting lecturers. We have held two communications events with our visiting lecturer pool to clear up misconceptions about the roles, explain the rationale behind the changes, and outline the process for applying. The work is ongoing but is the culmination of significant work by the Directors of Education for Teaching and Learning and Governance and Quality and our Operations teams, supported by HR over the previous eighteen months, for which I am extremely grateful.</p> <p>4.2. In a rapidly changing situation in the NHS, it is important that DET are clear about our own vision for the future within potentially a merger partner Trust and our strategy for continuing to deliver internationally excellent training in psychotherapy and other psychosocial disciplines for the medium and long terms. It is important that all DET staff have a say in our identity and strategic intentions, so we have approached several venues about an all-DET staff event to launch our Strategy consultation in mid-June 2025. We will follow this event up with two further meetings for staff to refine and document our strategy.</p> <p>4.3. On 30<sup>th</sup> April we will be formally initiating a project to increase our International Student numbers and to improve the experience for those students who come to study with us from overseas. This work, which, includes the use of agents to identify and attract students from outside the UK as well as existing learning and an analysis of potential risks, will be critical in ensuring the long-term financial viability of DET and delivering on our ambitions to raise our CAS allocation.</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><b>Summary of Decisions made by the Committee:</b></p>	
<ul style="list-style-type: none"> <li>Next Committee is 03/07/2025.</li> </ul>	
<p><b>Risks Identified by the Committee during the meeting:</b></p>	

- BAF adequately reflects the risks facing the Education and Training Directorate.

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

n/a,

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

Item	Purpose	Date
None		

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025					
<b>Committee:</b>	<b>Meeting Date</b>	<b>Chair</b>	<b>Report Author</b>	<b>Quorate</b>	
Performance Finance and Resources Committee	17 <sup>th</sup> April 2025	Aruna Mehta, Non-Executive Director	Rod Booth, DSBD and Peter O'Neill, CFO	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Appendices:</b>	None		<b>Agenda Item: 018</b>		
<b>Assurance ratings used in the report are set out below:</b>					
<b>Assurance rating:</b>	<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	
<b>The key discussion items including assurances received are highlighted to the Board below:</b>					
<b>Key headline</b>				<b>Assurance rating</b>	
<b>Integrated Quality and Performance report:</b> <ul style="list-style-type: none"> <li>The Committee commended the overall format and development of the report.</li> <li>The Committee noted the positive work being done in Camden CAHMS.</li> <li>Waiting times were noted as a concern, with the Committee monitoring the situation at future meetings</li> </ul>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<b>Finance report:</b> <ul style="list-style-type: none"> <li>Finance Report for M11 was presented to the Committee, with a verbal update relating to the M12 draft position being presented. I&amp;E position was on plan as anticipated, with the final adjustments to the position not expected to change this position. It was noted this was subject to final confirmation via the external audit/final accounts process.</li> <li>The cash position was noted as having improved in March 25, with cash support received as expected and further support not expected to be required until May.</li> </ul>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
<b>BAF Risks</b> <ul style="list-style-type: none"> <li>The Committee noted the recent review of risk appetite at the Board Seminar.</li> <li>BAF Risk 9 – It was noted the risk was updated to reflect the recent submission of the Financial Plan 2025/26. Therefore, requiring the Committee to maintain close oversight of the Trust's efficiency programme 2025/26 and related governance arrangements.</li> <li>BAF Risk 11 – Income streams. The risk narrative to be updated to reflect the potential contract risks discussed at the Committee.</li> </ul>				Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>Financial Planning 2025/26</b> <ul style="list-style-type: none"> <li>Noted that that the final submission was a balanced plan. The committee did not discuss this in detail as it had previously been discussed and agreed by the Board.</li> </ul>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
<b>Capital Program Update</b>				Limited <input type="checkbox"/>	

<ul style="list-style-type: none"> <li>The committee noted that the additional capital allocation had yet to be included in the draft capital program.</li> <li>The clinical delivery group and ELT will further consider the program to agree additional schemes to reflect the additional capital allocation, and report back to the next committee.</li> </ul>	Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<b>Committee Effectiveness</b> <ul style="list-style-type: none"> <li>The committee considered the effectiveness survey outcome.</li> <li>The feedback from committee members was generally positive</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<b>Summary of Decisions made by the Committee:</b>		
<ul style="list-style-type: none"> <li>The Committee was not required to make any decisions.</li> </ul>		
<b>Risks Identified by the Committee during the meeting:</b>		
<b>Items to come back to the Committee outside its routine business cycle:</b>		
None		
<b>Items referred to the BoD or another Committee for approval, decision or action:</b>		
<b>Item</b>	<b>Purpose</b>	<b>Date</b>
1. ETC to consider the benefits from the China visits that are yet to develop any quantified / income generating education and training opportunities.; and	Action	
2. Board to consider any ethical issues that might arise from doing business in China.		

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025			
Report Title: Finance Report – As at 31 <sup>st</sup> March 2025 (Reporting Month 12)			Agenda No. 019
Report Author and Job Title:	Hanh Tran, Deputy Chief Finance Officer	Lead Executive Director:	Jon Bell, 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 12 (cumulative position to the 31st March 2025) Finance Report.</p> <p><b>Note:</b> This is a provisional report based on the expected outcome at the year-end 24/25. The final reported position being subject to the completion of the external audit and accounts process.</p> <p><b>Income &amp; Expenditure</b> The Trust was on plan at the year end with a net deficit of £2,197k, i.e. £3k ahead of plan This improved position reflects the benefit of the non-recurrent rates rebate received in January 25. The Trust was therefore 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.</p> <p><b>Capital Expenditure</b> To capital spend at the year-end was £2,718k, in line with the revised plan for the year. As anticipated the expenditure caught up to the year end with an additional £100k in capital secured in M11 for the patient engagement portal adding to the previously reported year figure of £2,618k.</p> <p><b>Cash</b> The cash balance at the end of M12 was £4,585k against the planned balance of £1,950k. This reflected the cash support received from NHSE of £2.2m and additional student fee income of £500k received earlier than expected. In addition, a few expected payments at the end of March weren't paid until early April.</p>		
Background:	The Trust had 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><b>Income and Expenditure</b> 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.</p> <p>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</p>		

	<p>balanced financial position in future periods. This being a key part of the merger development and delivery work.</p> <p><b>Capital Expenditure</b> The agreed capital spend limit for the year was £2,468k, an increase on the original target figure of £2,200k, which was broadly similar to that in 23/24. This has increased in year to £2,718k. The increase is due to the Trust sharing in the additional capital awarded to the ICS for delivering a balanced plan in 24/25, and several further in year allocations from NHSE. 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><b>Cash</b> 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>				
<b>Key recommendation(s):</b>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the contents of the report.</li> </ul>				
<b>Implications:</b>					
<b>Strategic Ambitions:</b>					
<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	
<b>Relevant <a href="#">CQC Quality Statements</a> (we statements) Domain:</b>	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
<b>Alignment with Trust Values:</b>	Excellence <input checked="" type="checkbox"/>		Inclusivity <input type="checkbox"/>	Compassion <input type="checkbox"/>	Respect <input type="checkbox"/>
<b>Link to the Risk Register:</b>	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	<p><b>BAF 9:</b> Delivering Financial Sustainability Targets <b>BAF 11:</b> Suitable Income Streams</p>				
<b>Legal and Regulatory Implications:</b>	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.				
<b>Resource Implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	There are no resource implications associated with this report.				

<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no EDI implications associated with this report.			
<b>Freedom of Information (FOI) status:</b>	<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.	
<b>Assurance:</b>				
<b>Assurance Route - Previously Considered by:</b>	ELT – May 2025 Board of Directors (Public) – May 2025			
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input checked="" type="checkbox"/> <b>Not applicable:</b> No assurance is required

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025					
<b>Committee:</b>	<b>Meeting Date</b>	<b>Chair</b>	<b>Report Author</b>	<b>Quorate</b>	
Integrated Audit & Governance Committee	08 May 2025	David Levenson, Non-Executive Director	Dorothy Otite, Interim Director of Corporate Governance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Appendices:</b>	None		<b>Agenda Item: 020</b>		
<b>Assurance ratings used in the report are set out below:</b>					
<b>Assurance rating:</b>	<input type="checkbox"/> <b>Limited</b> Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial</b> Assurance: There are gaps in assurance	<input type="checkbox"/> <b>Adequate</b> Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	
<b>The key discussion items including assurances received are highlighted to the Board below:</b>					
<b>Key headlines:</b>				<b>Assurance rating</b>	
<ul style="list-style-type: none"> <li>i. The Committee welcomed two observers (Ken Batty, NED; and Natalia Barry, Governor Observer)</li> <li>ii. The main issue highlighted to the Board of Directors are issues relating to the volume of papers to the Committee at this meeting due to Draft Annual Report and Accounts for 2024/25.</li> </ul>					
<b>1. Volume of papers</b>					
<ul style="list-style-type: none"> <li>The Committee agreed it did not need to receive the Draft Annual Report and Accounts for 2024/25 at this meeting, although this was noted by the Internal and External Auditors as standard practice across the NHS. The Committee noted the Extra-ordinary IAGC meeting in June would be sufficient to carry out its scrutiny function.</li> <li>The Committee agreed that information only items should be placed in the Committee reading room at future meetings.</li> </ul>				Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>2. Declarations of Interest</b>					
<ul style="list-style-type: none"> <li>The Internal Auditors (RSM) and External Auditors (Grant Thornton) both declared they were Auditors to North London Foundation Trust (NLFT) noting there was no perceived conflict.</li> </ul>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
<b>3. External Audit Progress Report</b>					
<ul style="list-style-type: none"> <li>The External audit progress report was received by Committee.</li> <li>The Auditors confirmed they are on track to complete the Audit by June 2025.</li> </ul>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<b>4. Planning Statements Planning Update</b>					
<ul style="list-style-type: none"> <li>The Committee received the proposed accounting treatment with regards going concern, accounting for leases, provision for unused funds from NCL, capitalisation of costs, revaluation of Trusts properties, deferred income.</li> <li>The Committee sought clarity as to the provision for unused funds from NCL and noted it could not be deferred to 2025/26.</li> </ul>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<b>5. Draft Annual Accounts 2024/25</b>					
<ul style="list-style-type: none"> <li>The Committee received and noted the provisional report based on the expected outcome at the year-end 2024/25. The final reported</li> </ul>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/>	



position being subject to the completion of the external audit and accounts process.	N/A <input type="checkbox"/>
<b>6. Internal Audit Update</b> <ul style="list-style-type: none"> <li>The Committee received a progress update which concludes the 2024/25 audit programme noting reasonable assurance rating for one; and partial assurance rating received for three recent internal audit reports.</li> <li>The Committee raised the partial assurance rating for the reports as an area of concern. Noting from the CEO that Executive Directors are being required to carry out a review of controls of key processes within their portfolio.</li> <li>The Committee requested for a follow-up of open internal audit recommendations at the June Extra-Ordinary meeting of the Committee.</li> <li>The Committee noted ELT would be reviewing the Internal Audit Plan 2025/26 to ensure relevance of review topics as the Trust approaches the merger by acquisition.</li> </ul>	Limited <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
<b>7. Annual Internal Audit Report Including Head of Internal Audit Opinion</b> <ul style="list-style-type: none"> <li>The Committee discussed the draft Head of Internal Audit (IA) opinion based upon the work performed on the overall adequacy and effectiveness of the organisation's governance, risk management and internal control processes. The IA opinion is rated at Level 3 indicating some weaknesses, which are based upon the outcomes of Internal Audits undertaken in 2024-25, most of which have been rated as 'Partial Assurance', and that a significant number of management recommendations have had revised dates and were still outstanding in the reports to this meeting.</li> <li>The Committee expressed reservations about the IA opinion due to the improvements around governance and risk management. RSM agreed to reconsider the wording of the opinion in these respects, but that they are unable to revisit the overall rating</li> </ul>	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
<b>8. Local Counter Fraud Annual Report</b> <ul style="list-style-type: none"> <li>The Committee noted the Local Counter Fraud Annual Report which showed the work completed in 2024/25 against the agreed work plan.</li> <li>The Committee noted the Counter Fraud Functional Standard Return (CFFSR) resulted in an overall rating of green. The green rating assesses the Trust as fully compliant with the requirements, with demonstrative evidence of the impact of counter fraud work undertaken.</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>9. Oversight of Board Assurance Framework (BAF) and Corporate Risk Registers (CRR)</b> <ul style="list-style-type: none"> <li>The Committee received the report noting the Board Committees had agreed the 2024/25 BAF and CRR Risk Registers as the starting position for 2025/26.</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>10. Aged Debtors Report</b> <ul style="list-style-type: none"> <li>The Committee received a report of aged debtors noting that amounts owed to the Trust are regularly tracked and chased with the aim of recovering as much debt as possible. Student age debt in particular was highlighted as being at a higher-than-expected level, with no reduction over time.</li> </ul>	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>

<ul style="list-style-type: none"> <li>The Committee noted the issue relating to 'artificial debt' which was being addressed.</li> </ul>	
<b>11. Single Tender Waiver Report</b> <ul style="list-style-type: none"> <li>The Committee received the Single Tender Waiver Report, and no significant issues were raised.</li> </ul>	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
<b>12. Committee Effectiveness Survey</b> <ul style="list-style-type: none"> <li>The Committee discussed and agreed the recommendations for further development of the Committee which includes streamlining of agendas and improving quality of reports.</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>13. Estates Valuation</b> <ul style="list-style-type: none"> <li>The Committee noted the Estates valuation report, and no issues were raised.</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>14. Standing Financial Instructions Update – Procurement Act</b> <ul style="list-style-type: none"> <li>The Committee approved the updated SFI to reflect the new Procurement Act.</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>15. Salary Overpayments and Underpayments Report (Including Losses and Special Payments)</b> <ul style="list-style-type: none"> <li>The Committee noted measures in place to mitigate overpayment incidents.</li> </ul>	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
<b>16. Gifts, Hospitality and Interests Annual Report</b> <ul style="list-style-type: none"> <li>The Committee noted the Gifts, Hospitality and Interests annual report and the updated Trust registers of interests including the Register of Gifts and Hospitality and Register of Decision Makers' Interest.</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>Summary of Decisions made by the Committee:</b>	
<b>Approved:</b>	
<ul style="list-style-type: none"> <li>Standing Financial Instructions</li> </ul>	
<b>Risks Identified by the Committee during the meeting:</b>	
There were no new risks identified by the Committee during this meeting.	
<b>Items to come back to the Committee outside its routine business cycle:</b>	
None	
<b>Items referred to the BoD or another Committee for approval, decision or action:</b>	
<b>Item</b>	<b>Purpose</b>
None	

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 29 May 2025					
Report Title: Public Council of Governors Annual Schedule of Business 2025/26				Agenda No.: 021	
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 CoG Annual Schedule of Business 2025/26				
Executive Summary:					
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:	This report provides the Public Council of Governors Annual Schedule of Business for 2025/26 (attached as Appendix 1) for information.				
Background:	<p>It is good corporate governance practice for the Council of Governors to agree a forward plan of its activities for the financial year. This was agreed by the Council in March 2025.</p> <p>The Schedule of Business is a 'live' document and may be amended by the Council during the year to align with business needs.</p>				
Assessment:	<p>There have been <b>no changes</b> to the Schedule of Business since the last Council of Governors meeting.</p> <p>In future reports, any changes to the Schedule of Business would be highlighted in the appendix as follows:</p> <ul style="list-style-type: none"> <li>• Agenda items – highlighted in red font.</li> <li>• Deferred papers – noted as 'D' under the relevant month of the meeting.</li> <li>• Discontinued paper – noted as 'X' under the relevant month of the meeting.</li> </ul>				
Key recommendation(s):	The Council of Governors is asked to <b>NOTE</b> the Public CoG Schedule of Business for 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 <a href="#">CQC Quality Statements</a> (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"/>
Alignment with Trust Values:	Excellence <input checked="" type="checkbox"/>	Inclusivity <input checked="" type="checkbox"/>	Compassion <input checked="" type="checkbox"/>	Respect <input checked="" type="checkbox"/>	
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>

	The Council is updated on the BAF risks periodically and this is included in the schedule of business.			
<b>Legal and Regulatory Implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no specific legal and regulatory implications associated with this report.			
<b>Resource Implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no additional resource implications associated with this report.			
<b>Equality, Diversity, and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no additional EDI implications associated with this report.			
<b>Freedom of Information (FOI) status:</b>	<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.	
<b>Assurance:</b>				
<b>Assurance Route - Previously Considered by:</b>	Council of Governors – March 2025			
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input checked="" type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input type="checkbox"/> <b>Not applicable:</b> No assurance is required

Key: ▼ - indicates drop down on template; P - planned, D - Deferred, M - Missed, X - discontinued, R - received										
Agenda Item	Category ▼	Sponsor / Lead ▼	2025		2026		Previous committee/group ▼	Onward approval ▼	Board / Committee / Meeting	
			May ▼	Oct ▼	Dec ▼	Feb ▼			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

Key: ▼ - indicates drop down on template; P - planned, D - Deferred, M - Missed, X - discontinued, R - received			2025		2026		Previous committee/group ▼	Onward approval ▼	Board / Committee / Meeting	
Agenda Item	Category ▼	Sponsor / Lead ▼	May ▼	Oct ▼	Dec ▼	Feb ▼			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