

## Meeting Book - Open Council of Governors

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022. Issues to be escalated to the Board of Directors

023. Reflections and Feedback from the meeting

**DATE AND TIME OF NEXT MEETING**

024. Thursday 4th December 2025 at 3.00 - 5.00pm

# **Council of Governors' Part Two**

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

**Thursday, 9<sup>th</sup>  
October 2025**

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

**MEETING OF THE COUNCIL OF GOVERNORS – PART TWO**  
**HELD IN PUBLIC**  
**THURSDAY, 9 OCTOBER 2025 3.00 – 5.30P.M.**  
**LECTURE THEATRE, TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST**  
**AND VIRTUALLY VIA TEAMS**

**Living our values:**



**AGENDA**

25/10	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: Wellbeing Team	Discussion	Nimisha Deakin, Associate Director of Nursing and Patient Experience	P	3.05 (15)	
005	Minutes of the Previous Meeting held on 29 May 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 and Service visits 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 Feedback (including training, service visits etc) 008a – NHS Providers Governor Focus Conference 05 June 2026 (placed in BoardEffect reading room)	Discussion	All Governors	V	3.40 (10)	
009	Governor Terms of Office Update	Information	Dorothy Otite,	E	3.50 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/>

			Interim Director of Corporate Governance			N/A <input type="checkbox"/>
010	Council of Governors Effectiveness Survey 2025 - Outcome	Discussion	Dorothy Otite, Interim Director of Corporate Governance	E	3.55 (10)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
011	Revised Nominations Committee Terms of Reference	Approval	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>						
012	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"/>
013	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 observer feedback	Discussion	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						
014	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 observer feedback	Discussion	Observer: Pauline Williams (attended as Chair Race Equality Network)	V	4.40 (5)	
<b>ENHANCE OUR REPUTATION AND GROW AS A LEADING</b> local, regional, national & international provider of training & education						
015	Education and Training Committee (ETC) Assurance Report	Assurance	Sal Jarvis, E&T Committee Chair	E	4.45 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	Education and Training Committee (ETC) Governor observer feedback	Discussion	Observer: Stephen Frosh, ETC Governor Observer	V	4.50 (5)	
<b>IMPROVING VALUE, PRODUCTIVITY, FINANCIAL AND ENVIRONMENTAL SUSTAINABILITY</b>						
016	Performance, Finance and Resources Committee (PRFC) Assurance Report	Assurance	Aruna Mehta, PFR Committee Chair	E	4.55 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

	Performance, Finance and Resources Committee (PRFC) Governor observers' feedback	Discussion	Observers: Sheena Bolland & Pauline Williams, PFRC Governor Observers	V	5.00 (5)	
017	Finance Report – Month 4	Information	Jon Bell, Interim Chief Finance Officer	E	5.05 (5)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
018	Integrated Audit and Governance Committee (IAGC) Assurance Report	Assurance	Ken Batty, IAGC Committee Chair	E	5.10 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
CLOSING ITEMS						
019	Annual Schedule of Business 2025/26	Information	John Lawlor, Chair	E	5.20 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
020	Questions from the Public	Discussion	John Lawlor, Chair	V		
021	Any other business (including any new risks arising during the meeting): <i>Limited to urgent business notified to the Chair and/or the Trust Secretary in advance of the meeting</i>	Discussion	John Lawlor, Chair	V		
022	Issues to be escalated to the Board of Directors	Discussion	John Lawlor, Chair	V		
023	Reflections and Feedback from the meeting	Discussion	John Lawlor, Chair	V		
DATE AND TIME OF NEXT MEETING						
024	Thursday 4 <sup>th</sup> December 2025 at 3.00 – 5.00p.m.					

**REGISTER OF GOVERNOR INTERESTS - 2025/26 (LAST UPDATED 08/07/25)**

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 Uwakaneme	Rest of London	December 2024 (1st term)	NIL RETURN			
Susan Lendrum	Rest of London	December 2024 (1st term)	Small Supervisory practice of two people in Scotland.	2014	present	No conflict as no connection with the Tavistock & Portman NHS Foundation Trust.
Natalia Barry	Camden	May 2022 (1st term) 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)	NIL RETURN			
Sheena Bolland	Rest of England & Wales	October 2021 (1st term) December 2024 (2nd Term)	NIL RETURN			
Maisam Dato	Staff - Admin & Technical	December 2022 (1st term)	NIL RETURN			
Paru Jeram	Staff - Education & Training	December 2021 (1st term) December 2024 (2nd Term)	NIL RETURN			
Pauline Williams	Staff - Clinical, Academic, Senior	December 2024 (1st term)	NIL RETURN			
Chipo Mukoki	Student	May 2025 (1st term)	NIL RETURN			



NAME	POSITION HELD (INCLUDING CONSTITUENCY)	FIRST APPOINTED	DESCRIPTION OF INTERESTS DECLARED	RELEVANT DATES		DECLARATION COMMENTARY
				FROM	TO	
Kathy Elliott (Lead Governor)	Stakeholder - Voluntary Action Camden)	December 2020 (2nd term)	Trustee and Vice Chair of Voluntary Action Camden (3)	Sep-20	present	Stakeholder Governor representing Voluntary Action Camden
			Chair Caversham Practice Patient Participation Group (3)	06/01/2014	present	No perceived conflict. Previously Vice Chair. Started Chair role on 12 June 2025
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.

# Wellbeing Team – Trainee Experience

Council of Governors Meeting – 09 October 2025

# Wellbeing Team – who we are & what we do



## What we do:

- Guided self-help and model specific cognitive behavioural therapy (CBT) for anxiety and depression
- Systemic interventions for depression, self-harm and behavioural difficulties for adolescents and family.
- Parenting interventions for behavioural challenges for primary school aged children
- Training for universal services
- Community outreach to wellbeing events
- Service user involvement
- Projects to improve accessibility and awareness about mental health

**UNCONFIRMED MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS**  
**HELD IN PUBLIC**  
**THURSDAY 29 MAY 2025, 3.00-5.00 PM**  
**LECTURE THEATRE, 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 (online)	PJ
Stephen Frosh	Public Governor	SF
Chidi Uwakaneme	Public Governor	CU
Pauline Williams	Staff Governor	PW
Anna Wright	Stakeholder Governor	AW
Maisam Datoo	Staff Governor	MD
Sheena Bolland	Public Governor	SB
Chipo Mukoki	Student Governor (online)	CM

**IN ATTENDANCE:**

Michael Holland	Chief Executive	MH
Jonathan Bell	Interim Chief Finance Officer	JB
Rod Booth	Director of Strategy and Business Development	RB
Claire Johnston	Non-Executive Director	CJ
Sal Jarvis	Non-Executive Director	SJ
Jane Meggitt	Interim Director of Communications & Engagement	JM
Alex Finnegan	Clinical Lead CAISS	AF
Parent 'R'	Parent (Service User Story item)	

**APOLOGIES:**

Peter Ptashko	Public Governor	PP
Dorothy Otite	Interim Director of Corporate Governance	DO
Clare Scott	Chief Nursing Officer	CS
Ken Batty	Non-Executive Director	KB
Shalini Sequeira	Non-Executive Director	SS

MINUTE NO.	ACTION
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**25/001 WELCOME AND APOLOGIES FOR ABSENCE**

The Chair welcomed those present and noted the apologies above.

The new Governors were welcomed to their first meeting; Chipo Mukoki, Student Governor and Councillor Anna Wright, Stakeholder Governor representing Camden Council. Jon Bell was also welcomed as he was recently appointed as the new Interim Chief Finance Officer.

Due to digital connectivity issues during the meeting, it was necessary to proceed in person only, as online attendees were unable to hear or participate in the proceedings. This was very unfortunate, and the Chair apologised to those people who had dialled into the meeting remotely.

**25/002 CONFIRMATION OF QUORACY**

The Chair confirmed the meeting was quorate. This was the case throughout the meeting.

**25/003 DECLARATIONS OF INTEREST**

The Council of Governors noted that there were no new declarations of interest other than those noted on the register.

**25/004 SERVICE USER STORY: CAMDEN ADOLESCENT INTENSIVE SUPPORT SERVICE (CAISS)**

Alex Finnegan, Clinical Lead and Principal Clinician for Camden Adolescent Intensive Support Service (CAISS) and a Mental Health Nurse joined the Council with a young person's mother, who had been supported by CAISS since December 2024.

CAISS is an intensive mental health outreach service working with young people aged 12-18 years old and supporting young people in mental health crisis with complex needs and often complex social circumstances. The service is able to see young people up to 5 times a week, in their homes and in other community spaces (wherever works for them). There is a multi-disciplinary team of clinicians (nurses, social workers, psychotherapists and doctors). The CAISS offer is holistic and relational; young people and their families see the same clinicians consistently and there is a focus on developing trusting relationships and creating a life worth living.

The young person's parent shared her son's experience of the service:

- AF has made a huge difference to her son and their relationship has been the foundation of change. There has been positive encouragement and AF is always understanding and available on the phone to support and deal with issues, which has been a great relief.
- The continued encouragement and pragmatic approach to engagement is valuable. When comparing to other boroughs providing a similar service, the CAISS team is outstanding.
- She has three children, each with their own unique personalities, and it has been both challenging and emotionally intense to support them during times of significant difficulty.
- There have been occasions where there are disagreements between professionals, which has led to considerable difficulty for us as parents, as we have felt pulled in different directions.
- Parents also need support in the form of therapy and a parent worker within CAISS would be very beneficial which would streamline the offer, and a systemic and informed approach is encouraged.

SJ asked for more details around the pragmatic approach. AF shared the unique thing about CAISS is that it is predominantly a nursing team which is holistic. All aspects of life are considered, and

intervention is based on this. The parent further added persistence, flexibility and a more practical approach would help.

AW commended the parents' ability to express their thoughts on the situation, recognising the systemic element is missing and queried if the service embraced them as a family unit and interconnected. The parent advised we have engaged with different services and have had family therapy as part of that which is complicated because the focus is on the individual child which makes it unrealistic.

MH asked how difficult or easy it was to find the service and access. The family were discharged from Great Ormond Hospital and referred to CAISS. The experience through South Camden CAMHS was different, a neurodiversity request had been turned down and the family were sent to CAMHS for therapy, CBT, and eating services. The family were not satisfied with the eating service and logged a complaint, the outcome was a lengthy report but comprehensive.

The Chair thanked the parent for attending, for providing such honest feedback and for sharing the lived experience of the service noting the recommendations.

#### **25/005 MINUTES OF THE PREVIOUS MEETING HELD ON 27 MARCH 2025**

The minutes of the previous meeting held on 27 March 2025 were approved as an accurate record, subject to an amendment to the stated date of the meeting.

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

The Council of Governors reviewed the action log and approved the 3 actions proposed for closure and 1 action remained open.

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

JL highlighted:

- The government is prioritising the NHS through significant investment and reform through the Spending Review period (from 2026-27 to 2028-29).
- The 10-year health plan is expected to be published in Spring 2025 and will address key change areas.
- Our first ever Values in Practice awards will be held in June to recognise and celebrate the work and achievements of our staff and teams over the past year.

MH took his paper as read and highlighted the following:

- The Trust has agreed to explore a merger by acquisition with North London NHS Foundation Trust (NLFT). The merger will enhance and strengthen the children and adult mental health services across North London. It is planned that the merger process will be completed by 1 April 2026.

- In respect of student recruitment following a very strong start to the year applications to our courses for 20/25/26 have settled down to the 2024/25 levels. The consequences of the early acceptance of applications is that the Trust is far ahead of last year's position in terms of the number of offers made to students and acceptance of those offers.
- NHSE has recently published the Board member appraisal guidance for Chairs, Chief Executives, Executive Directors and Non-Executive Directors. This new guidance which the Trust has begun implementing, establishes clear expectations and enhances consistency in standards for board-level appraisals.

The Council of Governors **NOTED** the Chair and Chief Executives Report.

#### **25/008 GOVERNOR ELECTIONS AND TERMS OF OFFICE – UPDATE**

JL shared the **key messages**:

- Report provides an update on the recent elections and Governor terms of office for information.
- Of 5 vacant seats on the Council, 3 were filled in the recent elections (2 Public seats in Camden; and 1 Student seat).
- Camden seats: Talia Barry, elected for a 2<sup>nd</sup> term; and Peter Ptashko elected for a 1<sup>st</sup> term as a Public Governor.
- Student seat: Chipu Mukoki, elected for a 1<sup>st</sup> term.
- Anna Wright, Stakeholder Governor representing Camden Council joined the Council of Governors in April.
- Two Governors Ffiona Dawber, Public Governor, Camden and Katharine Knight, Student Governor left the Council in May at the end of their 1<sup>st</sup> terms of office.
- There are currently 17 Governors on the Council.
- To note that the Council of Governors meeting in private considered a proposal for the extension of the terms of office of two Public Governors.

The Council of Governors **NOTED** the Governor Elections and Terms of Office update.

#### **25/009 GOVERNOR FEEDBACK**

JL highlighted that there is an upcoming training session "Introduction to the role of the governor" on the 18 June 2025 and encouraged new governors to sign up noting an email has been sent to inform new Governors.

The Governors who attended the GovernWell Core Skills training on 1<sup>st</sup> April 2025 noted it was very beneficial and refreshing.

The Council of Governors **NOTED** the contents of the report.

#### **25/010 COUNCIL OF GOVERNORS EFFECTIVENESS SURVEY 2024/25 UPDATE**



JL provided the following updates:

- The report provides the Governors' preference for conducting the Council of Governors' Effectiveness Survey.
  - Option 1. NHS Providers or
  - Option 2. Short in-house survey
- 9 responses were received from Governors. 6 of 9 Governors indicated their preference for Option 2 – Short in-house survey.

The Council of Governors **NOTED** that the Corporate Governance Team will conduct an effectiveness survey during the Summer of 2025, and the outcome would be reported to the Council in Autumn 2025.

#### 25/011 **GOVERNOR OBSERVERS ON BOARD COMMITTEES 2025/26**

The Council of Governors **NOTED** the refreshed list of Governor Observers for 2025/26:

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, Equality Diversity and Inclusion (POD EDI)	1. Paru Jeram
Education & Training Committee (ETC)	1. Stephen Frosh 2. Susie Lendrum
Integrated Audit & Governance Committee (IAGC)	1. Natalia Barry

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.

The Council of Governors **NOTED** the Governor Observers on Board Committees report.

#### 25/012 **SERVICE VISITS - FORWARD PLAN 2025/26**

MH informed the Council of Governors that DO had written to all Governors regarding availability to attend Service Visits, there is also a form available today to record availability in person.

SB noted it was useful to have hybrid service visits and was advised to contact DO.



The Council of Governors **NOTED** the Service Visits forward plan report.

## 25/013 SUMMARY REPORT ON QUALITY AND PERFORMANCE

RB had taken the report as read and highlighted the following:

### 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; waiting 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.

There is a key focus to work with teams on job planning to increase appointments and ensure all clinicians are delivering the maximum.

The Patient Portal system has been implemented, and users can view referrals and appointments through the NHS App. MA noted the lack of communication on this in the GIC Team and RB would catch up with MA after the meeting to discuss further.

There has been positive progress for the average waiting times for Autism Assessments in Haringey which are reduced to 40 weeks. Hertfordshire waiting times remain at 3 years, although negotiations with commissioners regarding 2025/26 funding for waiting list reduction.

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.

AW praised the work and found it helpful to see the outliers, highlighting a piece of work on data cleansing.

The Council of Governors **NOTED** the report on Quality and Performance.

**25/014      QUALITY AND SAFETY COMMITTEE (QSC) ASSURANCE  
REPORT / GOVERNOR OBSERVERS' FEEDBACK**

CJ highlighted there was thought concerning members' roles within the Committee in terms of challenge and had met with KE to review the observer role. In terms of the Committee's values there is encouragement for members to speak up and voice challenges and concerns.

KE thanked the Governors for comments and feedback on the Quality Accounts.

The Council of Governors **NOTED** the QSC assurance report.

**25/015      PEOPLE, ORGANISATIONAL DEVELOPMENT, EQUALITY,  
INCLUSION AND DIVERSITY COMMITTEE ASSURANCE REPORT  
/ GOVERNOR OBSERVERS' FEEDBACK**

GD highlighted the Committee focused on all 3 BAF risks in the last meeting and identified a new risk around staff engagement and had met with DO to discuss this risk. The Appraisal will be re-invented into career conversations. The Head of HR is working on a Quality Improvement (QI) approach to appraisals to upskill staff ahead of the merger with a future view, this has been piloted and has gone well. The QI and A3 work is a more targeted and proactive approach. We have taken advice from other NHS Trusts and continue to work on areas of concern keeping focussed and setting objectives.

The Council of Governors **NOTED** the POD EDI assurance report.

**25/016      STAFF SURVEY RESULTS AND ACTION PLAN 2024**

The Council took the paper as read and **NOTED** the contents of the report and planned actions.

**25/017      EDUCATION AND TRAINING COMMITTEE (ETC) ASSURANCE  
REPORT / GOVERNOR OBSERVERS' FEEDBACK**

SJ highlighted the following:

- In a rapidly changing situation in the NHS, it is important that DET are clear about our own vision for the future within a merged Trust and our strategy for continuing to deliver internationally excellent training in psychotherapy and other psychosocial disciplines for the medium and long terms.
- An all-DET staff event is planned in mid-June 2025 to launch our Strategy consultation. We will follow this event up with two further meetings for staff to refine and document our strategy.

SB commented she found the meeting useful in gaining a better understanding of student numbers and the associated DET efficiency plans.

The Council of Governors **NOTED** the ETC assurance report.

**25/018 PERFORMANCE, FINANCE AND RESOURCES COMMITTEE (PRFC) ASSURANCE REPORT / GOVERNOR OBSERVERS' FEEDBACK**

The Committee noted the positive work being done in Camden CAHMS while also recognising that waiting times remain a concern in some other services. It was agreed that the Committee would continue to monitor waiting times at future meetings. The Committee requested that the Education and Training Committee consider the potential benefits arising from the China visits, which have yet to result in any income generating education and training opportunities.

SF acknowledged the significant challenges associated with the China-related work and commended AM for the effective chairing of what was a very complex meeting.

The Council of Governors **NOTED** the PFRC assurance report.

**25/019 FINANCE REPORT – MONTH 12 (INCLUDING FINANCIAL PLAN 2025/26)**

The Chair had taken the report as read as this was discussed in the earlier private meeting.

The Council of Governors **NOTED** the Finance report.

**25/020 INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC) ASSURANCE REPORT/ GOVERNOR OBSERVERS' FEEDBACK**

The report was taken as read. The Committee received and noted the provisional accounts based on the expected outcome at the year-end 2024/25. The final reported position being subject to the completion of the external audit and accounts process. The Committee noted this process was much smoother compared to the previous year, and the progress is on track. SF queried the partial assurance and whether it related to timeliness, MH advised some reports had revised deadlines for completion.

The Council of Governors **NOTED** the IAGC assurance report.

**25/021 ANNUAL SCHEDULE OF BUSINESS 2025/26**

The Council of Governors **NOTED** the Public Council of Governors Schedule of Business for 2025/26.

**25/022 QUESTIONS FROM THE PUBLIC**

There were no questions from the public.

**25/023 ANY OTHER BUSINESS (INCLUDING ANY NEW RISKS ARISING DURING THE MEETING)**

There were no other items of business raised.

**25/024 ISSUES TO BE ESCALATED TO THE BOARD OF DIRECTORS**

There were no issues raised to escalate to the Board.

**25/025 REFLECTIONS AND FEEDBACK FROM THE MEETING**

The Council of Governors noted that both the private and public meetings had identical agendas and emphasised the importance of identifying key items for discussion in the private meeting in order to allow for more in-depth discussion during the public meeting.

**25/026 DATE AND TIME OF NEXT MEETING**

Thursday, 9th October 2025 at 3.00 – 5.00p.m.

The Chair closed the meeting at 5.00 P.M.

DRAFT

## 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)
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	06/08/25: Delays reported in production of the video. 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.

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 9 October 2025					
<b>Report Title:</b> Chief Executive's Report				<b>Agenda No.:</b> 007	
<b>Report Author and Job Title:</b>	Michael Holland, Chief Executive	<b>Lead Executive Director:</b>	Michael Holland, Chief Executive		
<b>Appendices:</b>	None				
<b>Executive Summary:</b>					
<b>Action Required:</b>	<b>Approval</b> <input type="checkbox"/> <b>Discussion</b> <input checked="" type="checkbox"/> <b>Information</b> <input type="checkbox"/> <b>Assurance</b> <input type="checkbox"/>				
<b>Situation:</b>	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.				
<b>Background:</b>	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.				
<b>Assessment:</b>	This report covers the period since the last Board of Directors meeting on 10 July 2025.				
<b>Key recommendation(s):</b>	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	
<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>	<b>BAF</b> <input checked="" type="checkbox"/> All BAF risks		<b>CRR</b> <input type="checkbox"/>		<b>ORR</b> <input type="checkbox"/>
<b>Legal and Regulatory Implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/> There are no legal and/or regulatory implications associated with this report.	
<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>	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>	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"/> Not applicable: No assurance is required		

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## Chief Executive's Report

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### 1. Introduction

I hope that everyone has had a nice summer and taken the opportunity of time off to recharge batteries and spend valuable downtime with family and friends.

It has definitely not been a quiet summer here at Tavistock and Portman. We have continued to manage the ongoing development of the full business case for the merger and to focus on our financial plan in the next year.

### 2. Merger update

Following submission of the joint Strategic Outline Case for the merger by acquisition to the NHS England Transaction Team in June, we have been given the go ahead to proceed to the next stage of the merger transaction (developing a full business case). The letter gave us a Red-Amber-Green (RAG) rating of 'Amber' which means that there are some areas of our proposal that 'require further focus in the development of the case'.

The full business case is now being developed, which is on track to be submitted to NHSE by November, following approval by both Trust Boards in October.

During September, NLFT held a series of engagement events for our staff to discuss our merger. The events were hosted by Jinjer Kandola, NLFT Chief Executive and Natalie Fox, NLFT Deputy Chief Executive. The events were an opportunity for staff to hear about our shared vision, North London's people promises; plan for the merger by acquisition; staff engagement in the process; and to ask questions, around 230 staff attended

## Providing outstanding patient care

### 3. Gender Identity Clinic (GIC)

The GIC service joined the national quality improvement (QI) network workshop, hosted by NHS England in July 2025. The work of the day focused on a whole system approach to delivering the recommendations of the Levy report, once published; improving the patient experience, creating a standardised system approach to reduce variation and support improvement in productivity. Following the workshop the service has developed a workplan and set of metrics which has been submitted to NHS England, London region as part of the contracting process.

### 4. Gloucester House Ofsted Inspection

Ofsted wrote to the proprietor and the Chair of the governing body to inform them that they would be conducting an independent school standard inspection of Gloucester House School between the 1<sup>st</sup> July and 3<sup>rd</sup> July 2025. The school received a 'good' rating from the inspection. Staff have worked extremely hard to improve in a short space of time which is a huge achievement for staff at the school.

### 5. Winter Plan



During the summer period, the Trust has been developing the winter plan and participated in a 'resilient together this winter' ICS event on 3<sup>rd</sup> September. The Trust will participate in a regional mental health winter learning summit on 15<sup>th</sup> October 2025.

## **6. Emergency Preparedness, Resilience and Response Core Standards**

The Trust conducted the annual self-assessment of the Core Standards for Emergency Preparedness, Resilience and Response (EPRR) to meet the requirements for planning for emergencies under the Civil Contingency Act 2004, NHS Act 2006 and Healthcare Act of 2022, to ensure robust plans to protect the community it serves in the event of any Incident or Emergency. In accordance with the requirements laid out in the EPRR 2024/25 assurance process, the overall level of compliance is RAG rated of the Core Standards. The Trust will review the self-assessment during an assurance meeting with NCL ICB.

## **7. DrDoctor**

The Trust has been approved by the Wayfinder Team at NHSE, to be the first Mental Health Trust in the Country, to be onboarded to the NHS App with DrDoctor. This is a significant milestone that gives the Trust credibility for its digital maturity.

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

## **8. 2025 Graduation Ceremony**

The Trust hosted its 2025 graduation ceremony on 11<sup>th</sup> September, and members of the Board committed their time to attend the event. It was held at the Queen Mary People's Palace and it was a great space for our staff and students to mark this important milestone.

## **9. Student Recruitment**

Student applications closed in August with 1122 applications completed, a small drop of 2% on the 2024/25 position. However, this position included an encouraging 15% increase in the number of overseas applications, and the earlier opening of applications has led to a significantly higher number of offers made, an increase of 20% at this point in the cycle relative to 2024/25 as students move into enrolment. We expect that this is a healthy position for the Trust in relation to its long-course educational income.

## **10. Library Development**

The Tavistock Centre library has reopened after a significant refurbishment to better meet the needs of our students, staff and external members.

The refurbishment followed a wide consultation with students, other stakeholders, and visits to other libraries for inspiration. The new furniture brings a modern feel aligned with modern University libraries and the removal of most of the desktop computers gives a feeling of space and the opportunity to focus. The library re-opened on 3<sup>rd</sup> September.

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

### **11. Industrial Action**

The BMA's UK Resident Doctors Committee undertook planned strike action at the end of July. While the impact on the Trust of strike action was minimal, within only three doctors choosing to exercise their right to strike, there was a larger impact on the NHS as a whole. There is a potential knock-on impact of pay dissatisfaction among other professional groups, with strike appetite also being balloted by RCN.

### **12. 10 Point Plan to improve resident doctors' working lives**

Along with other NHS Trusts, the Trust received a letter from Sir Jim Mackey, CEO NHS England and Professor Meghana Pandit, National Medical Director NHS England. The letter sets out a 10-point plan to improve the working lives of resident doctors and actions to be taken over the next 12 weeks.

Trust Boards are being asked to take clear ownership of local improvements, develop action plans informed by feedback and national survey results, and report progress publicly. To demonstrate progress, from Autumn 2025 NHS England will begin publishing trust-level data as part of the NHS Oversight Framework.

### **13. Staff Survey**

The next staff survey window has been confirmed to commence on 29 September 2025 and run until 29 November 2025. This year new questions include those centred around socio-economic background, which seek to understand the occupation, income, and type of work undertaken by each employee's main family earner at age 14.

The new ESR portlet named 'My Socio-economic Background' is also now available for all NHS organisations to publish to the My ESR Dashboard, to allow staff to record their socio-economic background information.

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

### **14. Annual Members' Meeting**

The Trust's Annual Members' Meeting has been rescheduled from 2<sup>nd</sup> October and it will now be held at 5.30p.m. on Thursday, 30<sup>th</sup> October at the Tavistock Centre. It is an opportunity to look back on our work during 2024/25 and look ahead at our plans for the future. The meeting is open to our members and the public.

## **Internal Updates**

### **15. Recent Board Changes**

#### **Executive Directors:**

This is the last Board meeting attended by Gem Davies, our Chief People Officer, as she is leaving us at the end of September for a new role at Barnet Hospital part of the Royal Free London NHS Foundation Trust. I want to formally thank Gem on behalf of the Board for her contributions over the last two and a half years and wish her well for her new role. The plans for interim cover will be confirmed soon.

## **Non-Executive Directors:**

John Lawlor has announced that he would be stepping down as Chair of the Board of Directors at the end of November 2025 after three years on the Board. John has accepted a role as Chair at his Local Hospital and Community Trust in West Yorkshire, Airedale NHS Foundation Trust.

I am delighted to announce that the Council of Governors have approved the appointment of Aruna Mehta, our current Vice Chair, to step into the role as interim chair effective 1<sup>st</sup> December until our merger is enacted.

David Levenson, Non-Executive Director left the Board on 31<sup>st</sup> August at the end of his second term of Office. I want to formally thank David on behalf of the Board for his contributions over the last six years and wish him well.

I am delighted to announce that the Council of Governors have approved the appointment of Sabrina Phillips as a full NED effective 1<sup>st</sup> September until our merger is enacted. Until this appointment, Sabrina was an Associate Non-Executive Director in the Trust since October 2022.

## **16. Visits to our Services (Service Visits)**

We have a programme of Service Visits for 2025/26 to enable the Board of Directors and Council of Governors keep up to date with current issues with our services and the issues being raised by our staff. Since the July Board, the following services have been visited:

- Surrey Mindworks
- Corporate HR (People Team)
- Psychoanalytic Assessment and Treatment
- Forensic Child and Adolescent Mental Health Team
- Family Mental Health Team
- Complaints and PALS
- First Step Plus (at Bounds Green Health Centre)

## **Regional and National Context**

### **17. NHS Oversight Framework – Q1 Segmentation Confirmation**

The information provided for the Q1 2025/26 NHS Oversight Framework segmentation, underpinning metric scores and league table ranking for each NHS provider was approved at the NHS England Executive Committee meeting on Tuesday 26 August 2025.

The Trust has been notified of its rating remaining at Segment 3 and ranked at 43/61.

### **18. Provider Capability Self-Assessment**

NHSE has introduced the new Provider Capability Assessment process alongside the NHS Oversight Framework.

As part of the NHS Oversight Framework, NHSE will use an assessment of provider capability to judge what actions or support are appropriate at each Trust. This is a key element of NHSE's new approach to provider oversight, intended to provide oversight teams with a more holistic view of Trusts while giving their Boards a framework within which to assess their governance,

grip and ability to deliver. It will also inform whether Trusts go forward to apply for new Foundation Trust status or are considered for the national Performance Improvement Program (PIP).

Trusts have been given 8 weeks to carry out and return the self-assessment, and regions 4 weeks to review the returns and assign a capability rating. The Trust has commenced the self-assessment process using the prescribed self-assessment template developed by the NHSE National team. The draft self-assessment will be brought to the Board Seminar on 2<sup>nd</sup> October for consideration and discussion, ahead of Board sign-off.

The aim is to have capability ratings in place by the end of November in order to identify PIP candidates in December.

## **19. New Chair announced for North Central and North West London ICBs**

North Central London ICB announced they have a new Chair, Mike Bell. Mike will Chair both North Central London, and the North West London Integrated Care Board, and will eventually become the Chair of the merged Integrated Care Board, which is set to take effect in April 2026.

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

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

- Cavendish Square Group of London NHS Mental Health Providers' CEOs;
- Cavendish Square Group Digital Conference;
- Camden Neighbourhoods Workshop;
- The King's Fund Digital Health and Care Conference;
- NCL ICB System Management Board (SMB);
- NHS England London CEOs Meeting with the London Regional Director; and
- Mental Health Network NHS Confederation - CEO and Chair 10 Year Plan Meeting.

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 9 October 2025			
Report Title: Governor Terms of Office 2025/26 - Update			Agenda No. 009
Cover Report Author and Job Title:	Dorothy Otite, Director of Corporate Governance (Interim)	Lead Executive Director:	Dorothy Otite, Director of Corporate Governance (Interim)
Appendices:	None		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	The report provides an update on the 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>Due to the imminent Merger by Acquisition, it is not intended to initiate an elections process to fill vacant seats on the Council of Governors.</p>		
Assessment:	<p><b>Governor Terms of Office:</b></p> <ul style="list-style-type: none"><li>The Register of Council of Governors including Governor terms of office is appended on Page 3 of this report.</li><li>There are currently <b>16 Governors</b> on the Council. The following key updates are being brought to the Council of Governor’s attention:<ol style="list-style-type: none"><li><b>1 Governor</b> has left the Council of Governors since the last meeting:<ul style="list-style-type: none"><li>Susie Lendrum Public, Rest of London (stepped down for personal reasons)</li></ul></li><li>As was agreed at the Council of Governors meeting in May 2025, <b>2 Public Governors</b> coming to the end of their term of office in December 2025 would be granted a short extension until 31 March 2026 or until the Merger by Acquisition is enacted (whichever is later), subject to agreement by the Foundation Trust Membership at the Annual Members’ Meeting on 30<sup>th</sup> October:<ul style="list-style-type: none"><li>Stephen Frosh Public, Rest of London</li><li>Sebastian Kraemer Public, Rest of London</li></ul></li><li><b>2 Governors</b> coming to the end of their terms of office in December 2025 have been notified of this. To note their attendance at formal Council of Governors’ meetings during their term of office fell below the level set out in the Constitution:<ul style="list-style-type: none"><li>Maisam Datoo Staff Admin &amp; Technical</li><li>Robert Waterson Appointed, University of East London</li></ul></li></ol></li></ul>		
Key recommendation(s):	The Council is asked to <b>NOTE</b> the contents of this report.		
Implications:			
Strategic Ambitions:			

<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
<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 style="text-align: center;"><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> </ul> <p style="text-align: center;"><b>1 Vacancy</b></p>	<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 style="text-align: center;"><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 Dato</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 style="text-align: center;"><b>University Partners</b> <b>Dr Annecy Lax (UoE)</b> 1<sup>st</sup> Term: Mar 2025 – May 2028</p> <p style="text-align: center;"><b>Robert Waterson (UEL)</b> 1<sup>st</sup> Term: Dec 2022 – Dec 2025</p> <p style="text-align: center;"><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 style="text-align: center;"><b>Local Authority (Camden)</b> <b>Councillor Anna Wright</b> 1<sup>st</sup> Term: April 2025 – April 2028</p>



MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 09 October 2025			
Report Title: Council of Governors Effectiveness Self-Assessment Survey Outcome			Agenda No.: 010
Report Author and Job Title:	Rhiannon Adey, Interim Deputy Company Secretary	Lead Executive Director:	Dorothy Otite, Director of Corporate Governance (Interim)
Appendices:	Appendix 1: CoG Effectiveness Self-Assessment Survey Outcome		
Executive Summary:			
Action Required:	Approval <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	<p>This report provides the outcome of the Council of Governors Effectiveness Self-Assessment survey.</p> <p>Seven out of sixteen Governors on the Council of Governors completed the survey.</p>		
Background:	<p><b>Process and Timeline:</b></p> <p>It is good practice to conduct a regular effectiveness review of the Council of Governors. A proposal was brought to the Council of Governors in March and May 2025 for a Council of Governors Effectiveness Survey to be undertaken.</p> <p>It was agreed at the May Council of Governors meeting that the survey would be undertaken by the Corporate Governance Team, this was undertaken during September 2025.</p>		
Assessment:	<p><b>Council Effectiveness Survey:</b></p> <p>Overall, the survey responses received were positive. The summary report in Appendix 1 provides a breakdown of the responses and commentary.</p> <p>Governors provided useful feedback including:</p> <ul style="list-style-type: none"><li>- Informal briefings and attendance at Board Committees as observers being helpful additions to the formal meetings; and</li><li>- Attendance at the NHS Provider’s course.</li></ul> <p><b>Recommended actions for further development:</b></p> <ul style="list-style-type: none"><li>• <b>External development opportunities:</b> Continue to make available external development opportunities to Governors.</li><li>• <b>Training for governors:</b> Ensure ongoing training meets the needs of Governors.</li><li>• <b>Nominations Committee:</b> Ensure feedback from the Nominations Committee makes an effective contribution to the work of the Governors.</li></ul>		
Key recommendation(s):	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"><li>• <b>discuss</b> the outcome of the Effectiveness Self-Assessment survey;</li><li>• <b>agree</b> the recommendations for further development of the Council.</li></ul>		
Implications:			
Strategic Ambitions:			



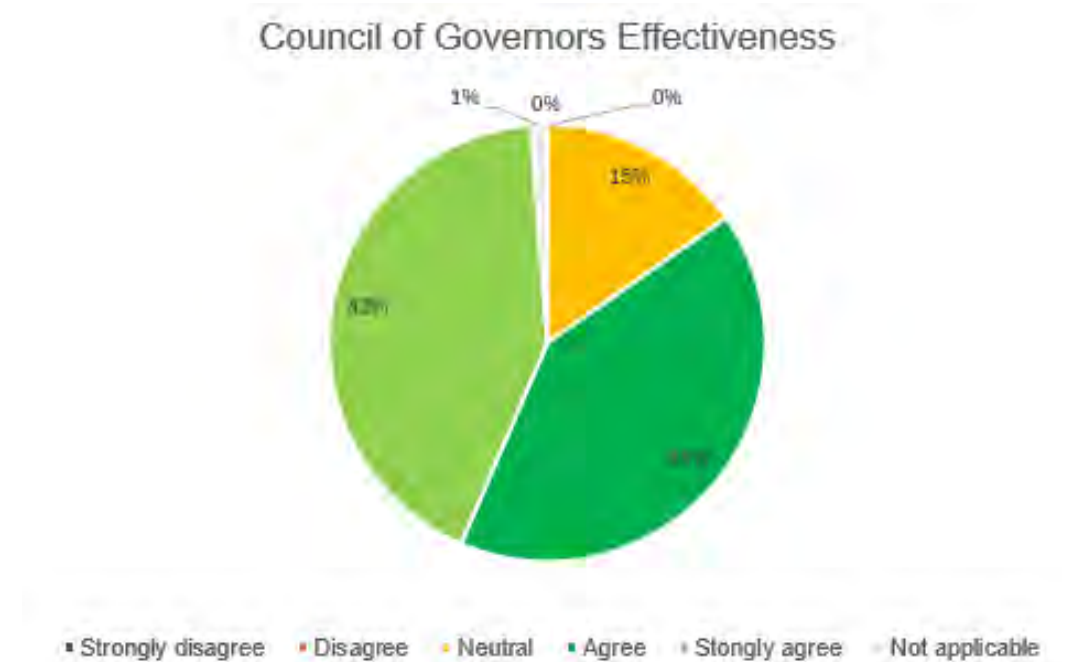
<input checked="" type="checkbox"/> Providing outstanding patient care	<input type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
<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 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"/>	
	None				
<b>Legal and Regulatory Implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	There are no legal and regulatory implications associated with this report.				
<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>	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	

# Council of Governors Effectiveness Self-Assessment Survey Summary Report

**Rhiannon Adey**, Interim Deputy Company Secretary  
Thursday 09 October 2025

# Council of Governors Effectiveness Survey

- Self-assessment review covering the work of the Council of Governors
- Surveys conducted electronically via evalu8
- Survey completed by **7 out of 16** recipients
- Positive responses overall



# CoG Survey Results Summary (Questions 1 – 5)

1. I have a clear understanding of the role of the Governor	• 7 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 0 – Neutral
2. I have a clear understand of what it means to hold the Trust's Non-Executive Directors to account for the performance of the Board of Directors	• 6 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 1 – Neutral
3. The Council of Governors meet sufficiently regularly to discharge its duties	• 6 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 1 – Neutral
4. Governors are kept informed of Trust developments between formal Council of Governor meetings	• 7 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 0 – Neutral
5. The Council of Governor Nominations Committee makes an effective contribution to work of the Governors	• 5 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 2 – Neutral

# CoG Survey Results Summary (Questions 6 – 10)

6. Governors have sufficient opportunity to observe Board sub-Committee meetings

- 6 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 1 – Neutral

7. Relationships within the Council are constructive and work effectively

- 6 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 1 – Neutral

8. Governors can readily approach the Chair with a query or issue

- 7 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 0 – Neutral

9. Governors can readily approach the Lead Governor with a query or issue

- 6 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 0 – Neutral

10. The Board of Directors is supportive of the Council of Governors

- 6 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 1 – Neutral

# CoG Survey Results Summary (Questions 11 – 14)

11. The Trust provides Governors with sufficient information to enable them to perform their roles

- **6 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 1 – Neutral**

12. I have sufficient skills, knowledge and experience to make an effective contribution as a Governor.

- **7 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 0 – Neutral**

13. External development opportunities are drawn to Governors' attention and made available.

- **4 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 3 – Neutral**

14. The induction programme and ongoing training sufficiently meets the needs of Governors

- **5 - Agree/ Strongly agree; 0 - Disagree/ Strongly disagree; 2 – Neutral**

# Comments from the survey:

“The NHS Ten Year Plan signalled a change in the need for Foundation Trusts to have a Council of Governors. I don’t know the implications for Governors going forward. I continue to learn about the role a governor during a merger by acquisition.”

“The informal briefings and being an observer on a Board committee have been helpful additions to the formal meetings.”

“I found the NHS Providers course helpful.”

“The idea of governors was to introduce an element of democracy in the NHS. It does that, but only as a token. We are kept well informed by very patient and busy leaders and managers, but the authority we have is merely formal. I don't mind that; it's really interesting (and inevitably depressing) to hear what is going on, and I am grateful for the enormous amount of preparation that you and your colleagues put in to the many meetings we have.”



# Summary of Survey Results

## Where could we improve?



**External  
development  
opportunities**



**Training for  
Governors**



**Nominations  
Committee  
feedback**



# Next steps:



Committee to discuss the  
survey outcome



Agree actions to take forward

<b>MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 9 October 2025</b>				
<b>Report Title:</b> Revised Nominations Committee Terms of Reference 2025			<b>Agenda No.:</b> 011	
<b>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: Revised Nominations Committee Terms of Reference 2025 (clean copy)			
<b>Executive Summary:</b>				
<b>Action Required:</b>	Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>			
<b>Situation:</b>	This report provides the Revised Terms of Reference (ToR) for the Nominations Committee, as agreed by the Committee on 1 July 2025, and recommends them to the Council of Governors for approval.			
<b>Background:</b>	The ToR of Committees should be reviewed annually to ensure they are operating at maximum effectiveness and recommend any changes considered necessary to the Council of Governors for approval.			
<b>Assessment:</b>	<p><b>Key changes to the Terms of Reference:</b>            The Council of Governors' attention is drawn to the key changes agreed by the Committee to its ToR:</p> <ul style="list-style-type: none"> <li>2. (Purpose) – strengthened the existing clause.</li> <li>3.7. (Nomination role) Removal of this clause as not a nomination role: <i>“keep up to date and fully informed about strategic issues and commercial changes affecting the Trust and the environment in which it operates”</i>.</li> <li>3.11 (NED and Trust Chair appointment panels) – new clause providing clarity on appointment panels. Trust Chair is to chair the appointments panel for NED appointments; and the Senior Independent Director (SID) is to chair the appointments panel for the Trust Chair position.</li> <li>4.3. (Attendance by Officers) – removal of the Chief Executive and inclusion of the Director of Corporate Governance or representative.</li> <li>5.1. – 5.2. (Quorum) – inclusion of one NED for quoracy; and introduced e-Governance approvals.</li> <li>10. (servicing arrangements) – clarity on support arrangements – to be provided by the Committee Administrator instead of Trust Company Secretary; and included reference to maintaining a schedule of business.</li> </ul>			
<b>Key recommendation(s):</b>	The Council of Governors is asked to receive the recommendation from the Nominations Committee and: <ul style="list-style-type: none"> <li><b>APPROVE</b> the revised Nominations Committee Terms of Reference.</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,	<input type="checkbox"/> Developing partnerships to improve population health and building	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on	<input checked="" type="checkbox"/> Improving value, productivity, financial and

	national & international provider of training & education	on our reputation for innovation and research in this area	equality, diversity and inclusion	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 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"/>	
	None				
<b>Legal and Regulatory Implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	The Council of Governors established the Nominations Committee in accordance with the Trust's Constitution. The Terms of Reference of the Committee should therefore be read in conjunction with the Trust's constitution. Proposed changes to the Terms of Reference are required to be presented to the Council of Governors for approval.				
<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>	Nominations Committee – 1 July 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	

# Council of Governors' – Nominations Committee

## Terms of Reference

Ratified by:	Council of Governors
Date ratified:	TBC
Responsible Director:	Nominations Committee Chair
Date issued:	TBC
Review date:	TBC

## **Council of Governors' Nominations Committee Terms of Reference**

Note: all references in these terms of reference to non-executive directors are to be taken to include the Trust Chair, and any Associate non-executive directors unless specifically indicated otherwise.

### **1. CONSTITUTION**

- 1.1. The Nominations Committee (the Committee) is constituted as a standing Committee of the Council of Governors. Its constitution and terms of reference shall be as set out below, subject to amendment at future meetings of the Council of Governors.

### **2. PURPOSE**

The Committee is responsible for advising and / or making recommendations to the Council of Governors on:

- 2.1. identifying and appointing candidates to fill all the non-executive director positions on the board and for determining their remuneration and other conditions of service; and
- 2.2. the approval of the appointment of the Chief Executive by a Committee of the NEDs.

### **3. OBJECTIVES**

The principal duties of the Committee are set out below:

#### **Nomination Role**

The Committee will:

- 3.1. periodically review the balance of skills, knowledge, experience and diversity of the non-executive directors and, having regard to the views of the Board of Directors and relevant guidance on board composition, make recommendations to the Council of Governors with regard to the outcome of the review.
- 3.2. review the results of the Board of Director's performance evaluation process that relate to the composition of the Board of Directors.
- 3.3. review annually the time commitment requirement for all non-executive directors.
- 3.4. give consideration to succession planning for the non-executive directors, taking into account the challenges and opportunities facing the Trust, and its plans to address them, consulting with the Board of Directors as to the skills and expertise needed on the Board of Directors in the future.
- 3.5. make recommendations to the Council of Governors concerning plans for succession.
- 3.6. keep the leadership needs of the Trust under review at non-executive level to ensure the continued ability of the Trust to operate effectively in the health economy.
- 3.7. agree with the Council of Governors a clear process for the nomination of a non-executive director.
- 3.8. take into account the views of the Board of Directors on the qualifications, skills and experience required for each position.

- 3.9. for each appointment of a non-executive director, prepare a description of the role and capabilities and expected time commitment required.
- 3.10. for NED appointments, the Chairman of the Trust will be asked to Chair the appointments panel. For appointments to the Trust Chair position, the panel will be chaired by the SID.
- 3.11. identify and nominate suitable candidates to fill vacant posts within the Committee's remit, for appointment by the Council of Governors.
- 3.12. ensure that a proposed non-executive director is a 'fit and proper' person as defined in law and regulation.
- 3.13. ensure that proposed non-executive director's other significant commitments are disclosed to the Council of Governors before appointment and that any changes to their commitments are reported to the Council of Governors as they arise.
- 3.14. ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported. Determine whether any non-executive director proposed for appointment is independent (according to the definition in the Foundation Trust Code of Governance and / or Trust's constitution or governance procedures).
- 3.15. ensure that on appointment, non-executive directors receive a formal letter of appointment setting out clearly what is expected of them in terms of time commitment, committee service and involvement outside of the Board of Directors.
- 3.16. advise the Council of Governors in respect of the re-appointment of any non-executive director in accordance with the constitution. Any term beyond six years must be subject to particularly rigorous reviews.
- 3.17. advise the Council of Governors regarding any matters to removal of office of a non-executive director.

## Remuneration Role

The Committee will:

- 3.18. recommend to the Council of Governors a remuneration and terms of service policy for non-executive directors, taking into account the views of the Chair (except in respect of their own remuneration and terms of service) and the Chief Executive and any external advisers.
- 3.19. in accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances, and other terms and conditions of office, of the non-executive directors.
- 3.20. receive summary reports about the performance of the individual non-executive directors.
- 3.21. in adhering to all relevant laws and regulations establish levels of remuneration which:
  - 3.23.1 are sufficient to attract, retain and motivate non-executive directors of the quality and with the skills and experience required to lead the Trust successful, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust.

- 3.23.2 reflect the time commitment and responsibilities of the role.
  - 3.23.3 take into account appropriate benchmarking and market-testing, while ensuring that increases are not made where trust or individual performance do not justify them.
  - 3.23.4 are sensitive to pay and employment conditions elsewhere in the Trust, especially when determining annual salary increases.
- 3.22. monitor procedures to ensure that existing non-executive directors remain 'fit and proper' persons as define in law and regulation.
- 3.23. oversee other related arrangements for non-executive directors.

#### **Other**

- 3.24. to undertake any other tasks delegated to the Committee by the Council of Governors.

### **4. MEMBERSHIP AND ATTENDANCE**

#### **Members**

- 4.1. Membership of the Committee shall be as follows:
- The Trust Chair (the Committee Chair)
  - The Senior Independent Director (SID)
  - Three Governors appointed by the Council of Governors

#### **Attendance by Other Officers or Individuals**

- 4.2. Only members of the Committee have the right to attend Committee meetings.
- 4.3. At the invitation of the Committee, meetings shall normally be attended by:
- 4.3.1. the Chief People Officer or representative as required; and
  - 4.3.2. The Director of Corporate Governance or representative.
- 4.4. Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.

### **5. QUORUM**

- 5.1. A quorum shall be three members, two of whom must be Governors and one Non-Executive Director (i.e. Trust Chair or SID). Business will only be conducted if the meeting is quorate.
- 5.2. If the meeting is not quorate the meeting can progress if those present, determine. However, no business shall be transacted and items requiring approval may be approved by e-Governance (virtually by members) and ratified at the subsequent meeting of the Committee.

### **6. CONFLICTS OF INTEREST**

- 6.1. The Trust Chair, or any non-executive director present at Committee meetings, will withdraw from discussions concerning their own re-appointment, remuneration or terms of service.

## **7. FREQUENCY**

- 7.1. Meetings shall be held as required, but at least twice in each financial year.

## **8. ACCOUNTABILITY AND REPORTING**

- 8.1. The Committee Chair will report to the Council of Governors after each meeting.
- 8.2. The Committee shall receive and agree a description of the work of the Committee, its policies and all non-executive director emoluments in order that these are accurately reported in the required format in the Trust's annual report.
- 8.3. Where remuneration consultations are appointed, a statement should be made available as to whether they have any other connection with the Foundation Trust.

### **Sources of Information**

- 8.4. The Committee will receive and consider sources of information relating to NHS remuneration, provided by the Chief People Officer or from other sources as required.

## **9. AUTHORITY**

- 9.1. The Committee is authorised by the Council of Governors to act within its terms of reference. All members of staff are requested to cooperate with any request made by the committee.
- 9.2. The Committee is authorised by the Council of Governors, subject to funding approval by the board of directors, to request professional advice and request the attendance of individuals and authorities from outside the trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.
- 9.3. The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.

## **10. SERVICING ARRANGEMENTS**


- 10.1. The Committee will be supported by a member of the Corporate Governance team (Committee Administrator).
- 10.2. Meetings of the Committee will be called by the Trust Chair. The agenda will be drafted by the Committee Administrator and approved by the Committee Chair prior to circulation.
- 10.3. Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.
- 10.4. Formal minutes shall be taken of all Committee meetings and once approved by the Committee circulated to all members of the Council of Governors unless a conflict of interest, or matter of confidentiality exists.



- 10.5. The Committee will maintain an Annual Schedule of Business that will inform its agendas and seek to ensure that all duties are covered over the annual cycle.

## **11. MONITORING EFFECTIVENESS AND REVIEW**

- 11.1. At least once a year the Committee will review its own performance, constitution and Terms of Reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors for approval.

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 9 October 2025			
Report Title: Summary Report on Quality and Performance based on Month 2 (May 2025) Data			Agenda No.: 012
Report Author and Job Title:	Sheva Habel, Medical Director, Rachel James, Director of Clinical Services	Lead Executive Director:	Clare Scott, Chief Nursing Officer, Chris Abbott, CMO Rod Booth, Director of Strategy
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 Trust Integrated Quality and Performance Report (IQPR) for May 2025 (Month 02) 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 end of June 2025. All but 5 of the SPC charts have been digitised and the project team aim to complete these additional requests by mid-July 2025.</p> <p>This report should be used in conjunction with accompanying slides and respective Board reports.</p> <p>Month 02 was considered in the Trust-wide IQPR meeting on 3<sup>rd</sup> June 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>		
Background:			
Assessment:			
<h3>1. Operations and Service Delivery</h3> <p>The Gender Identity Clinic and Trauma Service remain under the Trust’s targeted support framework. Progress continues to be limited, and urgent action is required to confirm clinical capacity via job planning and pathway</p>			

finalisation. This is essential to align services with national specifications, clarify delivery trajectories, and improve appointment availability.

Key initiatives within the service improvement pipeline include:

- **RTT Clock Stop/Start Logic:** A new clinician-facing reporting tool is under development following a definition workshop in May 2025.
- **Digital PTL Enhancements:** On track for release by July 2025, enabling clinician action and escalation.
- **Centralised Booking (Trauma Services):** Implementation scheduled for mid-July 2025.
- **Automated Booking (GIC) via DrDoctor Portal:** scheduled to commence August 2025
- **Pathway Mapping:** Finalisation planned by end-July 2025, with implementation to follow in mid-October.
- **Workforce Planning:** All units are to ratify their workforce plans by mid-July 2025, forming the basis for space and capacity planning.

## 2. Quality and Safety

### Experience and Outcomes

- **Patient Feedback:**  
ESQ (Experience of Service Questionnaire) positive response targets were not met in May 2025. Feedback highlights communication as a recurring area of concern, aligning with complaint themes. Positive comments referenced Trust values and respectful interactions.

Over 100 ESQ forms were collected in May, representing a significant increase compared to previous months, though still below the Trust target. Targeted support is in place for teams collecting few or no forms, aimed at boosting response rates and engagement.

- **Complaints and Compliments:**  
The Trust continues to promote early informal resolution. In May, 4 informal complaints were recorded; 2 were resolved within the 10-working-day target. Thirteen formal complaints were received: 11 from the Adult Unit and 2 from the Child, Young People & Family (CYPF) Unit. Of these, 10 were acknowledged within the required three working days. Additionally, 2 quality alerts and 1 MP enquiry were received.  
Four compliments were formally logged in May—1 for Camden, 1 for CYPF, and 2 for the Adult Unit. Ongoing efforts aim to raise staff awareness of the compliment reporting process.
- **Clinical Outcome Measures (OMs):**  
The revised waiting time metrics launched in April 2025 show a slow uptake. If this continues into June, team- and unit-level interventions will be considered to ensure compliance with the new OM process.
- **Patient and Carer Race Equality Framework (PCREF):**  
This month's PCREF focus is on finalising the Action Plan and

identifying metrics for inclusion in future Integrated Quality and Performance Reports (IQPRs).

### Incidents and Learning

- **Patient Safety Incidents:**  
A total of 23 incidents were reported in May: Camden – 3, Child & Family – 12, and Adult Services – 8. Five patient deaths were recorded, all within the Gender Identity Clinic. Mortality reviews have been requested.
- **After Action Reviews (AARs):**  
Two AARs have been conducted (both at Gloucester House involving violent or aggressive behaviour); learning will be reviewed by the Clinical Incident and Safety Group (CISG) and shared in unit clinical governance meetings.
- **Restrictive Practice:**  
Six incidents involving restrictive interventions were reported at Gloucester House in response to challenging behaviours. Monitoring continues through appropriate safeguarding and governance structures.

### 3. People

The Senior Leadership Team is reviewing 'working-from-home practices' to ensure sufficient clinical presence on site, particularly during peak service demand.

- **Mandatory and Statutory Training (MAST)** compliance rose to 81.93% in May (a 2.33% increase), with Basic Life Support (BLS) being the primary outstanding requirement. BLS sessions are being scheduled for clinical staff.
- **Appraisal Completion** has dropped to 48.98%, prompting the launch of a new quality improvement workstream led by the Learning and Development team.
- **Sickness Absence** remains stable at 3.06%, slightly below the national average. Mental health reasons (stress, anxiety, depression) continue to be the leading cause of absence across both White and global majority staff groups.

### 4. Finance

As of Month, 2 (M2), the Trust is reporting a year-to-date deficit of **£1.209m**, which is **£84k adverse to plan**. The variance is mainly due to timing differences in pay and non-pay costs, partially offset by above-forecast income. The unfunded element of the 2025/26 national pay award remains a key financial risk.

- **CRES (Cost Reduction Efficiency Savings):**  
Camden and Child & Family Units have submitted detailed CRES plans, with finalisation expected imminently. The Adult Unit has provided a high-level plan, with further development ongoing. CRES performance continues to be monitored via the established governance framework.

	Early indications suggest the Trust is unlikely to achieve full delivery of its CRES target unless pay-related pressures are factored into planning. Operational leads are currently exploring options to bring forward credible proposals for executive review.				
<b>Key recommendation(s):</b>	The Council of Governors is asked to <b>NOTE</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 type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input 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"/>
	<b>Risk Ref and Title:</b> BAF 1: Inequality of access for patients BAF 2: Failure to provide consistent, high-quality care BAF 13: Failure to achieve required levels of performance and productivity				
<b>Legal and Regulatory Implications:</b>	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
<b>Resource Implications:</b>	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	Workforce and financial resource implications relating to waiting times management and efficiency plans.				
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
<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>	Extra-Ordinary Performance Finance & Resources Committee – July 2025 Executive Leadership Team – August 2025				

	Quality and Safety Committee – August 2025 Board of Directors – September 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 checked="" 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

CHAIR'S ASSURANCE REPORT TO THE MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 9 October 2025					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Quality & Safety Committee	21 <sup>st</sup> August 2025	Claire Johnston, Committee Chair, Non-Executive Director	Emma Casey, Associate Director of Quality	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None		Agenda Item: 013		
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. GIC Targeted Support</b> The Committee received an update on the Gender Identity Clinic's targeted support process. The service has made progress against the areas outlined in the targeted support framework however an improvement in waiting times has not been realized due to demand exceeding capacity. Following the national review of all adult gender services, led by NHS England, a national quality improvement programme was established. The data collated through this has helped develop an understanding of how the London GIC benchmarks against other services and identify areas for learning across the gender services.  It was noted that the Executive Leadership Team have approved the proposal to step-down the service from targeted support and to replace this with the QI workstream, to prevent duplication and ensure efforts are aligned to the national work. The quality improvement programme will continue to report into the Executive Leadership Team, monthly, and the Quality & Safety Committee every 4 months.				Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>2. Patient Experience Annual Report 24/25</b> The Committee received the annual report which provides an account of the key pieces of work undertaken in 2024/25 in relation to Patient Experience and Involvement, including the annual complaints data for 2024/25.  The report included highlights of the significant amount of work undertaken in the year to improve processes for the management and collection of experience and feedback data. A key focus of 2025/26 will be improving processes to acting on and improving the way in which the				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	



<p>Trust learns from the data that is now more readily available e.g. tangible improvements to practice. This includes the continuation of the service user experience and complaints quality improvement projects.</p>	
<p><b>3. Learning from Deaths Quarters 3 &amp; 4 2024/25</b> The Committee received an update on deaths reported for Q3 and Q4 of the year 2024/25 for patients known to the Trust or where death occurred within six months of discharge. Deaths that occurred on waiting lists where patients had not yet been seen by Trust services and overarching themes from mortality reviews were also highlighted.</p> <p>The report identified key themes of learning, identified risks and gaps and six recommendations to be taken forward.</p>	<p>Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p><b>4. Annual Safeguarding Report - Integrated Adult and Children</b> The Committee received the annual report which covers the period 2024/25 and sets how the Trust have met the statutory responsibilities to safeguard children, young people and adults at risk under the Safeguarding Accountability and Assurance Framework (SAAF). The report highlights the safeguarding achievements and challenges during 2024/25 demonstrating increased activity in all areas with improved processes that underpin effective safeguarding practice.</p>	<p>Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p><b>5. PSIRF: A year in review</b> The Committee received the paper which summarised a one-year review of the implementation of the Patient Safety Incident Response Framework (PSIRF) across the Trust. The report integrated qualitative and quantitative data, including incident reporting trends, staff feedback, and input from Patient Safety Partners. It examined the first full year of implementation, focusing on its impact on staff, patients, and organisational learning culture.</p> <p>In line with the self-assessment and the triangulated analysis the paper identified some areas of further work required however it was noted that, whilst these are linked to the principles of PSIRF, successful implementation of the framework is not intrinsic to them. The paper included proposals about how these will be taken forward through separate, existing pieces of work in the Trust. The Committee were asked to consider whether the Trust is in a position to require further improvement work to support implementation, or whether existing processes and systems are sufficient, enabling the Trust to transition to business as usual. The Committee approved the decision to move the PSIRF implementation project to business as usual.</p>	<p>Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p><b>Summary of Decisions made by the Committee:</b></p>	
<p>The Committee approved the decision to move the PSIRF implementation project to business as usual.</p>	
<p><b>Risks Identified by the Committee during the meeting:</b></p>	
<p>The Committee noted the following new risks;</p> <ul style="list-style-type: none"> <li>• The open patient safety incident investigation (PSII) that is reviewing surgical hub referrals</li> <li>• Physical health related deaths, noted in the Learning from Deaths update</li> </ul>	



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

None.

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

Item	Purpose	Date
The Committee discussed the outstanding CQC recommendations relevant to Health & Safety ( <i>item number 016 Assurance Report: CQC Improvement Group</i> ). This was escalated to the Performance Finance & Resource Committee for action and assurance.	Assurance and action	Escalation to be made by 29 August 2025
The Committee requested assurance from the Education and Training Committee about the Research & Development Group, to confirm that the Committee's ToR include oversight of Research	Assurance	Escalation to be made by 29 August 2025

## CHAIR'S ASSURANCE REPORT TO THE MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 9 October 2025

Committee:	Meeting Date	Chair	Report Author	Quorate	
People, Organisational Development, Equality, Diversity and Inclusion Committee	04 September 2025	Shalini Sequeira, NED	Gem Davies, Chief People Officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Appendices:</b>	None		<b>Agenda Item: 014</b>		

**Assurance ratings used in the report are set out below:**

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

Key headline	Assurance rating
The committee looked at all the People BAF Risk	
<b>Focus BAF Risk 7</b> <ul style="list-style-type: none"> <li>The Committee focused on BAF Risk 7 for this meeting and continued with the revised, evolved, thematic layout of the agenda and papers.</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, discuss correlations with other themes, and to more fully ascertain whether the associated risks are being mitigated.</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>1. Headlines</b> <ul style="list-style-type: none"> <li>Performance / compliance has improved across the trust and there was a helpful and constructive discussion about how best to improve the position further. A specific item at SLF on accountability and cascade of information (including annual leave, MAST, appraisal etc.) was recommended.</li> <li>EDI successes were noted and discussed, including: <ul style="list-style-type: none"> <li>Strong gender pay gap position</li> <li>Improvement in WRES</li> <li>Improvement in CPD approaches</li> <li>Improvement in inclusive recruitment</li> <li>Progress and finalising the dashboard for EDI metrics</li> </ul> </li> <li>It was acknowledged that the next staff survey is fast approaching and that a useful mechanism for both reminded staff of our progress to date, and increasing the staff survey response rate, would be to</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

<p>showcase the people team (and various interventions and successes) via the digest.</p> <ul style="list-style-type: none"> <li>One escalation was received from ETC, however it was agreed that as it related to the employment terms of a specific individual, it would be progressed and finalised by the CETO and CPO outside of the meeting.</li> </ul>		
<p><b>2. Reflections</b></p> <ul style="list-style-type: none"> <li>Assurance was gained during the meeting on a substantial number of items; R&amp;R Group, Establishment Control, HR Policies, EDI Programme Board, Gender Pay Gap.</li> <li>There was also acknowledgement of the hard work of the people teams over the last 2.5 years and the resulting significant improvements made. Thanks were given to be passed onto the team.</li> <li>Thanks were also given to the DET leads responsible for providing EDI data and recognition made that DET considerations should be woven into BAF Risk 7</li> <li>Cascading and communicating expectations and successes across the organisation is now a key priority to continue the work the committee oversees</li> <li>Our observers were unfortunately unavailable for this committee date.</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>No decision were required</p>		
<p><b>Risks Identified by the Committee during the meeting:</b></p>		
<p>No new risk was identified, however it was agreed that DET considerations should be added to BAF Risk 7.</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 to refer; the item received from the ETC will be progressed outside of the committee.</p>		

CHAIR'S ASSURANCE REPORT TO THE MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 9 October 2025					
<b>Committee:</b>	<b>Meeting Date</b>	<b>Chair</b>	<b>Report Author</b>	<b>Quorate</b>	
Education and Training Committee	3 <sup>rd</sup> September 2025	Sal Jarvis, Chair, Non-Executive Director	Mark Freestone, Chief Education and Training officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Appendices:</b>	None		<b>Agenda Item: 015</b>		
<b>Assurance ratings used in the report are set out below:</b>					
<b>Assurance rating:</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 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>1. Success Stories</b> <p>1.1. Student applications closed on 14<sup>th</sup> August with 1122 applications completed, a small drop of 2% on the 2024/25 position. However, this position included an encouraging 15% increase in the number of overseas applications, and the earlier opening of applications has lead to a significantly higher number of offers made (179 conditional and 585 unconditional vs 100 cond/540 uncond) an increase of 20% at this point in the cycle relative to 24/25 as students move into enrolment. It is early to estimate how this will translate into enrolments and income, but it is a healthy position for the Trust in relation to its long-course educational income.</p> <p>1.2. The new library development is taking shape, and it is very encouraging to see the clean, contemporary furniture and fittings being installed into a space that was beginning to look a little tired. The new furniture brings a modern feel aligned with modern University libraries and the removal of most of the desktop computers gives a feeling of space and the opportunity to focus. The space should be re-opening on the date of this committee (3<sup>rd</sup> September) so we would encourage members to look at the new space.</p> <p>1.3. We will be hosting our 2025 graduation ceremony on 11<sup>th</sup> September, and I can see that several Executives have already committed their time to the event. It is in a venue – the Queen Mary People's Palace - that the CETO is very familiar with having attended QMUL graduations there for most of the last 11 years – and will be a great space for our staff and students to mark the end of (this part of) their Tavistock journey.</p>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<b>2. Challenge Areas</b> <p>2.1. On 3<sup>rd</sup> July the Trust was formally notified by NHS England that the National Training Contract for provision of education and training</p>				Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	

<p>services, funded to £5.2million by NHS England was being withdrawn and replaced by a teach-out arrangement, limiting this year's income to £2.6million with further incremental reductions based on the teach-out of the 2024/25 cohort (e.g. £1.4million for 2025/26). The Trust is currently reviewing options for its response to this change, although further cost improvement plans have been ruled out. A separate paper on these options was provided to the Committee, a copy of which has also been provided to the Private Board.</p> <p>2.2. The Committee discussed the options on the paper and endorsed the proposed solution which focused on four areas:</p> <ul style="list-style-type: none"> <li>• A focus on mitigating this loss in the Medium-Term Financial Plan, through deepening partnerships with existing validation partner the University of Essex (UoE) to explore cost savings through sharing operational costs.</li> <li>• A focus on maximising short course income through right-sizing the number of courses offered and removing barriers to income generation.</li> <li>• A maximalist approach to increasing long-course income with a default increase of 10% proposed (as against 3.1% for 24/25).</li> <li>• Working with partners including UoE and agencies to maximise overseas student income.</li> <li>• Exploring a more long-term partnership with a University, without prejudice as to the identity of that partner, to ensure the continued viability of our courses.</li> </ul> <p>2.3. Additionally, the Committee recognised the importance of individual courses becoming self-sustainable for the future and therefore added a recommendation that work should be done to ensure that all courses should be self-sustaining without the National Training Contract funding, which may involve re-visiting the model of delivery without impacting the distinctiveness of a Tavistock and Portman education.</p>	
<p><b>3. Challenge Areas</b></p> <p>3.1. The Committee RECEIVED a report on the Directorate of Education and Training's financial position. The Committee was ASSURED on the robustness of the calculations used around this position but had LIMITED assurance on the achievability of the Directorate's financial plans given the loss of the NTC funding.</p>	<p>Limited <input checked="" type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p><b>Summary of Decisions made by the Committee:</b></p>	
<ul style="list-style-type: none"> <li>• The Committee APPROVED the options put to it in relation to mitigation of the National Training Contract income loss.</li> <li>• The Committee made an additional RECOMMENDATION in relation to a further review of course-level viability.</li> <li>• Next Committee is 13/11/2025.</li> </ul>	
<p><b>Risks Identified by the Committee during the meeting:</b></p>	
<ul style="list-style-type: none"> <li>• No additional risks</li> </ul>	

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

No items to note.

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

Item	Purpose	Date
POD-EDI: To ensure the process for onboarding and payment of Associate (formerly visiting) lecturers	Assurance around robust processes and governance in the Trust.	04/09/2025
PFRC: To note the Committee's endorsement of the proposed options around NTC mitigation.	Joined-up response to financial risks.	23/09/2025

CHAIR'S ASSURANCE REPORT TO THE MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 9 October 2025					
<b>Committee:</b>	<b>Meeting Date</b>	<b>Chair</b>	<b>Report Author</b>	<b>Quorate</b>	
Extraordinary Performance, Finance and Resources Committee	31 July 2025	Aruna Mehta, Non-Executive Director	Jon Bell, Interim CFO	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Appendices:</b>	None		<b>Agenda Item: 016</b>		
<b>Assurance ratings used in the report are set out below:</b>					
<b>Assurance rating:</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 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 headlines:</b>				<b>Assurance rating</b>	
<ul style="list-style-type: none"> <li>An extraordinary meeting of the PFRC was held on the 31<sup>st</sup> July mainly to review the financial performance up to Month 3.</li> <li>The Integrated Quality and Performance Report (IQPR) was noted for information and the Digital Metrics report was deferred to the September meeting.</li> <li>A revised Digital Metrics report is expected to be discussed at ELT on August 4, 2025, before being presented to the PFRC meeting in September.</li> </ul>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
<b>Finance Report Month 3, including efficiency plan and cash</b> <ul style="list-style-type: none"> <li>It was reported that the financial performance for Month 3 is £275k adverse to plan due mainly to delays in delivery of the Cost Improvement Programme (CIP).</li> <li>It was reported to the Committee that the Trust was notified in July that the National Training Contract will not be renewed, with a loss of £2.6m income in 2025/26. This increases to a total loss of £5.2m over three years. The impact of the 2025/26 loss is not yet reflected in the year to date position.</li> <li>The original cash request for the year has been adjusted from £3.3m to £4.2m due to the impact of the national training contract income loss, partly mitigated by reducing the cash held each month and at year end.</li> <li>A further request for £1.6m cash support in August had been submitted and was awaiting approval. Alternative mitigations, in the event that NHSE reject the cash support request, were being discussed with NCL ICB.</li> <li>CIP development and delivery remain a critical focus of the Trust. It was reported that the CIP plan assumes a reduction of 42 WTE. The Trust has a large CIP target which includes the original</li> </ul>				Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	

<p>planning assumption of £3.9m plus a further stretch required to address pressures arising from the full year effect of prior year recruitments coupled with much lower staff turnover. The original CIP target is largely identified but overall the Trust is behind plan and has a significant level of unidentified CIP. There is also a significant risk that reducing pay spend in an environment of very low bank and agency spend, will require consultation and potential redundancies cost not in the plan.</p> <ul style="list-style-type: none"> <li>The Committee received an update on the plans to sell Gloucester House. Gloucester House is currently used as a school and also houses the FDAC service. Plans are being progressed to relocate both services. An alternative site for the school has been identified and the Trust is working with Camden local authority to progress this by November half-term however there are a number of risks to achieving this timescale. It was suggested that oversight by a NED with property experience would be beneficial. This item was specifically noted for feedback to the Board of Directors.</li> <li>An update was received on contracts and income. It was noted that income is at risk in the consulting and i-Thrive contracts with unfilled vacancies impacting service delivery. However, no significant risks are identified for NHSE clinical contracts (GIC, Portman) or NCL Block contracts (CAMHS), with 2025-26 values already agreed. It was agreed by the Committee that a more detailed discussion on contracts and income risks will take place at the next meeting</li> </ul>	
<p><b>Integrated Quality and Performance Report</b></p> <ul style="list-style-type: none"> <li>The Committee noted the report for information.</li> </ul>	<p>Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p><b>National Training Contract and Options:</b></p> <ul style="list-style-type: none"> <li>The Committee received the briefing paper that set out the background to the loss of the National Training Contract and the options that are being explored as a consequence of the loss of this funding.</li> <li>Weekly meetings are taking place with NHS England to assess each option and a paper will come to a future meeting setting out the outcome of this assessment.</li> </ul>	<p>Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p><b>Summary of Decisions made by the Committee:</b></p> <p>No decisions were required by the Committee</p>	
<p><b>Risks Identified by the Committee during the meeting:</b></p> <ul style="list-style-type: none"> <li>There were no new risks identified by the Committee during this meeting.</li> </ul>	
<p><b>Items to come back to the Committee outside its routine business cycle:</b></p> <ul style="list-style-type: none"> <li>No items required to come back to the Committee outside of the routine business cycle</li> </ul>	
<p><b>Items referred to the BoD or another Committee for approval, decision or action:</b></p>	
Item	Purpose
<ul style="list-style-type: none"> <li>It was recommended that the Board consider whether there is a NED with property experience who could take an oversight role in relation to the sale of Gloucester House</li> </ul>	<ul style="list-style-type: none"> <li>Provide assurance to the Board that appropriate steps are being taken in the relocation of Gloucester House services and subsequent sale.</li> </ul>



MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 9 October 2025			
Report Title: Finance Report - As at 31 <sup>st</sup> July 25 (Reporting Month 04)			Agenda No.: 017
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:	The report provides the Month 04 financial position for the Trust.		
Background:	The Trust has a breakeven plan for 2025/26, with a Capital Expenditure limit of £2.774m.		
Assessment:	<p><b>Income and Expenditure</b></p> <p>The Trust’s financial plan for 2025/26 includes a £3.9m recurrent efficiency target, alongside assumed contributions from Tavistock Consulting income growth, a gain from the sale of Gloucester House and the release of annual leave accrual due to a policy of no annual leave carry forward in 25/26.</p> <p>The Trust is reporting a year-to-date deficit of £3,008k, which is £861k adverse to the plan submitted to NHSE. The variance is largely driven by the loss of £2.6m in income from the National Training Contract and shortfalls on CIP delivery, offset by additional income above plan.</p> <p>Delivery against the efficiency target remains a key area of focus and risk, with progress continuing to be monitored closely.</p> <p><b>Capital Expenditure</b></p> <p>The approved capital expenditure limit for 2025/26 is £2.774m. As at Month 4, actual capital spend is £356k, which is below the planned profile of £1.017m. The variance is largely attributable to phasing delays, with most major capital projects expected to commence from Month 5 onwards. The full-year capital spend is expected to remain in line with plan.</p> <p><b>Cash</b></p> <p>Cash flow remains under significant pressure. As of July 2025, the Trust had a cash balance of £1.529m, equating to nine days of operating expenditure.</p> <p>For August, the Trust secured £1.58m in approved cash support from DHSC. A further request for £1.02m was submitted for September however NHSE only approved support at 50% of the value requested. The receipt of an outstanding debtor was in September, earlier than expected, has mitigated the impact of the reduced cash support in month.</p> <p>The current cash forecast projects a cash support requirement of £2.17m in November. NHSE have stated that no further requests will be approved until they have confidence in the plan to resolve the underlying deficit. This will be</p>		

	set out in the merger business case which is due to be submitted by the end of October.  The total cash support required for the year remains at £4.2m, reflecting both the impact of the £2.6m loss of income from the National Training Contract and the Trust's constrained underlying cash position. Th				
<b>Key recommendation(s):</b>	The Council of Governors is asked to <b>NOTE</b> the position outlined in the report.				
<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 checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input 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"/>	
	<b>BAF 9: Delivering Financial Sustainability Targets.</b> A failure to deliver a medium / long term financial plan that includes the delivery of a recurrent efficiency program bringing the Trust into a balanced position in future periods. This may lead to enhanced ICB/NHSE scrutiny, additional control measures and restrictions on autonomy to act.  <b>BAF 11: Suitable Income Streams</b> The result of changes in the commissioning environment and not achieving contracted activity levels could put some baseline income at risk, impacting on financial sustainability. This could also prevent the Trust securing new income streams from the current service configuration.				
<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>	Board of Directors Meeting – September 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 checked="" 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"/> Not applicable: No assurance is required

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**Report Title: Finance Report 25/26 – Year to 31<sup>st</sup> Jul 2025 (Reporting Month 04)**

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**1. Overview**

- 1.1 The table below shows a summary of the Trusts reported cumulative position against its agreed financial plan for the month ended 31<sup>st</sup> July 25.

**Financial Reporting Summary - Month 04 2025/26 (compared to submitted plan)**

	Current Plan	Actual	Variance
£'000	Jul 25	Jul 25	Jul 25
	YTD	YTD	YTD
Income	19,139	18,886	(253)
Operating Expenditure	(21,214)	(21,837)	(623)
Non-Operating Expenditure	(72)	(57)	15
<b>TOTAL Provider Surplus/(Deficit)</b>	<b>(2,174)</b>	<b>(3,008)</b>	<b>(861)</b>

1.2 Summary Narrative

At the end of Month 4, the Trust reported a cumulative deficit of £3.008m, representing a shortfall of £861k against the submitted plan. The primary drivers of this underperformance include the loss of £2.6m in income from the National Training Contract, under-delivery of efficiency savings (CIP), and unforeseen non-pay cost pressures. The internal forecast has now been realigned with the submission to NHSE for greater clarity.

Although some controllable variances (e.g., agency spend) are better than plan, systemic issues in recurrent income loss and delayed savings delivery pose significant risks to achieving breakeven at year-end. The Trust has no ability to mitigate the loss the education contract in year and is in discussion with NCL ICB regarding a system solution to this adverse variance.

1.3 Key Financial Pressures Identified

- Income shortfall of £253k is primarily linked to the termination of the National Training Contract for new intakes, reducing core education funding streams, offset by additional income not in the original plan.
- Pay costs exceeded plan by £235k, driven largely by CIP shortfalls of £202k, reflecting delayed implementation and dependency on staff turnover.
- Non-pay overspend of £413k includes non-recurrent pressures (VAT adjustment and prepayment reversal) and again reflects the timing and delivery risk of non-pay CIPs.

**2. Income**

As of month 4 (July 2025), total income is reported at £18,886k, which is £253k behind plan. This adverse variance is driven primarily by the loss of

income from the National Training Contract, following confirmation from NHSE that the contract would not be extended for new students beyond the 2024/25 cohort.

The Trust has since updated the forecast position to reflect this lost income, which is now fully incorporated into the revised Forecast Outturn (FOT) for 2025/26. In addition, while some income areas remain on track, others are emerging as potential risk zones requiring closer scrutiny and active mitigation.

## 2.1 Risks and Forward Look

- **Confirmed Income Loss:** The non-renewal of the National Training Contract presents an ongoing structural risk to income. While the 2025/26 impact is £2.6m, the full effect of £5.2m will materialise over the next four years.
- **Income Delivery Risk:** £400k of planned income from Tavistock Consulting and I-Thrive is currently at risk due to delays in contract execution and delivery slippage.
- **CETO Activity Drop:** Student enrolment on short courses is significantly below the planned level, particularly affecting Q1, leading to an in-year shortfall. This will be monitored monthly.
- **Research and Development (R&D):** While not currently adverse to plan, the R&D income stream is flagged for closer review in Q2 due to potential timing and delivery risk.

## 3. Staffing Costs

As of Month 4, total staffing costs are adverse to the plan by £235k. This overspend is mainly driven by under-delivery of planned CIP savings related to pay.

### 3.1 Pay CIP Shortfall

The 2025/26 financial plan included significant efficiency savings from staffing reductions, vacancy management, and other workforce measures. However, in the first four months, the Trust has fallen short of its pay-related CIP target by approximately £202k, contributing to the adverse variance on Pay. While some initial progress has been made — such as partial vacancy holds and early-stage restructure work — the full impact of the planned pay savings has not yet been realised.

### 3.2 Agency Cost Position

Agency costs remain within target levels. Total agency spend for the period is £115k, which is £33k better than plan, driven by tighter controls over temporary staffing approvals and the use of fixed-term contracts to mitigate gaps. This favourable variance in agency use provides partial offset to the CIP shortfall but is not sufficient to close the gap entirely.

## 4. Non staff costs

As at Month 4 (July 2025), non-staff costs totalled £5,619k, resulting in an adverse variance of £413k compared to the submitted plan of £5,206k. The

overspend is mainly due to timing and phasing issues, alongside some unplanned adjustments and shortfalls in non-pay efficiency savings. This variance represents a critical area for focus, as the Trust seeks to manage operational pressures while progressing its cost improvement programme (CIP).

#### 4.1 Key Drivers of the Variance:

Cost Item	Variance to Plan	Explanation
VAT Adjustment	£115k (Adverse)	Technical accounting adjustment not reflected in original plan assumptions.
Prepayment Reversal	£97k (Adverse)	Reversal of prepayments from 2024/25 into current year – non-recurrent.
Non-Pay CIP Shortfall	£201k (Adverse)	Under-delivery of CIP savings planned in corporate and CETO areas.
Other Variances (net)	Neutral	Minor variances across departments within tolerance levels.

### 5. Non-Operating Costs

Operating non-pay costs for the period were £49k, which is £9k better than the planned figure.

### 6. Cash

- 6.1 As at 31st July 2025 (Month 4), the Trust's cash position remains under significant strain. The reported cash balance is £1.529m, equivalent to nine days of operational expenditure, highlighting a critically low liquidity position.

Although the Trust withdrew its July cash support request due to higher-than-expected income receipts, the overall pressure on cash resources is expected to persist for the remainder of the year. The Trust continues to require external support in order to meet its working capital needs and statutory obligations.

#### 6.2 Cash Support Programme – 2025/26

To manage this constrained position, the Trust has developed a phased cash support strategy and submitted applications accordingly. Below is a summary of the cash support status:

Month	Cash Support Required	Status	Purpose
Jul-25	£0.0m	Withdrawn	Higher income receipts removed the need for July support.

Aug-25	£1.58m	Approved by DHSC	Support for August pay award impact.
Sep-25	£1.02m	Approved at 50% of requested value	Supports operational pressures and delays in contract income.
Nov-25	£2.17m	Planned	Supports operational pressures and delays in contract income. Revised to reflect 50% reduction in Sept-25

- 6.3 Total cash support required for the year remains at £4.2m, aligned to earlier forecasts and inclusive of the impact of the £2.6m loss in income from the National Training Contract.
- 6.4 The cash request of £1.02m for September was reduced by 50% by NHSE. A payment for an outstanding debtor was received in September, earlier than planned, and this has mitigated the impact reduced cash support. The current cash forecast projects a further cash support requirement of £2.17m in November. NHSE have stated that any no further requests will be approved until they have confidence in the plan to resolve the underlying deficit. This will be set out in the merger business case which is due to be submitted by the end of October.

## 7. **Balance Sheet**

No movements of note to report at Month 04.

CHAIR'S ASSURANCE REPORT TO THE MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 9 October 2025					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Integrated Audit and Governance Committee	16 September 2025	Ken Batty, NED	Dorothy Otite, Director of Corporate Governance (Interim)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None		Agenda Item: 018		
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 headlines:				Assurance rating	
<b>1. Oversight of Board Assurance Framework (BAF) and Corporate Risk Register</b> <ul style="list-style-type: none"> <li>The Committee had reviewed both the BAF, and the Executive Portfolio risk and control assessments and felt that there was a lack of alignment between the two. Noting that the BAF contained too many high-rated risks, making it difficult to distinguish which risks truly threaten strategic objectives.</li> <li>The Committee recommended a focused reassessment of risks through the lens of merger readiness, identifying which risks could derail the merger and prioritizing those.</li> <li>The Board subsequently <b>AGREED</b> that the Board Committees should undertake a BAF review during the October/November meeting cycle and feedback to the Board in November.</li> </ul>				Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	
<b>2. Other key areas noted:</b> <ul style="list-style-type: none"> <li>There had been an improvement in the size of the Committee meeting book by placing supplementary items previously added as appendices outside of the distributed papers. Noting these were included in the BoardEffect (Board portal) reading room.</li> <li>Executive Directors had ensured management actions in relation to outstanding Internal Audit recommendations were addressed ahead of the meeting which ensured focus within the meeting.</li> <li>The Committee commended management for the timely implementation of actions in relation to the Data Security Protection Toolkit (DSPT) self-assessment review in advance of the report being presented to the Committee by the Internal Auditors. However, the need for more robust internal validation processes</li> </ul>				Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	



were highlighted by the Committee, to ensure a balance between the Trust's self-assessment and the auditor's findings.		
<b>Summary of Decisions made by the Committee:</b>		
Approval of the Revised Internal Audit Plan for 2025/26.		
<b>Risks Identified by the Committee during the meeting:</b>		
None		
<b>Items to come back to the Committee outside its routine business cycle:</b>		
There was no specific item over those planned within its cycle that it asked to return.		
<b>Items referred to the BoD or another Committee for approval, decision or action:</b>		
Item	Purpose	Date
<ul style="list-style-type: none"> <li>BAF and alignment with the Executive Portfolio Risk and Controls Assessments.</li> </ul>	Action	18 September 2025

<b>MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 9 October 2025</b>					
<b>Report Title: Public Council of Governors Annual Schedule of Business 2025/26</b>				<b>Agenda No.: 019</b>	
<b>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: Public CoG Annual Schedule of Business 2025/26				
<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>	This report provides the Public Council of Governors Annual Schedule of Business for 2025/26 (attached as Appendix 1) for information.				
<b>Background:</b>	<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>				
<b>Assessment:</b>	<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>				
<b>Key recommendation(s):</b>	The Council of Governors is asked to <b>NOTE</b> the Public CoG Schedule of Business for 2025/26.				
<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"/>

<b>Link to the Risk Register:</b>	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 and 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

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 ▼	Mar ▼			Agenda Section ▼	Frequency ▼
Date of Meeting			29-May	09-Oct	04-Dec	12-Mar				
Paper Deadline			15-May	25-Sep	20-Nov	26-Mar				
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 ▼	Mar ▼			Agenda Section ▼	Frequency ▼
Date of Meeting			29-May	09-Oct	04-Dec	12-Mar				
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		D	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