

## Meeting Book - Council of Governors in Public - 04 December 2025

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020. Issues to be escalated to the Board of Directors

021. Reflections and Feedback from the meeting

**DATE AND TIME OF NEXT MEETING**

026. Thursday 26th March at 3.00 - 5.15pm

# **Council of Governors' Part Two**

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

**Thursday, 4<sup>th</sup>  
December 2025**

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

**MEETING OF THE COUNCIL OF GOVERNORS – PART TWO  
HELD IN PUBLIC  
THURSDAY, 4 DECEMBER 2025 3.00 – 5.15P.M.  
LECTURE THEATRE, TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST  
AND VIRTUALLY VIA MS TEAMS**

**Living our values:**



**AGENDA**

25/12	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	Aruna Mehta, Chair	V	3.00 (5)	
002	Confirmation of Quoracy	Information	Aruna Mehta, Chair	V		
003	Council of Governors' Declarations of Interest	Information	Aruna Mehta, Chair	E		
004	Department of Education and Training	Discussion	Mark Freestone, Chief Education and Training Officer	V	3.05 (10)	
005	Freedom to Speak Up – Introduction of Guardians	Discussion	Vonnie DeBrett, Freedom to Speak Up Guardian	P	3.15 (10)	
006	Minutes of the Previous Meeting held on 9 October 2025	Approval	Aruna Mehta, Chair	E	3.25 (5)	
007	Matters Arising from the Minutes and Action Log Review	Approval	Aruna Mehta, Chair	E	3.30 (5)	
008	Chair and Chief Executive's Report (including Merger and Service visits update)	Discussion	Aruna Mehta, Chair; and Michael Holland, Chief Executive Officer	E	3.35 (10)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>Comfort Break (5 minutes) 3.45pm – 3.50pm</b>						
<b>PROVIDING OUTSTANDING PATIENT CARE</b>						

009	Summary Report on Quality and Performance	Discussion	Rod Booth, Director of Strategy & Business Development	E	3.50 (10)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
010	Quality and Safety Committee (QSC) Assurance Report	Assurance	Claire Johnston, QS Committee Chair	E	4.00 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	Quality and Safety Committee (QSC) Governor observers' feedback	Discussion	Observer: Kathy Elliott, QSC Governor Observer	V	4.05 (5)	
<b>DEVELOPING A CULTURE WHERE EVERYONE THRIVES</b> with a focus on equality, diversity and inclusion						
011	People, Organisational Development, Equality, Inclusion and Diversity Committee (POD EDI) Assurance Report	Assurance	Shalini Sequeira, POD EDI Committee Chair	E	4.10 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	People, Organisational Development, Equality, Inclusion and Diversity Committee (POD EDI) Governor observers' feedback	Discussion	Observer: Paru Jeram, POD EDI Governor Observer	V	4.15 (5)	
<b>ENHANCE OUR REPUTATION AND GROW AS A LEADING</b> local, regional, national & international provider of training & education						
012	Education and Training Committee (ETC) Assurance Report	Assurance	Sal Jarvis, E&T Committee Chair	E	4.20 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	Education and Training Committee (ETC) Governor observers' feedback	Discussion	Observers: Stephen Frosh, Chipo Mukoki, ETC Governor Observers	V	4.25 (5)	
<b>IMPROVING VALUE, PRODUCTIVITY, FINANCIAL AND ENVIRONMENTAL SUSTAINABILITY</b>						
013	Performance, Finance and Resources Committee (PRFC) Assurance Report	Assurance	Sabrina Phillips, PFR Committee Vice-Chair	E	4.30 (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	V	4.35 (5)	
014	Finance Report – Month 6	Information	Jon Bell, Interim Chief Finance Officer	E	4.40 (5)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
015	Integrated Audit and Governance Committee (IAGC) Assurance Report	Assurance	Ken Batty, IAGC Committee Chair	E	4.45 (5)	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>						

016	Governor Feedback	Discussion	All Governors	V	4.50 (10)	
<b>CLOSING ITEMS</b>						
017	Annual Schedule of Business 2025/26	Information	Aruna Mehta, Chair	E	5.00 (10)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
018	Questions from the Public	Discussion	Aruna Mehta, Chair	V		
019	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	Aruna Mehta, Chair	V		
020	Issues to be escalated to the Board of Directors	Discussion	Aruna Mehta, Chair	V		
021	Reflections and Feedback from the meeting	Discussion	Aruna Mehta, Chair	V		
<b>DATE AND TIME OF NEXT MEETING</b>						
022	Thursday 26 <sup>th</sup> March 2026 at 3.00 – 5.15p.m.					

REGISTER OF GOVERNOR INTERESTS - 2025/26 (LAST UPDATED 01/11/25)						
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			
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			
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			

NAME	POSITION HELD (INCLUDING CONSTITUENCY)	FIRST APPOINTED	DESCRIPTION OF INTERESTS DECLARED	RELEVANT DATES		DECLARATION COMMENTARY
				FROM	TO	
Annecy Lax	Stakeholder - University of Essex	March 2025 (1st term)	NIL RETURN			
Councillor Anna Wright	Stakeholder - Camden Council	April 2025 (1st term)	NIL RETURN			
<b>LEAVERS (TERMS OF OFFICE ENDED/ LEFT THE COUNCIL OF GOVERNORS IN 2025/26)</b>						
Ffiona Dawber	Camden	May 2022 (1st term) To May 2025	NIL RETURN			
Katharine Knight	Student	May 2022 (1st term) To May 2025	Honorary Contract at Oxford Health NHS Trust	01/09/2022	N/A	
Susan Lendrum	Rest of London	December 2024 (1st term) To October 2025	Small Supervisory practice of two people in Scotland.	2014	N/A	

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday 04 December 2025					
Report Title: Freedom to Speak-Up (FTSU) Guardians Report			Agenda No.: 005		
Report Author and Job Title:	Mark Freestone, Chief Executive and Training Officer	Lead Executive Director:	Mark Freestone, Executive FTSU Lead		
Appendices:	Appendix 1 – Freedom to Speak-Up Guardian Service				
<b>Executive Summary:</b>					
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:	<p>This report presents a description of the new Freedom to Speak Up Guardian Service provided by an external organisation (the Guardian Service London- <a href="https://www.theguardianservice.co.uk/">https://www.theguardianservice.co.uk/</a>), that also provides services to our planned merger partner, North London NHS Foundation Trust. This service commenced on 2<sup>nd</sup> October 2025.</p> <p>Since this commencement, a few concerns have been submitted but the Guardians do not believe there is enough information for a full report. They have, however, provided a synopsis of their service and contact information for Council.</p>				
Background:	The Trust previously employed two internal guardians, however this situation had limitations and there was limited practical visibility of the Guardians around the Trust. The two internal guardians gave notice in June and July 2025, requiring the Trust to investigate alternative provision. The Guardian Service was approached as the provider in July 2025 and commenced provision in October.				
Assessment:	<p>The new Guardians – Vonnie, Anuska and Patricia – have been in place for a month at the time of writing and have compiled a short summary of their approach and contact routes, included with this paper.</p> <p>Vonnie has also arranged ‘walkabout’ meetings with most Trust services (DET, GIC, Adult etc.) and locations (Tavistock Centre, Portman, Gloucester House, Camden) which has been much appreciated. I understand that up to three concerns have been raised with them so far.</p>				
Key recommendation(s):	The Council of Governors are asked to NOTE the contents of the report.				
<b>Implications:</b>					
<b>Strategic Ambitions:</b>					
<input checked="" type="checkbox"/> Providing outstanding patient care	<input type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international	<input type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input type="checkbox"/> Improving value, productivity, financial and environmental sustainability	

	provider of training & education	research in this area			
<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>Risk 7 – Lack of a Fair and Inclusive Culture</b>				
<b>Legal and Regulatory Implications:</b>	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	Provision of FTSU Guardians remains a statutory obligation despite the imminent closure of the National Guardian’s Office.				
<b>Resource Implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	Ensuring an effective FTSU function going forward will mitigate our risks in complying with a number of legal areas including mitigation of discrimination and whistleblowing detriments.				
<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>	People and Organisational Development, Equality Diversity and Inclusion Committee – 06 November 2025 Board of Directors in Private – 20 November 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 – at decision stage	

**UNCONFIRMED MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS  
HELD IN PUBLIC  
THURSDAY 9<sup>th</sup> OCTOBER 2025, 3.00-5.30 PM  
LECTURE THEATRE, THE TAVISTOCK & PORTMAN NHS FOUNDATION TRUST  
120 BELSIZE LANE, LONDON, NW3 5BA  
AND VIRTUALLY VIA MS TEAMS**

**PRESENT:**

John Lawlor	Trust Chair and Chair of the Council of Governors	JL
Natalia Barry	Public Governor	NB
Sheena Bolland	Public Governor	SB
Kathy Elliott	Stakeholder Governor and Lead Governor	KE
Stephen Frosh	Public Governor	SF
Paru Jeram	Staff Governor	PJ
Pauline Williams	Staff Governor	PW
Anna Wright	Stakeholder Governor, Local Authority	AW

**IN ATTENDANCE:**

Michael Holland	Chief Executive	MH
Jon Bell	Interim Chief Finance Officer	JB
Rod Booth	Director of Strategy and Business Development	RB
Nimisha Deakin	Associate Director of Nursing and Patient Experience	ND
Dorothy Otite	Interim Director of Corporate Governance	DO
CS	Mother of service users (Item 004)	CS
Aruna Mehta	Non-Executive Director	AM
Janusz Jankowski	Non-Executive Director	JJ
Claire Johnston	Non-Executive Director	CJ
Sal Jarvis	Non-Executive Director	SJ
Sabrina Phillips	Non-Executive Director	SP
Shalini Sequeira	Non-Executive Director	SS
Lena Samuels	Chair of North London NHS Foundation Trust	LS
Rhiannon Adey	Interim Deputy Company Secretary (Minutes)	RA

**APOLOGIES:**

Michael Arhin-Acquaah	Public Governor	MAA
Ken Batty	Non-Executive Director	KB
Maisam Dato	Staff Governor	MD
Roswitha Dharampal	Public Governor	RD
Sebastian Kraemer	Public Governor	SK
Annecy Lax	Stakeholder Governor, University of Essex	AL
Chidi Uwakaneme	Public Governor	CU
Chipo Mukoki	Student Governor	CM
Robert Waterson	Stakeholder Governor, University of East London	RW

MINUTE NO.		ACTION
001	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>	
	The Chair welcomed those present and noted apologies.  The Chair passed his thanks to DO (who will be leaving the Trust in early December) for her contribution to the Trust, particularly in the Interim Director of Corporate Governance role. The Chair updated the Council that he would be leaving the trust one month early, on 31 <sup>st</sup>	

	<p>October and AM would be the Interim Chair from that date. Handover arrangements had been planned.</p> <p>SJ passed her thanks to the Chair noting his contribution to steering the Trust through challenging times.</p>	
002	<b>CONFIRMATION OF QUORACY</b>	
	The Chair confirmed the meeting was quorate.	
003	<b>DECLARATIONS OF INTEREST</b>	
	The Council noted that there were no new declarations of interest.	
004	<b>SERVICE USER STORY – WELLBEING TEAM</b>	
	<p>ND introduced CS the mother of two children that are users of our Mosaic service, the CAMHS Well-being team and Camden Adolescent Intensive Support Service (CAISS).</p> <p>CS's son is fifteen and has been supported by the Mosaic service before being referred to CAISS in January. CS's son was diagnosed with autism when he was six. He received a diagnosis of obsessive-compulsive disorder which started to get worse when he was in year ten. This was presenting as verbal tics and anxiety. The family continued to be supported by the team in the Mosaic service but as things started to get worse CS's son was taken to the emergency department at the Royal Free Hospital due to serious concerns about his mental health. CS reported that as parents they felt out of their depth. CS's son was admitted and supported by a liaison officer who referred to the CAISS team. He has been supported by the crisis team, a mental health nurse and psychiatrist.</p> <p>When CS's son's mental health and associated symptoms worsened the regular support of the Mosaic was not adequate. The family identified he required more support than was available through the Mosaic service and that the service had not identified CS's changing needs.</p> <p>CS commented that the CAISS have been very helpful. She felt supported as she was able to contact the mental health nurse by phone if she needed to and got the impression that nothing was too much trouble. CS received immediate help for practical support and their ability to relate to her son's age group meant that she felt the pressure was taken off her. The service has visited CS's son's school and the school was appreciative of the support too. The intensive support has enabled CS's son to return to school with him volunteering to attend full days, this would have been unthinkable at the point of his referral.</p>	

	<p>CS's daughter has type 1 diabetes which she self-manages successfully, however, the responsibility made her anxious and she experienced separation anxiety. She was referred to the well-being team where she has been undertaking cognitive behavioural therapy (CBT) for six months to help her manage her anxiety and support her school attendance. This has been successful, and the CBT has helped CS to support her daughter with her anxiety by teaching strategies.</p> <p>When asked whether there were any improvements that could be made CS commented that there were delays in accessing the well-being team and were initially put on a waiting list. It was also noted that it was challenging to understand how the system works and questioned why Mosaic had not referred to CAISS when reaching crisis point.</p> <p>The Council acknowledged that there was learning for the trust to ensure measures are in place to support when changes in symptoms are identified.</p> <p>The Council of Governors <b>NOTED</b> the Service User story and thanked CS for attending the meeting to share her story.</p>	
005	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 29 MAY 2025</b>	
	The minutes of the previous meeting were agreed as a true and accurate record.	
006	<b>MATTERS ARISING AND ACTION LOG</b>	
	<p>There is one open action that remains open. It was noted that the action had remained open for six months.</p> <p><b>Action:</b> DO to chase up completion of the outstanding action.</p> <p>KE commented that it would be beneficial to have feedback from any changes made as a result of the service user stories.</p>	<b>DO</b>
007	<b>CHAIR AND CHIEF EXECUTIVE'S REPORT</b>	
	<p>MH updated the Council that an Ofsted inspection of Gloucester House had been undertaken, and the 'Good' rating was retained. The move of students from Gloucester House is progressing and it is hopeful that this will happen in this school term.</p> <p>The Trust hosted its 2025 graduation ceremony which was well attended and student recruitment for the 2025/26 academic year remains on track with students currently enrolling.</p>	

	<p>A refurbishment of the library has been undertaken to improve student experience.</p> <p>MH extended his thanks to Gem Davies, Chief People Officer who has taken up a new role at Barnet Hospital.</p> <p>KE queried whether the NEDs were briefed on the outputs of the Merger Programme Board and whether there were any issues the governors should be aware of.</p> <p>It was noted that this had been discussed at the Board of Directors and that escalations from the Merger Programme Board and the weekly Tavistock and Portman NHS Foundation Trust (TPFT) Executive to North London NHS Foundation Trust (NLFT) Executive meetings would be presented to future Board of Director meetings. JL updated that the Chairs and Chief Executives of both trusts met frequently.</p> <p>Positive engagement had been reported from the recent staff engagement events hosted by NLFT. It was noted that TPFT executive team were not in attendance to enable staff to have a full and frank discussion.</p> <p>PW updated that she had attended one of these engagement events and found it to be very informative. She felt that it was positive that staff felt they had access to the senior leadership of the merger partner. She commented that there had been discussions around how the equality, diversity and inclusion work could be transferred to NLFT and integrated with work they had undertaken on anti-racist statements. PW commented that in her role as the race equality network chair she is encouraging staff to see the benefits of the merger.</p> <p>It was queried whether engagement sessions were being held by NLFT with our students.</p> <p><b>Action:</b> RB and MF to follow up with NLFT around engagement sessions for TPFT students</p>	<p><b>RB / MF</b></p>
<p>008</p>	<p><b>GOVERNOR FEEDBACK</b></p>	
	<p>KE provided feedback from NLFT's recent annual members meeting to learn more about their services. The meeting was well attended and generated lots of discussion and questions. They also disseminated a printed pamphlet that provided an overview. KE had spoken with other Governors who questioned whether TPFT Governors felt informed about the merger.</p> <p>KE reiterated that there were formal and informal routes of engagement for the Governors and with workshops and frequent</p>	

	<p>contact between the NEDs and Governors she felt there was transparency and the opportunity to ask questions.</p> <p>KE also engaged with NLFT staff who were reflecting on the previous merger that had been undertaken and the impact that was having on them now with services still merging.</p> <p>The outstanding questions is around how the members and governors of the two trusts link together and ensure engagement with our members. A suggested solution was for TPFT members to join NLFT membership to ensure voices are heard.</p>	
009	<p><b>GOVERNOR TERMS OF OFFICE UPDATE</b></p>	
	<p>DO presented the Governor Terms of Office paper noting changes since the last Council meeting in May.</p> <p>One governor has recently stepped down for personal reasons.</p> <p>SB and SK have reached the end of their terms of office; an extension request will be presented to the Annual Members Meeting on 30 October. This extension will be until 31 March or until the merger by acquisition is enacted.</p> <p>MD and RW have also reached the end of their terms of office, however, there is no proposal to extend these terms as their attendance has been below that required in the Constitution.</p> <p>There are no elections planned to fill vacant seats due to the imminent merger.</p> <p>The Council of Governors <b>NOTED</b> the Governor Terms of office update.</p>	
010	<p><b>COUNCIL OF GOVERNORS EFFECTIVENESS SURVEY – OUTCOME</b></p>	

	<p>DO took the paper as read noting that an in-house Council of Governors effectiveness review had been conducted.</p> <p>The survey results were positive with seven of 16 governors completing the survey. Useful feedback had been provided with Governors reporting that they felt well informed through informal briefings and attendance at Board sub-Committee meetings as observers.</p> <p>Areas for improvement included continuing training and development opportunities and feedback from the Nominations Committee.</p> <p>AW was disappointed by the low response rate which meant that the results were not reflective of the full Council.</p> <p>It was noted that the NHS 10-year plan will remove the requirement for Governors and discussed a need to strengthen governance by bringing in more people from local communities. It was acknowledged that this is a distressing time. The legislation is unlikely to come into place until April 2027 so the Council will remain as is and there may be an opportunity to join the Council of Governors at the enlarged NLFT via a future elections process post-merger by acquisition.</p> <p>The Council of Governors <b>NOTED</b> the outcome of the effectiveness survey.</p>	
011	<p><b>REVISED NOMINATIONS COMMITTEE TERMS OF REFERENCE</b></p>	
	<p>DO presented the Nominations Committee Terms of Reference for approval.</p> <p>The Council of Governors <b>APPROVED</b> the revised Nominations Committee Terms of Reference.</p>	
012	<p><b>SUMMARY REPORT ON QUALITY AND PERFORMANCE</b></p>	
	<p>RB presented the Quality and Performance report noting that a review had been undertaken of the trauma service pathways and routes of referral and the trust was now working with commissioners to stop out of areas referrals for a locally commissioned service. The Trauma Service Lead had recently presented to the Board on the trauma informed approach. The team are working with NLFT to review the adult and child pathways together. There is also work ongoing with Camden Council and third sector partners.</p> <p>CJ queried whether there was a link between the clinical capacity and a lack of job planning and finalising clinical pathways. RB noted that job plans were now signed off. Annual plans were produced for this year focusing on teams owning their activity. We did annual plans this</p>	

	<p>year to support teams in owning their activity. Self-generated teams are now undertaking a six-month review.</p> <p>MH noted that TPFT has job planned the whole organisation not just medical staff with capacity targets for each individual.</p> <p>The Council of Governors <b>NOTED</b> the summary report on Quality and Performance.</p>	
013	<p><b>QUALITY AND SAFETY COMMITTEE ASSURANCE REPORT AND GOVERNOR OBSERVER FEEDBACK</b></p>	
	<p>CJ presented the Quality and Safety Committee (QSC) Assurance report noting that the gender identity clinic had been working with NHS England (NHSE) on a quality improvement programme.</p> <p>CJ reported that the Patient Experience Annual report had been received and showed many examples of collaborative working with our service users.</p> <p>The QSC received a report on learning from deaths in quarters three and four with a number of recommendations arising from that.</p> <p>A report was received on the Patient Safety Incident Response Framework with good progress made in the last year. The benefits of which are noted through our patient safety partners who have been instrumental in supporting with patient safety issues.</p> <p>A patient safety incident investigation is being undertaken relating to surgical hub referrals. The CNO and COO is leading on this work and ensuring oversight.</p> <p>CJ updated the Council that the waiting list for the trauma service was reducing noting that referrals have grown exponentially. The team are working closely with NLFT to build a pathway for the service across all boroughs.</p> <p>LS joined the meeting.</p> <p>SF queried whether there was any connection between the deaths and the time on the waiting list. It was noted that the majority of deaths are from natural causes.</p> <p>KE provided feedback as the governor observer of QSC noting the learning that has been undertaken as the targeted support initiatives for services have progressed. KE questioned how we ensure this learning is taken forward once we have merged noting that there is joint working between the two trusts already in place.</p> <p>The Council of Governors <b>NOTED</b> the Quality and Safety Committee Chairs assurance report.</p>	

014	<p><b>PEOPLE, ORGANISATIONAL DEVELOPMENT, EQUALITY, DIVERSITY AND INCLUSION COMMITTEE ASSURANCE REPORT AND GOVERNOR OBSERVER FEEDBACK</b></p>	
	<p>SS took the paper as read noting that the Committee reflected on the amount of work undertaken by Gem Davies, Chief People Officer during her tenure. The meeting had focused on BAF risk 7 which relates to inclusion and recognised that there was further work to be undertaken to embed the culture change. The Committee will continue to request evidence of this change whilst also acknowledging the equality, diversity and inclusion successes and ensuring these are publicised.</p> <p>The staff survey will be released in the coming month, and the Committee are encouraging as many staff to complete this as possible to ensure the data is as reflective as possible particularly given the changes to the organisation.</p> <p>SS was pleased to report increased oversight of statutory and mandatory training and appraisal compliance figures.</p> <p>PW provided feedback as the governor observer of the Committee noting that the meeting had been productive and commended SS as chair. PW felt that it was important that staff were aware of the changes and felt engaged as part of the merger. It was noted that there were merger drop-ins held by the chief executive but considered whether there were further means of communicating information to staff.</p> <p>The Council of Governors <b>NOTED</b> the People Organisational Development Equality Diversity and Inclusion Committee Chairs assurance report.</p>	
015	<p><b>EDUCATION AND TRAINING COMMITTEE ASSURANCE REPORT AND GOVERNOR OBSERVER FEEDBACK</b></p>	
	<p>SJ presented the assurance report noting that there was a deliberate effort to start recruitment early to the 2025/26 academic year which has resulted in a higher number of applications both domestically and internationally. It was noted that there is a plan to work with agents to further increase international recruitment.</p> <p>The Committee had received a deep dive into student retention. SJ also noted that the library refurbishment had been completed to create a collaborative space for students.</p> <p>The Committee had also discussed the withdrawal of the national training contract and multiple options were being explored to address the shortfall. These options included working more closely with a</p>	

	<p>university partner to achieve economies of scale and increasing fees to maximise international and short course income.</p> <p>The 2025 graduation ceremony had also been held which was a key highlight of the academic year.</p> <p>SF provided feedback as the governor observer of the Committee noting the value of SJ as Chair with her specialist knowledge of higher education. There had been a challenging discussion around assurance.</p> <p>The Council of Governors <b>NOTED</b> the Education and Training Committee Chairs assurance report.</p>	
016	<p><b>PERFORMANCE, FINANCE AND RESOURCES COMMITTEE ASSURANCE REPORT AND GOVERNOR OBSERVER FEEDBACK</b></p>	
	<p>AM took the report as read noting that there had been additional Committee meetings held subsequent to the report and further updates would be provided at the next agenda item.</p> <p>PW provided feedback as the governor observer noting that the meetings were very informative and provided an overview of the ongoing financial challenges. The discussion highlighted the pressures on budgets, resource allocation and forward planning to maintain sustainability. PW felt that there was appropriate challenge at the Committee and that the NEDs were well informed. The information provided was forward looking and ensures accountability for future resilience and supports transparency. PW commented that the positive progress on the Gloucester House sale was evidence that the Committee was ensuring timely progress.</p> <p>SB agreed with PW's comments as the second governor observer.</p> <p>The Council of Governors <b>NOTED</b> the Performance Finance and Resources Committee Chairs assurance report.</p>	
017	<p><b>FINANCE REPORT – MONTH 4</b></p>	
	<p>AM presented the report recognising that we are behind plan on income due to the loss of the national training contract. It was noted that we were above trajectory on staffing costs and behind on delivery of the cost improvement programme.</p> <p>It was noted that there was a risk relating to cash which was currently mitigated by invoices received, however, further cash support would be required. The additional cash support was dependent on the full business case. NHSE London are supporting with the application for additional cash support.</p>	

	<p>JB updated that we were now on target for the sale of Gloucester House in this financial year with the move of students to new premises scheduled for 03 November.</p> <p>It was also noted that the cost improvement programme was very challenging. The Board had received a progress update last week, which showed good progress, however, this remained a challenge for the organisation due to staffing costs. The limited use of bank and agency staff within the Trust meant that staffing costs were fixed. Significant measures have been put in place to control expenditure.</p>	
018	<p><b>INTEGRATED AUDIT AND GOVERNANCE COMMITTEE ASSURANCE REPORT</b></p>	
	<p>JB presented the assurance report in KB's absence. Reports had been received from internal audit with concerns highlighted in relation to the Data Protection Security Toolkit, however, the recommendations had been completed ahead of the meeting which was commended.</p> <p>It was also noted that a significant amount of work had been undertaken to address outstanding actions from internal audit reports.</p> <p>The Council of Governors <b>NOTED</b> the Integrated Audit and Governance Committee Chairs assurance report.</p>	
019	<p><b>ANNUAL SCHEDULE OF BUSINESS 2025/26</b></p>	
	<p>The annual schedule of business was noted. The Council were asked to bring any items to the attention of DO.</p>	
020	<p><b>QUESTIONS FROM THE PUBLIC</b></p>	
	<p>There were no members of the public present.</p>	
021	<p><b>ANY OTHER BUSINESS</b></p>	
	<p>LS introduced herself as the Chair of NLFT. She noted the robust discussions undertaken during the meeting and commented on the commitment to high standards of care.</p>	
022	<p><b>ISSUES TO BE ESCALATED TO THE BOARD OF DIRECTORS</b></p>	
	<p>There were no issues to be escalated to the Board of Directors.</p>	

023	<b>REFLECTIONS AND FEEDBACK FROM THE MEETING</b>	
	<p>The Council were asked to provide reflections and feedback. It was noted that the meeting was collegiate and evidenced excellent team-working. Thanks were passed to KE for her work with the governors to support this.</p> <p>AM acknowledged JL's contribution to the Trust during his term as Chair. His leadership has ensured the organisation has moved forward to a positive position.</p>	
024	<b>DATE AND TIME OF NEXT MEETING</b>	
	The Chair closed the meeting at 5.00 P.M.	

**Date of Next Meeting: Thursday, 04 December 2025 at 15:00 – 17:00.**

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	To Close	21/10/25: Complete. Link circulated by email to Governors on 21/10/25 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.
09.10.25	6	Matters Arising and Action Log	DO to chase up completion of the outstanding action	Dec-25	Dorothy Otite, Director of Corporate Governance (Interim)	To Close	21/10/25: Complete. Link circulated by email to Governors on 21/10/25
09.10.25	7	Chair and Chief Executive's Report	RB and MF to follow up with NLFT around engagement sessions for TPFT students	Dec-25	Mark Freestone, Chief Education and Training Officer / Rod Booth, Director of Strategy and Business Development	Open	

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 04 December 2025					
Report Title: Chief Executive's Report			Agenda No.: 008		
Report Author and Job Title:	Michael Holland, Chief Executive	Lead Executive Director:	Michael Holland, Chief Executive		
Appendices:	None				
<b>Executive Summary:</b>					
Action Required:	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:	This report provides a focused update on the Trust's response to specific elements of its service delivery and subsequent future, and the evolving health and care landscape.				
Background:	The Chief Executive's report aims to highlight developments that are of strategic relevance to the Trust and which the Board of Directors and Council of Governors should be sighted on.				
Assessment:	This report covers the period since the Board of Directors meeting on 18 September 2025.				
Key recommendation(s):	The Council of Governors is asked to receive this report, <b>DISCUSS</b> its contents, and note the progress update against the leadership responsibilities within the CEO's portfolio.				
<b>Implications:</b>					
<b>Strategic Ambitions:</b>					
<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant <a href="#">CQC Quality Statements</a> (we statements) Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Alignment with Trust Values:	Excellence <input checked="" type="checkbox"/>		Inclusivity <input checked="" type="checkbox"/>	Compassion <input checked="" type="checkbox"/>	Respect <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>	ORR <input type="checkbox"/>	
	All BAF risks				
Legal and Regulatory Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no legal and/or regulatory implications associated with this report.				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no resource implications associated with this report				
Equality, Diversity and Inclusion (EDI) implications:	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"/> <b>Not applicable:</b> No assurance is required	

## Chief Executive's Report

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### 1. Introduction

Since the last Board meeting there have been some changes to our Board of Directors. John Lawlor, Trust Chair left the Board and Aruna Mehta our previous Vice-Chair has taken over as Interim Trust Chair from 1 November until the merger by acquisition is enacted.

I would like to thank John for all his contributions to the Trust and wish him the very best in his new role as Chair at his local hospital and community trust in West Yorkshire, Airedale NHS Foundation Trust.

We held a successful Annual Members' Meeting on 30 October at the Tavistock Centre where our previous Trust Chair, John Lawlor; Lead Governor, Kathy Elliott; members of the Executive team and I looked back at the Trust's performance and achievements of 2024/25. The meeting was well attended by Governors and Members. Lena Samuels, Chair of North London NHS Foundation Trust (NLFT) also attended and she gave a few remarks about our imminent merger by acquisition. Information about the meeting is available on our website.

### 2. Merger by Acquisition update

Work on the proposed merger by acquisition continues to progress, with the merger aiming to take effect on 1 April 2026, subject to NHS England and Secretary of State for Health and Social Care approvals.

Work is now well advanced to complete the required Full Business Case, due to be submitted to NHS England in due course, following approval by both Trust Boards.

During September, NLFT held a series of engagement events for our staff to discuss the merger by acquisition. The events were hosted by Jinjer Kandola, NLFT Chief Executive and Natalie Fox, NLFT Deputy Chief Executive. A further event hosted by Jinjer is planned for our staff on 6 November where staff will hear from Jinjer about the "North London Way" and set her expectations for how they will work together.

I continue with the regular All Staff Meetings and merger drop-in sessions which also give staff an opportunity to ask questions about the merger by acquisition.

### Providing outstanding patient care

### 3. Gloucester House Ofsted Inspection

The Trust received the Ofsted report for the inspection carried out in July 2025. All areas received a "Good" rating and it was recognised for strong collaborative approach with staff working across education, health and therapy working together to meet each pupil's needs. The report highlighted the calm and respectful atmosphere in the school and noted evidence of rapid improvements over a short period, reflecting strong leadership and responsiveness.

### 4. Nursing and Midwifery Job Evaluation

The Trust submitted the self-assessment providing Board assurance around local job evaluations for nurses. Nursing & midwifery job evaluation was one of the 37 recommendations from the Agenda for Change pay deal (2023).

A letter from NHSE in May 2025 emphasised the importance of ensuring staff receive the correct pay for the work they are asked to do. The letter also asked employers to prepare for and prioritise work following publication of the NHS Staff Council's (NHSSC) updated job evaluation profiles for nursing and midwifery and accompanying guidance. While Boards are legally accountable for ensuring compliance with national job evaluation (JE) standards, NHS England's regional workforce directors will provide assurance supported by a new national JE dashboard.

## **5. Clinical Services**

Over the past six months there has been extensive collaboration between The Tavistock and Portman NHS Foundation Trust (TPFT) and NLFT Clinical and Operational leadership with the North Central London (NCL) ICB Clinical leads to develop a proposal for the Core CAMHS offer across NCL. This work is culminating in November with an NCL wide agreement of a baseline mandatory clinical offer following which a business case will be developed. This will ensure the best outcomes for children and young people across the patch, reducing inequalities of access and ensuring the provision of appropriate treatment modalities and interventions embedded within a THRIVE aligned needs-based approach.

## **6. Patient and Carer Race Equality Framework (PCREF)**

The PCREF developments within the Trust are progressing well, during October, as part of Black History Month the Trust held two speaking events where the lived experience of members of the Black community was explored through powerful first-person testimony. The response from attendees was positive and provided important if ongoing commitment to ensuring our PCREF goals are to be achieved.

In the IQPR in Month 5 data was presented in relation to the acceptance and rejections from intake processes to explore evidence of bias in this process acting as a further barrier to treatment; there was no evidence of this, however due to low numbers, the data was insufficient to draw meaningful conclusions therefore indicating the need for ongoing review.

In Month 6 the IQPR PCREF data reported on the association between ethnicity and patient safety markers such as complaints, incidents and in relation to Gloucester House School incidents of violence and aggression and restraints. This data provided insights into the low number of complaints from global majority communities, highlighting the need for a clearer understanding around the basis of this. The data from Gloucester House showed appropriate mirroring between incidents of violence and aggression and restraints, there was not an overrepresentation of these events occurring within the Black population of the school however there was an overrepresentation within children of White and Mixed Black and White ethnicity which will be reviewed and monitored.

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

### **7. Student enrolment for 2025/26**

I am pleased to report that over 97% of our new students have enrolled onto their programmes of study for the 2025/26 academic year, with 631 new learners now joining us. We also have an 88% re-enrolment rate, adjusted to 95% when intermissions are removed,

comprising a further 755 to a total of 1506 students, an increase of 51 over 2024/25 (1455) with another c.60 new students expected on the M23 (Social Work) programme with UEL. This is excellent news for the Trust from a sustainability perspective and challenges the accepted wisdom of a contracting HE market. I am very grateful to all our Course Leads, Marketing and Admissions colleagues for their hard work in delivering this excellent outcome.

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

### **8. Industrial Action**

The British Medical Association (BMA) has announced further resident doctor industrial action from 14 to 18 November. The Trust has robust contingency plans in place to ensure appropriate rota cover for out-of-hours services and to maintain patient safety during this period.

While the direct impact on the Trust is expected to be minimal, the wider impact across the NHS remains significant, including for local partner Trusts, and we will continue to closely monitor the situation.

### **9. 10 Point Plan for resident doctors' working lives**

NHS England has launched a 10-point plan for resident doctors, aimed at improving their working lives and supporting workforce retention. The plan sets out national priorities to strengthen leadership accountability, ensure fair and sustainable rota practices, and enhance wellbeing and pastoral support for doctors in training.

The Trust is currently reviewing the requirements of the national plan and developing a local action plan to align with these priorities. Liz Searle has been appointed as the Executive Lead, and Dr Chen Kailayapillai will serve as the Resident Doctor representative to support this work. Key areas of focus are addressing payroll issues and liaising with external hospital Trusts regarding facilities available when on-call.

A detailed update and proposed action plan will be presented to the Board in January.

### **10. Staff Survey**

The national staff survey launched on 29 September and we have an ambitious (but achievable) target response rate of 60%. The survey remains open until 28 November, and as at 3 November our response rate was 37.92%. We have chosen three local questions this year - the first is a repeat of last year's question relating to the impact of protected characteristics on experience working in the trust, and the other two are linked to living our Trust values.

Since the last survey we have been working closely with our colleagues to understand what matters most to them in order to improve staff experience in the organisation. We will review and update this work once we have the results of this current survey. The feedback will inform the staff engagement plan pre and post-merger by acquisition.

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

### **11. Finance Update**

At the halfway point in the year, the Trust is reporting a deficit of £4.0m which is £1.4m behind plan. The main reason for this adverse variance is the loss of the National Training Contract income which accounts for £1.3m of the £1.4m variance. The Trust is in discussion with NHSE to find a solution to this shortfall in 2025/26. Although good progress is being made on identifying and delivering efficiency savings, there remains a level of unidentified savings which is a significant risk to achieving the year end breakeven plan.

The Cash position for the Trust continues to be very challenging and further working capital support of £2.17m in November has been requested. At the time of writing, the Trust is waiting for the decision on this request.

The Trust continues to invest in Information Management & Technology (IM&T) and improving the environment with £1.1m spent to date of the £2.8m annual capital plan.

## Internal Updates

### 12. Recent Board Changes

#### Executive Directors:

Chris Abbott, our Chief Medical Officer left the Trust in October 2025.

This is the last Board meeting attended by Dorothy Otite, our Interim Director of Corporate Governance, as she is leaving us at the beginning of December.

I want to formally thank Chris and Dorothy on behalf of the Board for their contributions and wish them well for the future.

The plan for the Chief Medical Officer's interim cover have been announced. Joint Chief Medical Officers (Liz Searle and Sheva Habel) have been appointed from 3 November 2025.

The plans for the Director of Corporate Governance interim cover are being finalised and will be confirmed soon.

#### Non-Executive Directors:

The Council of Governors approved the appointment of Sal Jarvis as Vice-Chair of the Trust effective 1 November 2025 until our merger by acquisition is enacted.

Following support from the Council of Governors, the Board approved the appointment of Shalini Sequeira as Senior Independent Director effective 10 October 2025 until our merger by acquisition is enacted.

### 13. 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 September Board, the following services have been visited:

- Family Mental Health Team (FMHT) and CWP
- Camden Adult Administrators Forum
- Family Drug and Alcohol Court (FDAC)
- Tavistock Consulting

## Regional and National Context

### 14. Changes in key personnel at national, London and ICB levels

The former National Director for Mental Health, Claire Murdoch and the National Director for Learning Disability and Autism, Tom Cahill, have both recently resigned from their national roles. There is currently a recruitment process for the National Programme Lead for Mental Health that replaces their previous roles.

I also wanted to advise Board of a key change at the NHS England London Regional Office. Helen Pettersen, currently London Chief Operating Officer, has announced that she is retiring and leaving the role in December. Helen has been in the role since 2020 and before that was the Chief Executive of the former North Central London Clinical Commissioning Group. Dame Caroline Clark, London Regional Director, has recently announced that Edmund King has been appointed as the new London Regional Director of Operations, succeeding Helen from 15 December.

As the Board will be aware NCL and NWL are in the process of merging and Frances O'Callaghan has been appointed to be the CEO of the merged ICBs. She has also recently appointed the new exec for the merged ICB.

### 15. Medium Term Planning Framework

The Medium-Term Planning Framework for 26/27 to 28/29 was published at the end of October 2025, setting out planning expectations and a shift from annual plans to a five-year strategic planning approach. The Trust will be working with North London NHS Foundation Trust to support the submission of the medium-term financial plan for the merged organisation.

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

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

- Camden Integrated Care Executive (CICE);
- Cavendish Square Group of London NHS Mental Health Providers' CEOs;
- NHS Federated Data Platform (FDP) Mental Health Roundtable;
- London Digital Mental Health Forum;
- KPMG & Catalysis Continuous Improvement Conference 2025;
- Economist Impact's Future of Health Europe and AI in Health Summit;
- Joint NCL/ NWL CEO Meeting;
- UCL Partners Executive Forum;
- KCL Business School Panel discussion;
- NHS England Mental Health Trusts CEOs meeting (with Regional Leads and SROs);
- NCL Borough Partnership Chairs Meeting;
- Mental Health Digital Strategic Oversight Group;
- eMHIC Fireside Chat: Digital Mental Health is Here: Ensuring the Quality of Care - a Global Perspective;
- NHS England London CEOs meeting with the London Regional Director; and
- Community and Mental Health User Forum.

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 04 December 2025			
<b>Report Title:</b> Summary Report on Quality and Performance based on Month 5 (August 2025) Data			<b>Agenda No.:</b> 009
<b>Report Author and Job Title:</b>	Rachel James, Director of Clinical Services Sheva Habel, Interim Joint Chief Medical Officer	<b>Lead Executive Director:</b>	Clare Scott, Chief Nursing Officer, Rod Booth, Director of Strategy.
<b>Appendices:</b>	None		
<b>Executive Summary:</b>			
<b>Action Required:</b>	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/>		
<b>Situation:</b>	<p>The Trust Integrated Quality and Performance Report (IQPR) for August 2025 (Month 05) 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>This report provides a summary of the data presented in the Trust-wide IQPR meeting on 23<sup>rd</sup> September 2025. The data presented relates to August 2025 as committee report data runs 2 months in arrears after IQPR has ratified data from the previous reporting period. This report should be used in conjunction with accompanying slides and respective committee reports.</p>		
<b>Background:</b>	<p>In addition to month 05 data being considered in the September Trust-wide IQPR, additionally, Trust quality and performance is reviewed weekly at Strategic Delivery Room, with a focus on the Trust’s five strategic priorities and monthly via team and delivery unit level performance and clinical governance meetings. The Trust strategic priorities are as follows:</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 10px; margin-right: 20px; text-align: center;"> <p>Partnerships, Innovation, Population Health, Research and Reputation underpinning all five areas</p> </div> <div style="border-left: 1px solid black; padding-left: 10px;"> <ul style="list-style-type: none"> <li style="background-color: #2e7d72; color: white; padding: 5px; margin-bottom: 5px;">People (including Equalities, Diversity and Inclusion)</li> <li style="background-color: #1a3d54; color: white; padding: 5px; margin-bottom: 5px;">Waiting Times</li> <li style="background-color: #3b2c82; color: white; padding: 5px; margin-bottom: 5px;">Experience &amp; Outcomes</li> <li style="background-color: #6a329f; color: white; padding: 5px; margin-bottom: 5px;">DET, Commercial Growth and Financial Sustainability</li> <li style="background-color: #8e44ad; color: white; padding: 5px;">Merger</li> </ul> </div> </div>		
<b>Assessment:</b>	<p>To ensure we focus on important issues and priority areas, the IQPR paper reports by exception, providing an overview of key highlights, emerging concerns, and a summary of actions being taken to address</p>		

<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 type="checkbox"/>	Inclusivity <input type="checkbox"/>	Compassion <input type="checkbox"/>	Respect <input type="checkbox"/>	
<b>Link to the Risk Register:</b>	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	<b>Risk Ref and Title:</b> BAF 14: Effective Performance and Risk management arrangements. BAF 13: Waiting Times				
<b>Legal and Regulatory Implications:</b>	Yes <input type="checkbox"/>			No <input checked="" 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				
<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>	Integrated Quality and Performance Report Meeting – 23 September 2025 Quality and Safety Committee – 23 October 2025 Performance, Finance and Resources Committee – 03 November 2025 Board of Directors – 20 November 2025				
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps	<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	

	in assurance or action plans			
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CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 04 December 2025					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Quality & Safety Committee	23 October 2025	Claire Johnston, Committee Chair, Non-Executive Director	Emma Casey, Associate Director of Quality	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Appendices:</b>	None		<b>Agenda Item: 010</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>					
Key headline			Assurance rating		
<b>1. Trauma Targeted Support</b> The Committee received an update on the Trauma team's progress in the improvement areas identified through targeted support. The team developed an action plan to address significant waiting times, high referral rates and limited capacity relative to population need and demand. Criteria, intake, model and throughput have been significantly re-designed this year. Key improvements were noted related to communication with patients, referrals, intake geography, activity, patient engagement and co-production, work with DET, pathway development and merger preparation. The waiting time for first appointments is reducing, referrals greatly reduced with new criteria and conversations are underway with the merger partner about the service's place in the local pathway.			Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>		
<b>2. Patient and Carer Race Equality Framework (PCREF) Implementation Update</b> The Committee received an update on the implementation of PCREF as monitored through the PCREF action plan which covers three aspects of the framework as utilised by all NHS Mental Health Trusts. There is an additional section developed by DET colleagues to address aspects of education and training impacted by systemic racism and the drive to develop antiracist practice within the Trust and the wider NHS.  There is progress in all aspects of the PCREF action plan, with some aspects more developed than others, particularly the development of data reporting within the Integrated Quality & Performance Report (IQPR). There will be a focus within the team on developing the community facing aspects of the work culminating in a marketplace event in Quarter 3 2025/26. The PCREF team are working towards completing the current			Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>		

<p>action plan within the current fiscal year, with the exception of the DET sections which will be completed within the current academic year.</p>	
<p><b>3. Infection Prevention Control Report including Annual Infection Prevention Control Plan and Statement including Board Assurance Framework</b></p> <p>The Committee received the six monthly Infection Prevention &amp; Control update report, including an update on the National Infection Prevention Control Board Assurance Framework (NIPC BAF) compliance.</p> <p>The BAF document consists of 54 Key Lines of Enquiry</p> <ul style="list-style-type: none"> <li>• 29 are deemed not to be applicable to the Trust</li> <li>• 22 were assessed as fully compliant (a positive increase from 19)</li> <li>• 3 were assessed as partial compliant (a positive reduction from 6 previously)</li> </ul> <p>The partial compliance relates to actions needed in relation to infection prevention and control training and competency relative to roles and food hygiene training. There are plans in place to address each of these.</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input checked="" type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p><b>4. Quality Improvement (QI) Report</b></p> <p>The Committee received an update about the progress of the Trust's QI programme. The annual QI programme for 25/26 is progressing according to plan and is well placed to integrate with the merger partner's QI programme from April 2026. This year, the priority is to establish a Trust-wide, structured QI culture.</p> <p>There have been recent recruitments to vacant posts within the team. The new QI team have been working at pace since starting with the Trust with the focus on embedding QI practices, building staff capabilities, and ensuring a strong foundation for the Trust as it transitions into new leadership and QI methodology.</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input type="checkbox"/></p> <p>Adequate <input checked="" type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p><b>5. Gloucester House Review - Improvement Plan Progress Update</b></p> <p>The Committee received an update on the Gloucester House Review Improvement Plan and the relocation project. Following the Gloucester House Review in Spring/Summer 2024, an Improvement Plan was implemented to address the 61 recommendations outlined in the report. Key concerns identified included governance and safeguarding, quality of education, equality, diversity and inclusion (EDI), and staff wellbeing. The plan is monitored through the Delivery Group.</p> <p>Substantial progress has been made across the improvement workstreams, with the overall Improvement Plan currently 89% complete. Individual workstream completion rates range between 76% and 100%. While the original workstreams remain relevant, the improvements specifically related to the original review have been separated out. This strand of work is expected to close by the end of October 2025, with outstanding actions either resolved, embedded into business-as-usual processes, or carried forward into ongoing workstream targets.</p> <p>In July 2025, the school underwent an Ofsted inspection and was rated Good in all areas. Two areas for improvement were identified and these will also be monitored in the Delivery Group.</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input checked="" type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>

<p>In relation to the relocation, a potential new site for has been confirmed as viable and relocation planning is currently underway. A Relocation Programme Board has been established, and a dedicated Project Manager is in place. A Material Change application has been submitted to Ofsted, who have responded with queries regarding site visits and potential building works.</p>		
<p><b>Summary of Decisions made by the Committee:</b></p>		
<p>The Committee agreed the proposed revisions to its Terms of Reference.</p>		
<p><b>Risks Identified by the Committee during the meeting:</b></p>		
<p>The Committee noted the following new risk:</p> <ul style="list-style-type: none"> <li>• There are repeated issues related to agreeing the process and responsibilities of shared care agreements between the gender service and primary care. This has been escalated to NHS England through a quality alert and remains under discussion as part of commissioning meetings. <i>(reference Quality &amp; Safety Report September 2025; themed learning from complaints)</i></li> </ul>		
<p><b>Items to come back to the Committee outside its routine business cycle:</b></p>		
<p>None.</p>		
<p><b>Items referred to the BoD or another Committee for approval, decision or action:</b></p>		
Item	Purpose	Date
None.		

**CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS IN PUBLIC –  
Thursday, 04 December 2025**

<b>Committee:</b>	<b>Meeting Date</b>	<b>Chair</b>	<b>Report Author</b>	<b>Quorate</b>	
People, Organisational Development, Equality, Diversity and Inclusion Committee	06 November 2025	Shalini Sequeira, NED	Kasia Parfenyuk, Deputy Chief People Officer	<input checked="" type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Appendices:</b>	None	<b>Agenda Item: 011</b>			

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

<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
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**The key discussion items including assurances received are highlighted to the Board below:**

<b>Key headline</b>	<b>Assurance rating</b>
<ul style="list-style-type: none"> <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 across the Trust has remained stable. There was a helpful and constructive discussion about how best to improve compliance. A specific item at SLF on accountability and cascade of information via the Executive Leadership Team (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>Challenges around managing timely communications and low engagement with EDI initiatives were recognized. The reasons for this as well as options for improvement were discussed, including escalation via the EDI Executive Lead at platforms such as SLF.</li> <li>It was acknowledged that the deadline for completion of this year's staff survey is approaching fast. Weekly diary reminders have been set up to encourage staff to take part.</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

<ul style="list-style-type: none"> <li>• It was confirmed that the Recruitment &amp; Retention Group had been stood down in light of the future merger. It was agreed that in the next months the focus should be on staff experience, increasing engagement and staff support as we work together towards the merger. It was agreed that the updated Terms of Reference for the Staff Engagement Programme Board would be circulated for e-approval following the meeting, incorporating the initiatives from the former R&amp;R Group.</li> <li>• A new ECP process was discussed whereby all requests are reviewed and approved by the ELT team during weekly sessions. Only roles linked with patient safety and income generation are excluded from the current recruitment freeze across the Trust.</li> <li>• It was noted that a representative/s from the new FTSU Guardian Service were not in attendance and should be invited to future Committee meetings. A discussion took place as to other useful meetings/events that could be used as a platform to promote their services across the Trust.</li> </ul>		
<p><b>2. Reflections</b></p> <ul style="list-style-type: none"> <li>• Assurance was given to the new ECP process and progress with EDI priorities. Praise and thanks were given to the Head of Culture and Inclusion for the high-quality EDI Annual Report, presented at the meeting.</li> <li>• There was acknowledgement of the contributions and hard work of the Director of Corporate Governance who is leaving the Trust at the end of November.</li> <li>• Staff engagement and support is a key priority during the transition period in the coming months.</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
<p><b>Summary of Decisions made by the Committee:</b></p>		
<p>E-approval of Staff Engagement Programme Board TOR – following the meeting</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</p>		

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS – Thursday 4 <sup>th</sup> December 2025					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Education and Training Committee	13 <sup>th</sup> November, 2025	Sal Jarvis, Non-Executive Director	Mark Freestone, Chief Education and Training officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	n/a	Agenda Item: 012			
<b>Assurance ratings used in the report are set out below:</b>					
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	
<b>The key discussion items including assurances received are highlighted to the Board below:</b>					
Key headline			Assurance rating		
<b>1. Merger Update</b>			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
<p>1.1. The DET Senior team is also supporting NLFT with their registration as an OfS Approved Provider following the merger scheduled in April. This process has been bumpy due to problems with the OfS portal and the pressure on OfS resources following the end of the moratorium on new registrations, but we have continued to discuss with OfS and do not anticipate a delay in the registration at present.</p> <p>1.2. On the week of 27<sup>th</sup> October, we received updated guidance from the University of Essex Partnerships team on the production of Codes of Practice (CoPs) on Freedom of Speech, now an OfS requirement for all providers, together with a copy of Essex's own CoP. The DET senior team will be working on drawing up a new CoP in the coming weeks using this information.</p>					
<b>2. Success Stories</b>			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
<p>2.1. I am very pleased to report that over 97% of our new students have enrolled onto their programmes of study for the 25/26 academic year, with 631 new learners now joining us. We also have an 88% re-enrolment rate, adjusted to 95% when intermissions are removed, comprising a further 755 to a total of 1506 students, an increase of 51 over 24/25 (1455) with another c.60 new students expected on the M23 (Social Work) programme with UEL. This is excellent news for the Trust from a sustainability perspective and challenges the accepted wisdom of a contracting HE market. I am very grateful to all our Course Leads, Marketing and Admissions colleagues for their hard work in delivering this excellent outcome.</p> <p>2.2. It was my great pleasure to host the Trust's 2025 graduation ceremony on 11<sup>th</sup> September at the People's Palace, QMUL, together with several</p>					

<p>Executive colleagues, the ETC Chair and the DET Senior Leadership team. Despite the Tube strike, this was a very well-attended event with over 130 graduates and their friends and families making for a full – and very noisy – great hall.</p> <p>The event itself was a delightful celebration of our students’ achievements, and their passion and gratitude for the support they receive from our staff was very clear; I had very positive feedback from everyone I spoke to on the day about the event. I am very grateful to our Operations team, including Isabelle, Julia, Lucy, Mike, Klevisa and colleagues for making this happen and am pleased to say we have confirmed dates for the next two years at QMUL so that students have plenty of time to plan their attendance and travel.</p>		
<p><b>3. Challenge Areas</b></p> <p>3.1. In preparing the annual submission to the Office for Students, colleagues in the Data Returns team found that, following their helpful, clarification of the Trust as not existing as a sub-contractor of the University of Essex, it was not possible for them to submit a calculation for Research England (formerly RDP) funding, currently valued at around £500k annually. Further exploration of this issue determined that the regulations changed sometime between the Trust’s registration with Research England in 2020/21 and the present day to restrict the claiming of funding to providers in the Approved (fee cap) category only.</p> <p>3.2. We have discussed this issue extensively with our partners at the University of Essex, who have been very supportive and suggested a number of possible mitigations and routes to eligibility. We agree that, assuming eligibility cannot be established, the likelihood of clawback is minimal as the claim has been reviewed by OfS, RE and Essex for the previous three years and extensively in 2024, resulting in a detailed change of the way the funding is claimed <i>qua</i> years of taught vs research programmes. It is early at this point to be optimistic about establishing eligibility but we are aware of other Approved-only providers locally who are receiving this funding.</p>	<p>Limited <input checked="" type="checkbox"/></p> <p>Partial <input type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	
<p><b>Summary of Decisions made by the Committee:</b></p>		
<ul style="list-style-type: none"> <li>Next Committee is 7/1/2026.</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>		
<p><b>Items to come back to the Committee outside its routine business cycle:</b></p>		
<ul style="list-style-type: none"> <li>Initial nominations of candidates for Honorary Doctorates to be approved by 20/11/2025</li> </ul>		
<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>

PFRC: To note ongoing challenges to making reasonable adjustments to the build environment for students requiring these, and to note Estates non-attendance at SESC and JSDG committees.	Ensure learning environment is fit for purpose.	13/11/2025
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CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS IN PUBLIC - 04 DECEMBER 2025					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Performance, Finance & Resources Committee	22 <sup>nd</sup> September 2025	Aruna Mehta, Non-Executive Director	Jonathan Bell, Interim Chief Finance Officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None	Agenda Item: 13a			
<b>Assurance ratings used in the report are set out below:</b>					
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	
<b>The key discussion items including assurances received are highlighted to the Board below:</b>					
Key headline			Assurance rating		
<b>1. Financial Performance at Month 5</b>  The Committee received a report from the Interim Chief Financial Officer setting out the financial performance at Month 4 and 5. Key messages include: <ul style="list-style-type: none"> <li>The Trust is reporting a year to Month 5 deficit of £3,733k, which is £1,098K adverse to the plan submitted to NHSE.</li> <li>The variance is largely driven by the loss of £2.6m in income from the National Training Contract (NTC) and shortfalls in Cost Improvement Plan (CIP) delivery.</li> <li>Pay costs are over plan, largely reflecting a shortfall in pay-related CIP due to delays in delivery and reliance on staff turnover.</li> <li>Members requested that all non-pay areas be reviewed to support efficiency targets.</li> <li>The cash request for September was reduced by 50% by NHSE. The current cash forecast projects a further cash support requirement of £2.17m in November. NHSE will not approve any further support until the Trust provides a plan for financial sustainability.</li> <li>The set up of a Cash Committee will be explored.</li> </ul>			Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>		
<b>2. Efficiency Programme and Land Sale</b>  <ul style="list-style-type: none"> <li>Cost Improvement Plan (CIP) delivery against the target remains a key area of focus and risk. The submitted breakeven plan is dependent on delivering a significant level of savings and other non-recurrent measures.</li> </ul>			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		

<ul style="list-style-type: none"> <li>The financial plan requires a net gain of £2.4m from the sale of Gloucester House. Members discussed the need for NED oversight and clarification on the technical accounting of the transaction.</li> </ul>		
<p><b>3. Risk and Governance Assurance</b></p> <ul style="list-style-type: none"> <li>The CFO's executive risk register identified three high-scoring financial risks (scoring 20 each): Insufficient cash flow; failure to deliver CIP and; failure to deliver break-even.</li> <li>Digital Metrics: The Committee was ASSURED that the digital metrics are fit for purpose.</li> <li>Business Continuity: Deadlines for Business Continuity Plans have been achieved, and the EPPR Audit provided reasonable assurance.</li> <li>System Oversight Framework (SOF 3): The Trust remains in Segment 3.</li> </ul>	<p>Limited <input type="checkbox"/>          Partial <input checked="" type="checkbox"/>          Adequate <input type="checkbox"/>          N/A <input type="checkbox"/></p>	
<p><b>Summary of Decisions made by the Committee:</b></p>		
<p>None</p>		
<p><b>Risks Identified by the Committee during the meeting:</b></p>		
<p>No New Risks</p>		
<p><b>Items to come back to the Committee outside its routine business cycle:</b></p>		
<p>No items</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></p>	<p></p>	<p></p>

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS IN PUBLIC - 04 DECEMBER 2025					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Extra-Ordinary Performance, Finance & Resources Committee	2 <sup>nd</sup> October 2025	Aruna Mehta, Non-Executive Director	Jonathan Bell, Interim Chief Finance Officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Appendices:</b>	None		<b>Agenda Item:</b> 13b		
<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>					
Key headline				Assurance rating	
<p><b>1. Financial Recovery and Cost Improvement Programme (CIP)</b></p> <ul style="list-style-type: none"> <li>The Committee reviewed the oversight of the Cost Improvement Programme (CIP) Plan, acknowledging the highly challenging financial targets.</li> <li>It was reported that CIP Governance processes are in place, including weekly Efficiency Programme Board meetings chaired by the CEO and supported by the business development and strategy team. Senior Responsible Owners (SROs) present progress on a rolling, four-weekly cycle.</li> <li>The original savings plan was £8.4 million, including £3.9m of CIP, £4.0m of non-recurrent measures and an increase in income from Tavistock Consulting. A further stretch target has been set to address the full year effect of 2024/25 recruitment and deliver a breakeven position. Delivery of the CIP targets is very challenging, particularly due to the high proportion of substantive staff combined with the lowest staff turnover rate among all NHS Mental Health trusts. Achieving workforce changes to meet CIP targets would require redundancies for which there is no funding.</li> <li>The savings plan does not incorporate any additional savings that would be required due to the loss of the National Training Contract (NTC). Unless the £2.6 million NTC income is recovered, the Trust faces a £2.6 million deficit as it has no capacity to deliver additional savings. A letter has been sent to NHSE regarding the withdrawal of the NTC funding and a meeting is planned to discuss mitigations to this loss.</li> <li>A Mutually Agreed Resignation Scheme (MARS) was discussed but is not being pursued due to concerns regarding its limited impact given the low staff turnover. Furthermore, the cost of MARS is prohibitive.</li> </ul>				Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	

<ul style="list-style-type: none"> <li>Recovery actions are in place, including a freeze on recruitment (unless it creates a risk to patient safety) and a non-pay oversight group is being set up.</li> <li>The Committee requested that quality impact assessments are added to the Quality and Safety Committee agenda in October and equality impact assessments are included in the EDI Programme Board Assurance Report.</li> </ul>		
<p><b>2. Asset Sale</b></p> <ul style="list-style-type: none"> <li>The financial plan for 2025/26 is reliant on key asset sales and the cash position remains precarious. The financial position assumes the completion of the sale of Gloucester House within the financial year. A red book valuation of the asset has been received, for both with and without planning permission. The Committee agreed that exploring the feasibility of obtaining planning permission within the necessary timeframe should be pursued.</li> <li>Relocation of the services current using Gloucester House entails upfront costs that could negatively impact this year's financial balance if the sale is not finalised by the end of the year.</li> <li>Engagement with the school, local authority, school governors, and parents of pupils transferring over has been positive.</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<p><b>3. Cash Position</b></p> <ul style="list-style-type: none"> <li>The receipt of Public Dividend Capital (PDC) in November is dependent on the Trust evidencing a sustainable financial position. The PDC decision is scheduled close to the current planned date for the merger Full Business Case submission date.</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<p><b>Summary of Decisions made by the Committee:</b></p>		
<p>None</p>		
<p><b>Risks Identified by the Committee during the meeting:</b></p>		
<p>No New Risks</p>		
<p><b>Items to come back to the Committee outside its routine business cycle:</b></p>		
<p>None Identified</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>The Committee requested that quality impact assessments are added to the Quality and Safety Committee agenda in October</p>	<p>Assurance</p>	<p>October 2025</p>

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS IN PUBLIC - 04 DECEMBER 2025					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Performance, Finance and Resources Committee	3 <sup>rd</sup> November 2025	Aruna Mehta, Non-Executive Director	Jonathan Bell, Interim Chief Finance Officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None	Agenda Item: 13c			
<b>Assurance ratings used in the report are set out below:</b>					
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	
<b>The key discussion items including assurances received are highlighted to the Board below:</b>					
Key headline			Assurance rating		
<b>1. Current Financial Performance (to Month 6)</b> <ul style="list-style-type: none"> <li>The financial position remains challenging, impacted by historical risks and dependent on future asset sale realisations.</li> <li>Month 6 Deficit: The Trust is reporting a year-to-date deficit of £3.996 million, which is £1.4million adverse to the submitted plan.</li> <li>The adverse variance stems from income loss (National Training Contract - NTC) and non-pay deficits. A significant portion of the adverse non-pay variance (£672K) is attributed to phasing misalignment related to provision releases (PCPCS/NCL provision) that is expected to phase out over the next six months. Other unanticipated costs included an unfunded VAT liability adjustment (£115K) and redundancy for the decommissioned Surrey Mindworks contract.</li> </ul>			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
<b>2. Year-End Forecast</b> <ul style="list-style-type: none"> <li>The Committee received a paper on the year-end forecast: The likely scenario forecast projects a Year-End deficit of around £5.0million of which £2.6m relates to the loss of the NTC and £2.4m is slippage on CIP and additional in-year pressures.</li> <li>The reported Month 6 deficit (and the likely forecast) assumes the completion of the sale of Gloucester House, which is intended to deliver a gain of approximately £2.4million in the second half of the year (originally planned for January).</li> </ul>			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
<b>3. Cost Improvement Programme</b> <ul style="list-style-type: none"> <li>Achieving the Cost Improvement Programme (CIP) target is highly challenging. Pay savings would require redundancy costs, which are problematic to implement due to proximity to the merger TUPE process</li> </ul>			Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>		

<p>and cost. The possibility of implementing a voluntary redundancy scheme funded by transaction monies is being discussed with NLFT.</p>	
<p><b>4. Cash Position and Contingency Planning</b></p> <ul style="list-style-type: none"> <li>The short-term cash outlook remains very challenging, requiring external working capital support.</li> <li>Cash Support Application: An application for £2.1million in cash support for November has been submitted to NHSE and the Trust is currently awaiting the decision.</li> <li>NTC Income Recovery: It was reported that Management is working with NHSE to find a solution to the £2.6million income loss in 2025/26 that is currently reflected in the forecast</li> </ul>	<p>Limited <input type="checkbox"/>          Partial <input type="checkbox"/>          Adequate <input checked="" type="checkbox"/>          N/A <input type="checkbox"/></p>
<p><b>5. Estates Update</b></p> <ul style="list-style-type: none"> <li>Progress is being made in critical areas related to the merger with NLFT.</li> <li>Estates Capital: The majority of capital expenditure since 2021 has focused on asset replacement (e.g., new library, lifts). The Six-Facet Survey reports that the Trust's estate carries an asset level of risk C, with 73% of the estate in Condition C. This report will be shared with NLFT for due diligence purposes.</li> <li>The committee received a report from Tavistock Consulting setting out risks in relation to financial performance against plan in 2025/26, along with an assessment of the growth challenges and options for an operating model for delivering a financial contribution to the Trust. The committee asked the Executive to work with NLFT on a strategic plan (including a SWOT analysis) for growing the TC business in future, to report back into the Board in January.</li> </ul>	<p>Limited <input type="checkbox"/>          Partial <input type="checkbox"/>          Adequate <input checked="" type="checkbox"/>          N/A <input type="checkbox"/></p>
<p><b>6. IT/Digital and Risk Management</b></p> <ul style="list-style-type: none"> <li>The Committee received a report on the Digital initiatives and were pleased to hear that these initiatives are advancing, with a strong focus on alignment with the merger partner and efficiency.</li> <li>The Trust has achieved re-accreditation for Cyber Essentials for another 12 months and discussions are underway with NLFT regarding maintaining accreditation post-merger.</li> <li>The Trust is exploring the use of AI and an AI steering group is looking at the use of Copilot in Microsoft Office and piloting ambient voice technology (AVT) for clinical note-taking. The steering group will ensure that any AI initiatives meet clinical and data safety requirements and will prohibit the use of tools that store data outside the UK. The adoption of these tools is expected to deliver future efficiency gains.</li> <li>Clinical Systems: The plan to migrate the existing Care Notes system to the Rio system used by NLFT is targeted for the end of 2026. This project involves complex data migration and staff training requirements.</li> </ul>	<p>Limited <input type="checkbox"/>          Partial <input type="checkbox"/>          Adequate <input checked="" type="checkbox"/>          N/A <input type="checkbox"/></p>
<p><b>7. Contracts Risk Overview:</b></p> <ul style="list-style-type: none"> <li>The committee received a report on current contract risk and was assured on contract performance metrics and that contract risks are being actively managed. The Committee requested that future contract</li> </ul>	<p>Limited <input type="checkbox"/>          Partial <input type="checkbox"/>          Adequate <input checked="" type="checkbox"/>          N/A <input type="checkbox"/></p>

<p>risk reporting explicitly include contract values, noting that the highest current risk score (5) represents over £1million in risk.</p>		
<p><b>8. Governance and Administration</b></p> <ul style="list-style-type: none"> <li>Minor updates to the PFRC ToR were approved, notably clarifying the Committee's role to oversee cash management policies, not develop them.</li> <li>Minutes for the September 22 meeting and the extra-ordinary meeting on October 2 PFRC meetings were approved.</li> <li>The Committee noted an escalation from the Quality and Safety Committee regarding outstanding CQC recommendations related to Health and Safety and the action was logged for follow-up at the next meeting.</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>None</p>		
<p><b>Risks Identified by the Committee during the meeting:</b></p>		
<p>None</p>		
<p><b>Items to come back to the Committee outside its routine business cycle:</b></p>		
<p>None</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>

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 04 December 2025			
Report Title: Finance Report - As of 30 <sup>th</sup> Sep 25 (Reporting Month 06)			Agenda No.: 014
Report Author and Job Title:	Hanh Tran, Deputy Chief Finance Officer	Lead Executive Director:	Jon Bell, Interim Chief Financial Officer
Appendices:	None		
<b>Executive Summary:</b>			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/>		
Situation:	The report provides the Month 06 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> 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 £3,966k, which is £1,404k, 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 in 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> The approved capital expenditure limit for 2025/26 is £2.774m. As in Month 6, actual capital spend is £1.086m, which is below the planned profile of £2.099m. The variance is largely attributable to phasing delays, with most capital projects expected to commence from Month 6 onwards. The full-year capital spend is expected to remain in line with plan.</p> <p><b>Cash</b> Cash flow remains under significant pressure. As of Sep 2025, the Trust had a cash balance of £910k, equating to 5 days of operating expenditure.</p> <p>For September, the Trust requested £1.028m and only secured £500k in approved cash support from DHSC. The receipt of an outstanding debtor 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. The Trust submitted an application on the 10<sup>th</sup> October for the £2.170 PDC cash support required in November and the support was confirmed in full on the 10<sup>th</sup> November. The total cash support required for the year remains at £4.266m, reflecting both the impact of the £2.6m loss of income from the National Training Contract and the Trust's constrained underlying cash position.</p>		

<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"/>		
	<p><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.</p> <p><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.</p>				
<b>Legal and Regulatory Implications:</b>	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
	It is a requirement that the Trust submits an annual Plan to the ICS and monitors and manages progress against it.				
<b>Resource Implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	There are no resource implications associated with this report.				
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	There are no DEI 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>	Performance and Finance Committee (3 <sup>rd</sup> November 2025) Board of Directors (20 <sup>th</sup> November 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: No assurance is required</b>
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**Report Title: Finance Report 25/26 – Year to 30<sup>th</sup> Sep2025 (Reporting Month 06)**

**1. Overview**

The table below shows a summary of the Trusts reported cumulative position against its agreed financial plan for the month ended 30<sup>th</sup> September 25.

<b>Financial Reporting Summary - Month 06 2025/26 (compared to submitted plan)</b>			
<b>£'000</b>	<b>Sep-25</b>	<b>Sep-25</b>	<b>Sep-25</b>
	<b>YTD Plan</b>	<b>YTD Actual</b>	<b>YTD Variance</b>
Income	29,126	28,641	(485)
Pay	(25,619)	(25,780)	(161)
Non-Pay	(5,991)	(6,757)	(766)
Non-Operating Expenditure	(108)	(100)	8
<b>TOTAL Provider Surplus/(Deficit)</b>	<b>(2,592)</b>	<b>(3,996)</b>	<b>(1,404)</b>

The Trust closed Month 6 with a year-to-date deficit of £3.996m, £1.404m adverse to plan.

Performance is driven by three factors:

- (i) a structural loss of income following cessation of the National Training Contract (NTC)
- (ii) slippage in the efficiency (CIP) programme across pay
- (iii) phasing/technical effects within non-pay and provisions.

These pressures have been partly offset by favourable ERF phasing and unplanned allocations (notably the NCL block), alongside tight control of agency usage and release of legacy provisions.

Cash remains constrained at £0.91m (~5 days' operating cost), with approved PDC support in August/September and a further £2.17m approved for November.

There are no material balance-sheet movements this month; the capital programme is behind profile but expected to accelerate in the second half.

**2. Income – Month 6 (YTD)**

**2.1 Position**

- YTD income £28.641m vs plan £29.126m — £485k adverse.

- The variance is structural in nature (loss of NTC - £1.3m YTD, £2.6m FYE) with partial in-year offsets (ERF phasing and unplanned allocations, partly off-set by costs).

### 3. Pay

#### 3.1 Substantive pay

Pay is £161k over plan year-to-date. The variance is mainly driven by a £298k shortfall on pay-related CIP, reflecting delivery slippage and reliance on natural staff turnover. There is also a £74k one-off pension cost for Gloucester House teaching staff, and an overspend on bank of £67k to cover vacancies.

These pressures were partly mitigated by:

- a £235k release of clinical provisions, and
- £43k additional capitalised staff costs in I&MT and Capital Accounting compared with plan.

#### 3.2 Agency cost position

Agency spend: £288k, £6k above plan. Overall agency use remains under tight control, supported by pre-approval and greater use of fixed-term contracts to cover gaps. While helpful, this does not fully offset the pay CIP shortfall.

The pay variance is consistent with the wider I&E picture: efficiency delivery remains the key risk into 2<sup>nd</sup> half of the financial year. The immediate focus is to tighten establishment controls, time-limit bank/agency cover and deliver confirmed pay CIPs to reduce the run-rate.

Assurance: monthly review of vacancy factors and CIP delivery by scheme/owner, with corrective actions agreed through PFRC or ELT where slippage is identified.

### 4. Non pay

#### 4.1 Non Pay Position.

Non-pay is £766k over plan YTD. The variance is almost entirely explained by one-off/technical items and timing, partly offset by delivery of non-pay

#### 4.4 Actions to deliver H2:

- Seek commissioner contribution for Surrey decommissioning costs
- identify line-item offsets (consultancy, training, travel) via non pay oversight group (NPOG).
- Tighten spend controls: maintain No-PO/No-Pay, catalogue-first, and pre-approvals (consultancy, training, events, subscriptions). Use directorate envelopes with recovery next month for any overshoots.
- Procurement levers: top-supplier re-price (2–3%), consolidate maintenance contracts, and T-90 licence renewals to remove idle/duplicate subscriptions.

### 5. Non-Operating Costs

Operating non-pay costs for the period were £100k, which is £8k better than the planned figure.

## 6. Cash

As at 30<sup>th</sup> Sep 2025 (Month 6), the Trust's cash position remains under significant strain. The reported cash balance is £910k, equivalent to 5 days of operational expenditure, highlighting a critically low liquidity position.

PDC Cash support received to date total £2.096m (£1.582 Aug 2025 and 0.514m Sep 2025). Payments due in November total c. £5.384m, against inflows of c. £3.0m, creating a gap of c. £2.384m. To maintain payroll and statutory/critical supplier payments, the Trust requires £2.170m Working Capital Support PDC in November. PDC cash support application was submitted the Trust was notified on 10<sup>th</sup> November that the request has been approved in full.

### 6.1 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	Approved	Supports operational pressures and delays in contract income. Revised to reflect 50% reduction in Sept-25

Total cash support required for the year remains at £4.266m, aligned to earlier forecasts and inclusive of the impact of the £2.6m loss in income from the National Training Contract.

The cash request of £1.02m for September was reduced to £0.5m 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 and this has been confirmed.

## 7. Balance Sheet

No movements of note to report at Month 06.

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS IN PUBLIC - 04 DECEMBER 2025					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Integrated Audit and Governance Committee	16 <sup>th</sup> September 2025	Ken Batty, Non-Executive Director	Jonathan Bell, Interim Chief Finance Officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None		Agenda Item: 11		
<b>Assurance ratings used in the report are set out below:</b>					
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	
<b>The key discussion items including assurances received are highlighted to the Board below:</b>					
Key headline			Assurance rating		
<b>1. Overall Assurance and Key Direct Feedback to the Board</b> The Chair noted specific feedback to be incorporated into the Assurance Report to the Board: <ul style="list-style-type: none"> <li>Review of the risk register at Board level is required, focusing on key areas in light of the merger.</li> <li>The Committee noted a positive picture for the Trust, with the number of concerns having reduced greatly and effective resolutions being implemented. Members praised the hard work at Executive Level and within the teams.</li> </ul>			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
<b>2. Internal Audit Oversight</b> The Committee received reports from the internal auditors in the following areas: <ul style="list-style-type: none"> <li>Emergency Planning and Preparedness Report (EPPR): This review provided reasonable assurance and a positive picture regarding the Trust's arrangements for business continuity. An action plan was agreed to ensure roles, responsibilities, and key plans are clearly understood and shared with staff.</li> <li>Data Security Protection Toolkit (DSPT): The finalised report noted significant challenges regarding management assessment and evidence of compliance. An action plan was agreed, and 11 of the 12 actions have been implemented. The issue is not systemic across the entire business, and management maintains a strong position on follow-up.</li> <li>Audit Delivery: Internal Audit is overall confident the plans will be delivered on time to inform the Head of Internal Audit Opinion.</li> <li>Overdue Actions: There are two overdue actions (one medium, one high) that have been shared and continue to be progressed and monitored at the Executive level.</li> </ul>			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		

<p>The Committee approved the Updated Internal Audit Plan for 2025/26.</p>	
<p><b>3. External Audit Oversight</b> The Committee received and discussed the External Audit Report.</p> <ul style="list-style-type: none"> <li>• Planning and risk assessment procedures are scheduled for January 2026, with final fieldwork planned between May and June 2026.</li> <li>• It was noted that the External Audit process this year will be different given the post-merger context. It was agreed that the Interim Chief Finance Officer will liaise with NLFT counterparts to discuss the continuation of the External Audit post-merger to ensure a smooth transition.</li> </ul>	<p>Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p><b>4. Risk and Governance</b> The Committee received and noted the Oversight of Board Assurance Framework and Corporate Risk Register.</p> <ul style="list-style-type: none"> <li>• Members raised concern over the Trust’s overall risk picture, questioning whether it accurately reflects the position ahead of the merger, particularly given the loss of the National Training Contract.</li> <li>• The Committee asked that the Executive Leadership Team (ELT) review the full risk register and scoring in light of the merger and escalate findings to the Board.</li> <li>• One new risk (BAF Risk 16) was added relating to the National Training Contract.</li> <li>• Corporate Risk Register (CRR) Development: Development of a robust CRR has been slow due to a capacity gap in the Corporate Governance team since May 2025. Recruitment for a Risk Manager is expected to be completed during Q3 2025/26.</li> <li>• The Committee also received and noted the Executive Portfolios Risk and Control Assessment, with identified operational risks to be transferred to the RADAR System to inform the robust CRR development ahead of the merger.</li> </ul>	<p>Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p><b>5. Information Governance (Annual Report 2024/25)</b> The Committee received and noted the Annual Information Governance Report 2024/25.</p> <ul style="list-style-type: none"> <li>• The Trust submitted a “standards met” Data Security and Protection Toolkit for 2024/25, demonstrating good data security practice.</li> <li>• Response compliance rate for FOI requests was 99% for 2024/25, meeting the ICO performance measure.</li> <li>• 48 confidentiality incidents were recorded during 2024/25 (mostly human error), and none reached the threshold to report to the Information Commissioner’s Office (ICO).</li> <li>• Significant improvements were made in relation to Subject Access Request (SAR) compliance.</li> </ul>	<p>Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>
<p><b>6. Counter Fraud and Financial Administration</b> The Committee received and discussed the Local Counter Fraud Progress Report.</p>	<p>Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>

<ul style="list-style-type: none"> <li>The review found the Trust's Declarations of Interest policies and processes were positive, yielding no actions. However, the review identified several instances where interests or gifts/hospitality had not been declared and recorded by staff.</li> <li>An action was agreed for a wider publicity campaign to ensure staff awareness of their responsibilities regarding declarations.</li> <li>Five new referrals related to dual working and payroll matches are currently at the point of enquiry.</li> </ul>		
<p><b>7. Financial and Debt Reporting</b></p> <ul style="list-style-type: none"> <li>The Committee received and noted reports on Aged Debtors, Single Tender Waivers and Salary Overpayments</li> </ul>	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<p><b>Summary of Decisions made by the Committee:</b></p>		
<p>A wider publicity campaign to be undertaken to ensure staff awareness of their responsibilities regarding declarations of interest</p>		
<p><b>Risks Identified by the Committee during the meeting:</b></p>		
<p>None identified</p>		
<p><b>Items to come back to the Committee outside its routine business cycle:</b></p>		
<p>No Items</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>Review of the risk register at Board level is required, focusing on key areas in light of the merger.</p>		<p>TBD</p>

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 04 December 2025					
Report Title: Public Council of Governors Annual Schedule of Business 2025/26				Agenda No.: 017	
Report Author and Job Title:	Rhiannon Adey, Interim Deputy Company Secretary	Lead Executive Director	Dorothy Otite, Director of Corporate Governance (Interim)		
Appendices:	Appendix 1: Public CoG Annual Schedule of Business 2025/26				
<b>Executive Summary:</b>					
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:	This report provides the Public Council of Governors Annual Schedule of Business for 2025/26 (attached as Appendix 1) for information.				
Background:	<p>It is good corporate governance practice for the Council of Governors to agree a forward plan of its activities for the financial year. This was agreed by the Council in March 2025.</p> <p>The Schedule of Business is a 'live' document and may be amended by the Council during the year to align with business needs.</p>				
Assessment:	<p>There have been <b>no changes</b> to the Schedule of Business since the last Council of Governors meeting.</p> <p>In future reports, any changes to the Schedule of Business would be highlighted in the appendix as follows:</p> <ul style="list-style-type: none"> <li>• Agenda items – highlighted in red font.</li> <li>• Deferred papers – noted as 'D' under the relevant month of the meeting.</li> <li>• Discontinued paper – noted as 'X' under the relevant month of the meeting.</li> </ul>				
Key recommendation(s):	The Council of Governors is asked to <b>NOTE</b> the Public CoG Schedule of Business for 2025/26.				
<b>Implications:</b>					
<b>Strategic Ambitions:</b>					
<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant <a href="#">CQC Quality Statements</a> (we statements) Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Alignment with Trust Values:	Excellence <input checked="" type="checkbox"/>	Inclusivity <input checked="" type="checkbox"/>	Compassion <input checked="" type="checkbox"/>	Respect <input checked="" type="checkbox"/>	
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>	CRR <input type="checkbox"/>	ORR <input type="checkbox"/>		

	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, May and October 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	Board / Committee / Meeting		
Agenda Item	Category ▼	Sponsor / Lead ▼	May ▼	Oct ▼	Dec ▼	Mar ▼	Previous committee/group ▼	Onward approval ▼	Agenda Section ▼	Frequency ▼
<b>Date of Meeting</b>			29-May	09-Oct	04-Dec	12-Mar				
<b>Paper Deadline</b>			15-May	25-Sep	20-Nov	26-Mar				
<b>Standard monthly meeting requirements</b>										
<b>Opening / Standing Items (every meeting)</b>										
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
<b>Closing Matters (every meeting)</b>										
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
<b>Quarterly (4)</b>										
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		Board / Committee / Meeting			
Agenda Item	Category ▼	Sponsor / Lead ▼	May ▼	Oct ▼	Dec ▼	Mar ▼	Previous committee/group ▼	Onward approval ▼	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