

## Meeting Book - Council of Governors in Public - Thursday 26 March

### AGENDA

00a COG Mar26 Front Page Part 2.docx

00b CoG Agenda 26 March 2026 Public Part 2 FINAL.docx

### OPENING ITEMS

001. Welcome and Apologies for Absence

002. Confirmation of Quoracy

003. Council of Governors' Declarations of Interest

003 Copy of Register of Governor Interests - 2025-26 Updated  
050126.pdf

004. Minutes of the Previous Meeting held on 04 December 2025

004 UNCONFIRMED Minutes of the Meeting of Council of Governors  
held in Public on 4th December 2025 v2.docx

005. Matters Arising from the Minutes and Action Log Review

006 Action Log of the Public Council of Governors - Updated March  
2026.pdf

006. Legacy video

007. Chair, Chief Executive and Lead Governor Report

### PROVIDING OUTSTANDING PATIENT CARE

008. Quality and Safety Committee (QSC) Handover Report

008 QSC Committee handover.docx

008a QSC Annual Report 25-26 TW RA EC.docx

008a. Quality and Safety Committee (QSC) Governors observers'  
feedback

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

009. People, Organisational Development, Equality, Inclusion and  
Diversity Committee (POD EDI) Handover Report

009 POD EDI Committee handover 2 - 17 March 2026.docx

009a POD\_EDI\_Annual\_Report.docx

009a. People, Organisational Development, Equality, Diversity and  
Inclusion Committee (POD EDI) Governor observers' feedback

### ENHANCE OUR REPUTATION AND GROW AS A LEADING local, regional, national & international provider of training & education

010. Education and Training Committee (ETC) Handover Report

010 ET Committee handover.docx

010a ETC Annual Report 2025-26.docx

010a. Education and Training Committee (ETC) Governor  
observers' feedback

### IMPROVING VALUE, PRODUCTIVITY, FINANCIAL AND ENVIRONMENTAL SUSTAINABILITY

011. Performance, Finance and Resources Committee (PFRC)  
Handover Report

011 PFR Committee handover 2 - 23 March 2026.docx

011a PFR Annual Report 2025-26 RA.docx

011a. Performance, Finance and Resources Committee (PFRC)  
Governor observers' feedback

012. Integrated Audit and Governance Committee (IAGC) Handover Report

012 IAG Committee handover 2 - 25 March 2026.docx

012a IAGC Annual Report 2025-26 TW.docx

012a. Integrated audit and Governance Committee (IAGC)  
Governor observers' feedback

CLOSING ITEMS

013. Questions from the Public

014. Any other business (including any new risks arising during the meeting)

015. Reflections and Feedback from the meeting

# **Council of Governors' Part Two**

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

**Thursday, 26<sup>th</sup>  
March 2026**

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

**MEETING OF THE COUNCIL OF GOVERNORS – PART TWO  
HELD IN PUBLIC  
THURSDAY, 26 MARCH 2026 2.00 – 4.00P.M.  
BOARD ROOM, TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST  
AND VIRTUALLY VIA MS TEAMS**

**Living our values:**



**AGENDA**

26/03	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	2.00 (5)	
002	Confirmation of Quoracy	Information	Aruna Mehta, Chair	V		
003	Council of Governors' Declarations of Interest	Information	Aruna Mehta, Chair	E		
004	Minutes of the Previous Meeting held on 4 December 2025	Approval	Aruna Mehta, Chair	E	2.05 (5)	
005	Matters Arising from the Minutes and Action Log Review	Approval	Aruna Mehta, Chair	E	2.10 (5)	
006	Legacy video	Information	Aruna Mehta, Chair	V	2.15 (5)	
007	Chair, Chief Executive and Lead Governor Report	Discussion	Aruna Mehta, Chair; Michael Holland, Chief Executive Officer and Kathy Elliott, Lead Governor	V	2.20 (20)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>Comfort Break (5 minutes) 2.40pm – 2.45pm</b>						
<b>PROVIDING OUTSTANDING PATIENT CARE</b>						
008	Quality and Safety Committee (QSC) Handover Report	Assurance	Claire Johnston, QS Committee Chair	E	2.45 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
		Discussion	Observer: Kathy Elliott, QSC	V	2.50 (5)	

	Quality and Safety Committee (QSC) Governor observers' feedback		Governor Observer			
<b>DEVELOPING A CULTURE WHERE EVERYONE THRIVES</b> with a focus on equality, diversity and inclusion						
009	People, Organisational Development, Equality, Inclusion and Diversity Committee (POD EDI) Handover Report	Assurance	Shalini Sequeira, POD EDI Committee Chair	E	2.55 (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	3.00 (5)	
<b>ENHANCE OUR REPUTATION AND GROW AS A LEADING</b> local, regional, national & international provider of training & education						
010	Education and Training Committee (ETC) Handover Report	Assurance	Sal Jarvis, E&T Committee Chair	E	3.05 (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	3.10 (5)	
<b>IMPROVING VALUE, PRODUCTIVITY, FINANCIAL AND ENVIRONMENTAL SUSTAINABILITY</b>						
011	Performance, Finance and Resources Committee (PRFC) Handover Report	Assurance	Sabrina Phillips, PFR Committee Vice-Chair	E	3.15 (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	3.20 (5)	
012	Integrated Audit and Governance Committee (IAGC) Handover Report	Assurance	Ken Batty, IAGC Committee Chair	E	3.25 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	Integrated Audit and Governance Committee (IAGC) Governor observers' feedback	Discussion	Observer: Natalia Barry, IAGC Governor Observer	V	3.30 (5)	
<b>CLOSING ITEMS</b>						
013	Questions from the Public	Discussion	Aruna Mehta, Chair	V	3.35 (5)	
014	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		
015	Reflections and Feedback from the meeting	Discussion	Aruna Mehta, Chair	V		

REGISTER OF GOVERNOR INTERESTS - 2025/26 (LAST UPDATED 05/01/26)						
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) December 2025 (2nd term)	NIL RETURN			
Sebastian Kraemer	Rest of London	December 2022 (1st term) December 2025 (2nd 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 Hospital 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 healthtrata, 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			
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 Co-Chair of Voluntary Action Camden (3)	Dec-25	present	Stakeholder Governor representing Voluntary Action Camden
			Trustee and Vice Chair of Voluntary Action Camden (3)	Sep-20	Dec-25	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
Annecy Lax	Stakeholder - University of Essex	March 2025 (1st term)	NIL RETURN			
Councillor Anna Wright	Stakeholder - Camden	April 2025 (1st term)	NIL RETURN			

NAME	POSITION HELD (INCLUDING CONSTITUENCY)	FIRST APPOINTED	DESCRIPTION OF INTERESTS DECLARED	RELEVANT DATES		DECLARATION COMMENTARY
				FROM	TO	
	Council					
<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	
Maisam Dato	Staff - Admin & Technical	December 2022 (1st term)	NIL RETURN			
Robert Waterson	Stakeholder - University of East London)	December 2022 (1st term)	NIL RETURN			
<b>Categories:</b>						
<b>1</b>	Directorships including non-executive directorships, held in private companies or PLCs (with the exception of directorships of dormant companies)					
<b>2</b>	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS					
<b>3</b>	Position(s) of authority in a charity or voluntary organisation in the field of health and social care					
<b>4</b>	Any connection with a voluntary or other body contracting for NHS services					
<b>5</b>	Any connection with an organisation, entity or company considering entering into, or having entered into, a financial arrangement with the Trust, including but not limited to lenders or banks					

**UNCONFIRMED MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS  
HELD IN PUBLIC  
THURSDAY 4<sup>th</sup> DECEMBER 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:**

Aruna Mehta	Trust Chair and Chair of the Council of Governors	AM
Sheena Bolland	Public Governor	SB
Kathy Elliott	Stakeholder Governor and Lead Governor	KE
Stephen Frosh	Public Governor	SF
Paru Jeram	Staff Governor	PJ
Anne Lax	Stakeholder Governor, University of Essex	AL
Peter Ptashko	Public Governor	PP
Pauline Williams	Staff Governor	PW
Anna Wright	Stakeholder Governor, Local Authority	AW

**IN ATTENDANCE:**

Michael Holland	Chief Executive	MH
Ken Batty	Non-Executive Director	KB
Rod Booth	Director of Strategy and Business Development	RB
Mark Freestone	Chief Education and Training Officer	MF
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
Terry Willows	Acting Director of Corporate Governance	TW
Rhiannon Adey	Interim Deputy Company Secretary (Minutes)	RA

**APOLOGIES:**

Michael Arhin-Acquaah	Public Governor	MAA
Natalia Barry	Public Governor	NB
Maisam Dato	Staff Governor	MD
Roswitha Dharampal	Public Governor	RD
Sebastian Kraemer	Public Governor	SK
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.	
002	<b>CONFIRMATION OF QUORACY</b>	
	The Chair confirmed the meeting was quorate.	
003	<b>DECLARATIONS OF INTEREST</b>	
	KE updated the Council that she had a new position as Co-Chair of Voluntary Action Camden. TW noted that he was Director of	

	Corporate Governance at North London NHS Foundation Trust (NLFT) working under a service level agreement for the Tavistock and Portman NHS Foundation Trust (TPFT).	
004	<b>DEPARTMENT OF EDUCATION AND TRAINING</b>	
	<p>MF highlighted that the merger plans for the Department of Education and Training (DET) were a lift and shift approach with a similar structure to the department at TPFT. The Office for Students registration would be retained as there would be no material changes to the student experience. Consultation would be undertaken with the student body around the merger and a Student Protection Plan was in place.</p> <p>The loss of the National Training Contract with NHS England would result in some structural changes which would be discussed at the Education and Training Committee in January. MF noted that there were many options available through greater partnership working, closing some courses and developing new courses.</p> <p>The consultation around the merger would happen through several channels. This would involve the Student Experience Group that has a number of student representatives as members. Consultation was also being undertaken through course channels for the leadership and organisational development training. A frequently asked questions document was being created and there were regular Dean's Forums available to all students.</p> <p>Concerns were raised about the retention of the Tavistock identity and brand. It was noted that NLFT have acknowledged the importance of brand retention. SJ commented that the focus on reputation would impact future students as well as current students.</p> <p>SF queried how teaching staff had been engaged. MF noted a parallel process had been undertaken in DET with town hall meetings taking place for staff. RB and MF will present a proposal to the Board in December on staff engagement.</p> <p>SB highlighted that concerns had been raised to her about whether students would still be able to apply for courses under the Tavistock name and whether this would be communicated to prospective students. MF noted the concern, however, this was not currently known. AM commented that presentations from the Chief Executive at NLFT had been titled Tavistock @ NLFT and work needed to be undertaken to communicate this message.</p> <p>It was queried whether the merger had impacted applications for the next academic year. This should be known by January.</p>	
005	<b>FREEDOM TO SPEAK UP</b>	

	<p>MF introduced the new Freedom to Speak Up Guardian service which was now an external service which ensured independence. The new service provides regular assurance reports to the Board. A number of concerns had already been received by the service which has shown staff engagement, and the concerns were rapidly escalated within the organisation.</p> <p>The Freedom to Speak Up Guardians were frequently on site and had created flyers with a QR code for staff to easily access.</p> <p>KB and CJ were NED Champions for Freedom to Speak Up and noted feeling reassured by the new service with a 48 hour response time for low-level concern. It was noted that previous staff survey results for speaking up had been low and it was expected that this would improve, however, the 2025/26 staff survey was released at the time the service started so any notable improvement would be for the 2026/27 results.</p> <p>TW noted that at The Guardian Service presented to the NLFT Board of Directors which had elevated the process.</p> <p>The Council thanked MF for his work to improve the Freedom to Speak Up Guardian Service.</p>	
006	<b>MINUTES OF THE PREVIOUS MEETING HELD ON 09 OCTOBER 2025</b>	
	A minor amendment was requested to the minutes; the initials SB should be amended to SF at item 009 Governor Terms of Office update. Subject to the amendment being made the minutes were <b>APPROVED</b> .	
007	<b>MATTERS ARISING AND ACTION LOG</b>	
	The open actions were <b>APPROVED</b> for closure.	
008	<b>CHAIR AND CHIEF EXECUTIVE'S REPORT</b>	
	<p>MH took the report as read highlighting future industrial action by resident doctors. A 10-point plan to improve resident doctors working lives had been approved by the Board of Directors and an update on the action plan would be presented to the Board of Directors in January and reported to a future Council of Governors meeting.</p> <p>It was noted that Frances O'Callaghan had been appointed as the CEO of NHS Blood and Transplant so a new CEO would be announced for the joint North Central London and North West London Integrated Care Boards.</p> <p>KE queried whether there would be a decrease in the Children and Young People's Mental Health Service in Camden through the North Central London Partnership. It was noted that the focus would be on</p>	

	<p>expanding the i-Thrive model across the other boroughs and shared learning.</p> <p>It was noted that 48% of staff had completed the staff survey which was a reduction on the percentage completed last year, however, this may have been impacted by the planned merger by acquisition.</p> <p>The Gloucester House building was on the market with offers expected to be received within the next week. The plan to move the school to the La Sainte Union site continues, however, there is work required at the new site which the Trust is working with local authority to deliver. The school will be able to remain at the Gloucester House site for a period of time after the sale whilst the work at La Sainte Union is completed.</p> <p>It was noted that further cash support had been requested for January which will be repaid through the sale of the Gloucester House site.</p>	
009	<b>SUMMARY REPORT ON QUALITY AND PERFORMANCE</b>	
	<p>RB noted that improvement work continues on the Gender Identity Clinic pathway with feedback received from NHS England regarding Did Not Attend. It was acknowledged that waiting times remain an issue for the Trust.</p> <p>The Council of Governors <b>NOTED</b> the Summary Report on Quality and Performance.</p>	
010	<b>QUALITY AND SAFETY COMMITTEE (Q&amp;S) ASSURANCE REPORT AND GOVERNOR OBSERVER FEEDBACK</b>	
	<p>CJ noted that the Levy report was expected to be released imminently.</p> <p>The Quality and Safety Committee had received an update from the trauma service who are in targeted support, particularly around their waiting times. The wait for first appointment is reducing, however, there is more work to do. The service had seen other improvements in communications and were working on referral criteria. National referrals had been escalated to NHS England and it was noted that the service appreciated the support they had been given by the Chief Nursing Officer and the Interim Joint Chief Medical Officers.</p> <p>The Committee had received an in depth report on the Patient and Carer Race Equality Framework which provided clarity around the strategy and highlighted progress in all areas. The Interim Joint Chief Medical Officers were working with colleagues in NLFT and focusing on the community which could be supported by KE and AW in their stakeholder governor roles. CJ highlighted that some services were excelling in ensuring access for minority groups.</p>	

	<p>KE commented that it was fantastic to see the improvements that had been made and had attended the Patient and Carer Race Equality Group which was well attended. KE noted that it was useful to understand the context of the work and was making links to how this can be taken forward with the community. It was also noted that the annual report for patient and public involvement should be shared with NLFT for learning going forward into the merger.</p> <p>SF noted that a new risk had been identified relating to shared care arrangements between the gender identity clinic and primary care. LS is meeting with the GP Lead from NHS England to talk this through.</p> <p>The Council of Governors <b>NOTED</b> the contents of the Quality and Safety Committee Assurance Report.</p>	
011	<p><b>PEOPLE, ORGANISATIONAL DEVELOPMENT, EQUALITY, INCLUSION AND DIVERSITY (POD EDI) COMMITTEE ASSURANCE REPORT AND GOVERNOR OBSERVER FEEDBACK</b></p>	
	<p>SS took the paper as read, noting that Kasia Parfenyuk had attended which was useful in providing both an external and NLFT perspective.</p> <p>The Committee received an Equality, Diversity and Inclusion report which highlighted successes but noted that there was further work to do. It was noted that there should be further focus on communicating the successes.</p> <p>The staff networks had raised an issue regarding distribution of communications which had been impacted by merger priorities.</p> <p>SS noted that the Freedom to Speak Up Guardians would be in attendance at the next meeting to enable a richer discussion on their work.</p> <p>It was noted that staff were feeling anxious regarding the merger and the Deputy Chief People Officer had been asked to develop a plan of support for staff during this time.</p> <p>PW noted as the Chair of the Race Equality Network that observing the Committee provides assurance that work is progressing.</p> <p>The Council of Governors <b>NOTED</b> the contents of the People, Organisational Development, Equality, Diversity and Inclusion Committee Assurance Report.</p>	
012	<p><b>EDUCATION AND TRAINING COMMITTEE (ETC) ASSURANCE REPORT AND GOVERNOR OBSERVER FEEDBACK</b></p>	
	<p>SJ took the paper as read noting a letter had been received from the Office for Students setting out their priorities for the coming year which were relevant to TPFT.</p>	

	<p>It was also noted that a strategic framework for DET would be presented to the Education and Training Committee and would support NLFT governors to understand what the education offer is.</p> <p>The Council of Governors <b>NOTED</b> the contents of the Education and Training Committee Assurance Report.</p> <p>SF as Governor Observer noted that the Committee had been well chaired and rational. There was a discussion on the student experience with the student governor invited, however, there was no student representative member of the meeting which should be considered for the future. There was also a brief discussion on the research excellence framework which may need to be considered post-merger.</p> <p>TW commented that there was a research strategy at NLFT and the Trust would be looking to leverage the expertise from TPFT post-merger. JJ offered his support.</p> <p>It was queried how the DET strategy could be shared with the Governors at NLFT. TW agreed that a joint meeting of the Councils of Governors would enable key information to be shared.</p> <p><b>Action:</b> TW to arrange a joint meeting of the Councils of Governors</p>	<p>TW</p>
<p>013</p>	<p><b>PERFORMANCE, FINANCE AND RESOURCES COMMITTEE ASSURANCE REPORT AND GOVERNOR OBSERVER FEEDBACK</b></p>	
	<p>SP as vice-Chair of the Committee took the report as read noting that the financial position remains challenging with a deficit position of £3.96m being reported. The majority of the deficit relates to the loss of the national training contract with colleagues discussing mitigations with NLFT.</p> <p>A paper had been presented of the year end forecast which was predicting a £5m overspend if the sale of Gloucester House was not completed within this financial year. The cost improvement programme was also a challenge with a number of actions being undertaken to deliver the cost reduction. An application had been made to NHS England for £2.1m cash support.</p> <p>A positive report had been received on digital initiatives with the Trust receiving cyber essentials accreditation and exploring the use of AI and ambient voice technology for clinical staff. There were also plans to transfer the existing CareNotes system to Rio post-merger.</p> <p>The Committee had asked for contract risks to be explicitly reported to future meetings and an escalation had been received from the Quality and Safety Committee in relation to the closure of CQC actions.</p>	

	<p>The Council of Governors <b>NOTED</b> the Performance, Finance and Resources Committee Assurance Report.</p> <p>SB as Governor Observer noted that the meeting was well chaired and there were lively discussions around Tavistock Consulting. There was the opportunity to ask detailed questions on a broad range of topics which had enhanced learning.</p> <p>PW as Governor Observer noted that the meeting was challenging but positive from the perspective of a staff member to see the transparency. PW felt that the financial challenges were better understood as communications had been shared about this which increased staff awareness. It was noted that staff were looking forward to the merger and the move to a monthly meetings which enabled frequent discussions.</p> <p>KE queried whether there was a detailed discussion around the cost improvement programme, SB confirmed that there was and they left the meeting feeling better informed.</p> <p>SJ noted that the loss of the national training contract had made a significant difference to financial balance.</p>	
014	<p><b>FINANCE REPORT – MONTH 6</b></p>	
	<p>The finance report was taken as read, noting that this is reported to the Performance, Finance and Resources Committee on a monthly basis and to the Board of Directors on a bi-monthly basis.</p> <p>The Council of Governors <b>NOTED</b> the position outlined in the report.</p>	
015	<p><b>INTEGRATED AUDIT AND GOVERNANCE COMMITTEE ASSURANCE REPORT AND GOVERNOR OBSERVER FEEDBACK</b></p>	
	<p>KB as Chair of the Integrated Audit and Governance Committee presented the assurance report highlighting that the meeting had focused on work to be completed ahead of the anticipated merger to enable a thorough handover to NLFT. There are a number of legal requirements that will need to be completed ahead of the merger so this will be the focus moving forward.</p> <p>KB noted that the Interim Chief Finance Officer had focused on closing any outstanding actions from internal audits and that work had been undertaken to publicise the requirement to declare interests since the scope of staff had been broadened.</p> <p>The Committee had also focused on risks that could be mitigated in the short term such as the merger and the national training contract.</p> <p>The Council of Governors <b>NOTED</b> the Integrated Audit and Governance Committee Assurance Report.</p>	

016	<b>GOVERNOR FEEDBACK</b>	
	<p>SB updated that she had visited Gloucester House school to speak with staff who provided feedback that there was a feeling of uncertainty surrounding the move to La Sainte Union and the viewings had caused disruption with the pupils.</p> <p>It was updated that the move was subject to work being completed on the La Sainte Union site which was being worked through with the school and the council.</p>	
017	<b>ANNUAL SCHEDULE OF BUSINESS 2025/26</b>	
	It was noted that a draft schedule of Council of Governors meetings had been developed for the 2026/27 financial year.	
018	<b>QUESTIONS FROM THE PUBLIC</b>	
	There were no questions received.	
019	<b>ANY OTHER BUSINESS</b>	
	There were no items of other business raised.	
020	<b>ISSUES TO BE ESCALATED TO THE BOARD OF DIRECTORS</b>	
	It was noted that the Governors next meeting would be to approve the process for the merger by acquisition and it was therefore necessary for the Governors to have a clear understanding of staff, students and service users had been engaged in the merger by acquisition process.	
021	<b>REFLECTIONS AND FEEDBACK FROM THE MEETING</b>	
	<p>SS noted that there had been positive challenge, however, there were a number of Governors unable to attend.</p> <p>Feedback was provided that the involvement in the task and finish groups for the merger had been positive and the informal briefings were appreciated. AM commented that these would continue to be held for the rest of the financial year.</p>	
022	<b>DATE AND TIME OF NEXT MEETING</b>	
	The Chair closed the meeting at 5.00 P.M.	

**Date of Next Meeting: Thursday, 26 March 2025 at 15:00 – 17:00.**

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)
23.03.26	12	EDUCATION AND TRAINING COMMITTEE (ETC) ASSURANCE REPORT	TW to arrange a joint meeting of the Councils of Governors	26.03.26	Terry Willows, Director of Corporate Governance	To Close	TPFT Governors invited to attend NLFT Council of Governors meeting on 10 March 2026.

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday 26 March 2026					
Report Title: Quality and Safety Committee Handover			Agenda No: 008		
Report Author and Job Title:	Magda North, Assistant Director of Corporate Governance	Lead Executive Director:	Clare Scott, Chief Nursing Officer		
Appendices:	Appendix 1: Quality and Safety Committee Handover business Appendix 2: Quality and Safety Committee Annual Report 2025/26				
<b>Executive Summary:</b>					
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/>				
Situation:	Subject to final approvals, the Trust will merge through acquisition by North London NHS Foundation Trust (NLFT) on 1 April 2026. This paper sets out the final Quality and Safety Committee handover that will be passed to NLFT.				
Background:	Following the final ordinary meeting of the Committee, a formal handover meeting was held on 17 March 2026.  The handover documents will ensure that NLFT's Quality and Safety Committee can take account of risks, issues and work outstanding from TPFT Quality and Safety Committee.				
Assessment:	The Council is asked to note <ul style="list-style-type: none"> <li>• The explicit focus on handover by Committee members and attendees at the last ordinary meeting of the Committee. This included <b>closing matters arising and sub-groups</b> of the Committee.</li> <li>• Existing discussions at <b>merger work stream level</b> and <b>Transitional Executive</b> which have already socialised at management level many of the items raised in the handover. This is supported by a merger risk register.</li> <li>• The drafting of <b>Terms of Reference for NLFT's Committee structure</b> from 1 April with a view to managing the business of the enlarged Trust. There is a strong read across from TPFT's ToR to that of NLFT.</li> <li>• The development of <b>Committee workplans 2026/27</b> to reflect the business of the enlarged Trust and to build in items to understand the work of TPFT.</li> </ul>				
Key recommendation(s):	The Council is asked to take <b>ASSURANCE</b> on the Quality and Safety Committee Handover.				
<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 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 type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input 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 checked="" type="checkbox"/>		ORR <input type="checkbox"/>
	The BAF and corporate risk register are relevant to this paper in setting out the strategic risks of the Trust.				
<b>Legal and Regulatory Implications:</b>	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	The merger by acquisition of TPFT by NLFT is planned on 1 April 2026.				
<b>Resource Implications:</b>	Yes <input checked="" type="checkbox"/>			No <input checked="" type="checkbox"/>	
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	None identified.				
<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>	Quality and Safety Committee				
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input checked="" type="checkbox"/> <b>Not applicable:</b> No assurance is required	



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## Appendix 1: QSC Committee Handover Business

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Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
<b>Governance</b>				
Quality Account 2025/26	<p>Regulatory requirement for TPFT entity to publish.</p> <p>The first draft will have narrative up to and including the end of January 2026. This will be presented to the handover Quality &amp; Safety Committee on 17th March 2026.</p>	Chief Nursing Officer	To track through NLFT processes: TPFT Care Group, EMC, QSC (May) and Board (May)	Publication by 30 June 2026
Board Assurance Framework	The QSC risks on the BAF have been updated since the February 2026 QSC meeting, in preparation for TPFT's Board in March.	Director of Corporate Governance	<b>TPFT BAF and NLFT Board Assurance Framework</b> to be reviewed at NLFT Board workshop in May 2026 to design 2026/2027 BAF for enlarged Trust. The BAF will then progress through relevant committees onto the Board in the usual way.	Q1 2026/27
Corporate Risk Register	<p>Corporate risk register has been updated in March, including QSC related risks</p> <p>GP shared care agreement to be added in time for the TP Board (see later on list)</p>	Chief Nursing Officer (owner of QSC BAF and corporate risks)	TPFT and NLFT existing risk management systems will operate in tandem until the Autumn when In-Phase will be adopted across the enlarged Trust. Alignment to a single <b>Corporate Risk Register</b> will be undertaken manually from Q1.	Q1-Q2 2026/27



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
	Agreement to progress risk register training through relevant merger workstream (and to close the outstanding action on the action log)			
Internal audit: learning from complaints and incidents	<p>Partial-compliance internal audit, with factual accuracy check completed, final report under negotiation. Two high and two medium actions to be completed.</p> <p>Overall TPFT internal audit plan 2025/26 will form TPFT Head of Internal Audit Opinion</p>	Director of Corporate Governance (SRO for internal audit)	<p>To track through NLFT processes: TPFT Care Group, EMC, and AGC</p> <p>Closedown of TPFT internal audit plan 2025/26 and actions to route through NLFT AGC</p>	<p>June 2026 Board sign off of Annual Report and Accounts</p> <p>Q1 2026/27</p>
<p>Levy review of NHS adult gender dysphoria clinics in England:</p> <ul style="list-style-type: none"> <li>- Tavistock and Portman GIC individual Clinic Summary Report</li> <li>- NHSE response</li> </ul>	<p>National report published in December 2026.</p> <p>T&amp;P summary report received in March and factual accuracy returned. Requirement to share the report and action plan at Board in Public – likely to be NLFT Board in May.</p> <p>Action plan is being drafted (Emma Casey) and many of the actions are completed or underway</p> <p>NHSE response is expected</p>	Chief Medical Officer	<p>Reports will be managed through TPFT Care Group and track through NLFT process as appropriate – EMC, QSC and Board</p> <p>Visibility to NLFT Board and follow up</p>	Q1 2026/27



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
Gender Surgery Referrals	NHSE has supported backdated referrals for the patient group with GIC surgical errors following a thorough Patient Safety Incident Investigation which has identified a number of actions to support improved governance, process and insight to mitigate further issues.	Chief Nursing Officer	Actions to be monitored by TPFT Care Group and track through NLFT process as appropriate	BAU reporting from Q1.
Gender Identity Clinic	<p>GIC is no longer in targeted support and has moved to focus on the national quality improvement aims.</p> <p>The waiting list has increased to 17,120 patients as of December 2025, with 101 new patients in December 2025 seen monthly with 231 referrals received.</p>	TBC Chief Medical Officer	Reporting through NLFT Integrated Performance Report: EMC, QSC and the Board	BAU reporting from Q1.
Internal review of national inquiries	<p>This relates to TPFT's action plan arising from its own 2024 internal review in response to national learning reviews (Independent Review of Greater Manchester Mental Health NHS Foundation Trust, Special Review of Mental Health Services at Nottinghamshire Healthcare NHS Foundation Trust, The Thirlwall Inquiry).</p> <p>Four actions remain open relating to risk assessments/crisis plans, developing local SOPs for discharge processes, adult</p>	Chief Nursing Officer	<p>Closed down actions have been circulated to NLFT Committee Chair</p> <p>To be monitored by TPFT Care Group and track through NLFT process as appropriate</p> <p>Propose to connect with NLFT Mark Pritchard who led NLFT response on assertive outreach</p>	In accordance with action plan



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
	services – early & proactive discussions with family and carers, and clinical risk assessment policy			
<b>Highlights of Q&amp;S business</b>				
GP Shared Care Agreement	<p>Patients and clinicians report that GPs are often reluctant to prescribe medication, including hormones, and monitor bloods as part of their shared care arrangement. T&amp;P have also received letters from GPs and ICBs refusing to prescribe. ICB formulary also has a role to play in red-flagging drugs. This is a national issue for GIC services (where prescribing is not funded within the current GP contract) and is a local issue in prescribing across T&amp;P services. The matter has been escalated to NHSE for GIC services and has been discussed with NLFT Chief Pharmacist at workstream level. The issue may result in patient harm, poor patient experience and care, delays in treatment, an increase in patient complaints, reputational damage to the Trust, and increased stress for staff.</p> <p>Quantum is estimated quantum is c30 cases in the last quarter.</p>	Chief Medical Officer	<p>Risk to added to the corporate register in time for TPFT Board</p> <p>TPFT CMO to raise with NLFT CMO.</p> <p>Continued discussion with NLFT Chief Pharmacist at workstream level.</p>	March 2026/Q1 2026/27



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
Adult Trauma targeted support	Targeted support continues as the Adult Trauma waiting list continues to grow with 300 patients waiting more than 104 weeks for their first appointment. The Adult Trauma Team's overall job plan compliance was 40% at month 9.	TBC Chief Operating Officer	Reporting through NLFT Integrated Performance Report: EMC, QSC and the Board	BAU reporting from Q1.
Violence and Aggression and Restrictive practice at Gloucester House	QI project initiated to address rise in restrictive practice in November 2025. This includes estates issues.  QSC supported closure of GH Improvement Plan and Delivery Group (action plan completed).  Gloucester House issues outside the domain of QSC include the sale of the building and lease.	Chief Nursing Officer	Discussions in hand at workstream level to learn from NLFT work on restrictive practice.  NLFT Executive Management Committee is working through governance arrangements to be put in place for Gloucester House.  The group will report into NLFT's Operational Management Group, a sub-group of EMC.  NLFT QSC and ARC to provide ongoing scrutiny including: <ul style="list-style-type: none"><li>•Oversight of compliance with Independent School Standards</li><li>•Scrutiny of Ofsted inspection outcomes and action plans</li><li>•Safeguarding reporting from the school</li><li>•SEND compliance</li><li>•Curriculum quality</li></ul>	BAU reporting from Q1.
PSIRF Incident Reporting	TPFT reviewed PSIRF implementation in June 2025. Recommendations have been implemented and readiness to	Chief Nursing Officer	TPFT historic data to be shared for context.	BAU from Q1



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
	sustain PSIRF practices during organisational transition.		To track through NLFT processes: TPFT Care Group, EMC and QSC as appropriate	
CQC improvement group	<p>This is a sub-group of TPFT QSC and there is one open action re-fire warden process aspect of the following recommendation:</p> <p>The trust should complete its work to ensure health and safety issues including fire safety are addressed across the trust sites. The trust should ensure fire safety of the environment and quality assurance processes such as fire drills are completed as per trust policy.</p>	Chief Finance and Investment Officer	<p>This has been escalated to TPFT's SRO for Health and Safety.</p> <p>The fire drills' requirement relates to Tavistock Centre – the other sites are reported to be compliant.</p>	BAU reporting/ closedown from Q1
Clinical Incident & Safety Group	Final sub-group meeting held in March, including update on outstanding mortality reviews	Chief Nursing Officer	To track through NLFT processes: TPFT Care Group, EMC and QSC as appropriate	BAU from Q1
Points raised in the meeting	<p>Work required to align NLFT use of Mazars classification and TPFT's in-house mortality screening tool.</p> <p>Assurance provided that TPFT CMO and NLFT (Koye Odutoye) have connected on Medical Appraisal Validation.</p> <p>Assurance provided that there are no MHPS cases outstanding at TPFT.</p>	Chief Medical Officer	<p>BAU post merger</p> <p>No action required</p> <p>No action required</p>	Q1 onwards



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
	There is one high-risk inquest case on which NLFT's CMO will be briefed.		TPFT CMO to brief NLFT CMO	March 2026

## **QUALITY & SAFETY COMMITTEE – ANNUAL REPORT 2025–26**

### **1. Introduction**

This Annual Report provides the Board with a comprehensive overview of the work of the Quality & Safety Committee (QSC) during the period April 2025 – December 2025, in line with its remit to provide assurance on the quality and safety of clinical services, the effectiveness of clinical governance, patient experience, compliance with regulatory requirements, and oversight of key quality risks. The report summarises the Committee's activities, thematic areas of scrutiny, the assurances received, risks escalated, and areas identified for continued focus.

The Committee reviewed a wide range of reports relating to clinical quality, patient safety, safeguarding, clinical audit, complaints, quality improvement, risk management, and regulatory readiness across five formal meetings held during the year.

### **2. Committee Membership and Attendance**

Members: Claire Johnston (Chair NED), Clare Scott (Joint Executive Lead), Chris Abbott (until October 2025), Liz Searle and Sheva Habel (from November 2025), Janusz Jankoski (NED) (until November 2025) and Sabrina Phillips (NED from September 2025)

Attendance from Executive leads for Nursing, Medical, Therapies/Clinical Governance, and Quality ensured full triangulation of clinical assurance. The Committee also benefited from consistent engagement from Patient Safety Partners, contributing valuable challenge and service-user-centred perspectives across the year. There was regular attendance from the Director of Corporate Governance.

During the year continuity was retained with a number of attendees becoming members of the Committee across the year.

Attendance was sufficient to maintain quoracy at all meetings.

Committee Secretary: Asma Bi

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### **3. Meetings and Coverage**

Meetings were held in:

- April 2025
- June 2025
- August 2025
- October 2025
- December 2025

Across these, the Committee discharged all responsibilities set out in the Schedule of Business for 2025–26, receiving reports on:

- Integrated Quality & Performance Reporting (IQPR)
- Quality and Safety Reports
- Learning from Deaths

- Complaints and Patient Experience
  - Safeguarding
  - Infection Prevention & Control (IPC)
  - Clinical Audit & Effectiveness
  - PSIRF implementation
  - Risk (Board Assurance Framework and Corporate Risk Register)
  - CQC Preparedness
  - Quality Priorities and Quality Accounts
  - Quality improvement plans
- 

## **4. Work of the Committee in 2025–26**

### **4.1 Quality & Performance Assurance**

#### **Integrated Quality Performance Report (IQPR)**

The Committee received regular thematic analysis through the IQPR. Key areas of focus included:

- Variable performance against outcome measures, with significant improvements in later months driven by strengthened clinical ownership and reporting.
- Ongoing work to improve patient engagement through Friends and Family Test / Experience of Service Questionnaire (ESQ), with early gains and shifts in culture noted across several services.
- Improved reporting on Patient Carer Race Equality Framework data, enabling better insight into ethnicity-related experience and outcomes.
- The Committee observed a positive trend in outcome measure completion, a stronger approach to unit-level data visibility, and improvements in mandatory training compliance.

#### **Patient Experience & Involvement**

Recurring themes in feedback included communication, access to services and timeliness of information. The Committee welcomed:

- Strong improvements in ESQ returns during Q2/Q3, despite seasonal variation.
- Strengthened governance structures, with Patient and People Involvement (PPI) reporting routinely to Service User Experience Group (SUEG) and the Committee.
- Successful learning events with high levels of engagement from service users, particularly from the GIC patient community.

The Committee recognised a maturing culture in which patient voice increasingly informs local governance and improvement work.

#### **Complaints Management**

The Committee monitored a substantial programme of improvement across the year:

- Early backlogs were significantly reduced.
- The quality and timeliness of responses improved following structured training.
- Fluctuating volumes in the Adult Unit remained under close scrutiny.
- Changes to internal structures and the move to a unified Complaints and Enquiries (PALS) Team were noted as contributing to greater consistency, alongside collaborative working with the PPI team.

### **Incidents and PSIRF**

The Committee reviewed incident data at all meetings, noting:

- Incident volumes generally remained within statistical control.
- A steep rise in restrictive interventions in Gloucester House was scrutinised, with targeted actions put in place (audit, observational work, training, estates review, safety processes).
- Patient Safety Incident Response Framework (PSIRF) implementation matured, with improved learning pathways and more accessible formats for staff.
- New learning poster formats improved dissemination of themes and learning.

### **Learning from Deaths**

The Committee reviewed Learning from Deaths reports and noted key issues including:

- High proportion of deaths are among Gender Identity Clinic (GIC) patients and a majority of known deaths are physical-health related.
- Lack of adequate screening has now been addressed by referral screening for all new patients to ensure early clinical oversight.
- Clarify referral pathways.
- The importance of learning from mortality reviews, through GIC learning events and national learning and research.

### **Quality Improvement**

The Committee welcomed a strengthening QI culture across the Trust:

- Significant increase in QI project activity
- New QI dashboard
- Transition planning towards NLFT's IHI model
- Strong QI leadership from clinical teams, especially in outcomes-led work.

The Committee affirmed that QI remained a vital driver for cultural and operational improvement.

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## **4.2 Clinical Services Oversight**

## **Gender Identity Clinic (GIC)**

The Committee engaged extensively with the GIC services which was placed in targeted support, due to several significant issues:

- Significant referral backlogs and national performance pressures
- Issues relating to surgical hub referral failures, leading to a comprehensive review, Duty of Candour, full case audit, and NHSE support, ensuring original referral dates were honoured for affected patients.
- DrDoctor implementation to support digital triage, improved communication and pathway automation.
- Performance remained an area of intense scrutiny, with ongoing national oversight and structural change anticipated.

## **Adult Trauma Service**

The Committee oversaw a major period of improvement:

- Transition from targeted support to a QI framework, reflecting improved triage, clearer referral criteria, reduced non-commissioned activity, better pathway clarity and month-on-month waiting list reductions.
- However, sustainability risks were noted due to significant dependency on Elective Recovery Fund (ERF)-funded posts.

The Committee recognises that the service had made meaningful progress, supported by strong clinical leadership.

## **Gloucester House**

Significant improvements were noted across the year in response to the improvement plan which followed the Gloucester House Review in 2024:

- Substantial progress against 61 improvement recommendations (89% completed).
- Strong leadership, improved morale, and successful Ofsted outcome (“Good”).
- Financial pressures continue, and pupil numbers remain below the breakeven point (16 pupils at October 2025).
- Continued concerns around restrictive interventions and environmental constraints remained under review.
- A relocation project was underway with revised timelines.

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## **4.3 Regulatory and Compliance**

### **CQC Preparedness**

The Committee reviewed a revised self-assessment and oversight process covering:

- Corporate-led quality reviews
- Unit self-assessments

- Progress against three open recommendations (Lone Working, Fire Orders/Estates compliance, Crisis Planning policy)
- Progress was broadly positive, with most actions on track for completion by early 2026.

### **Safeguarding**

The Committee received the Annual Safeguarding Report, acknowledging:

- Comprehensive work across adult and children's safeguarding
- High quality assurance and improvements
- Need for sustained focus on L3 training compliance

### **Infection Prevention & Control (IPC)**

Key findings included:

- Significant improvements in BAF compliance (increase in fully compliant areas from 10 to 19).
- Good progress with audit tools and estate-related mitigations.
- Outstanding actions relating to food hygiene and training were escalated for follow-up.

### **Clinical Audit**

The Committee oversaw the refresh of the Clinical Audit Plan, noting:

- Re-establishment of Clinical Audit and Effectiveness Group (CAEG)
- Strengthening of links between audit and QI
- Work underway to improve NICE compliance

Audit was identified as an area needing continued investment and cultural embedding.

## **4.4 Risk Management**

The Committee routinely reviewed:

- **BAF Risks 1 and 2:** persistent high risks relating to inequality of access (rated 16) and failure to provide consistent high-quality care (15)
- **BAF Risk 13:** Failure to achieve required productivity & performance (in relation to key services including GIC and Trauma Services) (rated 12) (overseen by Performance, Finance and Resources Committee)

The Committee supported proposals to strengthen BAF reporting, including a quarterly projected risk tracker. Additional risks identified during the year included:

- GP Shared Care Agreement issues for GIC patients
- Risks emerging from surgical hub referral failures

The Committee noted improvements in the corporate risk register and emphasised need for ongoing maturity.

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## **5. Governance**

### **5.1 Terms of Reference Review**

The Committee approved the QSC ToR for 2025/26 and updated membership.

### **5.2 Committee Effectiveness**

The annual self-assessment confirmed:

- Continued maturation of Committee function
- Stronger administration and timeliness of papers
- More effective NED challenge
- Clear improvements in quality of reports
- Need to ensure manageable agendas, improved scrutiny, and better alignment of assurance group reporting

Members also noted the importance of ensuring staff maintain motivation amid financial and system pressures.

### **5.3. Groups Reporting to the Committee**

- Integrated Safeguarding Group (Adult/Children)
- Clinical Incident and Safety Group (including Mortality Review)
- CQC Improvement Group
- Service User Experience Group
- Clinical Audit and Effectiveness Group
- Patient and Carer Race Equality Framework Steering Group (short life group)
- The Local Risk Management System Board also reported into the Committee for a time limited period. This was the group responsible for the implementation of Radar.

### **5.4. Escalations to the Board**

Across the year, the Committee escalated:

- GIC surgical hub issues and patient safety risks
  - Trauma service progress and remaining challenges
  - Complaints improvement trajectory
  - Safeguarding and IPC successes
  - Risk management developments and new/emerging risks
  - Gloucester House progress and vulnerabilities
  - CQC preparedness
-

## **6. Conclusion**

The Committee concludes that significant progress has been made across multiple quality domains during 2025–26, with clear evidence of strengthened governance, improved learning systems, and increasing staff engagement. While notable challenges remain—particularly relating to GIC demand and capacity, complaints response times consistency, restrictive interventions in Gloucester House, and the ongoing alignment work required for merger readiness—the Committee is assured that robust plans are in place.

The QSC recommends continued Board focus on:

- Nationally influenced risks (GIC performance, shared care agreements)
- Regulatory preparedness
- Embedding of QI and audit culture
- Sustaining improvements ahead of organisational transition in 2026

The Committee commends the dedication of staff across clinical and corporate areas and expresses gratitude to all contributors for their work over the year.

February 2026

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday 26 March 2026				
Report Title: People, Organisational Development, Equality, Diversity and Inclusion Committee Handover			Agenda No: 009	
Report Author and Job Title:	Magda North, Assistant Director of Corporate Governance	Lead Executive Director:	Kate Bowditch, Acting Chief People Officer	
Appendices:	Appendix 1: POD EDI Handover business Appendix 2: POD EDI Annual Report 2025/26			
Executive Summary:				
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/>			
Situation:	Subject to final approvals, the Trust will merge through acquisition by North London NHS Foundation Trust (NLFT) on 1 April 2026. This paper sets out the final People, Organisational Development, Equality, Diversity and Inclusion Committee handover that will be passed to NLFT.			
Background:	<p>Following the final ordinary meeting of the Committee, a formal handover meeting was held on 17 March 2026.</p> <p>The handover documents will ensure that NLFT's People and Culture Committee can take account of risks, issues and work outstanding from TPFT People, Organisational Development, Equality, Diversity and Inclusion Committee.</p>			
Assessment:	<p>The Council is asked to note</p> <ul style="list-style-type: none"> <li>• The explicit focus on handover by Committee members and attendees at the last ordinary meeting of the Committee. This included <b>closing matters arising and sub-groups</b> of the Committee.</li> <li>• <b>Substantive revision to the BAF</b> to reflect the risk on staff wellbeing (BAF risk 15) and BAF risk 6 has been removed.</li> <li>• Existing discussions at <b>merger work stream level</b> and <b>Transitional Executive</b> which have already socialised at management level many of the items raised in the handover. This is supported by a merger risk register.</li> <li>• The drafting of <b>Terms of Reference for NLFT's Committee structure</b> from 1 April with a view to managing the business of the enlarged Trust. There is a strong read across from TPFT's ToR to that of NLFT.</li> <li>• The development of <b>Committee workplans 2026/27</b> to reflect the business of the enlarged Trust and to build in items to understand the work of TPFT.</li> </ul>			
Key recommendation(s):	The Council is asked to take <b>ASSURANCE</b> on the People, Organisational Development, Equality, Diversity and Inclusion Committee Handover.			
Implications:				
Strategic Ambitions:				
<input type="checkbox"/> Providing outstanding patient care	<input type="checkbox"/> To enhance our reputation and grow as a leading	<input type="checkbox"/> Developing partnerships to improve population	<input checked="" type="checkbox"/> Developing a culture where everyone thrives	<input type="checkbox"/> Improving value, productivity, financial and

	local, regional, national & international provider of training & education	health and building on our reputation for innovation and research in this area	with a focus on equality, diversity and inclusion	environmental sustainability	
<b>Relevant CQC Quality Statements (we statements) Domain:</b>	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input 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 checked="" type="checkbox"/>	ORR <input type="checkbox"/>	The BAF and corporate risk register are relevant to this paper in setting out the strategic risks of the Trust.	
<b>Legal and Regulatory Implications:</b>	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
	The merger by acquisition of TPFT by NLFT is planned on 1 April 2026.				
<b>Resource Implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	None identified.				
<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, Organisational Development, Equality, Diversity and Inclusion Committee				
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input checked="" type="checkbox"/> Not applicable: No assurance is required	



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## Appendix 1: POD EDI Committee Handover Business

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Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
<b>Governance</b>				
Board Assurance Framework	Agreement by the Committee to update BAF to reflect a key theme from the meeting on the risk to staff wellbeing for TPFT staff ahead of the merger (now BAF risk 15). BAF risk 6 has been retired.	Director of Corporate Governance	BAF risk 15 substantively updated to reflect the risk of lack of staff morale and resilience in the transition to the newly merged Trust  <b>Overall TPFT BAF and NLFT Board Assurance Framework</b> to be reviewed at NLFT Board workshop in May 2026 to design 2026/2027 BAF for enlarged Trust. The BAF will then progress through relevant committees onto the Board in the usual way.	Q1 2026/27
<b>Highlights of POD EDI business</b>				
Staff Survey	Feedback from TPFT staff in the staff survey needs actioning in newly merged Trust.  Embargo on staff survey is lifted on 12 March 2026.	Chief People Officer	To align with NLFT processes and the staff survey action plan will track action plan through EMC, People and Culture Committee and the Board	Q1 2026/27
Freedom to Speak Up and other support to staff	TPFT is recently contracted with The Guardian Service and the service is embedding. NLFT is currently also contracted with The Guardian Service	Chief People Officer	Alignment of NLFT FTSU processes and reporting through NLFT's ARC and People and Culture where relevant.	Q1 2026/27



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
	<p>Other staff support such as occupational health, employee assistance have an important role in supporting TPFT staff during the merger.</p>		<p>Signposting of NLFT support services is in train and part of Day 1 readiness</p>	
EDI	<p>Feedback from POD EDI was that TPFT commitment on EDI has improved considerably and there are pockets of great practice to be celebrated such as North and South Camden CAMHS.</p> <p>However, the Committee noted that TPFT commitment to BAF Risk 7 could be viewed as performative.</p> <p>There is more work to do on disabilities, long term conditions and LGBTQI.</p>	Chief People Officer	<p>BAF risk 7 to be managed through the overall BAF process</p> <p>Overall EDI work to align with NLFT processes and contribute through NLFT's EDI Programme Board</p>	Q1 2026/27
Staff Networks	<p>The work of TPFT's Staff Networks should not be lost in the move to the enlarged Trust, and an integration plan was proposed.</p>	Chief People Officer	<p>Respective EDI teams are in contact and working together.</p> <p>To align with NLFT processes on staff networks</p>	Q1 2026/27

# PEOPLE, ORGANISATIONAL DEVELOPMENT / EQUALITY, DIVERSITY & INCLUSION (POD EDI) COMMITTEE – ANNUAL REPORT 2025–26

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## 1. Introduction

This Annual Report provides the Board with an overview of the work of the POD EDI Committee during the period **May 2025 – January 2026**, in line with its remit to assure the Board on staff experience, workforce performance, Freedom to Speak Up (FTSU), and the Trust's Equality, Diversity & Inclusion (EDI) agenda, including statutory duties (Workforce Race Equality Standard (WRES)/Workforce Disability Equality Standard (WDES)/gender pay gap) and merger-related people risks. The report summarises activity, themes of scrutiny, assurances received, risks escalated, and areas for continued focus.

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## 2. Committee Membership and Attendance

### Members (during the year):

- Shalini Sequeira (Chair, Non-Executive Director)
- Gem Davies (Chief People Officer) → **left Sept 2025**; succeeded operationally by Kasia Parfenyuk (Deputy CPO) and subsequently by **Kate Bowditch (Chief People Officer, NLFT)** participating from Jan 2026
- Mark Freestone (Chief Education & Training Officer)
- Clare Scott (Chief Nursing Officer)
- Claire Johnston (Non-Executive Director)
- Ken Batty (Non-Executive Director) (*May 2025 only*)

The Committee was supported by regular attendance from the EDI leadership team, Staff Network Chairs, Staff Side, Corporate Governance, Risk and Policy, HR (OD/Culture/Employee Relations), FTSU Guardians (from Oct 2025), Governor Observer, and others as noted in minutes. Meetings were quorate throughout.

**Committee Secretary:** Asma Bi.

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## 3. Meetings and Coverage

Formal meetings were held on: **1 May 2025; 26 June 2025; 4 September 2025; 6 November 2025; 8 January 2026**. Across these, the Committee discharged responsibilities per the Schedule of Business for 2025/26.

**Core coverage included:**

- **Integrated Performance/Workforce Metrics dashboard** (sickness, turnover, appraisal/Mandatory and Statutory Training (MAST) compliance).
- **Staff Survey** results and action plan; “You said, we did”.
- **FTSU**: guardian model transition to The Guardian Service; onboarding, outreach and usage updates.
- **EDI Programme Board assurance** (anti-racism, inclusive recruitment, networks, Patient and Carer Race Equality Framework (PCREF) alignment, annual reporting under Equality Act duties).
- **Risk management**: review of **BAF risks**, notably **staff engagement/disengagement**; associated corporate/operational risks.
- **Policies and governance** (ToR; policy prioritisation; EDI Policy ratification; Staff Experience Programme Board ToR).
- **Merger preparedness** (communications, engagement, TUPE context, North London NHS Foundation Trust (NLFT) alignment).

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## **4. Work of the Committee in 2025–26**

### **4.1 Workforce Performance & Staff Experience Assurance**

#### **Integrated Performance / Workforce Metrics**

- **Sickness absence** remained broadly stable, with stress/anxiety/depression the leading cause; targeted manager support and training were discussed (including better ESR recording).
- **Turnover** remained low for much of the year, with a modest rise anticipated amidst merger uncertainty; leavers’ thematic insight and BI improvements were requested.
- **Appraisal and MAST compliance**: persistent variation and overall under-performance; a Quality Improvement based approach, weekly manager training/masterclasses, and executive oversight were instituted; NLFT’s learning management system go-live (Nov 2025) flagged alignment opportunities post-merger. The Committee repeatedly pressed for tangible improvement trajectories.

## Staff Survey and Experience

- 2024/25 survey showed improvements in **7 of 9 People Promise areas**, with focused actions on bullying/harassment (notably for staff with long term conditions/disability) and manager responsiveness; weekly drop-ins and a Staff Experience Programme Board established to drive delivery.
- 2025 survey campaign management included targeted communications, incentives and senior leader forum cascades; completion rates and manager enablement to attend briefings were monitored.

## Accommodation & Space Utilisation

- The Committee received assurance on the **Accommodation Strategy/Space Optimisation** work led through the Executive Leadership Team, noting links to wellbeing, belonging, and productivity; emphasis on cultural adherence to new etiquette and accurate on-site presence data.

## 4.2 Freedom to Speak Up (FTSU)

- Following guardian vacancies, the Committee **ratified** contracting **The Guardian Service** from October 2025, providing a 24/7 telephone line, on-site visibility, and structured onboarding; subsequent usage reports evidenced positive early engagement, strong communications, and a maturing outreach plan (inductions, webinars, drop-ins). Tracking via the **Staff Experience Board** was supported.
- A refreshed **FTSU Action Plan** emphasised manager training beyond e-learning, the introduction of local **Champions/Ambassadors**, and stronger follow-through on concerns; this approach was considered **substantially assured**.

## 4.3 Equality, Diversity & Inclusion

### Programme oversight & priorities

- The **EDI Programme Board** provided routine assurance on inclusive recruitment (aiming for EDI representation on interview panels/Establishment Control Panel), anti-racism work aligned with NLFT, and staff network development; embedding remains variable with c. **20%** of vacancies progressing via the formal EDI route, highlighting the need to extend influence across the remaining 80%.
- The **Annual Equality Act duties report** noted: improved **mean hourly gender pay gap** (down 2.46% to **8.52%**) and sustained reversal of **bonus pay gap** (-20.61% in 2024/25), alongside qualitative progress across PCREF and staff network activity; **adequate assurance** was recorded.
- Earlier in the year, the Committee reviewed **WDES/WRES** outcomes: mixed performance with several indicator improvements but persistent national under-performance in others, reinforcing the need for focused, sustained action.

- The Committee repeatedly emphasised the importance of **communications**, “**You said, we did**” visibility, and leadership accountability for EDI delivery, with actions to unblock messaging and align with network priorities.

## Policy & systems

- Agreement in principle to utilise **NLFT policies** (re-branded) where T&P documents were due for review pre-merger; the **EDI Policy** was subsequently **ratified** by PAG and will be embedded through leadership practice.

## 4.4 Risk Management

- The Committee initiated and then focused on **BAF risk on Staff Engagement/Disengagement** (score held at **16** during January 2026 pending descriptor/controls refresh), triangulating qualitative insights (merger anxiety, role clarity) with performance data (MAST/appraisal). Targeted mitigations included thinking spaces, structured engagement, and leadership visibility.
- Cross-linkages were noted to **PCREF** and workforce equality risks; communication gaps were recorded as an emerging risk (November 2025).

## 4.5 Merger Preparedness (with NLFT)

- The Committee maintained oversight of **TUPE context**, staff and student communications, FAQs, joint NLFT engagement, and OD/network alignment; the Department of Education and Training would **remain a single directorate**, with Office for Students requirements safeguarded via a **Student Protection Plan**.
- Executive Leadership Team supported **thinking spaces** and weekly drop-ins were designed to surface concerns, harvest learning, and inform the BAF; an internal and joint strategic communications plan was progressed via the Merger Programme Board.

## 5. Governance

### 5.1 Terms of Reference (ToR)

ToR were reviewed and **approved**; assurance groups were **repurposed**, with the **Staff Experience Programme Board** (re-titled from Staff Experience Board) established and ToR circulated.

### 5.2 Committee Effectiveness

The annual self-assessment (May 2025) evidenced increasing maturity: stronger administration/timeliness; BAF deep dives; and areas to further develop—manageable agendas, action timeliness, report quality, and upskilling new attendees.

### 5.3 Groups Reporting to the Committee

- **Staff Experience Programme Board** (including FTSU)
- **EDI Programme Board**
- **Recruitment & Retention Group** (*stood down during the year due to recruitment freeze*)
- **Staff Networks** (Race Equality Network; Purple Circle; LGBTQI+)
- **Policy Assurance Group** (for EDI policy ratification)  
Coverage varied through the year due to repurposing and scheduling associated with the merger.

### 5.4 Escalations to/ from Other Committees

- **From** Education and Training Committee (September 2025): Associate Lecturer post/pay—actioned by Chief Education and Training Officer/Chief People Officer outside meeting.
- **From** Quality and Safety Committee (June 2025): **Safeguarding training compliance**—POD EDI sought a clear plan and urgent messaging; escalation to triumvirate agreed.
- **No** Committee-to-Committee escalations were raised in Nov 2025 or Jan 2026 meetings.

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## 6. Assurance Summary (by theme)

- **Staff Experience & Engagement:** *Partial to adequate assurance overall.* Improvements in People Promise areas and robust engagement offers were offset by persistent appraisal/MAST gaps and variable leadership ownership.
  - **FTSU:** Transition to The Guardian Service and visible outreach provided **substantial/strengthening assurance**; culture change to be monitored via Staff Experience Board.
  - **EDI Delivery:** *Adequate to partial assurance.* Clear gains in pay gap metrics and policy ratification; embedding across recruitment and communications requires further spread and consistency.
  - **Risk Management:** Active oversight of engagement-related BAF risk with controls under refresh; communications identified as an emerging risk (Nov).
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## 7. Key Achievements

- **FTSU Guardian model** re-established rapidly with external provider; strong early uptake and comprehensive outreach plan.
  - **Gender pay gap** narrowed to **8.52%**; **bonus pay gap** reversed and sustained over four years.
  - **EDI Policy** ratified; anti-racism work aligned with NLFT.
  - **Staff Experience Programme Board** stood up; routine drop-ins and leadership-led engagement embedded.
- 

## 8. Ongoing Challenges / Areas for Continued Focus

- **Appraisal & MAST compliance:** deliver sustained, measurable improvements with clear trajectories by unit and corporate area, leveraging NLFT Learning Management System alignment and targeted manager support.
  - **Staff engagement/disengagement risk:** refresh descriptors/controls, triangulate with qualitative insights from thinking spaces, and evidence impact of mitigations in-year.
  - **Inclusive recruitment at scale:** increase the proportion of vacancies following the full EDI route beyond 20% via earlier panel planning and Establishment Control Panel embedding.
  - **Communications:** maintain a visible “You said, we did” narrative across staff survey, EDI, and merger updates; address identified gaps.
  - **Network sustainability through merger:** preserve identity and progress while integrating with NLFT structures through OD-supported design and joint proposals.
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## 9. Recommendations to the Board (2026 focus)

1. **Endorse a time-bound improvement plan** for appraisal/MAST with monthly Committee tracking and exception escalation via Executive Leadership Team.
2. **Approve refreshed BAF entry** for Staff Engagement/Disengagement reflecting merger phase, leadership accountabilities, and measurable engagement indicators.
3. **Support scaling of inclusive recruitment**, mandating forward-planned interview dates and EDI representation/Establishment Control Panel integration as default.

4. **Maintain investment in FTSU visibility and manager capability**, ensuring the Champions/Ambassadors model is fully deployed and reported via the Staff Experience Board.
  5. **Sustain EDI communications and network support** during merger transition, including a joint NLFT-T&P communications plan with regular Board sight of “You said, we did” deliveries.
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## 10. Conclusion

The Committee concludes that **meaningful progress** has been achieved across FTSU, EDI policy/metrics, and staff experience infrastructure, with strong foundations laid for merger integration. Persistent challenges remain—most notably appraisal/MAST compliance, scaling inclusive recruitment practice, and addressing staff engagement/disengagement risks amidst organisational change. The Committee is **assured** that clear plans are in train, but **continued Board focus** is required to sustain momentum and evidence impact through 2026.

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MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday 26 March 2026				
Report Title: Education and Training Committee Handover			Agenda No: 010	
Report Author and Job Title:	Magda North, Assistant Director of Corporate Governance	Lead Executive Director:	Mark Freestone, Chief Education and Training Officer	
Appendices:	Appendix 1: ETC Handover business Appendix 2: ETC Annual report 2025/26			
Executive Summary:				
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/>			
Situation:	Subject to final approvals, the Trust will merge through acquisition by North London NHS Foundation Trust (NLFT) on 1 April 2026. This paper sets out the final Education and Training Committee handover that will be passed to NLFT.			
Background:	<p>Following the final ordinary meeting of the Committee, a formal handover meeting was held on 17 March 2026.</p> <p>The handover documents will ensure that NLFT’s new Education and Research Committee can be appropriately established and take account of risks, issues and work outstanding.</p>			
Assessment:	<p>The Council is asked to note</p> <ul style="list-style-type: none"> <li>• The continuity provided by the NED Chair and Chief Education and Training Officer</li> <li>• The explicit focus on the handover by Committee members and attendees at the last ordinary meeting of the Committee. This included closing matters arising of the Committee.</li> <li>• Existing discussions at merger work stream level and Transitional Executive which have already socialised at management level many of the items raised in the handover. This is supported by a merger risk register.</li> <li>• The drafting of Terms of Reference for NLFT’s Committee structure from 1 April with a view to managing the business of the enlarged Trust. There is a strong across from TPFT’s ToR to NLFT’s new Education and Research Committee.</li> <li>• The development of Committee workplans 2026/27 to reflect the business of the enlarged Trust and to build in items to understand the work of TPFT.</li> </ul>			
Key recommendation(s):	The Council is asked to take <b>ASSURANCE</b> on the Education and Training Committee Handover.			
Implications:				
Strategic Ambitions:				
<input type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international	<input type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and	<input type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input type="checkbox"/> Improving value, productivity, financial and environmental sustainability

	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 type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input 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 checked="" type="checkbox"/>		ORR <input type="checkbox"/>	
	The BAF and corporate risk register are relevant to this paper in setting out the strategic risks of the Trust.					
<b>Legal and Regulatory Implications:</b>	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>		
	The merger by acquisition of TPFT by NLFT is planned on 1 April 2026.					
<b>Resource Implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>		
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>		
	None identified.					
<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>	Education and Training Committee Board of Directors					
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input checked="" type="checkbox"/> <b>Not applicable:</b> No assurance is required		



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**Appendix 1: Education and Training Committee Handover Business – confirmed with minor update on 17 March 2026**

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Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
<b>Governance</b>				
Office for Students Registration and UKVI	This relates to NLFT registration with OfS as a Higher Education provider. In addition, TPFT UKVI sponsor licence lapses on dissolution (31 March 2026) and NLFT does not yet hold a sponsor licence – this will impact 44 students.	Chief Education and Training Officer	The risk is on the BAF (BAF risk 3) and the merger risk register. Progress is being tracked through the Transitional Executive.	April 2026/27
NLFT's Education and Research Committee	New NLFT Committee needs to be properly constituted with membership, terms of reference, dates and workplan	Director of Corporate Governance	NLFT Terms of Reference for Committees to be approved at its Board on 24 March 2026  NLFT Trust Chair and Director of Corporate Governance to agree membership across committees of the enlarged Trust.  Meeting dates are proposed: 18 June 22 October, 17 December and 18 February	By April 2026
Board Assurance Framework	The ETC BAF risks were confirmed at the meeting on 25 February 2026 QSC meeting, and will progress to TPFT's Board in March.	Director of Corporate Governance	<b>TPFT BAF and NLFT Board Assurance Framework</b> to be reviewed at NLFT Board workshop in May 2026 to design 2026/2027 BAF for enlarged Trust. The BAF will then progress through relevant	Q1 2026/27



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
			committees onto the Board in the usual way.	
Internal audit: student experience	<p>Partial-rated internal audit. Two high and four medium actions to be completed.</p> <p>Overall TPFT internal audit plan 2025/26 will form TPFT Head of Internal Audit Opinion</p>	Director of Corporate Governance (SRO for internal audit)	<p>To track through NLFT processes: TPFT Care Group, EMC, and ARC</p> <p>Closedown of TPFT internal audit plan 2025/26 and actions to route through NLFT ARC</p>	<p>June 2026 Board sign off of Annual Report and Accounts</p> <p>Q1 2026/27</p>
<b>Highlights of ETC business</b>				
TPFT's Education and Research portfolio	The importance of fostering TPFT's creative and strategic heritage in education and research within the NHS as part of NLFT.	<p>Chief Education and Training Officer</p> <p>Chief Medical Officer</p>	Through NLFT's Education and Research Committee	BAU from Q1
DET Sustainability	This is the proposed work to develop options to address the financial sustainability of TPFT's Education and Training activity.	Chief Education and Training Officer	The risk is on the BAF (BAF risk 16) and is being progressed in discussion with NLFT's Executive Management Committee.	BAU from Q1
Associate Lecturers	<p>This relates to contract arrangements for Associate Lecturers.</p> <p>It has since been agreed by NLFT that Associate Lecturers will transfer to NLFT from 1 April.</p>	Chief Education and Training Officer / Chief People Officer	Arrangements for Associate Lecturers transferring to NLFT to be managed from 1 April.	BAU from Q1
Charity funded EDI Bursaries For Students	For several years, the Trust has offered a bursary to attract applicants from underrepresented groups onto courses. For the past three years, the Tavistock and Portman Charity has provided	Chief Education and Training Officer	To note the support of Education and Training Committee to the ongoing work of the Charity and DET to continue offering bursaries.	BAU from Q1



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
	funds for the bursary programme and has engaged fundraising support in pursuing this.		This will be progressed through NLFT's Education and Research Committee	
Student Support and Reasonable Adjustments	The Student Support Team is now managing 409 students (25% over recent months) requiring disability support and reasonable adjustments. Of these, 100 students are not eligible for Disabled Students' Allowances and require Trust-funded provisions. A range of issues are relevant to addressing reasonable adjustments including accessing materials, inclusive teaching and estates issues.	Chief Education and Training Officer  Chief Finance and Investment Officer (estates issues)	Managed through NLFT processes: TPFT Care Group, NLFT's estates activity and EMC as appropriate	BAU from Q1

## EDUCATION & TRAINING COMMITTEE — ANNUAL REPORT

**Reporting Year:** 2025–26

**Chair:** Sal Jarvis (NED)

**Members:** Janusz Jankowski (NED), Mark Freestone (Chief Education & Training Officer, “CETO”)

**Regular Attendees:** Paul Dugmore (Director of Education, Learning & Teaching), Elisa Reyes-Simpson (Director of Education, Governance & Quality), Ravteg Singh-Dhesi (Director of Education, Operations), Bhavna Tailor (Senior Finance Business Partner), Michael Holland (Chief Executive, by exception), Dorothy Otite (Interim Director of Corporate Governance to Nov 2025), Magda North (Assistant Director of Corporate Governance, North London NHS Foundation Trust (NLFT) - providing interim service to T&P)

**Committee Secretary:** Asma Bi

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### 1. Introduction

The Education & Training Committee (ETC) is a formal sub-committee of the Board, providing strategic oversight and assurance across the Trust’s higher education and training portfolio, including academic governance, quality and student experience; financial and performance oversight for DET; and risk management related to education and training. The Committee’s remit, as reflected in its annual Schedule of Business, encompasses scrutiny of the Board Assurance Framework (education-related risks), oversight of Department for Education and Training (DET) strategy and performance, and assurance from sub-groups (Academic Governance & Quality Assurance Group; Learning & Teaching Group; Student Experience Group).

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### 2. Membership and Attendance

Membership comprised two Non-Executive Directors and the CETO, supported by senior DET leaders and corporate governance/finance colleagues. Throughout the cycle, attendance ensured quoracy. There were changes in governance support during the year as Dorothy Otite departed (Nov 2025) and Magda North (NLFT) commenced interim support pre-merger. Governor and Student Governor observers attended regularly.

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### 3. Meetings, Coverage and Declarations

The Committee met in line with its **ETC Schedule of Business 2025–26**, with meetings on **8 May 2025, 1 July 2025, 3 September 2025, 13 November 2025, and 8 January 2026**. Declarations noted included Magda North’s role with NLFT while providing interim support to T&P.

**Minutes reviewed:**

- **8 May 2025 (Confirmed)**
- **1 July 2025 (Confirmed)**

- **3 September 2025 (Confirmed)**
- **13 November 2025 (Confirmed)**
- **8 January 2026 (Unconfirmed)**

**Declarations:** Magda North declared current NLFT role while supporting T&P (Jan 2026).

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## 4. Strategy & Major Programmes

### 4.1 Merger/Office for Students (OfS) Registration

ETC received periodic updates on the merger programme and the pathway to OfS registration for NLFT following acquisition. Operational issues with the OfS portal were noted, but no delay was anticipated at that time. The Committee requested continued briefings to NLFT and the Board.

### 4.2 DET Vision and Strategic Options

Across Nov 2025–Jan 2026, ETC scrutinised options to secure DET’s sustainability, including:

- **Course portfolio rationalisation** and redeployment to growth areas (e.g., trauma, nursing, leadership/Chartered Management Institute-accredited offerings, forensic programmes).
- **International growth**, with China identified as the largest opportunity (significant incremental income if allocations are increased and filled).
- **Operating model changes**, exploring efficiencies via partner-provided student support/admissions (subject to contractual terms), digitisation (e.g., Customer Relationship Management software), and potential structural options (e.g., wholly owned subsidiary) to reduce regulatory friction and better enable scholarship. The Committee agreed the work was urgent, requested robust financial modelling, and sought a final options appraisal, noting alignment with NHS England and merger timelines.

### 4.3 National Training Contract (NTC)

ETC tracked deterioration and dispute events regarding the NTC, including the end of the 2023/24 framework, the 2024/25 extension, and governance findings within NHSE processes. Preferred mitigations included deeper Higher Education partnerships, a maximalist approach to 2026/27 fee uplifts (with equity exceptions), maximising overseas recruitment and short-course income, and securing a longer-term validating/operational partner. The dispute discussions considered repayment mechanics and in-year financial impacts. Items were escalated to the Board/Performance, Finance and Resources Committee as appropriate.

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## 5. Academic Governance, Quality & Student Experience

ETC received **assurance reports** from sub-groups and considered targeted deep-dives:

- **Academic Governance & Quality Assurance Group (AGQAG):** periodic reviews (e.g., M4) and policy updates (assessment/marketing; extension arrangements).

- **Learning & Teaching Group:** Continuing Professional Development (disability-inclusive teaching), digital skills modules, and a proposed artificial intelligence online event (Jan 2026).
- **Student Experience Group:** participation incentives; estates/information management and technology attendance to address accessibility adjustments; Terms of Reference updates to ensure the right membership.

**Internal Audit — Student Experience:** ETC noted **Partial Assurance**, with good overall experience but systemic/process weaknesses requiring continued action and integration into merger planning.

**Student Surveys & Cases:** The Committee reviewed a full comparative analysis (overall satisfaction 81%, with gaps for disabled, overseas and Asian students in community/organisation domains) and the first consolidated **Student Cases** report; actions included staff continuing professional development on inclusive practice and website/communications improvements to clarify complaints/appeals.

## 6. Performance & Finance (DET)

ETC oversaw DET's Integrated Performance Report throughout the cycle, focusing on income pipeline, cost pressures, and efficiency programme delivery:

- **Income & CIP:** Month 8 position showed c. **£2.1m** below plan, primarily NTC shortfall (£1.7m) and short-course income (£0.4m). **46%** of the annual efficiency programme achieved to date, largely non-recurrent; recurrent plans for 26/27 being developed. Short-course run-rate expected to improve but still below plan by year-end (approx. £450k).
- **Pay/Non-pay:** Reclassification of Associate Lecturer costs from non-pay to pay impacted reported variances; recruitment to Associate Lecturer roles for the new academic year commenced.
- **Recruitment outcomes:** 2025/26 cycle yielded **701** new postgraduate students (vs 640 in 2024/25), with **687** new enrolments and **763** re-enrolments; earlier opening, targeted marketing and close late-cycle management supported uplift.
- **Operational levers:** Portfolio-specific updates (e.g., Interprofessional Portfolio's Chartered Management Institute accreditation path; digital/short-course commissioning; psychoanalytic portfolio workforce moves) were reviewed for growth potential and risk.

**Committee assurance:** Across meetings, ETC often concluded **Substantial assurance on data quality** and **Limited assurance on meeting budget targets**, reflecting external uncertainties (e.g., NTC) and internal transformation in-flight.

## 7. Risk Management: Board Assurance Framework (BAF) & Corporate Risks

Risk oversight was a standing item each meeting, with particular attention to:

- **Risk 3** (OfS registration/validation): met target score per corporate assessment; ETC did **not** support closure pending merger assurance, seeking Programme Board review and Board discussion.

- **Risk 4** (Regulation/Compliance & education risks) and **Risk 16** (Non-viability of DET in current form): alignment/merger of risks requested given intertwined sustainability themes; risk appetite to be reviewed.
- **Emerging/operational risks:** National Training Contracts (timely), student retention trends, system constraints (SITS Student Record System/Customer Relationship Management software), estates accessibility barriers, and Research England research degree programme supervision funding eligibility.

The Committee consistently used the BAF to drive mitigations (e.g., marketing in Risk 4; alignment of merger risks; clear escalation to the Performance, Finance and Resources Committee/Board on estates-related adjustments and OfS correspondence).

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## 8. Governance & Policy Oversight

- **Terms of Reference (ETC):** revised and **approved/recommended to Board** (Sept 2025); subsequent confirmation recorded.
- **Sub-group Terms of Reference:** Learning & Teaching Group and Student Experience Group Terms of Reference approved (Jan 2026); Academic Governance & Quality Assurance Group Terms of Reference scheduled for next meeting.
- **Code of Practice: Freedom of Speech:** benchmarking with University of Essex; **approved by ETC** (subject to minor amendments) and recommended to the Board.
- **Honorary Doctorates:** nominations reviewed; one approval to progress; subsequently approved by the Board.

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## 9. Committee Effectiveness

The Committee completed its **annual self-assessment**, identifying improvements in strategic focus, agenda streamlining, and report quality. Members emphasised constructive challenge, annual strategic events, and clearer criteria for assurance gradings across meetings. The **ETC Schedule of Business 2025–26** supported complete coverage and cadence with bi-monthly duty items and periodic deep-dives.

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## 10. Key Themes & Learning

Across 2025–26 the Committee observed cross-cutting themes:

- **Securing DET sustainability:** portfolio focus on high-demand courses (e.g., M58/M7/M16), fee strategy, and international growth (notably China), underpinned by robust financial modelling.
- **Strengthening the operating model:** digitisation (Customer Relationship Management Software), potential partner-delivered services (admissions/support), and structural options to reduce regulatory friction and enable scholarship.
- **Improving student experience and inclusion:** targeted continuing professional development for staff; addressing estates accessibility; clearer complaints/appeals pathways; closing satisfaction and attainment gaps (especially disabled and overseas cohorts).

- **Risk integration and escalation discipline:** proactive use of the BAF; merging overlapping risks; timely escalations on OfS sector letters and NTC impacts.
  - **Assurance maturity:** consistent articulation of **substantial vs limited** assurance on finance/performance; using deep-dives (e.g., student retention) to target interventions.
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## 11. Conclusion

In a challenging external context and amid organisational transition toward merger, the ETC **discharged its responsibilities effectively**, providing scrutiny and direction across strategy, academic governance, student experience, risk, and finance for DET. The Committee's oversight supported improved recruitment outcomes, clearer risk articulation (particularly on DET viability and OfS matters), advances in inclusive education practice, and a structured pathway to decisions on DET's future model. Continued focus is required on financial modelling, execution of the portfolio strategy (including international growth), recurrent efficiency programme delivery, estates accessibility, and maintaining assurance through the merger.

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday 26 March 2026				
Report Title: Performance, Finance and Resources Committee Handover			Agenda No: 011	
Report Author and Job Title:	Magda North, Assistant Director of Corporate Governance	Lead Executive Director:	Jon Bell, Interim Chief Finance Officer	
Appendices:	Appendix 1: PFRC Handover business Appendix 2: PFRC Annual report 2025/26			
<b>Executive Summary:</b>				
Action Required:	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>			
Situation:	Subject to final approvals, the Trust will merge through acquisition by North London NHS Foundation Trust (NLFT) on 1 April 2026. This paper sets out the final Performance, Finance and Resources Committee handover that will be passed to NLFT.			
Background:	Following the final ordinary meeting of the Committee, a formal handover meeting was held on 23 March 2026.  The handover documents will ensure that NLFT's Finance and Investment Committee can take account of risks, issues and work outstanding from TPFT Performance, Finance and Resources Committee.			
Assessment:	The Council is asked to note <ul style="list-style-type: none"> <li>• The explicit focus on handover by Committee members and attendees at the last ordinary meeting of the Committee. This included <b>closing matters arising and sub-groups</b> of the Committee.</li> <li>• Existing discussions at <b>merger work stream level</b> and <b>Transitional Executive</b> which have already socialised at management level many of the items raised in the handover. This is supported by a merger risk register.</li> <li>• The drafting of <b>Terms of Reference for NLFT's Committee structure</b> from 1 April with a view to managing the business of the enlarged Trust. There is a strong read across from TPFT's ToR to that of NLFT.</li> <li>• The development of <b>Committee workplans 2026/27</b> to reflect the business of the enlarged Trust and to build in items to understand the work of TPFT.</li> </ul>			
Key recommendation(s):	The Council is asked to take <b>ASSURANCE</b> on the Performance, Finance and Resources Committee Handover.			
<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	<input type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and	<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

	provider of training & education	research in this area				
<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 checked="" type="checkbox"/>		ORR <input type="checkbox"/>	
	The BAF and corporate risk register are relevant to this paper in setting out the strategic risks of the Trust.					
<b>Legal and Regulatory Implications:</b>	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>		
	The merger by acquisition of TPFT by NLFT is planned on 1 April 2026.					
<b>Resource Implications:</b>	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>		
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>		
	None identified.					
<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, Finance and Resources Committee					
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input checked="" type="checkbox"/> <b>Not applicable:</b> No assurance is required		



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## Appendix 1: Performance, Finance and Resources Committee Handover Business

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Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
<b>Governance</b>				
Board Assurance Framework	The PFRC risks on the BAF have been updated since the last meeting, in preparation for TPFT's Board in March.	Director of Corporate Governance	<b>Overall TPFT BAF and NLFT Board Assurance Framework</b> to be reviewed at NLFT Board workshop in May 2026 to design 2026/2027 BAF for enlarged Trust. The BAF will then progress through relevant committees onto the Board in the usual way.	Q1 2026/27
Corporate Risk Register	The PFRC corporate risks have been updated since the last meeting, in preparation for TPFT's Board in March.	Director of Corporate Governance	TPFT and NLFT existing risk management systems will operate in tandem until the Autumn when In-Phase will be adopted across the enlarged Trust. Alignment to a single <b>Corporate Risk Register</b> will be undertaken manually from Q1.	Q1-Q2 2026/27
<b>Highlights of Performance, Finance and Resources Committee business</b>				
Gloucester House (GH)	Issues outstanding:  (1) Relocation of the GH service to the new school - lease arrangements at La Sainte Union (2) Relocation of services from GH site – Family Drug and Alcohol Court service from Monroe to Tavistock Centre	Chief Operating Officer	Future governance for Gloucester House is being worked through at NLFT's Executive Management Committee.  Proposal for operational reporting through NLFT's Operational Management Group which reports to NLFT's Executive Management Committee.	Q1 2026/27



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
	<p>(3) Existing school - Sale of the current GH school site</p> <p>(4) Existing school - Service impact from neighbours planned work</p> <p>(5) A separate paper is planned on the new operating model for the GH service to meet demand, grow sustainability and deliver an income growth model.</p>		<p>Clinical assurance through QSC.</p> <p>Regulatory assurance through ARC.</p>	
Contractual risks: GIC contract risk of clawback	<p>There is a potential financial risk associated with NHS England quarterly service spending reviews for 2026/27; the current national review of GIC services may increase scrutiny of financial performance and potential underspend linked to vacancies (currently 11 WTE reported). The likelihood of financial clawback was previously assessed as low but recent developments may increase the likelihood.</p>	Chief Medical Officer / Chief Finance and Investment Officer	<p>Contracts report to be provided at the PFRC meeting where risk will be reviewed for handover to NLFT's Finance and Investment Committee</p> <p>The risk has visibility at workstream level</p>	Q1 2026/27
Contractual risks: University of East London	<p>The University of East London has issued notice on its social work contract, citing a change of control clause associated with the merger. If enacted, this would require a "teach-out" arrangement for current students and no new students would be recruited. The maximum potential contract value</p>	Chief Education and Training Officer / Chief Finance and Investment Officer	<p>Contracts report to be provided at the PFRC meeting where risk will be reviewed for handover to NLFT's Finance and Investment Committee</p> <p>Legal position being explored.</p> <p>The risk has visibility at workstream level</p>	Q1 2026/27



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
	is c£329k per year and costs would be incurred from teach-out arrangements. The risk has reputational and student impacts.			

## Performance, Finance & Resources Committee — Annual Report

**Reporting Year:** 2025–26

**Chair:** Aruna Mehta

**Members (during the year):** Aruna Mehta (Chair), Shalini Sequeira (NED, attending as SID from November 2025), Sabrina Phillips (Associate NED to October 2025, NED and Deputy Chair from November 2025), David Levenson (until July, invited/attending as SID), Executive leads: Jonathan Bell (Interim Chief Finance Officer), Rod Booth (Director of Strategy & Business Development)

**Executive Lead(s):** Jonathan Bell (Interim Chief Finance Officer), Rod Booth (Director of Strategy & Business Development)

**Committee Secretary:** Asma Bi

**Governance Support:** Interim Director of Corporate Governance: Dorothy Otite (to Nov 2025); from Dec 2025 support via Terry Willows, NLFT Director of Corporate Governance

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### 1. Introduction

The Performance, Finance & Resources Committee (PFRC) is a formal sub-committee of the Board established to provide oversight and assurance on the Trust's financial sustainability, operational performance across clinical, education and training and corporate services, capital programme, estates & facilities, information management and technology (including cyber), procurement, and the delivery of the efficiency programme. Its remit and delegated authorities are set out in the PFRC Terms of Reference last ratified by the Board in November 2025.

During 2025–26, PFRC's focus reflected a deteriorating in-year financial position, the withdrawal of the National Training Contract, cash management risks, efficiency programme delivery, estates compliance and programme oversight (including Gloucester House), Information Management & Technology (IM&T) integration and Artificial Intelligence (AI) initiatives, and contracting performance.

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### 2. Membership and Attendance

Membership comprised Non-Executive Directors and the two Executive Joint Leads. During the year there were a number of changes in Non-Executive Director membership of the Committee.

Attendees included the Interim Director of Corporate Governance, Chief Executive Officer, Deputy Chief Finance Officer, Director of Infrastructure, Estates Consultant, and service and contracting leads as required.

Quoracy was maintained at all meetings.

The Committee invited **all NEDs** to selected financial-risk-focused sessions (e.g., September and October Extra-Ordinary), improving transparency and collective challenge on PFRC matters.

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### 3. Meetings, Coverage and Declarations

PFRC met in line with its **Annual Schedule of Business 2025–26**, with additional **Extra-Ordinary** sessions to address financial risk and cash flow. The agenda followed the ToR scope, covering standing financial reports, Integrated Quality and Performance Report (IQPR), capital, financial investment review group meeting (FIRM), estates and compliance, digital/IM&T, contracting and commercial, Board Assurance Framework (BAF)/Corporate Risk Register (CRR), and efficiency programme progress. Declarations were recorded and there were **no material conflicts preventing participation**.

#### Minutes reviewed:

- **17 Apr 2025 (Confirmed)**
- **12 Jun 2025 (Confirmed)**
- **31 Jul 2025 – Extra-Ordinary (Confirmed)**
- **22 Sep 2025 (Confirmed)**
- **02 Oct 2025 – Extra-Ordinary (Confirmed)**
- **03 Nov 2025 (Confirmed)**
- **11 Dec 2025 (Unconfirmed)**

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### 4. Key Areas of Assurance and Oversight

#### 4.1 Financial Strategy, In-Year Income and Expenditure and Forecast

- The Committee moved from early-year **partial assurance** (June) through deepened scrutiny at Extra-Ordinary sessions, given the **National Training Contract (£2.6m) income loss** and **efficiency programme slippage**, to Month 6 and 7 reports projecting a **full-year deficit (£5.0m at M6; revised £5.37m at M7)** versus a planned breakeven. The Committee recognised improvement actions (pay/non-pay controls, run-rate reporting, contribution analysis) but noted material external drivers and timing/cash dependencies (e.g., Gloucester House sale).
- **Contribution analysis** introduced at Month 7 evidenced: Clinical Services 23.7% contribution, DET contribution reduced (10%) reflecting National Training Contract impact; Tavistock Consulting under-delivering.
- Committee steers included: **quantification of risks in reporting**, scenario-based forecasting, and recalibration of land-sale timing assumptions in the official forecast while continuing external engagement.

#### 4.2 Cash Management and Going Concern Considerations

- PFRC monitored cash daily/weekly via **13-week rolling forecasts** and oversight of national **cash support applications** (e.g., November/January requests). The Committee recorded the **risk to meeting payroll**, timely national support and agreed last-resort mitigations (temporary deferral of statutory payments), consistent with prior precedent; commissioners' advance payments were no longer permitted.

- A **Cash Committee** and enhanced **IM&T/finance controls** were put in place; PFRC required options appraisals and escalation support across the system.

#### 4.3 Efficiency Programme

- PFRC oversaw a **total 2025/26 programme value of c. £11.7m** (including balance-sheet measures and other mitigations). The Committee required **weekly Efficiency Programme Board** reporting, **Quality Impact Assessment/Equality Impact Assessment routes** via Quality and Safety Committee and People and Organisational Development, Equality Diversity and Inclusion Committee, and transparent **RAG status** distinguishing in-year versus next-year deliverability. In-year delivery was constrained by **redundancy funding** and **TUPE/merger timing**, so the focus shifted to **recurrent savings** for 2026/27.

#### 4.4 Capital Programme, Estates & Compliance

- PFRC received **FIRM/capital** oversight and **estates compliance** updates including six-facet survey results, Estates Returns Information Collection/Premises Assurance Model context, and progress on projects (e.g., lifts, library, asset replacement). Committee noted structural risks (aged roofs/windows/paving), and the strategic dependency on **Gloucester House** relocation/sale for both operational and financial planning.

#### 4.5 Digital / IM&T and Cyber

- The Committee tracked **Cyber Essentials accreditation** (including Cyber Assessment Frameworks standards) and the formation of **Executive-led IM&T Steering** with an **AI workstream** (e.g., Co-pilot, Ambient Voice Technology pilots), balancing ambition with capacity and merger alignment. It also oversaw **integration planning** (Organisation Data Service (ODS) code readiness; transfer of electronic patient record from CareNotes to RiO post-merger 2026/27) and requested **staff-reassurance communications** emphasising continuity and clinical safety.

#### 4.6 Commercial, Contracts & Performance

- PFRC received **contract risk matrices** (values added at Committee request) and monitored specific areas: Gender Identity Clinic (ring-fenced funding; quality improvement oversight), Family Drug and Alcohol Court (contribution improving with proactive engagement), Surrey Mindworks (debtor/clawback issues under resolution), Department for Education and Training portfolio (National Training Contract decommissioning negotiations; settlement linked to merger), and iThrive prospects.
- The **IQPR** and **SOF 3** updates were scrutinised with explicit triangulation to financial risk and BAF entries, especially where performance pressures could crystallise as contractual or financial exposure.

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### 5. Risk Management: BAF and Corporate Risk Register

PFRC considered the BAF and CRR at each meeting for risks within its remit (notably **BAF 9 — Financial Sustainability; cash flow; efficiency programme and break-even; productivity & performance**). The Committee **did not support a reduction** in BAF 9 during December, given the **absence of an approved full business case and continued in-year uncertainty**, instead steering an **increase in the likelihood score** and a **Board-**

**level discussion in January 2026** to align merger risk and BAF profile. PFRC also requested clearer mapping of **in-year vs future-year** impacts in contracting risk reports to strengthen financial planning.

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## 6. Governance, Policies & Terms of Reference

PFRC approved its revised **Terms of Reference (Nov 2025)**, reaffirming scope across **financial performance, operational performance, estates, IM&T, procurement, capital, cash and risk**. It also approved the **Procurement Strategy and Policy update** with alignment to NLFT policies through merger transition. The **Annual Schedule of Business** provided structured coverage and was updated to include **Extra-Ordinary** sessions where needed.

### 6.1. Committee Effectiveness

The Committee operated in line with its Terms of Reference and business cycle, enhanced cadence when risk warranted, and strengthened the **quality of financial reporting** (run-rate, contribution analysis, scenario forecasts, contract values, clearer assumptions and sensitivities). It emphasised **assurance (not operations)**, routed quality impact assessment/equality impact assessment and safety/culture items to other Board sub-committees as appropriate and maintained **cross-committee escalations** and feedback to Board. Member reflections noted **robust papers, constructive challenge**, and **clear chairing**, with **governor observers** engaged throughout.

### 6.2 Groups Reporting to the Committee

Handovers will need to be prepared from the reporting groups to the Committee.

- Efficiency Programme Board
- Financial Investment Review Group Meeting
- Integrated Quality and Performance Assurance Group Meetings
- Health and Safety Group

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## 8. Key Themes & Learning

- **Financial Grip & Transparency:** Move to granular run-rate, contribution and scenario reporting improved shared understanding and enabled more realistic forecasting and targeted mitigations.
- **Cash Risk & System Working:** Early, candid articulation of cash risk and constraints (no commissioner advances) supported timely national applications and governance of last-resort mitigations.
- **Efficiency Programme Deliverability & Recurrent Focus:** Structural constraints (redundancy/TUPE/merger) limited in-year options; PFRC re-weighted towards **recurrent savings** to stabilise 2026/27.
- **Contracting Visibility:** Addition of **values** and differentiation of **in-year vs out-year** impacts enhanced PFRC's ability to judge financial exposure and prioritise actions.

- **IM&T Integration & Assurance:** Clear phasing (pre/post-merger), **Cyber Essentials** continuity and measured AI adoption under governance helped balance opportunity with capacity and risk.
  - **BAF Calibration:** Committee pressed for **realistic BAF scoring** pending full business case/merger decisions and improved alignment with portfolio/merger risk logs.
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## 9. Conclusion

PFRC has **discharged its responsibilities** in a **high-risk** and **fast-moving** financial year by intensifying oversight of **income and expenditure, cash, efficiency programme, capital/estates, IM&T, and contracting**; sharpening risk articulation (BAF/CRR); and maintaining transparent, constructive challenge and escalation to the Board. While **material risks remain** (notably the in-year deficit, cash dependence on national support and transaction timing, and structural drivers in the Department for Education and Training/Tavistock Consulting), the Committee has **strengthened financial governance and controls**, set expectations for **recurrent improvement into 2026/27**, and ensured alignment of its work with the Board's strategic decision-making through the merger process.

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday 26 March 2026				
Report Title: Integrated Audit and Governance Committee (IAGC)			Agenda No: 012	
Handover				
Report Author and Job Title:	Magda North, Assistant Director of Corporate Governance	Lead Executive Director:	Terry Willows, Director of Corporate Governance	
Appendices:	Appendix 1: IAGC Handover business Appendix 2: IAGC Annual Report 2025/26			
<b>Executive Summary:</b>				
Action Required:	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>			
Situation:	Subject to final approvals, the Trust will merge through acquisition by North London NHS Foundation Trust (NLFT) on 1 April 2026. This paper sets out the final Integrated Audit and Governance Committee handover that will be passed to NLFT.			
Background:	Following the final ordinary meeting of the Committee, a formal handover meeting was held on 25 March 2026.  The handover documents will ensure that NLFT's Audit and Risk Committee can take account of risks, issues and work outstanding from TPFT Integrated Audit and Governance Committee.			
Assessment:	The Council is asked to note <ul style="list-style-type: none"> <li>The explicit focus on handover by Committee members and attendees at the last ordinary meeting of the Committee. This included <b>closing matters arising and sub-groups</b> of the Committee.</li> <li>Existing discussions at <b>merger work stream level</b> and <b>Transitional Executive</b> which have already socialised at management level many of the items raised in the handover. This is supported by a merger risk register.</li> <li>The drafting of <b>Terms of Reference for NLFT's Committee structure</b> from 1 April with a view to managing the business of the enlarged Trust. There is a strong read across from TPFT's ToR to that of NLFT.</li> <li>The development of <b>Committee workplans 2026/27</b> to reflect the business of the enlarged Trust and to build in items to understand the work of TPFT.</li> </ul>			
Key recommendation(s):	The Council is asked to take <b>ASSURANCE</b> on the Integrated Audit and Governance Committee Handover.			
<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 &	<input type="checkbox"/> Developing partnerships to improve population health and building on our reputation	<input type="checkbox"/> Developing a culture where everyone thrives with a focus on	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability

	international provider of training & education	for innovation and research in this area	equality, diversity and inclusion		
<b>Relevant <a href="#">CQC Quality Statements</a> (we statements) Domain:</b>	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input 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 checked="" type="checkbox"/>		ORR <input type="checkbox"/>
	The BAF and corporate risk register are relevant to this paper in setting out the strategic risks of the Trust.				
<b>Legal and Regulatory Implications:</b>	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
	The merger by acquisition of TPFT by NLFT is planned on 1 April 2026.				
<b>Resource Implications:</b>	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
<b>Equality, Diversity and Inclusion (EDI) implications:</b>	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	None identified.				
<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 Audit and Governance Committee				
<b>Reports require an assurance rating to guide the discussion:</b>	<input type="checkbox"/> <b>Limited Assurance:</b> There are significant gaps in assurance or action plans	<input type="checkbox"/> <b>Partial Assurance:</b> There are gaps in assurance	<input type="checkbox"/> <b>Adequate Assurance:</b> There are no gaps in assurance	<input checked="" type="checkbox"/> <b>Not applicable:</b> No assurance is required	



## Appendix 1: Integrated Audit and Governance Committee Handover Business

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
<b>Governance</b>				
Statutory regulatory framework (OFS and OFSTED also)	TPFT's work covers additional regulatory frameworks to those of NLFT – in particular Office for Students and Ofsted.	Director of Corporate Governance	To track through NLFT processes: TPFT Care Group, EMC, ARC and as appropriate NLFT Board  NLFT ARC is where assurance on regulatory compliance will be provided	Q1 2026/27 onwards
Board Assurance Framework	The risks on the BAF have been updated since the February/ March 2026 committee meetings in time for TPFT Board in March.	Director of Corporate Governance	<b>TPFT BAF and NLFT Board Assurance Framework</b> to be reviewed at NLFT Board workshop in May 2026 to design 2026/2027 BAF for enlarged Trust. The BAF will then progress through relevant committees onto the Board in the usual way.	Q1 2026/27
Corporate Risk Register	The risks on the CRR have been updated since the February/ March 2026 committee meetings in time for TPFT Board in March.	Director of Corporate Governance	TPFT and NLFT existing risk management systems will operate in tandem until the Autumn when In-Phase will be adopted across the enlarged Trust. Alignment to a single <b>Corporate Risk Register</b> will be undertaken manually from Q1.	Q1-Q2 2026/27
Internal audit	All outstanding management actions need to be mapped to NLFT owners	Director of Corporate Governance	To track through NLFT processes: TPFT Care Group, EMC and ARC	Q1 2026/27



The Tavistock and Portman  
NHS Foundation Trust

Item	Risks and Issues	NLFT owner	Handover arrangements	Due date
	Overall TPFT internal audit plan 2025/26 will form TPFT Head of Internal Audit Opinion		Closedown of TPFT internal audit plan 2025/26 and actions to route through NLFT ARC	Q1 2026/27
External audit	Handover needed from TPFT CFO to NLFT CFIO. TPFT external auditors need to work with NLFT to finalise external audit.	Chief Finance and Investment Officer	Handover well progressed between NLFT and TPFT management.  Handover arrangements underway on external audit and end of year reporting and will be finalised at IAGC in March.  NLFT ARC meeting on 28 April from which TPFT end of year reporting will align with NLFT processes.	NLFT June Board
<b>Highlights of Integrated Audit and Governance Committee business</b>				
Payroll handover and transition	To provide assurance on payroll handover and transition, including overpayments	Chief Finance and Investment Officer / Chief People Officer	Reporting through NLFT EMC as appropriate and ARC	BAU reporting from Q1.
Aged debtors and waivers	To provide assurance on debt owed to the Trust and single tender waivers	Chief Finance and Investment Officer	Reporting through NLFT EMC as appropriate and ARC	BAU reporting from Q1.

## INTEGRATED AUDIT & GOVERNANCE COMMITTEE — ANNUAL REPORT

Reporting Year: 2025–26

**Chair:** Ken Batty (from 1 September 2025), David Levenson (until 31 August 2025)

**Members:** Sal Jarvis, Aruna Mehta (until October 2025), Janusz Jankoski (from November 2025)

**Executive Lead:** Interim Director of Corporate Governance until November 2025, then services provided by NLFT Director of Corporate Governance

**Committee Secretary:** Asma Bi

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### 1. Introduction

The Integrated Audit & Governance Committee (IAGC) is a formal sub-committee of the Board, established to provide independent oversight and assurance across governance, risk management, internal control, audit, and regulatory compliance. Its purpose is set out in the Committee's Terms of Reference (ToR), last ratified by the Board in November 2025. The ToR assign the Committee responsibility for scrutinising organisational governance systems, the Board Assurance Framework, risk arrangements, internal and external audit programmes, counter-fraud, and compliance.

This Annual Report sets out how the Committee has discharged its responsibilities across the 2025–26 reporting year.

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### 2. Membership and Attendance

Membership during the cycle included Non-Executive Directors and key governance, finance, people, and audit leads. During the year there were a number of changes in Non-Executive Director membership of the Committee.

Representation from External Audit (Grant Thornton), Internal Audit (RSM) and Counter Fraud (RSM) was consistent across meetings, and operational leads attended for items relevant to their portfolios.

Attendance was sufficient to maintain quoracy at all meetings.

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### 3. Meetings, Coverage and Declarations

The Committee met in line with its annual cycle, supported by the **IAGC Schedule of Business 2025–26**, ensuring coverage of the annual accounts, governance statement, risk frameworks, audit plans, and policies.

**Minutes reviewed:**

- **8 May 2025 (Confirmed)**
- **19 June 2025 – Extraordinary (Confirmed)**

- **16 September 2025 (Confirmed)**
- **13 November 2025 (Unconfirmed)**

#### **Declarations (November 2025)**

NLFT and TPFT each contract RSM for their Internal Audit and LCFS services.

For External Audit both Trusts are contracted with Grant Thornton. For the 2024/25 the audit partner was the same, and for 2025/26 they are different.

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#### **4. Internal Audit**

Internal Audit (RSM) provided regular updates on delivery against the internal audit plan across the year.

##### **Key areas of focus across the year:**

##### **4.1 Head of Internal Audit Opinion 2024-25 (Extraordinary Meeting — June 2025)**

The Committee considered the Head of Internal Audit Opinion for 2024/25, of Level 3 (there are weaknesses in the framework of governance, risk management and internal control such that it could become inadequate and effective).

- Two reasonable assurance opinion reports were provided (subject access requests and board assurance framework/risk management)
- One minimal opinion was reported (consultant job planning).
- Five partial assurance opinion reports were provided (procurement, payroll, data quality, student admissions and IT security controls).
- One advisory report on DSPT had limited risk assurance and moderate confidence level.

The factors were considered when influencing RSM's opinion:

- inherent risk in the area being audited;
- limitations in the individual audit assignments;
- the adequacy and effectiveness of the risk management and / or governance control framework;
- the impact of weaknesses identified;
- the level of risk exposure; and
- the response to management actions and timeliness of actions taken.

In recognition of the rating, the Executive Leadership Team has conducted a Portfolio Risk and Control Effectiveness Review to ensure the key risks and controls within each Executive Portfolio are clearly articulated and effectively managed. The outcome of this exercise has been reported to the Integrated Audit and Governance Committee for oversight.

##### **4.2 Internal Audit Plan 2025–26 (November 2025)**

The Committee reviewed progress on Internal Audit work and as at November:

- **CAF-aligned Data Security Protection Toolkit** — very high risk assurance and low confidence level of the independent assessor.

- **Emergency Planning & Preparedness** — reasonable assurance provided. Action plans were agreed to strengthen clarity of roles and ensure operational readiness.
- Remaining audits: **agency staffing and payment** (draft stage), **student experience** (QA), **learning lessons from complaints and incidents** (QA), **visiting lecture payroll** (QA) and **risk management**

Internal audit reported that annual benchmarking review shows TPFT continued to be an outlier compared with other healthcare clients:

- More negative assurance opinions than peers, no substantive financial assurance received last year.
- Total actions per report remain higher than average. This pattern has been consistent over several years.

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## 5. External Audit

### 2024/25 reporting year

Grant Thornton's external audit plan for TPFT for 2024/5 was presented in March 2025 and in June 2025 their end of year audit report opinion was unmodified.

Through its value for money work Grant Thornton reported 1 significant weakness in arrangements pertaining to financial sustainability:

Red-rated: Significant weakness in arrangements identified in relation to medium-term financial sustainability and one improvement recommendation raised.

Red-rated: Significant weakness in arrangements identified and a key recommendation made relating to working with the identified merger partner to develop a financial plan to address the underlying deficit. We also retain our improvement recommendation related to recurrent savings identification and delivery.

Amber ratings were provided on governance and improving economy, efficiency and effectiveness.

### 2025/26 reporting year

Over the year Grant Thornton presented sector updates, planning activities for 2025–26, and highlighted that the post-merger environment would require careful handover and alignment between legacy organisations. Liaison with NLFT counterparts was agreed. The external audit plan is awaited.

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## 6. Annual Accounts & Governance Statement

The **Extraordinary meeting of 19 June 2025** was convened specifically on delegated authority from the Board of Directors to approve the:

- Annual Report
- Annual Governance Statement

- Annual Accounts

The Committee provided assurance to the Board that the documents were complete and fit for submission. The disclosures on going concern and significant control issues were noted and are provided at Appendix 1 and 2 for information.

### 7. Local Counter Fraud Specialist (May 2025)

The Counter Fraud Functional Standard 013 Return (CFFSR) 2024/25 reported in May 2025 resulted in an overall rating of green. The green rating assesses the Trust as fully compliant with the requirements, with demonstrative evidence of the impact of counter fraud work undertaken available. Counter-Fraud updates were included indirectly through internal audit reporting and compliance items (noting shared RSM involvement).

The Counter Fraud Functional Standard 013 Return (CFFSR) 2025/26 is not yet due.

### 8. Risk Management: Board Assurance Framework (BAF) and Corporate Risk Register

Across all IAGC meetings, risk management was a central theme.

At the start of 2025/26 the Board Assurance Framework had 14 risks:

- 3 risks rated at 16 (inequality of access patients, lack of workforce development, recruitment and retention and delivering financial sustainability targets).
- 3 risks rated at 15 (failure to provide consistent high quality care, risk of non-delivery of a sustainable future for the organisation through the Board agreed merger process and sustainable income streams)
- 7 risks rated at 12 (risk of loss of validation of DET degrees, potential contraction of student recruitment, lack of a fair and inclusive culture, maintaining and effective estate function, IT infrastructure and cyber security, failure to achieve required levels of performance and productivity, failure to deliver sustainable reductions in the Trust's environmental impact, and to align with the NHS net zero target).
- 1 risk rated at 9 (lack of management capability and capacity)

The BAF presented at the meeting will set out how the risk profile has changed.

A focus for the corporate risk register has been the development of a credible and reliable corporate risk register that articulates the Trust's key operational risks.

The Executive Portfolio Risk and Controls Assessment has been reviewed through IAGC. In September the ratings were as follows:

No. of risks	Current Risk Rating	Commentary
6	15 -25 High Risks	5 Clinical (including waiting lists, PCREF, CIP targets in CNO Directorate and clinical services) 1 Legal (non-clinical legal claim)
30	9 – 12 Moderate Risks	
10	6 – 8 Low risk	
0	1 – 4 Very low risk	
<b>Total: 46</b>		

## 9. Governance, Compliance & Policy Oversight

### 9.1 Terms of Reference Review

The Committee **approved the IAGC ToR for 2025/26** at the September meeting. The ToR strengthen expectations on risk, audit, and assurance arrangements across clinical and corporate domains.

The revised ToR (ratified by Board in November 2025) formalise the Committee's responsibilities for:

- governance and internal control
- scrutiny of the BAF
- integrated risk oversight covering clinical and non-clinical areas
- receiving internal/external audit outputs
- monitoring counter-fraud arrangements

### 9.2 Emergency Preparedness, Resilience and Response Core Standards (November 2025)

In September 2025, TPFT Emergency Preparedness lead met with Emergency Preparedness Resilience and Response (EPRR) leads from North Central London Integrated Care Board (NCL ICB) and NHSE (London region). The Core Standards were reviewed and agreed on compliance status for Tavistock and Portman's self-assessment. The Trust's EPRR status is Fully Compliant.

### 9.3 Updates on SFIs and Scheme of Delegation

In-year updates were made.

### 9.4 Regular reporting

Reports were provided on Single Tender Waivers, Age Debtors, Declarations of Interest, Over payments and Under payments.

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## 9. Committee Effectiveness

The Committee adhered to the effectiveness expectations set out in its ToR, including reviewing its workplan, overseeing audit independence, and monitoring progress against audit recommendations. A number of recommendations were made for action. The **Schedule of Business 2025–26** supported completeness of coverage.

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## 10. Key Themes & Learning

Across the year, the Committee identified cross-cutting improvement themes:

- **Improving data and information governance**, especially relating to DSP Toolkit compliance.

- **Strengthening corporate risk management.**
  - **Ensuring continuity and alignment post-merger** for external audit, governance processes, and assurance.
  - **Clarifying second-line controls and assurance**, ensuring internal audit activity is appropriately timed and scoped.
  - **Reinforcing governance maturity** across estates, digital, clinical and corporate areas.
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## 11. Conclusion

The Committee has **effectively discharged its responsibilities** during the 2025–26 reporting year in an uncertain context and with changes in Non-Executive Director membership. It provided robust scrutiny across audit, risk, governance and compliance, ensuring the Board received appropriate assurance in preparation for strategic and structural changes affecting the organisation.

The year featured strong collaboration with Internal Audit and External Audit, continued refinement of the risk and assurance frameworks, and approval of key statutory outputs.

## APPENDIX 1: GOING CONCERN DISCLOSURE

The Trust had an agreed deficit plan of £2.2m for 2024/25 and has met that plan. In 2025/26, the Trust has agreed a breakeven plan that requires efficiency savings of 6.4% of turnover to deliver. In the context of having an agreed plan, it is recognised that there is sufficient financial resource to continue providing services in 2025/26.

The Trust is currently going through a formal merger by acquisition process, in line with NHSE guidance and agreed by the Board as the best way to secure the future of the Trust's services. The anticipated merger date is 1st April 2026, with all assets and services transferring to another NHS Trust, the acquiring organisation, from that date. The expected savings in the financial case for the merger will predominantly come from reductions in corporate services and board costs, as well as synergies in clinical services which will help to address loss making services and growing income generating services such as the training and education and consultancy offerings. All clinical services will continue to be provided in the merged organisation.

The Directors, therefore, have a reasonable expectation that the services provided by the trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual.

Michael Holland

Chief Executive

## APPENDIX 2: ANNUAL GOVERNANCE STATEMENT

### Significant Control Issues

The Trust's definition of significant control issue is:

- Unplanned issues that required significant resource investment; and
- Any significant concerns raised by regulators, auditors or external visits as agreed by the IAGC. For 2024/25, the Trust is highlighting the following significant control issues:

1. Gender Identity Clinic (GIC) – As part of the national review of adult gender clinics, NHSE set out their timetable and key lines of enquiry. The Trust was visited by the NHSE review panel in November 2024. The one day on site visit was supported by a data submission ahead of the review.

The Trust received a letter noting the high-level findings, including areas requiring immediate attention. A response and improvement plan were submitted to NHSE within the required timeframe. The improvement plan is monitored internally through a targeted support framework. The Trust and NHSE meet regularly to review progress.

2. Financial Performance and Sustainability – In relation to financial performance and sustainability, there is a risk of failure to develop and deliver medium/long term financial plans that demonstrate a trajectory towards break-even.

At the end of the full year result for 2024/25, the Trust incurred a net deficit of £2.196m. The Trust also delivered its forecast capital expenditure plan of £2.3m.

The Trust's Financial Plan for 2025/26 submitted to the NCL ICB in March 2025 presents a balanced plan for 2025/26. At the time of writing, the Trust is working on an Efficiency programme of work and related governance focused on sustainable financial improvement.

3. Waiting lists – During 2024/25 growing waiting lists have remained a challenge for some Trust services (i.e. GIC, Trauma and Autism (ASD)) due to demand and capacity constraints.

The Trust has introduced various interventions including establishing Trustwide Quality Improvement workstreams focusing on service user experience, clinical outcome and waiting times; leveraging Kaizen outputs to develop service improvement plans and placing these services in Targeted support to address areas of concern.

During 2024/25, the ASD services Referral to Treatment (RTT) waiting list for both 18 and 52 weeks started to show a decline demonstrating the positive impact of interventions.

4. Decommissioning – During 2024/25, some Trust services were decommissioned due to the challenged financial position across a few Local Authority and NHS Integrated Care System footprints.

The Trust has put in place robust contract review processes, which includes a focus on productivity. To ensure Board Committee oversight, these new measures were reviewed and signed off by the Performance, Finance and Resources Committee in February 2025.

5. Consultant Job Planning Internal Audit Report – A Consultant Job Planning Internal Audit review during 2024/25 identified that the absence of an electronic job planning system was hindering the Trust in its progress towards ensuring there are robust processes in place towards the establishment of job plans. In addition, as job plans are not held centrally, oversight and ownership of the job planning process in terms of compliance, monitoring and oversight required strengthening.

The Trust is standardising job planning processes to improve service alignment and ensure sufficient oversight. A plan is in place to roll out a robust electronic job planning system across all services by September 2025.

6. The 2024/25 Head of Internal Audit Opinion – For the period up to 31 March 2025, the Head of Internal Audit Opinion for the Trust is that “There are weaknesses in the framework of governance, risk management and internal control such that it could become inadequate and ineffective.”

Factors which informed this opinion include the opinions associated with the internal audit reviews where, out of eight audits undertaken, one provided minimal assurance; five provided partial assurance; and two provided reasonable assurance.

Although the Trust has made progress towards improving the control environment in 2024/25, to improve the control environment going forward, the programme of internal audits will be expanded in 2025/26; prioritising areas with lower assurance and with a strong focus in ensuring timeliness of implementation of actions to address internal audit recommendations.

During 2025/26, the Executive Leadership Team will be conducting a Portfolio Risk and Control Effectiveness Review to ensure the key risks and controls within each Executive Portfolio are clearly articulated and effectively managed. The outcome of this exercise will be reported to the Integrated Audit and Governance Committee for oversight.