Chelsea and Westminster Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

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22 January 2026

16:00 GMT Europe/London

AGENDA

1. GENERAL BUSINESS

REFERENCES

Only PDFs are attached

1.0 Draft Agenda COG - January 2026.pdf

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting

Date: **22nd January 2026**
Time: **16:00 – 18:30**
Location: **Main Boardroom, Lower Ground Floor, Chelsea and Westminster Hospital/MS Teams**

AGENDA

	1.0	**GENERAL BUSINESS**		
16:00	1.1	Welcome and Apologies for absence Apologies:	Verbal	Chair
16:02	1.2	Declarations of interest	Verbal	Chair
16:03	1.3	Minutes of CoG Meeting held on 22nd October 2025 • Minutes of CoG Private Session held on 22nd October 2025	Paper Paper	Chair
	2.0	**UPDATES**		
16:05	2.1	Chair's Report and NWL Acute Provider Collaborative (APC) Update	Paper	Chair
16:20	2.2	Chief Executive's Report	Paper	Chief Executive Officer
	3.0	**FOR APPROVAL**		
16.30	3.1	Group Non-Executive Director Changes for Transition to Group Governance Model Effective from 1 April 2026	Paper	Director of Corporate Governance
	4.0	**FOR DISCUSSION**		
17:15	4.1	Annual Report from the Chair of the People and Workforce Committee	Paper	Chief People Officer/Director of Workforce
17:35	4.2	Quality Update	Paper	Vice Chair/Chief Nursing Officer
18:05	4.3	Governors Away Day 2026	Verbal	Director of Corporate Governance
	5.0	**OTHER BUSINESS – ITEMS FOR NOTING**		
18:15	5.1	Any other business, including: *5.1.1 - CoG Forward Plan and schedule of CoG meetings and CoG Briefings 2026-2027; *5.1.2 – Governor Attendance Register	Paper	Chair
18:20	5.2	**Date and Time of the Next Meeting** 15th April 2026 – venue and time tbc. (A 'Hold The Date' request has been sent to the Council for 15th April, and once this has been confirmed the details will be forwarded to the Governors.)	Verbal	Chair

1.1 WELCOME AND APOLOGIES FOR ABSENCE

1.2 DECLARATIONS OF INTEREST

1.3 MINUTES OF COG MEETING HELD ON 22ND OCTOBER 2025

1.3a - Minutes of CoG Private Session held on 22nd October 2025

REFERENCES

Only PDFs are attached

1.3 CoG Meeting - 22 October 2025 v1.pdf

DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)
22nd October 2025 14:00 – 16:00
Main Boardroom, Chelsea and Westminster Hospital and MS Teams

Present:	Matthew Swindells	North West London (NWL) Acute Provider Collaborative (APC) Chair in Common	(Chair)
	Patricia Gallan	Vice Chair	(PG)
	Richard Ballerand	Public Governor	(RBD)
	Caroline Boulliat Moulle	Patient Governor	(CB)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Maureen Chatterley	Public Governor	(MC)
	Nigel Clarke	Lead Governor/Public Governor	(NC)
	Ollie Dacanay	Staff Governor	(OD)
	Ian Dalton	Patient Governor	(ID)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Fiona O'Farrell	Patient Governor	(FOF)
	Stuart Fleming	Public Governor	(SF)
	Minna Korjonen	Patient Governor	(MK)
	Nina Littler	Deputy Lead Governor/Public Governor	(NL)
	Simon Mansfield	Public Governor	(SM)
	Ras. I Martin	Public Governor	(RIM)
	Cllr Will Pascal	Appointed Governor	(WP)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Desmond Walsh	Appointed Governor	(DW)
	Jo Winterbottom	Public Governor	(JW)
In Attendance:	Lesley Watts CBE	Chief Executive Officer	(LW)
	Robert Bleasdale	Chief Nursing Officer	(RB) (item 2.1 only)
	Vineeta Manchanda	Non-Executive Director	(VM)
	Ajay Mehta	Non-Executive Director	(AM)
	Mike O'Donnell	Non-Executive Director	(MOD)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the NWL APC Chair in Common	(AP)
	Graham Chalkley	Corporate Governance Officer	(GC)
Apologies:	Nara Daubeney	Public Governor	(ND)
	Jerry Folkson	Public Governor	(JF)
	Professor Mark Nelson	Staff Governor – Medical and Dental	(MN)
	Nathalie Podder	Public Governor	(NP)
	Lucinda Sharpe	Staff Governor – Nursing and Midwifery	(LS)
	Linda Vassallo	Staff Governor – Non Clinical	(LV)
	Aman Dalvi	Non-Executive Director	(AD)
	Syed Mohinuddin	Non-Executive Director	(SMo)
	Catherine Williamson	Non-Executive Director	(CW)

1.0 GENERAL BUSINESS

1.1 Welcome and apologies for absence

The Chair welcomed the Governors and the NEDs who were attending this meeting. The apologies were noted. The Chair added that a private session to approve the appointment of the Group Chief Executive would be taking place after the main CoG meeting.

1.2 Declarations of interest

RBD confirmed that he had another declaration of interest and this was noted.

1.3 Minutes of previous CoG meeting held on 17th July 2025.

The minutes were approved.

2.0 QUALITY

2.1 Annual Report from the Chair of the Quality Committee and Quality Update, including Winter Plan and update on vaccinations

PG summarised the Annual Report and what is discussed at the Quality Committee meetings. PG referred to the report and where it highlighted areas which the Committee had looked at in more detail. PG advised the Council that a full report on Maternity was tabled at each meeting which highlighted issues and challenges.

PG also commented on the Patient Stories that form part of the Quality Committee meetings and added that these highlighted both positive and negative aspects. MC commented that details regarding outpatient effectiveness was missing from this report, and asked whether further information on this could be provided. PG noted MC's comment and confirmed that this had been discussed before and that this needed to be addressed. RB commented on the patient experience, and added that all aspects – the good and the bad – came through the Quality Committee, and used how we communicated through the rescheduling of appointments to letter templates as examples and what needed to be improved.

LW added that a huge number of patients were seen through the Outpatient Department, and the movement of patients and the ability to see all of the patients was taken seriously, and we needed to be careful in not linking clinical outcomes to this. LW assured the CoG by summarising what actions the Trust had taken, which included making patients aware of any issues as soon as possible and maintaining good communication with GP's. LW added that it was good that we were having this discussion, as we needed to look at every aspect of how we communicated with patients. LW confirmed that this would be discussed further outside of the meeting, and an update would be provided to the CoG.

The CoG discussed the Friends and Family Test (FFT) and it was noted that the Trust had received positive scores on these, even though the response rate was disappointing. Other ways in which this could be monitored so that we could achieve a higher response rate was also discussed. LW added that the Trust's Communications Team monitored all social media, and suggested that further details on this could be presented to the CoG.

RB commented that the Annual Report provided information on the sub-groups and areas of focus, and also listed the Annual Reports that feed into the Quality Committee. RB also added that the Integrated Performance Report is submitted to the Trust Standing Committee and was presented in a new format that matched the BiC report.

RB added that there had been conversation around the Trust's Infection Prevention and Control (IPC) position and noted that the Trust's figures relating to C.Diff was less than last year's and added that this had not changed within the last four years and remained one of the lowest figures in London.

Other highlights from the Quality update included the following:

- A revised Dress Code policy had been relaunched.
- **"Flu Ends With You"** – the flu vaccination campaign was in its second week, and 24.1% of Trust staff had been vaccinated which put us as joint first Trust in London. The Trust was also implementing roving teams across the sites to ensure that more staff were vaccinated, and the aim was to change attitudes in a positive way and remind staff that being vaccinated was a step in protecting the community. Stock would also be available on every ward so that the most vulnerable patients could be vaccinated. RB reiterated that the Covid vaccine was not being offered this year – this was just the Flu vaccine.
- **Maternity Incentive Scheme (MIS)** – the Trust was on track to meet all of the 10 required standards, and it was noted that we had met all of these standards for the last six years;

- The Maternity vacancy rate was currently 5%, and the midwifery support vacancies would be turned into permanent midwifery posts;
- **Complaints** – the Quality Committee was aware of the number of disappointing patient experiences and there were issues with regards to dealing with complaints, but this issue and how complaints were dealt with was on the agenda for the next Quality Committee meeting in November 2025; and
- **Diagnostics** – updates on the improvement plan would be provided to the CoG, the Board and the public.

The issue of births at the Trust was raised, and it was noted that the priority was given to patients in NW London. LW stressed that all women presenting at the Trust were always taken in. RIM commended the policy that was in place and the work that was being done with regards to this.

3.0 UPDATES

3.1 Chair's Report and NWL Acute Provider Collaborative (APC) Update

The Chair summarised his report, and started by recognising the diversity of staff who work at the Trust and the patients who are treated here. In countering the recent negative press and comments regarding refugees, the Chair referred to an article from a former refugee who is now working in the NHS at one our Trusts. The Chair noted that 216 different nationalities worked across the APC, and reiterated the commitment for a continued supportive environment for staff and patients.

The Chair also commented on the merger of the NW London and NC London ICBs, and the announcement of Mike Bell (MB) who had been appointed as its new Chair and Frances O'Callaghan as its new Chief Executive. The Chair added that the Trust was looking forward to working with them, and added that discussion had taken place that this merger did not cause any financial burden to NW London.

The Chair referred to the NHS Oversight Framework (NOF) which had been discussed in length at the most recent Board in Common (BiC) meeting, as well as at the CoG Briefing that had taken place on 25th September.

The Chair also advised the CoG that Helen Stephenson (HS) was stepping down as a Non-Executive Director (NED). The Chair thanked HS for her contribution to the Trust as a NED and would be sorry to see her go, and added that the once the new Board structure was confirmed, this would determine how many NEDs were required and if any new NEDs would need to be appointed.

3.2 Chief Executive's Report and Trust Update

LW summarised this report and referred to the key items, including Elective Recovery. LW confirmed that these targets had been met year-to-date though the outpatient activity was below plan, and this was due to the Elective Recovery Fund (ERF) cap and the industrial action that took place in July. LW commented on the Trust's current financial position which remained challenging, and noted that in some cases hard decisions would need to be made to ensure that the Trust met its target. With the winter season approaching, LW assured the Council that the Trust always maintained a sound level of quality, which in turn provided us with the opportunity to become more efficient.

4.0 FOR APPROVAL

4.1 Council of Governors – Members and Elections Next Steps

PJ commented on the election process for the Governors, and noted that six of our existing Governors would be up for re-election this year. PJ referred to the NHS 10-year plan, and specifically the removal of the requirement for Foundation Trusts to have Governors. PJ assured the CoG that it would be some time before this was implemented, and added that no further guidance had been submitted so far in how Trusts would address this.

PJ summarised the proposal which was to delay running the Governor elections for nine months. PJ stressed that these elections were not being cancelled but were being delayed until next year when it was hoped that we would have a clearer picture from NHS England of what would happen to the

role of the Governors. In discussing the proposal further, FOF agreed that delaying the elections was a good idea, but asked whether those who were up for re-election wanted to stay on as a Governor. NC agreed that the Governors would need to discuss this concern further.

Through further discussion, PJ commented on the substantial cost and time that was invested in running the elections and preparing and running the induction programme, so delaying the elections for nine months was a sound proposal at this point. PJ added that if any guidelines were published in the interim we would then need to consider the next steps. The Chair agreed that the proposal was a sensible suggestion, and noted that should we start the election process and guidelines were published during this time, it could leave the Trust in a precarious position.

JW asked whether the Governors would be involved in this process, and it was confirmed that they would be.

As a Patient Governor, MK expressed concern that a voice representing the patients would be lost if the role of the Governor was abolished, and asked whether what was in place now could be transferred to the new system once it was implemented. It was agreed that a meeting would be set up to discuss this further once the national guidelines were published.

The proposal to delay holding the Governor elections for nine months was approved by the Council.

5.0 OTHER BUSINESS – ITEMS FOR NOTING

5.1 Any Other Business

5.1.1 CoG Forward plan and schedule of Council of Governor meetings and CoG Briefings 2025/2026

This was noted.

5.1.2 Governor attendance register

This was noted.

Five-Year Plan

PJ suggested that this could be a possible topic for the next CoG Briefing. This was noted.

Meeting closed at 15:45hrs.

2. UPDATES

2.1 CHAIR'S REPORT AND NWL ACUTE PROVIDER COLLABORATIVE (APC) UPDATE

REFERENCES

Only PDFs are attached

2.1 CWFT Council of Governors Chair's Report 18.01.26 final.pdf

Chelsea and Westminster Hospital
NHS Foundation Trust

CONFIDENTIAL

TITLE AND DATE *(of meeting at which report to be presented)*	Council of Governors Meeting 22 January 2026

AGENDA ITEM NO.	2.1
TITLE OF REPORT	Council of Governors Chair's Report
AUTHOR NAME AND ROLE	Matthew Swindells, Chair – North West London Acute Provider Collaborative (APC)n/a
ACCOUNTABLE EXECUTIVE DIRECTOR	
PURPOSE OF REPORT Decision/Approval: Assurance: Info Only: X Advice: Please tick above and then describe the requirement in the opposite column	
REPORT HISTORY Committees/Meetings where this item has been considered	Committee / Date of Meeting / Outcome ( ) / ( ) / ( ) ( ) / ( ) / ( )
SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND	An update on CWFT and the APC from the Chair to the Council of Governors
KEY RISKS ARISING FROM REPORT	

STRATEGIC PRIORITIES THIS PAPER SUPPORTS (please confirm Y/N)

Deliver high quality patient centred care	
Be the employer of Choice	
Deliver better care at lower cost	

IMPLICATIONS ASSOCIATED WITH THIS REPORT:

Equality And Diversity	
Quality	
People (Workforce or Patients/Families/Carers)	
Operational Performance	
Finance	
Public Consultation	
Council of Governors	

please mark Y/N – where Y is indicated please explain the implications in the opposite column	

REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)	
Commercial Confidentiality	**N**
Patient Confidentiality	**N**
Staff Confidentiality	**N**
Other Exceptional Circumstances (please describe)	

Thank you to staff

I would like to start by thanking all staff across our four Trusts who worked over the festive period. Your dedication ensured safe and effective care for patients during a time of increased demand and operational pressure. Staff across all roles from clinical teams to support services demonstrated commitment and resilience, and their efforts are deeply appreciated by the Board and the communities we serve.

Thank you to our departing NEDs

Four of the current APC NEDs will be leaving on 31 March when they reach the end of their maximum terms of offices.

- Aman Dalvi (CWFT/ICHT),
- Ajay Metha (CWFT/LNWH),
- Linda Burke (THHFT/ICHT)
- Simon Morris (THHFT/LNWH).

At the Board in Common this week, I put on record the Boards sincere thanks to all four of the NEDs due to shortly leave.

They have all been outstanding NEDs who have provided great leadership through the change and improvement journeys in our hospitals. Their commitment, professionalism and integrity have made a significant contribution to our Trusts and the wider APC. They have brought challenge and support in equal measure, always with a clear focus on improving care for our patients and the wellbeing of our staff. The stability, scrutiny and stewardship they have provided have helped guide us through a period of considerable change and increasing operational pressure.

We wish you every success in the future.

One final Board change is Bob Alexander has stepped down as Vice Chair at ICHT, though I am pleased to say is staying on as a NED till later in the year. Bob's experience and expertise has been invaluable to ICHT and the wider APC. I am pleased to confirm the appointment of Sim Scavazza as Vice Chair at ICHT.

National Oversight Framework (NOF)

NHS England published segmentation and league table figures for Q2 2025/26 under the revised National Oversight Framework. The NOF assesses providers on key measures including financial sustainability, operational performance and quality of care.

CWFT and ICHT have both achieved the highest ratings and are in level 1, continuing to be some of the top-performing acute Trust in the country. LNWH are in level 3, they have ranked 36th out of more than 130 Trusts, the Trust missed their financial plan in Quarter 2 which ranked them in level 3, though they have seen improvements in performance in a number of areas and are intending to deliver their financial plan this year. THHFT has improved and moved from level 4 to level 3, as Lesley writes in her CEO report the two specific areas that have seen improvements are 'Access to Services' and 'Patient Safety' which is a tremendous achievement and shows the improvement journey the Trust is on.

London Local Authority Funding Allocations – Impact on North West London (NWL)

The recent changes to central government funding, following the "Fair Funding Review", have had a significant and uneven impact across London's boroughs. The intention was to reallocate money towards more deprived areas, but the outcome has created a clear divide between inner and outer London.

The eight local authorities in North West London are: Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, and Westminster. According to the latest analysis, most outer London boroughs in NWL such as Hillingdon, Hounslow, Ealing, Harrow, and Brent are among the biggest winners, seeing real terms increases in central government funding over the next three years. In contrast, inner London boroughs in NWL specifically Hammersmith & Fulham, Westminster, and Kensington & Chelsea in our patch are facing some of the largest real-terms reductions in funding. This means that while some NWL councils will have more resources to support local services, others will potentially need to make further spending cuts which will have an impact on health and social care budgets.

2.2 CHIEF EXECUTIVE'S REPORT

REFERENCES

Only PDFs are attached

2.2 CEO Board Report January 2026 CW.pdf

Chief Executive Officer's Report
Chelsea and Westminster Hospital NHS Foundation Trust

Accountable director: Lesley Watts

Job title: Chief Executive Officer

Executive summary and key messages

1. Key messages

1.1 National Oversight Framework rating into Segment 1

We have achieved the highest rating in the NHS National Oversight Framework (NOF), securing a Segment 1 rating in the national performance dashboard. The NOF assesses providers on key measures including financial sustainability, operational performance, and quality of care. Segment 1 represents the strongest performance, and this achievement reflects the commitment of our teams and services across all sites. Thank you to everyone across the organisation for contributing to this result.

1.2 Winter planning and flu campaign

Preparation for the winter months with a focus on the wellness of our staff and ensuring our pathways were winter-ready was a key priority for our organisation this year. The winter plans for the organisation provided a blueprint to ensure resilience in our hospitals, safeguarding our patients and staff, and the operational and clinical actions that underpinned our response to increased pressures during this period.

Our Trust's flu vaccination programme confirmed a stronger position this year, with 44.2% of frontline staff vaccinated—an increase of 9% compared with the previous year—positioning the organisation as the best-performing acute Trust in London. Clinics and roving vaccination teams were also deployed to operate across both sites to support uptake.

This year a number of our staff appeared in a London-wide flu campaign featuring on public transport and key locations across the capital.

1.3 Great Big Thank You Week

We hosted our annual 'Great Big Thank You Week' which seeks to celebrate the contributions and commitment of our entire workforce. From 8–12 December, our sites were filled with festive cheer, music, and opportunities to come together. From The Great Big Welcome to CW+ performances, the switching on of our Christmas lights and The Great Big Cheer Awards, we recognised colleagues who went above and beyond for patients and each other. Thank you to everyone involved in organising the week, and everyone who joined in to help make it a true celebration of our Trust community.

1.4 Young patient experience featured in national media

Seven-year-old Liberty's visit to Chelsea and Westminster Hospital for a routine club foot surgery was shared in a national media story. In a write-up in *The Independent*, her mother shared her thanks and appreciation for our staff—especially during a challenging winter period with increased flu pressures. *'I thought, I never hear anything positive about the NHS – and now I've experienced it at its best. It might be buckling under superflu, but they managed to make a small child's operation at Christmas fun. That is quite something – a miracle, maybe*.'

1.5 Arts for all programme receives international support

World-renowned pianist Lang Lang gave a surprise lunchtime performance to patients, families and staff at Chelsea and Westminster Hospital. This was in partnership with our CW+ Arts for All programme, which provides daily music, performance and creative activities for patients and staff. The event was part of the Lang Lang Foundation's Music Heals initiative – a programme that brings high-quality live music directly into healthcare settings. Both programmes use the arts as a tool for healing and improving the hospital experience.

2. Quality & Safety

2.1 Overall progress across the Quality Priorities remains positive, with substantial assurance in key programmes such as PEWS/Sepsis, medication safety, and maternity. Areas requiring ongoing oversight include NatSSIPs2 training capacity, Violence and Aggression training provision, and the recovery of Dementia training and screening performance. Robust plans are in place to address all identified risks.

2.2 The Board received Maternity Assurance Reports and noted the MIS year-end forecast for full compliance and plan for delivery of the Maternity Single Delivery plan. We have been recognised for our positive relationship and impact of the MNVP, and following the publication of the national maternity survey 2024 the Trust rated amongst the top 3 in London for experience.

2.3 The Board received the National Adult Inpatient Survey 2024 Benchmarking Report and noted that the Trust continues to show a clear upward trajectory in patient experience, with significant improvements over the past two years, particularly in interactions with doctors and nurses, treatment and care, and the virtual ward service. The Trust was also recognised nationally for excellence in virtual wards and scored above average for respect, dignity, and overall patient experience.

2.4 The Trust remains one of the best-performing nationally on relative mortality risk, with strong processes for learning from deaths. No Prevention of Future Deaths were issued in Q2. The lower mortality rate at the Chelsea and Westminster site compared with West Middlesex is longstanding and linked to differences in comorbidity and social deprivation.

3. Operational Performance

3.1 The Trust reported November performance of 78.7% for the A&E 4-hour standard, above the 78% standard.

3.2 The NHS England Cancer standards are being met in October 2025 (validated) for 28-Day Faster Diagnostics standard and 31-Day standard. Performance against the 62-Day standard is improved at 80.5% although not compliant with the Trust Operating Plan target of 85%.

3.3 Elective Referral to Treatment (RTT) 18-week wait performance continues to improve in line with the Operating Plan trajectory at 61.5% for November 2025. There was a reduction in the overall RTT PTL, a reduction in the 52 week wait (ww) at 1565 (-104) and a decrease in 65ww at 60 (-21). There were no patients waiting over 78ww.

3.4 Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting less than 6 weeks) was reported at 83.44% against the 95% standard.

4. Financial Performance

4.1 The Trust reported a £0.7m deficit for the first seven months of 2025/26, which is on plan, though this has been supported in part by one-off items. The costs to cover the industrial action were £1m in November and the underlying position is behind plan due to gaps in the cost improvement/savings programme. Improvements include reduced bank and agency use through grip and control measures.

4.2 The forecast is still to achieve a breakeven plan, however there is £2m of risk in the forecast due to unfunded pay award NI impact (£0.9m), and December industrial action (est. £1m), however this is assumed to be mitigated by as-yet unidentified non-recurrent actions. Forecast assumes full delivery of the CIP Programme. There is a significant risk of the costs of ongoing industrial action.

4.3 To remain financially sustainable, we must continue focusing on transformation such as streamlining outpatient pathways to reduce unnecessary outpatient follow-ups which helps to free up capacity for new patients and further work is needed to ensure services are efficient, cost-effective and meet key quality and performance standards. Transformation projects now being agreed will underpin our priorities and financial improvement plan for 2026/27.

5. People & Workforce

5.1 Staff Survey: Strong engagement, with response rates at 43.5%. Continued focus on driving participation and communicating improvements resulting from feedback.

5.2 Key highlights:

- Acceptable Behaviours Policy has been redrafted particularly in relation to violence and aggression. We are planning to undertake a larger relaunch and awareness to support our staff.
- We hosted a successful Black History Month event and are pleased to announce that we have appointed an Enrich network chair. Our staff networks remain a vital asset to staff voice and inclusion in our organisation.
- Positive developments in apprenticeship training, with 26 new data-driven professionals and 22 ACPs starting in September, alongside five enhanced clinical practitioners.
- Expansion of self-rostering was also noted, with six additional wards participating.

6. Updates from the Council of Governors (CoG)

6.1 The CoG met in public on 22 October 2025 and received the Annual Report from the Chair of the Quality Committee, alongside a Quality Update covering the Winter Plan and the Trust's flu vaccination programme. The meeting also included a briefing on future developments across the Acute Provider Collaborative (APC).

6.2 CoG members attended a dedicated briefing on 16 December 2025 to discuss the NHS 10 Year Plan with an update on the impending changes regarding NHS E/National/ICB. Members were also updated on the recent industrial action.

7. Research and innovation

7.1 **Digital Research Transformation:** Work is continuing on the business case for CWFT to join the ICHT Clinical Analytics, Research and Evaluation (iCARE) Secure Data Environment (SDE) as a partner. Recruitment is over 20% up compared to the same time last year, partly reflecting that the Generation Study, highest-recruiting study, accounted for 40% of recruits.

7.2 **Research Volunteer Database:** The technical work is almost complete on a database where potential participants for volunteer studies can sign up via the Trust website to be informed about research opportunities. Work has started to advertise this widely.

8. Equity, diversity and inclusion

8.1 To mark Disability History Month, colleagues from across the Trust shared their personal experiences of disability, long-term health conditions and neurodivergence. These stories highlighted the diversity within our workforce and the many different ways disability can shape our working lives. Charlotte Malone, Clinical Nurse Specialist in Palliative Care, shared her experiences of living and working with dyslexia at an all-staff webinar. She explained the challenges in environments where she didn't always feel understood or supported. Since joining the Trust, she has truly been able to be herself, and feels deeply supported by her colleagues and managers.

8.2 Relaunch of staff networks—the social network

In January we will relaunch our staff networks, bringing together all our new network chairs and leads. This social network launch will kickstart a more integrated approach, strengthen peer support between chairs and leads, and enable networks to work collaboratively to improve inclusion and staff experience across the organisation.

9. Recognition and celebrating success

9.1 We celebrated National Healthcare Support Workers Day (23 November), with a special event dedicated to recognising the invaluable contributions of all Healthcare Support Workers (HCSWs) and maternity support workers. The event featured insightful talks and presentations on key topics such as career development, patient experience, flexible working and more. It was also an opportunity to reflect on the vital role HCSWs play in enhancing the patient journey and strengthening our teams.

9.2 Edwin Dela Cruz, Head of Nursing Practice Development and Education at Chelsea and Westminster Hospital NHS Foundation Trust, was awarded the European Impact Award 2025 for his work supporting education, training and professional development within Filipino nursing communities across the UK. His work has focused on mentoring, skills development and promoting inclusive practice within healthcare settings.

9.3 Congratulations to Veer Parmar, Finance Business Partner, who has been named the ACCA Public Sector Advocate of the Year for the UK. This achievement is a testament to Veer's dedication to both his profession and the NHS. Veer has been a passionate advocate for ACCA since 2014, championing collaboration, innovation and professional development across the health sector.

9.4 Our staff presented at the national NHS England's Advanced Practice Conference, highlighting how advanced practice is revolutionising services across the NHS. Antonia Gerontati, Consultant Nurse and Lead for Advanced Practice, and Advanced Clinical Practitioners Agnes Kaba, Anthony Greeves and Asghar Khan presented our work as a leading example of embedding Advanced Clinical Practice within a complex organisation. This transformation was built on a clear vision, sustained leadership investment and strong engagement within our executive team.

3. FOR APPROVAL

3.1 GROUP NON-EXECUTIVE DIRECTOR CHANGES FOR TRANSITION TO GROUP GOVERNANCE MODEL EFFECTIVE FROM 1 APRIL 2026

REFERENCES

Only PDFs are attached

3.1 CWFT NED Recruitment Group model NED Composition Jan 2026 CoG 22.01.26.pdf

Non-executive Director Succession Planning and Recruitment 2026. Group model and NED composition

CWFT Council of Governors Committee

Purpose of the Report/Paper:

This paper sets out the recruitment and selection process and indicative timeline for the succession planning and recruitment of the THHFT Non-Executive Director (NED) vacancy positions in 2026. The paper also sets out the new Group Committee structure, the proposed NED changes and an extension to the Chair's term of office to six years.

For:
Information ■ **Assurance** □ **Discussion and input** ■ **Decision/approval** ■

Executive summary:

In July 2025, the Board in Common, comprising the four acute Trust Boards in North West London, approved the formation of the APG. The new model will be led by a single Group Chief Executive, Tim Orchard, and have a unified executive structure. The governance arrangements have been revised to streamline decision-making, reduce duplication, and clarify the respective roles of Trust and Group committees. The transition aims to maintain statutory responsibilities at Trust level while enabling cohesive strategy and oversight at Group level.

To maximise the benfits from the new Group model, changes are being made to the Non-Executive Director composition. The number of NEDs will be reduced from 18 to 14 plus the Chair in Common, with seven NEDs plus the Chair in Common for each Trust. NEDs will continue to hold a position on two Trust Boards within the APG. This enables cross-Trust coordination and reduces duplication. NEDs will be allocated specific lead roles across Group committees, ensuring clear accountability and expertise.

To enable a move to this structure, there needs to be a reallocation of a small number of NEDs between Trusts to support the new committee structure, it is proposed these moves will take effect from 1 April, when the Group model starts. The key moves are listed below:

NED	Current Trusts	New Trusts
Baljit Ubhey	LNWH/THHFT	CWFT/LNWH
Bob Alexander	ICHT/LNWH	ICHT/CWFT
Carolyn Downs	THHFT/CWFT	THHFT/LNWH
David Moss	LNWH/ICHT	LNWH/THHFT
Pat Gallan	CWFT/THHFT	CWFT/ICHT
Vacant post (due to Helen Stephenson standing down)	ICHT/CWFT	THHFT/ICHT
Vineeta Manchanda *	THHFT/CWFT	ICHT/CWFT

* Proposed Vineeta will move into Bob's NED role when he steps down from the Group in August 2026.

NED appointments are shared across two of the four Acute Trusts within the Collaborative.

There are two NED positions that need to be recruited in the first half of 2026. An external recruitment campaign will be run to fill both these posts, the first is due to commence on 1 April 26 and the other role will be starting on 1 September 2026. The two roles are:

• Board member for The Hillingdon Hospitals NHS Foundation Trust and Imperial College Healthcare NHS Trust, they will be a member of the Group Finance and Performance Committee, a member of the Audit Committee at THHFT and the Group Digital and Data Committee.

• Board member for The Hillingdon Hospitals NHS Foundation Trust and Chelsea and Westminster Hospital NHS Foundation Trust, they will be a member of the Group Strategy Committee, Group People Committee and will Chair the Audit Committee at THHFT.

We plan to run an inhouse recruitment process to support the recruitment and selection process for the NED positions. As per the agreed process for previous NED appointments, the Lead Governor is a member of the interview panel.

The CWFT Council of Governors committee is asked to:

1. Note the revised governance structure and committee model.
2. Note the agreed process for the recruitment and appointment of shared NEDs, and recruitment indicative timeline.
3. Note the lead Governor (or nominated representative) will sit on the Interview Panel.
4. Approve the Nominations & Renumerations committee recommendation for proposed changes to NED composition for 1 April 2026.
    i. Baljit Ubhey, NED at CWFT
    ii. Bob Alexander, NED at CWFT
5. Approve the Nominations & Renumerations committee recommendation to the extension for Matthew Swindells as Group Chair until 31 March 2028.

Sponsor (Executive Lead):	Peter Jenkinson, Director of Corporate Governance
Author:	Alexia Pipe, Chief of Staff
Author contact details:	Alexia.pipe@nhs.net
Risk implications – Link to Board Assurance Framework or Corporate Risk Register:	All may apply
Legal/Regulatory/Finance/Quality & Safety/ HR/E&D/Engagement/Communications/Reputation or Sustainability implications:	All may apply
Link to Relevant CQC Domain: **Safe** ☐ **Effective** ☐ **Caring** ☐ **Responsive** ☐ **Well Led** ■	
Link to relevant Corporate Objectives/strategic aims:	
Document previously considered by:	N/A

North West London Acute Provider Group Non-Executive Director Changes for Transition to Group Governance Model Effective from 1 April 2026

1. Introduction

1.1 This report sets out the proposed changes to the composition and allocation of Non-Executive Directors (NEDs) required to support the transition to a new group governance model for the North West London Acute Provider Group (APG). The recommendations are submitted for approval by the Councils of Governors of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) and The Hillingdon Hospitals NHS Foundation Trust (THHFT), and for noting and confirmation by NHS England.

2. Background

2.1 In July 2025, the Board in Common, comprising the four acute Trust Boards in North West London, approved the formation of the APG. The new model will be led by a single Group Chief Executive, Tim Orchard, and have a unified executive structure. The governance arrangements have been revised to streamline decision-making, reduce duplication, and clarify the respective roles of Trust and Group committees. The transition aims to maintain statutory responsibilities at Trust level while enabling cohesive strategy and oversight at Group level.

3. Proposed Governance Structure

3.1 Board in Common and Trust Standing Committees

3.2 The Board in Common will continue to operate as the strategic decision-making body for the four trusts and provide oversight across the Group. Each Trust will remain sovereign entities and retain their Trust Standing Committee (TSC), responsible for statutory assurance, risk management, and performance monitoring at Trust level.

3.3 Group and Trust Committees (see appendix 1)

Group ‘assurance’ committees will be established to oversee the development and delivery of group-level strategic priorities and to identify any unwarranted variation in Trust-level performance, and appropriate group-level action to address such variation:

- Quality: Local oversight will be integrated into the TSCs and Board in Common. A Group-level Quality Committee will be established to develop and oversee strategic priorities across the APG.
- Finance & Performance: Local oversight will be integrated into the TSCs and Board in Common, a Group-level Finance and Performance Committee will be established to develop and oversee strategic priorities across the APG.
- People: Local oversight will be integrated into the TSCs and Board in Common, a Group-level People Committee will be formed to lead workforce strategy.

- Audit: Each Trust will maintain its own Audit Committee due to statutory and operational requirements. Quarterly coordination meetings between Audit Chairs will support future harmonisation.
- Nominations & Remuneration: A Nominations & Remuneration Committee in Common will be established, meeting in common but quorate for each Trust.

Group-level committees will also be created to oversee medium-term strategic development implementation in these areas.

- Strategy: A new group-level committee, with the responsibility for developing and overseeing the collective delivery of a medium-term clinical, service and financial strategy for the group, to be approved by the Board in Common. Local delivery of the strategy will be the responsibility of the Standing Committees. The Board in Common will have ultimate responsibility for the agreement and delivery of the strategy.
- Estates & Sustainability: Will retain the existing 'strategic' committee, it will focus on the development of respective elements of the group strategy and provision of assurance to the Board in Common on the implementation of these strategies.
- Digital & Data: Will retain the existing 'strategic' committee, it will focus on the development of respective elements of the group strategy and provision of assurance to the Board in Common on the implementation of these strategies.

4. Non-Executive Director (NEDs) Changes

4.1 The number of NEDs will be reduced from 18 to 14 plus the Chair in Common, with seven NEDs plus the Chair in Common for each Trust. NEDs will continue to hold a position on two Trust Boards within the APG. This enables cross-Trust coordination and reduces duplication. NEDs will be allocated specific lead roles across Group committees, ensuring clear accountability and expertise.

4.2 To enable a move to this structure, there needs to be a reallocation of a small number of NEDs between Trusts to support the new committee structure, it is proposed these moves will take effect from 1 April, when the Group model starts. The key moves are listed below:

NED	Current Trusts	New Trusts
Baljit Ubhey	LNWH/THHFT	CWFT/LNWH
Bob Alexander	ICHT/LNWH	ICHT/CWFT
Carolyn Downs	THHFT/CWFT	THHFT/LNWH
David Moss	LNWH/ICHT	LNWH/THHFT
Pat Gallan	CWFT/THHFT	CWFT/ICHT
Vacant post (due to Helen Stephenson standing down)	ICHT/CWFT	THHFT/ICHT
Vineeta Manchanda *	THHFT/CWFT	ICHT/CWFT

* Proposed Vineeta will move into Bob's NED role when he steps down from the Group in August 2026.

4.3 In the new arrangements most NEDs will serve on six committees per quarter, with academic NEDs and Vice Chairs serving on five and eight respectively. The Chair will participate in up to fourteen committees per quarter. NED time commitments will remain within the standard expectation of four days per month.

4.4 As there will be seven Group Committees in the new model, most Committees will be chaired by the Chair (2) or one of the Vice Chairs. It is proposed that a NED will be asked to take on Chair responsibilities for one of the Group Committees. At this time that committee will be the Group Finance & Performance Committee which from 1 April, Bob Alexander will chair this committee (Bob has just stepped down as a vice chair); when he comes to the end of his term of office as a NED in August, an open process will be run among the APG NEDs to appoint a new Group Finance and Performance committee chair. To acknowledge the extra responsibilities for this role, a £2k per annum honorarium will be paid to the chair of the Group Finance & Performance Committee.

4.5 Four of the current APC NEDs will be leaving on 31 March. Their terms of offices were due to finish in the next few months and in order to align to the new Group model which will commence on 1 April, it is proposed all four NEDs step down at the same time:

- Aman Dalvi CWFT/ICHT – end of term 31.03.26
- Ajay Metha CWFT/LNWH - end of term 31.03.26
- Linda Burke THHFT/ICHT - end of term 08.05.26
- Simon Morris THHFT/LNWH - end of term 30.04.26

4.6 Within the revised NED cohort for the Group, we have one current vacant post as Helen Stephenson stepped down at the end of last month. Also, Bob Alexander is due come to the end of his term at the end of August. At that point Vineeta Manchanda, a current NED at THHT and CWFT, will move across to replace Bob's role on ICHT and CWFT Board, and as the Finance and Performance lead at ICHT.

4.7 There are two NED positions that need to be recruited in the first half of 2026. A joint recruitment campaign will be run to fill both these posts, the first is due to commence on 1 April 26 and the other role will be starting on 1 September 2026. Full details on the proposed process for this recruitment campaign can be found in appendix 2 and THHFT NED skill mix matrix can be found in appendix 3. The two roles are:

- Board member for The Hillingdon Hospitals NHS Foundation Trust and Imperial College Healthcare NHS Trust, they will be a member of the Group Finance and Performance Committee, a member of the Audit Committee at THHFT and the Group Digital and Data Committee.
- Board member for The Hillingdon Hospitals NHS Foundation Trust and Chelsea and Westminster Hospital NHS Foundation Trust, they will be a member of the Group Strategy Committee, Group People Committee and will Chair the Audit Committee at THHFT.

4.8 The Chair's current term is due to end on 31 March 2026. We are proposing a two year extension, which would bring his total service to six years. This is in line with NHS England guidance and the Code of Governance, which allows a Chair to serve up to a six maximum term. Since the beginning of the APC, NEDs terms of office have been for a maximum of a six-year period (two sets of three-year terms). It has been regular practice to deploy extensions where possible up to the six year limit following the correct Trust and FT approvals through NHS England and Council of Governors.

4.9 Matthew has completed successful appraisals each year of his term, the last was in June 25 and was submitted to NHSE in line with their formal process. NHS London region and the ICB Chair are supportive to extend the Chair's term. An extension would support stability and continuity as we move into the next stage of developing the Group model and supporting the new Group Chief Executive.

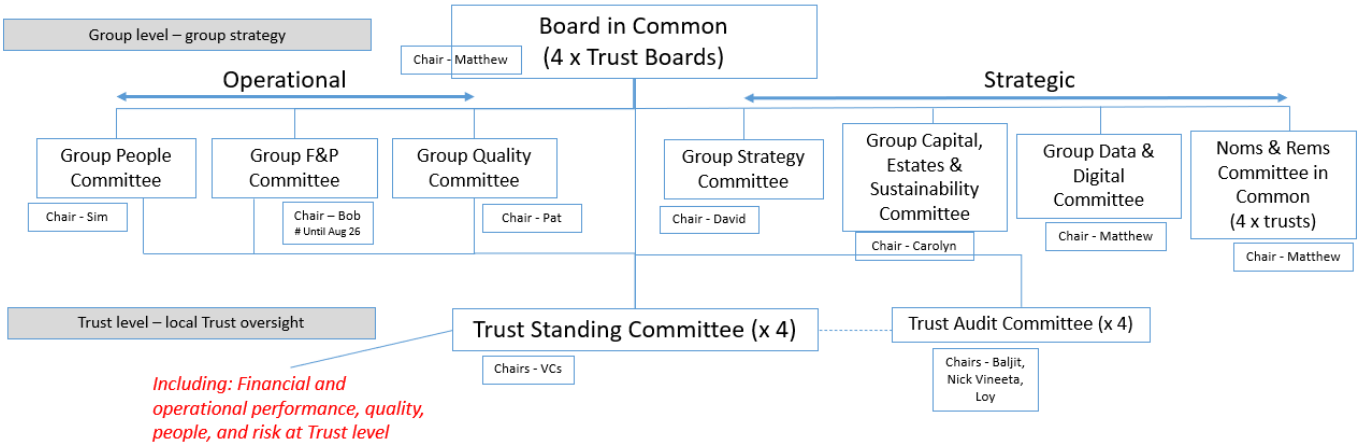
5. Conclusions

5.1 These arrangements will provide a governance structure to develop and deliver the strategic priorities for the Group, while providing the governance model to enable individual Trust Boards to receive assurance regarding delivery of their Trust business plans and management of Trust risks and issues. As the model evolves, we will keep under review and make any necessary changes to improve how we operate. Councils of Governors and NHS England are asked to approve the relevant NED changes to the four Trusts. Implementation of the new governance model will commence from 1 April 2026.

The CWFT Council of Governors committee is asked to:

1. Note the revised governance structure and committee model.
2. Note the agreed process for the recruitment and appointment of shared NEDs, and recruitment indicative timeline.
3. Note the lead Governor (or nominated representative) will sit on the Interview Panel.
4. Approve the Nominations & Renumerations committee recommendation for proposed changes to NED composition for 1 April 2026.
    i. Baljit Ubhey, NED at CWFT
    ii. Bob Alexander, NED at CWFT
5. Approve the Nominations & Renumerations committee recommendation to the extension for Matthew Swindells as Group Chair until 31 March 2028.

Appendix 1 – NWL Group Committee structure



** NED champions for FTSU, F&P, quality, people (in addition to required champions e.g. FTSU etc). Relationship NED / lead exec, outside of normal meetings*
*** Provision to enable establishment of local trust committees (e.g. Redevelopment Committee / Charitable Trust Funds Committee)*
**** Provision to enable establishment of NED / ED touchpoint meetings between TSC meetings*
 # Internal recruitment will happen for Group Chair role for August 2026

5

NHS North West London Acute Provider Collaborative

Appendix 2 - NWL Group NED recruitment

SHARED NED RECRUITMENT AND APPOINTMENT PROCESS

Background:

1. In establishing the North West London acute provider collaborative (NWL APC), soon to be a Group, the four trust boards of the acute providers and the two councils of governors for the foundation trusts (Chelsea & Westminster NHS Foundation Trust (CWFT) and The Hillingdon Hospital NHS Foundation Trust (THHFT)) agreed a governance model involving the appointment of joint non-executive directors across two of the acute providers. This means non-executive directors being appointed as members of the trust board for two trusts and serving as members of board committees across those two trusts.

NED Posts

2. A new Group model has been agreed with changes to the committee structure and NED composition, there is a need to recruit two NEDs in the first half of 2026, the NWL APC will run a joint recruitment campaign to appoint two non-executive directors across three of the Trusts. These roles are:

    - Board member for The Hillingdon Hospitals NHS Foundation Trust and Imperial College Healthcare NHS Trust, they will be a member of the Group Finance and Performance Committee, a member of the Audit Committee at THHFT and the Group Digital and Data Committee.

- Board member for The Hillingdon Hospitals NHS Foundation Trust and Chelsea and Westminster Hospital NHS Foundation Trust, they will be a member of the Group Strategy Committee, Group People Committee and will Chair the Audit Committee at THHFT.

Process:

3. Process pre interview:
    - Comment on the skills, expertise, knowledge and diversity needed on the Board of Directors for each Trust. Vice Chair host NHS trust leads, and has regard to views of Vice Chair FT having received input from FT Council of Governors Nomination and Remuneration committee.
    - Advertising and method led by host trust supported by NHSE placing vacancy on websites and sharing with NHSE talent pool / NExT Directors
    - Application pack to include information on all relevant trusts
    - Shortlisting – led by Chair with a parallel process at other trust
    - Shortlisting reconciliation – Nominated VC(s) and Chair in Common to agree candidates to interview. For NHS Trust appointments the Independent member (see para 7(iv)) should be involved in shortlisting, and an NHSE representative should be invited to participate, and will attend their discretion

4. Pre interview:
    - Pre interview calls and / or meetings to be offered with both Chair in Common and Chief Executives
    - Stakeholder panel: A (small) stakeholder event for interview candidates to meet with a selection of NEDs and governors from the FT Nomination and Remuneration Committee. Feedback from the stakeholder panel to the final interview panel on areas for the interview panel to probe in more detail. The stakeholder panel is not empowered to make appointing recommendations.

5. Interview panel:
    - Panel membership to be agreed with NHSE and to include;
        i. Chair in Common
        ii. Nominated VC(s)
        iii. Member who brings diversity credentials
        iv. Independent Non-Exec Chair or NED who brings independence (may also be combined with (iii)).
        v. NHSE representative (which NHSE may elect not to use at their discretion)
        vi. Lead governor, or nominated representative, as member of panel.
        vii. Director of HR (observer) from host trust - to assure process

6. Post interview:
    - Successful candidate recommended to foundation trust CoG remcom for appointment.

- FT CoG remcom recommend to full CoG the appointment of the NED to the FT.
- NHSE Appointments team to receive all related paperwork from the recruitment campaign prior to recommendation presented to Committee.

7. Costs and administration:
    - Recruitment costs lie with host trust
    - Process administered by host trust
    - Pre-employment checks and statutory requirements eg DBS, FPP etc by NHSE and host trust with assurance and records if required provided to the shared trust.

NED Recruitments 2026 – Indicative Timeline – Exact dates to be confirmed

Activity	**Indicative Timeline**
Recruitment briefing pack finalised	22.01.26
Advertisement opens	23.01.26
Open Evening	05.02.26
Closing Date for applications	17.02.26
Longlisting	20.02.26
Longlisting interviews	w/c 23.02.26
Shortlisting	02.03.26
Stakeholder/panel Interviews	09/10.03.26
Nominations Committee/Council of Governors/NHS England approval	11/13.03.26
Start Dates	01.04.26 01.09.26

Appendix 3 – Full list of Group NEDs and their Trusts

Trust	NED	Lead Area
ICHT	Matthew Swindells - Chair	
ICHT	Sim Scavazza – Vice Chair	People
ICHT	Bob Alexander	Finance & Performance
ICHT	Nick Gash	Quality & Audit
ICHT	Loy Lobo	
ICHT	Pat Gallan	
ICHT	Catherine Williamson	Academic
ICHT	Vacant post	

Trust	NED	Lead Area
LNWH	Matthew Swindells - Chair	
LNWH	David Moss - Vice Chair	Finance & Performance
LNWH	Loy Lobo	People & Audit
LNWH	Syed Mohinuddin	Quality
LNWH	Sim Scavazza	
LNWH	Baljit Ubhey	
LNWH	Carolyn Downs	
LNWH	Martin Lupton	Academic

Trust	NED	Lead Area
THHFT	Matthew Swindells - Chair	
THHFT	Carolyn Downs - Vice Chair	Quality
THHFT	Vacant post	Finance & Performance
THHFT	Vineeta Manchanda	People & Audit
THHFT	Nick Gash	
THHFT	Mike O'Donnell	
THHFT	David Moss	
THHFT	Martin Lupton	Academic

Trust	NED	Lead Area
CWFT	Matthew Swindells - Chair	
CWFT	Pat Gallan - Vice Chair	Quality
CWFT	Mike O'Donnell	Finance & Performance
CWFT	Baljit Ubhey	People and Audit
CWFT	Bob Alexander	
CWFT	Syed Mohinuddin	
CWFT	Vineeta Manchanda	
CWFT	Catherine Wiliamson	Academic

4. FOR DISCUSSION

4.1 ANNUAL REPORT FROM THE CHAIR OF THE PEOPLE AND WORKFORCE COMMITTEE

REFERENCES

Only PDFs are attached

4.1 Annual Report from the Chair of the People and Workforce Committe (2026).pdf

Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) People and Workforce Committee – Chair's Annual Report to the Council of Governors (CoG), January 2026.

This report summarises the work of the CWFT Board People and Workforce Committee for the period January 2025 to December 2025.

1-Introduction/Governance Structure:

(i)-CWFT People and OD Structure

Since April 2025 a new leadership structure has been in place:

- Kevin Croft, Chief People Officer Imperial Healthcare, Chelsea and Westminster, and The Hillingdon Hospitals
- Sue Grange, Director of OD, Health and Wellbeing Imperial Healthcare, Chelsea and Westminster, and The Hillingdon Hospitals
- Phil Spivey, Director of Workforce, Chelsea and Westminster, and The Hillingdon Hospitals

(ii)-CWFT People and Workforce Committee:

The CWFT People and Workforce Committee now meets quarterly. It provides the Trust Board of Directors with assurance on matters related to its staff, and the development thereof to the highest standards and that there are appropriate processes in place to identify any risks and issues and manage them accordingly.

Escalation reports from these meetings are presented at the North West London Acute Provider Collaborative (NWL APC) People Committee in Common (CiC), which is managed by London North West University Healthcare (LNWUH).

(iii)-NWL APC People Committee in Common (CiC):

The role of the Collaborative People Committee in Common is threefold:

- To oversee and receive assurance that the Trust level People Committees are functioning properly and identify areas of risk where collaborative-wide interventions would speed and improve the response;
- to oversee and receive assurance relating to the implementation of collaborative-wide interventions for short and medium term improvements; and
- to identify, prioritise, oversee and assure strategic change programmes to drive collaborative-wide and ICS integrated improvements.

2-CWFT Board People and Workforce Committee Purpose/Objectives:

The purpose of the Committee is to gain assurance, on behalf of the Board of Directors that the Trust is making sufficient progress towards delivery of its People Strategy, with a focus on health and wellbeing and a more consistent and inclusive positive experience for all staff. The Committee's role is to:

- Ensure that the Trust's activities enable colleagues to feel supported in their work, and consistently experience and live the Trust's PROUD values.
- Oversee the development of a consistent culture where people feel safe and able to raise concerns and that concerns raised are suitably addressed.
- Ensure the Trust's activities are systematically and effectively promoting health and wellbeing, and psychological safety.
- Ensure the Trust is actively seeking to reduce inequalities in staff experience and is promoting equality, diversity and inclusion in a systematic and effective way.

- Shape, approve and drive the Trust's People and Organisational Development Strategy and assure its implementation to ensure appropriate impact.
- Ensure that the Trust has a comprehensive Leadership Development and Talent Management Programme in place designed to reinforce the culture the Trust is seeking to achieve and evaluate the effectiveness of the programme to inform further improvements.
- Ensure that the Trust has oversight of the Education, Skills and Capability agenda and that this is shaped to meet the needs of the changing workforce.
- Review all relevant people-related policies to ensure they will positively enhance the Trust's culture and receive assurance on their implementation timeliness, fairness, integrity and consistency.
- Shape, approve and drive improvements arising from the triangulation of feedback from staff surveys, exit interviews, Freedom to Speak Up Guardians and other sources.
- Ensure engagement and consultation processes with staff, stakeholders and communities reflect the ambition and values of the Trust and also meet statutory requirements
- Review and drive innovative performance improvement against key elements of the NHS People Plan and Trust People Strategy including:
    - Looking after our people;
    - Belonging at our trust;
    - New ways of working and delivering care; and
    - Growing for the future.
- Review, assess and gain assurance on the effectiveness of mitigations and action plans as set out in the Board Assurance Framework specific to the Committee's purpose and function.

3-CWFT People and Workforce Committee Membership and Attendance:
(i)-NED membership: Other than myself as People and Workforce Committee Chair, Syed Mohinuddin and Helen Stephenson (to November 2025) also attended these meetings.

(ii)-Executive Director membership:
Lesley Watts (Chief Executive Officer); Roger Chinn (Medical Director); Robert Bleasdale (Chief Nursing Officer), Lindsey Stafford-Scott (Chief People Officer, to March 2025) and Kevin Croft (Chief People Officer, from May 2025).

Other attendees at these meetings include Nicola Rose (Deputy Chief Nurse), Laura Brown, (Acting Deputy Director of Learning & OD, until August 2025), Susan Grange (Director of OD, Health & Wellbeing, from May 2025), Phil Spivey (Director of Workforce, from May 2025), Natasha Singh (EDI Board Advisor) and John Wall (Associate Director of People).

The attendance at these meetings is consistent, with regular participation from all attendees with in-depth discussion and robust challenge on the topics presented on the agendas.

Over the last 12 months, the Committee met five times.

4 - Key items achieved by the People and Workforce Committee:

- The People Strategy for 2025/2026 was approved in May 2025, and again was designed for delivery against the four pillars of the People Promise. Key areas of focus for 2025/2026 included addressing issues of violence and aggression towards staff and reducing the number of episodes of bullying and harassment. The approach taken to dealing with these included developing routes where staff could raise concerns, embedding the Freedom to Speak Up (FTSU) and raising awareness and confidence to enable colleagues to speak up.
- The Staff Safety Groups held regular meetings throughout the year at both the CW and WM sites, which continued to allow the Trust to triangulate data around staff safety from a variety of sources including, Datix incidents, accidents and Freedom to Speak Up reports.
- The publication of the 2024 Staff Survey showed that Chelsea and Westminster ranked above the national average for staff engagement, and saw a significant increase in

colleagues recommending the Trust as a place to work. Out of the nine NHS People Promise themes, we scored with eight, which was above the national benchmark.

- Improvements to the Performance and Development Review (PDR) process for Agenda for Change Staff began in April 2025, and was based on best practice research, with a focus on aligning individual performance with our strategic priorities.

5 – Areas of Focus for the committee

5.1 Belonging - Equality, Diversity and Inclusion (EDI)

Equality Delivery System (EDS) implementation by NHS provider organisations is mandatory in the NHS Standard Contract, and requires the Trust to assess its performance around achieving equity in the services they provide for their local communities and providing better working environments, free of discrimination. It is not a self-assessment tool, but must be carried out in discussion with external stakeholders and the Trust's workforce.

The Trust's EDS was delivered in partnership across the NWL APC, and helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS.

Key objectives and outcomes from the Belonging Action Plan for 2025/2026 include the following:

Objective - Grow our influential staff networks for Race, LGBTQ+, women, disability and employee forum and launch a new armed forces (reservists) staff network.
Outcome - Staff Networks function effectively and visibly influence Trust decisions and policy, having direct impact on organisation culture. *(Linked to NHS EDI Improvement plan high impact actions 2, 3, 4 and 6.)*

Objective - Ensure fairness and a just culture in Trust disciplinary, grievance and performance management processes, and embed mediation and informal resolution capability and therefore reduce the number of formal procedures.
Outcome - There is a sustained reduction in actual or perceived discrimination against disabled and Black, Asian, Minority Ethnic staff. *(Linked to NHS EDI Improvement plan high impact actions 2 and 6.)*

Objective - Support the development of our leaders to embed equalities impact into all elements of Trust service provision.
Outcome - Staff are clear of senior managers' commitment to provide a fair, inclusive and non-discriminatory work environment. (*Linked to NHS EDI Improvement plan high impact actions 1 and 6.)*

5.2 – Staff Stories

The Staff Stories that were presented at the People and Workforce meetings throughout the year involved a member of Trust staff who presented their own experiences of working in the Trust. The presentation of these stories continued to make us aware of a variety of issues which in turn enable us to improve services across the Trust for all staff.

These stories dealt with a variety of topics such as working with the Trust's Nursing and Midwifery Preceptorship Scheme; developing new ways of working to drive patient care across the organisation; the implementation of reasonable adjustments and the challenges, support and the lessons learned from these; and a group that addressed violence and aggression against staff and ensured that that appropriate action was carried out.

A particular focus was to fully track the progress and actions following each story to demonstrate impact. A more detailed staff story tracker was prepared and which the Committee reviewed at each meeting. For example, the issues raised by the member of staff who had reasonable adjustments in place to assist with them with their work and supervise a team, led to the Committee

agreeing that there should be better promotion of the Disability Staff Network, and ensure that staff who require reasonable adjustments are properly supported.

6-Comments/Assurance:
The Trust has continued to perform well against the core People Metrics, and key objectives from the Belonging Plan and ensuring that equality, diversity and inclusion is implemented through all aspects of the Trust has been effectively and work continues in this regard.

Ajay Mehta
Chair of CWFT People and Workforce Committee

January 2026

4.2 QUALITY UPDATE

REFERENCES

Only PDFs are attached

4.2 Quality Report - Trust Standing Committee Jan 26 (002).pdf

Quality Committee Highlight Report

1. Purpose and Introduction

This report provides a summary of the items discussed and agreed at the Quality Committee meeting held on 25th November 2025.

2. Key issues to escalate to the Trust Standing Committee

The Committee highlighted the strong and focused improvement work in ED, recognising the positive impact of new leadership and performance measures.

The Committee emphasised the need for an ongoing strategic focus on mental health attendances, given their direct effect on ED performance, staff safety, and patient care.

2.2 Key actions/decisions

- The Committee endorsed continued PSIRF delivery, including new in-house training, and agreed that Divisions must strengthen delivery of PSIRF actions, with 18% still overdue. It supported the rollout of PEWS, finalisation of Sepsis training, and renewed focus on violence and aggression prevention through the “I Am Human” campaign and enhanced mental health training.
- The Committee noted the findings of the orthopaedic review and opportunities for learning across London.
- Received assurance of the Trust compliance against the national workforce standards and the significant work completed for recruitment and reduction in temporary staff
- Supported the ongoing ED improvement measures, including daily senior clinical decision-maker presence and actions to preserve patient flow during winter.

3. Key highlights – Safety and Quality Improvement

3.1 Integrated Quality and Performance Report (IQPR)

The Committee received the Integrated Quality and Performance Report covering September’s data, with October’s figures still being finalised. The report confirmed that there had been three severe harm or death incidents, all of which were being reviewed through PSIRF and internal governance processes. The Trust continued to meet its medication safety and management targets, and infection control performance remained strong, with only three new cases of C. difficile bringing the year-to-date total to 28 against a threshold of 33, and E. coli rates remaining within expected limits. The complaints team have an improvement plan in place, with increased oversight and review of processes to improve the timeliness of complaint responses.

The Committee noted concerns regarding the Friends and Family Test results at WM, where refurbishment works had temporarily displaced patients into a smaller outpatient space. This had impacted patient experience; however, staff had managed the situation effectively. Operationally, the Trust continued to face performance pressures, particularly related to reducing 12-hour waits, much of which stemmed from increasing mental health presentations. Improvement meetings and sustained focus on flow and performance are underway.

Cancer performance showed encouraging improvement in the 62-day treatment standard, supported by weekly cancer performance meetings. However, challenges persisted regarding patients breaching

52-week waits and the 65-week backlog, with targeted work underway ahead of winter. The Committee also noted that Diagnostics remained a key constraint, particularly at WM, and that Endoscopy capacity continued to pose operational challenges. The 6-week diagnostic target was not being met, though mitigating steps were in place to prioritise patients with the most urgent clinical needs.

The Committee was reminded that the Trust had been asked to reduce planned activity by 35% for 2025/26, and an activity plan had been submitted to manage this requirement. Additional funding has now been released which is enabling some extra activity to support recovery. The Committee acknowledged the positive work being done across teams and noted the ongoing actions to address the areas of risk and challenge.

3.2 Quality Priorities

The Committee reviewed Q2 progress and noted that overall delivery remained positive and aligned with Divisional plans, with most programmes advancing as expected.

Progress remained strong, with the National PEWS now implemented across the Trust and improvements made in workflow, education, and audit processes. The Cerner sepsis build was complete and scheduled to go live in December.

Adoption of NatSSIPs2 continued, with progress on harmonised safety checklists, digital integration, and compliance audits. Metric measurement remains a concern, and training development has been delayed due to resource constraints.

The Violence and Aggression programme progressed with the “I Am Human” campaign, strengthened training, and policy refinement. Challenges remain around aggression from families and birthing partners, which is being monitored via the Staff Safety Group. The lack of a procured training provider is a key risk, with in-house training planned for January 2026.

The Medication Safety programme continued to support reductions in moderate-harm medication incidents through real-time dashboards, monthly reviews, safety bulletins, and staff training. No new risks were identified.

The actions associated with the maternity and neonatal single delivery plan remain on track or completed, with outstanding actions expected by March. Focus continues on personalised care, workforce support, safety culture, and standard compliance. Digital timelines for NEWTT2 remain the main risk.

Performance in dementia screening and training declined in Q2. A recovery plan is in place, with Divisions expected to improve compliance next quarter. Tier 1 training exceeded target, Tier 2 training continues to progress, and screening gaps during clerking are being addressed. Risks remain around training logistics and screening reliability.

Overall progress across the Quality Priorities remains positive, with substantial assurance in key programmes such as PEWS/Sepsis, medication safety, and maternity. Areas requiring ongoing oversight include NatSSIPs2 training capacity, Violence and Aggression training provision, and the recovery of Dementia training and screening performance. Robust plans are in place to address all identified risks.

3.3 Patient Safety Group Report Q2 and Orthopaedic Review

The Patient Safety Group report was received, with assurance provided regarding the continued embedding of PSIRF and expansion of Patient Safety Specialists, which will be informed following an internal audit across the APC. The Trust had a strong position for duty of candour both verbal and written. The implementation of the new quality and safety system across the APC provides an opportunity for grater shared learning and triangulation of data and it was noted the go-live was scheduled for Q1 2026/27.

The committee received a report from the Chief Medical Officer following the completion of the review of historic orthopaedic cases. The Committee commended the significant work undertaken by the clinical teams involved and recognised the shared London-wide learning that will strengthen future safety responses.

3.4 Maternity Assurance Report (Quality and Workforce)

The Committee reviewed the Maternity Assurance Reports and noted the MIS year end forecast for full compliance and plan for delivery of the Maternity Single Delivery plan. The service continues to embed Saving Babies Lavies V3.2 and is complaint with 96% of the intervention. Both sites remain below the national target for term admission to the neonatal unit.

The committee noted the positive relationship and impact of the MNVP, and following the publication of the national maternity survey 2024 the Trust rated amongst the top 3 in London for experience. The service has an improvement plan in place which will be monitored as part of this report.

Following the BR+ review and as approved by the Trust demand management has been implemented across the service, with an established appeals process. A further review and update on impact will be presented at the next quality committee.

Both sites have undergone unannounced ‘mock’ CQC inspections supported by external staff and have developed action plans in place as a result of the findings.

3.5 Clinical Effectiveness Group (CEG) Q2

The Group reported strong audit performance, with full participation in 53 of 59 eligible audits with associated actions in place. The oversight of clinical guidelines and NICE standards has been strengthened with 95% compliance for NICE guidance and reduction of overdue guidelines to 5.03%. The revised agenda continues to work well, demonstrating robust engagement with national standards and continuous improvement. Targeted action is underway to address audit gaps, guideline compliance, digital integration, and workforce constraints. Further work is required to improving opportunities to embed shared learning across all services.

3.6 Health, Safety and Environmental Risk Group (HSERG) Q2

The quarterly report provided assurance regarding the activities of the sub-groups to HSERG, and the committee notes the work being completed as part of the Trust Quality Priorities on violence and aggression.

A gap analysis following the St Mary’s Hospital fire showed the Trust is compliant with 98 recommendations, and partial compliance with 9. Actions are in place to address these areas and progress updates will be provided through EMB and the Quality Committee. Following the inspection of fire dampeners at Chelsea, shutter testing is planned for January 2026 and compartmentation

survey has been scheduled.

3.7 Mortality Surveillance Group / Learning from Deaths

The Trust remains one of the best performing nationally on relative mortality risk, with strong processes for learning from deaths. No Prevention of Future Deaths were issued in Q2. The lower mortality rate at the Chelsea and Westminster site compared with West Middlesex is longstanding and linked to differences in co-morbidity and social deprivation.

3.8 Emergency Department (ED) Improvement Plan

The committee received an update on the ED performance improvement plan from the EIC division, which provided an update on measures being taken to improve performance which include workforce utilisation, senior operational support, environmental review, and use of pathways such as AEC and Pharmacy first. ED performance has declined due to long waits to see a clinician. Senior decision-makers are now present from 8am to 8pm to improve flow. Space constraints at West Middlesex remain a challenge, though teams are using available areas effectively. Early data shows improving performance, particularly at West Middlesex. Attendances have risen steadily this year, but current measures have helped manage the increase. Winter pressures and mental health demand continue to pose risks, with a 'phased' Mental Health Crisis Assessment Service (MHCAS) being stepped up in Q4.

4. Key highlights – Experience, Strategy, Governance and Risk

4.1 Patient and Public Experience and Engagement Report (Including Complaints and PALS) Q2

The Committee reviewed the Q2 Patient and Public Experience and Engagement (PPEEG) Report and was assured that the Trust continues to respond effectively to patient feedback. Despite a dip in August, complaints performance had recovered to 89% by October and was forecast to return to full compliance in November. Improvements in inpatient survey results were noted, supported by targeted staff education and focused actions on noise at night and access to food.

The Committee heard that PPEEG continues to embed lived experience and co-production across divisions, with patient stories driving improvements in women's health, paediatrics, and diagnostics. Partnerships with groups such as the Maternity and Neonatal Voices Partnership, the Gynaecology Patient Advisory Group, and the HIV CORE group have contributed to co-produced resources and service redesign.

Assurance was provided that feedback from FFT, national surveys, and complaints is informing targeted improvements, with evidence seen in increased compliance, updated guidelines, environmental enhancements, and digital innovations such as the Isla platform and the transport app. The growing influence of young people on service design and leadership decisions was also highlighted.

The Committee noted ongoing challenges, including underrepresentation of some ethnic and underserved groups, inconsistent communication in parts of the service, and risks related to digital exclusion and the sustainability of patient-led groups.

4.2 Quality, Equity, Health Inequalities Assessment (QEHIA) report Q2

The Committee noted the EQHIA report for Q2 and the majority had focused on workforce, planning

and financial efficiency as a result of business planning and CIP delivery. The committee noted the approach of a standard form across the APC from April 2026.

4.3 Flu vaccination

An update on the Trust's flu vaccination programme confirmed strong progress, with 34.7% of frontline staff vaccinated—an increase of 9% compared with the previous year—positioning the organisation as the best-performing acute Trust in London. Clinics and roving vaccination teams continue to operate across both sites to support uptake.

4.4 Risk and Board Assurance Frameworks (Quality Risks) Q2

The Committee reviewed the Risk Assurance Framework and noted that the number of overdue quality risks had reduced to 12, while recognising that further work was required to close these fully. In addition, the Board Assurance Framework for Q2 had been reviewed through the Trust Standing Committee, receiving positive assurance, with a more detailed update scheduled for Q3.
The Risk Management Policy Review was noted, with the Committee informed that the policy had been reviewed by the Audit and Risk Committee and was scheduled for update in April 2026 to reflect changes associated with group working across the APC.

4.5 National Inpatient Survey 2024

The Committee received the National Adult Inpatient Survey 2024 Benchmarking Report and noted that the Trust continues to show a clear upward trajectory in patient experience, with significant improvements over the past two years, particularly in interactions with doctors and nurses, treatment and care, and the virtual ward service. The Trust was also recognised nationally for excellence in virtual wards and scored above average for respect, dignity, and overall patient experience. Assurance was provided that these improvements reflect targeted work in staff education, recruitment, and reflective practice, with key survey questions embedded in monthly FFT monitoring to ensure alignment with national results. Action plans remain in place and are being monitored through Patient and Public Experience and Engagement Group (PPEEG) and divisional quality boards.

The Committee acknowledged ongoing challenges in basic care—specifically sleep and access to food—alongside ward moves and discharge planning, where scores remain below national and London averages. New workstreams have been launched to address these issues, informed by patient stories and experience feedback. Efforts to strengthen equity, inclusion, and cultural competency are also underway through enhanced staff training and documentation improvements.

5. Key highlights – Annual Reports

5.1 Transfusion Annual Report

The Committee received the Transfusion Annual Report and was assured that overall performance had improved, with a 58% reduction in Wrong Blood in Tube incidents and 99% compliance with transfusion traceability. Oversight has been strengthened through the establishment of a new transfusion audit group, supported by an enhanced training and education plan and the rollout of BloodTrack kiosks.

The Committee noted that blood product wastage remained high, particularly within maternity, reflecting national trends. A total of 627 incidents were reported, including two moderate-harm cases,

both of which were reviewed under the PSIRF methodology. Training compliance had been affected by national changes to course availability, although new e-learning modules are now in place.

The Committee was assured that work is underway to reduce wastage and improve training compliance across all areas.

5.2 Resuscitation Annual Report

The Committee received the Resuscitation Annual Report and noted a reduction in cardiac arrest calls, with survival rates improving and performance remaining at or better than national averages. The report confirmed that 97% of resuscitation incidents resulted in low or no harm. The Committee also discussed that a third of incidents linked to Provision of Care or Treatment related to poor compliance with resuscitation trolley audits, and actions are already underway to address this.

Basic Life Support training rates have improved but remain below the Trust target, particularly for paediatric BLS. The resus team are reviewing the training model and delivering this within clinical and team environments to improve compliance. Priorities for 2025/26 include improving BLS compliance through targeted outreach and flexible training options, aligning policies with the NWL CPR and Treatment Escalation Plan review, exploring digital solutions for equipment checks, expanding PITSTOP debriefs, and supporting research.

5.3 End of Life Care Annual Report

The Committee reviewed the End of Life Care Annual Report and welcomed the exceptional feedback received regarding the Butterfly Volunteers. It was noted that Hounslow remained an outlier for hospital deaths, and work with community partners was underway to strengthen rapid response pathways to support people to die in their preferred place of care.

5.4 Research and Development Annual Report

The Research and Development Annual Report was also noted, and the Committee agreed that the updated Research Strategy would be brought forward for review at a future meeting.

5.5 Mortuary Annual Report

The Mortuary Annual Report provided assurance that both mortuaries hold HTA licences and operate in full compliance with the standards and guidelines. There is an established audit plan against these processes in line with HTA requirements.

The Committee noted the estates and facilities improvement works to enhance security, dignity and operational efficiency across the sites. The report provided assurance on the trust position following phase 1 and 2 of the Fuller Inquiry, and the associated actions. Full compliance with phase 1 recommendations and for phase 2, 19 actions fully complainant, with two partial compliance and plans in place.

5.6 Safe Staffing Annual Report

Finally, the Committee received the Safe Staffing Annual Report and was assured that the Trust continues to meet national safe staffing standards across clinical workforce groups, supported by a nurse vacancy rate below 3%. The report, also reviewed by the People and Workforce Committee, is informing business planning for 2026.

The Committee noted that nursing and midwifery vacancies and turnover have reduced significantly, resulting in a more stable workforce and a net increase in substantive staff. Recruitment and retention initiatives, alongside apprenticeship and leadership development programmes, have strengthened workforce sustainability and reduced agency use.

The report identified some remaining development needs in maternity, neonatal services, therapies, and specific medical specialties, where targeted recruitment and service reviews are underway. Weekend cover for therapies and pharmacy is being enhanced, and activity adjustments are being used to maintain safe staffing during ongoing recruitment.

The Committee was assured that strong governance remains in place through regular establishment reviews, daily operational oversight, acuity and dependency assessments, and routine monitoring of nurse-sensitive indicators.

For 2025–26, the Trust will focus on meeting Birthrate Plus ratios in maternity, reviewing neonatal nursing investment, strengthening ward leadership, improving retention in therapies and pharmacy, implementing the enhanced therapeutic specialling tool, and ensuring any areas of non-compliance are captured and mitigated through divisional risk registers.

4.3 GOVERNORS AWAYDAY 2026

5. OTHER BUSINESS - ITEMS FOR NOTING

5.1 ANY OTHER BUSINESS

5.1.1 - CoG Forward Plan and schedule of CoG Meetings and CoG Briefings 2026-2027
5.1.2 - Governor Attendance Register

REFERENCES

Only PDFs are attached

5.1.1 - COG and Briefing Forward Plan and Schedule of meetings 2025-2026.pdf

5.1.2 COG Attendance Record (2024-2025).pdf

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors (CoG's) Forward Plan 2025 - 2027

	22nd January 2026 **CoG Meeting** **16:00 – 18:30**	**19th March 2026** **CoG Briefing (via MS Teams)** **16:00 – 17:00**	**15th April 2026** **CoG Awayday** **(Time and Venue TBC)**
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • Annual Report from the People and Workforce Committee (Chair – TBC) • NWL Collaborative Update	• Briefing topic/presentation to be confirmed	• Running order to be confirmed
Papers for information	• Chair's Report • Chief Executive Officer's Report • Quality Update		
Other Business	• Any other business (Forward plan/Schedule of meetings and briefings/Governor attendance register)		

	15th April 2026 **CoG Meeting** **(Time and Venue TBC)**	**18th June 2026** **CoG Briefing (via MS Teams)** **16:00 – 17:00**	**16th July 2026 (TBC)** **CoG Meeting** **(Date/Time/Venue TBC)**
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • Annual Report from the Finance and Performance Committee (Chair – Mike O' Donnell) • NWL Collaborative Update	• Briefing topic/presentation to be confirmed	• To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting • Annual Report from the Chair of the Audit & Risk Committee (Chair – TBC)
Papers for information	• Chair's Report • Chief Executive Officer's Report • Quality Update		• Chair's Report • Chief Executive Officer's Report • Quality Update
Other Business	• Any other business (Forward plan/Schedule of meetings and briefings/Governor attendance register)		

	24th September 2026 CoG Briefing (via MS Teams) 16:00 – 17:00	15th October 2026 CoG Meeting 16:00 – 18:30	December 2026 (TBC) CoG Briefing (via MS Teams) 16:00 – 17:00
Statutory/Mandatory Business	• Winter Planning	• Minutes of Previous Meeting, including Action Log • Annual Report from the Quality Committee (Chair – Patricia Gallan) • Performance and Quality Report (including Winter Preparedness and Workforce Performance Report) • NWL Collaborative Update	• Briefing topic/presentation to be confirmed
Papers for information		• Chair's Report • Chief Executive Officer's Report • Quality Update • Governors Elections 2026 – update	
Other Business		• Any other business (Forward plan/Schedule of meetings and briefings/Governor attendance register)	

	January 2027 (TBC) CoG Meeting 16:00 – 18:30		
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • Annual Report from the People and Workforce Committee (Chair – TBC) • NWL Collaborative Update		
Papers for information	• Chair's Report • Chief Executive Officer's Report • Quality Update		
Other Business	• Any other business (Forward plan/Schedule of meetings and briefings/Governor attendance register)		

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors – Attendance Record 2023/2025

Governor	17.04.2024	17.04.2024 Awayday	18.07.2024	17.10.2024	17.10.2024 (Private Session)	23.01.2025	01.05.2025	17.07.2025	22.10.2025	22.01.2026
Richard Ballerand	Apologies	Apologies	✓	✓	✓	✓	✓	✓	✓	
Caroline Boulliat-Moulle	Apologies	Apologies	✓	✓	✓	✓	✓	Apologies	✓	
Cass J. Cass-Horne	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Maureen Chatterley	Apologies	Apologies	Apologies	✓	✓	✓	✓	✓	✓	
Nigel Clarke	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Rodelix (Ollie) Dacanay	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓	
Ian Dalton	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Dr Nara Daubeney	Apologies	Apologies	DNA	DNA	DNA	✓	✓	Apologies	Apologies	
Christopher Digby-Bell	Apologies	Apologies	✓	✓	✓	✓	✓	Apologies	✓	
Stuart Fleming	Apologies	Apologies	✓	✓	✓	✓	✓	Apologies	✓	
Jerry Folkson	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	Apologies	

Governor	17.04.2024	17.04.2024 Awayday	18.07.2024	17.10.2024	17.10.2024 (Private Session)	23.01.2025	01.05.2025	17.07.2025	22.10.2025	22.01.2026 (TBC)
Minna Korjonen	✓	Apologies	✓	✓	✓	✓	✓	✓	✓	
Nina Littler	✓	✓	Apologies	✓	✓	✓	✓	✓	✓	
Simon Mansfield	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	✓	
Ras. I Martin	Apologies	Apologies	DNA	Apologies	✓	✓	✓	✓	✓	
Mark Nelson	Apologies	Apologies	✓	✓	✓	✓	✓	✓	Apologies	
Fiona O'Farrell	N/A	N/A	N/A	N/A	N/A	✓	Apologies	✓	✓	
Cllr Will Pascal	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Nathalie Podder	N/A	N/A	N/A	N/A	N/A	✓	✓	✓	Apologies	
Lucinda Sharpe	✓	✓	✓	✓	✓	✓	✓	✓	Apologies	
Parvinder Singh Garcha	Apologies	Apologies	Apologies	✓	✓	✓	✓	Apologies	✓	
Linda (Lin) Vassallo	N/A	N/A	N/A	N/A	N/A	✓	Apologies	Apologies	Apologies	
Dr Desmond Walsh	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Jo Winterbottom	✓	✓	✓	✓	✓	✓	✓	Apologies	✓	

Patient Governors – 8; Public Governors – 14; Staff Governors – 6; Appointed Governors – 3.

5.2 DATE AND TIME OF NEXT MEETING - 15TH APRIL 2026 (TBC)

The venue and time for the next meeting tbc. A ?Hold The Date' request has been sent to the Council for 15th April, and once this has been confirmed the details will be forwarded to the Governors.