Chelsea and Westminster Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING - 16TH JULY 2026

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10 July 2026

14:45 GMT+1 Europe/London

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1. GENERAL BUSINESS

1.1 WELCOME AND APOLOGIES FOR ABSENCE

REFERENCES

Only PDFs are attached

1.0 Draft Agenda COG - 16 July 2026.pdf

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors Meeting

Location: **MS Teams Only**

Date: **16th July 2025**
Time: **14:00 – 15:45 (MS Teams Only)**

AGENDA

14:00	**1.0**	**GENERAL BUSINESS**		
	1.1	Welcome and Apologies for absence Apologies:	Verbal	Chair
	1.2	Declarations of interest	Verbal	Chair
	1.3	Minutes of CoG Meeting held on 15th April 2026	Paper	Chair
14:05	**2.0**	**UPDATES**		
	2.1	Chair's Report and NWL Acute Provider Group (APG) Update	Verbal	Chair
	2.2	Chief Executive's Report and Trust Update	Paper	Chief Executive Officer
14:35	**3.0**	**QUALITY**		
	3.1	Quality Update	Paper	Chair of the Quality Committee (Vice Chair)/Chief Nursing Officer
15:15	**4.0**	**FOR DISCUSSION**		
	4.1	To receive the Annual Report and Accounts which will be formally presented at the AMM (16th July 2026)	Paper	Chief Executive Officer and Chief Financial Officer
	4.2	Annual Report from the Chair of the Audit and Risk Committee (ARC)	Paper	Chair of the Audit and Risk Committee and Chief Financial Officer
15:30	**5.0**	**OTHER BUSINESS – ITEMS FOR NOTING**		
	5.1	Appointment of Chair for NWL APG a) Council of Governors Nominations and Remuneration Committee Meeting – 21st July 2026 b) Extraordinary Council of Governors Meeting – 23rd July 2026	Verbal	Chair
	5.2	Any other business, including: *5.2.1 CoG Forward plan and schedule of Council of Governor meetings and CoG Briefings 2026/2027	Paper	Chair/Lead Governor
		Date and Time of the Next Meeting 15th October 2026 - (Venue and time TBC).		Chair

1.2 DECLARATIONS OF INTEREST

1.3 MINUTES OF COG MEETING HELD ON 15TH APRIL 2026

REFERENCES

Only PDFs are attached

1.3 CoG Meeting - 15 April 2026 final.pdf

DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)
15th April 2026 – 16:00 – 18:00
Main Boardroom, Chelsea and Westminster Hospital and MS Teams

Present:	Patricia Gallan	Vice Chair	(Chair)
	Richard Ballerand	Public Governor	(RBD)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Maureen Chatterley	Public Governor	(MC)
	Nigel Clarke	Lead Governor/Public Governor	(NC)
	Ollie Dacanay	Staff Governor	(OD)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Fiona O'Farrell	Patient Governor	(FOF)
	Stuart Fleming	Public Governor	(SF)
	Jerry Folkson	Public Governor	(JF)
	Minna Korjonen	Patient Governor	(MK)
	Nina Littler	Deputy Lead Governor/Public Governor	(NL)
	Simon Mansfield	Public Governor	(SM)
	Ras. I Martin	Public Governor	(RIM)
	Professor Mark Nelson	Staff Governor – Medical and Dental	(MN)
	Cllr Will Pascal	Appointed Governor	(WP)
	Linda Vassallo	Staff Governor – Non-Clinical	(LV)
	Desmond Walsh	Appointed Governor	(DW)
	Jo Winterbottom	Public Governor	(JW)
In Attendance:	Lesley Watts CBE	Chief Executive Officer	(LW)
	Roger Chinn	Chief Medical Officer (agenda item 3.2 only)	(RC)
	Mike O'Donnell	Non-Executive Director (agenda item 3.3 only)	(MOD)
	Virginia Massaro	Chief Financial Officer (agenda item 3.3 only)	(VM)
	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:	Bob Alexander	Interim Chair	(BA)
	Caroline Boulliat-Moulle	Patient Governor	(CB)
	Ian Dalton	Patient Governor	(ID)
	Nara Daubeney	Public Governor	(ND)
	Nathalie Podder	Public Governor	(NP)
	Lucinda Sharpe	Staff Governor – Nursing and Midwifery	(LS)
	Parvinder Singh Garcha	Public Governor	(PSG)

1.0 GENERAL BUSINESS

1.1 Welcome and apologies for absence

The Chair welcomed everyone to the meeting and asked if the CoG led session that took place before this meeting had gone well. NL confirmed that it had gone well and was a positive session.

1.2 Declarations of interest

There were no declarations of interest.

1.3 Minutes of CoG meeting held on 22nd January 2026

The minutes were approved.

1.3a Minutes of the Extraordinary CoG Meeting held on 19th March 2026

The minutes were approved.

2.0 UPDATES

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

This was noted.

2.2 Chief Executive's Report

LW summarised the Chief Executive's Report and commented on the financial position of CWFT. LW confirmed that the Trust had ended the last financial year in a positive position, the Trust had ended the year in segment 1 of the National Oversight Framework (NOF), and a cash surplus had been added to the Trust's balance sheet, though there was further work still to be done to ensure financial sustainability. LW added that the Trust must continue to live within its means, and the delivery of the Cost Improvement Programmes (CIPs) was a challenge. LW also confirmed that the Trust had submitted a business plan for the next year, including a commitment to achieve the constitutional (access) standards.

LW added to the Council that the Trust joined together with Imperial College Healthcare NHS Trust, London North West University Hospitals NHS Trust and The Hillingdon Hospitals NHS Foundation Trust, to form the North West London Acute Provider Group (APG) on 1st April, with Tim Orchard (TO) appointed as Group CEO and Single Accountable Officer.

JW asked whether ISS staff were included in the Trust Staff Survey because, as a Trust Volunteer, she worked with this team and asked if they were fully integrated as Trust staff. This was discussed further by the Council, and RIM asked for the rationale as to why they possibly were not regarded as Trust staff. LW confirmed that ISS staff were not employed by the Trust and therefore not eligible for the national survey, but noted that on a day to day basis other staff including ISS and catering staff were regarded as part of the ward/departmental teams. LW acknowledged that ISS staff were potentially subject to more harassment than other staff in the Trust and added that they do raise issues through the Trust governance processes, which are addressed through their management. The Council had a further discussion on discrimination and ISS staff being comfortable in raising issues they may have. LW reaffirmed that ISS staff were regarded as an integral part of the Trust.

LW also commented on the recent period of industrial action that had taken place, which had been dealt with well across both sites, and noted there had been a slightly lower turnout for those participating in this period of industrial action. LW added that the Trust continued to try and operate as best as it could, mitigating any risks to patient services. LW commended the work of all of the Divisions, which had allowed the Trust to continue to provide a safe service for patients. This was discussed further and NL echoed LW's comments, adding that the planning for this period of industrial action had been incredibly effective. MN also commended the work of all staff, especially nursing staff that had enabled us to continue to work effectively.

3.0 FOR DISCUSSION

3.1 Outpatients Update

LW noted that this was an item that had been requested by the Governors and confirmed that the Trust saw approximately one million outpatients a year, and confirmed that the 'did not attend' (DNA) rate between specialties was around 8%. LW added that a lot of work had gone into how patients were assessed, and specified those with particular conditions and the tests that needed to take place before they saw a clinician. LW stressed that this was a complex process due to the number of patients seen.

A suggestion was proposed that the Trust charged those who did not attend their appointments, and it was noted that this was practiced overseas and would prove an effective deterrent. The Council discussed the merit and risks of such a scheme, including consideration of equity. LW confirmed that the Trust would not be charging those who did not attend their appointments.

3.1a Federated Data Platform (FDP)
LW advised the Council that many hospitals had now implemented this system, procured nationally, which provided a tool to support the Trust in using data more effectively to improve the way the Trust manages its services. LW added that this system had been commissioned by NHS England (NHSE) and noted that people would have varying views regarding the supplier selected through the national tender but stressed that it was essential that we remained focused on what we do, which was to treat patients and use the tools.

WP noted that patient care remained paramount and asked about the sustainability issue following the long-term use of the FDP. LW commented that all four Trusts used this system, and there was continued discussions regarding the balance of using technology and providing care to patients, with the concern that if one aspect of the technology broke down, how would the Trust continue. MC asked if there were any tangible benefits from using this platform and LW confirmed that there were, as the platform allowed us to provide a continuity of care across different areas in the hospitals.

3.1b Chair in Common appointment

There was extensive discussion regarding the circumstances and process around Matthew Swindells's (MS) decision not to take up a second term as Chair in Common, and Governors raised various questions regarding the process, timing and the Trust's management of Declarations of Interest (DOI) and the Fit and Proper Person (FPP) regulations. There was also concern raised that there had been communication gaps with the Council during this process.

The Chair, LW and PJ assured the Council that there was a commitment to completing a review of the Trusts' approach to managing Declarations of Interest and conflicts of interest for Board members across the APG, so that lessons could be learned. It was agreed that an update would be provided to the Council. The outcomes from this review would be shared with the Council, once completed.

3.2 Quality Update
RC highlighted specific items, which included the following:

- Healthcare infections – RC confirmed that the Trust had exceeded the threshold for C.Diff infections, and added that a considerable amount of work was under way to address infection, prevention and control (IPC) issues, at trust and group level. It was noted that this was a national issue, and would remain an ongoing priority for the Trust;
- Maternity Services – RC commended the work of the team in Maternity Services who remain compliant with national safety standards, and added that improvement actions were largely complete and embedded; and
- Maternity Outcomes Signal System (MOSS) – this system was brought in as a flag to Trusts to ensure that the right level of scrutiny was in place, and that we were acting on the right level of signals.

RC also provided a summary of the inquest where a premature baby with a poor prognosis had been prescribed the incorrect dose of medication which had contributed to the child's death. RC added that a substantial amount of work had gone into addressing this and ensuring that measures were in place to prevent this from happening again.

RC advised that the route cause for the wrong dose of medication was the use of predictive text in electronic prescribing. RC advised the Council that the Trust had done all it could internally to learn from this, including turning off predictive text in Cerner, and had escalated to the supplier and other providers too for learning.

This was discussed further and RBD thanked RC for providing a summary and noted that it was impressive how CW took on these issues, implemented changes and learnt from them. NL noted that this was not the first time an incident like this had happened and asked how the staff were being trained and if a checking mechanism was in place. RC confirmed that training was continuous, and the checks and balances that we have in place have been audited and tightened. RC added that the coroner was satisfied that the Trust had followed its procedures. JW asked if staff had support during this period, and RC confirmed that this had been provided throughout the process.

RIM raised an issue concerning the technical change to the predictive text. RC confirmed that Cerner had been asked to look into this issue, and to ensure that this was made a safe process. RC added that this could take time to resolve but noted that this was a problem for electronic healthcare. FOF asked if we now had to go back to the coroner with the audit review, but RC confirmed that we did not have to as they had accepted the improvements identified by the Trust.

3.3 Annual Report from the Chair of the Finance and Performance Committee

3.3a CW 5-Year Plan

MOD confirmed that this was the final Annual Report from the Local Finance and Performance Committee due to the Group Model coming into effect on 1st April. Going forward, the Trust Standing Committee would pick up any issues that would previously been addressed by the local committees.

MOD summarised the report and confirmed that one of the key roles for 2025/2026 was to develop a balanced financial plan for 2026/2027 along with a 3-Year Financial Strategy, and thanked LW, VM and their teams for their hard work over the last year. MOD added that finances were constrained due to the other demands that were emerging and advised that difficult decisions would need to be made to hit our targets. MOD also commented on the Diagnostic, Treatment & Education Centre (DTEC) and confirmed that this was progressing well despite some delays.

VM confirmed that the Trust had achieved its year-end target to break even, and the accounts will be presented to the CoG in due course. VM also noted that the performance metrics were also positive, and the CW 5-Year Plan had been included in the papers for this meeting for information. VM also confirmed that the time submission for 2026/27 was over £10m for the DTEC and added that this was the Trust's single biggest project in some time.

4.0 OTHER BUSINESS – ITEMS FOR NOTING

4.1 Any Other Business, including

4.1.1 CoG Forward plan and schedule of Council of Governor meetings and CoG Briefings 2026/2027

This was noted.

Transport

This was raised as there was an issue on the areas that the Trust's transport will travel to. It was agreed that this would be picked up and discussed outside of this meeting.

Wheelchairs

It was noted that there was not enough available wheelchairs for patients, and there were concerns regarding the tracking of wheelchairs for patients but it was confirmed that more had been ordered to address this issue. It was agreed to discuss this further outside of the meeting.

5.2 Date and Time of Next Meeting

A 'Hold The Date' had been sent out to the Governors for 16th July, as this was the proposed date for the next CoG meeting. The date, time and venue for the meeting was to be confirmed.

Meeting closed at 18:00hrs

2. UDPATES

2.1 CHAIR'S REPORT AND NWL ACUTE PROVIDER GROUP (APG) UPDATE

- Standing item

Verbal update

2.2 CHIEF EXECUTIVE'S REPORT AND TRUST UPDATE

REFERENCES

Only PDFs are attached

2.2 CWFT CEO Board Report June 2026.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 performance

NHS England has published its Q4 NHS Oversight Framework segmentation data and league tables, ranking the Trust in segment 1, the highest oversight category. I am pleased to report that the Trust has risen to 8th place among acute trusts nationally, up from 11th last quarter, demonstrating continued improvement across the year.

Our results reflect strong performance across key domains, with High Performing ratings in Access to Services, Patient Safety, People and Workforce, and Finance and Productivity, alongside an Above Average rating for Effectiveness and Experience of Care. This achievement reflects the continued dedication of our staff in delivering high standards of care.

1.2 Maintaining performance during system pressures

The Trust has maintained safe and effective services during periods of cancelled industrial action, heat alerts, and increased seasonal demand. Through established resilience planning and strong teamwork, we have continued to prioritise urgent and emergency care while maintaining elective activity where possible.

This sustained operational performance demonstrates the strength of our organisational response and the continued commitment of staff to delivering high-quality care under pressure.

1.3 Innovation and collaboration improving outcomes

The Trust continues to make significant progress in innovation, digital transformation, and system collaboration. Initiatives such as virtual wards, digital tools in clinical care, and new models of outpatient delivery are improving patient outcomes and experience. These developments, alongside national recognition for innovation, demonstrate our continued focus on delivering efficient, patient-centred care.

1.4 Endometriosis in Focus

A BBC Two documentary hosted by BBC Radio 4, Emma Barnett highlighted the impact of endometriosis, featuring specialists from Chelsea and Westminster Hospital NHS Foundation Trust and following patient Madalitso through her treatment journey.

The programme explored the challenges of diagnosis and treatment, research the trust has been pioneering with University of Edinburgh with insights from consultant gynaecologist Dr Thomas Bainton. This was the first UK documentary demonstrating the national picture of endometriosis and has resulted in global widespread discussion and government attention. The documentary is being supported by DHSC women's health strategy.

2. Quality & Safety

2.1 West Middlesex Elective Hub Achieves GIRFT Accreditation

The West Middlesex Elective Hub has been successfully accredited under NHS England's Getting It Right First Time (GIRFT) programme, delivered in collaboration with the Royal College of Surgeons of England and supported by the Royal College of Anaesthetists. The accreditation recognises the Hub's delivery of high standards in both clinical and operational practice.
The assessment reviewed five key areas including patient pathways, workforce and training, clinical governance and outcomes, facilities, and productivity. This achievement demonstrates the strength of the Trust's elective care model, supporting faster access to treatment, improved patient outcomes, and high-quality care delivery.

2.2 New Incident Reporting System (Ideagen)

The Trust will introduce a new incident reporting system hosted on the Ideagen platform, replacing Datix across the Acute Provider Group. This will support a more consistent, system-wide approach to incident reporting, risk management, and safety assurance. The new system is expected to improve transparency, strengthen organisational learning, and enhance our ability to respond to safety risks.

2.3 Fit to Sit and RAT improvements

The Trust continues to improve patient flow and experience through the implementation of Fit to Sit and Rapid Assessment and Treatment (RAT) models. These approaches enable earlier clinical assessment and faster treatment, supporting improved patient experience and more efficient use of clinical space and workforce.

3. Operational Performance

3.1 Attendances to the Emergency Departments and Urgent Treatment Centers were 5% higher in April 2026 than April 2025. Despite this high level of attendance, the Trust performance of 78.19% for A&E 4-hour is slightly under the 26/27 improvement trajectory. The Emergency Care improvement plan remains in place and progress has been seen in month in reducing time to initial assessment.

3.2 Cancer standards were met in March 2026 for 28-Day Faster Diagnostics at 78.08% and the against the 31-Day standard at 98.9%. The 62-day standard was just below the Operating Plan trajectory of 85% at 82.15%.

3.3 Elective Referral to Treatment (RTT) 18-week wait performance was 66.4% for April 2026, meeting the Operating Plan trajectory and a continued improvement in performance. Overall PTL size has stabilised. The number of long waiting patients continues to be above trajectory and an area of focus for improvement with additional capacity being put in place to support this. There were 955 patients waiting over 52 weeks (-3) and 3 patients waiting over 65 weeks (+3). There were no patients waiting over 78 weeks.

3.4 Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 73.56% against the 95% standard and the Operating Plan trajectory of 86.4%.Recovery plans and trajectories are in place to improve this position over the coming months.

4. Financial Performance progress

4.1 The Trust is marginally behind plan at month 2 (YTD) and is forecasting a breakeven position for the full year, which is the submitted plan. We are making good progress towards our £33.4m savings target, with currently around 80% identified, though further focus is needed to convert one-off savings into recurrent ones.

Planning returns for 2026/27 and the medium term were submitted in line with national guidance and the 25/26 annual accounts audit is nearing completion. As mentioned above, the Trust is planning for another breakeven year in 2026/27 but is signalling medium-term deficits as unearned income support reduces.

5. People and Workforce

5.1 Workforce development and PDR programme

The Trust continues to prioritise workforce development through the rollout of its revised Performance and Development Reviews (PDRs) process, supporting meaningful conversations about performance, wellbeing, and career development. The Professional Nurse Advocate (PNA) programme continues to expand, with over 70 trained PNAs and a further 25 in training, strengthening staff support and retention.

5.2 Supporting staff through operational challenges

Staff have demonstrated resilience and commitment during recent periods of industrial action and disruption, supported by established escalation and workforce planning processes. These efforts have ensured continued safe service delivery and reflect the professionalism and teamwork across the organisation.

5.3 Contribution of volunteers recognised during Volunteers' Week

Over 400 volunteers continue to support patients, visitors, and staff across the Trust. Their contribution enhances patient experience, supports discharge processes, and provides additional support across clinical areas. Their dedication and contribution was recognised in a series of events across the Trust during Volunteers' Week.

5 Key highlights:

5.1 West Mid maternity team feature in Times

Celebrating International Day of the Midwife (5 May), photographer James Clifford Kent returned to Queen Mary Maternity Unit at West Middlesex University Hospital, to capture care across the full service – from antenatal clinics and the labour ward to the birth centre and postnatal services.

This work captured the high-quality, compassionate care provided and was featured in The Times and BBC News Online.

5.2 Advancing AI innovation in skin cancer care with industry partners

The Trust has partnered with La Roche-Posay and CW+, the Trust's official charity, to help improve access and outcomes in skin cancer care. The 3-year partnership and £250k donation will support research, education and awareness, building on established teledermatology services to help improve access and outcomes in skin cancer care. Dr Lucy Thomas shared more about the teledermatology service and partnership on BBC Radio Nottingham and Radio Jackie.

5.3 Digital innovation in endometriosis care featured on BBC London

The introduction of augmented reality technology in endometriosis care is enhancing how clinicians communicate diagnoses and treatment options with patients. This innovation supports improved patient understanding and shared decision-making, contributing to better outcomes and experience of care. This work was featured across regional media.

6. Updates from the Council of Governors (CoG)

The CoG met in public on 15*th* April 2026, where it received the Chief Executive's Report outlining the Trust's positive year-end financial position and progress within the National Oversight Framework, alongside a Quality Update covering infection prevention and control, maternity services, and learning from a medication-related patient safety incident.

7. Research and innovation

7.1 Hot Topics in Global Health Conference

The Trust hosted Hot Topics in Global Health 2026, bringing together clinicians, researchers, and partners from across the UK and internationally to explore key global health challenges. The conference provided a platform for sharing research, innovation, and best practice, reinforcing the Trust's role in global health leadership and collaboration.

7.2 Conscious sedation pathways in gynaecology

The Trust continues to lead nationally in the development of conscious sedation pathways for gynaecology procedures. This model improves patient experience by offering greater choice, reduces reliance on general

anaesthesia, enables faster recovery, and supports efficiency by reducing pressure on theatre capacity.

7.3 Virtual wards and digital innovation

The Trust's work on virtual wards and hospital at home has been recognised through a national HSJ Digital Award. Supporting over 13,000 admissions, virtual wards are improving patient outcomes, reducing length of stay, and enabling care to be delivered closer to home.

8. Equity, diversity and inclusion

8.1 Promoting an inclusive culture

The Trust continues to promote an inclusive environment across a workforce representing 126 nationalities. This is supported through active engagement in cultural celebrations, staff network activity, and organisation-wide initiatives that recognise and value the diversity of our workforce. Recent activity has included Pride Month, where colleagues across the Trust have come together to celebrate our LGBTQ+ community through events, awareness campaigns, and participation in wider community activities, reinforcing our commitment to inclusion and belonging for all staff and patients.

8.2 Introduction of new Sexual Safety, Domestic Abuse and Violence Policy

The introduction of a new Sexual Safety, Domestic Abuse and Violence Policy further strengthens the Trust's commitment to maintaining a safe and supportive workplace. The policy outlines clear expectations, reporting mechanisms, and support pathways for staff, ensuring that concerns are managed appropriately, sensitively, and consistently. This work aligns with our broader focus on creating a just and open culture where staff feel confident to speak up and are supported to do so.

9. Recognition and celebrating success

9.1 National accreditation and awards

The Trust continues to receive strong external recognition, including GIRFT accreditation for the West Middlesex Elective Hub and multiple Gold accreditations across clinical and support services, reflecting consistently high standards of care, governance, and patient experience.The DTEC development has also received national recognition for its approach to sustainability, design, and community impact. This recognition highlights the Trust's commitment to delivering high-quality, future-focused healthcare environments that support both patients and staff.

9.2 Conference and professional recognition

Staff have received national recognition at events such as the BARNA conference, including awards for sustainability, innovation, and leadership in clinical practice. These successes highlight the strength of multidisciplinary working, the impact of staff-led improvement, and the Trust's continued contribution to shaping national practice and sharing learning across the healthcare system.

3. QUALITY

3.1 QUALITY UPDATE

4. FOR DISCUSSION

4.1 TO RECEIVE THE ANNUAL REPORT AND ACCOUNTS WHICH WILL BE FORMALLY PRESENTED AT THE AMM (16TH JULY 2026)

4.2 ANNUAL REPORT FROM THE CHAIR OF THE AUDIT AND RISK COMMITTEE (ARC)

REFERENCES

Only PDFs are attached

4.2 Annual Report from the Chair of the Audit and Risk Committee COG 2026 FINAL.pdf

Chelsea and Westminster Hospital NHS Foundation Trust (CWFT) Audit and Risk Committee
Chair's Annual Report to the Council of Governors (CoG), July 2026.

This report summarises the work of the CWFT Board Audit and Risk Committee for the period 2025-2026.

1-Introduction/Governance Structure:

1.1 CWFT Audit and Risk Committee (ARC):
The CWFT Audit and Risk Committee (ARC) met five times within the last year. The meetings provide the Trust Board of Directors with means of an independent and objective review of financial and corporate governance, the assurance of processes and risk management across the whole of the Foundation Trust's activities (clinical and non-clinical), both generally and in support of the annual governance statement.

Escalation reports from these meetings are presented at the Trust Standing Committee, a quarterly committee comprised of all Board members of Chelsea and Westminster Hospital NHS Foundation Trust.

The Trust Committee's objectives are to:

- Support the Trust's values and objectives.
- Review the establishment and maintenance of effective systems of internal control, establishment of value for money and risk management including fraud and corruption.
- Assure the Board on completeness and compliance of required disclosure statements and policies.
- Review the Trust's Annual Report and Accounts, including financial statements, Annual Governance Statement and Head of Internal Audit Opinion and assure the Board on compliance.
- Assure the Board on judgements and adjustments relating to annual financial statements.
- Review the Trust's self-certification as required by NHS England to comply with any conditions of its Foundation Trust licence.
- Assure the Board on the appropriateness and effectiveness of the internal audit service, its fees, findings and co-ordination with external audit.
- Assure the Board on the appropriateness, effectiveness and co-ordination of external auditors, and the Trust's management response and outcomes.
- Assure the Board on the appropriateness and effectiveness of the local counter fraud specialist service, their fees, findings and co-ordination with internal audit and management.
- Make recommendations to the Council of Governors on the appointment, re-appointment and remuneration and terms of engagement of the external auditors.
- Assure the Board on the appropriateness and effectiveness of the Trust's Risk Assurance Framework and of the processes for its implementation.
- Ensure that arrangements are in place for investigation of matters raised, in confidence, by staff relating to matters of financial reporting and control, clinical quality, patient safety or other matters.

- Assure the Board on the appropriateness and effectiveness of the Trust's approach to mitigate and manage information and cyber security related risks.
- Undertake such other tasks as shall be delegated to it by the Board in order to provide the level of assurance the Board requires.
- Report to the Council of Governors on significant matters where these matters are not notified to the Council via other means.

2-CWFT Audit and Risk Committee Membership and Attendance:

2.1 Non-Executive Director (NED) membership: Aman Dalvi continued as Chair of this Committee until 31st March 2026, and the other NED committee members from the period were Dr Syed Mohinuddin and Carolyn Downs. I was appointed Chair of this Committee on 1st April 2026, and the other NED committee members are Patricia Gallan and Mike O'Donnell.

Lesley Watts (Chief Executive Officer), Virginia Massaro (Chief Financial Officer), and Robert Bleasdale (Chief Nursing Officer) attend these meetings but are not members of this Committee.

The Committee meetings are on a cycle that runs alongside the Trust's external reporting timetable, with standing items on the ARC agenda including internal audits, external audits and counter fraud. 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.

3 – Areas of focus and achievement

3.1 Internal audit and internal control

A key area of focus for the Committee was the delivery and completion of the Internal Audit programme. The Committee received assurance that the programme was substantially complete and that the final reports issued during the year did not identify any high-priority recommendations. The areas reviewed included data security and protection arrangements, key financial systems, and the management of violence and aggression.

The Committee also reviewed progress against internal audit recommendations. While progress was noted, a small number of overdue actions remained, and these were primarily associated with Freedom to Speak Up and IT services. These areas will therefore remain subject to ongoing oversight to ensure that agreed improvements were completed and embedded.

The Committee approved the Internal Audit Plan and Charter for 2026/27. These were aligned with the wider Acute Provider Group approach, supporting shared learning and benchmarking across the Group.

3.2 External Audit, Annual Accounts and the Trust Annual Report

The Committee reviewed progress on the year-end external audit and received positive assurance that no new risks had been identified, no material control weaknesses had emerged, and only minor audit adjustments were required.

The financial statements were expected to receive a clean audit opinion, with outstanding queries anticipated to be resolved ahead of submission deadlines. To confirm, since the last meeting that took place on the 18th June, the Annual Accounts have been submitted.

The Committee also reviewed and approved the Annual Accounts 2025/26 - subject to final adjustments - alongside the Annual Report 2025/26 and the Quality Account 2025/26. Delegated authority was provided to the Chief Executive and Chief Financial Officer to approve any final amendments following completion of the audit process. The final 2025/26 annual report and accounts were subsequently signed off and submitted in line with the national deadlines.

The Committee also noted that the Trust reported a positive financial variance, reflecting late reallocated deficit support funding from NHSE.

3.3 Governance and regulatory compliance

The Committee reviewed key governance frameworks and was assured that the Trust was fully compliant with the NHS Provider Licence governance requirements. The Committee also considered the Code of Governance self-assessment, which demonstrated strong overall compliance.

Four areas of partial compliance were identified through the Code of Governance self-assessment, and these related to workforce diversity, external review cycles, audit market testing, and performance metrics. These areas provide a clear basis for continued improvement and will support the Committee's future work on governance effectiveness and regulatory assurance.

The Modern Slavery Statement was updated and approved during the year. The Committee also considered the findings of its effectiveness review, which confirmed that it continues to operate effectively. Areas identified for development included enhancing the quality of assurance discussions, strengthening consideration of diversity and inclusion, and improving the clarity and conciseness of papers.

3.4 Risk management and assurance

The Committee reviewed the Risk Assurance Framework and confirmed that the Trust's key extreme risks remained unchanged. These included patient flow and demand pressures, pandemic preparedness, and cyber security.

The Committee was assured that high risks continue to be actively managed and noted improved compliance in risk review processes. Work was also underway to streamline and standardise risk reporting across the Group, particularly in response to the evolving governance model.

This work is important in ensuring that the Committee continues to receive clear, consistent, and comparable risk information, enabling effective scrutiny and escalation where required.

3.5 Cyber security and information governance

Cyber security remained a key area of Committee oversight during the year. The Committee noted that there had been no major cyber incidents during the reporting period and that enhanced controls had been implemented. These included multi-factor authentication and privileged access management tools.

The Committee also noted improvements in penetration testing outcomes. However, residual cyber risk remained high, and a recent phishing exercise highlighted ongoing vulnerability, with a proportion of staff providing credentials. This reinforced the need to strengthen cyber security training compliance, including consideration of mandatory training for staff who fail phishing tests.

Information Governance performance continued to improve, with training compliance reported at 91% against a target of 95%. The Committee also noted the recovery and stabilisation of Freedom of Information performance and consistently strong handling of subject access requests.

3.6 Counter fraud, financial controls and losses

The Committee approved the Counter Fraud Work Plan and received assurance on counter fraud activity during the year. The Committee also noted the successful prevention of a £6 million mandate fraud attempt, positive findings from a Counter Fraud Authority review, and increased staff engagement through training initiatives.

Financial control reports highlighted a reduction in losses and write-offs compared with the previous year. However, challenges remained in recovering overseas and private patient debt. The Committee also noted a temporary increase in waivers of Standing Financial Instructions, primarily linked to the insourcing of facilities management services. Further benchmarking across the Group was requested.

4-Key actions completed or progressed

During the year, the Committee completed or progressed a number of important actions and decisions, which included the following:

- the Committee approved a range of statutory and governance-related reports, including the Head of Internal Audit Opinion 2025/26, the Counter Fraud Report 2025/26, the NHS Provider Licence governance self-assessment, the Code of Governance self-assessment, Annual Report and Accounts and the Modern Slavery Act Statement;
- the Committee approved the Internal Audit Plan and Charter for 2026/27, supporting a more consistent Acute Provider Group approach to internal audit planning, shared learning, and benchmarking; and
- the Committee effectiveness assessment was reviewed and identified development areas relating to assurance discussions, diversity and inclusion, and the clarity and conciseness of papers.

5-Continuing aims and priorities for 2026/2027

The Committee's continuing aims for 2026/27 will focus on ensuring that the Trust maintains a robust and improving control environment, while responding effectively to areas of risk, regulatory change, and the evolving group governance model.

A key continuing aim will be to develop the approach to assurance under the revised governance model. This will include supporting clearer group-level alignment, ensuring consistency in assurance reporting, and strengthening the way risks and controls are reviewed across the wider Acute Provider Group.

The Committee will also continue to provide assurance on policy compliance and group-level alignment. This will include oversight of work to finalise and implement the stock management policy, refresh the Violence and Aggression Strategy, and align relevant policies and frameworks with national standards.

Cyber security and information governance will remain key priorities. Despite strengthened controls and improved penetration testing outcomes, this was one area that the Committee identified as requiring continued oversight, and will continue to seek assurance on cyber resilience, staff training compliance, phishing vulnerability, and the effectiveness of enhanced controls.

The Committee will also maintain oversight of outstanding audit recommendations, particularly those relating to Freedom to Speak Up and IT services. This will support timely completion of agreed actions and provide assurance that improvements are embedded in practice.

Governance development will remain an important area of focus. The Committee will continue to address the diversity and inclusion gaps identified in the governance self-assessment and undertake a self-assessment against the Audit Committee Handbook.

The Committee will also support the progression of external and internal audit procurement across the Group, ensuring that future audit arrangements remain effective, independent, and aligned with the needs of the Trust and wider Group governance arrangements.

In addition, the Committee will bring forward thought leadership on artificial intelligence and emerging technologies for consideration. This will support informed discussion of opportunities, risks, assurance requirements, and governance implications associated with new and developing technologies.

6-Comments/Assurance

Even though I have only very recently become Chair of the Audit and Risk Committee, it is evident that it provides effective oversight of the Trust's systems of internal control, governance, risk management, audit, counter fraud, and financial reporting.

In my role as Chair, I will ensure that the Committee continues to provide this effective oversight, which in turn will enable the Trust to continue to provide a consistently high level of service to its patients.

Baljit Ubhey
Chair of CWFT Audit and Risk Committee (ARC)

July 2026

5. OTHER BUSINESS - ITEMS FOR NOTING

5.1 APPOINTMENT OF CHAIR FOR NWL APG

Appointment of Chair for NWL APG

a) Council of Governors Nominations and Remuneration Committee Meeting ? 21st July 2026
b) Extraordinary Council of Governors Meeting ? 23rd July 2026

5.2 ANY OTHER BUSINESS

Any other business:

5.2.1 - CoG Forward plan and schedule of Council of Governor meetings and CoG Briefings 2026/2027

REFERENCES

Only PDFs are attached

5.2.1 COG and Briefing Forward Plan and Schedule of meetings 2026-2027.pdf

Chelsea and Westminster Hospital NHS
NHS Foundation Trust

Council of Governors (CoG's) Forward Plan 2026 - 2027

	16th July 2026 (TBC) CoG Meeting (Date/Time/Venue TBC)	**24th September 2026 CoG Briefing (via MS Teams) 16:00 – 17:00**	**15th October 2026 CoG Meeting 16:00 – 18:30**
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • To receive the Annual Report and Accounts which will be formally presented at the Annual Members Meeting • Annual Report from the Chair of the Local Audit & Risk Committee (Chair – Baljit Ubhey)	• Winter Planning	• Minutes of Previous Meeting, including Action Log • Annual Report from the APG Quality Committee
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)		Any other business (Forward plan/Schedule of meetings and briefings/Governor attendance register)

	December 2026 (TBC) CoG Briefing (via MS Teams) 16:00 – 17:00	**January 2027 (TBC) CoG Meeting**	**March 2027 (TBC) CoG Brierfing (via MS Teams) 16:00 – 17:00**
Statutory/Mandatory Business	• Briefing topic/presentation to be confirmed	• Minutes of Previous Meeting, including Action Log • Annual Report from the Group People Committee	• Briefing topic/presentation 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)	

	April 2027 CoG Awayday/CoG Meeting (Date/Time/Venue TBC)	June 2027 (TBC) CoG Briefing (via MS Teams) 16:00 – 17:00	July 2027 (TBC) CoG Meeting 16:00 – 18:30
Statutory/Mandatory Business	• Minutes of Previous Meeting, including Action Log • Annual Report from the Group Finance and Performance Committee	• Briefing topic/presentation to be confirmed	• Minutes of Previous Meeting, including Action Log • Annual Report from the Chair of the Local Audit and Risk Committee (Chair – Baljit Ubhey)
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)		Any other business (Forward plan/Schedule of meetings and briefings/Governor attendance register)

	September 2027 (TBC) CoG Briefing (via MS Teams) 16:00 – 17:00	October 2027 (TBC) CoG Meeting 16:00 – 18:30	December 2027 (TBC) CoG Briefing (via MS Teams) 16:00 – 17:00
Statutory/Mandatory Business	• Briefing topic/presentation to be confirmed	• Minutes of Previous Meeting, including Action Log • Annual Report from the Group Quality Committee	• Briefing topic/presentation 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)	