



Chelsea and Westminster Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING



COUNCIL OF GOVERNORS MEETING

 15 October 2026

 16:00 GMT+1 Europe/London



AGENDA

1. General Business	1
1.0 Draft Agenda COG - 15 Oct 2026.pdf	2
1.1 Welcome and Apologies for Absence	3
1.2 Declarations of Interest	4
1.3 Minutes of the CoG meeting held on 16th July 2026 and Action Log.....	5
1.3 CoG Meeting - 16 July 2026 v1.pdf	6
1.3a Extraordinary CoG Meeting Minutes- 24 Sept 2026.pdf.....	11
1.3b CoG Action Log.pdf	13
2. Updates	15
2.1 Chair's Report and NWL Acute Provider Group (APG) Update	16
2.1 CWFT Council of Governors Chair's Report 15.10.26 draft.pdf	17
2.2 Chief Executive Officer's Report and Trust Update.....	20
2.2 CWFT CEO Board Report September 2026.pdf	21
2.3 10-Point Plan/Thirlwall Inquiry	27
3. Items for Discussion	28
3.1 Declarations and Conflicts of Interest.....	29
3.2 Federated Data Platform (FDP)	30
4. Quality	31
4.1 Quality Update	32
4.2 Annual Report from the Chair of the Group Quality Committee.....	33
4.2 Annual Report from the Chair of the Quality Committee COG 2026 (004).pdf.....	34
5. Other Business - Items for Noting	46
5.1 CoG Forward Plan and Schedule of CoG Meetings and CoG Briefings	47
5.2.1 COG and Briefing Forward Plan and Schedule of meetings 2027.pdf.....	48

1. GENERAL BUSINESS

REFERENCES

Only PDFs are attached



1.0 Draft Agenda COG - 15 Oct 2026.pdf



Council of Governors Meeting

Location: Main Boardroom, Lower Ground Floor, CWFT and MS Teams

Date: 15th October 2026

Time: 16:00 – 18:30

[Join the meeting now](#)

AGENDA

16:00	1.0	GENERAL BUSINESS		
	1.1	Welcome and Apologies for absence Apologies: Simon Mansfield, Ras I. Martin	Verbal	Chair
	1.2	Declarations of interest	Verbal	Chair
	1.3	Minutes of the CoG meeting held on 16 th July 2026 Minutes of the Extraordinary CoG meeting held on 24 th September 2026 Action Log	Paper Paper	Chair
16:05	2.0	UPDATES		
	2.1	Chair's Report and NWL Acute Provider Group (APG) Update	Paper	Chair
	2.2	Chief Executive's Report and Trust Update	Paper	Chief Executive Officer
	2.3	10-point Plan/Thirlwall Inquiry	Verbal	Chief Executive Officer
16:35	3.0	ITEM FOR DISCUSSION		
	3.1	Declarations and Conflicts of Interest	Verbal	Director of Corporate Governance
	3.2	Federated Data Platform (FDP)	Paper	Executive Director of Transformation
16:50	4.0	QUALITY		
	4.1	Quality Update	Verbal	Chair of the Quality Committee (Vice Chair)/Chief Nursing Officer
	4.2	Annual Report from the Chair of the Group Quality Committee	Paper	Chair of the Quality Committee (Vice Chair)/Chief Nursing Officer
17:30	5.0	OTHER BUSINESS – ITEMS FOR NOTING		
	5.1	Any other business, including: *5.1.1 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 January 2027 (Date/Time/Venue TBC)		Chair

1.1 WELCOME AND APOLOGIES FOR ABSENCE

1.2 DECLARATIONS OF INTEREST

1.3 MINUTES OF THE COG MEETING HELD ON 16TH JULY 2026 AND ACTION LOG

- Minutes of the CoG Meeting held on 16th July
- Minutes of the Extraordinary CoG Meeting held on 24th September
- Action Log

REFERENCES

Only PDFs are attached

-  1.3 CoG Meeting - 16 July 2026 v1.pdf
-  1.3a Extraordinary CoG Meeting Minutes- 24 Sept 2026.pdf
-  1.3b CoG Action Log.pdf



DRAFT MINUTES OF COUNCIL OF GOVERNORS (COG)

16th July 2026 – 14:00 – 15:45

Main Boardroom, Chelsea and Westminster Hospital and MS Teams

Present:	Patricia Gallan	Vice Chair	(Chair)
	Bob Alexander	Interim Chair	(BA)
	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)
	Ian Dalton	Patient Governor	(ID)
	Fiona O'Farrell	Patient Governor	(FOF)
	Stuart Fleming	Public Governor	(SF)
	Nina Littler	Deputy Lead Governor/Public Governor	(NL)
	Ras. I Martin	Public Governor	(RIM)
	CLlr Will Pascal	Appointed Governor	(WP)
	Linda Vassallo	Staff Governor – Non-Clinical	(LV)
	Desmond Walsh	Appointed Governor	(DW)
In Attendance:	Lesley Watts CBE	Chief Executive Officer	(LW)
	Vineeta Manchanda	Non-Executive Director	(VM)
	Sheena Basnayake	Managing Director	(SB)
	Robert Bleasdale	Chief Nursing Officer	(RB)
	Mike O'Donnell	Non-Executive Director (agenda item 4.4 only)	(MOD)
	Virginia Massaro	Chief Financial Officer (agenda item 4.3 only)	(VM)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the	
		NWL APG Chair in Common	(AP)
	Graham Chalkley	Corporate Governance Officer	(GC)
Apologies:	Caroline Boulliat-Moulle	Patient Governor	(CB)
	Nara Daubeney	Public Governor	(ND)
	Minna Korjonen	Patient Governor	(MK)
	Mark Nelson	Staff Governor – Medical and Dental	(MN)
	Nathalie Podder	Public Governor	(NP)
	Lucinda Sharpe	Staff Governor – Nursing and Midwifery	(LS)
	Parvinder Singh Garcha	Public Governor	(PSG)
	Jo Winterbottom	Public Governor	(JW)
	Baljit Ubhey	Non-Executive Director	(BU)

1.0 GENERAL BUSINESS

1.1 Welcome and apologies for absence

The Chair welcomed everyone and apologies were noted.

1.2 Declarations of interest

There were no declarations of interest.

1.3 Minutes of CoG meeting held on 15th April 2026

The minutes were approved.

2.0 UPDATES

2.1 Chair's Report and NWL Acute Provider Group (APG) Update

The Chair provided an update, and the key items were as follows:

- The development of the Group continued, and the APG was in the process of appointing Executive Officers to the Group;
- Pippa Nightingale (PN) was leaving LNW, and a new interim Chief Executive, Mark Titcomb, MT had been appointed and this was an internal appointment.
- The performance of all four Trusts in the National Oversight Framework (NOF) was a great achievement, with all four in NOF 1 for Quarter 4 2025/26 and this was testament to all the hard work by staff across all the Trusts.
- The AGM's for the other Trusts would be taking place next week and the HH AMM had taken place on the 15th July.
- The next Board in Common (BiC) meeting was taking place on 28th July.

It was also confirmed that the approval for the new Chair was in the process of being arranged and the successful candidate would be announced as soon as possible. It was likely the term for the Interim Chair would need to be extended. PJ confirmed that the Council of Governors' Nomination and Remuneration meeting to approve the recommendation of the appointment of the new Chair was scheduled for Tuesday 21st July, with an Extraordinary Council of Governors meeting on the 23rd July to approve the appointment.

2.2 Chief Executive's Report

LW commented that Sheena Basnayake (SB, Managing Director of WM site) was attending this meeting to provide an update regarding the Diagnostic, Treatment and Education Centre (DTEC) at the WM site. LW echoed the Chair's comment with regards to the Trusts performance in the NOF, and added that the level of demand across the NHS at this time of year was unprecedented. LW referred to what was currently underway across the sector which included work on endometriosis as well as the recent Research, Innovation and Quality Improvement (RIQI) event. LW added that there were posters across the specialties and divisions, and these could be seen online.

LW also advised the Council that the West Middlesex Elective Services successfully achieved accreditation under NHS England's Get It Right First Time (GIRFT) programme. It was agreed that this was a significant achievement for West Middlesex. Updates on performance were also provided, and LW added that DM01 was being closely monitored on a weekly basis. LW also commented on the impressive PDR performance and noted the commitment of the staff – especially individual managers - in ensuring these were completed on time.

LW also commented on the industrial action and noted that the Junior Doctor's matter had been settled by the GMC and Government. LW also highlighted some of the events that had recently taken place and which the Trust had been involved in which included Pride and acknowledging the contributions of volunteers. LW also confirmed that the report following the CQC inspection that took place in April was scheduled to be received soon and an update would be provided to the Council.

3.0 QUALITY

3.1 Quality Update

RB provided a Quality update and confirmed that there had been changes with the oversight arrangements under the Group model. Other key items from the update included the following:

- As confirmed by LW, the report following the CQC inspection that had taken place in April had not been received, but the Council will receive an update when the report had been submitted;
- Infection Prevention and Control – even though the Trust had not met the threshold set by NHS England (NHSE), its position was an improvement on the previous year and showed that we were also performing well across London and nationally.
- Conflict Resolution Training was provided where there had been a high level of incidents, and additional categories that will assist in reporting incidents will be added to the Ideagen (new reporting and management) system which was being implemented. RB added that incidents of aggression were reviewed and stressed that this did not always indicate that

violence had taken place, as the incident could have resulted from the patient's cognitive impairment.

- There had been positive results in relation to Duty of Candour.
- RB confirmed that the Trust had implemented effective systems and governance arrangements to support the delivery of safe, high-quality and equitable care for patients with a learning disability and autistic people. It was noted that a number of operational challenges remained.
- Policies in relation to training were in the process of being updated.
- Level 1 of the Oliver MacGowan training was now mandatory training.
- The Ockenden Report indicated the recommendations that were being considered by NHSE's National Maternity Panel. RB confirmed that a report was expected in late 2026, but a letter from NHSE in the interim had been published that provided 10-point actions that needed to be carried out by Trusts.
- RB also confirmed that a letter had been received regarding mortuary services, which followed a review of the actions that came out as a result of the Fuller Inquiry, and a report on this would be submitted to the Board in Common (BiC) meeting on 28th July.

RB advised the Council that the actions the Trust was required to do from both the Ockenden report and the review of the Fuller Enquiry would take three to six months to work through but added that the NEDs would be kept updated regarding this and an update would also be provided at a future Governor's meeting.

4.0 FOR DISCUSSION

4.1 Insight into our Capital Programme (Diagnostic, Treatment and Education Centre (DTEC))

SB provided an update on the DTEC project and confirmed that the program was on track, and the proposed completion date was 23rd December 2026. SB also noted that moving into a new building at the busiest time of the year was a challenge, and this was being managed by an Operational Steering Group.

SB also noted that the budget for this was £90m and confirmed that £56m of this had gone into the construction of the building, and it had been a successful collaboration in getting the work completed. SB also added that the new Centre would transform how we would deliver care and expand our capacity in treating patients, and referred to the new Chemotherapy floor and an increase in scanning and providing Emergency Care as examples of this. SB summarised by saying that there was still a lot of work to do to complete the project, and the plan was to decant into the new building by the end of January 2027.

PG asked if there would be a grand opening of the new Centre, and SB confirmed that this was being planned. SB also advised that the Trust had not compromised on any aspect on what was needed, and the Building Regulations had been signed off. Once the project had been completed, a final update would be provided to the Governors.

4.2 Insight into Improving Urgent and Emergency Care (UEC) Pathways

SB confirmed that an improvement programme was in place to address issues regarding urgent and emergency care. SB added that this programme included working with the local authorities of the boroughs that the Trust services, the local ambulance services and the GP's, and would look at highlighting other routes of care that patients could receive before they come to the Trust's front door. This included using the services of a pharmacy and asking patients questions that they would normally be asked as part of the triage when they were checking into the hospital. SB stressed that this was a work in progress, and nationally there was an effort to digitise the front door.

SB also noted that there had been an increase of 5% of patients using the front door, and added that she had been working in the Emergency Department for the last two weeks and heard the views from the clinical staff, and work was underway to address any collective problems.

NL referred to the concept and design of DTEC and asked if the patients had been involved in any

aspect of this. SB confirmed that feedback had been received from the patients at WM, specifically in relation to the waiting area. Work on redesigning the waiting area had been ongoing for a year, and this was a continuous process as we constantly reviewed any feedback we received.

This was discussed further by the Council, and SB reiterated that there was more that the Trust could do with regards to public messaging, adding that patients calling in to the Trust would be triaged properly as there are mechanisms in place to carry this out. LW also commented on the rise in activity during the summer, and noted that there had also been an increase in the number of mental health patients. WP commented on the Integrated Neighbourhood Teams (INT) and asked LW if he could have additional information regarding these. LW agreed to send WP a list of the attendees of the Health and Wellbeing Board, as the INT's were addressed through this committee.

RIM referred to NL's earlier comment regarding patient feedback and noted that the Trust had been proactive in getting patients involved, but asked if there was anything that we could do more of regarding this. LW commented that the Patient Experience Group did address issues such as these. This was discussed further, and RB commented that we needed to make sure that we had a representative sample to work from, and this would include the views of people with disabilities or those who were visually impaired. RB also reminded the Council of the Trust's work with the accessibility working group AccessABLE.

4.3 To receive the Annual Report and Accounts which will be formally presented at the AMM (16th July 2026)

VM summarised the Annual Report and the Accounts, and confirmed that it had been submitted and would be laid before Parliament.

VM added that this had been a very successful year for the Trust, as we had a surplus cash amount of £5m, and we ended the year just under our projected break-even plan. The Big Capital Programme was also discussed along with the DTEC project, which was acknowledged as one of the biggest capital projects the Trust had ever undertaken.

4.4 Annual Report from the Chair of the Audit and Risk Committee (ARC)

MOD spoke to this paper on behalf of Baljit Ubhey (BU, NED and Chair of the Local Audit and Risk Committee).

MOD summarised key items in the paper, and noted that the audits that had taken place had gone well, and there was a continued focus on Cyber Security. MOD also acknowledged the hard work of VM and the team.

The Council discussed the report further and the issue of risks was raised, and NC commented that when risks mitigation would involve a third party, and asked whether those third parties were working effectively. PJ confirmed that the Board Assurance Framework (BAF) sets out the three levels of assurance. PJ added that the ARC reviewed these levels and the Trust's Compliance Group assessed the regulators. PJ assured the Council that an assurance framework was regularly reviewed at Executive level. MOD added that the Trust's Risk Register was broad, and a well-developed risk management process was in place.

NC added that when the care of patients falls short in any event, the Council must have assurance that this would be discussed by the ARC. LW confirmed that incidents relating to patient care are tabled at the Quality Committee meetings.

NL commented on ISS Facility Services UK (ISS), and asked if the tender process that was currently in place was ever reviewed or evaluated. LW confirmed that ISS was a third party working at the Trust that she met with regularly, and stressed that the employees have always been considered as members of staff of CWFT and added that they feel part of this organisation. NL asked whether we had any flexibility in terms of changing elements of their contract. VM confirmed that this is a joint contract arranged with The Royal Marsden Hospital, and

added that this contract was also monitored with the Royal Marsden. RB added that the specification in the contract regarding the national standards of cleaning had been designed by this Trust, and a framework was in place that ensured we met the regulatory requirements.

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

PG reiterated that the CoG Nominations and Remuneration Committee meeting on 21st July was to approve the recommendation of the appointment of the new Chair, and the Extraordinary CoG Meeting on the 23rd July was for the Council to formally approve this appointment. It was noted that the papers for the Nominations and Remuneration Committee would be sent out on 17th July 2026, and the papers for the Extraordinary CoG meeting would be sent out following that meeting.

Governor's Awayday

The subject of a Governor's Awayday taking place this year was raised, and it was agreed that this would be discussed with NC regarding potentially arranging a date for this.

Equality and Diversity

Equality and Diversity and representation in the Trust was also raised. LW noted that the Trust had policies in place which were followed to ensure equity. LW confirmed that the Trust was committed to and did follow its policies, and it was suggested that a short paper on this topic was presented to the CoG at a future meeting. RIM agreed with this suggestion and added that the presentation should show the make-up of our staff and the diversity of those in new positions that were not representative of the Black, Asian and Minority Ethnic (BAME) community. SB added that there is a considerable level of representation regarding diversity in the Trust, and referred to clinicians in senior roles as an example of this. Following on from this, VM confirmed that workforce disability standards and the gender pay gap were other areas that the Trust reported on.

Action:

Short paper on Equality and Diversity in the Trust to be presented at a future Council meeting.

5.2 Any Other Business, including

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

Date and time of next meeting: 15th October 2026 (Venue and time TBC).

Meeting closed at 15:50hrs



MINUTES OF EXTRAORDINARY COUNCIL OF GOVERNORS (COG) MEETING
24th September 2026 via MS Teams

Present:	Patricia Gallan	Vice Chair	(Chair)
	Richard Ballerand	Public Governor	(RBL)
	Maureen Chatterley	Public Governor	(MC)
	Cass J Cass-Horne	Public Governor	(CJCH)
	Nigel Clarke	Lead Governor/Public Governor	(NC)
	Rodelix Dacanay	Staff Governor – Non-Clinical	(RD)
	Ian Dalton	Patient Governor	(ID)
	Fiona O’Farell	Patient Governor	(FOF)
	Jerry Folkson	Public Governor	(JF)
	Minna Korjonen	Patient Governor (vote by proxy)	(MK)
	Nina Littler	Deputy Lead Governor/Public Governor	(NL)
	Simon Mansfield	Public Governor	(SM)
	Ras. I Martin	Public Governor	(RIM)
	Mark Nelson	Staff Governor – Medical and Dental	(MN)
	Clr Will Pascal	Appointed Governor	(WP)
	Linda Vassallo	Staff Governor – Non-Clinical	(LV)
	Jo Winterbottom	Public Governor	(JW)
In Attendance:	Lesley Watts CBE	Chief Executive Officer	(LW)
	Peter Jenkinson	Director of Corporate Governance	(PJ)
	Alexia Pipe	Chief of Staff to the NWL APG	
		Chair in Common	(AP)
	Graham Chalkley	Corporate Governance Officer	(GC)
Apologies:	Caroline Boulliat Moulle	Patient Governor	(CBM)
	Dr Nara Daubeney	Public Governor	(ND)
	Christopher Digby-Bell	Patient Governor	(CDB)
	Stuart Fleming	Public Governor	(SF)
	Nathalie Podder	Public Governor	(NP)
	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 the apologies were noted.

1.2 Declarations of interest

There were no declarations of interest.

1.3 Minutes from the previous meeting held on 23rd July 2026

The minutes were approved.

1.4 CWFT CoG Approval of External Audit Services Contract Award Recommendation – Update

It was noted that Grant Thornton UK LLP had been appointed as CWFT’s External Auditors.

2.0 FOR APPROVAL

2.1 Governors Election and Process

CWFT COG Extension Proposal

PJ summarised the Government’s 10-Year Health Plan which proposed to remove the legal requirement for NHS Foundation Trusts to have Councils of Governors, and it was hoped that this would be clarified soon.

PJ added that proceeding with elections at this stage could result in a significant change in the composition of the Council when continuity was key, and the proposal was to make temporary amendments to the Constitution in order to carry out one-off extensions to the terms of office for Governors so that they remained in office until 30 November 2027.

PJ advised the Council that this proposal was in line with other Foundation Trusts around the country. PJ also reiterated that in order to enact this, the approval of the variations of the Constitution would need to be approved by the Board and the Council of Governors. PJ confirmed that this proposal had been approved by the Board.

MN raised a concern about the constituencies where no Governor had been elected to. PJ acknowledged MN's concern and added that we would ensure that we were quorate for meetings and would continue to look at filling these posts. NC asked for clarification on the fact that even though we had not received any further clarity on what the Government wants to do, we could continue as normal and hold the elections. PJ added that the amended Bill would remove the statutory requirement and statutory duties of the Council of Governors, but it would be a requirement that we continued to have sufficient public engagement.

The Council of Governors approved the temporary amendments to the Trust Constitution.

The Council of Governors approved the one-off extensions to the terms of office to the Governors.

3.0 OTHER BUSINESS

RIM commented on the issue regarding continued public engagement and asked how this would be maintained. PJ noted that we should have a clearer idea of what the Bill would and would not include within the next few months, and we would need to review this from a Trust perspective and determine a suitable forum in order to discuss this and work out the appropriate governance. RIM acknowledged that a proactive approach would work.

NC asked the Governors to advise him if there were any items that they wished to add to the agenda for the meeting on 15th October.

It was agreed that Federated Data Platform, Declarations of Interest, an update on the Thirlwell Inquiry and the 10-Point Maternity Plan would be added to the agenda for the CoG Meeting.

It was agreed that two pre-meets - one with the Chair and one with the Council – would be arranged prior to the CoG meeting taking place.

[Sec. note – a CoG pre-meet with the Chair/NC/NL had been arranged to take place on Monday 12th October.]

[Sec. note - a CoG pre-meet with the Council of Governors had been arranged to take place on Tuesday 13th October.]

The issue of inappropriate access to patient records was raised and LW confirmed that the Trust does randomly review who has access to what and if an individual accesses records they were not permitted to, this is considered gross misconduct, their access rights would be revoked and the Trust would take appropriate action. MN added that if an individual attempts to access records they are not permitted to, their access is blocked.

Meeting closed at 16:45



Council of Governors Action Log

Date	Minute number	Details	Current Status	Due/Completion Date	Lead
16 th July 2026	3.1	Quality Update – The report following the Care Quality Commission (CQC) inspection that took place at CW in April was to follow, and the Governors will receive an update once the report had been received.	Action Complete Report received and emailed to the Governors, along with Trust Press Release	Report and Trust Press Release emailed to the Governors on 10/08/2026	RB
16 th July 2026	4.1	Insight into our Capital Programme (Diagnostic, Treatment and Education Centre (DTEC)) – An update on the progress of the DTEC was provided at the meeting on 16 th July.	Update Required A final update to be provided to the Council once the project had been completed.	Jan 2027 (TBC)	SB
16 th July 2026	4.2	Insight into Improving Urgent and Emergency Care (UEC) Pathways – The Integrated Neighbourhood Teams (INT) was discussed at the meeting on 16 th July.	Update Required A list of the attendees of the Health and Wellbeing Committee to be forwarded to Cllr Will Pascal	15 th October 2026	GC
16 th July 2026	4.3	Annual Report and Annual Accounts – presented at the Council of Governors' meeting on 16 th July	Action Complete Annual Report and Annual Accounts to be forwarded to the Governors once they had been laid before Parliament and approved	Email with link to the Trust website sent 18/09/2026	GC
16 th July 2026	5.1	AOB: Governor's Awayday – this was raised at the meeting on 16 th July.	Update Required To discuss with NC regarding possible dates for the Governor's Awayday	TBC	NC/GC
16 th July 2026	5.1	AOB: Equality and Diversity – this was raised at the meeting on 16 th July.	Update Required Short paper on this topic was to be presented to the CoG at a future meeting	TBC	TBC

Date	Minute number	Details	Current Status	Due/Completion Date	Lead
15 th Sept 2026	-	CWFT COG Approval of External Audit Services Contract Award Recommendation	Action Complete CoG approved the appointment of Grant Thornton UK LLP via e-governance	15th October 2026	GC

2. UPDATES

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

REFERENCES

Only PDFs are attached



2.1 CWFT Council of Governors Chair's Report 15.10.26 draft.pdf



CONFIDENTIAL

TITLE AND DATE <i>(of meeting at which report to be presented)</i>	Council of Governors Meeting 15 October 2026																										
AGENDA ITEM NO.	2.1																										
TITLE OF REPORT	Council of Governors Chair's Report																										
AUTHOR NAME AND ROLE	Alexia Pipe, Chief of Staff to Chair																										
ACCOUNTABLE EXECUTIVE DIRECTOR	Bob Alexander, Interim Chair																										
PURPOSE OF REPORT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Decision/Approval</td> <td style="width: 30%;"></td> </tr> <tr> <td>Assurance</td> <td></td> </tr> <tr> <td>Info Only</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Advice</td> <td></td> </tr> </table> Please tick above and then describe the requirement in the opposite column				Decision/Approval		Assurance		Info Only	X	Advice																	
Decision/Approval																											
Assurance																											
Info Only	X																										
Advice																											
REPORT HISTORY Committees/Meetings where this item has been considered		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Committee</th> <th style="text-align: center;">Date of Meeting</th> <th style="text-align: center;">Outcome</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Committee	Date of Meeting	Outcome										<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Committee</th> <th style="text-align: center;">Date of Meeting</th> <th style="text-align: center;">Outcome</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	Committee	Date of Meeting	Outcome									
Committee	Date of Meeting	Outcome																									
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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 70%;">Equality And Diversity</td><td> </td></tr> <tr><td>Quality</td><td> </td></tr> <tr><td>People (Workforce or Patients/Families/Carers)</td><td> </td></tr> <tr><td>Operational Performance</td><td> </td></tr> <tr><td>Finance</td><td> </td></tr> <tr><td>Public Consultation</td><td> </td></tr> <tr><td>Council of Governors</td><td> </td></tr> </table> please mark Y/N – where Y is indicated please explain the implications in the opposite column		Equality And Diversity		Quality		People (Workforce or Patients/Families/Carers)		Operational Performance		Finance		Public Consultation		Council of Governors													
Equality And Diversity																											
Quality																											
People (Workforce or Patients/Families/Carers)																											
Operational Performance																											
Finance																											
Public Consultation																											
Council of Governors																											

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)	

National Oversight Framework (NOF) – North West London Acutes

The latest National Oversight Framework assessment, covering April to June 2026 was recently published, it presents a broadly positive picture for the North West London Acute Provider Group (APG), with three of the four Trusts ranked within the top 25 per cent of acute and specialist trusts nationally. Imperial College Healthcare NHS Trust is ranked 13th out of 134 trusts and remains in segment 1, while Chelsea and Westminster Hospital NHS Foundation Trust and The Hillingdon Hospitals NHS Foundation Trust are ranked 19th and 27th respectively and are now in segment 2. London North West University Healthcare NHS Trust is ranked 71st and has moved to segment 3, with improvement plans in place or in development to address the areas requiring action.

The results should be considered in the context of changes to both the NOF methodology and segmentation approach, including the introduction of fixed performance thresholds and changes to the indicators used. The APG will continue to use its collective resources and expertise to support consistent improvement across all four Trusts.

The Acute Provider Group (APG)

Since the establishment of the North West London Acute Provider Group (APG) on 1 April 2026, significant progress has been made in building the Group's leadership team. Since June, appointments have been made across a number of key executive and leadership roles, drawing on both internal talent and external NHS leadership experience.

Internal appointments across the APG have included Mark Titcomb as Chief Executive at London North West University Healthcare Trust, Kevin Croft as Group Chief People Officer, Tracey Connage as Group Director of Equity and Inclusion and Deputy Group Chief People Officer. Peter Jenkinson as Group Chief Governance Director, Michelle Dixon as Group Lead Director of Communications and Engagement, Professor Bob Klaber as Group Lead Director of Strategic Partnerships, Dame Janice Sigsworth as Group Lead Chief Nursing Officer and Dr Roger Chinn as Group Lead Chief Medical Officer.

External appointments include Stephen Bloomer, who joined on the 1 September from NHS West and North London ICB as Group Chief Finance Officer, Edmund King from NHS England London as Chief Delivery Officer, he will start his role on 1 November. Hannah Iqbal from Thames Valley Integrated Care Board as Chief Strategy and Transformation Officer, Hannah is due to start on 1 December. As you are aware, Dame Alwen Williams, former Group Chief Executive of Barts Health NHS Trust, has been appointed as the permanent Chair in Common for the Group and across four Trusts from 1 November 2026.

Collectively, these appointments represent a significant milestone in establishing the APG's leadership capacity and supporting delivery of our shared ambition to improve outcomes for patients, staff and local communities across North West London.

King's Birthday Honours

I would like to record the Board's congratulations to Professor Tim Orchard on receiving a CBE (Commander of the Order of the British Empire) in the 2026 King's Birthday Honours "for services to the NHS, healthcare research and innovation". This award recognises Tim's longstanding contribution to the NHS and his leadership within North West London. It is a fitting acknowledgement of his commitment to improving services for patients and supporting collaboration across organisations.

His recognition reflects positively on ICHT and the wider APG and the outstanding work undertaken by colleagues across our organisations.

Annual Members Meetings/Annual General Meetings

All four Trusts held their AMMs/AGMs in July, they provide a valuable opportunity to engage with members, patients, staff and the wider public on the performance and priorities of our Trusts. At each of the events we welcomed patients, carers, families, the public and staff to the event to hear about our work and performance in 2025/26 and our plans for the future.

The feedback and questions raised reflected a strong interest in service quality, access to care, workforce wellbeing and future plans, and will help inform our ongoing discussions and priorities as we continue to develop services across North West London.

2.2 CHIEF EXECUTIVE OFFICER'S REPORT AND TRUST UPDATE

REFERENCES

Only PDFs are attached

 2.2 CWFT CEO Board Report September 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

1.1 Stepping up our winter preparation

Chelsea and Westminster is taking a whole-organisation approach to preparing for winter, recognising that managing increased demand is not simply an emergency department challenge but requires every part of the Trust to play its part. Our winter plans bring together a range of actions to improve patient flow, maintain capacity and treatment in the right place.

This includes targeted discharge sprints which begin in September and will run through to late December as part of a focused effort to improve patient flow, and ensure we are better prepared for winter pressures. The sprints will concentrate on patients experiencing the longest discharge delays, with teams working systematically to identify the factors preventing people from returning home and taking rapid action to address them.

By bringing together clinical, operational and support teams, we will focus on removing avoidable barriers to discharge, tackling delays within our control and supporting more timely decision-making. Through this targeted approach, we aim to deliver rapid improvements in flow, reduce unnecessary time spent in hospital and improve outcomes and experience for patients and their families.

1.2 National Oversight Framework performance

The latest assessment ranks Chelsea and Westminster Hospital NHS Foundation Trust 19th out of all 134 acute and specialist trusts for performance. Following changes to the NOF segmentation approach, the trust has moved from segment 1 to segment 2 of the rankings though remains in the top 25 per cent of acute and specialist trusts nationally.

We continue to perform strongly nationally, reflecting the consistently high standards of care delivered by our teams across the organisation.

We remain focused on maintaining these standards, addressing areas where we can improve further and continuing to provide excellent care for our patients and communities.

1.3 Advancing vaccine research with a world-first clinical trial

The Trust is playing a leading role in a first-in-human clinical trial of an investigational RNA-based rabies vaccine, in partnership with Imperial College London. Funded by the Coalition for Epidemic Preparedness Innovations (CEPI), the study aims to assess the safety of the vaccine and understand how effectively it stimulates an immune response. The trial builds on expertise developed through previous RNA vaccine research and has the potential to inform the development of future vaccines for a range of infectious diseases. This pioneering work highlights the important contribution our researchers and clinical teams are making to global health innovation. By helping to advance vaccine science, the Trust is contributing to efforts that could improve protection against infectious diseases and strengthen preparedness for future public health threats.

1.4 Pioneering UK first to improve Gynaecological patient experience

Irina Stankeviciute, Clinical Hysteroscopist Nurse Specialist, featured on BBC Radio 4 Woman's Hour to discuss Chelsea and Westminster Hospital's pioneering conscious sedation service for gynaecological procedures, including hysteroscopy, a procedure used to examine and treat the inside of the womb, uterus.

As the only hospital in the UK currently offering this approach, the service is giving women greater comfort, choice and control. Developed by Irina and Consultant Mr Richard Flint, more than 300 patients have opted for conscious sedation during their hysteroscopy, a pain relief method that is widely used in other areas of medicine, which has safely resulted in reduced pain, anxiety and better patient experience outcomes.

2. Quality & Safety

2.1 CQC rates Emergency Services Outstanding at Chelsea site

Following a recent Care Quality Commission (CQC) inspection, urgent and emergency services at Chelsea and Westminster Hospital have been upgraded from Good to Outstanding, while the hospital's overall rating remains Good. Inspectors reviewed urgent and emergency care, end-of-life care and services for children and young people. Alongside the Outstanding rating for urgent and emergency care, both end-of-life care and children's services maintained their Good ratings.

The report highlighted the Trust's strong safety culture, safeguarding arrangements, learning from incidents and commitment to compassionate, patient centred care. These findings reflect the professionalism, expertise and teamwork demonstrated by colleagues everyday. Thank you to everyone involved in supporting the inspection and providing high-quality care for our

patients.

2.2 National Inpatient Survey highlight our kindness and positive experience

The National Inpatient Survey forms part of the NHS Patient Survey Programme and captures feedback from patients about their experience of inpatient care. The results, which are used locally to understand trends in patient experience over time, and the Care Quality Commission's (CQC) weighted benchmarked results, which adjust for differences in patient populations and enable fair comparison between organisations. Together, these provide a comprehensive view of inpatient experience across the Trust.

Overall, the results present a positive and stable picture of inpatient care. Patients continue to report high levels of kindness, compassion, dignity and respect, confidence in doctors and nurses, effective pain management and positive experiences of care. The Trust's weighted benchmarked results were comparable with other NHS trusts across all survey domains.

3. Operational Performance

3.1 The Trust continues to see year-on-year increase in attendances to the Emergency Departments and Urgent Treatment Centres which was 6.9% higher in July 26 compared to same period last year. Despite this demand pressures there was a month-on-month improvement in Trust performance at 78.8% for A&E 4-hours, just under the 26/27 improvement trajectory. Time to initial assessment continues to improve with the Emergency care plan progressing across both sites.

3.2 In June 2026, performance against Cancer standards reported the achievement of all standards, 31Day (100%) and 28-Day Faster Diagnostics (81.9%) and the 62-day standard at 85.27%.

3.3 Elective Referral to Treatment (RTT) 18-week wait performance increased to 68.15% for July 2026, meeting the Operating Plan trajectory and a continued improvement in performance.

Overall PTL size remains stable. 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 913 patients waiting over 52 weeks (-4) There were no patients waiting over 65weeks.

Performance against the DM01 diagnostic standard (which measures the percentage of patients waiting <6 weeks) was reported at 81.38% against the 95% standard and below the Operating Plan trajectory. Recovery plans and trajectories are in place to improve this over the coming months and the ambition remains to achieve compliance by the end of the financial year.

4. Financial Performance Progress

4.1 At Month 5, the Trust reported a year to date deficit of £1.5m, which is in line with the year to date plan of £1.5m deficit. We are forecasting full delivery of our breakeven plan for the year.

The Trust has a £33.4m Cost Improvement Programme (CIP) target for 2026/27. A shortfall in delivery is driving a £2.4m adverse impact for the year to date. This is being mitigated through income over-performance and non-recurrent measures. CIPs are currently 93% identified, so work continues to get to 100%, delivery of identified schemes and also to improving the proportion of recurrent schemes.

The YTD gross capital spend is £14.8m against planned spend of £17.5m due to timing of capital programmes. The largest capital scheme in 2026/27 is the Diagnostic, Treatment & Education Centre (DTEC).

5. People and Workforce

5.1 Launch of the I Am Human campaign

The Trust has launched I Am Human, a new campaign to raise awareness of the impact of abuse and aggression towards staff and encourage patients and visitors to pause and reflect before frustration becomes abuse. Building on the Kindness campaign, I Am Human shares the real experiences of colleagues and highlights the lasting impact that abusive behaviour can have on staff. The campaign reinforces the Trust's clear position that abuse, aggression and violence towards staff are never acceptable. Supported by updated policies and staff support protocols, the campaign was introduced at the recent all-staff webinar and will be promoted across wards and departments over the coming weeks.

5.2 Annual Cheer Awards

The Great Big Thank you week is making a return with the cheer awards which are a central event to the week. These awards run at both sites, remain in close access and location to front line staff and attract a wide cross section of workforce in attendance. Nominations are now open for this year's Cheer Awards, giving colleagues and the public the opportunity to recognise staff who make a difference through their care, skill, kindness and commitment. The awards form part of Great Big Thank You Week in December and celebrate the individuals and teams who go above and beyond every day.

Last year, the Trust received more than 480 nominations, with 34 winners and 28 runners-up recognised. This year, additional categories have been introduced to celebrate even more of our hard-working colleagues. Nominations close at 9am on Monday 28 September 2026.

5.3 Key highlights:

Our play team at our Chelsea site, organised their annual sports day for our

paediatric patients for the fourth year in a row. Sixteen long-term patients on our paediatric wards, including gastro, oncology and neurology patients, joined the activities. Games included an egg and spoon race, dressing-up race and obstacle race, and finished with a conga line and dancing. Thank you to the Play team for taking the time to bring a moment of fun, distraction and physical activity to our patients.

6. Updates from the Council of Governors (CoG)

The CoG met in public on 16th July 2026, where it received the Chief Executive's Report that provided an update on the Diagnostic, Treatment and Education Centre (DTEC) at the West Middlesex site. The Council also received a Quality Update that focused on conflict resolution training and infection prevention and control. The Council were also advised that the West Middlesex Elective Services successfully achieved accreditation under NHS England's Get It Right First Time (GIRFT) programme.

7. Research and Innovation

7.1 AI ECG tool detects early signs of heart failure

Professor Fu Siong Ng, Consultant Cardiologist, Dr Ahmed El-Medany, Clinical Research Fellow, and their team on their research presentation at the European Society of Cardiology (ESC) Congress in Munich recently. Their work highlights how artificial intelligence (AI) could detect signs of heart failure and heart valve disease from a routine ECG. The technology was found to identify up to 81% of patients with heart failure by detecting reduced pumping function of the heart's main chamber. It also identified up to 90% of patients with a common form of heart valve disease. This work has received significant media coverage, including features in The Guardian, The Telegraph, The Times, The Sun and the Daily Mirror.

7.2 Blood Clot detection with AI technology

The Same Day Emergency Care (SDEC) team has been piloting innovative technology for blood clot detection that combines a handheld ultrasound device with real-time artificial intelligence (AI). In a three-month initial pilot, clinicians completed 120 examinations, ruling out deep vein thrombosis (DVT) in 97 cases. The typical time from starting a scan to receiving a clinical decision was less than 30 minutes, with 80% of patients safely discharged following their first scan. The technology enables clinicians to carry out an ultrasound examination at the patient's first appointment, potentially reducing the need for the patient to return to hospital for a sonographer-led scan.

8. Equity, Diversity And Inclusion

8.1 Key areas of our EDI annual report

The annual report provides an overview of the highlights and progress from April 2025 to March 2026. The report provides the Trust with an assessment of progress

against its equality duties and ambitions, bringing together workforce data and experience with national equality standards, Some of these highlights demonstrate the positive and improved scores in the NHS Staff Survey 2026 for 'We are compassionate and inclusive' Our score increased consecutively over 4 years and at 7.46 is above the acute Trust average of 7.28.

- Continued to develop our “Belonging” steering group driving our Equality Diversity and inclusion programmes.
- Secured commitment and launched our Cultural Intelligence training programme in 2026
- Continued to strengthen and grow our staff networks
- Signed up to the Sexual Safety Charter and launched a new policy with increased reporting routes and increased training for managers in responding to reports of sexual misconduct
- Trust is in its 7th year of project SEARCH providing internships for individuals with autism and or learning disability to gain work experience.

9. Recognition and Celebrating Success

9.1 International recognition for HIV innovation

Dr Winnie Wechie, HIV Innovation Fellow recently represented our Trust at the prestigious European AIDS Clinical Society (EACS) Summer School, having been selected as one of just 184 participants from 36 countries. The project was awarded Best International Research Challenge Proposal by the expert faculty panel, recognising the team's creativity and commitment to improving HIV care.

9.2 West Mid milestone for cardiac care

In August, we marked 10 years since the opening of the cardiac catheter laboratory at West Mid. Since launching in September 2016, the service has provided specialist cardiac care to around 15,000 patients, helping more people access expert diagnosis and treatment closer to home.

This milestone was an opportunity to recognise the dedication of everyone who has contributed to the service's success over the past decade. From doctors, nurses and radiographers to cardiac physiologists, administrators and support colleagues, the commitment and teamwork of our staff have made a real difference to patients and their families.

2.3 10-POINT PLAN/THIRLWALL INQUIRY

Verbal Update

3. ITEMS FOR DISCUSSION

3.1 DECLARATIONS AND CONFLICTS OF INTEREST

- Discussion Item

3.2 FEDERATED DATA PLATFORM (FDP)

Slides to be presented at the meeting

4. QUALITY

4.2 ANNUAL REPORT FROM THE CHAIR OF THE GROUP QUALITY COMMITTEE

REFERENCES

Only PDFs are attached



4.2 Annual Report from the Chair of the Quality Committe COG 2026 (004).pdf



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

This report summarises the work of the CWFT Board Quality Committee for the period October 2025 to September 2026.

1 Introduction/Governance Structure:

1.1 CWFT Quality Committee:

I was appointed Chair of the CWFT Quality Committee in November 2024, and the Committee met four times between October 2025 and March 2026.

From the 1st April 2026, the North West London Acute Provider Collaborative (NWL APC) became the North West London Acute Provider Group (NWL APG), and this Committee became the NWL APG Quality Committee.

Since April 2026 to September 2026, the APG Quality Committee met three times.

Escalation reports from the CWFT Quality Committee flows into the CWFT Board Standing Committee (SC).

1.2 CWFT Board Standing Committee (SC)

The CWFT Board Standing Committee was established in July 2024 as part of the revisions to the Trust and NWL APC governance structure, and the role of this Committee is to oversee the delivery of the Trust strategy and strategic priorities, the achievement of constitutional and regulatory standards, and to provide assurance to the Trust Board that Trust risks and issues relating to this are being managed. As the Trust Vice Chair, I am also the Chair of the Board Standing Committee, which meets quarterly, prior to the quarterly meetings of the NWL APG Board in Common (BiC)

2. APG Quality Committee Purpose/Objectives:

The APG Quality Committee provides assurance and oversight of the delivery of one of the Groups' three strategic priorities: **'To deliver high-quality patient centred care'**.

The Committee's purpose is to provide the Trust's Board with assurance that quality within the organisation is being delivered to the highest possible standards and that there are appropriate policies, processes, and governance in place to continuously improve care quality, and to identify gaps and manage them accordingly. This aim applies to all forms of delivery of care equally, whether face to face, remotely, or by using a digital pathway.

3. CWFT Board Quality Committee Membership and Attendance:

3.1 NED Membership for NWL APC Quality Committee

In addition to myself as Chair of the APC Quality Committee, the other Non-Executive Director member who attended the meetings between October 2025 and March 2026 was Vineeta Manchanda. Catherine Williamson was appointed as Academic Non-Executive Director in January 2025.

3.1.1 Executive Director Membership

Dr Roger Chinn (Chief Medical Officer) and Robert Bleasdale (Chief Nursing Officer).

Other attendees include Nicola Rose (Deputy Chief Nurse); Dr Gary Davies (Hospital Medical Director – Chelsea site); Dr Sanjay Krishnamoorthy (Hospital Medical Director – West Middlesex site); Laura Bewick (Hospital Managing Director – Chelsea site); Sheena Basnayake (Hospital Managing Director – West Middlesex site); Claire Davidson (Deputy Director of Midwifery and Nursing – Maternity, Neonates and Gynaecology) and Lee Watson (Hospital Director of Nursing, Chelsea site).

During the reporting period the meeting was quorate for all meetings.



3.2 NED Membership for NWL APG Quality Committee

In addition to myself as Chair of the APG Quality Committee, the other Non-Executive Director members who attended the meetings from April 2026 to September 2026 were Syed Mohinuddin, Nick Gash and Carolyn Downs. Martin Lupton was the appointed Academic Non-Executive Director.

3.2.1 Executive Director Membership

Julian Redhead (Chief Executive Officer – Imperial College Healthcare NHS Trust (ICHT), Dr Roger Chinn (Chief Medical Officer - CWFT), Robert Bleasdale (Chief Nursing Officer - CWFT), Raymond Anakwe (Chief Medical Officer – ICHT), Jon Baker (Chief Medical Officer – London North West (LNW), Alan McGlennam (Chief Medical Officer – The Hillingdon Hospital Foundation Trust (THHFT), Janice Sigsworth (Chief Nursing Officer – ICHT), Lisa Knight (Chief Nursing Officer – LNWH).

During the reporting period the meeting was quorate for all meetings.

Meeting attendance has been excellent, with everyone actively participating in in-depth discussions, a high degree of candour and robust challenge.

In order to ensure that issues or concerns relating to quality are picked up between the scheduled APG Meetings, we have arranged CWFT Quality Touchpoint meetings to take place every month to review these. These are currently a work in progress, and an update from these will be provided at the APG meetings.

4. Quality Priorities

The Trust Quality Priorities were agreed and these focus on areas where targeted improvement can make the greatest difference to patient safety, patient experience, clinical effectiveness and health inequalities.

The priorities were selected following a review of improvement opportunities and evidence from a range of sources that included Getting It Right First Time (GIRFT), Model Hospital, claims, complaints, incidents and national audit data.

We have also considered improvement work taking place across North West London, national priorities and locally identified improvement opportunities within our divisions.

Each priority has been aligned to a division to lead its implementation alongside local improvement work. Progress will be monitored quarterly through reporting to the Executive Management Board (EMB) and the Trust Standing Committee. We are also working with our partner trusts in the APG on shared priorities where there are opportunities to improve care across the system.

The agreed priorities are:

- Infection Prevention and Control (IPC)
- Pressure Ulcer Prevention
- Antimicrobial Stewardship
- Reducing Noise at Night
- Reducing Inequalities in Early Antenatal Booking
- NatSSIPs2 Implementation
- Paediatric Deteriorating Patients (NPEWS)

5. Comments/Assurance

My assurance as Chair of the APG Quality Committee and as the NED aligned to the Quality Committee and to the CWFT CoG is that the APG Quality Committee is functioning well and fulfilling its purpose.

On behalf of the Committee, I confirm that we are assured regarding the overall quality of care that the Trust provides to its patients, and evidence to support the assurance includes:



Clinical Effectiveness

- The Trust's Clinical Effectiveness Group continues to provide strong and well-established governance across areas including clinical effectiveness and quality improvement activity
- there continues to be a robust participation in National Clinical Audits (NCAs) and Clinical Outcome Review programmes
- The Trust has achieved a 92% compliance rate relating to NICE guidelines.
- The Trust remains one of the best performing nationally on relative mortality risk, with strong processes for learning from deaths.

Maternity

- Maternity services remain compliant with National Safety Standards, with improvement actions largely complete and embedded.
- The Maternity service continues to embed Saving Babies Lives V3.2 and is compliant with 96% of the intervention.

Patient Safety

- The Patient Safety Incident Response Framework (PSIRF) is fully embedded, and the reporting culture remains strong.
- Robust patient safety governance are in place, and learning from patient safety incidents is being identified, reviewed and translated into improvement activities across the organisation.
- Enhanced oversight has been established through the Initial Incident Review Group and Patient Safety Group.
- Duty of Candour written notification compliance is 99%.

Safeguarding

- The Joint Safeguarding Annual Report for 2025-2026 confirmed that safeguarding arrangements within the Trust were effective, well-governed and continued to improve, and that the organisation responds appropriately to increasing complexity and demand.
- The report also highlighted the Trust's compliance with statutory frameworks such as the Care Act 2014 and the Children's Act.
- Governance is led by the Chief Nursing Officer, with oversight from the Joint Safeguarding Group.
- There are robust systems for managing adult and children's safeguarding, with significant increases in referrals and strong management of complex cases.

Health, Safety and Environmental Risk

- Fire Safety governance continues to strengthen, with the full completion of the Fire Risk Assessments maintained across the Trust.
- Violence and aggression continue to be the highest reported incidents in relation to staff safety. A dedicated Working Group is in place at both Trust and Group level to address these.
- A gap analysis following the St Mary's Hospital fire showed that the Trust was 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.
- The Trust was compliant with the relevant Health & Safety Regulations, and has not received any regulatory notices.

Patient Experience and Engagement

- Learning from Patient Experience remains embedded within quality and safety improvement processes, and robust mechanisms were in place to triangulate feedback from sources such as complaints, such as the Patient Advice and Liaison Service (PALS), the Friends and Family Test (FFT) and national surveys, with oversight through established governance structures and escalation to Board level



- The Patient and Public Experience and Engagement Group (PPEEG) continue to embed lived experience and co-production across divisions.
- Complaints and PALS services at the Trust continue to be actively reviewed, with learning shared and actions taken to address recurring issues such as communication and waiting times.
- The Trust's Butterfly Volunteer Scheme continues to receive exceptional feedback.

In summary:

The Trust continues to demonstrate strong assurance across safeguarding, health and safety, medication safety, and operational standards. Governance structures are robust, statutory compliance is maintained, and a culture of continuous improvement is evident through regular audit, training, and learning from incidents. The Council of Governors can be assured that the organisation is committed to delivering safe, high-quality, and patient-centred care.

Patricia Gallan

Vice Chair and Chair of the APG Quality Committee

Appendix A – CWFT Quality Committee - Terms of Reference

1. Constitution

The Quality Committee is established as a sub-committee of the Board of Directors of Chelsea and Westminster Hospital NHS Foundation Trust (CWFT).

All staff members are directed to cooperate with any request made by the Quality Committee.

The Quality Committee will review these Terms of Reference on an annual basis as part of a self-assessment of its effectiveness. Any changes recommended to the Terms of Reference will require Trust Board approval.

2. Authority

The Quality Committee is directly accountable to the Trust's Board of Directors through the Trust's Standing Committee of all Board members.

The Quality Committee is authorised by the Board of Directors to act within these terms of reference. In doing so, the Committee may instruct professional advisors and request the attendance of individuals and authorities from outside its membership, and the Trust, with relevant experience and expertise if it considers this necessary for or expedient to fulfilling its functions.

3. Aim

3.1 The Quality Committee provides the Trust's Board with assurance that quality within the organisation is being delivered to the highest possible standards and that there are appropriate policies, processes and governance in place to improve care quality continuously and to identify gaps and manage them accordingly. This aim applies to all forms of care delivery equally, whether face-to-face, remotely or by using a digital pathway, and these Terms of Reference should be read accordingly.

4. Objectives

4.1 This Committee oversees the three themes that define quality:

- The **EFFECTIVENESS** of the treatment and care provided to patients – measured by both clinical outcomes and patient-related outcomes
- The **SAFETY** of treatment and care provided to patients – safety is of paramount importance to patients and is the bottom line when it comes to what services must be delivered



- The EXPERIENCE patients have of the treatment and care they receive – how positive an experience people have on their journey through the organisation can be even more important to the individual than how clinically effective care has been.
- 4.2 The Committee's objectives are:
- To have oversight of the Trust's Quality Strategy and Plan including to agree on the annual quality priorities and monitoring progress against them;
 - To monitor the impact on quality of any strategic change programme such as reconfiguration of clinical pathways, and national initiatives such as 'Getting it Right First Time'.
 - To approve the Trust's annual quality account.
 - To monitor the Trust's Quality Dashboard.
 - To consider matters referred to the Quality Committee by its sub-groups as shown below;
 - To monitor Trust compliance with statutory Health and Safety requirements
 - To monitor the extent to which the Trust meets the requirements of commissioners and regulators.

About EFFECTIVENESS

- To have oversight of the annual clinical audit programme
- To make recommendations to the Audit and Risk Committee concerning the annual programme of internal audit work, to the extent that it applies to matters within these terms of reference.
- To have oversight of Trust-wide compliance with clinical regulations and Central Alert System requirements.
- To ensure the review of patient safety incidents (including near-misses, complaints, claims and Coroner Prevention of Future Deaths reports) from within the Trust and wider NHS to identify similarities or trends and areas for focussed or organisation-wide learning;
- To monitor the impact on the Trust's quality of care of the Improvement Programme and any other significant reorganisations;
- To ensure the Trust is outward-looking and incorporates the recommendations from external bodies into practice with mechanisms to monitor their delivery.

About SAFETY

- To have oversight of the Trust's Mortality and Morbidity Surveillance Group, and to monitor Trust performance in these areas
- To have oversight of the Trust's Maternity Improvement Programme and to monitor Trust performance in this area
- To have oversight of and review quality-related risks on the Trust's Risk Assurance Framework.
- To review and monitor the Quality Committee elements of the Trust's Board Assurance Framework.
- To scrutinise serious incidents, analyse patterns and monitor trends and to ensure appropriate follow-up within the Trust;
- To monitor progress and approve the Trust quality priorities such as the Trust work plan on sepsis and deteriorating patients;
- To provide the Board with assurance regarding Adult and Child Safeguarding requirements and processes;
- To monitor nurse staffing levels by safe staffing benchmarks;
- To have oversight of infection protection and control and to scrutinise the annual Infection Protection and Control report on behalf of the Board;
- To have oversight of health and safety and environmental risk and monitor progress;
- To promote within the Trust a culture of open and honest reporting of any situation that may threaten the quality of patient care by the trust's policy on reporting issues of concern and monitoring the implementation of that policy;
- To ensure compliance with standards set by statutory and regulatory bodies about quality of care delivery;
- To ensure that where practice is of high quality, that practice is recognised and propagated across the Trust.



In relation to EXPERIENCE:

- To have oversight of the Trust's performance against the five key areas as described by the Care Quality Commission: Safe, Effective, Caring, Responsive and Well Led.
- To monitor the Trust's compliance with the national standards of quality and safety of the Care Quality Commission, and NHS Improvement's licence conditions that are relevant to the Quality Committee's area of responsibility, to provide relevant assurance to the Board so that the Board may approve the Trust's annual declaration of compliance and corporate governance statement.
- To monitor the Trust's Friends and Family Test response rates and recommendation rates.
- To provide the Board with assurance that complaints are handled in both a timely and effective manner
- To scrutinise patterns and trends in patient survey results, Friends and Family results, complaints and PALs data, and ensure appropriate actions are put into place
- To oversee the Trust's work progress on Patient Experience.

In relation to RISK:

- The Committee will monitor risks identified in the Trust's Board Assurance Framework that have been allocated for oversight by the Committee
- The Committee will establish and maintain an overview of the Trust's quality risks and risks to the delivery of the Trust quality and safety plans and ensure the effectiveness and implementation of controls to mitigate risks

5. Method of Working

5.1 All Committee Members will:

- Be open to making their contributions.
- Be honest and transparent with comments, criticism and compliments.
- Listen to advice and comments.
- Make their contributions concisely and keep focused on the desired outcomes.
- Ensure that every decision or question should be viewed from the perspective of the service user.

5.2 The Quality Committee will have a standard agenda. At every meeting, the following item headings will be on the agenda:

1. Apologies for absence
2. Declarations of interests
3. Minutes of the previous meeting
4. Business to be transacted by the Committee
5. Any other business
6. Date of next meeting

5.3 All Minutes of the Quality Committee will be presented in a standard format. All meetings will receive an action log (detailing progress against actions agreed at the previous meeting) for review and follow-up.

6. Membership

6.1 The membership of the Quality Committee shall consist of:

- One Non-Executive Director who will Chair the meeting
- A minimum of two other Non-Executive Directors
- Chief Medical Officer
- Chief Nursing Officer

A Managing Director and/or Divisional Director of Operations will be invited to the meeting.

The Chief Executive, while not a member, shall receive a standing invitation to all meetings of the Committee.

The Committee may invite other Trust staff to attend its meetings as appropriate.

The Committee is authorised by the Board of Directors to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.



6.2 A Deputy for the Chief Nursing Officer and Chief Medical Officer will attend in their absence.

6.3 The Director of Nursing (Chelsea site), Director of Nursing (West Middlesex site) and the Medical Directors for each site each have a standing invitation to attend meetings of the Committee.

6.4 The Chair of the Board in Common may attend local Board committee meetings at his / her discretion but is not considered a standing member of the committee. If the Chair in Common attends, then he/she counts towards the quorum necessary for the transaction of business at that meeting and has voting rights at the committee.

7. Quorum

7.1 The Quality Committee will be deemed quorate to the extent that the following members are present;

- Two Non-Executive Directors, one of whom should Chair the meeting
- Chief Medical Officer or deputy
- Chief Nursing Officer or deputy

7.2 For the avoidance of doubt, Trust employees who serve as members of the Quality Committee do not do so to represent or advocate for their respective department, division or service area but to act in the interests of the Trust as a whole and as part of the Trust-wide governance structure.

7.3 If a meeting is not quorate it may still proceed, however, any decisions taken in principle at a non-quorate meeting must be ratified subsequently by a quorum of members.

8. Frequency of Meetings

8.1 Meetings will be held at least five times a year with additional formal meetings as deemed necessary.

8.2 Additional meetings may be held on an exceptional basis at the request of any three members of the Quality Committee.

8.3 Urgent items may be handled by e-governance.

8.4 Members are expected to attend a minimum of 75% of Committee meetings throughout the year.

9. Secretariat

9.1 Meeting minutes, agendas and forward work plans to be maintained by the Trust's Governance Team.

9.2 Minutes, agenda and papers to be circulated by the Board Governance Manager.

10. Reporting Lines

10.1 The Quality Committee will report to the Trust Standing Committee on a quarterly basis, with a summary report drafted. Matters of material significance in respect of quality which require collaborative consideration will be escalated to the following meeting of the Collaborative Quality Committee. However, any items that require urgent attention will be escalated to the Chief Executive and Chairman at the earliest opportunity and formally recorded in the Quality Committee minutes.

10.2 The following groups shall report to the Quality Committee:

- Clinical Effectiveness Group
- Patient Safety Group
- Patient & Public Experience Group
- Health, Safety and Environmental Risk Group
- Joint Safeguarding Group (NB mental health and learning disability groups report through to this)



- 10.3 The above groups will report as per the Quality Committee work plan, and at times when requested by the Quality Committee. The reports provided by the groups should be in written format unless agreed by the Committee Chair.
- 10.4 The above groups' Terms of Reference will be reviewed by the Quality Committee annually.
- 10.5 The Quality Committee has key relationships with all other Board committees via its membership. In addition, there are links to Commissioners and other providers through the Medical Director, Chief Medical Officer and Chief Nursing Officer.
- 11. Openness**
- 11.1 The agenda, papers and minutes of the Quality Committee are considered to be confidential.

Reviewed by: Quality Committee
Date: 7 January 2020
Approved by: Board of Directors
Date: March 2020
Review date: December 2020
Approved by: Board of Directors
Date: March 2021
Reviewed by: Quality Committee
Review Date: April 2022
Reviewed by: Quality Committee
Date: September 2022
Reviewed by: Quality Committee
Date: July 2024
Reviewed by: Quality Committee
Date: June 2025

Appendix B

North West London Acute Provider Group (APG) Group Quality Committee Terms of Reference

1. Overarching Purpose

1.1 The Group Quality Committee is a non-statutory standing sub-committee of the North West London Acute Provider Group Board in Common. It is established to provide advice and assurance to the Board in Common (BiC) to support the discharge of each Board's respective duties and powers and their combined responsibilities by securing continuous improvement in the quality of services and outcomes in relation to the safety of services, effectiveness of services and the quality of the experience received by patients across the North West London Acute Provider Group.

1.2 The overarching role of the Group Quality Committee in Common is to:

- oversee the development and delivery of a Group level Quality Strategy and associated strategic priorities
- oversee and receive assurance relating to the implementation of strategic quality priorities for short and medium-term improvements, ensuring effective and efficient use of resources
- oversee the development of strategic quality change programmes to drive group-wide improvements, inputting into the Group strategy
- Ensure that the Group is meeting the quality related statutory and regulatory reporting standards and requirements, including constitutional standards covering patient safety, patient experience and clinical effectiveness.



- Receive assurance regarding Group level quality performance and Trust-level contribution towards that collective performance, providing assurance to the Board in Common on performance of each Trust and the Group
- identify areas of quality performance variation and risk where group-wide interventions would speed and improve the response and agree these as strategic priorities for the Group.

1.3 The Group Quality Committee oversees and receives assurance regarding to:-

- The identification and management of risks associated with the delivery of group level quality strategic priorities
- Identification and management of quality related risks apparent from local variation in outcomes that would benefit from a Group-wide approach.
- Development and application of quality metrics that facilitate the removal of unwarranted variation, levelling up of quality across the Group and indicate the existence or emergence of quality issues anywhere within the Group.
- Driving the Group towards evidence based best practice through Group-wide projects and the application of data and models of care from GIRFT, Model Hospital, Rightcare and other reliable sources.
- Oversight and assurance on the development of joint models of care that optimise the patient pathway across the Group.
- Oversight and assurance on the development of improved patient and community engagement across the Group.

2. Specific Duties and Responsibilities

To develop and oversee the implementation and effectiveness of a Group level Quality Strategy to deliver group level strategic quality priorities

To oversee and receive assurance relating to the implementation of strategic quality priorities for short and medium-term improvements, ensuring effective and efficient use of resources

To identify, prioritise, oversee and assure strategic change programmes to drive Group-wide and ICS integrated improvements so that the Group are continually meeting the needs of patients accessing services and determine whether the Group is improving the quality of patient care and health outcomes within the context of delivering the NHS Long Term Plan.

To oversee and receive assurance regarding Group level quality performance and Trust-level contribution towards that collective performance, and identify areas of risk where Group- wide interventions would speed and improve the response.

- Review the Integrated Quality Dashboard for the Group and query any unwarranted variation in provider outcomes to seek assurance or to give advice on remedial actions that can be taken to improve performance. Escalate any risks/concerns and successes to the Board in Common as appropriate.
- Receive regular updates on Group performance against National Patient Safety Improvement Programmes and, where appropriate, provide advice on how issues identified should be addressed.
- Receive updates/assurance reports from each local provider on issues identified through the Patient Safety Incident Response Framework and seek assurance on how serious patient safety incidents are being addressed through this framework.
- Review major patient safety incidents from local providers to identify any similarities, trends or areas for focussed and/or Group wide learning.
- Review national inquiries for major safety concerns in the NHS to ensure learning is adopted and adhered to across the Group including the Ockenden report.
- Promote within the Group a just culture of open and honest reporting of any situation that may threaten the quality of patient care.



- Identify and review the relevant quality related risks within the Group Board Assurance Framework/Strategic Risk Register and report into the Board in Common on levels of assurance of mitigation.
- To oversee and assure Group-wide interventions for short and medium term improvements
- Nurture a quality improvement culture across the Group by overseeing existing quality improvement programmes and expanding the use of effective quality improvement programmes more widely.
- Oversee the approach to 'lessons learnt' across the Group so that best practice can be shared and implemented.
- Consider themes and trends emerging from patient feedback across the Group and oversee any actions to address any concerns that require a Group response/steer.
- Consider themes and trends emerging from clinical audit, R&I and quality standards such as GIRFT across the Group and oversee any actions to address any concerns that require a Group response/steer.
- Ensure that the quality of care provided to patients is improving and developing to eradicate health inequalities across North West London.

3. Composition

Membership

3.1 The members of the Committee are appointed by the Boards and will be made up of:

- A non-executive member of the Board in Common, appointed as the Group Committee Chair.
- A Non-executive Director from each of the other three sovereign Trusts in the Acute Provider Group.
- Lead Chief Nursing Officer for the Group or executive deputy.
- Lead Chief Medical Officer for the Group or executive deputy.

3.2 The Group CEO and Chair will be ex-officio members. Should they attend meetings they will be considered members of the Committee and have a vote.

3.3 In addition, Trust level CEOs, Chief Nursing Officers and Chief Medical Officers from each of the four acute provider Trusts along with the Group Director of Governance will be regular attendees. Other attendees may be invited to attend any meeting of the Group Committee at the request of the Chair.

3.4 Secretariat support will be sourced from the North West London Acute Provider Group Corporate Governance Team

4. Meeting arrangements

Attendance

4.1 Members of the Committee are expected to attend meetings wherever possible. In exceptional circumstances and subject to prior approval from the Chair of the Committee, a deputy can attend.

4.2 The Committee Chair may ask any person in attendance who is not a member of the Committee to withdraw from a meeting to facilitate open and frank discussion of a particular matter.

Meetings

4.3 The Group Committee will meet (including by virtual means) at least four times a year, or more frequently as determined by the Committee Chair. Any member of the Committee can ask the Committee Chair for a meeting to be convened in person, or by virtual means, or for a matter to be considered in correspondence/e governance.

4.4 The quorum for meetings is 5 members, of which Non-executive members must form the majority including:



At least 3 Non-executive Directors, one of which will Chair the meeting
Lead Chief Nursing Officer for the Group or Executive deputy agreed by the Chair
Lead Chief Medical Officer for the Group or Executive Deputy agreed by the Chair

4.5 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed shall be circulated to each member of the Committee and any other person required to attend, no later than four working days before the date of the meeting. Supporting papers (including a rolling 12-month forward plan) shall be sent to Committee members, and to other attendees as appropriate, no later than four working days before the date of the meeting.

4.6 The secretary will minute the proceedings and decisions of all meetings of the Committee, including recording the names of those present and in attendance.

4.7 Draft minutes shall be sent to the Committee Chair within 5 working days of the meeting and submitted for formal agreement at the next meeting.

5. Declarations of Interest

5.1 All members and attendees of the Committee must declare any relevant personal, non-personal, pecuniary or potential interests where there is a conflict with an agenda item or matter under discussion, at the start of the meeting, or where there is a change to their published declaration of interests. The Chair of the Committee will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion or otherwise limit their involvement in the meeting.

6. Reporting Responsibilities

6.1 The Committee's Chair shall report formally to the Board in Common on its proceedings after each meeting.

6.2 The Committee will make whatever recommendations to the Board and local Trust Standing Committees it deems appropriate in any area within its remit where action or improvement is needed.

7. Other Matters

The Committee will:

7.1 have access to sufficient resources to carry out its duties

7.2 Consider any other matters where requested to do so by the Board in Common and the 4 acute Provider Trust Standing Committees within the NWL Acute Provider Group

7.3 review on an annual basis its own performance and terms of reference to ensure that it is operating effectively as part of the Board's effectiveness review.

8. Authority

The Committee is authorised:

8.1 To seek any information it requires, or request attendance at a meeting, from any employee or any other person in order to perform its duties.

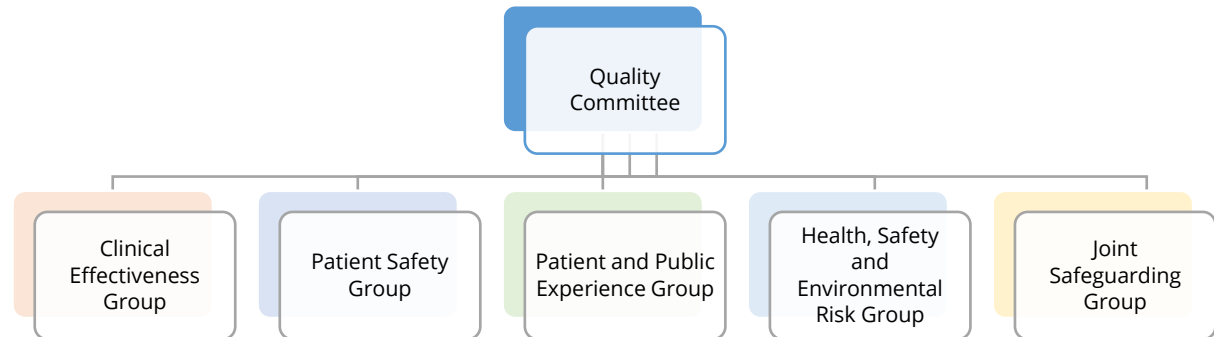
8.2 to obtain legal or other professional advice on any matter within its terms of reference, subject to Board in Common approval.

Reviewed by: Group Quality Committee

Date: 7 April 2026



APPENDIX C: Meeting Structures for Clinical Governance and Quality Reporting



Quality Committee Chair: Patricia Gallan Frequency: 6 times per year				
Clinical Effectiveness Group Chair: Sanjay Krishnamoorthy Hospital Medical Director WM Frequency: Monthly	Patient Safety Group Chair: Gary Davies Medical Director CW Frequency: Monthly	Patient and Public Experience Group Chair: Lee Watson Director of Nursing CW Frequency: Monthly	Health, Safety and Environmental Risk Group Chair: Robert Bleasdale Chief Nursing Officer Frequency: Monthly	Joint Safeguarding Group Chair: Nicola Rose Deputy Chief Nurse Frequency: Quarterly
Dementia Steering Group Chair: Sarah Bryan CNS for Dementia and Falls Frequency: Monthly	Transfusion Safety Group Chair: Millicent Newnison Consultant Obstetrician and Gynaecologist Frequency: Quarterly	PLACE Group Chair: Matt Robinson Head of Patient Experience Frequency: Quarterly	Radiation Safety Group Chair: Annelies Maenhout Consultant Nuclear Physician Frequency: Quarterly	Learning Disability Group Chair: Kathryn Mangold Lead Nurse for Learning Disability and Transition Frequency: Bi-Monthly
Organ Donation Group Chair: Alice Sisson Consultant Anaesthetist Frequency: 6 monthly	LocSSIP/ Surgical Safety Group Chair: Isabel Jones & Alice Sisson Consultant Surgeon & Anaesthetist Frequency: Bi-monthly	Learning Disability Group Chair: Kathryn Mangold Lead Nurse for Learning Disability and Transition Frequency: Bi-Monthly	Water Safety Group Chair: Simon Ferrier Site Facilities Manager (CW) Frequency: Monthly	Mental Health Group Chair: Lee Watson/Kate Gardiner Director of Nursing CW/WM Frequency: Bi-Monthly
End of Life Care Deputy Chair: Louise Robinson Consultant Frequency: Monthly	Infection Prevention & Control Chair: Nabeha Maghal BSC/ Consultant Microbiologist Frequency: Monthly	Research & Innovation P&P Implementation Chair: Chris Adamson Lead Research Nurse & Delivery Manager Frequency: Quarterly	Medical Gases Group Chair: Debbie Linnard Chief Pharmacist and Head of Professions Frequency: Monthly	
Medical Devices Safety Group Chair: David Bushby Deputy Director of Nursing (WM) Frequency: Monthly	Pressure Ulcer Group Chair: Jo Tilman Deputy Director of Nursing (CW) Frequency: Monthly	Youth Forum Chair: Brett Stoney Lead Nurse Paediatrics and Neonates Frequency: Under review as part of WICH	Fire Safety Group Chair: Simon Ferrier Site Facilities Manager (CW) Frequency: Monthly	Respiratory Protection Group Chair: David Bushby Deputy Director of Nursing (WM) Frequency: Quarterly
Critical Care Delivery Group Chair: Roger Davies & Monica Popescu ICU Service Directors Frequency: Bi monthly	Medicines Safety Group Chair: David Bushby Deputy Director of Nursing (WM) Frequency: Monthly	Patient & Public Involvement Group Chair: Matt Robinson Head of Patient experience Frequency: Bi-Monthly	Electrical Safety Group Chair: James McCabe Principal Project Manager - Estates Frequency: Quarterly	Ventilation Safety Group Chair: James McCabe Principal Project Manager - Estates Frequency: Monthly
	Mortality Surveillance Group Chair: Sanjay Krishnamoorthy Hospital Medical Director WM Frequency: Monthly		Asbestos Safety Group Chair: Mark Murphy Site Estates & Facilities Manager Frequency: Quarterly	Pressure Systems Safety Group Chair: James McCabe Engineering Manager Frequency: Quarterly
	Thrombotic Group Chair: Natasha Wiles & Swema Patel Haematologist & Pharmacist Frequency: Bi-monthly			
	Falls Steering Group Chair: Stephanie Stevenson-Shand Deputy Director of Nursing (CW) Frequency: Monthly			
	Sty Access Group Chair: Veronica Nwank Resuscitation Lead Nurse Frequency: Bi-Monthly			
	Medicine legal group Chair: Roger Chien Chief Medical Officer Frequency: Monthly			
	Frailty Steering Group Chair: George Todorov Consultant Frequency: Monthly			
	Point of Care Testing Chair: Daniel Morganstein Consultant Diabetes/Endocrinology Frequency: Quarterly			

5. OTHER BUSINESS - ITEMS FOR NOTING

5.1 COG FORWARD PLAN AND SCHEDULE OF COG MEETINGS AND COG BRIEFINGS

Date and Time of next meeting: January 2027 (date/time/venue tbc)

REFERENCES

Only PDFs are attached



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



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

	15th October 2026 CoG Meeting 16:00 – 18:30	December 2026 (TBC) CoG Briefing (via MS Teams) 16:00 – 17:00	January 2027 (TBC) CoG Meeting
Statutory/Mandatory Business	- Minutes of Previous Meeting, including Action Log - Annual Report from the APG Quality Committee	Briefing topic/presentation to be confirmed	- Minutes of Previous Meeting, including Action Log - Annual Report from the Group People 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)
	March 2027 (TBC) CoG Briefing (via MS Teams) 16:00 – 17:00	April 2027 CoG Awayday/CoG Meeting (Date/Time/Venue TBC)	June 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 Finance and Performance 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)	

	July 2027 (TBC) CoG Meeting (Time and Venue TBC)	September 2027 (TBC) CoG Briefing (via MS Teams) 16:00 – 17:00	October 2027 (TBC) CoG Meeting 16:00 – 18:30
Statutory/Mandatory Business	- Minutes of Previous Meeting, including Action Log - Annual Report from the Chair of the Local Audit and Risk Committee (Chair – Baljit Ubhey)	Briefing topic/presentation to be confirmed	- Minutes of Previous Meeting, including Action Log - Annual Report from the Group 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)

	December 2027 (TBC) CoG Briefing (via MS Teams) 16:00 – 17:00		
Statutory/Mandatory Business	Briefing topic/presentation to be confirmed		
Papers for information			
Other Business	Any other business (Forward plan/Schedule of meetings and briefings/Governor attendance register)		