

Agenda

Meeting:	Council of Governors in Public
Date of Meeting:	Thursday 04 December 2025
Time:	17:30 - 19.10
Online only:	Microsoft Teams link

No.	Item:	Lead:	Papers:	Timing:
1.	Welcome and Apologies	Trust Chair	Verbal	17:30
2.	Minutes of Previous Meeting and Matters Arising	Trust Chair	Attached	
3.	Action Log	Trust Chair	Attached	
4.	Trust Chair's Report	Trust Chair	Attached	17:40
5.	Chief Executive's Report	CEO	Attached	17:50
6.	Lead Governor Report	Lead Governor	Attached	18:10
PERFORMANCE ITEMS:				
7.	Quality, Safety and Patient Experience Committee Report	Q,S&PEC Chair	Assurance	18:20
8.	People and Culture Committee Report	P&CC Chair	Assurance	18:30
9.	Audit and Assurance Committee Report	A&AC Chair	Assurance	18:40
10.	Business and Performance Committee Report	B&PC Chair	Assurance	18:50
11.	Head to Toe Charity Committee Report	HTTCC Chair	Assurance	19:00

12.	Meeting Close The meeting will be followed by a short Governor only session, between 19:10 and 19:30			19:10
	Details of Next Meeting: Tuesday 31 March, 17:30 – 19:30 online			

Minutes

Meeting:	Council of Governors in Public
Date of Meeting:	Thursday 02 October 2025
Time:	15:45 – 17:30
Meeting Location:	The Resource Centre, Fulbourn Hospital, Cambridge CB21 5EF

Chair:

Eileen Milner Trust Chair

Council of Governors Present:

Mojisola Adeyemi	Governor, Staff Constituency
Dr Helen Brown	Deputy Lead Governor & Governor, Public Rest of England Constituency
Cllr Sarah Caine	Governor, Appointed, Cambridgeshire County Council
Dr Claire Daunton	Governor, Public Cambridgeshire Constituency
Ian Donaldson	Governor, Public Cambridgeshire Constituency
Mike Hindmarch	Governor, Public Peterborough Constituency
David Jordan	Governor, Public Cambridgeshire Constituency
Dr Elizabeth Kirk	Governor, Public Cambridgeshire Constituency
Norest Mararike	Governor, Public Peterborough Constituency
Miriam Martin	Governor, Appointed, Caring Together
Jane Scott	Governor, Public Cambridgeshire Constituency
Raj Shah	Governor, Patient, Service User Constituency, Cambridgeshire

Board Members Present:

Prof Rudolf Cardinal	Non-Executive Director
Steve Cox	Non-Executive Director / Business and Performance Committee Chair
Rachel Gomm	Chief Nurse
Steve Grange	Chief Executive Officer
Dr Mike Knapton	Non-Executive Director/Quality, Safety and Patient Experience Committee Chair
Stephen Legood	Chief Strategy & Commercial Officer / Deputy Chief Executive Officer
Brian McCarthy	Non-Executive Director / Audit & Assurance Committee Chair
Jacquie McGeachie	Non-Executive Director / Head to Toe Charity Committee Chair
Kishamer Sidhu	Interim Chief Finance Officer

Dr Cathy Walsh Chief Medical Officer

In Attendance:

Maisha Khanom Carers and Young People's Involvement Lead
Saira Law Communications and Engagement Officer
Anna Tuke Associate Director, Patient and Carer Experience and Involvement
Chris Walker Associate Director of Communications, Engagement and Charity
Martin Whelan Trust Secretary

Apologies:

Anna Constantas Governor, Public Cambridgeshire Constituency
Karen Daber Senior Independent Director / Deputy Trust Chair
Andrea Hill Lead Governor, Public Cambridgeshire Constituency
Fiona Kerr Governor, Public Cambridgeshire Constituency
Rachel King Staff Governor
Nora O'Shea Staff Governor
Pri Pinnaduwa Non-Executive Director / People & Culture Committee Chair
Muhammed Qureshi Patient, Service User, Rest of England Constituency

Minute Ref.	Record of Discussion	Action by:
10/25(01)	<u>Welcome</u>	
10/25(01a)	The Chair opened the meeting and welcomed those present.	
10/25(01b)	Apologies were noted as above.	
10/25(02)	<u>Minutes of the Previous Meeting & Matters Arising</u>	
10/25(02a)	The minutes of the previous CoG meeting, held 12 June 2025, were agreed as a true and accurate record for signing by Karen Daber Deputy Trust Chair.	
10/25(02b)	<u>Matters Arising</u> There were no matters arising and this was noted .	
10/25(03)	<u>Action Log</u>	
10/25(03a)	The Council considered and noted all the actions on the Action Log as closed.	

10/25(04)	<p><u>Trust Chair's Report</u></p>	
10/25(04a)	<p>The Trust Chair introduced the report. The Council noted the content of the report.</p> <p>The Council welcomed Professor Rudolf Cardinal as the new Non-Executive Director, appointed by the Council of Governors on 12 June, to succeed Professor Ed Bullmore.</p> <p>The Care Quality Commission (CQC) published its Well-Led review of the Trust on 18 July 2025, rating CPFT as Requires Improvement. The judgement, following a period of senior leadership change, some progress had been made and was acknowledged by the COG. The Trust's improvement work continued with clear momentum during continued turbulence and change throughout the NHS.</p>	
10/25(04b)	<p><u>Arthur Rank Hospice</u></p> <p>Funding cuts of over £800,000 a year had forced Arthur Rank Hospice to announce the closure of nine inpatient beds. It was given six months' notice by Cambridge University Hospitals NHS Foundation Trust who cited a value-for-money assessment, in making the difficult decision, which will impact on community services. It was highlighted that all providers including the Trust may potentially be required to make equally difficult decisions.</p>	
10/25(04c)	<p><u>NHS System reforms</u></p> <p>The Chair highlighted that media reports had emerged suggesting potential reforms to governance structures, possibly affecting Governors and Members. The Chair confirmed that at present there no were confirmed plans. The Trust Chair reaffirmed CPFT's commitment to continuing engagement with the community, staff, carers and service users. She noted this may be an opportunity to review and strengthen the current model.</p>	
10/25(04d)	<p>Governors sought clarification on the area covered by the new Central East ICB. The Trust Chair confirmed that the new footprint included the areas covered by the existing Cambridgeshire and Peterborough; Bedfordshire, Luton and Milton Keynes and Hertfordshire part of Hertfordshire and West Essex ICBs. The Chair also advised in response to a question that the Mental Health, Learning Disability & Autism, Accountable Business Unit's work continued under these changes and was developing.</p> <p>The Council of Governors agreed to note the report of the Chair.</p>	

10/25(05)	<p><u>Chief Executive Report</u></p>	
10/25(05a)	<p>The Council noted the content of Steve Grange, CEO, report, which was taken as read.</p> <p>The Council also noted the Acute Assessment Units accreditation by the Royal College of Psychiatrists' Combined Committee.</p> <p>The Trust also marked a milestone as 46 nurses were now honoured with the prestigious Queen's Nurse title, recognising their lifetime contribution to nursing excellence.</p>	
10/25(05b)	<p><u>National Oversight Framework League Tables</u></p> <p>The Department of Health recently published league tables assessing the performance of all NHS Trusts in England, grouped into acute, non-acute (including CPFT) and ambulance categories. Aligned with the NHS 10-year Health Plan (NHS10YP), the tables aimed to enhance transparency and support patient choice. CPFT was ranked 37th out of 61 non-acute trusts, with a score of 2.48 and a segment score of 3, which means the organisation was off-track in its financial deficit. While these benchmarks offered useful insights, they did not fully reflect the daily dedication of our staff in delivering quality care. The Trust remained committed to improving our ranking and supporting colleagues in achieving the best outcomes for our patients. High performing Trust would be given greater autonomy, for instance, free from Secretary of state control, some autonomy, for instance, in the open market. Working in a larger entity would cause challenges and many public services have varying priorities and targets. These expectations about performance were under the conditions of austerity. The Trust needed to inspire staff who are doing their best under different circumstances.</p>	
10/25(05c)	<p><u>University partnerships</u></p> <p>The Trust had been awarded University Teaching Partner status by the University of Cambridge, recognising excellence in applied research and healthcare improvement. This rare honour boosts global research credibility and permits use of the University's logo. Planned new partnerships with Anglia Ruskin University and Judge Business School aim to expand development for clinical and non-clinical staff.</p> <p>The Council of Governors agreed to note the report of the Chief Executive.</p>	

10/25(06)	<u>Governor & Forum Update Report</u>	
10/25(06a)	<p>Dr Helen Brown, Deputy Lead Governor presented the Governor & Forum report and took the paper as read and it was noted by the Council. She welcomed all the newly elected and appointed Governors and expressed gratitude to all the Governors and the Communication and Engagement Officer for their dedicated public service, time and commitment to the Trust during challenging times. She thanked Brian McCarthy, Non-Executive Director, who was stepping down from his position. Eileen Milner, Trust Chair thanked the Governors for their updates and continuing engagement with the Trust.</p>	
10/25(06b)	<p><u>NHS Health System reforms & Governance</u></p> <p>There are proposed changes to Foundation Trust status and governance, such as reduced autonomy and the potential removal of Governors and membership in their current forms, though these remain unverified. Eileen Milner, Trust Chair addressed these concerns during CoG, emphasising that CPFT would continue to prioritise engagement with the community, staff, carers, and service users. The changes may present an opportunity to revise and refresh the current governance model. While Governors roles had not yet changed, there was arguably a greater need to stay involved and seek assurance as decisions unfold.</p> <p>Miriam Martin, Appointed Governor had been appointed as the second Deputy Lead Governor, and she was thanked for stepping into this role. Over the past year, Governors had contributed to Board member recruitment panels, connected with the public through members events about services, the CPFT's Membership Working Group (MWG) community outreach stalls and service visits, and participated in development sessions alongside the Board. The appointment of Link and Deputy Link Governors to the three Forums had been postponed pending further discussions with Andrea Hill, Lead Governor and thanks was given to Governors currently engaged with the Forums. In response to Governors exploring clarity about the Terms of Reference of the Forums, each one can review how it was operating.</p>	
10/25(06c)	<p><u>Membership Working Group (MWG) Annual Review draft Terms of Reference(ToR)</u></p> <p>The Council approved the draft MWG ToR. Claire Daunton, Governor, commented that this year's Annual Report omitted reference to the MWG, which overlapped with community outreach, Trust would work better to highlight its work and continue to do this for Head to Toe Charity. Communication about CPFT near Fulbourn Hospital about the Trust and the Resource Centre, she suggested, could be improved and</p>	

	Governors would continue to help promote the public's knowledge of its services.	
10/25(07)	<u>Presentation on CPFT's Youth & Young Adult Involvement</u>	
10/25(07a)	<p>Maisha Khanom Children and Young People Lead, gave a presentation on Youth & Young Adult Involvement to the Council.</p> <p>The CPFT Youth Forum had strengthened its in-person engagement and supported service development across teams. A training course on youth voice in healthcare was delivered to trainee psychiatrists. Leadership roles were introduced to enhance inclusivity.</p> <p>The Forum was now structured into three sub-groups:</p> <ol style="list-style-type: none"> 1) CPFT Specific Projects: Focused on embedding youth voice in clinical teams and co-producing services. 2) System-Wide Youth Involvement: Aims to build partnerships with other youth forums and integrate CPFT's work into the broader care system. 3) Patient and Carer Race Equality Framework (PCREF), Culture & Health Inequalities: Advocates for equity, supporting anti-racism and health equity strategies. <p>The Young Adult Forum, led by James Grady, prioritised lived experience in recruitment and aims to improve transitions from inpatient to community care. Key ideas include peer support groups and staff wellbeing initiatives. Next steps for this work included expanding collaboration across CPFT, supporting PCREF goals and sustaining advocacy for youth-led change. The group calls for continued support, resources and recognition of lived experience to drive meaningful impact.</p> <p>Cllr Sarah Caine, Appointed Governor offered to support young people's involvement. Eileen Milner, Trust Chair thanked Maisha Khanom C&YPL for her interesting presentation.</p>	
10/25(08)	<u>Discussion & Questions</u>	
10/25(08a)	In response to a question from Jackie McGeachie, NED, Maisha Khanom, Children and Young People Lead, said that this Forum was working with some people who are in care, not in education, employment and trying to engage them in volunteering. Young people are encouraged to become CPFT members and to stand for Governor elections.	
10/25(08b)	In response to a question from Dr Helen Brown about how CPFT could support this programme better Maisha Khanom,	

10/25(08c)	<p>C&YPL commented that directorates are help and engaging with people form the programme and welcomed this encouraging question.</p> <p>In response to a question from Claire Daunton, Governor, Maisha Khanom, C&YPL confirmed that the people involved in this programme received leadership training, had review meetings every quarter and are given support to develop their skills.</p>	
<p>10/25(09)</p> <p>10/25(09a)</p> <p>10/25(09b)</p> <p>10/25(09c)</p>	<p><u>People & Culture Committee (P&CC) Report</u></p> <p>The Council noted the contents of Pri Pinnaduwa NED report, presented by Jacquie McGeachie, NED. Key points included a review of the Vacancy Control Process, where clinical roles remained a priority and corporate and administrative roles were subject to closer scrutiny.</p> <p>The Committee had ratified the Equality, Diversity and Inclusion Strategy, recognising the importance of aligning it with the broader Trust and Clinical Strategies. Governors had received the strategy and it was suggested as a topic for a Joint Governor and NED Development Session. The NHS Staff Survey Action Plan was reviewed with a focus on streamlining priorities. Communication across CPFT was considered, and the Staff Survey Connect newsletter was identified as a key tool for increasing engagement. Feedback from the People Pulse Survey indicated that low completion rates were influenced by time pressures, limited perceived impact, technical issues and forgetfulness. It was acknowledged that effective communication and engagement will be vital to achieving the Trust's 52% completion target for the 2025 survey. She thanked all the staff who have lead and managed all the above work. The Trust Chair thanked Jacquie McGeachie for presenting this report.</p> <p><u>People and Culture Workforce Performance</u></p> <p>Stephen Legood added that workforce performance metrics were part of the NHS Oversight Framework (NOF), that CPFT would be assessed on. Some organisational change processes were active at the Trust. 93% of staff appraisal completion had been achieved.</p> <p>In response to a question from Claire Daunton, Governor about job insecurity, Steve Grange, CEO commented that the turbulence within the NHS nationally and within CPFT was communicated regularly to staff through, various channels, for example, monthly online sessions, weekly manager meetings and the weekly Staff News Bulletin.</p>	

	The Committee agreed to note the report of the Committee.	
10/25(10)	<u>Business and Performance Committee (B&PC) Report</u>	
10/25(10a)	Steve Cox, NED, presented the committee report, which the Council noted and accepted as read. He opened by addressing highlights such as, the Month 4 finance showed that income and expenditure are currently on track but this relied heavily on £3.5 million in one-off benefits. Two-thirds of this amount offsets shortfalls in the Cost Improvement Programme, with the rest covering spending. Savings would continually need to be sort. The out of area reduction in contracts had made significant savings. The Freedom of Information targets showed improvements, which are attributed to a new workflow management tool. The Trust Chair thanked him for presenting the report.	
10/25(10b)	In response to a question from Dr Helen Brown, Deputy Lead Governor, about the material risks that the financial deficit was creating, Steve Cox, NED, commented that CPFT was in a better situation compared to last year, recurrent savings had been made and service redesign was happening and implications were being monitored for mitigations. Steve Grange, CEO, added that CPFT may need to stop doing somethings, full assessments are carried out, all relevant trade unions are consulted and staff morale may continue to be impacted. Miriam Martin, Governor, commented that Service Visits were a good way of assessing impact and that encouraging staff to use their creativity in helping find solutions. The Committee agreed to note the report of the Committee.	
10/25(11)	<u>Quality, Safety and Patient Experience Committee (QS&PEC) Report</u>	
10/25(11a)	Dr Mike Knapton, NED, presented the committee report, which the Council noted and accepted as read. He highlighted the need to also emphasis the physical health work CPFT deliver. Out of area placements continue to be managed. Lack of female psychiatric intensive care facilities in Cambridgeshire drives the numbers of appropriate placements. The Integrated Care Board was commissioning capacity in the private sector. Response times for complaints remain above target, however, the number of complaints were going up. Quality Impact Assessments were being undertaken in relation to the 2025/26 financial efficiency programme. Eating Disorder Services had been commissioned for an additional 6 to 9 months and outpatient services had begun.	

<p>10/25(11b)</p> <p>10/25(11c)</p> <p>10/25(11d)</p>	<p>He informed the Council that the CQC would become a standing item on this Committee's agenda. Eileen Milner, Trust Chair, thanked him for presenting this report.</p> <p>Rachel Gomm, commented in reply to the Governors' question regarding the assessment and support process for children and young people on the CPFT waiting lists was designed to be responsive to any changes in their needs since their initial assessment. Where deterioration was identified, families are signposted to appropriate support services and kept informed throughout. This ensured that care remains aligned with the evolving needs of both the child and their carers while they await further intervention. 12% are urgent cases and are seen in 4 weeks. Child and Adolescent Mental Health Services have a crisis support system in place.</p> <p>In response to Governors' question about learning disabilities and more detailed information about CPFT services a dedicated QS&PE Forum meeting held in July, focussing on this topic about data, waiting times, risk mitigation and support given to patients and carers, with Governor engagement.</p> <p>The Committee agreed to note the report of the Committee.</p>	
<p>10/25(12)</p> <p>10/25(12a)</p>	<p><u>Head to Toe Charity Committee (HTCC) Report</u></p> <p>Jacquie McGeachie, NED, provided an update to the Council of the charity's activities. The report was taken as read and noted by the Council. She highlighted that the new branding for the charity was completed, following extensive stakeholder engagement to ensure broad representation and input. This was subsequently approved by the charity's Board of Trustees. The charity's strategy will be refreshed throughout autumn 2025 to align with the Trust's updated strategic direction. The revised strategy was expected to be presented to both the HTCC and the Board of Trustees for review in January 2026. CPFT had a responsibility to ensure that patients nearing the end of life, receive compassionate care and support that enables them to live and die with dignity patients and their families through and through the Community Butterfly Volunteer Service the Trust was progressing with valuable work and she thanked everyone involved in the work of HTCC. The Trust Chair thanked Jacquie McGeachie, NED for presenting this report.</p> <p>The Committee agreed to note the report of the Committee.</p>	

<p>10/25(13)</p> <p>10/25(13a)</p>	<p><u>Audit and Assurance Committee (A&AC) Report</u></p> <p>Brian McCarthy, NED, presented the A&AC report and took the papers as read and asked the Council to note it. The Committee reviewed the final draft Annual Accounts and the going concern assessment for 2024/25. The external auditor provided an update, noting minor changes that did not affect the core financial statements. The Committee recommended the accounts for Board approval, subject to final amendments. He expressed appreciation to all the finance team and external auditors for their contributions during a challenging year. Kishamer Sidhu, ICFO also that all the teams who had worked under tremendous pressure. Elieen Milner thanked Brian McCarthy, NED for presenting his report.</p> <p>The Committee agreed to note the report of the Committee.</p>	
<p>10/25(14)</p> <p>10/25(14a)</p>	<p><u>Presentation of the 2024/25 Annual Accounts and Auditors Annual Report</u></p> <p>Laura Henley, Azets, Lead Auditor, presented the Accounts and Annual Report to the Council, which it noted as an unqualified audit opinion. She highlighted deferred revenue, pension asset overstatement and discrepancies in the Public Finance Initiative (PFI) model. An assurance paper on the PFI model was agreed to be presented at months 6 and 11. The national timeframe for tabling the report to Parliament was met. The Committee was informed of 5 control recommendations and 4 IT control recommendations, none of which were considered significant. Financial sustainability concerns were raised due to the failure to meet the cost improvement programme and reliance on ICB funding. The Committee acknowledged the importance of filling all finance vacancies to reduce the risk of losing corporate memory because there had been a large turnover of staff. Elieen Milner thanked Laura Henley, Azets, Lead Auditor for her presentation.</p> <p>The Council of Governors formally received the Annual Report and Accounts including the report of the External Auditors.</p>	
<p>10/25(15)</p> <p>10/25(15a)</p>	<p><u>Discussion and Questions</u></p> <p>Mike Hindmarch, Governor, commented that a more dynamic approach might be needed to deal with the financial climate CPFT finds itself in.</p>	

	Eileen Milner, Trust Chair thanked those in attendance for their time and commitment and closed the meeting.	
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The minutes of the Council of Governor Meeting, dated Thursday 02 October 2025, were agreed as a true and accurate record for signing by the Trust Chair:

Signed:

Trust Chair

Date:

DRAFT

Action Log

Meeting:		Council of Governors in Public: Thursday 04 December 2025			
Minute Ref:	Date of Mtg:	Lead:	Action Required:	Current Position:	Status:
There are no outstanding actions.					

REPORT

Meeting:	Council of Governors in Public			
Date of Meeting:	04 December 2025			
Agenda Item:	4			
Title of Paper:	Trust Chair's Report			
Board Lead:	Eileen Milner, Trust Chair			
Author:	Eileen Milner, Trust Chair			
Contributions from:	Martin Whelan, Trust Secretary			
Purpose of this report:				
1) Decision <input type="checkbox"/>	2) Discussion <input type="checkbox"/>	3) Information <input type="checkbox"/>	4) Assurance <input checked="" type="checkbox"/>	
Responsible Committee:				
Not applicable.				
Link/s to Board Assurance Framework:				
Strategic Aim 1) Working in partnership to deliver the best care.			<input checked="" type="checkbox"/>	
Strategic Aim 2) People at the heart.			<input checked="" type="checkbox"/>	
Strategic Aim 3) System leader in innovation and research.			<input checked="" type="checkbox"/>	
Strategic Aim 4) Making the best use of our System resource.			<input checked="" type="checkbox"/>	
Link to CQC Key Lines of Enquiry:				
1) Safe <input checked="" type="checkbox"/>	2) Effective <input checked="" type="checkbox"/>	3) Caring <input checked="" type="checkbox"/>	4) Responsive <input checked="" type="checkbox"/>	5) Well-Led <input checked="" type="checkbox"/>
Impact Assessments:				
Does this paper have any impact on the Cambridgeshire and Peterborough Integrated Care System (ICS) or System Partners?			No	
Does this paper consider health inequalities / protected characteristics?			Yes	
Are there any negative or known impacts associated with this paper?			No	

Executive Summary:

This report provides an update to the Council on key activities, from the Chair's perspective, since the last Council meeting held on 02 October 2025.

This report provides an update on the following matters:

- Huntingdon Knife Attack
- Northeast London NHS Foundation Trust
- Private Board and Board Development Sessions
- NED Recruitment
- Governors

Recommendations

The Council are asked to **note** the contents of the report.

REPORT

1.	PURPOSE OF REPORT:
1.1	<u>Huntingdon Knife Attack</u> Earlier in the month we saw the horror of the knife attack on the train between Peterborough and Huntingdon. I am sure that very many of you who are reading this are very familiar with this part of the train network and therefore I think it was all the more sobering when it is somewhere so familiar, in which such a horrifying incident occurs. The response of the police and of health services to that immediate crisis was exemplary and I am both grateful and proud of the active support that our staff have provided to those who were traumatised by what they witnessed or had to deal with professionally. I write often about the sheer weight of requirements that we must fulfil but, in instances such as this, what we have seen was the culture of humanity and of care that pervades our public services. We must also remember that that humanity and sense of care will, in some instances, need to endure for a very long period of time, as those most impacted physically and mentally seek to deal with the horror of what they have experienced.
1.2	<u>Northeast London NHS Foundation Trust</u> Many of you will have seen the media reporting into inquest and prosecutions around the death of Alice Figueiredo, a young woman who was failed whilst in the care of Northeast London NHS Foundation Trust in 2015. Whilst Alice was clearly a very unwell young woman, it was also clear that there were profound failings that occurred in respect of keeping her safe and proactively and carefully listening to her or to her mother and stepfather. There was a great deal for us to reflect upon here and to challenge ourselves on – most particularly, just how consistently and effectively do we learn from failings in care both our own, as well as those that occur in other places. I am deeply grateful to Mike Knapton and to Karen Daber before him, for the focus they deploy at our Quality, Safety and Patient Experience sub-committee of the board, in continually picking up this theme of learning.

1.3 Board Development & Private Board

Since the previous meeting of the Board in public, the Board has met in private on three occasions.

Extraordinary meetings of the Board were held on 26 September 2025 to approve the Trust Winter Plan and 17 October 2025 to approve the submission of the Trust Provider Capability Assessment to NHS England.

The scheduled meeting of the Board in Private was held on 29 October 2025 at the Cavell Centre in Peterborough. Following the formal meeting of the Board, there was a development session focussed on the Trust Strategy and Race and Health Observatory.

1.4 NED Recruitment

In my last report I highlighted that following a meeting of the Nomination Committee on 26 August 2025, a recommendation was made to the Council of Governor on 2 October 2025, to appoint a replacement for Brian McCarthy as Chair of Audit and Assurance Committee. I am pleased to report that the Council of Governors endorsed the recommendation to appoint Mark Bailham with effect from 2 October 2025.

1.5 Governors

Since the previous meeting of the Board, the Council of Governors met on 2 October and was followed by the Annual Members Meeting.

The Council of Governors received a presentation the Carer and Young People's involvement service.

The Annual Members Meeting provided an opportunity to recognise and acknowledge the highlights of the previous year.

The Non-Executive Directors and Governors have met jointly together to consider the development of the Trust Strategy.

REPORT

Meeting:	Council of Governors in Public		
Date of Meeting:	04 December 2025		
Agenda Item:	5		
Title of Paper:	Chief Executive Report		
Board Lead:	Steve Grange, Chief Executive		
Author:	Steve Grange, Chief Executive		
Contributions from:	Chris Walker, Associate Director of Communications, Engagement and Charity		
Purpose of this report:			
1) Decision <input type="checkbox"/>	2) Discussion <input type="checkbox"/>	3) Information <input checked="" type="checkbox"/>	4) Assurance <input type="checkbox"/>
Responsible Committee:			
N/A			
Link/s to Board Assurance Framework:			
Strategic Aim 1) Working in partnership to deliver the best care.			<input checked="" type="checkbox"/>
Strategic Aim 2) People at the heart.			<input checked="" type="checkbox"/>
Strategic Aim 3) System leader in innovation and research.			<input checked="" type="checkbox"/>
Strategic Aim 4) Making the best use of our System resource.			<input checked="" type="checkbox"/>
Link to CQC Key Lines of Enquiry:			
1) Safe <input type="checkbox"/>	2) Effective <input type="checkbox"/>	3) Caring <input type="checkbox"/>	4) Responsive <input type="checkbox"/>
			5) Well-Led <input checked="" type="checkbox"/>
Impact Assessments:			
Does this paper have any impact on the Cambridgeshire and Peterborough Integrated Care System (ICS) or System Partners?			No
Does this paper consider health inequalities / protected characteristics?			Yes
Are there any negative or known impacts associated with this paper?			No

Executive Summary:

This report provides an overview of key activities and developments from the Chief Executive.

The report covers several areas:

1. Medium Term Planning Guidance
2. Resident Doctors' Industrial Action
3. Performance
4. Welcoming our new Chief Finance Officer
5. Celebrating CPFT
6. Royal College of Psychiatrists Awards
7. Health Service Journal Awards

Points of Escalation:

Not applicable

Recommendations:

The Council is asked to **note** the contents of the report.

REPORT

1.	PURPOSE OF REPORT:
	To ensure the Council was kept informed of activities and developments from the perspective of the Chief Executive.
2.	KEY ITEMS TO NOTE:
2.1	Medium Term Planning Guidance The new NHS Medium-Term Planning Framework was released on 27 th October 2025, and our teams have spent some time digesting the guidance and reflecting on the opportunities and risks for CPFT. The planning guidance sets a clear direction for the next three years, with a strong emphasis on delivering more care in communities, improving productivity, and strengthening outcomes in mental health and learning disabilities. The framework highlights significant expectations for digital transformation, requiring us to expand digital and remote clinical pathways and ensure our systems support sustained productivity improvement. There are specific national ambitions for mental health, learning disabilities and autism, including expanded school-based mental health support, increased access to talking therapies and employment support, and continued reductions in inpatient use for people with learning disabilities and autism. Meeting these ambitions will require close partnership working across our system, particularly with local authorities, primary care, and the voluntary sector. The framework also places renewed emphasis on leadership, culture and workforce. For CPFT this means continuing our focus on staff experience, inclusion, recruitment and retention, and developing leadership capacity to support long-term change.

Finally, the move toward multi-year planning requires the Trust to strengthen its medium-term financial, workforce and service plans, ensuring transformation was sustainable and aligned with national expectations.

Overall, CPFT's direction of travel was aligned to that of the planning framework and was evidenced in the refreshing of our Trust Strategy and the creation of a new Clinical Strategy due for publication imminently which will be supported by an engagement plan to socialise with internal and external stakeholders throughout December 2025 and January 2026.

2.2 Resident Doctors Strike

The latest round of industrial action by Resident Doctors as part of the British Medical Association concluded on 19th November following five days of action.

I would like to thank all colleagues and our directorates who implemented robust plans to minimise disruption and maintain safe, compassionate care.

Staff across the organisation were well prepared, and efforts remained on supporting those patients that needed our services during this challenging period.

2.3 Performance

We are strengthening organisational accountability and assurance through a revised performance architecture that aligns Trust-wide metrics with the NHS Oversight Framework, medium-term planning priorities, and strategic objectives, supported by an enhanced Performance and Risk Executive Review (PRE) process.

This approach enables proactive monitoring, risk management, and continuous improvement, underpinned by cultural principles of clarity, accountability, and delivery rather than target-driven compliance.

We are also reviewing the metrics in our Board performance report and aligning research and innovation to our biggest clinical and operational priorities to accelerate change.

These actions strengthen our ability to meet national priorities on performance, productivity, and financial sustainability while maintaining quality and patient safety, and give us confidence that this approach will support our ambition to move into Segment 2 of the NHS Oversight Framework in 2026.

Further enhancements, including integrated dashboards, governance alignment, and advanced reporting infrastructure, will ensure we sustain momentum and deliver against our strategic objectives and medium-term plans.

2.4 Welcoming our new Chief Finance Officer

I am pleased to announce the appointment of Robert Toole as Chief Finance Officer.

Robert joins us from NHS Leicester, Leicestershire and Rutland Integrated Care Board and brings over 21 years of NHS experience across acute, community, mental health, ambulance and urgent care, and integrated care systems.

His extensive background, including senior roles in the private sector and international project financing, will be invaluable as we navigate financial challenges and deliver on strategic plans.

My thanks go to Kish Sidhu for his contribution as Interim CFO since February 2025.

2.6 Celebrating CPFT

The first-ever CPFT Thank You Week, held from 3–7 November, was a vibrant celebration of the dedication and compassion shown by colleagues across the Trust.

The week provided an opportunity for everyone to pause and recognise the incredible work that happens every day, with staff encouraged to send messages of appreciation and specially branded thank you cards via the Each Person platform. The response was outstanding: nearly 800 thank you e-cards were sent to colleagues, alongside almost 200 cards for ‘above and beyond’ contributions and another 200 for teamwork.

In total, more than 1,200 cards were sent during the week, reflecting the strong culture of gratitude and support that defines CPFT. The initiative not only highlighted individual and team achievements but also reinforced the importance of recognising and celebrating the difference each person makes within the Trust.

During Thank You Week I was also delighted to attend, with other members of the Trust Board, a celebration event in our Fulbourn Resource Centre, recognising our PRIDE Award winners in a reception along with other members of our ward staff. I would like to put on record my thanks to all members of Team CPFT for getting involved and to everyone who made the week possible.

During late October and early November colleagues from across the Trust also celebrated Diwali with events held at multiple sites, including the Cavell Centre and the Resource Centre. The Trust’s recognition of Diwali reflects its commitment to inclusion and respect for cultural diversity, and we look forward to recognising further celebrations.

2.7 Royal College of Psychiatrists Awards

I am delighted to share that CPFT has achieved national recognition at the Royal College of Psychiatrists’ Annual Awards, winning in two categories.

The Peterborough Virtual Ward Clozapine Clinic secured the Psychiatric Team of the Year: Digital Mental Health award for its pioneering approach to treating schizophrenia.

This innovative service enables patients to receive clozapine safely at home rather than in hospital, using virtual monitoring systems and regular mental health check-ins.

Developed in partnership with North West Anglia NHS Foundation Trust, the initiative has transformed access to care and improved patient experience.

In addition, Dr Emanuele Osimo won the Early Career Academic Researcher of the Year award for research leadership. Dr Osimo co-leads the Cambridge Centre for Precision Psychiatry and Data Science, translating cutting-edge research into clinical practice to benefit CPFT service users.

<p>2.8</p>	<p>These successes highlight the Trust's commitment to innovation, collaboration and excellence in both clinical care and research. A big well done to everyone involved on behalf of myself and the wider Trust Board.</p> <p>Health Service Journal Awards</p> <p>Colleagues from our Staff Mental Health Service and our Arts Therapies Team attended the Health Service Journal Awards on 20 November 2025 recognising excellence in two categories, the Intervention and Prevention for Children, Young People and Families Award and the Staff Wellbeing Award respectively.</p> <p>I'm exceptionally proud of all colleagues who were able to attend and for the wider teams who were recognised. On behalf of the Board, I want to recognise their efforts and ask you to join me in celebrating them.</p>
<p>3.</p>	<p>ASSOCIATED RISKS TO NOTE:</p>
	<p>N/A</p>
<p>4.</p>	<p>AREAS OF GOOD PRACTICE TO NOTE:</p>
	<p>Royal College of Psychiatry Awards for the Peterborough Virtual Ward Clozapine Clinic and Dr Emanuele Osimo.</p> <p>The Staff Mental Health Service and the Arts Therapies Team attending the Health Service Journal Awards.</p>
<p>5.</p>	<p>ITEMS TO BE FOLLOWED UP</p>
	<p>N/A</p>
<p>6.</p>	<p>APPENDICIES:</p>
	<p>N/A</p>

REPORT

Meeting:	Council of Governors in Public		
Date of Meeting:	Thursday 04 December 2025		
Agenda Item:	6		
Title of Paper:	Lead Governor Report		
Lead:	Andrea Hill, Lead Governor		
Contributions from:	The Council of Governors Saira Law, Communications and Engagement Officer Martin Whelan, Trust Secretary		
Purpose of this report:			
1) Decision <input type="checkbox"/>	2) Discussion <input type="checkbox"/>	3) Information <input checked="" type="checkbox"/>	4) Assurance <input checked="" type="checkbox"/>
Responsible Committee:			
N/A – Specific report prepared for the Council of Governors.			
Link/s to Board Assurance Framework:			
Strategic Aim 1) Working in partnership to deliver the best care.	<input type="checkbox"/>		
Strategic Aim 2) People at the heart.	<input type="checkbox"/>		
Strategic Aim 3) System leader in innovation and research.	<input type="checkbox"/>		
Strategic Aim 4) Making the best use of our System resource.	<input checked="" type="checkbox"/>		
Link to CQC Key Lines of Enquiry:			
1) Safe <input type="checkbox"/>	2) Effective <input type="checkbox"/>	3) Caring <input type="checkbox"/>	4) Responsive <input type="checkbox"/>
			5) Well-Led <input checked="" type="checkbox"/>
Impact Assessments:			
Does this paper have any impact on the Cambridgeshire and Peterborough Integrated Care System (ICS) or System Partners?	No		
Does this paper consider health inequalities / protected characteristics?	Yes		
Are there any negative or known impacts associated with this paper?	No		

Executive Summary:

This report provides an update from the Lead Governor in section 2.

This report also provides an update to the Council of Governors, Trust Members and Members of the Public on activity reported by Constituent Governors since the last Council of Governors meeting, held 02 October 2025 in section 3.

Recommendations:

The Council of Governors is invited to formally receive the report of the Lead Governor (section 2) and to note the summary of Governor Activity (section 3).

REPORT

1.	PURPOSE OF REPORT:
	<p>This report provides an update from the Lead Governor in section 2.</p> <p>This report also provides an update to the Council of Governors, Trust Members and Members of the Public on activity reported by Constituent Governors since the last Council of Governors meeting, held 02 October 2025 in section 3.</p>
2.	LEAD GOVERNOR UPDATE:
	<p>Following the elections and induction of governors, I would like to support all governors in carrying out their role. It is my intention that leadership of the governance of the Trust be a shared collective activity. To this end I invited a number of governors to take up positions on the fora. I have been delighted by the response.</p> <p>The leads and deputies on the fora are now as follows:</p> <ul style="list-style-type: none">• People and Culture – Lead Link Governor Helen Keyes and Deputy Lead Link Governor Mojisola Adeyemi• Safety, Quality and Patient Experience - Lead Link Governor Miriam Martin and Deputy Lead Link Governor Muhammad Qureshi• Strategy, Business and Finance - Lead Link Governor Claire Daunton and Deputy Lead Link Governor Mike Hindmarch <p>I am fantastically supported as Lead governor by two deputies: Helen and Miriam. The fora lead governors plus Helen Brown and myself have formed into a governor leadership team to support each other and provide resilience to the Council in our governance activities. We have already met a couple of times.</p> <p>As a leadership team we recognise that the fora (which were created only in February this year, so they are still in their infancy) have got off to a slow start. It is in our hands to shape these meetings to suit our needs as governors. We would encourage all governors to attend as many of these as possible in order engage with the Trust outside the</p>

	<p>formality of the COG meeting. It is our opportunity to ask questions in an informal setting and to dive deeper into issues.</p> <p>To help provide a focus for the fora the leadership team have decided to pick a few topics for scrutiny that will, hopefully, add structure to our quest for assurance. These topics will be selected from the CQC Well Led Inspection so that they have the weight of having been identified through a rigorous process.</p>
3.	<p>GOVERNOR ACTIVITY UPDATE</p>
	<p>Claire Daunton, Public Governor Cambridgeshire Vice Chair of Membership working Group: have attended meetings and volunteered for November outreach event.</p> <p>Link Governor of the Finance, Business and Strategy Forum: chaired the first meeting and taken part in agenda-setting discussions</p> <p>Attended and participated in Council of Governors and Annual Members Meeting.</p> <p>Recent attended a particularly good Joint Governor and Non-Executive Development Session on strategy.</p> <p>Moji Adeyemi, Staff Governor</p> <p><u>List Working Group and meetings attended:</u> 02/09/25 Joint Governor and NED Development Session: Topic : The NHS 10-year plan & what it means for CPFT – services, people & finances.</p> <p>16/09/25- Council of Governors Meeting- ahead of COG and annual members meeting.</p> <p>17/09/25 - Membership Working Group: 2nd Annual Review, Membership Strategy 2023/26 discussed.</p> <p>22/09/25- Join Trust strategy development sessions for CPFT staff.</p> <p>02/10/2025 - Annual Members Meeting.</p> <p>28/10/25 and 30/10/25 – Black History month Event; supporting staff and Multicultural staff Network.</p> <p>04/11/25- Joint Governor and NED Development Session- Topic discussed; External audit provider contract review and updates to Trust strategy considering changes to the ICB landscape and government directives, opportunities, and challenges.</p> <p>September, October, and November- Trust induction attended as staff governor for networking and infection prevention and control -subject matter expert input.</p> <p>Miriam Martin, Appointed Governor, Caring Together</p> <p><u>List engagement meetings with members or public attended</u></p> <p>Annual members meeting 2nd October 2025</p>

	<p><u>List activities eg Service Visits, CPFT volunteering</u></p> <p>Service visit to PICU on 1 October 2025 with Karen Daber.</p> <p>Service visit to Oak 1, Oak 4 and Oak 3 on 14th October.</p> <p>NED interviews on 30th September</p> <p><u>Other meetings attended</u> COG on 2nd October Joint governor and NED session 2 September on NHS 10-year plan.</p>
4.	ASSOCIATED RISKS TO NOTE:
	N/A
5.	AREAS OF GOOD PRACTICE TO NOTE:
	N/A
6.	ITEMS TO BE FOLLOWED UP:
	N/A
7.	APPENDICES:
	None

REPORT

Meeting:	Council of Governors in Public			
Date of Meeting:	04 December 2025			
Agenda Item:	7			
Title of Paper:	Quality, Safety and Patient Experience Committee Assurance Report incl. Safe Staffing Assurance			
Board Lead:	Dr Mike Knapton, Non-Executive Director & Quality, Safety and Patient Experience Committee Chair			
Author:	Dr Mike Knapton, Non-Executive Director & Quality, Safety and Patient Experience Committee Chair			
Contributions from:	Rachel Gomm, Chief Nurse; Holly Sutherland, Chief Operating Officer; Dr Cathy Walsh, Chief Medical Officer;			
Purpose of this report:				
1) Decision <input type="checkbox"/>	2) Discussion <input type="checkbox"/>	3) Information <input type="checkbox"/>	4) Assurance <input checked="" type="checkbox"/>	
Responsible Committee:				
Quality, Safety and Patient Experience Committee				
Link/s to Board Assurance Framework:				
Strategic Aim 1) Working in partnership to deliver the best care.			<input checked="" type="checkbox"/>	
Strategic Aim 2) People at the heart.			<input checked="" type="checkbox"/>	
Strategic Aim 3) System leader in innovation and research.			<input checked="" type="checkbox"/>	
Strategic Aim 4) Making the best use of our System resource.			<input checked="" type="checkbox"/>	
Link to CQC Key Lines of Enquiry:				
1) Safe <input checked="" type="checkbox"/>	2) Effective <input checked="" type="checkbox"/>	3) Caring <input checked="" type="checkbox"/>	4) Responsive <input checked="" type="checkbox"/>	5) Well-Led <input checked="" type="checkbox"/>
Impact Assessments:				
Does this paper have any impact on the Cambridgeshire and Peterborough Integrated Care System (ICS) or System Partners?			Yes	
Does this paper consider health inequalities / protected characteristics?			Yes	
Are there any negative or known impacts associated with this paper?			No	

Executive Summary:

The Quality Safety and Patient Experience Committee provides assurance to the Council on delivery of quality safety and patient and carer workstreams within Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The purpose of the Committee is to build a clinically driven data-supported culture where clinicians and professionals are accountable and will lead innovation and sustainable improvements in patient safety, quality and patient and carer experience.

This report provides an update to the Council on the following matters which were discussed at the last Committee meeting, held on 22 October 2025.

Points of Escalation:

Lack of provision of electro-convulsive therapy in the south of the county.

Recommendations:

The Council is asked to **note** key items of business discussed.

REPORT

1.	PURPOSE OF REPORT:
	This report provides the Trust Board with an update on key workstreams discussed by the Quality Safety and Patient Experience Board Sub-Committee at the 22 October 2025 meeting.
2.	KEY ITEMS TO NOTE:
2.1	Alert Lack of provision of electro-convulsive therapy in the south of the county.
2.2	Advise Health Equity Strategy The Committee approved the Health Equity Strategy and recommended its adoption to the Board. The Committee also emphasised the need for the strategy to inform annual and ongoing business planning, ensuring it is a practical and live document. Assurance Level – Not applicable.
2.3	Clinical Strategy, 2026 – 2031 The Committee approved the 2026 – 2031 Clinical Strategy and recommended its adoption to the Board. The Committee also emphasised the need for the strategy to inform annual and ongoing business planning, ensuring it is a practical and live document. The Clinical Ethics Advisory Group provided support to the development of the Clinical Strategy and will report to the QS and PE committee. Assurance Level – Not applicable.
2.4	Assure Operational Risk Register (ORR) The committee was advised that there are currently 8 risks on the ORR linked to the QS&PE Committee. There were no new risks to report. The Committee was advised of sustained improvement in quality and safety across Adult and Specialist Mental Health (ASMH) services. Assurance Level - Reasonable
2.5	Board Assurance Framework (BAF) The updated BAF was received and will align to the Trust Strategy in development.

<p>2.6</p>	<p>Assurance Level - Reasonable</p> <p>Quality & Equality Impact Assessments</p> <p>The Committee noted the following key elements of the updated approach:</p> <ul style="list-style-type: none"> • The process will clearly outline review and sign-off, ensuring completion by executive subject matter experts. • The process will reflect the QIAs used for the vacancy control panel. • Consideration will be given to when equality impact assessments (EQIAs) and health equity impact assessments should be undertaken, ensuring integration across processes. • Flow charts and a standard operating procedure (SOP) will be developed to outline the process steps. • The Programme Management Office (PMO) will act as the central repository for all completed QIAs and will be responsible for notifying QIA owners when scheduled reviews are due.
<p>2.7</p>	<p>Assurance Level – Partial</p> <p>Operational Performance Report</p> <p>The Committee acknowledged the new integrated performance report format, specifically noting improved data triangulation and alignment with the NHS ‘Making Data Count’ reporting standards and the monitoring of a broad range of metrics across all directorates, including those within the National Outcomes Framework (NOF). The Committee acknowledged that performance remains challenged in several areas, particularly waiting times and access to services. The Committee noted a significant reduction in inappropriate out of area placements and bed days since December 2024. Escalated to the Board for further consideration.</p>
<p>2.8</p>	<p>Assurance Level - Reasonable</p> <p>Electroconvulsive Therapy Provision (South)</p> <p>The Committee noted the ongoing lack of ECT provision in the South of the county. Since March 2020, ECT has only been delivered from the Cavell Centre in Peterborough. Inpatients from wards on the Fulbourn site are required either to travel to Peterborough and back twice weekly on ECT days or to transfer to a Peterborough ward at the Cavell Centre or, if medically unstable, at Peterborough City Hospital. CM added that outpatients need to make their own way to Peterborough (with an escorting adult) to access treatment. A briefing paper setting out the associated capacity demand and risks.</p>
<p>2.9</p>	<p>Assurance Level – Partial</p> <p>Quality Report</p> <p>The committee received the Quality Report and noted;</p> <ul style="list-style-type: none"> • improvements in falls and physical violence rates, linking these to quality improvement schemes such as the Safewards initiative. • the recent ‘never event’ related to wound management, responsibility attributed to CPFT shared care with NWAFT. • Plans to improve falls prevention (blood pressure monitoring) and restrictive practices (debriefs and post rapid tranquilisation care) are progressing, with improvement to be tracked through Directorate Performance and Risk Executives. <p>Increased numbers of complaints recorded in Q1 with only a modest impact seen in the average response times during Q2.</p>
<p>2.10</p>	<p>Assurance Level - Reasonable</p> <p>Quality Priorities Report (Q2)</p>

	<p>Progress against the Trust Quality Priorities was received with no points of escalation. There is a focus on mandatory/essential skills for role training compliance linked to Quality Priority: Clinical Learning Pathways.</p> <p>Assurance Level - Reasonable</p>
2.11	<p>Well Led Improvement Plan Exceptions Report Following the CQC Well Led review of CPFT and publication of their report in July 2025, the actions and improvement plans were received. These were aligned with the trust HPOP, National Outcomes Framework and the Provider Capability Self-assessment.</p> <p>Assurance Level - Reasonable</p>
2.12	<p>Compliance Report (Q2) The committee received assurance that the CQC core assessment plans, and CQC enquiries were progressing. One Mental Health Act visit was undertaken in Q2 and action plan in place. Internal compliance visits (QAVs) continue. The self-assessment of quality of care in the NHS: mental health (Lord Darzi 2024) was received.</p> <p>Assurance Level - Reasonable</p>
2.13	<p>Safeguarding Quarterly Report The Safeguarding Team received 2,153 internal requests reflecting continuing high demand. The committee endorsed the system and IT changes to improve safeguarding processes. Training compliance remains below target and a review of training needs, pilot training day and increased training sessions put in place to mitigate this.</p> <p>Assurance Level - Reasonable</p>
2.14	<p>Patient Safety Report (Q1) & Patient Safety Incident Investigation Position Report The revised patient Safety Incident Response Plan (PSIRP) was launched this month aligned to the 2025/26 Quality Priorities. The committee received assurance that the patient Safety Incident Response Framework (PSIRF) was applied in line with national principles and priorities, and the learning response tools were applied.</p> <p>Assurance Level - Reasonable</p>
2.15	<p>Infection, Prevention. & Control Quarterly Report Infection rates and outbreaks are within expected limits, with all environmental checks and audits completed as scheduled.</p> <p>The Annual Flu Plan 20205 -26 and flu vaccination assurance check list was received. The CPFT staff flu vaccinations commenced on 1st October 2025.</p> <p>Assurance Level - Substantial</p>
2.16	<p>Learning from Deaths (Mortality) Report incl. Reducing Suicide Group Report (Q1) The team conducted 34 Structured Judgement Reviews (SJRs) in Q1, with 95% rated as good or excellent care.</p> <p>Assurance Level - Substantial</p>
2.17	<p>Medicines Safety, Optimisation, & Pharmacy Report Deferred due to exceptional circumstances.</p> <p>Assurance Level – Not applicable.</p>

<p>2.18</p> <p>2.19</p> <p>2.20</p> <p>2.21</p> <p>2.22</p>	<p>Patient & Carer Experience incl. PALS & Complaints Quarterly Report (Q2)</p> <ul style="list-style-type: none"> • Access to care has been identified as a significant issue in both patient and carer experience feedback, as well as in PALS and complaints data. Concerns extend beyond waiting times to include the level of support provided while individuals are on waiting lists. • Friends and Family Test scores have improved across all directorates. • The number of complaints opened during the Q2 period has slightly decreased compared to Q1. However, the number of complaints has increased over the past two years. The average complaint response Q2 was 61 days. • The Committee noted that calls from withheld numbers are often missed. This issue was discussed at the Patient and Carer Experience meeting and reflected in feedback. • The roll-out of Dialog+ is progressing well and anticipated to positively influence care planning scores and broader wellbeing measures in the community mental health service user survey. <p>Assurance Level - Reasonable</p> <p>Involvement & Partnerships Update Report The committee received an update of the activities taking place across the organisation and emphasised the positive impact of co-production. Furthermore, the Committee noted that patient and carer input across the Trust's forums has directly influenced the development of the Trust's Health Equity Strategy.</p> <p>Assurance Level - Reasonable</p> <p>Service Visit Activity Report & Action Plan (Q2) The Committee agreed to take the Q2 Service Visit Activity Report and Action Plan for information.</p> <p>Policy, Standard Operating Procedures, & Guidance Compliance Report The committee agreed to take the Policy, Standard Operating Procedures, and Guidance compliance Report for information.</p> <p>Assurance Level – Not applicable.</p> <p>Committee Evaluation Action Plan The committee noted the following 4 main action areas:</p> <ul style="list-style-type: none"> • Scheduling • Style Guides • Presentation Guidance • Assurance Ratings <p>Assurance Level – Not applicable.</p>
<p>3.</p>	<p>ASSOCIATED RISKS TO NOTE:</p>
	<p>No new risks identified.</p>
<p>4.</p>	<p>AREAS OF GOOD PRACTICE TO NOTE:</p>
	<p>N/A</p>
<p>5.</p>	<p>ITEMS TO BE FOLLOWED UP:</p>
	<p>Provision of electroconvulsive therapy in the south of the county.</p>

6.	APPENDICES:
	None.

REPORT

Meeting:	Council of Governors in Public		
Date of Meeting:	04 December 2025		
Agenda Item:	8		
Title of Paper:	People & Culture Committee Assurance Report		
Board Lead:	Pri Pinnaduwa, Non-Executive Director and People & Culture Committee Chair		
Author:	Stephen Legood, Chief Strategy & Commercial Officer		
Contributions from:	N/A		
Purpose of this report:			
1) Decision <input type="checkbox"/>	2) Discussion <input type="checkbox"/>	3) Information <input type="checkbox"/>	4) Assurance <input checked="" type="checkbox"/>
Responsible Committee:			
People & Culture Committee			
Link/s to Board Assurance Framework:			
Strategic Aim 1) Working in partnership to deliver the best care.	<input type="checkbox"/>		
Strategic Aim 2) People at the heart.	<input type="checkbox"/>		
Strategic Aim 3) System leader in innovation and research.	<input type="checkbox"/>		
Strategic Aim 4) Making the best use of our System resource.	<input type="checkbox"/>		
Link to CQC Key Lines of Enquiry:			
1) Safe <input type="checkbox"/>	2) Effective <input type="checkbox"/>	3) Caring <input type="checkbox"/>	4) Responsive <input type="checkbox"/>
			5) Well-Led <input type="checkbox"/>
Impact Assessments:			
Does this paper have any impact on the Cambridgeshire and Peterborough Integrated Care System (ICS) or System Partners?	No		
Does this paper consider health inequalities / protected characteristics?	Yes		
Are there any negative or known impacts associated with this paper?	No		

Executive Summary:

At this meeting, the following workstreams were discussed:

- Item 4 - People and Culture Operational Risk Register & BAF Update
- Item 5 - People and Culture Workforce Performance Report
- Item 6 - Shaping our Future Programme Update
- Item 7 - NHSE Education Self-Assessment
- Item 8 - Freedom to Speak Up – 6 Monthly Report
- Item 9 - Action On Racism Incl. Antisemitism
- Item 10 - Learning & Development Monthly Activity Report
- Item 11 - Care Leaver Covenant
- Item 12 - Well Led Improvement Plan Exceptions Report
- Item 13 - Committee Evaluation Action Plan
- Item 14 - Service Visit Activity Report / Action Plan
- Item 15 - Policy, SOPs and Guidance Compliance Report

Points of Escalation:

No formal items to alert the Public Board from the November 25 People & Culture Committee.

Recommendations:

The Council is asked to **note** the contents of this report.

REPORT

1.	PURPOSE OF REPORT:
	This report presents an update to the on key items covered Council by the People and Culture Committee on the 15 th November 25.
2.	KEY ITEMS TO NOTE:
2.1	Alert There are no Alerts to share with the Board.
2.2	Advise The Board should be advised on the following item:
2.3	Item 4 - People and Culture Operational Risk Register & BAF Update Four key risks were discussed: <ul style="list-style-type: none">• Physical Interventions Risk – the training compliance has improved significantly, with the Adults Directorate reaching 85.5%, it was recognised as a significant increase.• The Risk relating to the management of Operational On-call - is being addressed through policy review and potential consultation.• Safe Staffing Risk is reducing with new staff appointment who is reaching out to staff to take work forwards and liaising with regional colleagues. Assurance Status - PARTIAL

2.4 Item 5 - Workforce Performance Report

- The committee reviewed the Workforce Performance Report highlighting a continued rise in employment cases, the majority relating to sickness, but with the capability, and disciplinary issues starting to rise as well in month.
- Industrial action by resident doctors was noted, with the Trust Command Structures in place and significant planning to manage the situation.
- Agency usage, particularly at Band 2 and Band 3, was discussed with attention to new National Guidance impacting staffing in physical health wards to be implemented by January 26.
- Staff Wellbeing Services continue to see reasonable levels of referrals
- Turnover rates have decreased, which is positive.
- As requested previously at People and Culture Board Sub-Committee the ongoing review of Agency and Bank staff and potential impact on training compliance was analysed, showing no direct correlation between staffing levels and mandatory training compliance over the past year. Recommendations included prioritising training attendance and continuing oversight through a Mandatory Learning Group.

Assurance Status - **PARTIAL**

2.5 Item 8 - Freedom To Speak Up Guardians 6 Monthly Report (incl. Ethnicity Data Analysis vs. Org. Demographics)

- The six-monthly FTSU report showed 75 referrals primarily from registered nurses, with only 60% escalated to senior leaders. The report noted a decrease in contacts from colleagues of global heritage backgrounds and very few anonymous referrals.
- There was a discussion around satisfaction with FTSU services, emphasising the need for triangulation with other data sources and external validation to ensure confidence in the process. The committee discussed ongoing efforts to understand learning from issues relating to bullying and harassment, linking it to work associated with the behavioural framework and HR policies.
- Governance of FTSU concerns related to quality and safety was addressed, with plans to ensure appropriate escalation to the Quality, Safety and Patient Experience Board Sub-Committee and to review data suggesting possible outlier status.

Assurance Status - **PARTIAL**

2.6 Item 14 - Service Visit Activity Report / Action Plan

- Update provided on the service visits; it was highlighted ongoing work to address outstanding actions from previous visits.
- Minor process improvements are underway to enhance senior leadership visibility and action tracking before reports are shared more widely. Given the outstanding actions.

Assurance Status - **PARTIAL**

2.7 Assure

The Board should be assured on the following items:

2.8	<p>Item 6 - Shaping Our Future Programme Update</p> <ul style="list-style-type: none"> • Updates were provided on the inclusion, leadership, and engagement initiatives under the shaping our future together programme. Membership of the subgroup is being expanded to include broader representation and stronger links with other Trust initiatives, such as the cultural dashboard. Staff engagement activities, including events and the upcoming Leading Together festival, were highlighted. The programme aligns with the CQC Well Led report actions, embedding behavioural frameworks and compassionate leadership training <p>Assurance Status - REASONABLE</p>
2.9	<p>Item 7 - NHSE Education Self-Assessment 2025 Review</p> <ul style="list-style-type: none"> • The NHS England Placement Provider Self-assessment (SA) was reviewed by the committee – it is a process by which providers carry out their own quality evaluation against a set of standards. It is based on the philosophy of continuous quality improvement, identification of quality improvement potential, development of action plans, implementation, and subsequent evaluation. • Providers are asked to complete their SA online indicating where they have or have not met the standards as set out in the SA. • Leads from clinical education, medical education and EDI had input into the submission giving examples of achievements and challenges against the standards. • Executive Level sign for the submission, and scrutiny through the People and Culture Board Sub-Committee as part of the appropriate approval process. • Several best practice examples of how we are providing a safe and quality learning environment at CPFT were cited in the report and should be celebrated. • The multi-professional Education Strategy which is currently being drafted (due Spring 2026) will further support more sharing and collaborative learning opportunities across professional groups. <p>Assurance Status - REASONABLE</p>
2.10	<p>Item 9 - Action On Racism Incl. Antisemitism</p> <ul style="list-style-type: none"> • The committee received assurance that the Trust had previously taken steps to ensure we are compliant with the required mandatory equality, diversity, and human rights training, with compliance at 98.38%. • The training is integrated into professional development programmes to promote inclusive practice. • Discussions highlighted the need for ongoing engagement beyond training, including embedding principles into recruitment, leadership, supervision, and appraisal processes. • The Trust is collaborating with external groups and considering broader cultural initiatives, whilst use of existing staff networks. <p>Assurance Status - REASONABLE</p>
2.11	<p>Item 10 - Learning & Development Monthly Activity Report</p>

- An overview of learning and OD activities demonstrated the breadth of training and development efforts, including statutory training and organisational development interventions.
- Quality assurance processes include feedback forms and training audits, with a preference for in-house delivery. The committee expressed interest in impact measures linking training activity to organisational outcomes.

Assurance Status - **REASONABLE**

2.12 Item 11 - Care Leaver Covenant

- The Trust plans to sign the Care Leavers Covenant to support care leavers entering and progressing in the workplace.
- Discussions emphasised the importance of preparing managers and staff to support these colleagues effectively.

Assurance Status - **REASONABLE**

2.13 Item 12 - Well Led Improvement Plan Exceptions Report

- An update was shared on the Trust's well-led improvement plan. Jim Leadbetter reported that well-led activities are embedded in regular updates and action plans, avoiding duplication of efforts. Key areas such as freedom to speak up, culture work including the behaviours framework, and provider capability self-assessment are being managed in a streamlined way with regular meetings between key personnel. Governance includes monthly reporting to the portfolio assurance executive and input from the compliance executive to review plans. Most of the six required action plans are in place, with some iterative developments ongoing, particularly around freedom to speak up and the behaviours framework. Positive progress was noted in training compliance for violence and aggression prevention, and the talent management plan is scheduled for review by the Remuneration Committee in December. The update emphasised the balance between addressing specific issues and broader cultural change.
- Jacquie McGeachie suggested enhancing cross-referencing in reports by indicating links to well-led activities with simple markers such as colour coding. Jim Leadbetter agreed to adapt appendices accordingly to improve clarity and integration of reports across the system. Mike Knapton noted that well-led improvement efforts are visible across multiple committees and raised the question of whether there is an endpoint to the work from a regulatory perspective. Jim responded that the Care Quality Commission (CQC) prefers to observe improvements in practice rather than require submission of plans and highlighted ongoing efforts to develop outcome-based reporting metrics. The timeframe for the first phase of improvement work is roughly the remainder of the financial year, acknowledging that related strategic initiatives have been underway since February.
- Rachel Gomm added that the provider capability assessment and future well-led exceptions should be incorporated into sustainable planning. The committee expressed comfort with the progress as reasonable assurance at this stage.
- Karen Daber raised the importance of including outcome measures in reports, noting that much of the current information focuses on processes rather than results or impacts. Stephen Legood agreed, pointing out that although outcome data exists from various sources (performance reports, cultural dashboards, pulse

	<p>surveys), the connection between outcomes and specific interventions could be articulated more clearly. They acknowledged the need to integrate these data points better and suggested coordinating with ongoing work on benchmarking and reporting.</p> <p>Assurance Status - REASONABLE</p> <p>2.14 Item 13 - Committee Evaluation Action Plan</p> <ul style="list-style-type: none"> • The Trust Secretary provided an update on the committee’s self-evaluation action plan following a review conducted earlier in the year. Four key actions were identified: <ul style="list-style-type: none"> • A draft calendar for the next year has been created and is close to finalisation. • The Board Assurance Framework (BAF) is largely complete with some remaining work. • A style guide update is pending and expected soon. • The assurance rating wording on agendas will be refreshed to improve clarity, with a decision to retain the assurance rating as an important tool despite initial consideration to remove it. <p>2.15 Item 15 - Policy, Standard Operating Procedures, & Guidance Compliance Report</p> <ul style="list-style-type: none"> • The policy update report showed progress in reducing the number of overdue policies, with two policies signed off since the last meeting with further reviews scheduled. • The committee acknowledged the ongoing work to ensure policies and procedures are updated accordingly taking account of latest legislation and best practice whilst ensuring Staff Side involvement through the correct governance route. <p>Assurance Status - REASONABLE</p>
3.	ASSOCIATED RISKS TO NOTE:
	No new risks to escalate.
4.	AREAS OF GOOD PRACTICE TO NOTE:
	<p>Relaunched Staff Networks having a positive impact and continued attendance at the Compassion in Action Course supporting development of our leadership. The new Each Person Application was a positive step to engage with staff.</p> <p>The development of the revised Appraisal documentation, training and support package was positive whilst recognising the work being undertaken to develop a recording app.</p>
5.	ITEMS TO BE FOLLOWED UP:
	None
6.	APPENDICES:
	None

REPORT

Meeting:	Council of Governors in Public			
Date of Meeting:	04 December 2025			
Agenda Item:	9			
Title of Paper:	Audit and Assurance Board Sub-Committee Assurance Report			
Board Lead:	Robert Toole, Chief Finance Officer			
Author:	Mark Bailham, Chair of Audit and Assurance / Non-Executive Director			
Contributions from:	Kish Sidhu, Interim Chief Finance Officer			
Purpose of this report:				
1) Decision <input type="checkbox"/>	2) Discussion <input type="checkbox"/>	3) Information <input type="checkbox"/>	4) Assurance <input checked="" type="checkbox"/>	
Responsible Committee:				
Audit and Assurance Board Sub-Committee				
Link/s to Board Assurance Framework:				
Strategic Aim 1) Working in partnership to deliver the best care.			<input checked="" type="checkbox"/>	
Strategic Aim 2) People at the heart.			<input checked="" type="checkbox"/>	
Strategic Aim 3) System leader in innovation and research.			<input type="checkbox"/>	
Strategic Aim 4) Making the best use of our System resource.			<input checked="" type="checkbox"/>	
Link to CQC Key Lines of Enquiry:				
1) Safe <input checked="" type="checkbox"/>	2) Effective <input checked="" type="checkbox"/>	3) Caring <input type="checkbox"/>	4) Responsive <input type="checkbox"/>	5) Well-Led <input type="checkbox"/>
Impact Assessments:				
Does this paper have any impact on the Cambridgeshire and Peterborough Integrated Care System (ICS) or System Partners?			Yes	
Does this paper consider health inequalities / protected characteristics?			No	
Are there any negative or known impacts associated with this paper?			No	

Executive Summary:

Since the last Committee's Assurance Report to the Council, the Audit and Assurance Board Sub-Committee have met once – 8th October 2025.

This report summarises these discussions, decisions, and their implications for the Council.

The purpose of the Committee is to provide assurance to the Board on the delivery of the Trust's risks and processes for managing those risks.

Recommendations:

The Council is asked to **note** the contents of this report.

REPORT

1.	PURPOSE OF REPORT:
	This report provides the Council with an update on items discussed by the Audit and Assurance Board Sub-Committee.
2.	KEY ITEMS TO NOTE:
	The Accounts and Assurance Committee convened on the 8 th October 2025.
	<u>Alert</u>
2.1	Operational Risk Register (ORR): Improvement in the ORR's assurance level was reported, with only one outstanding action. Concerns were raised about staff training in risk handling and the timeliness of risk resolution/closure of actions. Assurance Level: Reasonable (Reporting) / Partial (Compliance).
2.2	Standing Financial Instructions (SFIs) Waivers: Five Waivers (£57,317) were approved in Q2. The Committee discussed the need for improved compliance monitoring in this area. Assurance Level: Partial.
2.3	<u>Advise</u> None
	<u>Assure</u>
2.4	Introduction and Attendance The meeting was chaired by Brian McCarthy (BM), who welcomed Mark Bailham (MaB) as his successor. Apologies were received from several members, and no new declarations of interest were made.
2.5	Minutes and Actions The minutes from the previous meeting (9 th July 2025) were approved with no matters arising. The action log was reviewed, with updates noted. Notably, a Counter Fraud Training Plan and Communication Schedule were confirmed, aligning with International Fraud Awareness Week in November 2025. An e-learning package is under review for potential mandatory training status.

2.6	<p>Internal Audit & Counter Fraud</p> <p>Board Assurance Framework (BAF) & Risk Management Audit: Improvements in risk identification were noted. The Committee agreed to consider more visual BAF formats and the 'seven lines of assurance' model.</p> <p>Assurance Level: Reasonable.</p>
2.7	<p>Cyber Assessment Framework Audit:</p> <p>The Trust received a high confidence rating, with only four actions identified.</p> <p>Assurance Level: High Confidence.</p>
2.8	<p>Benchmarking Reports:</p> <p>The Trust's higher proportion of high-risk audit findings was discussed, with reassurance provided regarding contextual differences, which makes comparison difficult across trusts.</p>
2.9	<p>Risk Radar Report:</p> <p>Sector-wide emerging risks were presented for horizon scanning.</p>
2.10	<p>Darwin Nurseries Audit:</p> <p>The audit scope will be circulated to all Committee members.</p>
2.11	<p>Management Actions:</p> <p>Since the last meeting, 27 actions have been closed, with 15 remaining open (8 overdue).</p>
2.12	<p>Internal Audit Service Review:</p> <p>The Internal Audit function, delivered with RSM, remains effective and provides valuable assurance.</p> <p>Assurance Level: Reasonable.</p>
2.13	<p>Local Counter Fraud Service (LCFS):</p> <p>Progress was noted on overdue actions and completion of Management Action 13. Five fraud referrals were received, with lessons learned informing targeted training and awareness.</p> <p>Assurance Level: Reasonable.</p>
2.14	<p>Write-Offs and Special Payments:</p> <p>Five irrecoverable debts (£1,392.52) and five special payments (£19,661) were reported for Q2. Processes have been strengthened to ensure proper documentation and oversight.</p> <p>Assurance Level: Reasonable.</p>
2.15	<p>Board Assurance Framework (BAF):</p> <p>The BAF is in a transitional phase and upcoming reviews by other committees were noted. A reduction in risk SA103 was reported.</p> <p>Assurance Level: Reasonable.</p>
2.16	<p>Policy Ratification & Compliance:</p> <p>190 policies are in place, with 87% compliance. Some HR policies have extended review dates, due to workload and consultations.</p> <p>Assurance Level: Reasonable.</p>

<p>2.17</p> <p>2.18</p>	<p>Gifts & Hospitality Register: Two declarations were noted, with no concerns raised.</p> <p>Assurance Level: Reasonable.</p> <p>Committee Evaluation and Other Business The Committee Evaluation Action Plan was presented, highlighting efforts to improve the quality and conciseness of reports.</p> <p>No new risks or relevant business from other committees were noted.</p>
<p>3.</p>	<p>ASSOCIATED RISKS TO NOTE:</p>
	<p>N/A</p>
<p>4.</p>	<p>AREAS OF GOOD PRACTICE TO NOTE:</p>
	<p>N/A</p>
<p>5.</p>	<p>ITEMS TO BE FOLLOWED UP:</p>
	<p>N/A</p>
<p>6.</p>	<p>APPENDICES:</p>
	<p>N/A</p>

REPORT

Meeting:	Council of Governors in Public			
Date of Meeting:	04 December 2025			
Agenda Item:	10			
Title of Paper:	Business and Performance Committee Assurance Report			
Board Lead:	Steve Cox, Non-Executive Director / B&P Committee Chair			
Author:	Kishamer Sidhu, Interim Chief Finance Officer			
Contributions from:	N/A			
Purpose of this report:				
1) Decision <input type="checkbox"/>	2) Discussion <input type="checkbox"/>	3) Information <input type="checkbox"/>	4) Assurance <input checked="" type="checkbox"/>	
Responsible Committee:				
Business and Performance Board Sub-Committee				
Link/s to Board Assurance Framework:				
Strategic Aim 1) Working in partnership to deliver the best care.			<input checked="" type="checkbox"/>	
Strategic Aim 2) People at the heart.			<input checked="" type="checkbox"/>	
Strategic Aim 3) System leader in innovation and research.			<input type="checkbox"/>	
Strategic Aim 4) Making the best use of our System resource.			<input checked="" type="checkbox"/>	
Link to CQC Key Lines of Enquiry:				
1) Safe <input checked="" type="checkbox"/>	2) Effective <input checked="" type="checkbox"/>	3) Caring <input type="checkbox"/>	4) Responsive <input type="checkbox"/>	5) Well-Led <input type="checkbox"/>
Impact Assessments:				
Does this paper have any impact on the Cambridgeshire and Peterborough Integrated Care System (ICS) or System Partners?			Yes	
Does this paper consider health inequalities / protected characteristics?			No	
Are there any negative or known impacts associated with this paper?			No	

Executive Summary:

Since the last Committee Assurance Report to the Council, the Business and Performance Board Sub-Committee have met once.

During this meeting the B&P Committee convened to review and discuss a comprehensive agenda spanning operational risk, performance, finance, digital transformation, and strategic planning.

This report summarises these discussions, and implications for the Council.

The purpose of the Committee is to provide assurance to the Board on the delivery of the Trust's long-term business, financial, and operational strategies. It also supports service development and improvement, advising on matters of finance, risk, performance, and planning.

Recommendations:

The Council is asked to **note** the contents of this report.

REPORT

1.	PURPOSE OF REPORT:
	This report provides the Council with an update on items discussed by the Business and Performance Board Sub-Committee.
2.	KEY ITEMS TO NOTE:
2.1	<p><u>Alert</u></p> <p>Finance Report (M6) The Interim Chief Finance Officer (ICFO) presented the Month 6 finance report. The regional system is overspent by £24.3 million, primarily due to two providers. Locally, one provider is overspent while another is underspent, both aiming to break even by year-end. The Trust is currently balanced at Month 6, in line with the planned £1 million deficit, relying on £5.4 million in non-recurrent measures. Positive trends include improved contract management and temporary nursing staffing, but the reliance on non-recurrent measures presents sustainability risks and adverse impact for year-end if additional action is not taken.</p> <p>Cash remains strong, with expected decreases due to scheduled payments. Capital expenditure is slightly over plan due to the accelerated Windows 11 rollout. The Committee discussed contract sign-off for three contracts exceeding £1 million and discussed delays.</p> <p>The Trust faces increasing scrutiny over the classification and sustainability of cost improvement programmes (CIP). The Month 6 CIP report forecasts delivery of £12 million against a £17.6 million target, with a £5.6 million shortfall. Executives identified £3.7 million in additional recurrent savings, but concerns remain about the deliverability and sustainability of these measures. The Committee was also concerned about further use of non-recurrent savings. Enhanced oversight, monthly tracking, and assurance processes for new schemes were requested. Internal audit review of controls and implementation was suggested by the ICFO.</p> <p>The QIA/EIA process is being updated to include corporate schemes, with ongoing efforts to improve completion and follow-up. A dashboard is in development to track progress and outcomes more effectively.</p> <p>Assurance Level: Partial on process / Limited on achieving (finance and CIP); Partial (QIA/EIA process, as agreed at QS&PE Committee)</p>

<p>2.2</p>	<p>Digital Transformation Board Update Key digital projects include ongoing quarantine process challenges, pilot testing of the Automated Booking Tool, and the development of a patient engagement portal with national funding. The Windows 11 rollout is nearly complete. Attendance at Digital Transformation Board meetings is tracked, with escalation possible for poor attendance. The Trust remains in the lowest 20% nationally for digital maturity, despite high digital spend, with plans in place to develop a digital strategy, appoint a Board-level digital champion, and improve alignment with the clinical strategy.</p> <p>Assurance Level: Reasonable (Q2 update); Partial (Digital Maturity Assessment)</p>
<p>2.3</p>	<p>Fulbourn Greenway An update was provided on the Fulbourn Greenway, with a recommendation to sell a strip of land with a restrictive covenant for Greenway use to Cambridge Council. The ADoE advised in their professional view this is desirable and the Trust is protected. The ICFO formally objected to the sale, but the Committee agreed to progress the proposal to the Public Board.</p> <p><u>Advise</u></p>
<p>2.4</p>	<p>Business Development Update The Chief Strategy & Commercial Officer (CS&CO) reported on commercial developments, noting the absence of a current commercial strategy pending finalisation of the new Trust Strategy. Five strategic focus areas were highlighted: personalised care, healthy communities, leadership and culture, sustainability, and innovation. The risk of redundancies linked to the MOD contract was considered low, with redeployment options available if necessary.</p> <p>Assurance Level: Not discussed</p>
<p>2.5</p>	<p>Provider Collaborative Update The collaborative reported a surplus at month 4, but financial risk was noted due to a possible reduction in expected income. Governance concerns regarding financial communications were raised, with further discussions planned.</p> <p>Assurance Level: Reasonable</p>
<p>2.6</p>	<p>Green Plan (refresh) The refreshed Green Plan aligns with national guidance, aiming for net zero by 2040 and an 80% reduction in direct emissions between 2028 and 2032. The plan identifies risks such as lack of dedicated resources and the need for organisational and cultural change. A new Green Plan Delivery Board is being established, and the plan received positive staff feedback. The Committee recommended adding dates and timelines to the action plan and exploring shared sustainability resources with other organisations.</p> <p>Assurance Level: Not discussed (supported for Board approval)</p>
<p>2.7</p>	<p>Well Led Improvement Plan Exceptions Report The report was noted as being on target, with no significant concerns or exceptions raised.</p> <p>Assurance Level: Reasonable</p>
<p>2.8</p>	<p>Committee Evaluation Action Plan The Trust Secretary outlined the evaluation report, identifying the need for assurance reports to the Board to be structured using “alert, advise, and assure” headings for improved clarity and consistency.</p> <p>Assurance Level: Committee was assured</p>

<p>2.9</p>	<p>Policy, SOP & Guidance Compliance Report No policies or SOPs required formal sign-off. The Committee requested more detailed analysis of compliance, including monthly breakdowns and anticipated revision dates. Expired policies were noted as a potential risk, and the CEO has requested monthly deep dives on policy status.</p> <p>Assurance Level: Reasonable</p> <p><u>Assure</u></p>
<p>2.10</p>	<p>Risk Management The Head of Quality and Compliance (HoQ&C) presented the Operational Risk Report (ORR), noting that the risk register currently includes 28 items, with 27 under review for the reporting period. Of these, 18 risks are directly linked to the Business and Performance Board Sub-Committee for primary scrutiny. No risks in this group are currently escalating, although three risks (two relating to Windows upgrades and one concerning patient transport vehicles) were proposed for de-escalation after previous discussion at the Audit and Assurance Board Sub-Committee. These will continue to be monitored at a lower Committee level.</p> <p>A 12-month moving summary was provided, revealing that seven items have exceeded their new mitigation dates, indicating some risks remain open for prolonged periods. The HoQ&C has circulated a briefing to colleagues, exploring strategies to improve risk flow and reduce the duration risks remain open.</p> <p>Of the 18 Committee-linked risks, six or seven particularly in the areas of security and health and safety are expected to progress due to additional resources. Questions were raised about the de-escalation of Risk 8243 (WiFi Network Upgrade) before project completion, and it was agreed that de-escalation should only occur once outcomes are confirmed. Similarly, concerns about de-escalating Risk 8201 (Cyber Risk Scores) with a high score of 20 led to an action for further clarification on effective mitigations and risk appetite.</p> <p>Assurance Level: Reasonable</p>
<p>2.11</p>	<p>Board Assurance Framework (BAF) The Trust Secretary (TS) presented the initial stage of the refreshed BAF, focusing on restructuring rather than reviewing risks. The refresh is part of a Board commitment to deliver an updated framework, with further refinements planned following the finalisation of the Trust Strategy. Gaps were acknowledged in the current draft, especially regarding risk architecture and alignment with the revised strategy. The completed framework will return to the Committee and Board for further review and approval.</p> <p>It was clarified that reaching risk appetite does not automatically result in removal from the BAF, with annual refreshes being typical but not exclusive. The TS also agreed to explore the inclusion of numerical risk scores alongside colour coding for greater clarity. The review aims to strengthen governance links and improve alignment across Committees, particularly regarding people and culture risks. The BAF will be further developed and shared with the Board for public review and subsequent oversight.</p> <p>Assurance Level: Reasonable</p>
<p>2.12</p>	<p>Operational Performance Report (OPR) The Chief Operating Officer (COO) introduced a revised, concise format for the OPR, aligning with the 'Making Data Count' methodology. The report highlighted reduced 52-week breaches in community services (down to 2.78% for September), a drop in diabetes breaches from 64 to 3, and a 50% reduction in waiting times for children and young people's community physical health services. Some interim targets, such as 0% for adult acute inpatient stays over 60 days, were acknowledged as unrealistic, with plans to adopt more meaningful, benchmarked targets in future reports.</p>

	<p>Exception reporting was encouraged as a positive tool for highlighting areas needing attention. The team is considering refining metrics to better reflect clinical realities, such as tracking 'clinically ready for discharge'. Issues around Croft service income and contract status were discussed, with ongoing dialogue to resolve financial and operational disputes. The performance dashboard is being redesigned to integrate quality, workforce, and finance data for more actionable reporting. Efforts to reduce metric duplication and improve intelligence in reporting are underway.</p> <p>Assurance Level: Reasonable</p>
<p>2.13</p>	<p>Information Governance & Cyber Security</p> <p>The Associate Director of Information & Performance reported an increase in incidents, mainly due to one team's email handling, with targeted training being implemented. Cyber security alert volume remains high but has decreased from prior periods. The Trust maintains cyber security as a high-priority risk, with active monitoring and response protocols in place.</p> <p>Assurance Level: Reasonable</p>
<p>2.14</p>	<p>Freedom of Information Report (Q2)</p> <p>FOI performance declined in Quarter 2 due to staff absences but is expected to recover as staffing levels normalise. Performance will be closely monitored to ensure improvement.</p> <p>Assurance Level: Reasonable</p>
<p>2.15</p>	<p>Legal Services Annual Report</p> <p>The Claims and Litigation Manager updated the Committee on stakeholder engagement, cost management, and pre-litigation resolution strategies. Collaboration with NHS legal teams and NHS England continues, with patient safety learning integrated into legal processes. Support for staff involved in legal proceedings remains a priority. The number of active clinical negligence claims is lower than in previous years, and the Trust is covered for most claim costs except for third-party claim excesses.</p> <p>Assurance Level: Not discussed</p>
<p>2.16</p>	<p>Health & Safety (H&S) Committee Report</p> <p>Significant progress was reported regarding the Cavell issue, with agreements reached and awaiting final sign-off. No additional health and safety incidents were reported.</p> <p>Assurance Level: Reasonable</p>
<p>2.17</p>	<p>Service Visit Activity Report</p> <p>The Committee Chair highlighted a significant number of outstanding actions from service visits. Some actions remain unresolved, partly due to legacy assignments to former Executives. Suggestions for improvement include sharing reports with all relevant parties, vetting actions with Executives, and integrating the process with governance structures. The value of joint visits between Executive and Non-Executive Directors was acknowledged.</p> <p>Assurance Level: Reasonable (with acknowledged need for process improvement)</p>
<p>2.18</p>	<p>EPRR Core Standards Submission 2025/26</p> <p>The Trust remains 'partially compliant' for the second year, with two outstanding standards: loggist payment terms and identification of critical services. These are being addressed, and full compliance is anticipated by the next submission. The Committee supported taking the submission to the Board.</p>

3.	ASSOCIATED RISKS TO NOTE:
	No new risks were identified. The ICFO introduced a new contract for a Student Mental Health Service, which was agreed to proceed to the Public Board for approval.
4.	AREAS OF GOOD PRACTICE TO NOTE:
	<ul style="list-style-type: none"> • The revised format of the Operational Performance report is a helpful improvement in how data and information is presented. • The legal services annual report was welcomed.
5.	ITEMS TO BE FOLLOWED UP:
	None
6.	APPENDICES:
	N/A

REPORT

Meeting:	Council of Governors in Public			
Date of Meeting:	04 December 2025			
Agenda Item:	11			
Title of Paper:	Head to Toe Charity Board Sub-Committee Assurance Report			
Board Lead:	Jacquie McGeachie, Committee Chair			
Author:	Hannah Wysocki, Head of Charity			
Contributions from:	Head to Toe Charity Team			
Purpose of this report:				
1) Decision <input type="checkbox"/>	2) Discussion <input type="checkbox"/>	3) Information <input checked="" type="checkbox"/>	4) Assurance <input checked="" type="checkbox"/>	
Responsible Committee:				
Head to Toe Charity Board Sub-Committee				
Link/s to Board Assurance Framework:				
Strategic Aim 1) Working in partnership to deliver the best care.			<input checked="" type="checkbox"/>	
Strategic Aim 2) People at the heart.			<input checked="" type="checkbox"/>	
Strategic Aim 3) System leader in innovation and research.			<input checked="" type="checkbox"/>	
Strategic Aim 4) Making the best use of our System resource.			<input checked="" type="checkbox"/>	
Link to CQC Key Lines of Enquiry:				
1) Safe <input type="checkbox"/>	2) Effective <input type="checkbox"/>	3) Caring <input checked="" type="checkbox"/>	4) Responsive <input type="checkbox"/>	5) Well-Led <input type="checkbox"/>
Impact Assessments:				
Does this paper have any impact on the Cambridgeshire and Peterborough Integrated Care System (ICS) or System Partners?			No	
Does this paper consider health inequalities / protected characteristics?			No	
Are there any negative or known impacts associated with this paper?			No	

Executive Summary:

This paper provides assurance to the Council on Head to Toe Charity's activities and delivery during Q2 2025 (July - September). It includes updates on income, fundraising, grant delivery and the charity's ongoing development, and highlights key items of business from the previous committee for the Council to **note**.

During the committee meeting held on 23 October 2025, members of the Head to Toe Charity Board Sub-Committee (HTTCC) received several key assurances:

- New brand implemented: the committee expressed the positive impact of the refreshed charity brand.
- Fund and grant income: confidence was expressed regarding the projected income from funds and grants for the financial year 2025–2026.
- Strategic refresh: support was given for the plan to refresh the charity's strategy in line with the Trust's updated strategic direction. The revised strategy is expected to be presented to both the HTTCC and the Board of Trustees for review in January 2026.

Points of Escalation:

None

Recommendations:

None

REPORT

1.	PURPOSE OF REPORT:
	To provide assurance to the Corporate Trustee on the performance and progress of Head to Toe Charity, summarising delivery activity, income, and operational improvements for Q2 2025. This report also presents key items for CPFT Council assurance, following review, discussion and approval at the Head to Toe Charity Board Sub-Committee.
2.	KEY ITEMS TO NOTE:
	Summary of Activity (July - September 2025)
2.1	<u>Alert</u> There are no items to alert the Council to following the last committee meeting.
2.2	<u>Advise</u> The Council are advised of the following items:
2.2.1	Fundraising and income: <ul style="list-style-type: none">• Total income received to date: £184,960, with an additional £47,000 pledged and more income expected in October.• Exceeded annual trusts and foundations target with £310,000 secured for 2025/26.• Multi-year grants secured from major partners including NHS Charities Together, Sport England, and the Evelyn Trust.• Successful community events included the Big Bike Ride (£3,500 net) and the Great Eastern Run (£2,000 raised), with plans to expand the 2026/27 events portfolio. The committee acknowledged and thanked all participants, organisers, and supporters for their contributions to the success of the Head To Toe Big Bike Ride event, which has helped raise both funds and awareness for the charity• Projections for future fundraising are being established based on the current positive financial position, though figures may be subject to revision as the year progresses.

<p>2.2.2</p> <p>2.2.3</p> <p>2.3</p>	<p>Programme Delivery</p> <ul style="list-style-type: none"> • Children and Young People: £44,000 Evelyn Trust grant supporting art therapy for children in care; 7 referrals already received. • Community Wellbeing: £104,500 awarded by the Investing in Community Health Fund to expand the Butterfly Volunteer Programme into Fenland and St Ives. • Physical Health and Recovery: £12,122 Sport England grant funding new therapeutic gym equipment and Tai Chi training for staff. • Workforce Support: £48,700 NHS Charities Together award for the Menopause Workplace Pledge, reaching 250+ staff through tailored wellbeing support. <p>Strategic and Operational Development</p> <ul style="list-style-type: none"> • Feedback on the charity’s recent rebranding initiative has been overwhelmingly positive. Stakeholders believe the refreshed visual identity aligns well with the Trust’s current corporate branding, helping to strengthen the charity’s public profile and engagement efforts. • Preparations underway for the Operational Delivery Oversight Group to enhance governance and impact monitoring – which will feed into the wider strategic development piece, to dovetail into the wider new CPFT strategy. • Improved financial oversight with live income forecasting and new planning processes introduced. • The committee discussed the importance of regular updates to the Trust’s Cambridge Children’s Hospital Committee. It was recommended that the charity provide feedback at a forthcoming Trust Leadership Team meeting, highlighting the strategic importance of the charity’s involvement in collaborative projects. • At present, only a single policy is held by the charity and that this policy is fully up to date. This provides assurance regarding the charity’s compliance with regulatory requirements and best practice guidance. The committee agreed to ongoing monitoring and timely review of all policies and procedures to ensure continued compliance. <p>Assure</p> <p>The following assurance was provided:</p> <ul style="list-style-type: none"> • Key financial and operational risks continue to reduce due to improved processes and strengthened CFO oversight. • The charity remains on track to meet its annual objectives and is well-positioned for continued growth into 2026 and beyond.
<p>3.</p>	<p>ASSOCIATED RISKS TO NOTE:</p>
	<p>Following discussion, the committee concluded that no new risks had been identified for inclusion in either the Board Assurance Framework or the Operational Risk Register at this time. The committee will remain vigilant for emerging risks and ensure they are appropriately recorded and managed in future meetings.</p>
<p>4.</p>	<p>AREAS OF GOOD PRACTICE TO NOTE:</p>
	<ul style="list-style-type: none"> • Fundraising performance and forward planning – Exceeded annual income targets with over £310,000 secured for 2025/26 and £206,000 pledged for 2026/27, ensuring multi-year financial stability and sustainability. • Impactful programme delivery – Delivery of funded projects continues to achieve meaningful outcomes across all four strategic priorities, including expansion of the Butterfly Service, new therapeutic equipment from Sport England, and wellbeing initiatives for staff. • Improved governance – Introduction of live income forecasting and enhanced financial planning, strengthened operational management and proactive risk reduction.

5.	ITEMS TO BE FOLLOWED UP
	<ul style="list-style-type: none"> <li data-bbox="252 203 1442 271">• Strategy development: Internal stakeholders requested to support the development of the charity strategy, influenced by the refreshed CPFT strategy.
6.	APPENDICIES:
	None