Essex Partnership University
NHS Foundation Trust

COUNCIL OF GOVERNORS PART 1

Meeting to be held 9 September 2026, 13:45

Via MICROSOFT TEAMS

AGENDA

Vision: To be the leading health and wellbeing service in the provision of mental health and community care

CEO Briefing – 13:00

1	Apologies for Absence	JC	Verbal	Noting	13:45
2	Declarations of Interest	JC	Verbal	Noting	
	Presentation: **EPUT Cultural Review** Paul Taylor, People Director				13:46
3	Minutes of previous meeting, held on 20 May 2026	JC	Attached	Approval	14:16
4	Action Log and Matters Arising	JC	Attached	Noting	14:18
5.	**STANDING REPORTS**				
(a)	Report from the Chair	JC	Verbal	Noting	14:20
(b)	Chief Executive Officer (CEO) Report	TS	Attached	Noting	14:25
(c)	Auditor's Annual Report	EL	Attached	Noting	14:35

	Presentation: **Child and Adolescent Mental Health Services** **Learning from a CQC Inspection** Lou Summers, Service Manager and Perinatal Inpatient Services				14:40
6.	**ITEMS FOR DECISION / DISCUSSION**				
(a)	Council of Governors Effectiveness Review	DG	Attached	Approval	15:10
7.	**ITEMS FOR INFORMATION**				
(a)	Outcome of the Chair and Non-Executive Director Appraisal Process 2025/26 (including Fit and Proper Person Requirements)	LL	Attached	Noting	15:20

(b)	Membership Update	JG	Attached	Noting	15:23
(c)	Lead Governor Report	SS	Attached	Noting	15:25
9.	**ANY OTHER BUSINESS**				15:30
8.	**QUESTIONS AND ANSWERS SESSION FROM MEMBERS OF THE PUBLIC**				
9.	**DATE AND TIME OF FUTURE MEETINGS** 18 November 2026 17 March 2027 (All start at 1pm)				15:45

Jackie Craissati
Interim Chair

Loy Lobo
Acting Chair / Vice Chair

Essex Partnership University
NHS Foundation Trust

MINUTES OF THE COUNCIL OF GOVERNORS PART 1

Held on 20 May 2026
Via MS Teams

MEMBERS PRESENT:

Loy Lobo	LL	Acting Chair / Vice Chair
Voke Aghoghovbia	VA	Public Governor, West Essex, Hertfordshire & RoE
Simon Cross	SC	Public Governor, Essex Mid & South
Gwyn Davies	GD	Public Governor, Essex Mid & South
Nat Ehigie-Obano	NE	Public Governor, West Essex, Hertfordshire & RoE
Jason Gunn	JG	Public Governor, West Essex, Hertfordshire & RoE
Olivia Houlihan	OH	Public Governor, West Essex, Hertfordshire & RoE
Ashley John	AJ	Public Governor, North East Essex & Suffolk
James McCarthy	JM	Public Governor, North East Essex & Suffolk
Cllr Maxine Sadza	MS	Appointed Governor, Southend-on-Sea City Council
Stuart Scrivener	SS	Public Governor, Essex Mid & South
Ekoh West	EW	Public Governor, Essex Mid & South
Cort Williamson	CW	Public Governor, North East Essex & Suffolk

IN ATTENDANCE:

Jenny Davis	JD	Director of Finance
Erin Draper	ED	Clinical Associate Psychologist / DBT Therapist
Alex Green	AG	Executive Chief Operating Officer / Deputy CEO
Denver Greenhalgh	DG	Executive Director of Governance
Ruth Jackson	RJ	Non-Executive Director
Chris Jennings	CJ	Assistant Trust Secretary
Jasmine Kemp	JK	Grant Thornton
Diane Leacock	DL	Non-Executive Director
Jenny Matten	JM	Lived Experience Ambassador for Time to Care and Trauma Informed Care
Patrick Matten	PM	Carer Co-Facilitator
Andrew McMenemy	AM	Executive Chief People Officer
Catherine O'Connell	CO	Director / SRO – Lampard Inquiry
Paul Scott	PS	Chief Executive Officer
Trevor Smith	TS	Executive Chief Finance Officer / Deputy CEO
Richard Spencer	RS	Non-Executive Director
Clare Sumner	CS	Trust Secretary's Office Administrator
Dr Kallur Suresh	KS	Executive Medical Director
Parris Williams	PW	Grant Thornton

17/26 WELCOME AND APOLOGIES FOR ABSENCE

LL welcomed everyone to the meeting, advising that the Chair Hattie Llewelyn-Davies was unwell and therefore he would be chairing the meeting as Acting Chair.

Apologies were received from:

- David Finn, Public Governor, Essex Mid & South
- Spencer Dinnage, Staff Governor, Clinical

- Megan Leach, Public Governor, Essex Mid & South
- Hattie Llewelyn-Davies, Chair

18/26 DECLARATIONS OF INTEREST

There were no new declarations of interest.

19/26 INTRODUCTION: CATHERINE O'CONNELL, DIRECTOR / SRO – LAMPARD INQUIRY

DG introduced CO, recently appointed to lead the Trust's response to the Lampard Inquiry, enabling DG to return to her substantive Director of Corporate Governance role.

CO outlined her background as former NHS England Regional Director of Commissioning and former PCT Chief Executive. CO advised she would be reporting directly to the CEO and subsequently to the interim joint CEOs.

CO left the meeting at this point.

20/26 PRESENTATION: GRANT THORNTON – EXTERNAL ACCOUNT AUDIT

LL welcomed JK and PW to the meeting, noting the presentation was a request from Governors to have an introduction to the Trust's new External Auditors. JK and PW delivered a presentation, highlighting the following:

- The plan for auditing the Trust accounts had been approved by management and the Audit Committee
- The risk-based approach to the audit aligned with the NAO Code of Audit Practice
- The Auditors had had strong early engagement with the Finance Team
- The audit had significant additional focus on the Lampard Inquiry accounting provision as this was a complex, high-profile area requiring specialist input and early engagement
- An area of focus for the value for money work was focusing on areas such as the governance and oversight of the Lampard Inquiry and the sustainability of improvement following the CQC Section 29A warning notice

LL thanked JK and PW for the presentation and welcomed the more expansive value for money approach, including engagement with care units and operational leaders. TS agreed, noting the audit was working well and Auditors had been attending Accountability Framework meetings.

<u>Questions and Discussions</u>

- SC asked what provisions were in place regarding the Lampard Inquiry, given the focus and attention. TS advised the Trust had a balance-sheet provision for the expected costs, an additional budget for any non-provision items and a two-year planning horizon to ensure the full length of the Inquiry was considered
- CW commented positively on the references to sustainability and climate change as part of the audit. PW confirmed environmental sustainability was included in the value for money review and would ensure this was highlighted in the auditors' annual report

JK and PW left the meeting at this point.

21/26 MINUTES OF THE PREVIOUS MEETING HELD ON 11 MARCH 2026

The minutes of the meeting held on 11 March 2026 were agreed as an accurate record.

22/26 ACTION LOG / MATTERS ARISING

The action log from the meeting held on the 11 March 2026 was discussed, noting one action remained open regarding the hydrotherapy pool in West Essex. TS provided an update:

- There were ongoing efforts to identify interest from partners and external providers to support provision of services
- The Trust has expressed interest in the St Margaret's site, one of 44 expressions of interest submitted to NHS Property Services. An information pack was awaited for progressing with other interested parties
- The site had been designated as a future neighbourhood hub, which could provide more opportunities

Questions and Discussions

- SC thanked TS for the update, noting the progress was encouraging and highlighting the pool as an unmet need and an important area for the Trust's Estates Strategy

23/26 REPORT FROM THE CHAIR

LL advised a report had been developed, but HLD had not been able to complete the final sign-off prior to being unwell. Therefore, LL provided a verbal update from the report and would circulate the full version after the meeting. LL provided the following key points:

- A warm thank you to Paul Scott, who was attending his final Council meeting as CEO of EPUT. LL thanked PS for his leadership through the pandemic, Lampard Inquiry, operational pressures and strategic development
- The Council of Governors had welcomed the appointment of Alex Green and Trevor Smith as interim joint CEOs, ensuring continuity and stability
- NEDs and Governors had continued to visit services which was valuable in providing an understanding of culture and patient / staff experience
- Despite national uncertainty, the Trust will proceed with governor elections and use the next 12 months to shape future collaborative governance models
- There was a recognition of International Nurses Day and compassionate care
- There were areas of patient-facing innovations including therapy dogs, veteran services and stroke rehabilitation

The Council of Governors received and noted the report.

24/26 CHIEF EXECUTIVE OFFICER (CEO) REPORT

PS presented his final CEO report prior to leaving to become the CEO of East Suffolk and North Essex NHS Foundation Trust (ESNEFT). PS reflected on his time as CEO of EPUT, thanking Governors, staff and colleagues for their shared values-based leadership during some challenging years. PS also highlighted the following:

- Jenny Davis and Lizzy Wells had been appointed as Interim Executive Chief Finance Officer and Executive Chief Operating Officer respectively. Both had been appointed following a competitive process
- Thanks were expressed to DG for her intensive work leading the response to the Lampard Inquiry
- Early demonstrations were under way for the Nova Electronic Patient Record which was expected to standardise records across acute, mental health and community services. The new system would support transformation, reduce risk and improve efficiency
- The growing impact of peer support workers and lived experience ambassadors was highlighted
- Dr Catherine Dakin had been appointed as a neurodivergence ambassador with a focus on improving outcomes and staff capability

- The Trust had been named Regional Champion in the NHS Excellence Awards in the sustainable healthcare category. Thanks were expressed for Tom Toolan for his work in achieving this award

The Council of Governors received and noted the report.

25/26 PRESENTATION: TIME TO CARE – FAMILY CONNECTIONS

ED and PM delivered a presentation on the Family Connections initiative, supported by JM as a lived experience ambassador. PM led a short mindfulness session prior to the presentation. The presentation highlighted the following:

- Family Connections is a twelve-week DBT-informed programme for carers of people with emotional dysregulation / personality disorders
- The modules included understanding emotional dysregulation, treatment models & stigma, relationship mindfulness & validation, impact on families, grief & loss, advanced validation and collaborative problem solving
- PM and JM shared powerful personal accounts of carer isolation and barriers to involvement with clinical services. This had been transformed through DBT and the Family Connections programme
- The programme was part of a feasibility study with York University with early indications of a support to progress to full rollout

<u>Questions and Discussions</u>

- JM and AJ shared their own personal experiences and the value the programme could provide / would have provided. Both lived in the North Essex area and asked if the programme would be expanded to this area. LL advised this was part of a wider area of development around understanding how innovative services such as this could be scaled and provided across more areas
- SC shared his own personal experience, highlighting the importance of early support for carers and systemic barriers to carer involvement. PM agreed, noting the importance of building a relationship with the patient and their carers
- ED added that the programme aligned with the neighbourhood health model and the Community First programme

LL thanked ED, PM and JM for the presentation.

ED, PM and JM left the meeting at this point.

26/26 CODE OF GOVERNANCE FOR NHS PROVIDERS

CJ presented a report providing an update and assurance on the Trust's compliance with the provisions in the *Code of Governance for NHS Providers 2022* in preparation for the inclusion of the "comply/explain" principals and necessary disclosures as part of the Trust's annual report submission.

CJ advised a self-assessment had confirmed the Trust was fully compliant with the provisions of the code and had been scrutinised by the Council of Governors Governance Committee and Executive Team. The review would be presented to the Finance and Performance Committee for further scrutiny before final presentation to the Board of Directors.

The Council of Governors received the report and:

1. **Considered the findings of the internal review of the Trust's compliance of the Code.**
2. **Confirmed acceptance of assurance given as evidence the Trust complies with the provisions of the Code.**

27/26 NHS ENGLAND SELF-CERTIFICATION: GOVERNOR TRAINING

CJ presented a report detailing the learning and training completed by Governors during 2025/26 to support the Board of Directors' self-certification for NHS England that Governors have been provided with sufficient training opportunities to undertake their role. CJ advised the report had been scrutinised by the Council of Governors Training & Development Committee.

The Council of Governors received, noted the report and agreed the statement detailing the learning and training completed by Governors in 2025/26 to support the Board of Directors self-certification.

28/26 COUNCIL OF GOVERNORS SUB-COMMITTEE TERMS OF REFERENCE

CJ presented a report providing the Terms of Reference for the Council of Governors Governance Committee and Training & Development Committee for approval following annual review. CJ advised the documents had been reviewed by the respective Committee and no changes were recommended to the Council.

The Council of Governors received, noted the report and approved the Terms of Reference for the Governance and Training & Development Committees respectively.

29/26 OUTCOME OF LEAD GOVERNOR ELECTION

CJ advised that, following the previous Council of Governors meeting, SS had been elected unopposed as the Lead Governor. CJ congratulated SS on his appointment.

30/26 ELECTIONS TO THE COUNCIL OF GOVERNORS

CJ presented a report providing the draft timetable for elections, governors due for re-election and confirmation that a process was under way to appointment an external provider to run the election process independently. CJ advised the draft timetable may change slightly following the appointment of the provider as it was normal practice for the provider to develop a specific timetable for the Trust.

The Council of Governors received, noted the report and agreed to promote participation in the elections with the membership and members of the public.

31/26 LEAD GOVERNORS REPORT

SS presented a report providing key headlines and activity from his perspective as Lead Governor. SS highlighted the following:

- Improvements made at 439 Ipswich Road following the CQC findings.
- Positive staff recognition at the Quality and Excellence Awards.

Questions and Discussions

- The Council discussed the future of Governors following the publication of the Health bill which would ultimately remove the statutory powers of Governors. The discussion highlighted the importance of maintaining public accountability.

The Council of Governors received and noted the report.

32/26 COUNCIL OF GOVERNORS WORKPLAN

CJ presented the Council of Governors Workplan providing the work of the Council for 2026/27.

The Council of Governors received and noted the work plan.

33/26 ANY OTHER BUSINESS

JM expressed his appreciation for staff professionalism and enthusiasm he had witnessed since joining the Trust as a Governor. JM thanked PS for his leadership in this area.

34/26 QUESTIONS AND ANSWERS SESSION FROM MEMBERS OF THE PUBLIC

There were no members of the public present.

35/26 DATE AND TIME OF THE NEXT MEETING

The date and time of the next meeting will be Wednesday 9 September 2026 at 1:45pm.

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Council of Governors Meeting
Action Log (following Part 1 meeting held on 20 May 2026)

Lead	Initials	Lead	Initials	Lead	Initials
Jenny Davis	JD	Alex Green	AG	Trevor Smith	TS

Requires immediate attention /overdue for action	
Action in progress within agreed timescale	
Action Completed	
Future Actions	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
December 66/24	Provide further updates regarding the [NHS Property Services] Hydro Pool in West Essex for future Council meetings.	AG / TS / JD	~~May 2025~~ ~~Sep 2025~~ ~~Mar 2026~~ Ongoing	The Trust is unable to make viable use of the pool, owned by NHS Property Services, without other providers or commissioners. **March 2026:** Meeting held to provide further updates on the action being undertaken including: • Follow-up undertaken with partner provider organisations, including through the community collaborative to seek multi-use and associated funding. • There is a plan to liaise with the newly formed Essex ICB regarding the potential commissioning of services and utilisation. The unified ICB may provide greater opportunities across the whole of Essex. • The Trust is current working with a new Performance Director at NHS Property Services on a matters relating to	Open	

Minutes Ref	Action	Owner	Dead - line	Outcome	Status Comp/ Open	RAG rating
				various sites. Discussions will be held next week with this individual to see if there are further opportunities they can promote to utilise the hydrotherapy pool at the St Margaret's site. • There is an opportunity provided by NHS England for NHS organisations to express interest in acquiring properties back from NHS Property Services. The Trust has until the 20 March to express interest in those properties, one of which is likely to be St. Margaret's Hospital (discussion to be held at Finance & Performance Committee on the 19 March). This would allow the Trust greater flexibility in making use of the asset, however, this would need to be combined with the action being taken above to ensure it is viable. **September 2026:** The Trust has continued to take forward the expression of interest process for St. Margaret's Hospital site with NHS Property Services. The relevant documentation has now been received and this is now being reviewed in preparation for any business case requirements. In addition, the Trust is currently in discussion with a local charity regarding a potential shared utilisation of the facility.		

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	9 September 2026

Report Title:	**Report from the Chair**					
Executive/ Non-Executive Lead:	Jackie Craissati, Interim Chair					
Report Author(s):	Angela Laverick, EA to Chair, CEO and NEDs					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Purpose of the Report		
This report provides the Council of Governors an update report from the Chair of the Trust in support of Governors holding the Non-Executive Directors to account both individually and collectively for the performance of the Board and to provide an understanding of the work of the Non-Executive Directors.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1 Note the contents of the report
2 Request any further information or action.

Summary of Key Issues

The report provides an overview of the Chair's, Non-Executive Directors' and Board related activities since the last report to the Council of Governors.

An update report from the Chair of the Trust will be provided at each general meeting of the Council of Governors.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**	
Governance implications	
Impact on patient safety/quality	

Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**~~YES~~/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Report from the Chair

Lead
Jackie Craissati **Interim Chair**

REPORT FROM THE CHAIR

1.0 PURPOSE OF REPORT

This paper presents an update report from the Chair of the Trust in support of Governors holding the Non-Executive Directors (NEDs) to account both individually and collectively for the performance of the Board and to provide an understanding of the work of the Chair, NEDs and Board of Directors. This report covers the period since the last report to the Council of Governors.

2.0 UPDATE FROM CHAIR

2.1 Changes to the Board of Directors

Following the sad death of EPUT Chair, Hattie Llewelyn-Davies, the Board implemented interim leadership arrangements in accordance with the Trust's Constitution. These arrangements have been designed to ensure continuity of leadership, maintain effective governance and provide clear accountability during what has been a deeply difficult period for the organisation. Thank you to Acting Chair, Loy Lobo for his leadership during this time.

At the recent meeting of the Board of Directors, Acting Chair Loy Lobo formally recorded the Board's sincere appreciation for Hattie's outstanding leadership, commitment and service to the Trust. The Board also acknowledged the profound impact of her loss on colleagues, governors, partner organisations and the communities we serve. Her contribution to EPUT was significant, and she remains greatly respected and warmly remembered.

I am honoured to have been appointed as Interim Chair and am pleased to be joining EPUT at this important time. I look forward to working closely with our Council of Governors, Board colleagues, staff, patients, carers and partners as we continue our shared commitment to delivering high-quality care and improving outcomes for the populations we serve.

As part of my induction programme, I am meeting with colleagues across the organisation, engaging with key stakeholders and visiting services throughout the Trust. These opportunities are helping me to gain a broad understanding of EPUT's strengths, challenges and ambitions, and to hear directly from those who contribute to the Trust's success every day.

I have worked in the NHS for more than 30 years, beginning my career as a Consultant Clinical and Forensic Psychologist. I subsequently served as Clinical Director for the Forensic and Prisons Directorate at Oxleas NHS Foundation Trust before co-founding a community interest company that provided independent serious incident investigations across the NHS. In recent years, I have undertaken a number of Board and Chair roles in the health, charity and higher education sectors, including serving as Chair of Kent and Medway NHS and Social Care Partnership Trust. I currently hold the positions of Chair of Dartford and Gravesham NHS Trust and Chair of Crohn's & Colitis UK.

I look forward to meeting many of you over the coming months and to working in partnership with the Council of Governors as we support the Trust in delivering its strategic objectives and providing the best possible care for our patients and communities.

2.2 Chair and NED Visits

The NEDs continue to visit services across the geography of the Trust, including Quality Assurance Visits with Governors. This is a welcome opportunity to visit our staff on the front line to see and hear first-hand the challenges they face as well as their continuing dedication to supporting our patients.

2.3 Staff Governor Elections

As you will know, Governor elections are taking place this summer, with nominations opening in July for five staff governor positions - three clinical and two non-clinical - alongside public governor vacancies across the Trust's constituencies.

Governors provide an important link between EPUT, its staff, members and local communities. They represent the views of those constituencies, contribute to the development of the Trust and, under the current statutory framework, hold the Non-Executive Directors to account for the performance of the Board.

The voting period runs until 17 September and I look forward to meeting and welcoming new members of the Council of Governors once the election process has concluded.

2.4 Changes to the Lampard Inquiry October Hearings

In October, the Inquiry will hold Interim Recommendations hearings to look at more evidence about observations, the use of technology, and resuscitation. The Inquiry heard evidence about these two themes in July. In October, the Chair will hear additional evidence on these two issues, both in the context of the provision of mental health care in Essex and also healthcare nationwide. The refocus of the October hearings to address these two critical areas means that changes will also be made to the Inquiry's future hearing timetable, of which we await further information.

3.0 RECOMMENDATIONS AND ACTION REQUIRED

The Council of Governors is asked to:

1. Note the content of this report.

Report prepared by
Angela Laverick
EA to Chair, Chief Executive and NEDs

On behalf of
Dr Jackie Craissati
Interim Chair

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	9 September 2026

Report Title:	**Chief Executive Officer (CEO) Report**					
Executive Lead:	Trevor Smith, Joint Interim CEO					
Report Author(s):	Angela Laverick, EA to the Chair, Chief Executive & Non-Executive Directors					
Report discussed previously at:						
Level of Assurance:	**Level 1**		**Level 2**		**Level 3**	

Purpose of the Report		
This report provides a summary of key activities and information to be shared with the Council of Governors.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1. Receive and note the report.

Summary of Key Points

The report attached provides information on behalf of the CEO and Executive Team in respect of performance, strategic developments and operational initiatives.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	✓
2: We learn	✓
3: We empower	✓

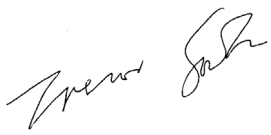
Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**	

Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**~~YES~~/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Reports and/or Appendices
Chief Executive Officer (CEO) Report Appendix 1 – Executive Team Structure Chart

Non-Executive Lead:
 **Trevor Smith** **Interim Joint Chief Executive Officer**

Council of Governors Part 1
September 2026

CHIEF EXECUTIVE OFFICER REPORT

1. UPDATES

1.1 CQC Well Led Inspection Rating

The CQC has recently published its report following a Well-Led inspection of the Trust in March this year, retaining a rating of 'Requires Improvement'. We welcome the CQC's feedback as an opportunity to recognise areas for ongoing improvement and some of the positive changes already made. The report was recently discussed at a Board seminar with senior Clinicians, Operational Leads and Directors, informing our focus on the provision of the best possible patient care, supporting our people and the experience of our services.

The improvements we have already made include the re-design of care on our wards co-designed with patients, the investment in mental health urgent care centres (with two more operationalising shortly) and a current review of community mental health services to provide the best possible care at home. The Trust is also working with partners to deliver a first of type Electronic Patient Record System across community, mental health and acute services.

However, more remains to be done. Areas for improvement include culture, strengthening how we listen and respond when people speak up, improving our leadership and oversight, and ensuring learning from incidents is shared more consistently and acted upon as quickly as possible. The CQC also found that more work is needed to improve the experience of some staff groups and to ensure everyone feels valued, included and supported.

1.2 Changes to the Executive Team Portfolios

As reported to the Board of Directors at the most recent meeting, following a recent review of Executive Team portfolios, together with an internal expression of interest process, I am pleased to confirm the following interim leadership arrangements.

- Andrew McMenemy, Executive Chief People Officer, has been appointed to the role of Interim Deputy Chief Executive Officer. In addition to his existing responsibilities, the Transformation function will now sit within Andrew's remit strengthening alignment between our people, culture and transformation priorities and enabling Zephan Trent to focus on EPR implementation, Digital and Information Services.

- I am also pleased to confirm that James Wilson has taken on the interim responsibilities for Strategy, and Matt Sisto for Research and Development**.**

These arrangements will ensure continued leadership capacity across these key areas and support the delivery of the Trust's strategic objectives.

1.3 Training Centre and Clinical & Corporate Hub

As part of our clinically led Estates Strategy, we are continuing to review how we use our estate to create more clinical space and generate funds to reinvest in patient care. Colleagues will be aware that the Trust has taken a lease on Faviell House in Chelmsford, which will become a new training facility and clinical and corporate hub early 2027.

As part of these plans, we have made the decision to add the Lodge to our site disposal pipeline. However, no immediate changes are planned, and timescales are still to be worked through and confirmed. Further updates will be shared with staff and governors as plans progress.

1.4 Other Strategic Investments and Improvements

The Trust has now completed the construction work on the MH ED Diversion Units in Derwent Centre in Harlow and the Emerald Centre in Colchester. The first phase operationalisation of the units is due to commence in September, with existing teams able to bring patients into the unit to support assessment.

The Trust is in the process of final approvals with NHSE to support the development of a Neighbourhood Mental Health Hub in the Landemere Centre, Clacton. The business case will see a £3.8m capital investment to redevelop the existing Landemere estate. The case has been developed with the support of commissioners, primary care, and VCSE partners.

The Trust continues to work to develop plans for Neighbourhood hubs, in Thurrock, West, South and Mid Essex areas, as well as link to the wider Essex Neighbourhood Health Centre initiatives, alongside ICB and other partners.

The Trust has been awarded £350k capital funding to support the implementation of a digital platform to support Neurodiversity services. The software helps release clinical time to care by reducing the admin burden.

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Executive Team

ORGANISATIONAL CHART – September 2026

Trevor Smith
Joint Interim Chief Executive
(Accounting Officer)

Alex Green
Joint Interim Chief Executive

Jenny Davis
Interim Executive Chief Finance Officer

- Finance
- Purchasing
- Estates & Facilities
- Security Management (SRO)
- Planning
- Business Development / Contracting

Andrew McMenemy
Executive Chief People Officer / Interim Deputy CEO

- Human Resources
- Organisational Development and Culture
- Education, Training and Development
- Payroll
- Medical Staffing
- Workforce Planning
- Equality and Diversity
- Marketing and Branding
- Transformation / PMO

Zephan Trent
Executive Chief Information Officer

- Nova EPR SRO
- SIRO
- IM&T
- Information Governance
- Records Management
- Digital
- Freedom of Information

Denver Greenhalgh
Executive Director of Corporate Governance

- Trust Board Secretariat
- Corporate Governance
- Compliance
- Legal
- CQC
- H&S, VAPR
- Non-Clinical Risk Management
- Business Support
- Inquest Team
- F2SU

Dr Kallur Suresh
Executive Chief Medical Officer

- Medical Leadership / Staffing
- Caldicott Guardian
- Research and Innovation
- Responsible Officer
- Patient Experience and Participation
- Faith Communities

Elizabeth Wells
Interim Executive Chief Operational Officer

- Specialist MH Services
- MH Services
- Acute Inpatient & Urgent Care MH Services
- Community MH Services
- Community Health Services / Community Collaborative
- Learning Disabilities
- Psychological Services
- Children's Services
- Social Care
- Clinical Administration
- Carers
- EPRR
- Pharmacy

Ann Sheridan
Executive Chief Nurse

- Clinical Governance
- Clinical Audit
- Nurse Leadership
- Clinical Risk
- Infection Control
- Safeguarding
- MHA Office
- Mortality
- Quality of Care SRO
- AHP
- Complaints

Angela Laverick / Teresa Matthews
Executive Assistant to Chief Executive, Chair and NEDS

Catherine O'Connell
Lampard Inquiry SRO

James Wilson
Lead Director, MSECC / Director of Strategy, EPUT

Martine Munby
Director of Communications

NHS
Essex Partnership University
NHS Foundation Trust

Executive Team

Contact Details – July 2026

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Andrew McMenemy, Executive Director of People and Culture / Interim Deputy CEO
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Ann Sheridan, Executive Chief Nurse ann.sheridan@nhs.net
PA / Business Support Giena Sumner g.sumner@nhs.net

Zephan Trent, Executive Chief Information Officer zephan.trent@nhs.net
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Denver Greenhalgh, Executive Director of Corporate Governance denver.greenhalgh@nhs.net
PA / Board Committee Secretary: emma.bullard@nhs.net

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	9 September 2026

Report Title:	**Annual Review of External Audit Services and FY2526 Auditor Annual Report**					
Report Lead:	Elena Lokteva, Non-Executive Director / Chair of Audit Committee					
Report Author(s):	Clare Barley, Head of Financial Accounts					
Report discussed previously at:	Audit Committee (31/07/2026)					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Purpose of the Report		
This report provides the Council of Governors with the annual review of external audit services for the 2025/26 financial year. The report also shares the	**Approval**	✓
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1 Confirm the reappointment of Grant Thornton as the Trusts external auditors for the 2026/27 financial statements noting the Annual review.
2 Note the FY2526 Audit Results Report and recommendations
3 Request any further information or action.

Summary of Key Issues

Review of Audit Services

In line with paragraph 23(2) of Schedule 7 to the National Health Service Act 2006, the Council of Governors are responsible for the appointment of the Trust's External Auditors. It is also considered good practice that within the term of the contract, the Audit Committee periodically report to the Council of Governors on the performance of the external auditors.

Under the contract, the external auditors will automatically be reappointed each year unless either party terminates the agreement. The annual review of performance by the Audit Committee serves to confirm that the reappointment of the external auditors is appropriate.

Grant Thornton have now completed the first year of their contract following a robust procurement exercise undertaken during FY2526. Both Management and the Audit Committee consider the service provided to be excellent, particularly given the Trust was a first-year client and the handover from predecessor auditors was delayed. The audit team was proactive, collaborative, approachable and clear in its requirements, supporting effective and open communication during the audit.

The financial statements audit was substantially completed by early June; an improved position on previous years. The early completion enabled a high-quality draft Audit Findings Report to be shared with the Trust in line with the agreed timetable. The accounts were approved by the Board on 22 June with Grant Thornton issuing their Unmodified Audit Opinion the same day and submission made ahead of the DHSC deadline.

The Value for Money element of the external audit was also positively received and included a more thorough and wider scope approach than previously experienced. Management welcomes the more robust approach with tangible recommendations that will assist the Trust to focus on FY2627 prioritise.

No additional fees were incurred in either the Financial Statements or VFM audits. Audit fees were therefore in line with those included in the Audit plan at £222k plus VAT.

Overall the Audit Committee was satisfied with the provision of external audit services and their responsiveness and support during the annual accounts process and recommend that the Council of Governors confirm the reappointment of Grant Thornton for a further year.

FY2526 Auditor Annual Report (Including Value For Money Assessment)

Following the successful conclusion of the audit of FY2526 Financial Statements, which received an unmodified audit Opinion, auditors have published the Auditor Annual Report (Appendix 1). This report includes a review of the Trust's arrangements for securing economy, efficiency and effectiveness. The report highlights the Trust is operating in a highly challenging environment characterised by rising demand, capacity pressures and increasing regulatory expectations including the Lampard Inquiry. Within this context the auditor has concluded that there are no significant weaknesses in the Trusts arrangements for securing Value For Money, though there are improvement opportunities for the Trust to consider and the report contains six recommendations. The report was agreed at 31 July Audit Committee.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			n/a
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	

Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	✓
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Documents and/or Further Reading
Appendix 1: Auditors Annual Report

Lead

Elena Lokteva
Non-Executive Director / Chair of Audit Committee

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	9 September 2026

Report Title:	**Council of Governors Effectiveness Review 2025/26**					
Report Lead:	Denver Greenhalgh, Executive Director of Corporate Governance					
Report Author(s):	Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:						
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Purpose of the Report		
This report provides the Council of Governors with a summary of the work of the Council for 2025/26 and the outcome of the effectiveness review.	**Approval**	✓
	Discussion	
	Information	

Recommendations/Action Required

The Council of Governors is asked to:

1. Receive and approve the report.

2. Discuss the outcome of the Effectiveness Review and agree to the setting up of a task and finish group to develop improvement priorities. .

Summary of Key Issues

The report provides:

- Confirmation that the Council of Governors discharged its responsibilities in 2025/26.
- Outcome of the Effectiveness Review.
- And, agree the establishment of a task and finish group improvement priorities.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	✓
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	✓
Service impact/health improvement gains	

Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail): • Undertaking a review of its effectiveness	✓

Acronyms/Terms Used in the Report			
COG	Council of Governors		

Supporting Documents and/or Further Reading

Appendix 1 – Council of Governor Membership and Attendance 2025/26
Appendix 2 – Council of Governors Effectiveness Review 2025/26

Lead

Denver Greenhalgh
Executive Director of Corporate Governance

Council of Governors
Effectiveness Review 2025/26

1. Background

The purpose of the report is to review the work undertaken by the Council of Governors for the period covering 1 April 2025 – 31May 2026.

2. Membership

Hattie Llewelyn-Davies, Chair of the Trust, chaired the Council of Governors throughout the year. The Council of Governors comprised Public Governors, Staff Governors and Appointed Governors.

Non-Executive Directors are invited to attend each meeting in an attendance capacity. Executive Directors attend meetings at the request of the Council of Governors, typically through requests for reports or presentations on matters within areas of their responsibility.

Administration relating to Council business was undertaken by the Assistant Trust Secretary. Adhering to Standing Orders, the agenda and accompanying papers were circulated to members during the week prior to each meeting.

The Chief Executive Officer met informally with the Council of Governors prior to each meeting to provide a management update and offer Governors the opportunity to ask questions directly of the Chief Executive on matters of interest and concern.

The attendance for the Council is included in appendix 1.

3. Meetings

The Council of Governors held five scheduled meetings in the period, these being May, October and November 2025, March and May 2026. In addition, two extraordinary meetings were convened in January and May 2026 to enable the Council to conduct business outside its regular cycle of meetings.

The seven meetings held met the obligations regarding membership, attendance and quoracy.

The Annual Members Meeting (AMM) was held on the 26 November 2025 to share the 2025/25 Annual Report and Accounts. The AMM is considered a meeting of the Council of Governors.

4. Standing Orders for the Practice and Procedures of the Council of Governors

The role and remit of the Council of Governors is established by the EPUT Constitution and governed through the Standing Orders for the Practice and Procedures of the Council of Governors. The Standing Orders were reviewed by the Council and approved by the Board of Directors in December 2025.

5. Arrangements

The table below provides the general duties and statutory duties of the Council of Governors and the items discussed by the Council in relation to these duties:

Duty	Item considered by the Council of Governors
General Duties	
To hold the Non-Executive Directors individually and collectively to account for the performance of the Board; and To represent the interests of the members of the Trust and the interests of the public.	• Chair / Non-Executive Director Appraisal Outcome • Code of Governance for NHS Providers Self-Assessment • Community First Strategy • Freedom to Speak-Up • Membership Update, including progress against the Membership Strategy • NHS England Self-Certification – Governor Training • Patient-led Assessment of the Care Environment (PLACE) Results • Quality Account • Report from the Chair, providing headlines, governance items and the activity of the Non-Executive Directors • Report from the Chief Executive Officer, providing management and performance headlines
Statutory Duties	
Appointing and, if appropriate, removing the Chair	Not applicable for 2025/26
Appointing and, if appropriate, removing the other NEDs	• Appointment / Re-Appointment of Non-Executive Directors
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	• Interim Chief Executive Arrangements
Appointing and, if appropriate, removing the Trust's external auditor	• External Auditors Appointment
Receiving Trust's annual report and accounts, any report of the auditor on them	• Annual Report and Accounts • Auditor's Annual Report
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	Not applicable for 2025/26

Duty	Item considered by the Council of Governors
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	Not applicable for 2025/26
Approving amendments to the Trust's Constitution.	• Review of the EPUT Constitution • Standing Orders for the Council of Governors

The Council of Governors is supported in these duties by sub-committees, each undertaking an aspect of the general and statutory duties:

- Governance Committee
- Membership Committee
- Remuneration and Nominations Committee
- Training and Development Committee

The sub-committees receive and develop items for consideration by the Council of Governors. The items agreed by the sub-committees are recommended to the Council of Governors for approval. The sub-committees do not have any delegated authority and all decision-making is retained by the Council of Governors.

The Council also received a number of presentations during the year. The presentations were a combination of the sharing of new or innovative services and requests from Governors through the Learning and Development Plan:

- ACTForYou
- Discrimination and Violence Pilot Evaluation
- FIRST: Delivering High Quality Mental Health for the Ageing Population
- Here For You Service
- Hospital at Home
- Time to Care – Family Connections
- Together with Baby

6. Effectiveness of the Council of Governors

The Council of Governors completed a self-assessment questionnaire for the form and function of the Council of Governors. The effectiveness scored an average of 4.4 (out of 5) which provides a good level of assurance that the Council of Governors is functioning to a satisfactory standard. The outcome of the self-assessment is summarised at Appendix 2.

7. Priorities for 2026/27

The Council is asked to:

- Receive and approve the report.

- Discuss the outcome of the Effectiveness Review and agree to the setting up of a task and finish group to develop improvement priorities.

Report prepared by:
Chris Jennings
Assistant Trust Secretary

On behalf of:
Denver Greenhalgh
Executive Director of Corporate Governance

Council of Governors Membership and Meeting Attendance 2025/26

Name	Term		Attendance at Council of Governor Meetings (actual/possible)
			Elected Public: Milton Keynes, Bedfordshire and Luton
Paula Grayson	3 term: 3 years	Jun 2022 – Jun 2025	**1/1**
John Jones (Lead Governor)	3 term: 3 years	Jun 2022 – Jun 2025	**1/1**
			Elected Public: Essex Mid and South
Simon Cross	1 term: 3 years	Jun 2025 – Jun 2028	**4/4**
Gwyn Davies	1 term: 3 years	Sep 2023 - Sep 2026	**5/5**
Kingsley Edore	1 term: 3 years	Sep 2023 - Sep 2026	**0/5**
David Finn	1 term: 3 years	Sep 2023 - Sep 2026	**5/5**
Richard Gregory	1 term: 3 years	Jun 2025 – Jun 2028	**3/4**
Megan Leach	2 term: 3 years	Jun 2025 – Jun 2028	**2/5**
Pamela Madison	3 term: 1 year, 11 months	Sep 2023 - Aug 2025	**1/1**
David Norman	1 term: 1 year, 8 months	Sep 2023 - May 2025	**0/1**
Stuart Scrivener (Lead Governor)	3 term: 3 years	Jun 2025 – Jun 2028	**5/5**
Ekoh West	1 term: 3 years	Jun 2025 – Jun 2028	**2/4**
			Elected Public: North East Essex and Suffolk
Ashley John	1 term: 3 years	Jun 2025 – Jun 2028	**2/4**
James McCarthy	1 term: 3 years	Jun 2025 – Jun 2028	**3/4**
Cort Williamson	2 term: 3 years	Jun 2025 – Jun 2028	**5/5**
			Elected Public: West Essex, Hertfordshire and Rest of England
Voke Aghoghovbia	1 term: 3 years	Jun 2025 – Jun 2028	**2/4**
Nat Ehigie-Obano	1 term: 3 years	Jun 2024 – Jun 2027	**5/5**
Jason Gunn	2 term: 3 years	Jun 2025 – Jun 2028	**3/5**
Olivia Houlihan	1 term: 3 years	Jun 2025 – Jun 2028	**1/4**
Biliaminu Yesufu	1 term: 3 years	Sep 2023 - Sep 2026	**0/5**
			Elected Staff: Clinical
Spencer Dinnage	1 term: 2 years, 2 months	Apr 2025 – Jun 2027	**4/5**
Ibraheem Lateef	1 term: 3 years	Sep 2023 - Sep 2026	**1/5**

Name	Term		Attendance at Council of Governor Meetings (actual/possible)
Oladipo Ogedengbe	1 term: 1 year, 9 months	Dec 2024 – Sep 2026	**3/5**
Edwin Ugoh	1 term: 3 years	Jun 2022 – Jun 2025	**1/2**
			Elected Staff: Non-Clinical
Zisan Abedin	1 term: 2 years, 4 months	Sep 2023 - Jan 2026	**2/4**
Helen Semoh	1 term: 1 year, 7 months	Jun 2024 – Jan 2026	**2/4**
			Appointed: Essex County Council
Andrew Johnson	1 term: 2 years	Jun 2025 – Jun 2027	**0/4**
Holly Whitbread	1 term: 10 months	Aug 2024 – Jun 2025	**0/1**
			Appointed: Southend on Sea Council
Maxine Sadza	2 term: 3 years	Jul 2024 – Jul 2027	**3/5**
			Appointed: Thurrock Council
Elizabeth Rigby	1 term: 2 years	Jun 2025 – Jun 2027	**3/4**
Neil Speight	1 term: 10 months	May 2024 – Jun 2025	**1/1**
			Appointed: Anglia Ruskin and Essex Universities
Nicky Milner	1 term: 2 years, 10 months	Aug 2022 – Jun 2025	**1/1**

Appendix 2: Council of Governors Effectiveness Review 2025/26

Background

In line with the Code of Governance for NHS Providers, the Council of Governors completes an assessment of its effectiveness annually to support the continuous improvement of governance standards.

Process

The evaluation took the form of an online survey. Eleven people (55% of the Council) responded to the survey. The results are provided below.

Summary of Findings and Areas for Action

The survey provided an average score of 4.4 (out of 5) which provides a good level of assurance. The table below provides the average score across each of the sections:

	Average Score (Out of 5)
Relationships and Culture	4.7
Understanding of Role	4.6
Overall Effectiveness	4.6
Strategic Influence	4.5
Effectiveness of the Council	4.5
Holding of Non-Executive Directors to Account	4.3
Representation and Engagement	3.8

It should be noted that not all respondents completed all questions and each section had a different number of statements.

The following statements received the highest scores:

- The Council operates in a respectful and collaborative manner. (5.0)
- I understand the distinction between the role of Governors and the role of the Board of Directors. (4.8)
- Joint Board and Governor development sessions are effective. (4.8)
- The relationship between the Council and Board is constructive and effective. (4.8)
- I understand how Governors hold Non-Executive Directors to account. (4.7)
- Council meetings are well organised and make effective use of time. (4.7)
- Council meetings encourage open, constructive discussion. (4.7)

- The Council's contribution is valued by the Board of Directors. (4.7)

- Governors work together effectively as a team. (4.7)

- Overall, I am satisfied with the way the Council discharges its statutory duties. (4.7)

The following statements received the lowest scores:

- Feedback gathered from engagement activities influences Council discussions and priorities. (3.8)

- Governors are visible and accessible to the constituencies they represent. (3.3)

The following provides a high level summary of the comments and scores:

Areas of Positive Assurance:

- There were positive comments and scores around Governors understanding their roles. There were comments that the roles and responsibilities were communicated clearly, including through induction, and there was ongoing training and support provided by the Trust Secretary's Office which was considered good and very welcomed. It was also felt there was a clear path to request further clarification if needed. However, there were some comments asking for more detail on the expectations of the role and a difficulty in fully understanding the role given government plan to remove the requirement for Foundation Trusts to have a Council of Governors.

- There were positive comments and scores on the relationship between the Council of Governors and Board of Directors. There were positive comments that there was a complete path to follow until a resolution is reached and that NEDs responded to Governors appropriately.

- There were positive comments on the leadership of the Council, noting it was well-led, organised and that the Council was valued by the Trust.

Potential areas for improvement / continued areas of focus

- There were lower scores and mixed comments in relation to representing the views of members and members of the public. There were some positive comments on having the opportunity to engage with the public and bring their views forward and feeling they were notified and able to contribute to planned changes. However, the two lowest scores for the self-assessment related to feedback from members influencing Council decisions and Governors being visible to the communities they represent. There was one comment relating to not having sufficient time to fully engage with members, due to other commitments.

- There were some comments around Governors attending and contributing to meetings, including encouraging quieter individuals to contribute during meetings. This links with the number of individuals who completed the self-assessment questionnaire and how to ensure all Governors are provided the opportunity and support to contribute.

- There were some general governance comments, such as more use of the sub-committees of the Council of Governors and ensuring meeting papers are received at least one week in advance of meetings. There was also a comment suggesting NEDs attend the sub-committee meetings. Unfortunately, this would be a conflict of interest with the role of the Council of Governors..

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	9 September 2026

Report Title:	**Outcome of the Chair and Non-Executive Director Appraisal Process 2025/26 (including Fit and Proper Persons Requirements)**					
Report Lead:	Loy Lobo, Acting Chair					
Report Author(s):	Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:	Council of Governors Remuneration & Nominations Committee 24 February 2026 Council of Governors 11 March 2026					
Level of Assurance:	**Level 1**		**Level 2**	✓	**Level 3**	

Purpose of the Report		
This report provides assurance in respect of the Non-Executive Director's appraisal process overseen by the Council of Governors Remuneration and Nominations Committee	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1. Note the content of the report.

2. Note Acting Chair and Senior Independent Director assurance in respect of the NED appraisal process outcome and confirmation that all have been assessed as Fit and Proper Persons and maintain their independence in line with the requirements placed upon Non-Executive Directors.

Summary of Key Issues

The NHS England *Code of Governance for NHS Providers* provides that, for NHS foundation trusts, the Council of Governors should take the lead in agreeing the process for the evaluation of the Chair and Non-Executive Directors (Provision C.4.5.

At its meeting on 11 March 2026, the Council of Governors approved a revised appraisal process, following recommendation from the Council of Governors Remuneration and Nominations Committee. The process included:

- Completion of the NHS England Multi-Source Feedback questionnaire in advance of the appraisal meeting.

- Assessment of performance against the NHS Leadership Competency Framework.

- Review of progress against agreed objectives for 2025/26 and agreement of objectives for 2026/27.

- Discussion and agreement of an individual personal development plan.

- Completion of the assessment and declaration required under the NHS England Fit and Proper Person Test Framework.

The appraisal process was originally scheduled to conclude during April and May 2026, with the outcome reported to the Council of Governors at its meeting on 20 May 2026. However, completion of the process was delayed following the sad passing of the Trust Chair, Hattie Llewelyn-Davies.

Following this, the Acting Chair, Loy Lobo, reviewed and completed the outstanding appraisal meetings during June and July 2026, enabling a formal declaration to be made that all Non-Executive Directors had participated in an appropriate annual appraisal process. And, the Senior Independent Director (SID), Dr Mateen Jiwani completed the appraisal process for Loy Lobo.

During the appraisal process, Sarah Teather notified the Acting Chair of her intention to step down as a Non-Executive Director, due to her recent appointment in the House of Lords impacting her ability to fully undertake the role. Therefore, the Acting Chair agreed to not develop objectives for Sarah for 2026/27, with the view that she would step down as a NED soon.

The Council of Governors is asked to receive assurance that:

- All Non-Executive Directors have undertaken a formal annual appraisal, including a review of performance, achievements, and delivery against agreed objectives for 2025/26.
- All Non-Executive Directors (except for Sarah Teather) have agreed objectives for 2026/27, including individual personal development objectives.
- All Non-Executive Directors have completed the requirements of the NHS England Fit and Proper Person Test Framework, with no concerns identified.
- The Council of Governors can therefore be assured that all current Non-Executive Directors continue to be considered fit and proper persons to hold office.

Details of the appraisals and NED Objectives for 2026/27 are attached as Appendix 1.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			✓
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			✓
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors

Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			
COG	Council of Governors		

Supporting Documents and/or Further Reading

Appendix 1 – Appraisal Log

Lead

Loy Lobo
Acting Chair

NED Appraisal Log and Objectives 2026/27

Name	Date of Appraisal	Appraiser	Assessed as Fit & Proper?	Objectives 2026/27
Dr Ruth Jackson	9 July 2026	Loy Lobo	Yes	As Chair of the People Committee, ensure quarterly reporting is centred on an agreed set of strategic workforce outcome measures and includes clear trajectories, risks, mitigations, assurance judgements and escalation to the Board.
				Oversee the next phase of the education and workforce partnership with Anglia Ruskin University, securing at least one agreed joint deliverable with measurable benefit for recruitment, retention, education or workforce capability, and report progress through the People Committee.
				Strengthen the connection between the People agenda and quality, financial sustainability and transformation by ensuring at least two committee deep dives integrate workforce, quality, performance and finance evidence and result in tracked actions.
				Hold the Chief People Officer to account for delivery of the organisation culture review and a performance improvement plan linked to cultural health.

Name	Date of Appraisal	Appraiser	Assessed as Fit & Proper?	Objectives 2026/27
Dr Mateen Jiwani	13 July 2026	Loy Lobo	Yes	Agree with the Chair, executive leads and Quality Committee a concise set of no more than six longitudinal quality assurance indicators covering patient experience, recurring safety concerns, unresolved issues, supervision, staff understanding and embedded learning. Ensure these indicators are reviewed at least quarterly, with clear trends, thresholds, accountable leads and actions where performance falls outside the agreed tolerance.
				Conclude each substantive agenda item by identifying no more than two priority assurance questions, actions or decisions. Review progress against these priorities through the Committee action log and report material unresolved gaps to the Board through the Committee Chair's report.
				Ensure that at least two Quality Committee deep dives include disaggregated information on access, experience or outcomes for groups experiencing inequality. The deep dives should identify the population affected, the nature of the inequality, the improvement intervention, the intended outcome and the evidence that will demonstrate whether the gap is closing
				Select one material research, innovation or external partnership opportunity relevant to quality or service transformation and act as its Non-Executive sponsor.
				Document and agree a concise Quality Committee assurance framework setting out the Committee's recurring tests of assurance, including intended outcomes, risks, controls, implementation evidence, patient and staff experience, residual gaps and required decisions. Use the framework to support consistent report preparation, effective scrutiny and succession planning.

Name	Date of Appraisal	Appraiser	Assessed as Fit & Proper?	Objectives 2026/27
Diane Leacock	16 April 2026	Hattie Llewelyn-Davies Loy Lobo*	Yes	Provide strategic leadership to further embed Equality, Diversity and Inclusion across the Trust by continuing to champion initiatives and events (including RISE), attending EMREN meetings and using staff/network/service insight to support a more inclusive workplace. Success measures: visible evidence of Board-level challenge and follow-through on EDI and culture; improvement or positive trajectory in relevant staff experience/EDI measures; evidence that discrimination and bullying concerns are understood and acted upon; and continued visible support to staff and networks.
				Provide robust oversight of the Trust's finances through the Finance & Performance Committee and Board, ensuring effective use of resources, adequate risk management and financial sustainability. Success measures: evidence of effective challenge of financial reports, forecasts, efficiency plans and benefit realisation; timely identification, monitoring and mitigation of material financial risks (including cash, capital and major transformation/commissioning dependencies); and clear evidence that financial plans support clinical and operational priorities.
				Provide strategic oversight to support a sustainable, skilled and engaged workforce and a positive culture that enables high-quality patient care. Success measures: improved or positive trends in relevant workforce KPIs and staff survey results; evidence of effective challenge and assurance on workforce risks; use of staff experience, FTSU and learning data to test organisational culture; and visible support for initiatives that improve staff experience, learning and wellbeing.

Name	Date of Appraisal	Appraiser	Assessed as Fit & Proper?	Objectives 2026/27
Loy Lobo	13 July 2026	Mateen Jiwani	Yes	Provide stable and inclusive Acting Chair/Vice Chair leadership; maintain effective unitary Board working; support the appointment and induction of an Interim Chair; complete and review progress with the Senior Independent Director at least quarterly.
				As NED co-chair of the Nova Strategy and Assurance Forum, ensure that the Board receives at least quarterly, evidence-based assurance on clinical safety, data migration, testing, resources, operational readiness, benefits, cyber and information governance. Escalate any red-rated risk or material slippage promptly and track agreed recovery actions to closure.
				Support a credible route from National Oversight Framework Segment 3 towards Segment 1 by 31 March 2027. Through Finance and Performance Committee scrutiny, seek an 18-month rolling financial and productivity plan, explicit benefits realisation, clear ownership of recurrent savings and evidence that safety, access and quality are not compromised.

Name	Date of Appraisal	Appraiser	Assessed as Fit & Proper?	Objectives 2026/27
Elena Lokteva	21 April 2026	Hattie Llewelyn-Davies Loy Lobo*	Yes	Build strong relationships with the Council of Governors and Lived Experience Ambassadors as part of wider role as a NED and member of the Board.
				Continue to provide effective leadership to the Audit Committee.
				Draw on own experience as a carer and use commitment to service users to strengthen the Board's understanding of how decisions affect people with different backgrounds and needs, while continuing to build the ability to contribute this perspective effectively and consistently at Board and its Sub-Committees.

Name	Date of Appraisal	Appraiser	Assessed as Fit & Proper?	Objectives 2026/27
Richard Spencer	21 April 2026	Hattie Llewelyn-Davies Loy Lobo*	Yes	Agree an additional standing-committee role, with a preference for People Committee subject to Board requirements. By March 2027, attend at least 80% of meetings, contribute to the work plan and lead or sponsor at least one substantive deep dive or assurance review.
				Act as a critical friend to Community First and the wider community strategy, seeking at least quarterly evidence of milestones, outcomes and dependencies across quality, workforce, finance and partnerships, and escalating material gaps through the appropriate committee.
				Maintain a focused portfolio of six to eight priority VCSE and system relationships and bring at least two strategic insights, partnership opportunities or barriers to the Board or a committee, with follow-through and impact recorded.
				Complete at least six targeted service or site visits by March 2027 across community, inpatient and corporate services, including direct engagement with staff and service users where appropriate; share themes and track agreed actions through the relevant governance route.
				Complete a tailored programme of Board-level briefings and self-directed learning on digital transformation, data and AI, and apply the learning through at least one substantive contribution to Board or committee assurance.

Name	Date of Appraisal	Appraiser	Assessed as Fit & Proper?	Objectives 2026/27
Sarah Teather	27 July 2026	Loy Lobo	Yes	Not applicable

*met with individuals following appraisals to ensure all paperwork was fully completed.

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	9 September 2026

Report Title:	**Membership Update**					
Report Lead:	Jason Gunn, Chair of the Council of Governors Membership Committee					
Report Author(s):	Chris Jennings, Assistant Trust Secretary					
Report discussed previously at:	CoG Membership Committee 19 August 2026					
Level of Assurance:	**Level 1**		**Level 2**		**Level 3**	✓

Purpose of the Report		
This report provides the Council of Governors with the membership metrics as of July 2026.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1 Note the contents of the report.

2 Request any further information or action.

Summary of Key Issues

This report provides the Council of Governors with an update on changes to Trust membership as of July 2026 and outlines member engagement activity undertaken since the previous report.

Key headlines are as follows:

- Trust membership has remained stable since June 2026, with no significant changes to report.
- Member engagement activity during June and July 2026 has focused on the Governor election process, including promoting Governor vacancies, encouraging nominations, and delivering information workshops for prospective candidates to increase awareness and understanding of the role.
- The next phase of the election process will focus on encouraging eligible members to participate in the forthcoming Governor elections through targeted communication and engagement activity.
- An online *Your Voice* session has been scheduled for 14 October 2026. Work is currently underway to secure a patient story to support discussion and engagement during the event.

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	
SO2: We will enable each other to be the best that we can	
SO3: We will work together with our partners to make our services better	
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:			
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives			
Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			✓
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**YES/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	
Representing the interests of Members and of the public	✓
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			
CoG	Council of Governors	Comms	Communication Team
BoD	Board of Directors		

Supporting Documents and/or Further Reading
Membership Metrics

Lead
Jason Gunn **Public Governor** **Chair of the Council of Governors Membership Committee**

NHS
Essex Partnership University
NHS Foundation Trust

Membership Metrics and Engagement Report

9 September 2026

EPUT

NHS
Essex Partnership University
NHS Foundation Trust

Membership Metrics

Key Headlines

EPUT

25.10.21

Key Headlines (June 2026)

- The Membership has remained stable with three members joined and three members leaving since June 2026.

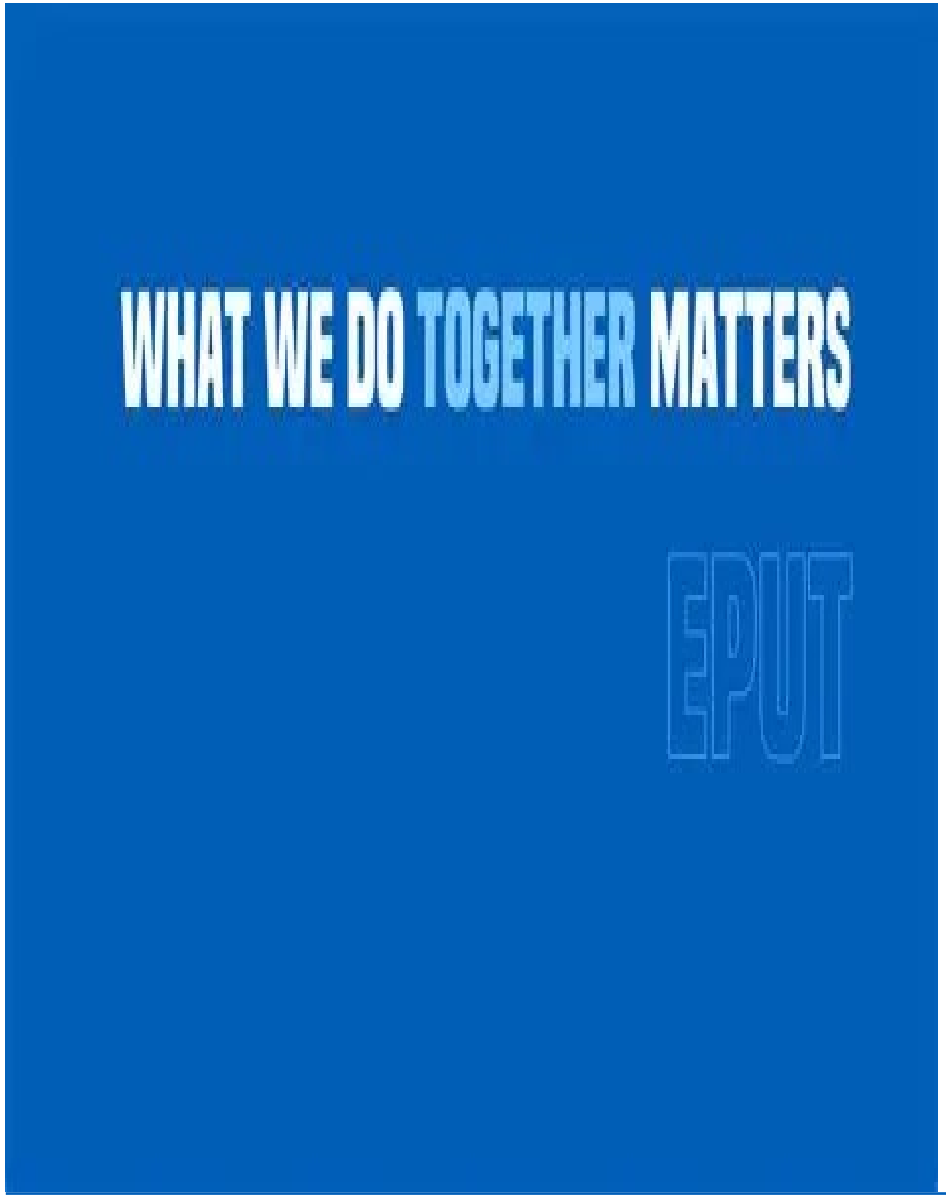
- The number of members aged between 16-21 remained stable with eight members. The new academic year provides more opportunities to engage with younger people to increase numbers in this area.

NHS
Essex Partnership University
NHS Foundation Trust

Membership Engagement

EPUT

25.10.21



Activity

- The focus of engagement since June has been around preparing for the upcoming Governor elections. Communication has been circulated encouraging individuals to nominate themselves as Governors a number of Prospective Governor Workshops have been held to provide information on the role of a Governor.

- A Your Voice Session has been arranged for the 14 October, and the Trust Secretary's Office is currently arranging a patient story.

Communication

- Between June – July 2026, the Trust circulated 11 communications to members. The communication focused on upcoming Governor elections and were shared on social media (Facebook, Linked In, Wednesday Weekly, EPUT website and direct via email. MiVoice, the company running the election, also sent postcards to postal members.
- Further details of the total numbers and interactions will be provided in the next report.
- The Trust also held Prospective Governor Workshops for members to attend and hear more information about the role of a Governor. In total, 9 workshops were arranged which were attended by 12 members.

SUMMARY REPORT	COUNCIL OF GOVERNORS PART 1	9 September 2026

Report Title:	**Lead Governor Report**					
Executive Lead:	Stuart Scrivener, Lead Governor					
Report Author(s):	Stuart Scrivener, Lead Governor					
Report discussed previously at:						
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

Purpose of the Report		
This report provides a summary of the key activities undertaken by the Lead Governor and sharing any information and learning identified.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Council of Governors is asked to:

1. Note the contents of the report

Summary of Key Points

This report provides a summary of the activities of the Lead Governor over the last few months, including:

- Welcome to our New Interim Chair
- Appointment of Associate Non-Executive Directors
- Thank you to Loy Lobo
- Service Visits, Training and Forums
- Other Matters

Relationship to Trust Strategic Objectives	
SO1: We will deliver safe, high quality integrated care services	✓
SO2: We will enable each other to be the best that we can	✓
SO3: We will work together with our partners to make our services better	✓
SO4: We will help our communities to thrive	✓

Which of the Trust Values are Being Delivered	
1: We care	
2: We learn	✓
3: We empower	✓

Corporate Impact Assessment or Board Statements for Trust: Assurance(s) against:	
Impact on CQC Regulation Standards, Commissioning Contracts, new Trust Annual Plan & Objectives	
Data quality issues	
Involvement of Service Users/Healthwatch	
Communication and consultation with stakeholders required	
Service impact/health improvement gains	
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**	
Governance implications	

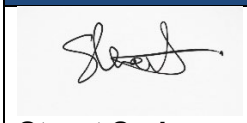
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**~~YES~~/NO**	**If YES, EIA Score**	

Impact on Statutory Duties and Responsibilities of Council of Governors	
Holding the NEDs to account for the performance of the Trust	✓
Representing the interests of Members and of the public	
Appointing and, if appropriate, removing the Chair	
Appointing and, if appropriate, removing the other NEDs	
Deciding the remuneration and allowances and other terms of conditions of office of the Chair and the other NEDs	
Approving (or not) any new appointment of a CEO	
Appointing and, if appropriate, removing the Trust's auditor	
Receiving Trust's annual accounts, any report of the auditor on them, and annual report	
Approving "significant transactions"	
Approving applications by the Trust to enter into a merger, acquisition, separation, dissolution	
Deciding whether the Trust's non-NHS work would significantly interfere with its principal purpose or performing its other functions	
Approving amendments to the Trust's Constitution	
Another non-statutory responsibility of the Council of Governors (please detail):	

Acronyms/Terms Used in the Report			

Supporting Reports and/or Appendices
Lead Governor Report

Non-Executive Lead:



Stuart Scrivener
Lead Governor
Public Governor, Essex Mid & South

LEAD GOVERNOR REPORT

1.0 INTRODUCTION

This is my latest report as your Lead Governor. In this report, I have set out some key headlines – Welcoming our Interim Chair, Associate NED recruitment, thanking Loy Lobo, service visits and other activities.

2.0 KEY HEADLINES

2.1 Welcome to our new Interim Chair

I am delighted to welcome Dr Jackie Craissati MBE as Interim Chair of EPUT. Jackie joins EPUT with an exceptional track record of leadership across the NHS, mental health services, higher education and the voluntary sector, bringing more than 40 years of experience and a strong commitment to improving outcomes for patients, service users and staff.

Jackie has chaired both Kent & Medway Mental Health NHS Trust and Dartford & Gravesham NHS Trust, where she has led the organisations through significant change, strengthened governance, improved financial sustainability and championed collaborative working across health systems.

As a member of the Council of Governors Remuneration and Nominations Committee, I was involved in the appointment process, along with my fellow Governors. The Council of Governors followed a robust and transparent recruitment process in making this appointment. This included a formal interview panel comprising of elected and appointed governors, supported by NHS and governance advisers, together with a stakeholder engagement session to gather wider feedback on the candidate. Governors carefully considered both the interview outcomes and stakeholder feedback before reaching a unanimous decision to appoint Jackie as Interim Chair.

Throughout the appointment process, Jackie demonstrated a clear understanding of EPUT's opportunities and challenges, together with a commitment to building on the legacy of our late Chair, Hattie Llewellyn-Davies. I look forward to working closely with Jackie as she leads the Trust through the next phase of its development.

2.2 Associate Non-Executive Directors with Lived Experience

I have also been involved in the appointment process for Associate Non-Executive Directors with a specific focus on bringing lived experience perspectives to Board discussions. The process was designed to mirror the approach used for Non-Executive Director appointments, ensuring consistency, fairness and rigorous assessment throughout.

Governors were represented throughout the interview process and carefully considered each candidate's skills, experience, values and potential contribution to the Trust. Following interviews, the panel unanimously agreed that two candidates were appointable. The successful candidates are now moving through all the required pre-employment checks, including the Fit and Proper Persons Test, and I will be able to provide you with more details once this has been completed.

I would like to thank the governors who participated in both these recruitment processes for their time and commitment. These were excellent example of governors fulfilling one of their key statutory responsibilities and helping to ensure the Trust continues to benefit from a broad range of skills, experience and perspectives at Board level.

2.3 Thank you to Loy Lobo

Following the very sad passing of our Chair, Hattie Llewellyn-Davies, the Trust entered a period of transition whilst the Council of Governors undertook the process appointing a new Chair.

I would like to place on record my sincere thanks and appreciation on behalf of the Council of Governors to Loy Lobo, who stepped forward to undertake the role of Acting Chair during this time. Loy provided calm, steady and compassionate leadership during what was a difficult period for the Trust, ensuring continuity and stability whilst supporting both the Board and the Council of Governors.

During his time as Acting Chair, I met regularly with Loy to discuss matters raised with me by Governors and any concerns brought to my attention in my capacity as Lead Governor. We also worked closely together to plan forthcoming Council of Governors meetings and to ensure governors remained appropriately engaged and informed during this significant period for the organisation.

3.0 SERVICE VISITS / ACTIVITY

3.1 Visit to see the new Neurodiverse Waiting Room, Chelmsford & Essex (C&E) Centre 6th August

During a recent visit to the Community Teams at the C&E Centre, I had the opportunity to view a newly developed neurodiverse waiting room. The space has been created from a previously underused room and transformed into a calm, sensory-friendly environment designed to better meet the needs of neurodiverse patients accessing services.

The project was led by Dean Cox, who successfully secured funding through the Trust's charitable funds. The room now includes calming lighting, sensory resources, fidget toys, specialist seating, relaxing music facilities and décor chosen to create a soothing environment. Staff also undertook some of the decorating work themselves, helping to reduce costs and demonstrate strong value for money.

The room provides an alternative to the main waiting area for patients who may find busy or noisy environments challenging. It can also be used following appointments by individuals who require additional time to regulate before leaving the building. This is a practical example of how small environmental changes can make services more inclusive, person-centred and responsive to individual needs.

I was particularly impressed by the positive impact that a relatively modest investment can have on patient experience. The initiative highlights staff innovation, effective use of charitable funding and a commitment to improving accessibility.

3.2 Governor Training – Equality, Diversity & Inclusion (EDI) 20th August

As part of the ongoing development programme for governors, a recent training session focusing on Equality, Diversity and Inclusion (EDI) was held. A few governors attended the session and the feedback received was very positive. Those who participated found the training both informative and valuable, helping to strengthen their understanding of EDI issues and supporting them in their role as governors.

The session also prompted useful discussion about how the Council of Governors can continue to develop its understanding of EDI across the Trust. One suggestion raised was for governors to receive more regular updates and information on EDI-related data and performance through future Council of Governors meetings. This would help governors to better understand progress, challenges and opportunities in this important area.

I welcome this suggestion and will discuss it with Chris Jennings and the Chair to explore how EDI updates can best be incorporated into future Council of Governors meetings in a meaningful and proportionate way.

3.3 EPUT Forum (EDI) 11th August

I recently attended the EPUT Forum, a valuable engagement event that brings together members of the public, staff, carers and Lived Experience Ambassadors to share feedback, experiences and examples of service improvement across the Trust. The forum provides an important opportunity to hear directly from people who use our services and those who support them, as well as to learn about initiatives taking place across EPUT.

The meeting highlighted a number of positive developments, including examples of co-production, support for carers, collaboration with partner organisations and initiatives being led by people with lived experience. Attendees also heard about projects designed to enhance patient care and improve outcomes for service users and their families.

As governors, it is important that we take every opportunity to listen to the voices of patients, carers, members and the wider public. Attending forums such as this provides valuable insight into what matters most to people who access our services and helps us better understand their experiences, expectations and priorities. It also enables governors to reflect these views when providing support and challenge to the Board.

I would encourage fellow governors to consider attending future EPUT Forum meetings where possible. They provide an excellent opportunity to engage directly with stakeholders, hear about developments across the Trust and ensure that the patient and public voice remains at the heart of our work as governors.

4.0 OTHER MATTERS

4.1 Governor Informal Meetings

Since the COVID-19 pandemic, our informal governor meetings have mainly been held virtually through Microsoft Teams. This has made it easier for Governors to meet regularly and attend from wherever they are, but it has also changed the way we interact. Online meetings can sometimes feel more structured, with people taking turns to speak, and it can be harder to have the natural conversations and exchange of ideas that happen when we meet face to face.

I recently arranged an informal in-person gathering for governors. The aim was simply to give us a chance to meet up, share our views about EPUT, talk about issues that are of interest to us and spend some time together in a more relaxed setting.

I would like to thank all the Governors who attended. I found the session both useful and enjoyable. It was good to have the time and space for more open and relaxed conversations, which are not always easy to have during a Teams meeting.

Going forward, I would like us to take a blended approach, with a mixture of in-person and Teams-based informal meetings. This should give governors the flexibility and convenience of online meetings, while also giving us opportunities to meet in person and enjoy the benefits of face-to-face discussion. I hope this will encourage more governors to get involved and, ultimately, help us work together more effectively as a Council.

5.0 CONCLUSION

Thank you once again for everything you continue to do as governors. Your time, ideas and commitment are what keep our Council strong and effective.

As always, if you have any questions, ideas, or areas you would like to explore further, please do get in touch. Your perspectives are essential, and I remain committed to ensuring every governor can influence, contribute, and be heard.

Stuart Scrivener
Lead Governor
Public Governor for Essex Mid and South