



The Tavistock and Portman
NHS Foundation Trust

Council of Governors Part One

Agenda and papers of a meeting to be held in public

**Thursday, 11th
June 2020**

**For timings
please refer to
the agenda**

**Meeting held
online**

COUNCIL OF GOVERNORS – PART ONE
MEETING HELD IN PUBLIC
11 JUNE 2020, 2.00 – 3.25pm
MEETING HELD ONLINE

AGENDA

		Presenter	Timing	Paper No
1 Administrative Matters				
1.1	Chair's opening remarks and apologies	Chair	2.00pm	
1.2	Council member's declarations of interests	Chair		
1.3	Minutes of the meeting held on 12 March 2020	Chair		1
1.4	Action log and matters arising	Chair		Verbal
2 Operational Items				
2.1	Governor Feedback	All Governors	2.10pm	Verbal
2.2	Chair's Report	Chair and Non-Executive Directors	2.20pm	Verbal
2.3	Chief Executive's Report	Chief Executive	2.30pm	2
2.4	Finance and Performance Report	Deputy Chief Executive / Director of Finance	2.45pm	Verbal
3 Items for discussion				
3.1	Recovery Planning	Medical and Quality Director	2.50pm	Verbal presentation
3.2	Quality Improvement Remote Working Project			
4 Council Committee Reports				
4.1	Nominations Committee	Chair	3.20pm	Verbal
5 Any other matters				
5.1	Any other business	Council Members	3.25pm	Verbal
6 Date of Next Meeting				
	3 rd September 2020 – 2.00pm – 5.00pm			

Council of Governors Meeting Minutes (Part 1)
12 March 2020, 2.00pm – 4.40pm
Lecture Theatre, Tavistock Centre.

Present:			
Prof Paul Burstow Trust Chair	George Wilkinson Governor – Public	Dr John Carrier Governor – Public	Noel Hess Governor – Public
Juliet Singer Governor – Public	Badri Houshidar Governor – Staff	Prof Michael Rustin Governor – Public	Fiona Nolan Governor – Stakeholder
James Calmus Governor – Stakeholder	Paul Jenkins Chief Executive	Terry Noys Deputy Chief Executive	Craig de Sousa Director of HR & Corporate Governance
Attendees:			
Fiona Fernandes Business Manager Corporate Governance (notes)	Rachel Surtees Director of Strategy (Item 3.1)	Eilis Kennedy Director of Research & Development (Item 3.2)	Ailsa Swarbrick Divisional Director Gender Services (Item 4.1)
Louise Lyon Projects Director (Item 4.3)	Laure Thomas Director of Marketing and Communications (item 4.3)	Three Members of the public	
Apologies:			
Kimberley Wilson, Jessica Anglin d’Christian, Kevin Nunan, Richard Murray, Julia Wall, Salma Asokomhe and Freda McEwen			

Actions

AP	Item	Action to be taken	Resp	By
1	1.3.2	GIDS local safeguarding standard operating procedure to be sent to the council of governors.	CdS	Immed
2	2.3.3	A briefing about the contingency plans for Coronavirus to be sent to Governors	PJ/CdS	Immed
3	6.2.3	A meeting to be arranged with the Trust and OurDuty	PJ	As soon as feasibly possible

1. Administrative Matters

1.1 Welcome and Apologies

1.1.1 Prof Burstow welcomed all of those in attendance.

1.1.2 Apologies were noted, as above.

1.2 Declarations of Interest

1.2.1 There were no declarations of interest for matters covered by the agenda.

1.3 Minutes of the Previous Meeting

1.3.1 The minutes were agreed as an accurate and true record.

1.3.2 All of the actions were noted as closed and completed, apart from AP1.

1.4 **Matters Arising Not Covered by the Agenda**

1.4.1 There were no matters arising.

2. **Operational Matters**

2.1 **Governors' Feedback**

2.1.1 Mr Wilkinson and Dr Carrier noted that they had both attended the last board of directors meeting.

2.2 **Chair's Report**

2.2.1 Prof Burstow delivered a verbal report and particularly highlighted:

- That there had been developments in North Central London (NCL) Sustainability Transformation Partnership (STP) in the last few weeks. He noted that Frances O'Callaghan had been appointed as the Accountable Officer/Joint Commissioner for NCL CCGs, and Rob Hird as the Senior Responsible Officer for the STP.
- With the new appointments the STP would now starting look at how best to implement and develop the footprint in to an integrated care system.
- That he continued to undertake service line visits and he has also attended a number of key mental health meetings since the last meeting of the council.

2.3 **Chief Executive's Report**

2.3.1 Mr Jenkins presented the report and noted:

Coronavirus

- Public Health England's (PHE) approach during the containment phase was to restrict the spread of the virus.
- The World Health Organisation had declared COVID-19 as a global pandemic.
- The UK had since moved in to the delay phase as a means of trying to stop the spread of the virus and limit the impact of the pandemic on the NHS.
- Further restrictions on public meetings were likely to happen in the coming weeks.
- Dr Sinha was leading the Trust's response to the pandemic and an emergency planning, readiness and response (EPRR) group had been established.
- That an all staff Zoom meeting had been scheduled to brief staff on the impacts of COVID-19 on the organisation's work had taken place and was attended by over 200 individuals.

- The graduation ceremony would take place, but this would be reviewed.

2.3.2 Responding to a question from Mr Hess, Mr Jenkins noted that there were some staff who were self-isolating but no member of staff had been diagnosed with a confirmed case of COVID-19.

2.3.3 In response to a question from Prof Burstow, Mr Jenkins noted that the Governors should receive the contingency plans on the significant changes that the Trust will be making. **[AP2]**

Judicial Review

- The Trust have been notified that a Judge has granted permission for a hearing on the Judicial Review claim brought against the Trust on the issue of the ability of young people under the age of 18 to consent to use of puberty blockers and cross sector hormones.
- The claim had been brought by a former patient of GIDS.
- A significant amount of media coverage occurred on 01 and 02 March. He emphasised that Dr Carmichael had participated on a number of broadcast interviews.
- The hearing would take place 17 and 18 June 2020.

Care Quality Commission (CQC)

- The Trust had received a formal request for data from the CQC. He noted that the data requested marked the formal start of the inspection process and the Trust should expect a visit of, at least one, of its core services, together with a well led visit within the next two months.
- Dr Sinha, Medical and Quality Director had been leading preparations for the inspection.

2.3.4 Responding to Mr Carrier, Mr de Sousa noted that the well-led inspection would be focused. He emphasised that a CQC had attended a recent council meeting.

2.3.5 The council of governors noted the report.

2.4 Finance and performance report

2.4.1 Mr Noys presented the report and particularly highlighted:

- As of the end of January 2020, income was below budget.
- All directorates were, however, ahead of budget except for adult forensic service.
- Non-staff costs were below budget reflecting, in particular, delayed office moves.
- Staffing costs were lower than budget, owing to a lack of achievement of new business income. He emphasised the Trust was also running a higher level of vacancies than normal. The expectation is that vacancies will be filled.

- It was expected that the Trust would achieve its control total of £141k.

2.4.2 The council of governors noted the report.

3 Items for discussion

3.1 Strategic Statements

3.1.1 Ms Surtees presented the paper and highlighted:

- This was a complex piece of work and she wanted to introduce our plans to the council.
- The opportunity to engage staff, students and patients in developing a refreshed strategy that celebrates the Tavistock's history and traditions, and look forward to our future was opportune in the centenary year.
- Over the last five years in particular, the Trust had seen both the growth and evolution of its existing services, but also the addition of a number of new services and courses.
- The work in developing the Trust's strategy would also be designed to respond to the changes in the external and internal operating environments that have increased the need to be clear on our strategic ambitions to ensure that the Trust continues to meet patient and student needs and can secure the long-term sustainability of the organisation.
- Like most other NHS trusts, the Trust had a challenging financial year ahead at a time when all of its services are already under pressure.
- There will be conversations with staff on the core mission and purpose. Patient and student voices would also be a part of this. The principal of using data is to underpin the challenge and open new ideas so that we can end with a cohesive and coherent state of purpose, and that our positioning is really very clear in the STP.
- The strategic statements work would seek to address how to best engage with key stakeholders, how to preserve what we do well and also look forward about what more we can do in the future.

3.1.2 Responding to Mr Hess, Ms Surtees noted that engagement with staff and patients was a highly important fact to developing our care models.

3.1.3 Prof Burstow noted that the NHS Confederation was looking at data around workforce. From now to 15 years there will be an increase in the additional pool in economy of £2.3 million. Social care systems would need to recruit out of this £2.3 million. This would allocate or more than half which was highly improbable and not sustainable. The real challenge is how to delivery healthcare in the industry. If we scaled up the current model we would find it challenging, how do you make sure that highly skilled people are able to use their services to keep them safe? The challenge is for the whole NHS. Technology is one of the debates we need to explore. The STP are not just NHS centric, it also involved non-NHS providers and

also have local government very involved. The way in which ICS is developing is focusing to aligning to London boroughs. The question is how we shift the model of care.

- 3.1.4 Responding to Prof Rustin, Prof Burstow noted that issues of culture are very live and that the issues of bullying to administrative staff needs to be worked through. The big question is how do we make sure that these concerns are picked up. With GIDS we need to be clear in the narrative and story to some of the understanding that is around.
- 3.1.5 Responding to a question from Prof Nolan, Ms Surtees noted that conversations with staff and planning research had not commenced yet. Conversations had been started with leadership and management.
- 3.1.6 Responding to a challenge from Prof Rustin, Ms Surtees noted that part of this work was to look at how teams work as well as their dynamics.
- 3.1.7 Responding to a comment by Prof Rustin, Mr Noys noted that whatever the Tavistock's traditions or expertise it was important to ensure the financial sustainability of the services.
- 3.1.8 In response to a question from Mr Calmus, Ms Surtees noted it was planned to complete the strategic statement by September 2020.
- 3.1.9 Prof Burstow noted that having inter-disciplinary meetings would be a vehicle for robust and respective challenge amongst the clinical services. He added that whilst the Trust should celebrate the past it can sometimes cast a shadow over the future. He emphasised that the Trust needed to celebrate what it is doing now, examples such as the THRIVE model which had fundamentally changed CAMHS.
- 3.1.10 The council of governors noted the report.

3.2 Gender and Research

- 3.2.1 Ms Kennedy was in attendance for this item and delivered a presentation. She highlighted:
- The longitudinal outcomes of Gender identity in children (logic) was a study that was exploring the development of gender identity in children and young people referred to the Gender Identity Development Service (GIDS) aged between 3 and 13 years.
 - The primary aim was to understand the experiences of referred families over time whether or not they remain in contact with the service.
 - The study began in 2019 and was following participating families at three time points over a 2-year period.
 - There were 4 interlinked studies: Study 1 – systemic review of existing longitudinal studies; Study 2 – secondary data analysis of the clinic databases in the UK and the Netherlands; Study 3 – two year longitudinal study with children aged 3-13 years when referred to GIDS and Study 4 – two year longitudinal qualitative study exploring the perspectives of Children and Young People (CYP) and parents.

- The waiting times study was funded by the Trust and it was working with the Wellcome Trust.
- The strengths of the study were: motivated patient population; success in engaging families and the children and young people themselves; positive feedback from participants regarding their experiences of taking part.
- A full time administrator had been employed to assist with recruitment to the study.

3.2.2 Responding to a question from Dr Singer, Dr Kennedy noted that to encourage patients to join the study get a letter and 3 follow-up phone calls. She emphasised that they did not want to pressure patients to join.

3.2.3 Responding to a Prof Nolan, Dr Kennedy noted that it active consent was being sought. She added that there was awareness that some families decide to go on the waiting list and are ambivalent of being seen in the service.

3.2.4 Responding to a question from Prof Rustin, Dr Kennedy noted that the Trust had taken a comprehensive approach to developing the design of the study.

3.2.5 Dr Kennedy noted that the potential challenges would be the ambitious sample size of 638; the lengthy assessment battery as some participants may struggle to complete all the measures; and, practicalities of data collection and participant attrition.

3.2.6 The council of governors thanked Dr Kennedy and noted the report.

3.3 2020/21 Draft Annual Operational Plan and Trust Strategic Objectives

3.3.1 Mr Noys presented the report and emphasised:

- The plan was draft and had not been presented to the Board yet.
- In the past, the plan had to be Board approved and then submitted to NHS Improvement, he confirmed that the latter was not required for 2020/21.
- The plan accounted for the fact that the Family Nurse Partnership (FNP) would transfer back to PHE and the national training contract would reduce further.
- There were new income streams projected.
- The Trust had set a £1 million contribution target, but all services had been asked to identify cost improvement programmes which would help de-risk the budget.
- The Trust was confident it could achieve its planned control total but doing so would be challenging.

3.3.2 Responding to a question from Prof Rustin, Mr Noys noted that the gender services will generate the most surplus and, clinical and education will remain the same.

3.3.3 Responding to Mr Wilkinson, Mr Noys noted that agency staff were predominantly used for specialist IT and project requirements.

3.3.4 The council of governors noted the report.

4 Items for information

4.1 GIDS Action Plan

4.1.1 Ms Swarbrick was in attendance for this item and presented the report. She highlighted:

- The majority of the action plan had been completed. There are a few actions that require input from NHS England to be able to conclude these.
- Work had been done to align governance around being very clear about what questions were being asked by whom and in what forum.
- A fuller report would be presented to the board of directors in the coming weeks.
- New standard operating procedures (SOP) and guidelines had been put in place for the service – examples included capacity, consent and safeguarding.
- Work was being undertaken to put in place ongoing and systematic processes of audit to assess clinical practice application and where variation may occur.
- Induction and learning development had been an important focus and a number of actions had been taken forward in this area.
- A lot of work had been undertaken on data analysis and developing approaches that will enable better reporting.

4.1.2 Responding to Mr Wilkinson, Mr Jenkins noted that the council would continue to be appraised as the action plan is implemented.

4.1.3 Responding to Prof Rustin, Ms Swarbrick noted that there was a high level of thoughtfulness within the GIDS about how they conduct their clinical work. She emphasised that the service was focused on delivering high quality care to the young people and families which are referred to GIDS.

4.1.4 Mr Jenkins noted that although the service is based at the Tavistock, the service is commissioned by NHS England. He explained that the commissioner is doing some work on data and evidence.

4.1.5 Responding to Dr Singer, Ms Swarbrick noted that the waiting list was a concern. She emphasised that the service had implemented a number of initiatives to support those on the waiting list. She added that attempts had been made to use digital technology to further reduce the wait times.

4.1.6 Responding to a question from Mr Calmus, Ms Swarbrick noted that the variations in practice relates to individual clinical practice. She emphasised that there were different clinical views, knowledge about gender dysphoria. She further added that clinical staff work in pairs and have senior team leaders to refer complex matters to.

- 4.1.7 Responding to a question from Prof Nolan, Ms Swarbrick noted that the service were exploring the development of a competency framework. She added that the adult service had done some work in this area.
- 4.1.8 Prof Burstow noted that it had been a very helpful discussion and that once the report has been presented to the board it would be shared with the council.
- 4.1.9 The council of governors thanked Ms Swarbrick and noted the report.

4.2 Quality Dashboard

4.2.1 Mr Jenkins presented the paper on behalf of the Medical and Quality Director and highlighted:

- The report was a quantitative analysis about the performance of the Trust and is reported to the board four times a year.
- The report captured the key data across the organisation and assists with giving the executive team a focus on data to drive the decision making.
- There had been a number of challenges in waiting times and there had been some improvements in some areas in CYAF, CAMHS and some in AFS.
- There has also been some improvement in patient non-attendance rates and a fall in the number of complaints.
- There had been an increase in complaints in quarter two owing to the data breach that had occurred within the GIC service.

4.2.2 Responding to a question from Mr Hess, Mr Jenkins noted that the Team Around the Practice (TAP) had been recommissioned but through a sub-contracting relationship with Camden and Islington NHS Foundation Trust. He emphasised that work was being undertaken to assess the impact for the reduction in the commission,

4.2.3 The council of governors noted the report.

4.3 Centenary Preparations

4.3.1 Ms Lyon and Ms Thomas were in attendance for this item and presented the report. They highlighted:

- That 2020 had been designated for the centenary celebrations to allow the Trust to showcase its work in many different ways.
- Links had been established with Tavistock Relationships and the Tavistock Institute of Human Relationships (TIHR), both organisations sharing our roots. A number of joint events were either already programmed or in the planning stage.
- The planning group had worked to develop an inclusive and extensive programme of events across the centenary year. The overall aim was to

celebrate the organisation's history, its current diverse activities and to look to the future.

- Trust staff were invited to contribute ideas and comment on proposals through a staff survey conducted in 2019
- Meetings were held with the BAME and LGBTQI+ networks.
- We are using our in-house skills to talk on themes and will be producing video content for the website.
- Discussions had taken place with the Castle Hospital and the Institute for Psychoanalysis about developing a potential joint conference.
- The first event scheduled for the centenary programme would take place on 12 March.
- A further event would take place on 16 March but it would be reviewed as a result of COVID-19 and any announcements by the Government.
- The external conference will be held at the King's Place to showcase the work of all the institutions that make up the Tavistock. She emphasised that Lem Sissay would be delivering a talk and at the end of the talk Prof Burstow will be chairing the panel on thinking about the future.

4.3.2 Responding to a question from Mr Hess, Ms Lyon noted that there would be a compassionate justice and mental health theme as part of the external conference.

4.3.3 Ms Thomas noted that the member's newsletter had been reinstated and that it went out to 2,400 members.

4.3.4 The council of governors noted the report.

5 Council Committee Reports

5.1 Nominations Committee

5.1.1 Prof Burstow noted that the nominations committee met on 03 March 2020 to agree the recruitment process for two new non-executive directors to replace Mr Holt and Prof Bhugra, who would be coming to the end of their terms later in the year.

5.1.2 The committee agreed to recruit a non-executive director with clinical expertise to replace Prof Bhugra and an individual with expertise in education business development and commissioning to replace Mr Holt.

5.1.3 The council of governors noted the report.

6 Any other matters

6.1 Any other business

6.1.1 There was no further business to discuss.

6.2 Questions from the public

- 6.2.1 Members of the public were in attendance who had submitted a letter to the Chief Executive prior to the meeting.
- 6.2.2 Mr Jenkins noted that he was grateful for the exchange of debate. He emphasised that there were a number of strong beliefs and feeling about the Trust's gender services.
- 6.2.3 Mr Jenkins noted that he would be happy to have a space where the views could be shared and respectful debate could occur. He emphasised that the service was focused very much on high quality care, treatment and research as its key was of working. **[AP3]**
- 6.2.4 There were no further questions from the public.
- 6.2.5 The meeting closed at 16:40.

Report to	Date
Council of Governors	June 2020

Chief Executive's Report

Executive Summary

This report provides a summary of key issues affecting the Trust including our response to the pandemic

Recommendation to the Council of Governors

Members of The Council are asked to note / discuss this paper.

Trust strategic objectives supported by this paper

All Trust objectives

Author

Paul Jenkins, CEO

Responsible Executive Director

Paul Jenkins, Chief Executive

Chief Executive's Report

1. Overall response

- 1.1 In line with previous updates to the Council, the Trust's business has continued to be dominated by our response to the Covid 19 pandemic.
- 1.2 Operational oversight of the incident is being maintained through an EPRR Gold meeting which meets 3 times a week and which I chair. I and other members of the Executive Team are plugged into a range of other groups in our Integrated Care System (ICS) and across London.

2. Planning for Recovery

- 2.1 As we pass the peak of the first wave of the pandemic, we are planning for some restoration of services. Plans are being driven by clinical need, our responsibilities to protect our staff and by requirements of national and local guidance. Dinesh Sinha has been leading this work. He will be presenting our approach, in more detail, later in the agenda.
- 2.2 In the first phase of the work the main focus has been on clinical services and how we safely increase, by the end of June, our capacity to see patients on a face to face basis. To support this, we are undertaking:
 - An assessment by teams of their clinical caseloads to establish which patients may, now, need to be seen on a face to face basis.
 - A process of assessment of individual risk to identify staff who may need to continue to work at home or for whom reasonable adjustments may need to be made if they return to the building.
 - Development of guidance and adjustments to our building to support safe working and social distancing.

- 2.3 In addition we are responding to national guidance to ensure all NHS staff have an antibody test (which demonstrates whether an individual has had previous exposure to the virus but not whether an individual has immunity) in the next 5–6 weeks. There are significant challenges for us in achieving this given a lack of access to phlebotomy and pathology capacity.
- 2.4 We have worked closely with staff in developing our approach. I have continued to hold weekly online briefing meetings open to all staff and we have also organised meetings for managers and with representatives of staff side.
- 2.5 Gloucester House is already open, and children are attending in a carefully managed way.
- 2.6 We are also starting to plan for longer term recovery. A key focus for this has been planning for Academic Year 2020. Term 3 teaching is continuing to operate on a fully online basis. This has progressed very successfully.
- 2.7 A key aspect of our decisions about the path for the organisational recovery from the pandemic will be a considered review about the impact of remote working.
- 2.8 Our QI project is now underway. We have organised a programme of expert support for participating teams both on QI methodology but also covering issues relating to environmentally sustainable models of healthcare.
- 2.9 It will be important we take a thoughtful approach to these decisions. There are significant opportunities in increasing the scope of remote delivery in training and education and some aspects of clinical work, but it will not be a panacea in all cases and the challenge will be to agree a blended model which maximises efficiency, effectiveness, reach and environmental impact.
- 2.10 We are also addressing the financial implications of the disruption to normal systems caused by the pandemic and what it means in terms of future prospects for business development.

3. Wider contribution

- 3.1 The Trust has been active in supporting wider work in North Central London and across the capital to support the recovery phase.
- 3.2 Sally Hodges has led work across North Central London around the development of a crisis pathway for CAMHS. This has focused on creating a dedicated route to seek help for young people in crisis with extended opening hours and avoiding the need to go to A&E.
- 3.3 Rachel Surtees and other colleagues have taken forward work on Together in Mind as the staff wellbeing programme for health and care staff in North Central and North East London. We have collected an impressive range of online resources which are refreshed in the light of feedback from staff.
- 3.4 We are involved in work to plan for a second phase of the programme. This recognises the likelihood of the ongoing impact of trauma on the workforce and the need to develop wider programmes of support to address this.
- 3.5 We have also worked with partners in London Borough of Camden to provide a framework of support for when young people return to schools. A website Education in Mind has been launched with a similar format to Together in Mind with central managed resources and links to other sources of help.
- 3.6 Colleagues in DET have been collaborating with leading social learning provider, Future Learn, to provide a range of online courses in areas related to the pandemic. This has included a general course about the psychological impact of COVID-19, developed in partnership with Maudsley Learning, and a course targeted at individuals working in social care.
- 3.7 In my role as Chair of the Cavendish Square Group, I have been working with other stakeholders to support the development of the Mayor's Strategy on mental health which aims to join up public health and service responses to the psychological consequences of the pandemic.

4. GIDS Judicial Review

4.1 Due to the pandemic, the Judicial Review on issues relating to consent in GIDS has been postponed. A new date for the hearing of 7th and 8th October has been set and we are working on our detailed grounds of defence which need to be completed towards the end of this month.

5. Centenary

5.1 Again, due to the pandemic, we have had to take the decision to postpone our Centenary Conference. We are considering options for taking this forward in 2021.

5.2 We are still planning to hold an internally focused event to mark the Centenary at the end of the September. We are still working on the format of that event given likely ongoing restrictions about public gatherings.

Paul Jenkins
Chief Executive
5th June 2020
2020

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