



**The Tavistock and Portman**  
NHS Foundation Trust

# **Council of Governors Part One**

**Agenda and papers of a meeting to be held in public**

**Thursday, 10<sup>th</sup>  
September  
2020**

**For timings  
please refer to  
the agenda**

**Meeting held  
online**

**COUNCIL OF GOVERNORS – PART ONE**  
**MEETING HELD IN PUBLIC**  
**10 SEPTEMBER 2020, 2.00 – 2.35pm**  
**MEETING HELD ONLINE**

**AGENDA**

		<b>Presenter</b>	<b>Timing</b>	<b>Paper No</b>
<b>1 Administrative Matters</b>				
1.1	Fraud Awareness Training	RSMUK Counter Fraud Team	1.30pm	Verbal presentation
1.2	Chair's opening remarks and apologies	Chair	2.00pm	
1.3	Council member's declarations of interests	Chair		
1.4	Minutes of the meeting held on 11 June 2020	Chair		1
1.5	Action log and matters arising	Chair		Verbal
<b>2 Operational Items</b>				
2.1	Governor Feedback	All Governors	2.10pm	Verbal
2.2	Chair's Update	Chair and Non-Executive Directors	2.20pm	Verbal
<b>3 Items for discussion</b>				
3.1	External Auditor's Presentation on Annual Report and Accounts	External Auditors	2.25pm	Verbal
<b>4 Any other matters</b>				
4.1	Any other business	Council Members	2.35pm	Verbal
<b>5 Date of Next Meeting</b>				
	10th December 2020 – 2.00pm – 5.00pm			

**Council of Governors Meeting Minutes (Part 1)**  
11 June 2020, 2.00pm – 4.00pm  
Meeting held online via Zoom.

<b>Present:</b>			
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	Richard Murray Governor – Public
James Calmus Governor – Stakeholder	Salma Asokomhe Governor – Public	Freda McEwen Governor - Public	Jessica Anglin d'Christian Governor - Staff
Kevin Nunan Governor - Stakeholder	Paul Jenkins Chief Executive	Terry Noys Deputy Chief Executive	Craig de Sousa Director of HR & Corporate Governance
<b>Attendees:</b>			
Fiona Fernandes Business Manager Corporate Governance (notes)	Debbie Colson Non-Executive Director	David Levenson Non-Executive Director	Dinesh Bhugra Non-Executive Director
Dinesh Sinha Medical and Quality Director (item 3.2)			
<b>Apologies:</b>			
Fiona Nolan, Governor			

**Actions**

AP	Item	Action to be taken	Resp	By

**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 subject to minor amendments.

1.3.2 All of the actions were noted as closed and completed.

**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 There was no feedback to report.

### 2.2 Chair's Report

2.2.1 Prof Burstow delivered a verbal report and particularly highlighted:

- That in normal circumstances he and other Non-Executive colleagues would be undertaking service visits. However in the current climate it had been harder to do these, however the non-executive directors had managed to find ways of attending service meetings and have also had meetings with heads of services virtually.
- That it was decided early on as part of the changes to the governance during the pandemic period that the board would meet more frequently to focus and manage business in a different way to provide a line of sight and scrutiny over the Trust, but also as a sounding board for the executive team to bring to the attention of the non-executives any issues and concerns.
- That as a Chair he had seen a marked increase in the amount of activity by our Sustainability and Transformation Partnership (STP), the area covering North Central London (NCL). The independent Chair Mike Cook was appointed late last year who was the former Chief Executive of Camden Council had certainly upped the pace in terms of progress for the system and had convened regular meetings with the Chairs of all the provider organisations, local authorities and active members to share information about the response to the pandemic and planning for recovery phase. At some point the board would need to have a more detailed meeting to think about the emerging governance of the STP as it becomes an Integrated Care System (ICS) so that the Governors are better sighted on what that might mean for us as an organisation and how we play our part in it. Dr Colson had been involved in the Health and Wellbeing board and other mechanisms within Camden to involve the public in thinking about health and care and population health and, continues to be actively taking part on behalf of the Trust.

2.2.2 Responding to a question from Dr Carrier, Prof Burstow noted that the NHS long term plan and the operating guidance set out clear expectations of what had been described as system by default, and an expectation that integrated care systems would take the lead in transformation of health and care services, and also take the lead in holding the ring when it comes to peer led scrutiny and challenge of each other in terms of performance management of the system. The precise details of how these would be managed on the ground were very much the subject of dialogue with partner organisations because ICSs and STPs are not statutory organisations nor established under an act of parliament and the statutory authority still sits with the Clinical Commissioning Groups (CCGs), local authorities and provider Trusts. It can only move legally with the consent of its partners.

2.2.3 Dr Carrier noted that staff at the Tavistock could make a good contribution to the discussion especially in the multidisciplinary unique way that it works. Prof Burstow agreed and noted that the ICS is beginning to visit the disposition of leadership of various aspects of the systems work not least in mental health and that it was something that as a Trust should think about.

2.2.4 The council noted the report.

## 2.3 Chief Executive's Report

2.3.1 Mr Jenkins presented the report and noted that:

### **Covid related matters**

- There have been lots of challenges in the last couple of months and the board were very proud of how staff had adapted and responded to the pandemic.
- The operational oversight of the pandemic was being maintained through the Emergency Preparedness, Resilience and Response (EPRR) Gold meeting that meets three times a week.
- He and members of the executive team were involved with a range of other groups in the Integrated Care System (ICS) and across London.
- There had been a big shift in the way of delivery and review of clinical caseloads and services as well as new ways of delivering of clinical care.
- The IT team were very busy sending IT equipment to staff to their homes for remote working.
- The Directorate of Education and Training had a slightly premature end to term two and they did a lot of work to deliver a totally online term three. The team worked very hard and together to get this done.
- Gloucester House was closed for a brief period of time and that was one part of the Trust which had to get back to a model of working much sooner, although they were working a dual system where some children were being supported at home through online learning and some children are coming into the school. This reflected very much on parental choice on where the children would best be supported. The staff at Gloucester House had been very resilient and responded to the challenges well.
- At the height of the pandemic he facilitated two staff online briefings a week which had now reduced to a regular one briefing a week. The briefings had been very well attended and the level of engagement from staff was excellent. Staff appreciated these briefings as it addressed an issue where staff working outside of the Tavistock in satellite sites felt that it had given them the opportunity to connect to and feel a part of the Trust.
- There had also been briefing events for Managers which were also very well attended as well as training events like the Trust Scientific meetings and an Trust inter-professional event to give the opportunity for staff from different services to come together and talk openly about the difficulties of their work.
- The Trust had been making contributions in supporting the wider work in North Central London (NCL) and across the capital.
- The Trust had been the lead organisation, and Dr Hodges has been the lead clinician, for implementing and developing at speed a new system of access to out of hours crisis care for young people across NCL based at two crisis hubs one in Islington and one in Barnet.
- Ms Surtees and other colleagues had been involved in work around supporting staff through the Together in Mind staff wellbeing programme for health and self-care in NCL. A collection of an impressive range of online resources for example podcasts that will provide advice on particular issues from experts both within the Trust and across NCL.

- A similar exercise had been done in education and the Trust had worked with the London Borough of Camden to provide a framework of support for the challenges young people will face when they return to schools and will be launching a website - Education in Mind with a similar format to Together in Mind with central managed resources and links to other sources of help.
- DET had been working collaboratively with Future Learn, a leading social learning provider, and Maudsley Learning to deliver a range of free online courses in areas related to the pandemic. This had included a general course about mental health and the psychological impact of COVID-19, and courses targeted at individuals specifically working in social care and care home settings.
- In his role as Chair of the Cavendish Square Group, he had been working with other stakeholders to support the development of the Mayor's Strategy on mental health that aimed to have a more joined up city wide approach with Greater London Authority (GLA), NHS England and Public Health England (PHE) to address the psychological consequences of the pandemic which will come with its own challenges.
- All these come with a lot of disruption to the system and the basic rules of finance in the NHS had been stopped for the moment. He emphasised, as the months progress there will be a greater push to moved to operating as an ICS.

#### **GIDS Judicial Review**

- Due to the pandemic and at the request of NHS England the Judicial Review had been postponed to 7<sup>th</sup> and 8<sup>th</sup> October 2020. The Trust was working on its detailed grounds of defence with its legal advisers which was due to be completed by the end of this month.

2.3.2 Responding to a question from Dr Singer, Mr Jenkins noted that he spoke to the key commissioner at NHS England about the change of wording on the use of hormone blocking treatment. Mr Jenkins emphasised that there had been no change to the service specification and that a group had been established to conduct a review of it.

2.3.3 Mr Jenkins noted that a very important milestone was reached where on Monday, there was a Trust inter-professional event to give clinicians from different parts of the organisation the opportunity to talk and have discussions in a meaningful and respectful way about some of the more difficult areas of work with their colleagues. The event was chaired by Dr Hodges and Dr Sinha. Two GIDs clinicians did a presentation and there were 90 colleagues on the virtual meeting and there was healthy conversation about the general principles that were presented and about a case that one of the clinicians had been involved in.

2.3.4 Mr Jenkins further noted that there had been a lot of work around delivering the GIDS data strategy and that this was continuing.

#### **Centenary**

- The pandemic had impacted the centenary celebrations. He particularly noted that there a decision had been taken to postpone the public facing conference scheduled for September and the organising committee were considering other options how to take this forward.

2.3.6 Responding to Prof Rustin, Mr Jenkins noted that based on data the amount of activity that clinicians had undertaken remotely was impressive and had not diminished at all and in some ways had done slightly more. He emphasised that each of the services had seen a differing impact and that demand was beginning to increase.

- 2.3.7 Responding to Mr Hess, Mr Jenkins noted that the Trust was setting up a quality improvement project to take an objective view across our work to look at three categories:
- Look at which parts of the service works well remotely;
  - Which parts do not work and have the clinical arguments of why they do not, and also take into consideration patient preference; and,
  - Where there had been mixed experience, continuing to deliver the service remotely and continuously assess the impact.
- 2.3.8 Responding to Dr Carrier, Mr Jenkins noted that there needed to be a particular focus on supporting those with barriers to accessing technology.
- 2.3.9 Mr Murray noted that it was good to hear especially about the three activities about the Trust's approach. He emphasised that it would be beneficial to hear more about this during the summer and in the winter especially if we see a second peak of the pandemic.
- 2.3.10 Responding to Mr Murray's, Mr Jenkins noted that the Trust had avoided taking broad judgements regarding office space and provision of services. Mr Jenkins added that if the Trust felt that it required less space because we could deliver the services remotely and save money especially as the NHS on the whole is being asked to save money, then the decision would be made to keep the services going.
- 2.3.11 Responding to Dr Carrier, Mr Jenkins noted that the Trust has been considering delivery of training remotely through the work of the Digital Academy and, due to the pandemic all education and training had moved to online delivery by default. If the Trust were to get the right aspects of online delivery it would be able to reach a broader range of people worldwide.
- 2.3.12 Responding to Dr Singer, Mr Jenkins noted that in light of NHS England communications regarding GIDS and to mitigate patients' anxieties, he would speak with Ms Swarbrick and Dr Carmichael about doing some communication to the patients cohorts.
- Black Lives Matter**
- 2.3.13 Mr Jenkins noted that a message was sent to all staff from Prof Burstow and himself and that he had attended a BAME network meeting on Tuesday which both Ms Anglin d'Christian and Ms Keise were also present. It was a good meeting and for the Trust it was very important to use this to reset the work that the Trust had already started.
- 2.3.14 Prof Burstow noted that all these issues would also need to be reviewed in our workforce planning, recruitment, ambitions that we set and in education and training.
- 2.3.15 Ms Anglin d'Christian noted that the feedback from the BAME group about the statement that was sent out did not go far enough in addressing the real issues that were being faced in light of what had been happening and, that it took too long to come out as it was two weeks after the death of George Floyd. She further noted that there had been an important discussion about the use of the term BAME.
- 2.3.16 Ms Keise noted that it would be important for the Trust to reflect on the recommendations of the Macpherson Report and whether these had been adopted within the organisation.
- 2.3.17 Ms Anglin d'Christian noted that she had led some work within her own clinical team to discuss about diversity and racism which had been well received.
- 2.3.18 Prof Burstow noted that as guardians of an institution we need to reflect on what had been heard and act on it. He emphasised that it the board would reflect carefully about whether it had done enough in this area.

2.3.19 Both Dr Carrier and Mr Murray noted that more time should be set aside for a meaningful discussion. Mr Murray added that it would be useful and interesting to see the data in addition to the PHE report and what vehicles the Trust have or should use to implement the changes that we should be seeing.

2.3.20 The council of governors noted the report.

## 2.4 Finance and performance report

2.4.1 Mr Noys presented a verbal report and particularly highlighted:

- The external audit was in its final stages and the Trust was expected an unqualified opinion of the annual accounts.
- The Trust expected to achieve a net surplus of £218k, which exceeds the Budget and Control Total of £141k.
- The net surplus was likely to be achieved only after receiving £700,000 of a central subsidy. This subsidy was built into our Control Total but means that, from its own activities, the Trust really achieved a loss of around £500k.
- Due to the COVID-19 pandemic, NHS England and Improvement (NHSE/I) had mandated that Trust capital expenditure for 20/21 is limited to a maximum of £2.7m. This was approximately £1m less than expected. Given strategic priorities such as Relocation and the Digital Academy the Trust had no room for manoeuvre if new capital projects come to light during the year. It also indicated that the Trust would be unable to spend as much on IT infrastructure as it would like.
- In terms of income and expenditure for 20/21 the picture was unclear. NHS England and Improvement (NHSE/I) were funding the Trust's core block contracts, however, they did not appear to be paying for the increase in the GIC contract which was expected.
- The Trust had a range of smaller contracts with NHS England and Improvement (NHSE/I), local CCGs and others e.g. Family Drug and Alcohol Court (FDAC), First Step for which the contractual arrangements were unclear.
- The financial mechanics for 20/21, the Executive Management Team (EMT) and the Board had instituted a review of all of the activities of the Trust in order to ensure that these are sustainable, from both a financial and also a clinical / educational perspective. It was noted that this work had only just started and that the Board had not yet had the opportunity to input into the process in any detail.
- The merger of the two Tavistock related charities was progressing slowly. The Tavistock Clinic Foundation joined NHS Charities Together, as a result of which it had been able to access funding of around £27,000 to be spent on COVID-related activities.

2.4.2 Responding to a question from Mr Hess, Mr Noys noted that COVID impact costs were being profiled by the finance team and these were approximately £200k. He noted that NHSE/I were providing funding for these costs.

2.4.3 The council of governors noted the verbal report.



### 3 Items for discussion

#### 3.1 Recovery Planning

3.1.1 Dr Sinha was in attendance for this item and delivered a presentation. He highlighted:

- The achievements that the Trust has had during this pandemic, from clinical to educational and the Trust as a whole in light of the level of disruption that was caused not only for the Trust but for the whole country.
- Some of the clinical achievements were - RAG rating of all patients; Moving to hubs in Children Young Adults and Families (CYAF) for seeing patients; rapid uptake of remote working; Leadership in provision of crisis hubs and on-call provision for system; Gender and Adult and Forensic Services (AFS) services delivered interventions almost entirely remotely; Quality Improvement (QI) remote working programme was launched and, North Central London (NCL) In Mind for the STP and Partnership In Mind for London.
- Some of the educational achievements were - Rapid move to remote delivery of the last term; Active student engagement for support and wellbeing; No detriment policy has been implemented; Recruitment for academic year 20-21 is being done totally online; Professional Body liaison and negotiation; University partner engagement and, used the National center for support
- There were many variables to contend with going into the next phase of recovery. The disproportionate impact on the BAME community which was highlighted in the PHE report is quite stark. The mortality rate is 1.9 times in Afro-Caribbean and 1.3 times in Asian groups. There is work that needs to be done to understand why this is happening, is it due to the chronic societal inequalities that is being expressed in this way, for example does it relate to the occupations that they do, the quality of housing, social deprivation or is it something to do with specific genetic/biological markers for this particular community.
- The things that the Trust was continuing to do were: Looking at Individual vulnerabilities which is part of the Demographic Risk Assessment; Infection, Prevention and Control (IPC) and Estates planning not having sufficient space to carry on the work.
- There were steps in place for team and service planning, which included:
  1. A virtual consultation to check Covid symptoms;
  2. Cohorting of patients into positive or suspect or shielded or negative for Covid;
  3. Assessment of need for face to face work;
  4. Social distancing and/or PPE depending on the cohort

3.1.2 Mr de Sousa appraised the council on the process of the Demographic Risk Assessment which has been launched and is currently underway. He emphasised the Trust had developed a demographic risk assessment process with other NHS organisations in the ICS and had supplemented this with training.

3.1.3 Responding to a question from Mr Murray, Mr de Sousa confirmed that the demographic risk assessment was for staff, and Dr Sinha noted that the risk to services users the information will flow into the RAG rating and that it was not a very clear defined process for assessing service users. It would have to be looked at as a case by case dependant on the scenarios and variables to make any decisions.

3.1.4 The council of governors noted the report.

### 3.2 Quality Improvement Remote Working Project

3.2.1 Dr Sinha was in attendance for this item and presented his report. He highlighted:

- Due to the pandemic, the majority of services within the organisation had shifted to remote working using virtual means of deliver for meetings, conferences, learning and contact with service users.
- This project set out a proposal for improving the user experience of remote working, both at staff, student and service user level, using Quality Improvement (QI) methodology. The project framework was intended for use by teams within the Trust who were remote working as a means to continue delivery and to gather data to help inform future service design once the crisis had abated. He emphasised remote working meant the predominant use of Zoom and/or telephone to deliver services.
- The work pulled together a range of existing and new support available for staff who are remote working, to better understand what does and does not improve participant user experience. A clear data collection approach would help teams gauge the success of their chosen solutions.
- The aim was to improve staff and patient or student experience of sessions/meetings or learning delivered virtually, measured on a scale of 1-100, with 1 being poor and 100 being excellent.
- There was a lot of guidance on the staff intranet with a suite of documents to enable to become conversant with the Quality Improvement methodology.

3.2.2 The council of governors noted the report.

## 4 Council Committee Reports

### 4.1 Nominations Committee

4.1.1 Prof Burstow noted that the non-executive Director Dr Deborah Colson's first term of office was coming to an end and the committee considered and agreed that Dr Colson should be recommended for a second term.

4.1.2 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, however in light of the pandemic Prof Burstow informed the council that he took the view to halt the recruitment for their replacements and the committee agreed to recommend extending their second terms of office for a year. This would also give the council the opportunity to take stock of what skill sets would be needed amongst the non-executive directors as we come out of the pandemic.

4.1.3 Mr Wilkinson concurred with Prof Burstow that the committee recommended that Dr Colson continue for a second term, and that both Prof Bhugra and Mr Holt's second terms be extended for a further year.

4.1.4 The council of governors unanimously agreed to the re-appointment of Dr Deborah Colson for a second term and, on the extension of Prof Bhugra and Mr Holt's second terms of office for a period of a year.

4.1.5 Prof Burstow informed the council that he would be presenting the outcome of the appraisals for the non-executive directors at the committee meeting.

4.1.6 The council of governor noted the verbal report.

**5 Any other matters**

**5.1 Any other business**

- 5.1.1 Responding to a question from Mr Murray about the current governor vacancies, Mr de Sousa noted that for the elected seats the Trust was working with UK Engage for an appropriate timetable.
- 5.1.2 Mr de Sousa noted that for stakeholder seats, the Trust had paused from writing to Camden CCG because it does not exist as a single entity anymore and it had been merged into a singular NCL CCG. The other stakeholder vacant seat is Trade Unions and the staff-side representative is looking to nominate someone. Stakeholder seats are non-elected and the organisation nominates someone to sit on the council.
- 5.1.3 There was no further business to discuss.
- 5.1.4 The meeting closed at 16:00.

**COUNCIL OF GOVERNORS – PART ONE  
MEETING HELD IN PUBLIC  
10 SEPTEMBER 2020, 2.00 – 2.35pm  
MEETING HELD ONLINE**

**AGENDA**

		<b>Presenter</b>	<b>Timing</b>	<b>Paper No</b>
<b>1 Administrative Matters</b>				
1.1	Fraud Awareness Training	RSMUK Counter Fraud Team	1.30pm	Verbal presentation
1.2	Chair's opening remarks and apologies	Chair	2.00pm	
1.3	Council member's declarations of interests	Chair		
1.4	Minutes of the meeting held on 11 June 2020	Chair		1
1.5	Action log and matters arising	Chair		Verbal
<b>2 Operational Items</b>				
2.1	Governor Feedback	All Governors	2.10pm	Verbal
2.2	Chair's Update	Chair and Non-Executive Directors	2.20pm	Verbal
<b>3 Items for discussion</b>				
3.1	External Auditor's Presentation on Annual Report and Accounts	External Auditors	2.25pm	Verbal
<b>4 Any other matters</b>				
4.1	Any other business	Council Members	2.35pm	Verbal
<b>5 Date of Next Meeting</b>				
	10th December 2020 – 2.00pm – 5.00pm			