The Tavistock and Portman
NHS Foundation Trust

Council of Governors Part One

Agenda and papers of a meeting to be held in public

Thursday, 10th December 2020

For timings please refer to the agenda

Meeting held online

The Tavistock and Portman
NHS Foundation Trust

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

AGENDA

		Presenter	Timing	Paper No
1 Administrative Matters				
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 10 Sept 2020	Chair		1
1.5	Action log and matters arising	Chair		Verbal
2 Operational Items				
2.1	Governor Feedback	All Governors	2.10pm	Verbal
2.2	Chair's Update	Chair and Non-Executive Directors	2.20pm	Verbal
2.3	CEO Report	Chief Executive	2.30pm	2
2.4	Finance & Performance	Director of Finance	2.40pm	3
3 Items for discussion				
3.1	Strategic Review	Chief Executive	2.50pm	4
3.2	EU Exit	Deputy Chief Executive & Director of Finance	3.10pm	5
4 Other matters				
4.1	Any other business	Council Members	3.20pm	Verbal
5 Date of Next Meeting				
	11th March 2021 – 1.00 – 2.00pm (Governor pre-meeting) 2.00pm – 5.00pm (formal meeting)			

Council of Governors Meeting Minutes (Part 1)
10 September 2020, 2.00pm – 2.30pm
Meeting held online via Zoom.

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	Richard Murray Governor – Public
Salma Asokomhe Governor – Public	Kevin Nunan 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)	Debbie Colson Non-Executive Director	David Levenson Non-Executive Director	David Holt Non-Executive Director
Lucy Nutley Mazars (item 3.1)			
Apologies:			
Fiona Nolan, Governor; Jessica Anglin d'Christian, Governor; James Calmus, Governor and Freda McEwen, Governor			

Actions from the minutes of the meeting held in June and September 2020

AP	Item	Action to be taken	Resp	By
1	2.3.2	Data on the number of patients prescribed the hormone blockers	PJ/AS/PC	Dec
2	2.3.19	Data on what vehicles the Trust has or should use to implement the changes to racism, diversity and inclusion	CdS/IH	Dec
3	3.1.3	Data on the demographic risk assessment	CdS	Dec
4	2.1.2	All staff meeting to be devoted to the governance role of Non-Executive Directors and Council Members	PJ	When feasible

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.

1.4 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 Hess noted that he had attended a NHS Finance event in July. He suggested that it would be very helpful for Governors to know the roles of the Non-Executive Directors.

2.1.2 Responding to Mr Hess, Mr Jenkins noted that the Trust runs an all staff meeting fortnightly and, as it was an online meeting there had been better engagement. He suggested that one of the sessions could be devoted on the governance role of Non-Executive Directors and Council members. **[AP4]**

2.2 Chair's Report

2.2.1 There was nothing to report.

3 Items for discussion

3.1 External Auditor's presentation on Annual Report and Accounts 2019/20

3.1.1 Ms Nutley informed the Council that this was the first year of appointment and due to the pandemic and remote working, it provided some challenges. Despite these obstacles the deadline was met. The Annual Report is unqualified and there were no significant issues. The Audit Committee and Finance team worked very well together.

3.1.2 Ms Nutley noted that due to the pandemic there was a national issue regarding the material value of properties. Ms Nutley added that they met with the Trust valuers and also appointed an independent valuer for accuracy.

3.1.3 Ms Nutley noted that regarding the relocation project they had liaised with the Finance team on this.

3.1.4 Mr Holt noted that under the current circumstances due to the pandemic and not being able to have face to face meetings, the auditors had done extremely well working remotely and had a smoother process for their first year. Mr Holt congratulated both the auditors and finance team for a positive audit and outcome.

3.1.5 The council of governors noted the report.

4 Any other matters

4.1 Any other business

4.1.1 There was no further business to discuss.

4.1.2 The meeting closed at 14:30.

Report to	Date
Council of Governors	December 2020

Chief Executive's Report

Executive Summary

This report provides a summary of key issues affecting the Trust.

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	Responsible Executive Director
Paul Jenkins, CEO	Paul Jenkins, Chief Executive

Chief Executive's Report

1. GIDS Judicial Review

1.1 On 1st December we received the judgement relating to the JR on the issue of the ability of young people aged under 18 giving consent to treatment with puberty blockers and cross sex hormones. I sent a briefing to the members of the Council on the day of the verdict.

1.2 The Trust was disappointed by the outcome of the verdict and has indicated its intention to appeal. We are working with partner Trust and our commissioner, NHS England in working through the implications of the judgement for patients, including those who are currently in treatment.

2. Race Equality

2.1 We have been working to develop a refresh of our Race Equality Strategy. This will acknowledge the distance the Trust still has to travel to be genuinely diverse and inclusive and will set an ambition to become an anti-racist organisation.

2.2 At its September meeting, the Board of Directors agreed to commission an external agency to conduct a review into the culture of the Trust and experiences of BAME staff with the aim of helping us to develop the culture of the organisation in ways which support our ambition to change our approach to racial equality.

2.3 To support the commissioning and oversight of the external review and to help co-produce our refreshed Race Equality Strategy I have established a steering group including senior managers, a NED and a number of representatives nominated by the Race Equality Network. I am co-chairing the group with Irene Henderson, the Trust's Race Equality Champion.

3. Covid

3.1 The Trust has responded proactively to the second wave of the pandemic.

3.2 Following the first wave and in preparation for the next phase, we completed divisional level planning and a number of further assessments, including team level, individual risk, IPC and estates planning. This included working through all relevant aspects of the recent IPC guidance, as applicable for a community setting for now and the future.

3.3 Various variables were taken into account including external factors like the reopening of schools, as some of our services work in such settings and we also run a school. We took the following steps at team level and completed service level SOPs:

- Assessment of need for F2F work

- Virtual consultation to check Covid symptoms
- Cohorting of patients into positive or suspect or shielded or negative for Covid19
- IPC procedures such as social distancing and/ or PPE depending on the cohort - keeping patient safe and staff Safety

3.4 In addition, we took the decision to stop all face to face teaching/ training events and continue limits of numbers of any clinical groups

3.5 The Trust EPRR Gold group is meeting weekly to take stock of the changing situation and modify information and communications to the Trust using a variety of methods including all staff briefings, communication email and daily digests (issued twice weekly). Any relevant information is also shared with the EMT and Trust Board, as appropriate. We have created a dedicated page on the intranet collating various IPC resources and procedures/ instructions, as issued and do regular messaging to maintain engagement and compliance.

3.6 The Trust has continued to monitor the latest practice expectations in the context of the Covid19 pandemic and the actions of other providers, for instance a Trust that is not allowing any clinical interventions without the use of masks.

3.7 The Trust has continued to use a mixed model of delivery for all services to provide face to face and remote interventions for service users based on assessment of need and risk.

3.8 DET continues to deliver all of its activities via remote methods.

3.9 During the period of lockdown all clinical groups were paused. This has resulted in some degree of disruption to the ongoing therapeutic work. However, a review of the balance of risks at EPRR was that it was not safe to continue face to face group based work at this time.

3.10 Gloucester House was granted an exemption based on being an educational setting within the Trust. It is operating in line with the expectations for school settings in Camden.

3.11 More recently, the school has again gone remote due to an outbreak in which two member of staff and a pupil have tested positive.

3.12 We are continuing work to support take up of flu vaccination by Trust staff.

3.13 Under the direction of the ICS we are beginning to plan for providing access to a Covid vaccine when it becomes available.

4. QI

4.1 At a recent QI project board there was an update about the progress of Quality Improvement in the Trust and the following highlights:

- Dynamic project register with a number of ongoing projects across clinical divisions and DET

- Significant infrastructure improvements and supports for QI
- Trust wide QI projects for Remote working
- First Trust led level 1 QI Training for staff, which will be a regular feature
- QI Coach training for several staff

4.2 The Trust project for remote working has continued in the past few months. There was a Trust wide event on the 13/10, which had a series of presentations from the various teams representing all the 3 clinical divisions and the DET. This event was well received due to its demonstration of positive themes from various projects including:

- Use of QI methodology and data
- Continuing engagement and empowerment of groups of staff and involvement of patient voices in managing change
- Teams involved across the Trust including clinical and educational services
- Projects presented a combination of qualitative and quantitative data following project methodology
- Enthusiasm for co- creation of interventions
- Examples of changes that have had positive impact for care and education

5. Centenary

5.1 The Trust celebrated its centenary at the end of September with a series of events being held on 25th September to mark the occasion.

5.2 As Governors are aware, we took the decision, given the pandemic, to cancel our planned Centenary Conference on 24th September. In its place we have organised an online Festival - *100 years of the Tavistock and Portman*. The Festival includes an online festival of events, website, Trust Scientific Programme, Group Relations Conferences, Arts Group events and research of the Trust's history. The Festival celebrates our history and explores contemporary issues in relation to identity, relationships and society. It is considering how we continue to draw on our heritage to provide valuable responses to contemporary and future problems.

5.3 So far, over 2,000 people have joined these events since our launch event with poet and playwright Lemn Sissay at the end of September. As well as existing audiences including students, alumni and members, these events are engaging with a new generation of people interested in the work of the Tavistock and Portman. There will be another four events before Christmas including on neurodiversity, infant observation and decolonising therapy. In December, we will be announcing a series of 10-12 events from January through to March.

Paul Jenkins
Chief Executive
7th December 2020

Report to	Date
COUNCIL OF GOVERNORS	10 December 2020

Trust Finances

Executive Summary

This paper seeks to bring the Council of Governors up to date with the state of the Trust's finances

Recommendation to the Council of Governors

The Council of Governors is asked to note the report

Trust strategic objectives supported by this paper

Finance and Governance

Author	Responsible Director
Terry Noys, Deputy CEO and Director of Finance	Terry Noys, Deputy CEO and Director of Finance

TRUST FINANCES

1. PURPOSE

1.1 This paper seeks to bring the Council of Governors up to date with the state of the Trust's finances.

1.2 Appendix A (which forms part of this note) provides an overall summary.

2 OVERVIEW / SUMMARY

2.1 The Trust has submitted a return to NCL ICS / NHSE/I showing a second half / full year deficit of £2.3m. (The second half and full year deficit figures are the same as for the first half NHSE/I ensured that the Trust achieved break-even.

2.2 If Top-Up payments and COVID-19 income and costs are ignored, for the full year the Trust is forecasting an underlying deficit of £5.3m

2. YEAR TO DATE – SIX MONTHS ENDED 30 SEPTEMBER 2020

2.1 For the first half of the financial year the Trust achieved a net break-even position.

2.2 This is after the inclusion of top-up payments of £3.2m and COVID-19 related costs of £0.8m, meaning an underlying deficit of £2.4m.

2.3 Compared with the original Budget, the Trust had lower levels of income and higher levels of non-staff costs.

2.4 Lower income reflects shortfalls in short courses / Tavistock Consulting in DET; deferment of research projects; and shortfall in Camden CAMHS (off-set by lower staffing costs).

2.5 Non staff costs are high reflecting IT and Relocation costs which have been expensed rather than capitalised – as a result of the capital expenditure cap imposed via the NCL ICS.

3 SECOND HALF / FULL YEAR FORECAST

3.1 Appendix A shows an overview of the forecast for the full year.

3.2 The Trust has made a forecast for H2 / full year to the NCL ICS of a net deficit of £2.3m.

3.3 The key assumptions underpinning the forecast are set out below.

Clinical Income

3.4 During H1, the Trust received monthly 'block' payments totalling £2.29m per month, equal to £13.8m for the full six months and equivalent to £27.6m for the year. For H2 we are assuming £2.33m per month, giving a total for the full year of £27.8m.

3.5 This block payment covers the Trusts key clinical services notably those commissioned by Camden CCG / NCL ICS and Specialised Commissioning (Gender and Portman Clinic).

3.6 Other clinical income (£6.5m for the full year) comes from other CCG / local authorities.

3.7 For the full year, clinical income is forecast to be £34.3m, versus an original Budget of £38.4m, the shortfall of £4.2m representing income not achieved from new business developments.

Education And Training Income

3.8 For the full year the forecast assumes income of £17.1m versus an original Budget of £18.7m, the shortfall of £1.6m representing assumed lost income from short and long courses and from Tavistock Consulting.

Top Up Payments / COVID-19

3.9 Top up payments have ceased for the second half.

3.10 The Trust has received an allocation of £681k to cover second half Covid-19 related costs (including costs of covering staff absences and travel).

Second Half Movements v H1

3.11 Income is forecast to be within 1% of H1 (ignoring Top-Up Payments).

3.12 Staff costs are forecast to be 3% higher, reflecting unfilled vacancies being filled.

3.13 Non-staff costs are forecast 7% higher (than H1) reflecting, mainly, visiting lecturer spend.

Key Uncertainties

3.14 There are a number of material uncertainties within the forecast, notably the accrual for annual leave and the provision for legal costs.

3.15 It is likely that these will both need to be significantly increased, which would impact negatively on the current forecast.

3.16 The forecast also assumes £450k of 'efficiencies'. These have yet to be identified.

3 ACTION TO IMPROVE THE UNDERLYING POSITION

3.1 As previously advised, a Strategic Review of the Trust's activities is currently taking place.

3.2 A key outcome of the review – though not the only one – is identification of actions to move the Trust back into a break-even position.

APPENDIX A

FIRST HALF ACTUALS AND SECOND HALF / FULL YEAR FORECAST 2020/21

	YTD Act £'000	YTD Bud £'000	Var £'000	H2 F'Cast £'000	H2 Bud £'000	Var £'000	FY F'Cast £'000	FY Bud £'000	Var £'000	Change H2 v H1 £'000	
Income	29,492	28,038	1,454	27,478	30,852	(3,374)	56,970	58,890	(1,920)	**150**	**1%**
Staff costs	(21,774)	(22,078)	304	(22,460)	(22,582)	122	(44,234)	(44,660)	426	**(686)**	**3%**
Non staff costs	(6,666)	(6,065)	(601)	(6,207)	(6,058)	(149)	(12,873)	(12,123)	(750)	**459**	**(7)%**
Interest receivable	2	27	(25)	0	27	(27)	2	54	(52)	(2)	
Interest payable	(17)	(16)	(1)	(51)	(16)	(35)	(68)	(32)	(36)	(34)	
Depreciation	(714)	(810)	96	(714)	(810)	96	(1,428)	(1,620)	192	0	
PDC	(324)	(354)	30	(324)	(354)	30	(648)	(708)	60	0	
Net surplus / (deficit)	**(1)**	**(1,258)**	**1,257**	**(2,278)**	**1,059**	**(3,337)**	**(2,279)**	**(199)**	**(2,080)**	**(2,277)**	
Underlying deficit											
- Forecast deficit	**(1)**			**(2,278)**			**(2,279)**				
- Add back top up payments	**(3,285)**			**(440)**			**(3,725)**				
- Take off COVID costs	**842**			**(148)**			**694**				
- Underlying deficit	**(2,444)**			**(2,866)**			**(5,310)**				

Innovation in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

Trust Strategic Review Update

December 2020

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

Introduction

- The Trust has begin carrying out a Strategic Review of the organisation.
- This presentation provides an update on the progress of the Review.
- The Review covers all areas of the Trust.

Innovation in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

Context

- Changing arrangements for the delivery of health and care services with a greater focus on integrated care

- Worsening of the Trust's financial position as a result of the impact of the pandemic on areas of current and new income

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

How is the review structured?

Each area of the Trust will go through the review process, which consists of:

a. Design stage – understanding what data should be collected in each of the areas following the agreed **framework.**

b. Discovery stage – data is collected, cleaned and analysed.

c. Recommendations stage – discussion on the meaning of the data and in turn how those can be interpreted into actionable recommendations.

d. Implementation of resulting recommendations.

Innovation in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

The **framework** helps to find and determine appropriate measures in finances, workforce, operations and value for each area, examples are below.

Characteristic	Examples of what will be explored
Finance	Is the budget balanced including the agreed level of overhead? Are the funding sources known and stable?
Workforce	Is there sufficient capacity within the team to meet need? Is the skill and resourcing mix what's needed and sustainable? Is there a clear recruitment pathway and evidenced succession planning within the team?
Operations	Is the contracting vehicle stable? Is the contract end date later than 18 months away? Is there harmony between what's contracted and what's delivered in practice? (e.g. over/under performance; achieving KPIs; referral criteria) Are the demand pressures on the service stable? (e.g. are waiting lists increasing beyond the service's capacity to manage?)
Value	Is the service delivering what's needed? Is there good evaluation or outcome monitoring data? Does it have wide enough reach across the system? Is its contribution (to patients/commissioners/partners/system) understood and well enough communicated to others?

Innovation in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

What areas have been reviewed to date?

- Initial pilot of the project undertaken on CYAF Complex Needs and Vulnerable Children service lines
- It was expanded to Camden CAMHS in September.
- The first set of recommendations were agreed at Programme Board in early October.
- These three CYAF services lines are now entering implementation and team level data from the Discovery phase will be shared back with the Exec and Team Managers.
- In Oct/Nov with Rachel Surtees no longer in post a Programme Manager role has been taken up by Emily Buttrum.
- A formal programme governance structure is now in place.

Innovation in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

Governance

- The review is governed through a monthly Programme Board, reporting to the Strategic and Commercial Committee (as the appropriate Board Sub-committee.)

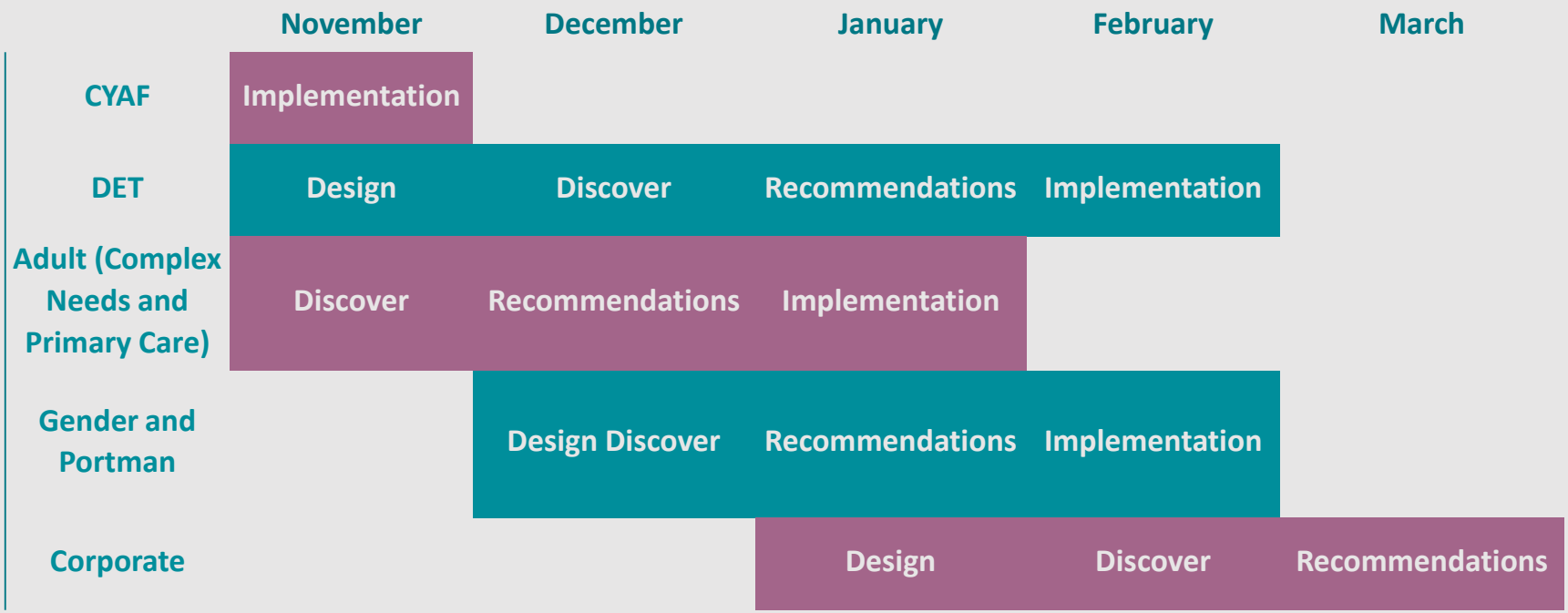
- Workstreams within the programme meet and report weekly.

Innovation in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

Timeline

This table shows how each remaining area of the Trust will move through the stages of the review.



Innovation in mind

The Tavistock and Portman NHS Foundation Trust

What happens next?

- As recommendations are formalised by the Programme Board, workstreams will be set up in each of the directorates to implement the recommendations.
- Trust wide communications will be issued to ensure all staff are kept up to date with the progress of the review.
- Further Manager/HoD toolkits will developed to support interpretation, understanding and usage of team level findings.

Innovation in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

What might come out of the Review

- Clarity about the Trust's strategy for sustainability
- Plans for new income growth including the scope for cost diversion
- Proposals for improving productivity in clinical services and education training
- Rationalisation of team and management structures
- Review of costs for management, corporate services and accommodation

Report to	Date
Council Of Governors	10 December 2020

EU EXIT

Executive Summary

With the UK exiting the European Community with effect from 1st January 2021, NHSE/I have again instituted EU Exit reporting.
Attached – for information – are some slides of a recent presentation given on this subject.
The key areas for the Trust to re-review are:

- Medicines – Dinesh Sinha (Medical Director)
- Staffing – Craig de Sousa (Director of HR)
- IT – Jon Rex (Director of IT)
- Estates and Facilities – Benita Mehra (Estates Consultant)

At the time that this report was written (13 November 2020), the Trust is not aware of any significant / critical EU Exit related issues.

Recommendation to the Board

The Council is asked to note the report

Trust strategic objectives supported by this paper

Finance and Governance

Author	Responsible Director
Terry Noys, Deputy CEO and Director of Finance	Terry Noys, Deputy CEO and Director of Finance

NHS Operational Response to EU Exit – End of Transition Period

Professor Keith Willett
Strategic Incident Director for COVID-19
Strategic Incident Director for EU Exit

4 November 2020

Changes in preparation for the End of Transition Period

NHS role to be focused on coordinating the best possible operational response for patients and the public.

- **Continuity of supply (DHSC lead)** – builds on learning to date; smarter procurement frameworks; alternative routes/ express freight; supplier engagement; tight schedule
- **Improved trader readiness** – but other factors may affect channel crossing and rerouting compliance; smaller stockpiles on UK soil
- **Winter pressures –** Covid impacts; compounded workforce issues; UEC demand; adverse weather; seasonal flu
- **Increased complexity for reciprocal and cost recovery –** challenge for providers to identify chargeable patients and recover costs
- **Staffing resilience –** challenges to reach staffing levels dedicated to EU Exit response – same people involved in Covid
- **Data** – ensuring safeguards are in place to ensure data can continue to flow between EU and UK
- **Ongoing review of government planning assumptions**

Coordinating the NHS response

- Operational model response principles – aligned to Covid and winter battle rhythms
- Escalation of issues
- Mobilisation
- Working with partners – Independent Sector; professional bodies, patient groups and charities; Devolved Administrations

Operational response principles

Single, unified response structure	• EU Exit issues will be managed through established incident response structures & battle rhythm in place for Covid-19 (local, regional and national level) • NHS organisations should have identified a named SRO for EU Exit • Winter operations as an aligned function
Escalation	• EU Exit issues requiring escalation should be escalated through current EPRR SPOC from trust/ system to regional ICC to national ICC • Existing ALB / BAU escalations to NHSBT; PHE; NSDR continue in parallel
Sit Rep	• Daily intelligence gathering from trust level • EU Exit sit rep is being reviewed, including alignment to Covid and winter sit reps
National Incident Coordination	• National ICC will include EU Exit SMEs (EU Exit cell) to support resolution of escalating issues (working with national cells) • Interface with DHSC Operational Response Centre • National incident coordination includes Commercial and Procurement Cell (CPC) and Shortage Response Groups (SRGs)
Commercial and Procurement Cell (National)	• Single Commercial and Procurement Cell across Covid and EU Exit • Working with NSDR, suppliers and clinicians to support NHS in responding to supplier disruption • Developing operational instructions e.g. to support change of supplier • Coordination of SME advice
EPRR and Shortage Response (National)	• Principle of subsidiarity and enhanced clinical advice to support this • Additional incident management capacity for escalating incidents • Access to serious shortage escalation protocols and national EPRR contingencies via ICC • National response for non-EU Exit EPRR incidents

High Level NHS Timeline

Sept 20 — **September:** Internal governance set up; understand and test DHSC/ Government planning assumptions and contingencies

Oct 20-Nov 20 — **October/ November:** Make ready the NHS system; ensure a resilient operational response infrastructure is in place

Late Nov 20 — **Late November:** Assurance of system preparedness

Dec 20 — **December:** Transition to incident response; daily sit rep; SRGs in place

Local actions

- Put in place and **test business continuity and EPRR plans**
- Ensure **EU Exit SRO and associated SME team** in place
- Make **Board aware** of issues
- **Communication plans / key messages to front-line colleagues**
- **Revisit operational guidance and current information** from each workstream to ensure plans are up-to-date
- Revisit assurance exercises and **address outstanding actions**
- Test and communicate **escalation routes**
- **Engage across system** and **'walk the floor'** to identify any further concerns, interdependencies and vulnerabilities around supply chain
- With partners **ensure integrated system-based approach** to plans
- **Consider differences** – implications of winter, assumptions about port access, vulnerable populations etc.
- Ensure **local risk assessments are up to date**

DHSC is pursuing a multi-layered approach to help minimise potential disruption to the supply of all medicines and medical products at the end of the transition period

The **'multi-layered' approach** consists of:

- **Alternative freight routes** away from potential disruption, includes HMG secured freight capacity for cat 1 goods (all medical products)
- **Trader readiness** – supporting all companies to be fully prepared for EU and UK customs checks
- **Buffer stocks** – asking suppliers to aim for target level of 6 weeks stock on UK soil
- **Regulatory flexibilities** so products continue to be placed on the UK market, including 2-year standstill on medicine regulations
- Enhanced shortage management via **National Supply Disruption Response (NSDR)** in DHSC, including end-to-end logistics solution as contingency.

Medicines

NHS

- **Prescribe and dispense as normal:** Clinicians and pharmacists should continue to prescribe and dispense as normal, and reassure patients that extra medication is not required and avoid issuing longer prescriptions.
- **Local stockpiling is not necessary**: It is not appropriate for anyone to stockpile locally. Organisational stockpiling risks putting pressure on medicines availability. Government has been engaging with medicine suppliers to support contingency planning.
- **Business as usual shortages management applies**: Reporting of any shortages should be conducted through usual routes, in line with published guidance on managing medicines supply and shortages. A national Medicines Shortage Response Group (MSRG) has been established to provide clear governance, communication and decision-making during the end of transition period.
- **Over-ordering will be investigated:** Incidences involving over-ordering of medicines will be investigated by the relevant Chief Pharmacist.
- **Ensure that your organisation is familiar with the latest information on supply disruption:** Ensure all appropriate staff are able to share the information contained in CAS alerts and other central communications with clinicians. Regional pharmacists will be supporting local planning to enable effective communication and escalation.
- **Provide patients with information:** A priority for the NHS will be to provide advice to patients about plans for continuity of supply, to provide confidence and assurance regarding medicine supply. We are developing briefing material and resources to support.

Medical Devices & Clinical Consumables (MDCC)

- **Multi-layered approach** to support continuity of supply for MDCC
- **Express Freight Service** in place and available for all workstreams
- Plan for **longer lead times for MDCC products 72 hours** – in the same way as for previous exit dates
- **DHSC assurance undertaken supplier-by-supplier**

Key LOCAL actions needed:

- **Review existing arrangements** regarding planning for longer lead-in times and communicate arrangements for this internally
- Continue to **manage any continuity of supply issues following business-as-usual routes**
- **Ensure all staff are aware of potential implications and that business continuity plans are in place**
- **Review the short lead time items to assess contingency and whether these items can be sourced via NHS Supply Chain**
- **No local stockpiling**

Non-Clinical Goods & Services (NCGS)

- Reviewed, **with a sample of trusts** across all regions, the list of suppliers to be nationally managed
- Supplier assurance with **nationally-managed suppliers,** across primary, secondary and social care **is underway**
- Additional suppliers identified through refreshed **analysis of supply chain data** and work has commenced on assurance and engagement
- Key categories such as **Food, Linen, Laundry and Lift Maintenance** are being reassessed with **key supplier business continuity plans reviews**
- We expect a **common sense approach to menu planning** will ensure continuous provision of nutritious and balanced meals
- NHS providing support to the frontline to resolve potential supply issues – a **Commercial and Procurement Cell (CPC)** extended from the current PPE service
- CPC to be operational for End of Transition Period **from 14th December 2020.**

Vaccines

- **Vaccines should not be stockpiled beyond business-as-usual levels.** Over-ordering will be investigated
- **Pharmacists and emergency planning staff should meet at a local level** to discuss and agree local contingency and collaboration agreements
- **Local cross-system medicines supply continuity plans should be developed and agreed at trust/ CCG board level** – including arrangements for collaboration to ensure shortages of locally-procured vaccines are dealt with promptly
- **There will be a Vaccines Shortage Response Group** for nationally and locally-procured vaccines, coordinated by PHE with NHS E&I and with membership from the Devolved Administrations.

Information for patients:

- ***The government, NHS and PHE have been working together to ensure vaccines will be available as needed after the UK leaves the EU***
- ***Vaccines brought in from the EU are covered by the Government's contingency plans; can be imported at short notice including air freight for products with a short shelf life***

NHS Blood and Transplant

- **Do not stockpile products from NHSBT.** NHSBT is aiming to supply as normal and is stockpiling medical devices and critical consumables from the EU
- **Continue to behave as normal around NHSBT products and services,** unless contacted by NHSBT to change
- **Group O Negative blood** is, as ever, a valuable resource and we thank hospital transfusion departments and users for their work in using this resource to its best effect. We ask that hospitals continue this good work.

Information for patients:

- ***Blood donors should continue to donate blood as normal.***

Clinical trials, research and clinical networks

- **Continue to recruit patients into clinical trials.** Recruitment should only be stopped where instructed from a trial sponsor or the organisation managing the trial
- Trusts, R&D departments and other providers involved in clinical trials should **be familiar with issued guidance and the series of DHSC technical notices**
- UK Chief Investigators, or organisations managing the clinical trial/ investigation, should **liaise with trial sponsors to understand their arrangements for ensuring supply of trial products**
- **NHS sponsors should understand their supply contingency arrangements and respond to DHSC's data requests**

Information for patients:

- ***Patients involved in clinical trials and other research should not be concerned about potential impacts of EU Exit.*** The NHS and the Government is working with organisations running clinical trials to ensure that research continues as normal in the coming months.

Section 2 – Other workstream updates

- Workforce
- Data
- Reciprocal healthcare/ cost recovery
- Adult social care
- Primary and community care

Workforce

- **Provide continued reassurance to EU staff; they are welcome** and make an important contribution to health and social care services across the UK.
- **The EU Settlement Scheme is open to all EU citizens, including NHS staff.** NHS staff from the EU already working here have access to the EU settlement scheme until June 2021. **Continue to promote the Settlement Scheme** to EU staff, and encourage staff to progress their application for 'settled' or 'pre-settled status'.
- There will be **no need for any change to existing employment contracts of EU staff** following the end of the transition period and EU staff do not need to reapply for their jobs.
- **Mutual recognition of profession qualifications (UK legislation recognising EU nationals qualifications)** will apply for at least two years post the end of the transition period. Please contact your relevant professional regulator for any registration queries.
- The UK's new skills-based immigration system will be introduced in 2021. The majority of healthcare roles are exempt from the restrictions imposed by the immigration bill.
- Working with partners across social care, **continue to assess the number of EU national staff and escalate concerns to regional teams** and ensure local contingencies are in place, feed these into Local Health Resilience Partnership and Local Resilience Fora.
- **Be aware that NHS England and Improvement encourages NHS organisations to allow staff to be 'passported' across different trusts**.

Data

Each NHS organisation is usually a data controller and therefore has its own legal obligation to meet the terms of the General Data Protection Regulations.

- **Data transfers:** identify your personal data flows from the EU/EEA and put in place alternative transfer mechanisms such as Standard Contractual Clauses (SCCs) to allow these flows to continue.
- **Data storage:** identify where your data is stored by EEA based processors, for example with cloud storage providers based in the EU, and engage with them to gain written assurances that data will continue to flow back to the UK.
- **Data audit:** conduct an audit of all your personal datasets, ensuring information is up to date and relevant meta-data is held, including geographical origin of the data and the legal basis for transfer.
- **Data protection:** ensure you are compliant with UK GDPR.
- **Implications of Schrems II case (transferring personal data internationally)**: currently NHSEI are advising that organisations continue to put in place appropriate mitigations e.g. SCCs and conduct a risk assessment following the recent ruling.

Information for patients:

- ***General Data Protection Regulations (GDPR) will still apply after the UK leaves the EU. Steps are being put in place by NHS organisations to ensure any patient data transfers are able to continue uninterrupted.***

Reciprocal healthcare and overseas visitors charging

- Staff should **be aware of the advice to provide** to patients.
- **Healthcare cover will change for EU citizens** who visit the UK after 31 December 2020 and whose country does not have a reciprocal healthcare agreement with the UK. Those visitors will be charged for accessing NHS healthcare, **unless it is a service that would be free of charge for everyone**, or they are exempt from charging.
- **Guidance** for the public, CCGs and providers on reciprocal arrangement and overseas charging will be updated once the Government has confirmed the new reciprocal arrangements with EU member states.
- The EU Directive will not be available from 1 January 2021 and, if no reciprocal healthcare agreement is made, S2s will not be available.
- The latest information about travelling abroad is available here: https://www.nhs.uk/using-the-nhs/healthcare-abroad/healthcare-when-travelling-abroad/travelling-in-the-european-economic-area-eea-and-switzerland/
- The overriding advice from UK Government is to take out insurance when travelling outside of the UK.
- DHSC, NHS England and NHS Improvement will provide updates and further information as the position develops.

Adult Social Care

Social care providers may be impacted by EU transition supply issues. Given the diverse nature of the sector, resilience to these and actions required will vary. DHSC is working closely with major suppliers. Local authorities will maintain local oversight.

Key actions

For you

- **Collaborate** - ensure that at all levels contingency plans are in place and shared on EU transition, winter and Covid. Reach out to Local Authorities, relevant provider partners and LRFs to share information about local level planning – collectively look at risks affecting care continuity and identify mitigations.

Providers

- As with NHS organisations, **do not stockpile medicines**.
- **Regularly review business continuity plans** to make sure they are up to date and work with local authorities to ensure these are aligned with local contingency plans, in particular those being developed by LRFs (see the Care Provider Alliance guidance).
- Plan for longer lead times of products imported from the EU and **be prepared to receive stock deliveries outside normal hours**.
- Inform staff and those receiving support who are EU citizens about the **EU Settlement Scheme** and help them apply if they need support.

Primary and community care

- **Understand the escalation route:** For primary care organisations any queries related to the end of the transition period should be raised with the organisation that commissions the service in the first instance. The commissioner can then escalate to regional incident co-ordination centres.
- **Prescribe and dispense as normal:** Doctors and pharmacists are encouraged to reassure patients that they do not need to order extra medication as this could contribute to or cause supply problems. Prescriptions covering longer durations than normally prescribed should be avoided. Prescription durations will be monitored and investigated where necessary.
- **Ensure you are familiar with the latest information on supply disruption:** Ensure CAS alerts and other communications are quickly and effectively shared with all team members who need this information.
- **Consider your supply chain:** Although national contingency measures are in place, it may be necessary to consider ordering business critical products earlier.
- **Encourage patients to take out travel insurance before travelling to the EU:** After the UK leaves the EU, European Health Insurance Card (EHIC) cards may not be valid.
- **Continue to register patients as normal:** Primary care services remain free to all, however there may be some changes around eligibility to receive NHS care which could be chargeable.
- **Encourage staff who are EU citizens to register with the EU Settlement Scheme.**

Further information

- As the UK/ EU negotiations continue, we will provide updates when there is any clarity on the actions for end of transition period in relation to the NHS.

- Key sources of further information:
  - All information will be shared via the incident coordination centre, out to the regional teams and then on to **EU Exit SROs** in the first instance.
  - **All information published by the DHSC** – and other parts of Government – on EU Exit can be **viewed on GOV.UK**.
  - **Information and guidance published by NHS England and NHS Improvement** will be available on our web pages shortly.
  - As part of the wider approach to **patient communications, patient-facing content** will continue to be published on the nhs.uk website under the appropriate section.
  - Similar webinars on actions to prepare for the EU exit End of Transition are being hosted with other stakeholders, independent sector, patient groups.

The Tavistock and Portman
NHS Foundation Trust

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

AGENDA

		Presenter	Timing	Paper No
1 Administrative Matters				
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 10 Sept 2020	Chair		1
1.5	Action log and matters arising	Chair		Verbal
2 Operational Items				
2.1	Governor Feedback	All Governors	2.10pm	Verbal
2.2	Chair's Update	Chair and Non-Executive Directors	2.20pm	Verbal
2.3	CEO Report	Chief Executive	2.30pm	2
2.4	Finance & Performance	Director of Finance	2.40pm	3
3 Items for discussion				
3.1	Strategic Review	Chief Executive	2.50pm	4
3.2	EU Exit	Deputy Chief Executive & Director of Finance	3.10pm	5
4 Other matters				
4.1	Any other business	Council Members	3.20pm	Verbal
5 Date of Next Meeting				
	11th March 2021 – 1.00 – 2.00pm (Governor pre-meeting) 2.00pm – 5.00pm (formal meeting)			