



The Tavistock and Portman
NHS Foundation Trust

Council of Governors Part Two

Agenda and papers of a meeting to be held in public

**Thursday, 16th
March 2023**

**For timings
please refer to
the agenda**

**COUNCIL OF GOVERNORS – PART TWO
MEETING HELD IN PUBLIC
16 March 2023 at 3.10 – 5.30 pm
Lecture Theatre, 5th Floor
The Tavistock and Portman NHS Foundation Trust
as well as Online (via Zoom)**

AGENDA

		Lead	Timing	Paper No
1 Preliminary Business				
1.1	Chair's welcome and apologies for absence	Chair	3.10	Verbal
1.2	Council members' declarations of interests	Chair		Verbal
1.3	Chairs opening remarks and introduction of new NEDs	Chair	3.15	Verbal
1.4	Minutes from the Annual General Meeting held on 7 th February 2023 - for noting	Chair		Enc 1 To follow
1.5	Minutes of the meeting held • 8 December 2022	Chair	3.25	Enc 2
1.6	Matters Arising and Action Log	Chair		Enc 3
2 Reports and Updates				
2.1	Patient/Staff/Student Story or Service Presentation	Chief Nursing Officer	3.30	Verbal
2.2	Governor Feedback	Lead Governor	3.45	Verbal
2.3	Chief Executive's Report	Chief Executive	3.55	Enc 4
2.4	Finance Report	Chief Financial Officer	4.05	Enc 5
2.5	Membership and Engagement Report	Head of Communications and Engagement	4.10	Enc 6
3. Reports from the Non-Executive Chairs of the Board Assurance Committees				
3.1	Education and Training Committee Highlight Report • 2 February 2023 • 1 December 2023 – Deep Dive Report	Committee Chair	4.15	Enc 7
3.2	Audit Committee Highlight Report • 19 January 2023	Committee Chair and/or Executive Lead	4.35	Enc 8
3.3	Quality Committee Highlight Report • 19 January 2023	Committee Chair and/or Executive Lead		Enc 9

		Lead	Timing	Paper No
3.4	People, Organisational Development, Equality, Inclusion and Diversity Committee Highlight Report <ul style="list-style-type: none"> 12 January 2023 	Committee Chair and/or Executive Lead		Enc 10
3.5	Performance, Finance and Resources Committee Highlight Report <ul style="list-style-type: none"> 24 January 2023 	Committee Chair and/or Executive Lead		Enc 11
4. Statutory Duties and Responsibilities				
4.1	To receive a recommendation from the Nomination Committee for the proposed re-appointment of a Non-Executive Director	Committee Chair	4.55	Enc 12
4.2	To receive a report of the Nomination Committee <ul style="list-style-type: none"> Appointment of Senior Independent Director Supplementary Payments for Non-executive Directors 	Committee Chair	5.00	Enc 13
4.3	Review of delivery of Trusts Quality Priorities 2022/23 and Update on selection process for Quality Priorities 2023/24	Chief Nursing Officer	5.10	Enc 14
5. Closing Business				
5.1	Questions from the Public	Chair	5.20	Verbal
5.2	Any other Urgent Business	Chair	5.25	Verbal
5.3	Issues to be escalated to the Board of Directors	Chair		Verbal
5.4	Review of Meeting	Chair		Verbal
5.5	Date and time of next meeting and future meeting dates Thursday 8th June 2023 at 2.00pm [venue to be confirmed]	Chair		Enc 15
	Close of Public Meeting		5.30	
REFERENCE DOCUMENTS				

**DRAFT MINUTES OF A MEETING
OF THE COUNCIL OF GOVERNORS
Part 1: Public Meeting**

Thursday 8th December 2022, 2:00 pm
Held virtually via Zoom

PRESENT

Members

John Lawlor	Trust Chair and Chair the Council of Governors
Kathy Elliot	Stakeholder Governor and Lead Governor
Sheena Bolland	Public Governor
Ffyona Dawber	Public Governor
Julian Lousada	Public Governor
Kenyah Nyameche	Public Governor
Michael Rustin	Public Governor
Michelle Morais	Public Governor
Peter Ptashko	Stakeholder Local Authority Governor
Jessica Anglin d'Christian	Staff Governor
Paru Jeram	Staff Governor
Katherine Knight	Student Governor

In attendance

David Levenson	Non-Executive Director and Chair of the Education Committee
Aruna Mehta	Non-executive Director and Chair of the Performance, Finance and Resources Committee
Shalini Sequeira	Non-Executive Director and Chair of the People, Organisational Development, Equalities Diversity and Inclusion Committee
Janus Jankowski	Non-Executive Director
Sabrina Phillips	Non-Executive Director
Claire Johnston	Non-Executive Director
Terry Noys	Chief Finance Officer and Deputy CEO
Julie Dawes	Interim Director of Corporate Governance
Alastair Hughes	Interim Director of Strategy and Transformation
Jenny Goodridge	Interim Chief Nursing Officer
Elisa Reyes-Simpson	Interim Director of Education and Training
Laure Thomas	Director of Communications
Mike Smith	Communications
Lucy Nutley	Mazars, External Auditors
Fiona Fernandes	Corporate Governance Officer
Amanda Hawke	Corporate Governance Manager (Minutes)

Apologies for absence

Michael Holland	Chief Executive
Sal Jarvis	Non-Executive Director
Debbie Colson	Non-Executive Director and Chair of Quality Committee
David O'Mahony	Stakeholder Governor

1	Preliminary Business
1.1	Chair's opening remarks, and apologies for absence
	Mr Lawlor welcomed those attending. Apologies were received from Michael Holland, David O'Mahoney, Deborah Colson and Sal Jarvis
1.2	Council members' declarations of interest
	None.
1.3	Auditors Annual Report 2021/22
	<p>Lucy Nutley, External Auditor, attended for this item.</p> <p>Ms Nutley presented the final Auditors report from 2021/22. The report includes a commentary on value for money and also identifies potential risks to the Trust. Details on five identified risks have been given. Issues that have affected the Trust include, the relocation project, a governance review and payroll issues. It is recognised that the Trust had done a lot of work on recommendations associated with these issues as at 31st March 2022 when these risks were current.</p> <p>Mr Noys highlighted the current issues affecting financial stability, £3.8million deficit and the ending of the relocation project. He also noted that there had been delays to meeting with the Auditors.</p> <p>Ms Elliott asked what is being done to address the issues the Trust faces. Financial risks are being addressed through SOF3 and a review by Price Waterhouse Cooper. Payroll issues are being addressed and progress is being made. A task and finish group has been established to address issues raised by the Governance Review.</p> <p>Mr Lawlor asked that the report is noted and advised that more information on the Price Waterhouse Cooper will be provided once the work is completed.</p> <p>13/22 Action Point: Further information from the work of Price Waterhouse Cooper to be circulated to Governors once it is completed</p>
1.4	Chair's opening remarks and introduction of new NEDs
	<p>Mr Lawlor extended thanks to the three Governors who had completed their term of office, Badri Houshidar, Freda McEwan and Richard Murray.</p> <p>Four new Non-Executive Directors have been appointed, Claire Johnston, Janusz Jankowski, Sabrina Phillips and Sal Jarvis. Mr Lawlor welcomed three of the new NEDs to the meeting.</p>
1.5	Minutes of the meeting held on 8th September 2022
	The minutes held on 8 th September 2022 were agreed as a true and accurate record.

1.6	Matters arising and Action Log
	Outstanding actions are being addressed. Actions 1/22 and 2/22 were discussed in the pre-meet held today.
2	Reports and feedback
2.1	Governor Student story
	<p>Ms Reyes-Simpson introduced Katharine Knight, our Student Governor, who shared details of her student story.</p> <p>Ms Knight's first contact with the Trust was as a patient which was a positive experience, she later went onto study medicine and started a family. She then decided to train as a psychotherapist so enrolled on the D58 Course. Starting during the pandemic was difficult, but she found the teaching to be of a high quality. She does feel that there is room for improvement around administration. She became a student representative so has had lots of feedback from students. She highlighted the impact the issues surrounding GIDS has had on the students.</p> <p>Thanks were extended to Ms Knight for sharing her story with the Council. It was noted that improvements on communicating with students about Trust issues should be made. A student reference group was suggested. Ms Reyes-Simpson advised that it is difficult to arrange such a meeting as students attend on different days, but work will continue on this.</p>
2.2	Governor Feedback
	<p>Feedback was received from several Governors.</p> <p>The following points were raised:-</p> <ul style="list-style-type: none"> • Hybrid meetings are an issue, could some meetings be in person only • Meeting dates for 23/24 need to be advised as soon as possible, including the AGM • Admin support for Governors would be useful • The process for claiming expenses needs to be clarified • The length of the papers for the Council of Governors meeting is very long, some direction as to which papers are key would be useful • Governors need to connect with the work of the Trust and to understand the future direction of the Trust • A strengthened relationship needs to be built between the Board and the Council of Governors. • What is the impact on the Trust of the current NHS crisis?
2.3	Governor Election Results: Official Announcement on 8 December
	It was noted that there were two non-contested seats and two elected seats.
2.4	Chief Executive's Report
	The Chief Executive's report was presented by Mr Lawlor as Dr Holland was

	<p>not able to join the meeting until later. The key issues raised were:-</p> <ul style="list-style-type: none"> • Workforce agenda – Ms Farrington has done a large amount of work on this and a strategy has been developed • Meetings continue between NHSE, the ICB and the providers on GIDS and the sustainability of the new model • Progress has been made with Carenotes which is now restored • The ICB has commissioned PriceWaterhouseCooper to carry out a financial resilience review of the Trust; we are awaiting feedback from this. TN advised that the initial findings of PWC are not unexpected, our deficit will increase when the GIDS contract ends. • The Royal College of Nursing has voted in favour of strike action • Claire Murdoch, national Director for Mental Health, has initiated a review of mental health in-patient services. Although we do not have any inpatient services we have looked at the highlights of the report. <p>A request was made for Governors to see the report by PWC. As this report was commissioned by the ICB we would have to ask them if this would be possible.</p> <p>There was a discussion and clarification of the role of the Integrated Care Board (ICB) and its relationship with the Trust. Mr Lawlor had been meeting with the Chair of the ICB, Mike Cooke, and Dr Holland will continue with his regular meetings with the ICB CEO, Frances O’Callaghan. It was noted that the CEO, CMOs, COOs and CNOs of each organisation within the ICB have regular meetings so there is close involvement between them.</p> <p>Governors asked about patients within the GIDS Service. We will continue to see these patients during 2023, as long as we are able to staff a safe service. New clinics are being commissioned in Manchester and at the Alderhey Hospital and in London at GOSH and Evelina Children’s Hospital. These services will be paediatric led. We have been involved in the discussion on these new services. An outline specification has been produced by NHSE and 5000 responses to the consultation have been received. The final decision on the services is expected to be delayed.</p>
2.5	<p>Finance and Performance Report</p>
	<p>Mr Noys explained that as we are now part of the ICB our budgets are agreed by them. We have been asked to reduce our deficit to £3.8M. We have some cost pressures but are expected to achieve the planned deficit. It was noted that we are down on staffing costs due to vacancies which although good for our finances is not good for our services. Our agency spend is high, however this is a sector wide problem.</p>
2.6	<p>Membership and Engagement Report</p>
	<p>Mike Smith presented this report which was taken as read.</p> <p>The Communications Department is looking at different ways of communicating and engaging with staff. They are also looking to involve Governors in some Team meetings within the Trust as well as Lectures, book launches and cultural events. These will all be included in the Newsletter that is sent to all Governors and members.</p>

	<p>It was noted that Governors may not have received information about some events as they use their personal email addresses. We are looking to ensure that all Governors have Tavi email addresses so that they receive the relevant information.</p>
3	Reports from the Non-Executive Chairs of the Board Assurance Committees
3.1	Education and Training Committee Highlight Report
	<ul style="list-style-type: none"> • 1 December 2022 • 29 September 2022 <p>Mr Levenson welcomed Janusz Jankowski and Sal Jarvis the new NEDs who are joining the Education and Training Committee.</p> <p>Mr Levenson wished to highlight the following points:-</p> <ul style="list-style-type: none"> • As yet no business report on profitability on individual courses is available, but this is expected at the next meeting • There are various groups who report to the Education and Training Committee such as Development of courses. Student Representatives are considered very important in these groups. • Successful accreditation for Child Psychotherapy courses • Students from different backgrounds have benefited from grants, but funds are now running low. Work has been started to address this through fundraising and grants • Mr Levenson commended the staff in DET for their work.
3.2	Audit Committee Highlight Report
	<ul style="list-style-type: none"> • 13 October 2022 <p>It was noted that as David Holt has now finished his term of office as a Non-Executive Director the role of Senior Independent Director is yet to be filled. The Audit Committee will have joint chairs, Aruna Mehta and David Levenson.</p> <p>The primary focus of the Audit Committee is on risk and providing assurances to the Board that these are being addressed.</p>
3.3	Quality Committee Highlight Report
	<ul style="list-style-type: none"> • 16 November 2022 <p>Ms Goodridge spoke to this paper. She advised that many of the issues have already been covered in the Chief Executive's report to the Board. Ms Goodridge gave details of how the committee has developed since its inception earlier this year. The committee looks at the indicators within the Trust, but with CareNotes not available for several weeks it has not been possible to do this in all areas. Information from the indicators feeds into the direction of travel for the Trust. Systems are being put in place to ensure safety within the Trust; the data we have has identified areas for improvement.</p>

14/22	<p>Ms Elliott felt it would be good if the Governors could have some examples of the data.</p> <p>Action Point: It was agreed that Governors would receive a summary of the key points of the Quality Report.</p>
3.4	<p>People, Organisational Development, Equality, Diversity and Inclusion Highlight Report</p>
	<p>10 November 2022</p> <p>Mrs Sequeira spoke to the report and highlighted the following points:-</p> <ul style="list-style-type: none"> • Appraisal compliance – training is being provided to staff by HR • Shared Services – there is still a back log on this so it continues to be a challenge • Payroll issues – these are discussed at each meeting • Staff Survey – low take up • People Plan – Dr Mhlanga is working to move forward with the Race Action Plan. A review has been carried out by Camburg which has identified changes to be made. An action plan is being developed on this. • Cost of living crisis and health and well-being of staff – since the Chief People Officer ended her term of office and we are awaiting the new incumbent some of this work has not yet progressed <p>It was noted that there are other indicators of how staff are coping such as the Pulse Survey. Governors were assured that meetings are taking place with staff on a weekly basis within their teams to gauge how they are feeling. Dr Holland will be engaging with staff in a series of meetings and workshops. It was suggested that the Trust follow up on some of the straightforward tasks that would benefit staff and hopefully lift spirits.</p>
3.5	<p>Performance, Finance and Resources Committee Highlight Report</p>
	<p>29 November 2022</p> <p>This committee is chaired by Aruna Mehta, Executive Leads are Terry Noys and Sally Hodges.</p> <p>Ms Mehta advised that the third PFR meeting had been held, she highlighted the following points:-</p> <ul style="list-style-type: none"> • Good finance data is being provided to the committee • We have made progress on performance with over 300 contracts; these are of varying sizes. There has been good engagement with clinicians on these contracts • An integrated Quality and Performance Report was suggested • The System Oversight Framework has been put at level 3 by the Integrated Care Board (SOF3) • Strategic Review is nearing completion. The Electronic Staff Record is being updated with the new structures. The challenge is

	<p>the number of vacancies we currently have.</p> <ul style="list-style-type: none"> • One of the risks the Trust faces is the loss of the GIDS service and the contribution to overheads associated with this • Mr Noys advised that we are making progress with the capital projects that are being undertaken.
4	Statutory Duties and Responsibilities
4.1	Re-appointment of external auditors
	<p>Mr Noys advised that the Audit Committee has recommended that we re-appoint Mazars as our Auditors for a further year. Once our accounts are laid before Parliament we will re-tender for Auditors, however it was noted that there are only a few Auditors who take on NHS Trusts. An increase in fees is expected.</p> <p>It was noted that there were delays in finalising the Trust 2021-22 accounts due to staffing issues within the Finance Team, these will be addressed in the coming year.</p> <p>It was agreed to appoint Mazars as Auditors for a further year.</p>
4.2	New NHS guidance on good governance and collaboration
	<p>Information provided on this was for noted. Briefing sessions on our engagement with the ICB will be offered to Governors in the coming year to help in understanding the different roles.</p>
4.3	Proposal for Governors to attend future Board Committee Attendance
15/22	<p>Mr Lawlor and Ms Elliott together with the Board Committee Chairs will discuss Governors being invited to attend Board Committees in an observer capacity. NHS Providers have guidance on this issue.</p> <p>Action Point: Information will go out to Governors on the approach to them being invited to attend Board Committees in an observer capacity..</p>
5	Closing Business
5.1	Questions from the Public
	None.
5.2	Any other Urgent Business
16/22	<p><u>Letter from David Bell on Adult Gender Services</u></p> <p>Mr Lawlor advised that a letter had been received from Dr Bell expressing concern about what is being offered to 18-24 year olds in the Adult Gender Services. Dr Holland has seen the letter and a meeting has been arranged for January 2023. The focus of the discussions will be on services for this group of patients. Issues over waiting times will be addressed by NHS England.</p>

	<p>Action Point: The letter will be shared with the Governors. It was stressed that this letter should not be shared with anyone else.</p> <p>Mr Lawlor advised that he had met with Dr Bell, together with Ms Elliott earlier in the year and the meeting had gone well.</p>
5.3	Issues to be escalated to the Board of Directors
	None
5.4	Review of Meeting
	Full agenda, but noted that it is necessary to share widely information with Governors.
5.5	Date and time of next meeting
	Thursday 16 th March 2023 at 1.30pm pm, venue to be confirmed.

Draft

Council of Governors Part 1: Action Log (Last updated December 2022)

Ref	Meeting Date	Agenda Item	Action Notes	Lead	Due Date	Progress / Comments	Status
1/22	9.6.2022	6/22	Mr Lawlor to develop a programme of Development Sessions, and report at the September meeting.	JL	1.9.22	A comprehensive governor induction, development and appraisal programme is currently being developed in conjunction with the Director of Corporate Governance. Will bring forward proposals when new NEDS and CEO have been appointed. WORK IN PROGRESS	Overdue
2/22	9.6.2022	8/22	Mr Jenkins to propose measures for closer working between governors and committees, and report at the September meeting.	PJ	1.9.22	A proposal will be developed in conjunction with the Trust Chair and the Director of Corporate Governance for consideration and approval at the December meeting. This will be considered as part of the next steps of implementing the wider Board Governance Review. WORK IN PROGRESS	Overdue
9/22	8.9.2022	2.2 Governor Feedback	Mrs Dawes to ensure that papers are sent out a week before the meeting. Resolve problems where new governors not included on Virtual Board Room, or existing governors not able to access papers when formerly they could. Provide training on VBR for	JD	December 2022	As the problem concerning the late distribution of papers is still ongoing, the Director of Corporate Governance is in urgent discussion with the newly appointed Chief Executive Officer in order to immediately resolve the resourcing problem in the corporate governance team .	CLOSED

Ref	Meeting Date	Agenda Item	Action Notes	Lead	Due Date	Progress / Comments	Status
			new governors.			It can be confirmed that VBR accounts have been created for all governors and training sessions have also been organised to take place during Dec RECCOMENDATION: Close	
12/22	8.9.2022	4.4 Education and Training Committee Highlight Report	Mr Lawlor to consider each board Committee presenting an annual deep dive report to the Governors, beginning with the Education and Training Committee in December.	JL	December 2022	Owing to timing, the first deep dive report relating to the Education and Training Committee meeting, which took place on 1 December, will be shared with governors at the next meeting in March 2023. RECOMENDATION: Close	CLOSED
13/22	8.12.2022	1.3	Further information from Price Waterhouse Cooper to be circulated to Governors once it is completed.	Mr Noys	16 March 2023	Information not yet available RECOMMENDATION: Remain Open	OPEN
14/22	8.12.2022	3.3	It was agreed that Governors would receive a summary of the key points of the Quality Report and the Improvement Plan	Ms Goodridge	16 March 2023	Included in the quality committee report RECOMMENDATION: Close	CLOSED
15/22	8.12.2022	4.3	Information will go out to Governors on the opportunity to attend Board Committees as observers	Mr Lawlor	16 March 2023	Proposal considered with NED Committee Chairs in February 2023. John Lawlor to circulate the proposal to Governors in March 2023 RECOMMENDATION: Remain Open	OPEN
16/22	8.12.2022	5.2	Letter written by Dr Bell to be shared with Governors in strict confidence	Mr Lawlor	16 March 2023	Letter circulated to Council of Governors in December 2022 RECOMMENDATION: Close	CLOSED

MEETING OF THE COUNCIL OF GOVERNORS PART II - PUBLIC			
Thursday 16 th March 2023			
Chief Executive's Report			AGENDA ITEM: 4
Report Author and Job Title:	Chief Executive Officer	Responsible Director:	Chief Executive Officer
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input type="checkbox"/>		
Situation	This report provides a focused update on the Trust's response to specific elements of its service delivery and subsequent future, and the evolving health and care landscape.		
Background	The Chief Executive's report aims to highlight developments that are of strategic relevance to the Trust and which the Board of Directors should be sighted on.		
Assessment	This report covers the period since the meeting on 8 December 2022.		
Recommendation	The Board of Directors is asked to receive this report as ASSURANCE and progress update against leadership responsibilities within the CEO portfolio.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	All BAF risks.		
Legal and Equality and Diversity implications	There are no specific legal or equality and diversity implications associated with this paper.		
Strategic Objectives	Improve delivery of high-quality clinical services which make a significant difference to the lives of the people and communities we serve <input checked="" type="checkbox"/>	Be a great and safe place to work, train and learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion, and collaboration. <input checked="" type="checkbox"/>	
	Develop and deliver a strategy and financial plan that supports medium and long-term organisational sustainability and aligns with the ICS. <input checked="" type="checkbox"/>	Be an effective, integrated partner within the ICS and nationally, supporting improvements in population health and care and reducing health inequalities. <input checked="" type="checkbox"/>	
	Ensure we are well-led and effectively governed <input checked="" type="checkbox"/>		

Chief Executive's Report

Purpose

1. This report provides a focused update on the Trust's response to specific elements of its service delivery and subsequent future, and the evolving health and care landscape.

Delivery against the Trust's Strategy/ Executive Portfolio Updates

2. Delivery of High-level Clinical services

The Care Quality Commission (CQC) Targeted Inspection

- 2.1. The CQC undertook a targeted inspection of our services at the Community Children and Adolescent Mental Health Services (CAMHs) from 23 to 27 January 2023. We will inform the Board as and when we receive the outcome of the inspection visits.

3. Great and Safe Place to Work, Train and Learn

Senior management changes

- 3.1. I'm delighted that we have a new Chief People Officer (CPO) who started on 1 February, Gem Davies, who is coming to us from her Deputy CPO role at the Homerton Healthcare NHS FT, and Dayo Ajibola, who will be joining at the end of end January from the Royal Free as our new Associate Director for HR Operations. I would like to thank Karen Merchant and Sarah Mountain for everything they are doing to hold the fort and press on with the necessary improvements and also place on record our thanks to Alison Kingscott, who joined us as our Interim COP during January to provide invaluable support for a short period to the workforce team.
- 3.2. The recruitment process has commenced for the substantive appointments of the Chief Medical Director, Chief Nursing Officer, Director of Strategy, Transformation and Business Development, and the Director of Corporate Governance.
- 3.3. The Interim Director of Corporate Governance and Trust Secretary left the Trust in mid-February and we are currently in the process of recruiting a replacement.

NHS Staff Survey 2022

- 3.4. The Staff Survey results have been released. The results will be discussed in detail at the next meeting of the Board of Director in April 2023.

Gloucester House Ofsted outcome

- 3.5. We were delighted to hear earlier in the year about the outcome of the Gloucester House Ofsted inspection. The school was rated as Good overall and Outstanding for Behavior and attitudes. This is a huge achievement for the school and a testament to the excellent care and teaching delivered by its

dedicated staff. The full report was published on the Ofsted site on Friday, 27 January 2023. The Board would like to express its thanks to all those involved.

Industrial Action Update

- 3.6. In my last CEO report to Board, several unions were in the process of, or had just completed, balloting their members on whether to take industrial action.

Royal College of Nursing (RCN)

- 3.7. In November 2022, RCN members at the Tavistock and Portman voted in favour of strike action. Since then, there have been four days of RCN strikes, two in December 2022 and two in January 2023. This Trust was not included in the first round of strikes in December but were included in the second round of strikes in January.

Although some of our nursing staff went out on strike on both days, there was only a picket line at the Belsize Lane site on the second day of strikes.

Unison

- 3.8. In November 2022, the results from the Unison ballot did not yield the 50% response rate at the Trust, however, the majority of those who did return their votes were in favour of industrial action. Unison re-balloted members at organisations where the response rate was close to 50% and this includes the Tavistock and Portman. The ballot closed on 16 February 2023.

4. Development and Delivery of the Trust's Strategy and Financial Plan

Service Planning

- 4.1. Over the coming weeks the Strategy and Transformation Team will be working with each service to listen, understand and capture ambitions and plans. We want to understand each service's plans over the next 2 - 3 years and capture a set of priority objectives for delivery over the next financial year (2023/2024). Our goal is to develop a deeper understanding of the vision for each service and to align Trust-wide strategy development with service level views through an inclusive approach.
- 4.2. We are running this in parallel with the 2023/2024 budget planning process so that any planning assumptions can be discussed and joined-up.

Our Future Direction

- 4.3. I have been holding a series of 'Future Direction' sessions to hear directly from staff about their frustrations and hopes for the future. It's great to hear the themes that are emerging from the sessions so far as it feels the fundamentals for making the Tavistock and Portman an excellent place to work, receive care and train are there. Staff are clearly deeply attached to the organisation and their colleagues. There is a real passion for the work and commitment to patients and students.

The clear focus on treating people rather than symptoms has been a huge draw and motivator for staff. In addition, challenges have been highlighted. These range from the rapidly changing external landscape and the loss of relationships with longstanding stakeholders and commissioners, failings in

some basic corporate functions like recruitment and payroll, and some of the difficult dynamics in the last few years.

5. Well-led and Effective Governance

Annual Members' Meeting (AMM)

- 5.1. The Trust's AMM took place on Tuesday, 7 February 2023 (5.30 – 7.30p.m) at the Freud Museum, 20 Maresfield Gardens, London NW3 5SX.

Letter from NHS England – London

- 5.2. I received a letter from NHS England (NHSE) on 19 January 2023 which is annexed to this report as Appendix A. The letter sets out NHSE's views on the ongoing support and oversight arrangements for the Trust. We will be working with NHSE and the ICB on next steps in the coming days. The Board of Directors will be updated regularly on progress.

Integrated Governance Task and Finish Group

- 5.3. An Integrated Governance Task and Finish Group has been established on a fixed time limited basis. The group is chaired by the Chief Executive Officer and comprises David Levinson, joint chair of the Audit Committee and the Interim Director of Corporate Governance. An inaugural meeting was held in December 2022 and the group is intended to meet on a fortnightly basis.
- 5.4. An improved action plan has been put in place which consolidates recommendations from last years Office of Modern Governance board and leadership review, the outstanding governance actions with the Single Oversight Framework (SOF 3) exit criteria, any significant outstanding actions from internal audit recommendations and any identified actions associated with our preparations for a CQC Well-Led inspection.
- 5.5. The group will adopt a project management approach with an emphasis on delivering sustained improvement and not 'box ticking'. The Trust Board of Directors are responsible for the successful delivery of the integrated governance plan however increased oversight now provided by the Audit Committee via the Executive Leadership Team.

Trust – Events update

6. Book launch update

- 6.1. I am delighted to announce that a hybrid event was held on Wednesday, 8 February at 6.15 to 7.00 p.m, online and in-person at the Tavistock Centre to celebrate the publication of Margaret Rustin's latest publication. *Finding a Way to the Child: Selected Clinical Papers 1983-2021* by Margaret Rustin, edited by Simon Cregeen and Kate Stratton, is a record of the clinical thinking of Margaret Rustin across her 50 years of work as a child psychotherapist at the Tavistock. It includes some of her well-known papers and some not previously published, and ranges from individual case studies to the challenges of assessment, and work with parents. Margaret's special interest in children with a troubled early history stands out, as does her conviction of

the crucial relevance of psychoanalytic therapy for such children and adolescents.

National and Political Context

7. Joint Committee on the Draft Mental Health Bill 2022 report

The Joint Committee on the Draft Mental Health Bill was appointed by the House of Lords and the House of Commons in July 2022 to consider the government's draft Bill to reform the Mental Health Act 1983 (the Act). This is a Joint Committee report, with recommendations to government. The Government has two months to respond.

Key points noted by NHS Providers include:

- The committee welcomes the draft Mental Health Bill concluding it makes important changes to introduce more choice, accountability, and oversight into the use of the Mental Health Act 1983 (MHA). The committee would like to see the Bill introduced in this session of Parliament.
- However, the committee believes the measures in the draft Bill should be strengthened in several ways, such as by:
 - including the four principles – choice and autonomy, least restriction, therapeutic benefit, and the person as an individual – on the face of the Bill
 - creating a Mental Health Commissioner to oversee the direction of travel for the reforms and their implementation, monitoring outcomes and supporting cultural change. The commissioner would also serve as an advocate for patients, their families and carers and speak up about the stigma still attached to severe mental illness

8. NHSE - 2023/24 priorities and operational planning guidance

The document sets out the priorities for the next financial year including recovering core services, improving productivity, renewing focus on delivering the key NHS long-term plan ambitions and continuing to transform the NHS for the future.

NHS England acknowledges that 2023/24 will be a challenging year for the NHS, with ongoing Covid-19 pressures, rising demand and capacity issues. The guidance sets out ambitions to improve access to mental health services, tackling health inequalities and improving care for people with a learning disability and/or autism.

9. Foundation trust capital resource limits – statutory guidance

The Health and Care Act 2022 includes a new discretionary power allowing NHS England to make an order imposing a limit on the capital expenditure of an NHS foundation trust.

As part of the Act, NHS England must publish statutory guidance about the circumstances in which we are likely to make an order and the method we would use to determine the limit. This document provides that guidance.

10. Guidance on development of the Joint Forward Plan

The guidance supports integrated care boards (ICBs) and their partner NHS trusts and foundation trusts (referred to collectively in this guidance as partner trusts) to develop their first 5-year joint forward plans (JFPs) with system partners.

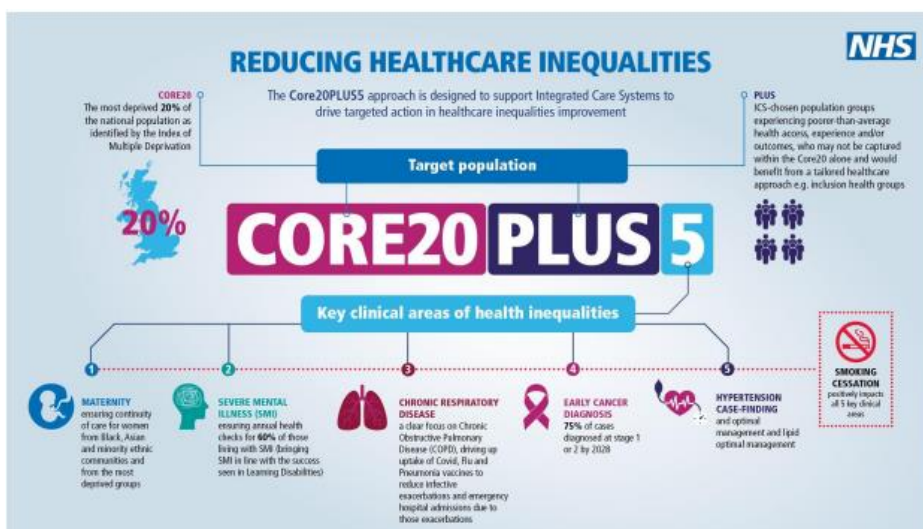
It covers specific statutory requirements that the plans must meet, such as setting out how an ICB and its partner trusts will meet the health needs of its population. The guidance also sets out how JFPs should be produced, including conducting consultations, involving health and wellbeing boards, and the role of NHSE.

ICBs and their partner trusts have a duty to prepare a first JFP before the beginning of 2023/24. However, for this first year of the process, NHSE requires systems to produce a version by 31 March, but consultation on further versions can continue beyond that date, in time for a final plan by 30 June.

This will mean the necessary governance arrangements will need to be made for the Board of Directors to consider and approve the Trust’s submission to North Central London ICS prior to 31 March 2023.

11. CORE20PLUS5 framework for Children and Young People

Core20PLUS5 is a national NHS England approach which aims to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies 5 clinical areas of focus where improvement should be accelerated to reduce healthcare inequalities. The CORE20PLUS5 approach, which initially focused on adults, has now been adapted for children and young people.



12. The Hewitt Review: An independent review of integrated care systems

The Hewitt review will consider how the oversight and governance of integrated care systems (ICSs) can best enable them to succeed, balancing greater autonomy and robust accountability with a particular focus on real time data shared digitally with the Department of Health and Social Care, and on the availability and use of data across the health and care system for transparency and improvement. Further details can be found in Appendix B.

The findings of the review are expected to be published in March 2023.

13. Conclusion and Recommendation

I would like to highlight a suite of important documents/briefings that have been issued since the last Board meeting in public (a number of which relate to items referenced in my report):

- [Draft Mental Health Bill 2022 - Joint Committee on the Draft Mental Health Bill \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/commons-select/health-and-social-care/written-evidence/2022-23/2022-11-16-draft-mental-health-bill-2022/)
- [PRN00021-23-24-priorities-and-operational-planning-guidance-december-2022.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2022/12/prn00021-23-24-priorities-and-operational-planning-guidance-december-2022.pdf)
- [NHS England » Foundation trust capital resource limits – statutory guidance](https://www.nhs.uk/consult/condocument/2022/12/2022-12-16-nhs-england-foundation-trust-capital-resource-limits-statutory-guidance)
- [NHS England » Guidance on developing the joint forward plan](https://www.nhs.uk/consult/condocument/2022/12/2022-12-16-nhs-england-guidance-on-developing-the-joint-forward-plan)
- [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](https://www.nhs.uk/consult/condocument/2022/12/2022-12-16-nhs-england-core20plus5-adults-an-approach-to-reducing-healthcare-inequalities)

MEETING OF THE COUNCIL OF GOVERNORS: 16 March 2023			
Finance Report: 10 months ended 31 January 2023			AGENDA ITEM: 2.4
Report Author and Job Title:	Udey Chowdhury, Deputy CFO	Responsible Director:	Terry Noys, Chief Financial Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	<p>Attached is the Month 10 (period to January 23) Finance Report.</p> <p>Income & Expenditure This shows that the Trust has incurred a net deficit of £3.8m. This is a positive variance against a Plan / Budget position of a deficit of £4.0m.</p> <p>Capital Expenditure At £1.6m Capex remains behind Plan, however, it is still expected that the revised Plan total of £3.3m will be achieved.</p> <p>Cash Cash is £9.7m versus a Plan figure of £7.3m. The positive variance reflects the lower Capex to date plus positive (to Plan) movements in working capital – largely income received but deferred and accrued costs not paid out.</p>		
Background	The Trust has a Plan for a revenue deficit for 2022/23 of £3.8m and for Capex of £3.3m with a year-end cash position of £6.2m		
Assessment	<p>Income & Expenditure The Trust faces cost pressures in a number of areas but has sufficient balance sheet flexibility to cope with these. The key potential risk currently facing the Trust on the delivery of its Plan deficit figure of £3.8m is the potential need to provide redundancies relating to the GIDS service. These are now estimated at £2.1m and are not included in Trust forecasts. Current legal advice received by the Trust is that these liabilities should not accrue as the GIDS staff group should be subject to TUPE, however, this continues to be an area of uncertainty.</p> <p>Capital Expenditure The Trust has revised its full year plan down slightly, to £3.3m. This has been agreed with the ICB.</p> <p>Cash Year end cash is expected to be ahead of Plan.</p>		
Recommendation	The Council of Governors is asked to: I. Note the position outlined above		

<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>Risk 6 – Delivering financial sustainability</p>	
<p>Legal and Equality and Diversity implications</p>	<p>There are no legal or equality & diversity implications associated with this paper</p>	
<p>Strategic Objectives</p>	<p>High quality clinical and educational services <input type="checkbox"/></p>	<p>Excellence in employee experience <input type="checkbox"/></p>
	<p>Organisational effectiveness <input checked="" type="checkbox"/></p>	<p>Long Term Financial sustainability <input checked="" type="checkbox"/></p>
	<p>Data quality / Decision making <input type="checkbox"/></p>	

FINANCE REPORT – MONTH 10: PERIOD ENDED 31 January 2023

1. OVERVIEW

- 1.1 For the period ended 31 January 2023, the Trust recorded a deficit of £3.8m, compared with a Planned / Budgeted deficit of £4.0m.
- 1.2 A full year reforecast shows an unchanged year end position.
- 1.3 Ongoing cost pressures – notably around GIDS, the Strategic Review, HR, and utilities inflation – are expected to be compensated by a higher than Plan vacancy factor.
- 1.4 The key risk to achieving the year end Plan would be if the Trust was required to provide for redundancy costs for GIDS – see Key Risks and Opportunities in section 9.

2. INCOME

- 2.1 Income was £52.1m, £2.1m adverse to Plan income of £54.2m.
- 2.2 This is due to DET income being £1.1m lower than Plan, CYAF income being £0.6m lower than Plan, and Clinical Support being £0.4m lower than Plan.
- 2.3 DET income shortfall is largely a phasing issue and is expected to be recovered later in the financial year.
- 2.4 The shortfall on CYAF reflects £0.5m of Trust unidentified new income that was Budgeted within CYAF and deferred block income relating to Eating Disorders and Crisis Hubs, where under-recruitment has led to reduced activity.

3. STAFFING COSTS

- 3.1 Staff costs of £40.3m are £1.7m lower than Plan. This is after factoring in a year-to-date Plan vacancy factor of £4.4m.
- 3.2 Lower than Plan staff costs reflect vacancies across all elements of the Trust.
- 3.3 Agency costs in the period total £2.8m.

4. OPERATING NON-PAY COSTS

- 4.1 Operating non pay costs of £13.6m are £0.6m lower than Plan of £14.1m.
- 4.2 This is primarily due to lower DET costs (reflecting the timing of activity noted in 2.3 above).

5. OTHER COSTS (Depreciation, Interest, PDC)

- 5.1 Non-operating costs are broadly on plan, with higher interest receivable offsetting higher than Plan depreciation costs.

6. BALANCE SHEET / CASH FLOW / CAPITAL EXPENDITURE

- 6.1 Debtors overdue by 90 days or more is £719k (compared with £762k in the previous month). The decrease is in NHS, and non-NHS debt.
- 6.2 The Trust has a bad det provision of £0.3m which is considered adequate for the purpose.
- 6.3 Cash as of 31 January 2023 was £9.7m, compared with a Plan figure of £7.3m.
- 6.4 The £2.4m improvement reflects:
- | | |
|--|-------|
| Lower than Plan capital expenditure | £1.0m |
| Changes in working capital (deferred income/accrued costs) | £1.4m |
| | £2.4m |
- 6.5 Capital expenditure is behind Plan; however, this slippage is still expected to be largely caught up during the year.

7 COMPARISON WITH PRIOR YEAR

- 7.1 Compared with the same period in the prior year (2021/22) the Trust deficit is £1.1m better reflecting higher levels of income.
- 7.2 Both pay and non-pay costs are higher than at the same time last year due in part to inflationary increases.

8 FULL YEAR OUTLOOK / KEY RISKS AND OPPORTUNITIES

- 8.1 As previously indicated, based on the position to date, it is expected that the Trust will meet its Planned full year deficit of £3.8m.
- 8.2 Emerging cost pressures arising from delays in strategic review, CQC review and associated GIDS decommissioning planning and utilities inflation, together with retrospective salary payments for increments not paid and the requirement to update Carenotes (following the issue with Advanced Systems) will be offset by higher than Plan staff vacancies and additional in-year revenue allocation.

Run Rate

- 8.3 The Finance Report now includes a section on 'Run Rate'. This uses the ICB methodology of taking the year to date ("YTD") position and extrapolating that for the remainder of the year.
- 8.4 The extrapolated run rate shows that, based on the YTD position, the Trust would incur a full year deficit of £4.6m, against the Plan deficit of £3.8m.
- 8.5 The run rate analysis fails to take into account that, for the Trust, the last quarter tends to be the most 'profitable' quarter for the year.

Key Risks and Opportunities

- 8.6 The key risk facing the Trust in achieving its Plan deficit of £3.8m is the potential need to provide for redundancies for GIDS.
- 8.7 Legal advice received by the Trust states that TUPE should apply and no redundancy provision is, therefore, required. However, as NHSE have yet to finalise the service specification for the new GIDS services, it is possible that this advice may need to be revised.
- 8.8 The ICB are fully aware of this issue.

MONTHLY FINANCE REPORT

Period 10 10 **Jan-23**

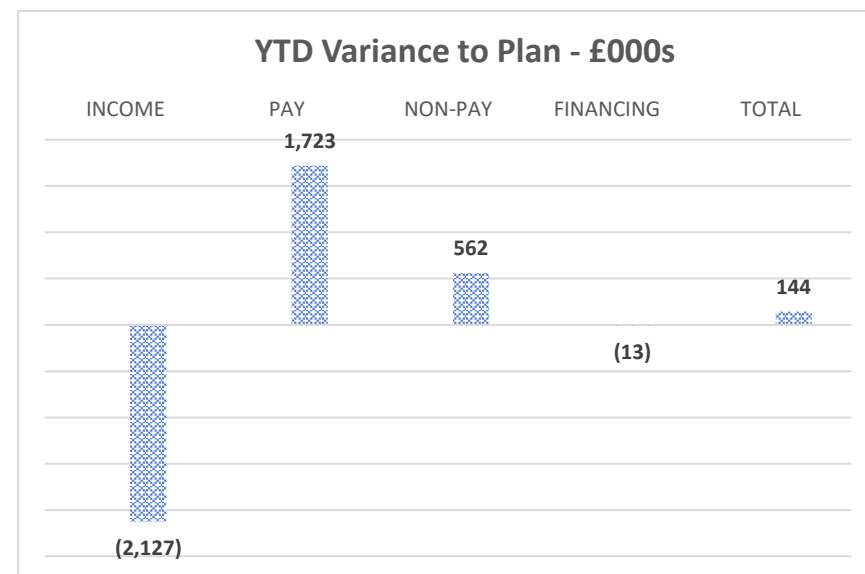
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Funds - Cash Flow	5
Capital Expenditure	6

FINANCE AND PERFORMANCE REPORT
I & E Summary

Page 2

Period 10
Jan-23

£000	Plan	Actual	Variance	Var %
INCOME	54,232	52,105	(2,127)	(4%)
PAY	(41,995)	(40,272)	1,723	(4%)
NON-PAY	(14,112)	(13,550)	562	(4%)
EBITA	(1,875)	(1,718)	157	(8%)
Interest receivable	10	106	96	
Interest payable	(22)	(20)	2	
Depreciation	(1,919)	(2,030)	(111)	
Dividend	(180)	(180)	0	
Other non-operating		0	0	
Net Surplus /(Deficit)	(3,985)	(3,841)	144	(4%)



Debtors > 90 days	Nov-22	Dec-22	Jan-23
	£'000	£'000	£'000
NHS	89	167	203
Non-NHS	218	230	143
Student	328	366	373
Total	635	762	719

	Plan	Act	Var
Projected closing cash	7,279	9,700	2,421
YTD Cash in/(out) flow - £000s	(7,534)	(5,114)	2,421
due to :-			
<i>Operating flows - accrued costs and deferred income</i>			1,396
<i>Capital slippage</i>			1,025
			0
Capital Expenditure - £000s	(2,610)	(1,585)	1,025
			0

FINANCE AND PERFORMANCE REPORT

I & E Run Rate vs Plan and Prior Yr Analysis

Period 10

Jan-23

£000	Current Year Run Rate						Prior Year Comparison		
	Plan	YTD Actual	Full Year Run Rate	Adjustments	Full Year Fcst	Variance	YTD Prior Yr	YTD Actual	Variance
INCOME	65,078	52,105	62,525	0	62,525	(2,553)	48,912	52,105	3,193
PAY	(50,036)	(40,272)	(48,326)	350	(47,976)	2,060	(39,359)	(40,272)	(913)
NON-PAY	(16,277)	(13,550)	(16,260)	515	(15,745)	532	(12,643)	(13,550)	(907)
EBITA	(1,235)	(1,718)	(2,061)	865	(1,196)	39	(3,090)	(1,718)	1,372
Interest receivable	12	106	127		127	115	1	106	105
Interest payable	(26)	(20)	(24)		(24)	2	(27)	(20)	7
Depreciation	(2,302)	(2,030)	(2,436)		(2,436)	(133)	(1,505)	(2,030)	(525)
Dividend	(216)	(180)	(216)		(216)	0	(338)	(180)	158
Other non-operating		0	0		0	0			
Net Surplus /(Deficit)	(3,768)	(3,841)	(4,609)	842	(3,767)	0	(4,958)	(3,841)	1,117

Income	Revenue contracts deferred	NCL increases and other inflationary increases - less reduction in top-up funding
Pay	£500k Annual leave provision reduction for Mar23, offset by £250k back dated increments provision	inflationary increases less vacancies
Non-Pay	Mar 23 provision release of £690k less £250k Carenotes repair	Inflationary increases - incl Utilities

FINANCE AND PERFORMANCE REPORT

Balance Sheet

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Period 10 Jan-23	Prior Year End £'000	Apr-22 £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000	Mar-23 £'000
Intangible assets	92	92	92	85	82	80	77	75	72	70	67		
Land and buildings and equipment	25,150 0	24,368 0	25,388 0	24,323 0	24,810 0	24,748 0	24,675 0	24,880 0	25,081 0	24,793 0	24,720 0		
Property, Plant & Equipment	25,150	24,368	25,388	24,323	24,810	24,748	24,675	24,880	25,081	24,793	24,720	0	0
Total non-current assets	25,242	24,460	25,480	24,407	24,892	24,828	24,752	24,955	25,153	24,862	24,787	0	0
NHS Receivables	2,410	1,491	1,183	729	315	303	955	726	312	(9)	221		
Non-NHS Receivables	5,245	5,633	5,048	4,242	5,149	6,403	7,115	7,461	7,382	6,193	6,500		
Cash / equivalents	9,043	6,531	7,821	7,181	8,140	6,157	5,375	6,883	5,063	3,746	2,290		
Other cash balances	5,773	5,737	5,786	5,986	6,090	6,274	6,523	6,819	7,007	7,418	7,409		
Total current assets	22,471	19,392	19,838	18,138	19,693	19,136	19,969	21,889	19,764	17,348	16,421	0	0
Trade and other payables	(6,563)	(6,383)	(5,515)	(5,528)	(5,040)	(4,920)	(6,263)	(5,952)	(5,439)	(5,257)	(5,924)		
Accruals	(7,861)	(7,019)	(7,174)	(4,735)	(7,847)	(8,319)	(8,331)	(10,860)	(9,955)	(7,791)	(6,682)		
Deferred income	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)		
Long term loans < 1 year	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)		
Provisions	(3,430)	(3,444)	(3,413)	(3,326)	(3,044)	(3,030)	(3,029)	(2,899)	(2,861)	(2,861)	(2,806)		
Other		0	0	(1)	(1)	(1)	(1)	(2)	(2)	(2)			
Total current liabilities	(26,148)	(25,140)	(24,397)	(21,884)	(24,225)	(24,564)	(25,919)	(28,007)	(26,550)	(24,204)	(23,706)	0	0
Total assets less current liabilities	21,565	18,712	20,921	20,661	20,360	19,401	18,801	18,837	18,367	18,006	17,502	0	0
Non-current provisions	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)		
Long term loans > 1 year	(2,221)	(2,221)	(2,221)	(2,221)	(2,221)	(1,998)	(1,998)	(1,998)	(1,998)	(1,998)	(1,998)		
Total assets employed	19,312	16,460	18,668	18,408	18,107	17,370	16,771	16,807	16,337	15,975	15,472	0	0
Public dividend capital	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)		
Revaluation reserve	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)		
I&E reserve	470	3,323	1,114	1,373	1,675	2,412	3,011	2,975	3,445	3,807	4,311		
Total taxpayers equity	(19,312)	(16,460)	(18,668)	(18,408)	(18,107)	(17,370)	(16,771)	(16,807)	(16,337)	(15,975)	(15,471)	0	0

FINANCE AND PERFORMANCE REPORT

FUNDS FLOW

Page 5

Period 10

10

Jan-23

	April Act £'000	May Act £'000	June Act £'000	July Act £'000	Aug Act £'000	Sept Act £'000	Oct Act £'000	Nov Act £'000	Dec Act £'000	Jan Act £'000	Feb Act £'000	Mar Act £'000	YTD Act £'000
Net Surplus/(Deficit)	(2,853)	2,208	(259)	(301)	(737)	(599)	36	(470)	(362)	(504)	0	0	(3,841)
Depreciation / amortisation	0	384	107	164	164	164	164	164	418	313	0	0	2,040
PDC dividend paid	0	36	18	18	18	18	18	18	18	18	0	0	180
Net Interest paid	(2)	4	2	2	4	0	0	0	0	10	0	0	20
(Increase) / Decrease in receivables	531	893	1,260	(493)	(1,242)	(1,364)	(117)	493	1,509	(537)			934
Increase / (Decrease) in liabilities	(1,021)	(713)	(2,427)	2,624	352	1,356	2,218	(1,419)	(2,346)	(442)			(1,817)
Increase / (Decrease) in provisions	14	(30)	(88)	(282)	(14)	(0)	(131)	(38)	0	(55)			(624)
Non operational accrual movement	851	(1,272)	966	(624)	(10)	198	(17)	(18)	(18)	(28)			30
Net operating cash flow	(2,481)	1,510	(420)	1,108	(1,465)	(228)	2,170	(1,270)	(780)	(1,225)	0	0	(3,079)
Interest received													0
Interest paid					(12)								(12)
PDC dividend paid						(216)							(216)
PDC Funding received													0
Cash flow available for investment	(2,481)	1,510	(420)	1,108	(1,477)	(444)	2,170	(1,270)	(780)	(1,225)	0	0	(3,307)
Purchase of property, plant & equipment	125	20	86	118	64	76	(203)	(199)	291	75			455
Depreciation	(192)	(192)	(107)	(164)	(164)	(164)	(164)	(164)	(418)	(313)			(2,040)
Capital purchases - cash	(67)	(172)	(21)	(45)	(99)	(88)	(366)	(362)	(126)	(238)	0	0	(1,585)
Net cash flow before financing	(2,547)	1,339	(441)	1,063	(1,577)	(532)	1,804	(1,632)	(907)	(1,463)	0	0	(4,892)
Repayment of debt facilities	0	0	0	0	(222)								(222)
Net increase / (decrease) in cash	(2,547)	1,339	(441)	1,063	(1,799)	(532)	1,804	(1,632)	(907)	(1,463)	0	0	(5,114)
Opening Cash	14,816	12,268	13,607	13,167	14,230	12,430	11,899	13,703	12,070	11,164			14,816
Closing cash	12,268	13,607	13,166	14,229	12,430	11,899	13,703	12,070	11,164	9,701	0	0	9,701

REPORTING MONTH

Jan-23

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Act	£000 Act	£000 Act	£000 F/C	£000 F/C

PROJECT

Endpoint Procure/Config/Compliance/Monitor	7	21	0	1	-	-	-	30	-	-	-	-
Tavistock Centre Data Centres Power Provision	10	3	-	-	-	-	105	7	7	0	-	-
Health Information Exchange	(1)	-	-	-	-	-	-	-	-	-	-	-
Core Infrastructure Update	(1)	-	-	-	-	-	-	15	-	28	-	-
Network - Upgrade (Wireless)	4	(0)	0	5	(5)	5	(4)	12	2	1	-	-
Cyber Essentials Plus	-	-	-	-	-	-	-	23	-	-	-	-
Endpoint Replacement 2021/22	-	21	-	-	76	(76)	2	13	-	-	-	-
ICT Cyber Security Compliance 2021/22	4	7	-	-	-	-	-	23	(0)	-	-	-
API for CareNotes Integration	(1)	-	-	-	-	-	-	-	-	-	-	-
Audio Video Upgrade for Remote Working	(2)	41	-	5	-	4	9	20	3	-	-	-
Connectivity Upgrade	(0)	6	(0)	-	-	-	-	8	-	-	-	-
Data Warehouse	(7)	9	-	1	-	11	6	30	15	(21)	-	-
Virtual Desktop Interface	(1)	-	-	-	-	-	-	15	-	4	-	-
Endpoint Replacement Programme 2022/23	-	-	-	-	-	87	-	-	-	4	4	37
Windows 10 Trust-Wide Rollout - Phase 2	-	-	-	-	-	-	-	5	6	14	21	21
Online Outcome Monitoring Phase I & 2	-	-	-	-	-	-	6	(3)	3	(5)	1	2
Health & Social Care Network Phase II (Internet Connectivity)	-	-	-	-	-	-	-	-	-	-	-	-
Remote Monitoring Tools	-	-	-	-	-	-	-	-	-	1	16	5
Digital Care Platform Phase I (Patient portal/personal health record)	-	-	-	-	-	-	7	(1)	7	(10)	10	12
Cloud Transformation Phase 2-3 (21/22)	-	-	-	-	-	-	-	17	4	(1)	39	24
Cyber Security Compliance (CE, CE+)	-	-	-	-	-	-	-	-	-	12	7	13
Data Warehouse for data services 2nd Phase	-	-	-	-	-	-	6	(3)	3	(5)	1	2
Integration Engine / Platform	-	-	-	-	-	-	-	2	3	(3)	2	2
Core Infrastructure Hardware/Licence Compliance	-	-	-	-	-	-	-	2	5	5	14	14
Student Data Reporting - Phase 2	-	-	-	-	-	-	-	14	6	8	29	18
IT	12	107	0	11	71	31	134	231	63	32	144	149

ANNUAL		
£000 F/C	£000 Budget	£000 Delta Fav (Adv)

59	28	(31)
132	13	(119)
(1)	(1)	-
41	(1)	(43)
20	4	(15)
23	-	(23)
36	21	(15)
34	11	(23)
(1)	(1)	-
81	39	(42)
14	6	(8)
44	2	(41)
18	(1)	(20)
133	100	(33)
66	50	(16)
4	72	68
-	32	32
22	26	4
25	113	88
83	161	78
31	60	29
4	152	148
6	158	152
40	227	187
75	123	48
987	1,393	406

Y.T.D		
£000 Actual	£000 Budget	£000 Delta Fav (Adv)

59	28	(31)
132	13	(119)
(1)	(1)	-
41	(1)	(43)
20	4	(15)
23	-	(23)
36	21	(15)
34	11	(23)
(1)	(1)	-
81	39	(42)
14	6	(8)
44	2	(41)
18	(1)	(20)
91	80	(11)
25	40	15
0	42	42
-	32	32
1	26	25
3	80	77
20	101	80
12	45	33
0	100	100
2	125	123
13	175	162
28	80	52
694	1,044	350

REPORTING MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Jan-23	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Act	£000 Act	£000 Act	£000 F/C	£000 F/C
PROJECT												
LED Lighting	13	-	-	-	-	-	-	-	-	-	-	-
Electrics	(1)	22	5	-	14	0	-	-	(0)	-	-	-
Tavistock Reconfiguration	(14)	-	17	-	-	-	-	-	-	-	-	-
Fire Safety & Compliance	10	10	7	15	10	(12)	8	2	2	2	-	-
TC - Monroe Service Desk & Furniture	10	1	5	1	-	40	63	5	-	-	3	4
TC - Kitchen & Breakout Space	13	-	-	(0)	-	1	7	34	1	43	-	26
Gender Neutral Toilets	8	-	1	2	-	1	41	2	0	-	-	3
Touchless Entry & Access Control	4	7	13	23	4	15	15	16	21	27	18	16
Lockers - hybrid working / space utilisation	-	-	-	-	-	-	-	-	-	0	0	-
Fire doors GH and glazing (compliance)	-	-	-	-	-	1	19	35	4	38	33	12
Tavistock fire doors (compliance) & fire stopping (compliance)	-	-	-	-	-	10	11	11	21	17	292	353
Portman fire doors (compliance & compartmentation)	-	-	-	-	-	-	-	-	3	1	62	114
Portman flexihoses / water (compliance)	-	-	-	-	-	-	-	-	-	-	-	-
Water - hot and cold dead legs / sink removal over 2 years (compliance)	-	-	-	-	-	-	-	-	-	-	54	18
Wave on taps (compliance)	-	-	-	-	-	-	-	-	-	-	51	74
Project Management for 22/23 projects - to be allocated across all projects	-	-	-	-	-	-	-	-	-	-	-	-
Backlog - Physical / Statutory & Quality / Function	-	-	-	-	-	-	-	-	-	-	30	77
DET space	-	-	-	-	-	-	-	-	-	-	-	-
AV Enabling works	-	-	-	-	-	0	61	15	8	2	8	-
Wifi enabling works	-	-	-	-	-	-	-	19	4	-	-	-
CAFM - Computer aided facilities management	-	-	-	-	-	-	-	-	-	-	-	-
4th Floor - LED Lighting / Waiting Rooms / standardise Clinic & Hot desk rooms	-	-	-	-	-	-	-	-	-	-	78	84
3rd Floor - LED lighting / Waiting Rooms / standardise Clinic rooms	-	-	-	-	-	-	-	-	-	-	-	-
2nd Floor - LED lighting / Waiting rooms / standardise clinic rooms	-	-	-	-	-	-	-	-	-	-	-	-
1st Floor - Clinical furniture / Waiting Rooms / standardise Clinic rooms	-	-	-	-	-	-	-	-	-	65	5	49
ESTATES	44	52	38	41	28	57	223	140	64	195	632	829
SUB-TOTAL	67	172	21	45	99	88	366	362	126	228	776	979

ANNUAL		
£000 F/C	£000 Budget	£000 Delta Fav (Adv)
13	13	-
41	57	16
3	3	-
54	27	(27)
132	121	(11)
126	113	(12)
58	54	(4)
178	89	(89)
0	30	30
142	102	(40)
715	250	(465)
180	45	(135)
-	15	15
72	115	43
125	90	(35)
-	100	100
107	-	(107)
-	120	120
94	120	26
23	30	7
-	65	65
161	70	(91)
-	30	30
-	40	40
119	40	(79)
2,342	1,739	(603)
3,330	3,132	(198)

6,462

Y.T.D		
£000 Actual	£000 Budget	£000 Delta Fav (Adv)
13	13	-
41	57	16
3	3	-
54	27	(27)
125	121	(4)
100	113	13
55	54	(1)
145	89	(55)
0	30	30
97	102	5
70	200	130
4	45	41
-	15	15
-	115	115
-	90	90
-	60	60
-	-	-
-	120	120
86	120	34
23	30	7
-	65	65
-	70	70
-	30	30
-	40	40
65	40	(25)
881	1,649	768
1,575	2,693	1,119

Report to	Date
Council of Governors	5 March 2023

Membership engagement report	Agenda Item 2.5
Executive Summary	
<p>This report updates the Council of Governors on the latest and upcoming communications and engagement activity with our Trust membership, including:</p> <ul style="list-style-type: none"> • New membership numbers and demography • Annual Members’ Meeting writeup • Members newsletter • Trustwide PPI Forum • Member Engagement strategy • Involvement opportunities 	
Recommendation to the [Board / Committee]	
To note	
Trust strategic objectives supported by this paper	
Quality, Risk, Governance, Finance	
Author	Responsible Executive Director
Mike Smith, Head of Communications and Engagement	Laure Thomas, Director of Communications and Marketing

Membership engagement report

Membership recruitment update	2
Annual Members’ Meeting for 2021-22	3
Membership newsletter	3
Membership engagement strategy	4
Trustwide Patient and Public Involvement Forum	4
Current and upcoming Governor membership involvement opportunities	4

Membership recruitment update

Total members joined since November 2022: 7

New members by constituency:

- Camden: 1
- Rest of London: 4
- Rest of England: 2

New members by gender:

- Female: 4
- Male: 3
- Prefer to self-describe: 0

New members by ethnicity:

- White: 3
- Black, Black British, Caribbean or African: 1
- Mixed, multiple of other: 0
- Prefer not to say: 0
- Other ethnic group: 2
- Asian or Asian British: 1

New members who are trans or non-binary:

- Yes: 1
- No: 5
- Prefer not to say: 1

New members who have a disability:

- Yes: 3

- No: 3
- Prefer not to say: 1

Annual Members' Meeting for 2021-22

On Tuesday 7 February 2023 the Freud Museum hosted our Annual Members' Meeting (AMM) for 2021-2022. It was our first hybrid AMM, with our members and the public joining us in person and online. We had over 30 people in the in-person audience, and another 30 online.

The theme was 'Listening to each other', and we heard from a range of voices across our Trust community, from service users to interview panelists to governors, representing the rich diversity of roles that we can play at the Tavistock and Portman.

[You can read a full report of the event online.](#)

Membership newsletter

January edition statistics

The most recent newsletter was sent to our membership on 1 February 2023.

- Recipients: 2,418
- Open rate: 43%
- Unsubscribes: 3

Most popular links clicked:

- New Governors news item, 32 clicks (across the article link and image link)
- 2022 year in review, 17 clicks
- Gloucester House Ofsted inspection, 15 clicks
- AMM Eventbrite booking link, 11 clicks

Spring edition content planning

In March 2023 we will be producing the next edition of the membership newsletter. Current suggest content for this issue includes:

- Introduction from Staff Governor Maisam Dato
- A writeup of the Annual Members' Meeting
- An invitation to learn more about the April 2023 Trustwide PPI Forum
- Research Week 2023
- Our work in schools – what's new at Gloucester House
- Student bursaries

Membership engagement strategy

Two Governors have volunteered to work on our Membership Engagement Strategy and ongoing working group. The Comms and Engagement Team has produced a draft strategy in consultation with the Lead Governor, which has now been shared with the volunteer governors. We will share an updated version of the draft with the wider Council as soon as the amendments from the volunteer Governors have been incorporated.

Trustwide Patient and Public Involvement Forum

The next quarterly Trustwide patient and public involvement forum will take place on Wednesday 19 April 2023.

We have had a number of Governors volunteer for this activity. They have been introduced to Claire Kent, our Head of Patient Experience to arrange. If other Governors would like to join the list of volunteers, please contact communications@tavi-port.nhs.uk.

Current and upcoming Governor membership involvement opportunities

AMM working group – currently seeking volunteers

We are seeking two Governors to work with the comms team on the planning and delivery of our next AMM, likely to take place in late Summer/Autumn depending on the publication of our annual report and accounts.

Membership working group

We have **two Governors**, who have volunteered to work with the Head of Comms on the development of the comms strategy and oversee the ongoing deliver and evaluation.

Members' newsletter editorial – seeking a volunteer for the Summer edition

One governor per issue, on a rota, to write the welcome message

Trustwide Patient Involvement Forum

One governor per forum, to attend on a rota. We have volunteers for the next Forum, seeking volunteers for Summer and Autumn fora.

'Meet your Governors' themed events

All governors in a given constituency, to be held quarterly. Each session to have a specific hook/topic that will tempt the membership. These sessions are still in planning, downstream of the Membership Working Group.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS [
Council of Governors 16th March 23			
Education and Training Committee			AGENDA ITEM: 3.1
Report Author and Job Title:	David Levenson Chair of ETC Elisa Reyes-Simpson Interim CETO	Responsible Director:	Elisa Reyes-Simpson
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Highlight Report on ETC 02/02/23		
Background	This report provides an update on key developments and issues in the Directorate of Education and Training since the last Committee meeting, including student support and engagement, staff engagement, bursaries, the DET Dashboard, the Tavistock Society of Psychotherapists, validation for blended and online delivery, and research week.		
Assessment	<p>The committee identified that the following areas have a marked impact on our performance and potential for growth. These require significant attention.</p> <ul style="list-style-type: none"> ○ Lack of robust management of information/data ○ Responding to student feedback in a timely and efficient way ○ Inefficient workflow to process and respond to student queries in a timely manner ○ Ways of working - inconsistency of data and processes ○ Capacity for delivery ○ Development of a digital education strategy ○ Clear and effective governance structures which avoid duplication and provide assurance 		
Recommendation	<p>Members of the Trust Council of Governors are asked to: Note and discuss:</p> <ul style="list-style-type: none"> ○ The ongoing work to enhance our engagement with students and to impact positively on their experience ○ The planned programme for staff engagement ○ The ongoing work in relation to the TSP ○ The outcome of the Annual Student Survey ○ The development of a DET Digital Educational Strategy ○ The programme of work to enhance performance reporting, including financial and business planning and portfolio dashboards ○ Student recruitment 		

	<ul style="list-style-type: none"> ○ The proposed recruitment of a fundraiser and the joint work with the Trust charity to create sustainable bursaries ○ The ongoing work to clarify and improve governance structures within DET, ensuring alignment to the wider Trust 	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.	
Legal and Equality and Diversity implications	EDI is considered as a matter of course in respect of our educational provision, and as appropriate, areas for enhancement are identified. However, there are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>
	Drive operational performance <input checked="" type="checkbox"/>	Long term financial sustainability <input checked="" type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	Deliver high quality education <input checked="" type="checkbox"/>

Report to	Date
Council of Governors	16 March 2023

Committee Chair Report: Education and Training Committee (ETC)
Executive Summary
<p>The Committee received an update on activities in DET including in student support and engagement, staff engagement, bursaries, the development of a DET dashboard, the Tavistock Society of Psychotherapists, the validation of training for blended and online delivery, and research week.</p> <p>Student Support and Engagement Student support and engagement was identified as a key area for development through the strategic review. New roles were created to support this ambition, a Student Voice and Engagement Officer, a Student Disabilities Officer and a Student Support and Engagement Lead. Staff have been appointed and are in now post and have commenced planning a student engagement strategy and work with staff across the Trust to enhance student support processes.</p> <p>Two Dean's Forums have taken place this term.to discuss student experience. These meetings were held online and at different times in order to facilitate as many students as possible to attend. An anonymous survey of students took place ahead of the meeting to give students an opportunity to issues they wanted to address. The meetings were well received and there was very good student participation.</p> <p>Staff Engagement We are continuing staff engagement following the conclusion of the strategic review as we continue to transition to new roles. Directorate-wide staff fora have taken place, and we have sought feedback from staff about types of engagement they would like and have developed our plan to implement a rolling plan of engagement.</p> <p>Student Bursaries The need to establish a sustainable and broader programme of bursaries has been identified. New sources of income are being explored. We have linked up with the Trust charity to maximise fundraising opportunities. The Trust charity has been successful in securing a grant for £30k which will be used to fund a post dedicated to fundraising and marketing.</p> <p>Tavistock Society of Psychotherapists The Committee noted the work of the Tavistock Society of Psychotherapists which has around 360 members. Although current arrangements meet BPC requirements to monitor acceptance onto the BPC register, it is acknowledged that more work is required to better engage the membership and ensure there is value to membership. Work is underway to ensure our TSP offer is considered alongside the work of the Events Group and the Alumni Working Group.</p> <p>DET Data Dashboard We are developing a DET dashboard to enable clarity and visibility regarding all aspects of performance within the Directorate. The development of the dashboard</p>

will require additional resources and project management support. This development will be integrated to ongoing work in the Trust working towards an Integrated Quality Performance Reporting (IQPR).

Digital and Blended Delivery

We had a validation panel meeting with the University of Essex in December to discuss the proposal for online and blended delivery of our education and training. I am pleased to say the university have approved our proposals subject to a set of conditions that included the setting of a governance process around decision making that is clear to course teams, and the development of a 3-year digital education strategy by the end of March.

DET Governance

The DET Governance working group has commenced its work. It has been focusing on its Terms of Reference. It has as its focus the need to ensure that DET governance and reporting is properly aligned with wider Trust reporting structures in order to provide a meaningful Quality Report to the Board, and to ensure our effectiveness. This work continues.

Annual Student Survey

The ETC received the full annual student survey overview report. It was noted that there was a drop in overall satisfaction from 82% in 2021 to 76% in 2022. The Committee reviewed the recommendations and noted the need for a faster turnaround in order to be able to address student feedback in a timely fashion and to urgently enhance our engagement with students. It is imperative that we can effectively analyse student feedback so that we can respond effectively. ETC has requested that the student survey returns to ETC with a full update on progress against the previous recommendations alongside this year's recommendations.

Student Cases Report

The Committee received a summary report on the number of student cases investigated in academic year 2021/22 including complaints, appeals, academic misconduct, student conduct concerns, fitness for clinical training, and extenuating circumstances. Numbers continue to be low in relation to the number of students enrolled at the Trust, with the exception of applications for extenuating circumstances. The Committee noted the planned workshop to explore processes around extenuating circumstances.

Student Recruitment

In terms of recruitment and enrolment to academic year 2022-23, we recruited 586 new enrolled students, which is a decrease of 8% against the previous recruitment cycle. However, we did recruit an additional 111 students to our perinatal training which represents 37 WTE. We continue to receive a high number of deferrals, with 133 applicants deferring. This is on a par with last year when there were 137 deferrals. The Committee discussed recruitment to academic year 2022-23 and the technical issues in enrolment/re-enrolment and the payment of fees, and benchmarking of fees. The Committee noted the continued need for a customer relationship management system.

DET Finance and Business Report

The Committee received a detailed report on the financial operations and processes in the Directorate of Education and Training. There continue to be workflow, capacity, and resource issues, which prevent efficient performance and business planning.

Vacancies in Registry and the impact of the Strategic Review have also had a significant impact on the data provided to the Finance team. The need for a customer relationships management system was noted.

Research Week

Research Week has been scheduled for Monday 27 - Thursday 30 March 2023. The aim of the week is to create a community for our researchers, developing links across doctoral research programmes and the wider research community at the Trust. The week culminates in our Doctoral Conference which brings together staff and students from the Tavistock and Portman and University of Essex.

Author	Responsible Executive Director
David Levenson Elisa Reyes-Simpson	Chair ET Committee Interim Chief Education & Training Officer/ Dean of Postgraduate Studies

MEETING OF THE COUNCIL OF GOVERNORS – Thursday 16 March 2023			
Audit Committee Highlight Report			AGENDA ITEM: 3.2
Report Author and Job Title:	David Levenson, NED and joint Chair of the Committee	Responsible Director:	David Levenson, NED and joint Chair of the Committee
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This paper is to provide a high-level summary of the key matters arising at the Audit Committee meeting held on Thursday 19 January 2023		
Background	<p>The Audit Committee is a sub-committee of the Board of Directors and therefore has delegated function to gain assurance that the services we deliver are safe, effective and of high quality.</p> <p>Any key risks/issues/concerns, where the Audit Committee assesses the need for Board oversight/awareness/decision, will be escalated to the Board</p>		
Assessment	<p>Key items for the Council to note are:</p> <ul style="list-style-type: none"> • Delays in closing Internal Audit recommendations – particularly in Payroll • Progress made with regards to the BAF 		
Recommendation	<p>Members of the Council of Governors are asked to:</p> <ul style="list-style-type: none"> - note the report 		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Risk 12 - Effective Performance and Risk management arrangements		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Improve delivery of high quality clinical services which make a significant difference to the lives of the people & communities we serve <input type="checkbox"/>	Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration. <input type="checkbox"/>	
	Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS. <input type="checkbox"/>	Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities. <input type="checkbox"/>	
	Ensure we are well-led & effectively governed <input checked="" type="checkbox"/>		

1. OVERVIEW

- 1.1 The Committee was assured by the CEO and Executive team's focus in recent months on key priorities for the Trust; improved performance, data management, systems and processes, and business development.
- 1.2 That said, the Committee concluded that clearer accountability and ownership of problems by relevant executives and staff will enable improvements in performance, quality and governance.
- 1.3 Members of the Executive team should attend Audit Committee meetings to field questions on items for which they hold accountability.
- 1.4 The Committee welcomed the positive response from NCL to the Executive report presented at the latest SOF meeting on January 12th.
- 1.5 The Committee recognised the mitigating factors that have impacted on delivery of process improvements and management actions, notably the Strategic Review, GIDS and instability in the leadership of the HR function.

2. GOVERNANCE AND RISK MANAGEMENT

- 2.1 The Committee noted the first draft of the revised Board Assurance Framework (BAF) is a work in progress and will come back to the Committee for further scrutiny when there is more detail available from corporate and operational risk registers.
- 2.2 The Committee agreed that the second line defence for the monitoring of operational risks is the responsibility of the respective service committees. Similarly, "deep-dive" reviews of operations are in future to be undertaken by other committees. The role of the Audit Committee will be to review the risk monitoring and deep dive reports received from the service committees and advise the Board about the levels of assurance being afforded by the reports.

3 FINANCIAL SUSTAINABILITY (HFMA SELF ASSESSMENT)

- 3.1 The HFMA self-assessment is a mandatory requirement introduced by the NHS in 2022 to gauge organisations' financial governance and as a means to track its financial sustainability. RSM (Internal Auditor) has validated the results of the self-assessment and indicated where improvements are needed.
- 3.2 The Committee noted the self-assessment's findings, that the Trust's budgeting processes are reasonably robust however there are significant weaknesses in other areas, notably the absence of a cost improvement programme (CIP). The Committee will keep under review the action plan for delivering improvements on the weaknesses identified by the self-assessment.

4 FINANCIAL REPORTING AND EXTERNAL AUDIT - Y/E 31 MARCH 2023

- 4.1 The Committee approved the Trust's proposed timetable for the Annual Report and Accounts process and noted the External Auditor's plan for y/e 2022/23. The target is that both the year-end process and audit will run more smoothly and remain on schedule this year.

5 INTERNAL AUDIT REPORTS AND MANAGEMENT ACTIONS - 2022-23

- 5.1 The Committee expressed concern about the number of open audit actions since the last meeting. Out of 23 actions, 2 had been completed, 8 were in progress with revised deadlines and 13 were overdue and not implemented. The Payroll audit follow-up report stated that only 1 (low priority) out of 11 management actions had been completed. The 10 actions still in progress or not implemented were either high priority (5) or medium priority (5). These will continue to remain under review by the Committee.
- 5.2 In the light of known challenges, the Committee also expressed reservations about some deadlines for management actions and asked the Executive team to consider whether the targets for completing actions are realistic and requested that these be reviewed. The Committee has tasked the Executive team to focus on controls and emphasise the need for standard operating procedures (SOPs).

6 INTERNAL AUDIT PLAN - 2023-24

- 6.1 The Committee endorsed the Internal Audit plan for 2023/24 which had been agreed by the Executive team, with the proviso that there be scope to flex the programme and bring forward other priorities later in the year, for example on performance improvement and data quality. The Committee would like Internal Audit to review assurance levels in the Trust's Integrated Quality & Performance Report (IQPR) as part of next year's plan.

7 OTHER MATTERS

- 7.1 The Committee noted a report from the CFO on tender waivers which increased significantly due to reliance on agency and contract staff throughout the SR period, but now appear to have peaked. The CFO has recommended that use of procurement framework agreements should be increased. The Committee agreed that the detail of such tenders need not be reported in order that the Committee focus on more risky – no framework – tenders.
- 7.2 The Committee requested that the Education & Training Committee review in more detail underlying reasons for the increase in aged student debts.
- 7.3 The Committee noted positive progress in the Local Counter Fraud Service (LCFS) report, Cyber Security, CareNotes update and Governance Assurance reports.

Quality Committee Report (meeting held on 19 January 2023)

1.0 Summary of meeting

The following provides an overview of the Quality Committee meeting held on 19 January 2023.

2.0 Gender Identity Development Service (GIDS) Demobilisation Update

- 2.1 The Director of Clinical Operations provided a verbal update in relation to the progress of the demobilisation of the GIDS.
- 2.2 Concerns were raised around the current workforce, both in terms of morale, retention and NHS England's transition timeline.
- 2.3 There was a discussion around waiting list safety and the risks and mitigation associated with it.
- 2.4 Risks and issues are discussed at the NHS England oversight group, set up to oversee the transfer of the service.
- 2.5 Further discussion of the risks and issues were previously escalated to Board (part II) from Quality Committee.

3.0 Quality Report

- 3.1 The third iteration of the new style quality report was presented to the quality committee.
- 3.2 The report was significantly impacted by the CareNotes outage that occurred in August 2022 (to December 2022). This meant that we were not able to report on Quarter 3 (Q2) data for many elements of the report.
- 3.3 Progress continues with the Care Quality Commission (CQC) 'should do' actions, with a further two ambers progressing to green.
- 3.4 Discussions were had around some of the areas where improvement is required, including staff appraisals, staff survey results and complaints management.
- 3.5 It was noted that the inclusion of compliments was positive as it provided a balanced view of staff feedback.
- 3.6 There was also discussion around the review of patient engagement underway at the trust and how we can strengthen this.

4.0 Quality Framework Improvement Plan

- 4.1 The Quality Committee was presented with an improvement plan, developed in response to gaps identified as part of an internal review of quality governance, function, systems and processes.
- 4.2 The improvement plan, along with the new style quality report, aims to provide the Trust with assurance that we provide high quality, safe services to our population.
- 4.3 The improvement plan aims to:
 - Enhance quality through Improving scrutiny, oversight, improvement and learning

- Ensure patient safety through becoming an organisation that has an open reporting culture
- Ensure patient safety through learning from incidents
- Ensure patient safety through learning from deaths
- Ensure patient safety through the enhancement of safeguarding practice across the Trust
- Ensure patient safety is a priority during commissioning or decommissioning of services
- Ensure patient & staff safety through the establishment & implementation of a safe & robust flu campaign
- Ensure patient safety through the implementation of safety alerts
- Enhance care through Research and Development (R&D) and sharing the learning
- Improve the physical health of patients that use our services
- Improve the experience of patients that use our services
- Ensure patient safety and improving experience through learning from complaints
- Ensure quality of services through strengthened leadership in demonstrating compliance with the CQC well-led domains

4.4 The improvement plan is presented as assurance to the System Oversight Framework (SOF) meetings to aid in moving quality governance out of level 3.

4.5 Since the submission of the improvement plan to the November Quality Committee:

- 8 actions have been completed and closed, including the strengthening of the Quality Committee (this includes the quality of the papers, the areas of oversight and the quality of conversation/challenge by members), implementation of Central Alerting System (to implement alerts received from NHS England, National Institute for Health and Care Excellence (NICE) and the Medicines and Healthcare products Regulatory Agency (MHRA), the increase in safeguarding training and delivery of the flu campaign and subsequent 'After Action Review').
- 1 new action has been added (in relation to the implementing the quality governance structure that feeds into the Quality Committee)
- 2 actions have turned Amber (1 related to developing a quality sub-committee structure and just missed the deadline, but is now complete. The other relates to increasing safeguarding supervision rates; anecdotally, it appears to have increased, however, we are unable to fully evidence the increase due to the CareNotes outage.

4.6 Both the North Central London Integrated Care Board (NCL ICB) Director of Quality and the Clinical Director for Transformation have both expressed how the new reporting and progress of the improvement plan provides strong assurance of performance on critical quality measures.

5.0 NHS National Industrial Action

- 5.1 The Chief Nursing Officer provided an update to the Quality Committee in relation to the current industrial action, which took place on 18 and 19 January 2023.
- 5.2 This trust was not included in the first round of strikes in December 2022 but were included in the second round of strikes in January.
- 5.3 Although some of our nursing staff went out on strike on both days, there was only a picket line at the Belsize Lane site on the second day of strikes.
- 5.4 Intense planning for the strike days ensured that the risk to patient safety was at a minimum.
- 5.5 Further strikes have been announced for Monday 6 and Tuesday 7 February 2023. The Tavistock and Portman have not been included in these strike days.
- 5.6 Unison are currently reballoting their members at the Trust, which is due to end on 16 February 2023.

Update – A further RCN 48-hour strike (covering 1-3 March 2023) was planned but has since been halted due to talks commencing between the union and the English government (the Welsh and Scottish governments were already in talks and strike action was not planned for those countries).

The Unison reballot came back with members in favour of strike action and was planned for 8 March. This has also been suspended pending pay talks with the government.

6.0 CareNotes Update

- 6.1 A paper was provided to the Quality Committee in relation to the CareNotes outage update.
- 6.2 The main point is that progress continues as planned with the rebuilding and reinstating of the CareNotes system.
- 6.3 It is expected that the manual upload will be complete by the end of January 2023, however, it is a very time consuming and resource intensive task.
- 6.4 We have stepped down from 'major incident' status.

7.1 Board Assurance Framework (BAF)

7.1 Three 'quality' BAF risks were presented to the Committee for approval of description and rating. The three risks are:

- Delay to treatment, long wait times/demand.
- Quality of service provision
- Quality Assurance

7.2 The Committee approved the description of the risks.

7.3 The Committee was unable to approve the rating of the inherent risk because the controls and mitigation were not available.

Update – The Chief Nursing Officer and the Risk and Assurance Manager have since identified the controls, gaps and mitigation for each of the BAF risks and presented these to the March Quality Committee.

8.0 Care Quality Commission (CQC) Compliance and Update on Preparedness for Inspection

- 8.1 The paper on assurance of the Trust's readiness for a CQC well-led inspection was deferred to the next Quality Committee meeting.
- 8.2 The Committee noted that it is important that work commences in this area to prepare the Board and the organisation for an inspection.
- 8.3 The Chief Nursing Officer informed the Committee that she had been contacted by the CQC, on Thursday 19 January 2023, and informed that they would be undertaking unannounced targeted inspections commencing Monday 23 January 2023.

Update

- 8.4 The CQC sent three inspection teams to visit the Portman, North and South Camden Child and Adolescent Mental Health Service (CAMHS) and the Camden Adolescent Intensive Support Services (CAISS).
- 8.5 The CQC have not highlighted any concerns that need an immediate remedy and the limited feedback they have provided has been largely positive, although heavily caveated. They were all quick to point out that staff have been friendly and helpful.
- 8.6 They understand the issues and impact of the CareNotes outage and will take this into consideration when producing their report.
- 8.7 We are expecting the reports from the CQC in six to eight weeks.

MEETING OF THE COUNCIL OF GOVERNORS			
POD EDI Committee January Report			AGENDA ITEM: [PA insert number]
Report Author and Job Title:	Alison Kingscott	Responsible Director:	
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	The purpose of the report is to provide the PODED&I Committee with a summary overview of activity relating the workforce and the People Strategy that are not covered in the papers submitted. Information is presented against each of the four People Strategy priorities.		
Background	Progress against objectives has been updated on the progress update report. The main achievements have been the new structures from the Strategic Review being in place as of December 2022 and the progress against the people plan priorities described within the paper.		
Assessment	The teams are working hard to design, develop, and deliver credible programmes of work towards fulfilling our people plan objectives. The new CPO is now in post and refreshing the people plan priorities. More information will be provided on these following the next POD EDI Committee meeting.		
Recommendation	Members of the meeting are asked to note the contents of the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report will provide positive assurance on progress against the people plan priorities and mitigation in relation to risks 5, 6, and 7 of the BAF.		
Legal and Equality and Diversity implications	The people plan priorities serve to enact improvements both in our legal obligations to our staff and the EDI agenda within the organisation.		
Strategic Objectives	Excellence in patient outcomes and experience <input type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>	
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>	
	Develop clinical and commercial strategies <input type="checkbox"/>		

Report to	Date
People and Organisational Development (Equality, Diversity and Inclusion) Committee	12 January 2023

CPO Report

Executive Summary

Purpose:

The purpose of the report is to provide the PODED&I Committee with a summary overview of activity relating the workforce and the People Strategy that are not covered in the papers submitted. Information is presented against each of the four People Strategy priorities.

Valuing Our People

We will ensure our staff are healthy, engaged and able to work flexibly, enabled through an inclusive, compassionate and collaborative culture where all staff feel safe and confident to express their views and feel a sense of belonging.

People Strategy Implementation

Progress against objectives has been updated on the progress update report. The main achievements have been the new structures from the Strategic Review being in place as of December 2022.

Staff Survey

The 2022-23 National Survey launched in the Trust at the beginning of October 2022 and closed at the end of November 2022. Our final response rate was 43.34%. The average response rate for other Mental Health Trusts was 50.57%. Our response rate is significantly lower than last year which was at 58%. This year, for the first time, the survey was also available to bank staff. Our bank staff response rate was 26.67%. The average for all Mental Health Trusts was 24%. The results of the survey were released in mid-December 2022 and are currently embargoed until 23 February 2023. We will provide an update on the staff survey results at the next PODEDI meeting in March 2023.

Health and Wellbeing and Occupational Health

Support continues to be signposted to staff in relation to improving Health and Wellbeing and particularly for those staff affected by the Strategic Review and the announced closure of the GIDs service. The Kings Fund are providing specialist support and development for the GIDs team and the Keeping Well NCL Hub have also offered additional support.

The Trust is continuing to work with our current Occupational Health provider TP Health whilst the NCL develop a shared Occupational Health Service. It is unlikely that the transfer of services will be completed until next year.

A cost of living group has been set up and the first meeting has been held. This group will be considering how staff can be supported in relation to their health and wellbeing specifically in relation to the challenges staff face as a result of the increase in the cost of living.

Equality Diversity and Inclusion

Update on progress is included in separate report on EDI.

Developing Our Workforce

We will be individually accountable for ensuring we are all able to thrive through inclusive, compassionate and collaborative leadership, outstanding teams, effective performance management and personal and professional development.

Appraisal

This month's workforce performance shows a slight decrease of 0.18% to 84.45% compliance with Statutory and Mandatory Training. Appraisal compliance is now increasing and we are up 3.29% to 15.23%. We launched an appraisal recovery plan and have delivered a number of training sessions to managers to increase appraisal compliance and quality. We have identified through the responses to the staff survey that employees are not seeing the value in appraisals. We redesigned the appraisal form to ensure that the necessary support is in place to enable our new managers to continue to deliver high quality appraisals. The feedback from the training sessions has been positive and we are now seeing an increase in compliance. We have launched a timeline for appraisals to be completed in a cascade process starting from senior management. This is to ensure that all staff have had their appraisal by the end of March 2023. For an individual to have a successful appraisal they need to be up to date with their mandatory training. Therefore, the focus is on managers to complete their appraisals with their staff. HR Business Partners are sent compliance data to work with their Directorates on the compliance rate.

Leadership and Management Development

The Trust's DET is supporting the design and delivery of the Bands 5-8b development programme and a tender specification has been issued to seek a partner to design and deliver the senior leader's programme. Co-design workshops have been held with managers from across the organisation as well as a questionnaire that has been issued to managers asking for their views and aims of the programme. The Programmes will start at the end of March 2023 and there will be a number of cohorts for the delegates. A Programme Board has been established to provide oversight and delivery of the programme.

Apprenticeship Levy

During Covid there was a decision made to not appoint any apprentices as there was a requirement to have on the job training which was difficult to implement with the uncertainty of the pandemic and remote working. We receive £15K per month towards apprenticeships which expires after 24 months if we have not used the money. At present there is £380K in the apprenticeship levy account. We will review the apprenticeship process and put together a paper for the next PODEDI with recommendations.

Growing Our Workforce

We will grow and shape our workforce so that it is responsive to our immediate and future needs through a focus on planning, transformation, recruitment, retention and working collaboratively across the system.

Strategic Review Implementation Workforce

The strategic review HR team finished up on 23 December 2022, with all residual work being handed over to the business as usual HR team. Camburg will be returning in January 2023 for up to 5 days to finish up a number of aspects of the project, including preparing a lessons learned report.

As at 23 December 2022, the majority of staff in categories 3 and 4 have been confirmed in post, have been slotted into new roles or have been served notice of redundancy.

In total, there were 100 staff in categories 3 and 4 (44 in DET, 25 in Corporate and 31 in Clinical). Of those 100 staff, 16 have been made redundant, 4 have resigned and 4 are still in the redeployment process. All of the other category 3 and 4 staff remain employed by the Trust.

There is an ESR/Oracle project group working through all of the changes needed to these 2 systems to ensure that the data aligns to the new Trust structure. From an HR perspective, this involves working on ESR to change items such as job titles, departments and line managers, as well as aligning staff to new cost centres, if required. This work will continue throughout January and February 2023. Work will also be required to align TRAC and the TPHealth portal to the new cost centres.

NLPSS Recruitment Shared Services

As part of the recovery plan for NLPSS, a new operating model was introduced in October 2022. This is based on Trust teams, rather than functional teams as previously, with end-to-end processing of recruitment being done by one team.

NLPSS are arranging a dedicated end-to-end recruitment process mapping workshop for the Trust which will take place on Wednesday 18 January 2023. This will involve HR staff and a selection of managers who have had recent experience of the recruitment process.

The service also continues to work on the backlog of checks which built up in the early summer. They have introduced “backlog busting” days on Tuesdays and Thursdays where all teams are diverted to clearing the backlog. At present, these days will continue until the end of 2022, but this will be kept under review. Since August 2022, the backlog has reduced by 2,200 candidates.

Improved telephony has been installed for the recruitment helpdesk which includes a webex function. This means that if the recruitment helpdesk team cannot resolve an issue, it can be forwarded to the Trust’s team to review. Previously, this needed to be done in separate calls. The average wait time for answering calls to the helpdesk for December 2022 was 0.77 minutes (down from 1.61 minutes in November 2022).

Weekly meetings take place with the Trust’s NLPSS account manager and the fortnightly meetings with HRDs/CPOs are continuing. The Trust’s HR team continues to encourage managers to fully

utilise the TRAC system to keep themselves updated on their candidates' progress through the pre-employment checking process, as well as advising managers to call the recruitment helpdesk, rather than send emails.

The HR team is currently developing guidance which will assist recruiting managers upload their vacancies to TRAC and this will be issued early in 2023.

Delivering Excellent People Services

We will develop a People and OD service that is responsive to current and emerging strategic challenges, is innovative and delivers value.

Policy and Procedure Review

A project plan is being developed, with the support of Camburg, so that all aspects of the policy review work are accounted for with appropriate timescales and input.

Work will begin in January 2023, again with support from Camburg, on the following priority policies, with the aim that these will be ready for implementation in Q1 2023/2024:

- Capability
- Disciplinary
- Flexible/remote working
- Grievance
- Recruitment and selection
- Temporary staffing

Pensions

Following national consultation on a number of changes to the NHS pension scheme, a change was implemented in October 2022 to address the issue of how member contribution rates are calculated for staff on part-time contracts. For those staff, the rates are now based on actual pensionable pay where previously it was based on whole-time equivalent (WTE) pay. NHS Business Services Authority wrote to all part-time staff in September 2022 advising them of the change.

This change will reduce the likelihood of a member moving into a higher contribution tier as a direct result of a national pay award, which has previously led to a net reduction in the individual's take home pay.

We employ approximately 160 staff who have multiple assignments (roles) and who will have seen a change to their pension contribution rates and the rates differing across their payslips.

Although we were asked if we could amalgamate pension contributions from multiple assignments, this is currently not possible as this aspect is still under consultation.

In early January 2023, we will be working with the Communications team to contact those staff with multiple assignments to ensure they are aware of the different calculation method and to reassure them that there is no impact to the amount of pension they will receive at retirement as a result of the contribution rate changes.

Employee Relations and Casework

The head of HR (business partnering and employee relations) role was appointed to from 1 December 2022. This role's remit includes the oversight of all employee relations cases and will include the development of KPIs. The role is also responsible for industrial relations issues and will work to foster good relationships with staff-side representatives.

Below is a summary of employee relations activity as of 30 November 2022:

Case Type	Number of Cases	Change Since 31 October 2022
Employment tribunal	2	No change
Disciplinary	3	-2
Capability	1	+1
Grievance	3	-4
Sickness absence	12	No change

There are 3 cases involving staff who have gone to ACAS for early conciliation in relation to their workplace disputes. This is the first stage if an employee is wanting to raise a claim at an employment tribunal. We are actively engaging with ACAS to try to resolve these cases to prevent litigation.

All employee relations casework continues to be reviewed as part of a weekly casework review meeting, led by the head of HR (business partnering and employee relations) and which the HR business partners attend.

Payroll

In early December 2022, EMT gave approval for the arrangements for the current payroll improvement group to be reviewed. This group will relaunch in early 2023 with an updated terms of reference, governance structure and project plan. The membership of the group will also be reviewed to ensure it is correct in terms of the work being done.

Work continues on the actions raised through the recent payroll audit carried out by RSM Tenon, with the intention to ensure that the revamped payroll improvement group takes actions forward.

In addition to the normal payroll processing of change forms and termination forms, there are significant changes to be made as part of the strategic review implementation. Many of these changes impact on individuals' pay and have been prioritised. The remainder relate to changes such as job title, department and line manager. This work has been broken down into waves, with wave 1 due for completion by 31 December 2022 and wave 2 due for completion by 31 January 2023.

Significant input continues to be put into payroll checking ahead of the payroll being signed off and committed to BACS. Communication is also being improved and staff are being contacted ahead of pay day by a member of the HR team when it becomes apparent that there is an issue with the amount being paid. This also means that the issue is being addressed for rectification in the following month's payroll.

NHS National Industrial Action

The situation continues to be monitored in relation to the ballot outcomes and proposed industrial action by each union. Unison has notified the Trust of its intention to run a ballot of its members employed by the Trust. This ballot will run from 6 January 2023 to 16 February 2023. In addition, the BMA has notified the Trust of its intention to run a ballot of its members employed by the Trust. This ballot will run from 9 January 2023 to 20 February 2023.

The RCN provided notification on 23 December 2022 that their members have voted to take industrial action on 18 and 19 January 2023. The RCN provided an anonymised staff list of their members and the teams they work in to enable planning for any members who take part in the strike.

As at the date of this report, the Trust has not been impacted by the industrial action.

Recommendation to the [Board / Council]

Members of Committee are asked to note the contents of this report.

Trust strategic objectives supported by this paper

People

Author

Head of HR (OD, culture and engagement)
Head of HR (business partnering and employee relations)

Responsible Executive Director

Chief People Officer

MEETING OF THE COUNCIL OF GOVERNORS – 16 March 2023			
Performance, Finance and Resources Committee Highlight Report			AGENDA ITEM:
Report Author and Job Title:	Aruna Mehta, Non Executive Director and PFRC Chair	Responsible Director:	Aruna Mehta, Non Executive Director and PFRC Chair
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Provides a summary of key matters arising at the PFRC meeting held on 24 January 2023		
Background			
Assessment	Key (ongoing) challenges around ESR and Carenotes. Need to make CIP a core part of 'business as usual'. Need to develop IQPR		
Recommendation	Members of the Council of Governors are asked to: - Note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Provides assurance regarding Risk 1 - Delays to treatment, long Wait times/demand Risk 6 - Delivering financial sustainability targets Risk 7 - Maintaining an effective estate function Risk 8 - Sustainable income streams Risk 9 – IT infrastructure and cyber security Risk 12 - Effective Performance and Risk management arrangements		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	Improve delivery of high quality clinical services which make a significant difference to the lives of the people & communities we serve <input checked="" type="checkbox"/>	Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration. <input type="checkbox"/>	
	Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS. <input checked="" type="checkbox"/>	Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities. <input type="checkbox"/>	
	Ensure we are well-led & effectively governed <input checked="" type="checkbox"/>		

1 ACTIVITY / PERFORMANCE

- 1.1 Progress continues to be made in this area, with contracts that are at risk and not delivering to the required targets identified. However, due to delays in mapping in ESR (Electronic Staff Record), it is not yet possible to get the data in the new organisational format.
- 1.2 In addition, challenges with Care Notes has meant performance metrics are not complete.
- 1.3 Noted that Job Planning still requires progress to be made with clinicians in Community and Integrated at 57% and around 75% for Complex Mental Health. Compliance for trainees and honourees is much lower.
- 1.4 An IQPR (integrated Quality and Performance Report) is being developed, however, this will take time to put in place and longer for the processes around the IQPR to develop improved outcomes.
- 1.5 The Committee notes that the Trust is in receipt of some very good qualitative data, and reassurance that SR posts are starting to be filled.
- 1.6 Noted that CAHMS has the best wait times across the NCL ICS; that the NCEL CAHMS collaborative has won HSJ award and that in its recent Ofsted inspection Gloucester House was judged Good with some outstanding features.
- 1.7 Key concerns remain in GIDS, where there are very high levels of staff attrition and the phase 1 meeting for handover has not happened. Harm reviews continue to be undertaken on those on waitlist.
- 1.8 Action plans were shared, demonstrating progress but also the extent of work that needs to be completed.

2. CARE NOTES

- 2.1 An update was provided regarding Carenotes. There are significant challenges related to the amount of manual input required – in particular by clinicians. This is a significant risk to the organisation.

3. ESTATES

- 3.1 A report on Estates and Projects provided good assurance regarding mitigation for programs such as fire doors that are behind on plan.

4. FINANCE REPORTS

- 4.1 The Month 9 Finance report was received, showing the Trust slightly ahead of Plan for the period and on target to deliver to the agreed deficit £3.8m for the year. The main risk to the full year out-turn is associated with the ongoing uncertainty of whether GIDS staff are – as the Trust believes they should – subject to TUPE.

- 4.2 Agency costs which represent 7.5% against the recent NHSE guideline of 3.7% - these are concentrated in Corporate areas.
- 4.3 A slight increase in debtors over 90 days was noted – with ETC to look at the student debt proportion.
- 4.4 There was a discussion around CIPS (Cost Improvement Programmes) and the risks of trying to achieve this via headcount alone. A budget methodology paper will be presented at board on 7/2.

5. BOARD ASSURANCE FRAMEWORK

- 5.1 The BAF was discussed and the good progress made noted.
- 5.2 A number of other risks were raised for consideration for inclusion and there was a discussion around risk appetite.

6. SOF 3

- 6.1 SOF updates were noted – and it was confirmed that NEDs would be given sight of this before it was sent to the ICS.

7. IMT PROGRESS REPORT

- 7.1 The report was noted.

MEETING OF THE COUNCIL OF GOVERNORS (PUBLIC) – 16 March 2023			
Nominations Committee – 6 February 2023			AGENDA ITEM:
Proposed re-appointment of a Non-Executive Director (NED)			4.1
Report Author and Job Title:	Dorothy Otite, Governance Support	Responsible Director:	John Lawlor, Chair of the Trust Board and Council of Governors
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/>		
Situation	The Nominations Committee met on 6 February 2023 and considered a recommendation from the Chair to retrospectively re-appoint one of the Non-Executive Directors (David Levenson) for a second term of office following the expiration of his first term of office in September 2022.		
Background	<ul style="list-style-type: none"> The Trust’s Non-Executive Directors are appointed to provide their services to support the Chair in discharging his duties of providing oversight, scrutiny and support of the Executive Directors. The Trust’s constitution sets out the following regarding the terms of office of the Trust’s Non-Executive Directors. <i>5.6 Subject to the foregoing, the Trust Chair and the Non-Executive Directors shall be appointed for a period of office of no less than three years duration and in accordance with the terms and conditions of office decided by the Council of Governors at a general meeting. The maximum period of office should be no more than seven years.</i> 		
Assessment	The Committee supported the recommendation based on the positive outcomes of David Levenson’s appraisals during his tenure and his ongoing contributions across a number of Board Committees. This includes being the Joint Chair of the Audit Committee and Chair of the Education & Training Committee.		
Recommendation	<p>The Council of Governors is asked:</p> <ol style="list-style-type: none"> To APPROVE the recommendation of the Nominations Committee for the retrospective re-appointment of David Levenson, NED for further three years from 1 October 2022 and concluding on 30 September 2025; and To NOTE that his set remuneration (i.e. before any supplementary payments for additional duties) will remain at £13,000 per annum and the terms and conditions of his appointment will remain unchanged. 		

Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>This report does not specifically mitigate any linked risk on the BAF or Trust Risk Register.</p> <p>However, failure to provide continuity of leadership may have detrimental effects on the Trust's governance arrangements.</p>	
Legal and Equality and Diversity implications	<p>The Trust must comply with the provisions of the Trust Constitution.</p> <p>There are no equality and diversity implications associated with this report.</p>	
Strategic Objectives	<p>Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve <input type="checkbox"/></p>	<p>Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration. <input type="checkbox"/></p>
	<p>Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS. <input type="checkbox"/></p>	<p>Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities. <input type="checkbox"/></p>
	<p>Ensure we are well-led & effectively governed <input checked="" type="checkbox"/></p>	

MEETING OF THE COUNCIL OF GOVERNORS (PUBLIC) – 16 March 2023			
Nominations Committee – 6 February 2023: <ul style="list-style-type: none"> - Appointment of Senior Independent Director (SID) - Supplementary Payments for Non-Executive Directors 			AGENDA ITEM: 2.1
Report Author and Job Title:	Dorothy Otite, Governance Consultant	Responsible Director:	John Lawlor, Chair of the Trust Board and Council of Governors
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Inform <input type="checkbox"/>		
Situation	<p>The Nominations Committee considered proposals from the Chair with respect to the following key items at its meeting on 6 February 2023:</p> <ol style="list-style-type: none"> 1. Appointment of a Senior Independent Director (SID). 2. Supplementary payments to Non-Executive Directors (NEDs) who carry out additional duties. <p>Although the Committee supported the principle of the appointment of a SID and awarding of supplementary payments to NEDs, the Committee agreed that alternative proposals on the influencing factors to support the decision should be brought to the full Council of Governors meeting for further consideration.</p>		
Background	<p>Constitutional requirements and other considerations:</p> <p>1. Appointment of a SID:</p> <ul style="list-style-type: none"> • The Trust’s constitution sets out the following regarding the appointment of a SID: <i>24.1 The Board of Directors shall appoint one of the independent Non-Executive Directors as Senior Independent Director, <u>having first consulted with the Council of Governors.</u></i> <p><u>Role of SID</u></p> <ul style="list-style-type: none"> • The Trust’s constitution sets out the following regarding the role of a SID: 4.1 Concerns of the Council of Governors <i>4.1.1 The Senior Independent Director shall be available to Members and Governors if they have concerns which contact through the normal channels of Trust Chair, Chief Executive or Finance Director has failed to resolve, or for which such contact is inappropriate.</i> <i>4.1.2 The Senior Independent Director should attend sufficient meetings with Governors to listen to their views in order to help develop a balanced understanding of the issues and concerns of Governors.</i> 		

	<p>4.1.3 <i>The Senior Independent Director should maintain sufficient contact with Governors to understand their issues and concerns.</i></p> <p>4.2 Performance Evaluation</p> <p>4.2.1 <i>Led by the Senior Independent Director, the Non-Executive Directors shall meet without the Trust Chair at least annually to evaluate the Trust Chair's performance, as part of a process, which should be agreed with the Council of Governors, for appraising the Trust Chair and on such other occasions as are deemed appropriate.</i></p> <p>2. Supplementary Payments:</p> <ul style="list-style-type: none"> • NHS Improvement (now NHS England) published a new standardised remuneration framework for Non-Executive Directors for both NHS Trusts and Foundation Trusts on 1 November 2019. • On 7 November 2019, the Council of Governors, Nominations Committee approved a three -year phased approach to implementing the pay changes for the Trust NEDs. This set the pay levels as follows, from: <ul style="list-style-type: none"> • 01 October 2019 - £10,000 • 01 April 2020 - £11,500 • 01 April 2021 - £13,000 • The framework provides flexibility for up to two Non-Executive Directors to be paid a £2,000 additional fee for undertaking additional duties (e.g., Audit Committee Chair). • From October 2019 to October 2022 (David Holt's end of term of office), the Trust paid £2,000 additional fee to the Senior Independent Director (SID) and £2,000 additional fee to the Audit Committee Chair. • From October 2021 onward all NEDs have received a set fee of £13,000 per annum.
<p>Assessment</p>	<p>SID Appointment proposals</p> <p>Initial Proposal (A):</p> <ul style="list-style-type: none"> • The Committee received a recommendation from the Chair to nominate David Levenson, NED for the SID role based on the positive outcomes of David Levenson's appraisals during his tenure and his ongoing contributions across a number of Board Committees. In addition, the Committee noted the broad range of skills and qualities David would bring to the SID role and his capacity to fulfil the responsibilities as required by the Constitution and the role description (attached as Appendix 1). • After a robust discussion, the Committee felt an alternative proposal should be brought to the full Council meeting as part of the consultation process to enable the Council to consider

influencing factors for other NEDs that could be appointed as SID.

Alternative Proposal (B):

- The **alternative proposal** is summarised below:
 - There are currently eight NEDs (with one fulfilling the role of Associate NED) on the Board, of which four have been recently appointed and are still undergoing the NED induction process. We do not recommend any of the four NEDs are considered as the potential SID.
 - This leaves four longer serving NEDs for the Council of Governors to consider as the potential SID as follows:
 - Aruna Mehta: Aruna joined the Board in November 2021 (first 3-year term of office ends in November 2024). She currently Chairs the Performance, Finance & Resources Committee and is the Joint Chair of the Audit Committee.
 - David Levenson: David joined the Board in September 2019 (second term of office ending in September 2025 to be confirmed by the Council of Governors). He is currently the Joint Chair of the Audit Committee and Chair of the Education & Training Committee.
 - Shalini Sequeira: Shalini joined the Board in November 2021 (first 3-year term of office ends in November 2024). She currently Chairs the People, Organisational Development, Equality, Diversity and Inclusion Committee.
 - Deborah Colson: Deborah joined the Board in October 2017 (second term of office ends in September 2023). She was previously Chair of the Quality Committee until November 2022; she is also currently the Trust Vice Chair; and has a roving brief on Governance matters across all Board Committees. The Council should note that the end of Deborah's term of office is imminent.

Supplementary payments proposals

Initial Proposal (A):

- The Committee received a recommendation from the Chair to consider applying the same precedents as was agreed previously by the Council of Governors in the payment of supplementary payments to the SID and Audit Committee Chair.
- The Committee felt an alternative proposal should be brought to the full Council of Governors meeting for further consideration.

	<p>Alternative Proposal (B):</p> <ul style="list-style-type: none"> • The alternative proposal is summarised below: • The Trust is currently under significant challenge in a number of areas including Financial sustainability, Quality, Governance and Workforce. As a result, it is under increased regulatory scrutiny and is working with NHS England and the Integrated Care Board to exit the Single Oversight Framework (SOF 3). The SOF 3 exit criteria requires strengthening of assurance at Board Committee level. This demands considerable commitment from the Chairs of the relevant Committees overseeing these areas. • In view of the above, we propose that the Council of Governors are given the opportunity to discuss and agree whether it is appropriate to grant supplementary payments to any of the following Non-Executive Directors: <ul style="list-style-type: none"> • Chair of the Performance, Finance & Resources Committee; • Chair of the Quality Committee; • Joint Chairs of the Audit Committee. It is considered best practice to award supplementary payments to the Chair of the Audit Committee; • Chair of the People, Organisational Development, Equality, Diversity and Inclusion Committee; • Vice Chair. It is not customary for the Trust Vice Chair to receive a supplementary payment for this position; • Senior Independent Director. • The Council of Governors has a discretion to award supplementary payments of up to a total of £4,000 and this could be in any combination. • The table in Appendix 2 maps out the current remuneration arrangements.
<p>Recommendation</p>	<p>The Council of Governors is asked to:</p> <ol style="list-style-type: none"> a) Support the appointment of a new Senior Independent Director based on the initial proposal (A) to the Nominations Committee [to appoint David Levenson]; OR the alternative proposal (B) to appoint one of the other three longer serving NEDs – Aruna Mehta, Shalini Sequeira or Deborah Colson; b) APPROVE the award of supplementary payments for agreed Non-Executive Director (NED) roles either based on the initial proposal (A) to the Nominations Committee or as discussed and agreed at the meeting; and c) Confirm the above decision for ratification at the Public session of the Council of Governors meeting on 16 March 2023 (which will take place immediately after the Private session).

<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>This report does not specifically mitigate any linked risk on the BAF or Trust Risk Register. However, failure to provide an effective leadership structure may have detrimental effects on the Trust’s governance arrangements.</p>	
<p>Legal and Equality and Diversity implications</p>	<p>The Trust must comply with the provisions of the Trust Constitution. There are no equality and diversity implications associated with this report.</p>	
<p>Strategic Objectives</p>	<p>Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve <input type="checkbox"/></p>	<p>Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration. <input type="checkbox"/></p>
	<p>Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS. <input type="checkbox"/></p>	<p>Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities. <input type="checkbox"/></p>
	<p>Ensure we are well-led & effectively governed <input checked="" type="checkbox"/></p>	

Appendix 1: Senior Independent Director (SID) Role Description

The Senior Independent Director is a Non-Executive Director appointed by the Board of Directors in consultation with the Council of Governors to undertake the role described below to provide a sounding board for the Trust Chair and to serve as an intermediary for the other Directors when necessary.

In addition to the duties described below, the Senior Independent Director has the same duties as the other Non-Executive Directors.

The Senior Independent Director, the Trust Chair and Non-Executive Directors

The Senior Independent Director has a key role in supporting the Trust Chair in leading the Board of Directors and acting as a sounding board and source of advice for the Trust Chair. The Senior Independent Director also has a role in supporting the Trust Chair as Chair of the Council of Governors.

The Senior Independent Director should hold a meeting with the other Non-Executive Directors in the absence of the Trust Chair at least annually as part of the Trust Chair's appraisal process.

There may be other circumstances where such meetings are appropriate. Examples might include informing the re-appointment process for the Trust Chair, where Governors have expressed concern regarding the Trust Chair or when the Board of Directors is experiencing a period of stress as described below.

The Senior Independent Director and the Council of Governors

While the Council of Governors determines the process for the annual appraisal of the Trust Chair, the Senior Independent Director is responsible for carrying out the appraisal of the Trust Chair on their behalf as set out as best practice in the Code of Governance.

The Senior Independent Director might also take responsibility for an orderly succession process for the Trust Chair role where a reappointment or a new appointment is necessary.

The Senior Independent Director should maintain regular contact with the Council of Governors and attend meetings of the Council of Governors to obtain a clear understanding of Governors' views on the key strategic and performance issues facing the NHS Foundation Trust.

The Senior Independent Director should also be available to Governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the Trust Chair; Trust Chair's appraisal or setting the Trust Chair's objectives for example.

In rare cases where there are concerns about the performance of the Trust Chair, the Senior Independent Director should provide support and guidance to the Council of Governors in seeking to resolve concerns or in the absence of a resolution, in taking formal action.

Where the NHS Foundation Trust has appointed a Lead Governor the Senior Independent Director should liaise with the Lead Governor in such circumstances.

The Senior Independent Director and the Board of Directors

In circumstances where the Board of Directors is undergoing a period of stress the Senior Independent Director has a vital role in intervening to resolve issues of concern. These might include:

- unresolved concerns on the part of the Council of Governors regarding the Trust Chair's performance;
- where the relationship between the Trust Chair and Chief Executive is either too close or not sufficiently harmonious;
- where the trust's strategy is not supported by the whole Board of Directors;
- where key decisions are being made without reference to the board or
- where succession planning is being ignored.

In the circumstances outlined above the Senior Independent Director will work with the Trust Chair, other Directors and/or Governors, to resolve significant issues. The Board and Council need to have a clear understanding of when the SID might intervene so that the Senior Independent Director's intervention is not sought in respect of trivial or inappropriate matters.

This Role Description is adapted from the 'Foundations of Good Governance; A compendium of good practice, third edition 2015.

Appendix 2:

NON-EXECUTIVE DIRECTORS' REMUNERATION				
Name	Role	Current Annual Fee 2022/23	Initial Proposal (A) - Annual Fee following Adoption of Additional Payment	Alternative Proposal (B) - Annual Fee following Adoption of Additional Payment
Aruna Mehta	Non-Executive Director / Audit Committee (Joint Chair) / Performance, Finance & Resources Committee (Chair)	£13,000	£14,000 (i)	TBC at the meeting
David Levenson	Non-Executive Director / Audit Committee (Joint Chair) / Education & Training Committee (Chair) / <i>Senior Independent Director (subject to confirmation)</i>	£13,000	£16,000 (ii)	TBC at the meeting
Shalini Sequeira	Non-Executive Director / People, Organisational Development, Equality, Diversity and Inclusion Committee (Chair)	£13,000	£13,000	TBC at the meeting
Claire Johnston	Non-Executive Director / Quality Committee (Chair)	£13,000	£13,000	TBC at the meeting
Sal Jarvis	Non-Executive Director	£13,000	£13,000	
Deborah Colson	Non-Executive Director / Vice Chair	£13,000	£13,000	TBC at the meeting
Janusz Jankowski	Non-Executive Director	£13,000	£13,000	
Sabrina Phillips	Associate Non-Executive Director	£8,000	£8,000	

Note:

(i) = Aruna Mehta's proposed remuneration comprises one basic fee and one additional duty fee of £1k (50% of £2k).

(ii) = David Levenson's proposed remuneration comprises one basic fee and two additional duty fees amounting to £3k (£2k plus 50% of £2k)

MEETING OF THE COUNCIL OF GOVERNORS			
Thursday 16 March 2023			
Quality Committee Report			AGENDA ITEM: 4.3
Report Author and Job Title:	Emma Casey, Associate Director of Quality	Responsible Non-Executive Director/Director:	Jenny Goodridge, Chief Nursing Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	The following report provides an update and assurance in respect of arrangements in place for completing the Trust's Quality Account 2022/23.		
Background	<p>Organisations are required under the Health and Social Care Act 2012 to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.</p> <p>There is a core set of information, indicators and statements that must be included in every Quality Account, which are defined by regulations. Requests for return of information have been sent to the associated lead within the Trust with a deadline for the beginning of April 2023.</p> <p>In line with this deadline, a final draft of the Quality Account is on track to be ready by mid-April to be sent to external stakeholders for review and comment via their statement. This process will run alongside the account being agreed via the Trust's internal governance processes including the Quality Committee, Audit Committee and the Board. A detailed action plan to monitor key timelines for producing the account and progress against these is in place and owned by the Associate Director of Quality.</p> <p>NHS England have been contacted for guidance on how this should be articulated – both for the quality priorities progress and also the data requirements, and the potential impact of validity of those, throughout the report. The Tavistock & Portman will not be the only Trust affected by this issue and the impact on their annual reporting requirements.</p> <p>There are currently discussions underway to agree the quality priorities for the coming year. Whilst it is not proposed that the projects listed as quality priorities for 22/23 are lost, it is important that the quality priorities are truly reflective of all of the good work</p>		

	<p>already going on within the Trust, and that they are also truly reflective on improving quality. As previously, all quality priorities will be linked to at least one of the three core domains of quality – patient experience, patient safety and clinical effectiveness.</p> <p>The Council of Governors is asked to note this report and receive assurance that there are relevant and timely actions being taken to ensure that the Trust meets its statutory requirements for producing and publishing the Quality Account for 2022/23.</p>
Assessment	<p>The Council of Governors is asked to note this report and receive assurance that there are relevant and timely actions being taken to ensure that the Trust meets its statutory requirements for producing and publishing the Quality Account for 2022/23.</p> <p>As with previous years, the Council of Governors will be asked to provide their statement on the Quality Account 2022/23 in mid-April (the current forecasted timeline is 17 April 2023 with a two week window for return).</p> <p>Forward Planning for 2023/24</p> <p>The National Quality Board has been undertaking a review of Quality Accounts to determine how they could be improved and updated. This review does not affect the 2022/23 Quality Accounts requirements, however it is anticipated that changes may come into effect for the 2023/24 requirements.</p> <p>The Associate Director of Quality will be developing a framework and procedure to support how our Quality Account is developed in future years to ensure that the process is transparent and streamlined. This will include how our quality priorities are agreed including stakeholder engagement, how areas for improvement identified are monitored throughout the year to monitor progress and how Board members can be assured of the internal governance processes in place to ensure validity of the information contained within the account.</p>
Recommendation	<p>Members of the Council of Governors are asked to:</p> <p>Note the update the in respect of preparation for producing the Trust's Quality Report 2022/23.</p>
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>This report does not directly mitigate any BAF or organisational risk however it will enable us to deliver a part of its annual statutory reporting requirements.</p> <p>Furthermore, it will articulate areas of improvement and quality priorities for the coming year, which will in turn support areas of risk identified in BAF and organisational risk related to quality.</p>

Legal and Equality and Diversity implications	<p>Production of an annual Quality Account is a statutory responsibility as set out in the Health and Social Care Act.</p> <p>Additionally, elements within the account articulate the Trust's commitment to improving equality, diversity and inclusion and what has been put in place to improve our responsibilities in these areas.</p>	
Strategic Objectives	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>
	Drive operational performance <input checked="" type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	

Quality Account 2022/23 Update

1.0 Introduction

The following report provides an update and assurance in respect of arrangements in place for completing the Trust's Quality Account 2022/23.

Updated guidance for producing a Quality Account was provided by NHS England in January 2023. Guidance issued this year (as with the previous two years) for both the Quality Account and the Annual Report advises the following;

- There is no national mandated requirement for NHS trusts to obtain external auditor assurance on the quality account.
- Quality reports are no longer a required part of an NHS foundation trust's annual report. Instead, the performance section of the annual report should be expanded to include performance against quality priorities and indicators.

Other elements to be included within the Quality Account remains broadly the same as previous years and the deadline continues to be publication by 30 June.

2.0 Update on timelines

The broad content of the Quality Account remains the same as per previous years' guidance. Requests for return of information have been sent to the associated lead within the Trust with a deadline for the beginning of April 2023.

In line with this deadline, a final draft of the Quality Account is on track to be ready by mid-April to be sent to external stakeholders for review and comment via their statement. As with previous years, the stakeholders include NCL Integrated Care Board, Camden Healthwatch, Camden Health & Scrutiny Overview Board and the Trust's Council of Governors.

This process will run alongside the account being agreed via the Trust's internal governance processes including the Quality Committee, Audit Committee and the Board. A seminar for the Quality Committee is to be arranged for April to discuss the content of the report, the proposals for the quality priorities and agree internal signoff processes for the account.

A detailed action plan to monitor key timelines for producing the account and progress against these is in place and owned by the Associate Director of Quality.

3.0 Quality Priorities

The Trust set four quality priorities for the year 2022/23, three of which were carried over from the previous years to further progress made to date. A reminder of these quality priorities is in appendix 1.

Each of the quality priorities was assigned to a director-level lead to ensure senior leadership, accountability and embedding throughout each of the clinical services. However, given the prolonged issues related to the cyber incident of 2022, and the ongoing impact on access to internal information systems, it has been challenging to both collect and articulate an accurate picture of progress.

In respect of this, NHS England have been contacted for guidance on how this should be articulated – both for the quality priorities progress and also the data requirements, and the potential impact of validity of those, throughout the report. The Tavistock & Portman will not be the only Trust affected by this issue and the impact on their annual reporting requirements.

There are currently discussions underway to agree the quality priorities for the coming year. Whilst it is not proposed that the projects listed as quality priorities for 22/23 are lost, it is important that the quality priorities are truly reflective of all of the good work already going on within the Trust, and that they are also truly reflective on improving quality. As previously, all three will be linked to at least one of the three core domains of quality – patient experience, patient safety and clinical effectiveness.

In addition to the quality priorities, the Trust will be looking again to highlight areas which have made quality improvements through the year in the Quality Account, celebrating success stories and improvement projects.

4.0 Forward Planning for 2023/24

The National Quality Board has been undertaking a review of Quality Accounts to determine how they could be improved and updated. This review does not affect the 2022/23 Quality Accounts requirements, however, it is anticipated that changes may come into effect for the 2023/24 requirements.

The Associate Director of Quality will be developing a framework and procedure to support how our Quality Account is developed in future years to ensure that the process is transparent and streamlined. This will include how our quality priorities are agreed including stakeholder engagement, how areas for improvement identified are monitored throughout the year to monitor progress and how Board members can be assured of the internal governance processes in place to ensure validity of the information contained within the account.

5.0 Summary

The Council of Governors is asked to note this report and receive assurance that there are relevant and timely actions being taken to ensure that the Trust meets its statutory requirements for producing and publishing the Quality Account for 2022/23.

End of report.

Appendix 1

2022/23 Quality Priorities; section from 2022/23 Quality Account (pages 7-10)

2.2 Our quality priorities for 2022/23

Our priorities for 2022/23 as set out in this Quality Account, have been arranged under the three broad headings which, put together, provide the national definition of quality in NHS services: patient safety, patient experience and clinical effectiveness. Progress on achievement of these priorities will be monitored during the year and reported in next year's Quality Accounts.

Each of the quality priorities is assigned to one of the Trust Divisional Directors (one each for AFS, CYAF and Gender services) to ensure senior leadership, accountability and embedding throughout each of the clinical services. Progress against the priorities is monitored through various forums including our internal Quality Assurance Board.

As outlined in section 2.1 above, all three of our quality priorities have been carried forward from last year and extend on good progress in each area made to date. For 22/23, we have decided to broaden out the headline priorities to capture more roundly what we want to achieve.

We will also add in a fourth quality priority about our GIDS service and how we will implement and embed recommendations from their CQC inspection through our transformation programme.

Clinical Effectiveness / Patient Experience		
Priority 1	Equalities	<i>Builds on a Quality Priority from last year</i>
Clinical Effectiveness / Patient Safety		
Priority 2	Waiting Times	<i>Builds on a Quality Priority from last year</i>
Clinical Effectiveness		
Priority 3	Outcome Measures	<i>Builds on a Quality Priority from last year</i>
Clinical Effectiveness, Patient Experience, Patient Safety		
Priority 4	GIDS improvement plan	<i>New Quality Priority for 2022/23</i>

How we chose our priorities and our targets for success

The priority topics for 2022/23, and 2021/22 before that, were developed following discussions with a number of service users, non-executive directors, staff, management and commissioners. In addition we considered current Trust Quality Priorities, service challenges, key performance issues and quality data reviewed and presented to Board over the past year.

Clinical Effectiveness and Patient Experience

Priority 1: Equalities

The target of this priority is to improve both the collection and processing of data related to protected characteristics but also, more importantly, how we address any identified areas for improvement as a result of that data to ensure we represent the populations we serve in an equitable manner. The actions underpinning this target have been devised building on progress made in relation to the Race Equalities quality priority from last year.

Quality Priority 1: Equalities

Targets for 2022/23

1. Improve Accessible Information Standards (AIS) data recording by 25% compared to 21/22 data
2. Use data collected via Experience of Service Questionnaire (ESQ) by protected characteristics (*list to be defined in line with what is collected*) to understand how experiences of services differ, and devise a plan to address any areas identified for improvement
3. In collaboration with Quality Improvement, seek to understand barriers within the local community to accessing treatment and develop a quality improvement project that will seek to address these barriers
4. Develop guidance regarding the standard processes for ensuring timely and accurate data capture across all clinical services, including a system for their review. (Q3/4)
5. Implement guidance and report again across the directorates to monitor adherence and make adjustments where needed. (Q3/4)

Clinical Effectiveness and Patient Safety

Priority 2: Waiting Times

Waiting times to first and second appointments are a concern across many Trust clinical services. This has an impact on patient care, experience and safety; on staff well-being; on the Trust's contractual and financial position; and on its reputation. Through this quality priority we will seek to recommend, formalise and implement ways of improving waitlist management. Whilst it is not always simple to broadly 'improve' waiting times due to a number of contributing factors, how we support patients whilst they are waiting, and how any measurable clinical harm as a result of extended waiting times can be assessed, is important. This is also explored further in the actions listed below.

Quality Priority 2: Waiting Times

Targets for 2022/23

- Review waiting list initiatives currently being implemented across different service lines to ensure that best-practice is adhered to and embedded across the Trust
- Develop and implement a Trust-wide framework for managing waiting time performance across the Trust and agree an access policy to formalise waiting list management including use of patient tracking lists & meetings (PTLs), DNAs, cancellations and non-responder
- Building on the clinical harm SOP, develop and implement a harm review policy to identify harm in long-waiting patients, recognising learning and any preventative actions

- Improve communications and supportive advice with patients who are on a long waiting list, including further developing digital support

Clinical Effectiveness

Priority 3: Outcome Measures

Building on the developments in 2021/22 and 2020/21 we are looking to further develop the consistent use and analysis of Outcome Measures (OM) across the Trust in parallel with continuing our use of semi-automated data collection software. Outcome Measures have a number of possible uses including the systematic evaluation of clinical progress, as a means of eliciting self-reported feedback on an individual's mental health state and providing data separately to clinical observations or opinion. We will be focusing on improving the consistent collection of OM and having clearly defined mechanisms and accountability for all teams. We also want to ensure that our logic for sending out forms to service users is consistent across service lines and in line with clinical requirements to enable a true and sound reflection of experience and care. Rolling-out the digital provision of the forms will support all of these objectives as currently OM data is manually entered onto CareNotes which is labour intensive, may not be timely and risks data entry errors.

Quality Priority 3: Outcome Measures

Targets for 2022/23

1. To increase OM returns across all services by 25% above baseline by year end
2. Develop an agreed logic for sending and counting outcome measure and ESQ forms (which may differ by individual clinical and service lines) to enable a true reflection of the patient voice (to be able to get an agreed denominator of how many forms were required to be sent out per month vs. a numerator of how many were received back)
3. Roll-out of Qualtrics to other service user completed Outcome Measures across the Trust including all ESQ (12+, Parent/Carer & 9-11), RCADs & SDQ

Clinical Effectiveness, Patient Experience & Patient Safety

Priority 4: To implement and embed recommendations from the CQC inspection of GIDS service

In recognition of the positive work undertaken to date, and in respect of the work still to do, we will also add in a fourth quality priority about our GIDS service and the implementation and embedding of recommendations from their CQC inspection through our transformation programme.

Clinical Effectiveness, Patient Experience, Patient Safety

Priority 4	To implement and embed recommendations from the CQC inspection of GIDS service	<i>New Quality Priority for 22/23</i>
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Meeting of the Council of Governors:		16th March 2023	
Board meetings dates 2023/24		AGENDA ITEM: 5.5	
Report Author and Job Title:	Julie Dawes, Interim Director of Corporate Governance	Responsible Director:	Julie Dawes, Interim Director of Corporate Governance
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Summary	<p>The purpose of this report is to confirm the following dates for Council and Board meetings to be held in public during 2023/24:</p> <p><u>Council of Governors</u></p> <ul style="list-style-type: none"> • Wednesday 3rd May 2023 – Joint Board and Council meeting • Thursday 8th June • Thursday 14th September • Thursday 14th December • Thursday 14th March 2024 <p><u>Board of Directors</u></p> <ul style="list-style-type: none"> • Wednesday 19th April 2023 • Wednesday 23rd May 2023 • Wednesday 14th June 2023 • Thursday 27th July 2023 • July 2023 – Annual General Meeting (provisional) • September 2023 - Annual General Meeting (provisional) • Wednesday 11th October 2023 • Wednesday 13th December 2023 • Wednesday 21st February 2024 <p>For the purpose of planning, the provisional public board meeting dates for 2024/25 are as follows. These will be confirmed in July/August 2023:</p> <ul style="list-style-type: none"> • Wednesday 17th April 2024 • Wednesday 12th June 2024 • Wednesday 10th July 2024 • Thursday 25th July 2024 (<i>provisional</i>) • Thursday 25th July 2024 - Annual General Meeting (provisional) • Wednesday 14th August 2024 (<i>provisional</i>) • Wednesday 11th September 2024 - Annual General Meeting (provisional) • Wednesday 9th October 2024 • Wednesday 11th December 2024 • Wednesday 12th February 2025 		
Recommendation	The Council of Governors is asked to note the agreed meeting dates for 2023/24 and provisional dated for 2024/25.		

Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	The report supports the risks in the BAF associated with achieving the Well - Led and effective governance strategic objective.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives	Improve delivery of high quality clinical services which make a significant difference to the lives of the people & communities we serve <input type="checkbox"/>	Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration. <input type="checkbox"/>
	Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS. <input type="checkbox"/>	Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities. <input type="checkbox"/>
	Ensure we are well-led & effectively governed <input checked="" type="checkbox"/>	