



The Tavistock and Portman
NHS Foundation Trust

Council of Governors Part Two

Agenda and papers of a meeting to be held in public

**Thursday, 8th
June 2023**

**For timings
please refer to
the agenda**

**COUNCIL OF GOVERNORS – PART TWO
MEETING HELD IN PUBLIC
8th June 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	Chair	3.15	Verbal
1.4	Minutes of the meeting held <ul style="list-style-type: none"> 16th March 2023 	Chair	3.25	Enc 1
1.5	Matters Arising and Action Log	Chair		Enc 2
2 Reports and Updates				
2.1	DET Service Presentation DET Military Spouse – link with Armed Forces Community Launch	Paul Dugmore and Rachel James	3.30	Verbal
2.2	Governor Feedback	Lead Governor	3.45	Verbal
2.3	Chief Executive's Report	Chief Executive	3.55	Enc 3 <i>(to follow)</i>
2.4	Finance Report	Chief Financial Officer	4.05	Enc 4 Enc 4a Enc 4b
2.5	Membership and Engagement Report	Head of Communications and Engagement	4.10	Enc 5 <i>(to follow)</i>
2.6	Annual Report and Accounts Update	Chair	4.15	Verbal
2.7	Council of Governors Development Programme 2023/24	IDOCG	4.20	Enc 6
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"> 18 May 2023 	Committee Chair	4.25	Enc 7
3.2	Audit Committee Highlight Report <ul style="list-style-type: none"> 23 May 2023 	Committee Chair and/or Executive Lead	4.30	Enc 8
3.3	Quality Committee Highlight Report <ul style="list-style-type: none"> 4 May 2023 	Committee Chair and/or Executive Lead	4.35	Enc 9
3.4	People, Organisational Development, Equality, Inclusion and Diversity Committee Highlight Report	Committee Chair and/or Executive Lead	4.40	Enc 10

		Lead	Timing	Paper No
	<ul style="list-style-type: none"> 4 May 2023 			
3.5	Performance, Finance and Resources Committee Highlight Report <ul style="list-style-type: none"> 23 May 2023 	Committee Chair and/or Executive Lead	5.00	Enc 11
4. Statutory Duties and Responsibilities				
4.1	To receive a recommendation from the Nomination Committee for the proposed extension to contract of a Non-Executive Director	Committee Chair	5.05	Enc 12
5. Closing Business				
5.1	Questions from the Public	Chair	5.10	Verbal
5.2	Any other Urgent Business	Chair	5.15	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 14th September 2023 at 2.00 pm [venue to be confirmed]	Chair		
	Close of Public Meeting		5.30	

UNCONFIRMED MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS

Part 2: Public Meeting
Thursday 16th March 2023, 3:10 – 5.30 pm
Meeting held in the Lecture Theatre and virtually via Zoom

PRESENT

Members

John Lawlor (JL)	Trust Chair and Chair the Council of Governors
Sheena Bolland (SB)	Public Governor
Michael Rustin (MR)	Public Governor
Michelle Morais (MM)	Public Governor
Katherine Knight (KK)	Student Governor
Paru Jeram (PJ)	Staff Governor
Stephen Frosh (SF)	Public Governor
Sebastian Kraemer (SK)	Public Governor
Natalia Barry (NB)	Public Governor
Robert Waterson (RW)	Public Governor
Julian Lousada (JL)	Public Governor

In attendance

Sabrina Phillips (SP)	Associate Non-Executive Director
Claire Johnston (CJ)	Non-Executive Director
Janus Jankowski (JJ)	Non-Executive Director
Michael Holland (MH)	Chief Executive
Terry Noys (TN)	Chief Finance Officer
Sheila Murphy (SMu)	Interim Director of Corporate Governance
Alastair Hughes (AHu)	Interim Director of Strategy and Transformation
Jenny Goodridge (JG)	Interim Chief Nursing Officer
Laure Thomas (LT)	Director of Communications
Mike Smith (MS)	Communications
Fiona Fernandes (FF)	Corporate Governance Officer (Minutes)

Apologies for absence

Kathy Elliot (KE)	Stakeholder Governor and Lead Governor
Sal Jarvis (SJ)	Non-Executive Director
Debbie Colson (DC)	Non-Executive Director and Chair of Quality Committee
Shalini Sequeira (SS)	Non-Executive Director and Chair of the People, Organisational Development, Equalities Diversity and Inclusion Committee
David Levenson (DL)	Non-Executive Director and Chair of the Education Committee
Aruna Mehta (AM)	Non-executive Director and Chair of the Performance, Finance and Resources Committee
Peter Ptashko (PP)	Stakeholder Local Authority Governor
Kenyah Nyameche (LN)	Public Governor

Ffiona Dawber (FD)	Public Governor
Jessica Anglin d’Christian (JAC)	Staff Governor
Jocelyn Cornwell (JC)	Public Governor
Maisam Datoos (MD)	Staff Governor

	Administrative Matters
1.1	Chair’s opening remarks, and apologies for absence
	JL welcomed those attending.
1.2	Council members’ declarations of interests
	None.
1.3	Chairs opening remarks and introduction of the new NEDs
1.4	Minutes from the Annual General Meeting held on 7th February 2023 – for noting
	The Minutes from the AGM were noted. It was agreed to check with the service users who presented at the AGM that they are happy with the content before the minutes are circulated more widely.
1.5	Draft minutes of the meeting held on 8th December 2022
	The minutes of the meeting held on 8 th December were agreed as a true and accurate record.
1.5	Action log and matters arising
	As noted on the Action Log. It was clarified that the PriceWaterhouse Report is not our report so we will need to check before this is circulated. Action Point: Expressions of interests from Governors will be sought to observe Board Committees.
2	Reports and Updates
2.1	Patient/Staff/Student Story or Service Presentation
	Amy O’Gorman, Team Manager from South Camden CAMHS CAISS services attended to present to the Council. She was accompanied by a patient of the service, Clemmie. The service has been running for seven years and there are seven members of staff in the team. CAISS works closely with schools, communities, and social services. They work on building relationships with the clients they work with. They undertake visits to both school and home which are made via the Tavistock. HIVE is open to CAISS which has proved effective. Clemmie advised that if she has a problem at the weekend she send a text and is able to speak to someone on Monday. Thanks were extended to Ms O’Gorman and especially to Clemmie for their presentation.
2.2	Governor Feedback
	The following issues were raised:-

	<ul style="list-style-type: none"> • The Staff Survey report is to be circulated. It does not give a positive message and it is acknowledged that we need to re-engage with staff. • Senior Independent Director • Joint Board of Directors/Council of Governors meeting will take place on 3rd May • Adult GIC • Hannah Barnes book • Misunderstanding between DET and the University of Essex, a meeting will be arranged for them with MH and ER-S
2.3	Chief Executive's Report
	<p>MH highlighted the following points:-</p> <ul style="list-style-type: none"> • CQC Inspection in two of our teams. This was positive, we are awaiting the report • Ofsted Report for Gloucester House – rating of good • Senior Management Changes, Gem Davies has been appointed as our Chief People Officer, Dayo Ajibola has been appointed as our Deputy Chief People Officer. • Industrial Action from Doctors planned for Monday has been postponed. • The Gender Identity Clinic (GID) is undertaking a review of the services with an external provider. The external review wants reassurances of the pathway for GIC patients. <p>There was a question on service planning and it was noted that Alastair Hughes is progressing this work.</p>
2.4	Finance Report
	This was discussed in the Part 1, Private meeting.
2.5	Membership and Engagement Report
	<p>The report was taken as read. MS highlighted the following points:-</p> <ul style="list-style-type: none"> • A new Communications Team is starting in April • Draft Strategy Engagement – FD and NB are involved in this work • Membership increased by 7. We have approximately 2000 members • New members • Members Newsletter • Trustwide PPI Forum – membership engagement strategy • List of opportunities for Governors

	<ul style="list-style-type: none"> Next Annual Members Meeting will be in September this year, Governors will be asked to be involved <p>MR suggested the Governors hold a social event.</p>
3	Reports from the Non-Executive Chairs of the Board Assurance Committees
3.1	Education and Training Committee Highlight Report
	<p>SJ and JJ, Non-Executive Directors have expertise in Education and Training and have increased the level of scrutiny at the Committee.</p> <p>A joint DET/Finance report was received by the committee for the first time.</p> <p>D58 course has experienced an impact on its course management.</p> <p>It was noted that student engagement is improving.</p> <p>More attention is being paid to academic outcomes.</p> <p>ER-S advised there has been a focus on student and staff engagement to highlight the issues of student experience. Assurance is given to Governors that the Trust is committed to address issues concerning student engagement.</p> <p>A new member of staff has been engaged to focus on Digital provision of Education and Training. The strategy for this will be aligned with Essex to ensure delivery of quality blended education.</p> <p>Research week will be going ahead, this is important to the Trust. PJ advised that they are working to bridge the gap between Research and Education and Training. A Research and Development Committee is to be formed. ER-S advised that we are keen to find a way for students to benefit from Research.</p> <p>JL noted that the Trust does carry out research, but it does not have a high profile.</p> <p>DL advised that there had been a detailed discussion on strategy. We need more information on the data from on-line courses as this is a potential for growth. More use could be made of the Tavistock Psychotherapist alumni. Tavistock Consulting has doubled its revenue through its work in systemic leadership, some of which is from outside the NHS. I-Thrive was introduced by the Tavistock to many other organisations in the NHS, we should capitalise on this further.</p>
3.2	Audit Committee Highlight Report
	<p>The HFMA self-assessment indicated some issues, so the Audit Committee has asked Executive Directors to formulate realistic improvement plans to address these.</p> <p>It was noted that the internal audit reports have a number of actions not completed and assurance was asked for the Trust to focus on these. TN advised that progress has now been made on payroll issues as the new Chief People Officer and Deputy Chief People Officer have been</p>

	appointed.
3.3	Quality Committee Highlight Report
	<p>CJ took over the chairing of the Quality Committee in January. Thanks were extended to Debbie Colson who had chaired the committee previously.</p> <p>CJ highlighted the following points:-</p> <ul style="list-style-type: none"> • Demobilisation of GIDS service alongside the need to maintain safe services for our patients. This is compounded by the on-going media impact on staff • Recovery of CareNotes – IT produced a mini CareNotes. Hoping to have the recovery work on CareNotes completed soon • Safeguarding Supervision – Amber rating as we cannot verify data • Quality Improvement Plan has 13 areas of focus. There is progressive change and Commissioners are pleased with this progress and improvements. • Complaints – CMcK and JG plan to review the Complaints process. • CQC Inspection – positive in tone with no serious concerns. Particularly praised our welcoming staff. The full report will be available in about 4 weeks. • Industrial action – meticulous planning on strike action and support for staff
3.4	People, Organisational Development, Equality, Inclusion and Diversity Highlight Report
	<p>It was acknowledged that it has been difficult not having a permanent leader in Human Resources. Thanks were extended to Alison Kingscott for her support. Gem Davies has now taken up the post of Chief People Officer.</p> <p>The results of the Staff Survey has given the leadership team the areas on where to focus. GD has shared with the Board of Directors a focussed action plan which includes an Inclusion plan and an EDI action plan.</p>
3.5	Performance, Finance and Resources Committee Highlight Report
	<p>SH advised that data for this committee flows from the Teams. Post the strategic review re-organisation we are working through the various electronic systems to ensure we have the correct data and correct numbers of staffing. Investment is needed. Some work can be completed quickly other work will take 9-12 months. Currently pulling out some data is done manually.</p>
4	Statutory Duties and Responsibilities
4.1	To receive a recommendation from the Nominations Committee for the proposed re-appointment of a Non-Executive Director
	<p>The Nominations Committee met in February 2023 to consider retrospectively appointing David Levenson for a further term of office from 1st October 2022 – 30th September 2025.</p>

	<p>The Council of Governors were asked to approve this appointment. As the meeting was not quorate this will be done via email</p> <p>Action Point: Email approval of this recommendation to be sought.</p>								
4.2	<p>To receive a report of the Nomination Committee</p> <p>This report to agree remuneration for the Non-Executive Directors was discussed at the Council of Governors Pre-meeting.</p> <p>It was agreed to recommend that David Levenson as Senior Independent Director receives annual responsibility payment of £2,000.</p> <p>The following responsibility payments were also recommended for the Chairs of the Board Committees:-</p> <table border="0"> <tr> <td>Claire Johnston</td> <td>£500</td> </tr> <tr> <td>Shalini Sequeira</td> <td>£500</td> </tr> <tr> <td>Aruna Mehta</td> <td>£500</td> </tr> <tr> <td>Sal Jarvis</td> <td>£500</td> </tr> </table> <p>Action Point: JL to write to Governors formally to obtain their ratification of the above proposal.</p>	Claire Johnston	£500	Shalini Sequeira	£500	Aruna Mehta	£500	Sal Jarvis	£500
Claire Johnston	£500								
Shalini Sequeira	£500								
Aruna Mehta	£500								
Sal Jarvis	£500								
4.3	<p>Review of delivery of Trust's Quality Priorities 2022/23 and Update on selection process for Quality Priorities 2023/24</p> <p>The process for selecting Quality Priorities was explained. Governors are involved in this process. It was agreed to invite Governors to a Quality Committee Seminar on 13th April 2023.</p> <p>It was suggested that the Quality Priorities should be much more patient focussed.</p> <p>The Quality Accounts will be published at the end of June.</p> <p>Action Point: - Governors to be invited to Quality Committee Seminar in April</p>								
5	<p>Closing Business</p>								
5.1	<p>Questions from the Public</p> <p>A question was received from a patient who suggested that patient information had been shared on-line. It has not been able to identify anyone sharing information online, but the patient has been offered a meeting with MH.</p>								
5.2	<p>Any other Urgent Business</p> <p>Mike Solomon, a former member of staff has been posthumously awarded an Honorary Degree.</p> <p>Governors are invited to The Graduation ceremony which will take place in June.</p>								
5.3	<p>Issues to be escalated to the Board of Directors</p>								
5.4	<p>Review of Meeting</p>								

	It was noted that the agenda was very full so it was not possible to take all questions during the meeting.
5.5	Date of Next Meeting
	Thursday 8 th June 2023, Meeting timings and venue to be confirmed.
	The meeting closed at 5.22 pm

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
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
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	OPEN

Ref	Meeting Date	Agenda Item	Action Notes	Lead	Due Date	Progress / Comments	Status
						Expressions of interest from Governors will be sought to observe Board Committees. RECOMMENDATION: Remain Open	
1/23	16.3.2023	4.2	Chair to write to Governors formally to obtain their ratification of the above proposal	Mr Lawlor	8 June 2023	Email sent to Governors on 1 st June RECOMMENDATION: Close	Completed
2/23	16.3.2023	4.2	Governors to be invited to Quality Committee Seminar in April	Mrs Goodridge	8 June 2023	Governors invited to June Quality Seminar RECOMMENDATION: Close	Completed

Chief Executive's Report 8 June 2023 COUNCIL of GOVERNORS

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

2. Delivery of High-level Clinical services

- 2.1 You will see that there is a highlight report from the Quality Committee Chair, therefore, I will not go into the detail.
- 2.2 Responsibility for managing the GIDS waiting list has now transferred completely from our Trust to NHS Arden and GEM Commissioning Support Unit (CSU) who hold the list on behalf of NHS England.

On 11 May 2023 NHS England published an update to their programme of work ([Implementing advice from the Cass Review](#)), stating that "the early stages of service provision at the Southern Hub will begin in autumn this year (2023) – with the Northern Hub mobilising by April 2024".

We have had formal confirmation that our contract will continue until the end of March 2024. During this period we will focus on providing continuity of care for our open caseload of around 1,000 patients. We are working through a process to understand the required resources to complete our open assessments and hand over to the phase one providers when they are ready to take on patients. We continue to monitor our staffing levels to ensure our clinical work remains safe for the young people under our care.

We are also working closely with NHSE and the new providers to collectively manage the considerable national media and social media interest. The provision of health and care services for young people with gender dysphoria has become a highly charged, highly polarised public debate, both in the UK and internationally. We believe this does not assist the development of clinical practice in this difficult and complex field. The Cass review, to which we have contributed, aims to find a way through this complexity.

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

Senior management changes

- 3.1. The selection process for the substantive appointments of Chief Medical Director, Chief Nursing Officer, Director of Strategy, Transformation and Business Development, and the Director of Corporate Governance are now complete.
- 3.2. Rod Booth will commence as Director of Strategy, Transformation and Business Development at the end of June.
- 3.3. Clare Scott will commence as Chief Nursing Officer at the end of July.

- 3.4. Adewale Kadiri will commence as Director of Corporate Governance at the beginning of August.
- 3.5. Chris Abbott, who was successfully appointed to the Chief Medical Officer post, will commence in post mid-August.
- 3.6. The interviews and stakeholder panels for the Chief Education and Training Officer are being held in June. Successful appointment to this post will complete the executive team.

NHS Staff Survey 2022 / Staff Engagement

- 3.7. The CPO and HR Business Partners are currently presenting team level staff survey results department, inviting feedback and input on how we can support them to improve our staff experience and indicating what actions we will be taking going forward.
- 3.8. A staff engagement group is in the process of being set up, as well as an admin forum, in order to broaden the scope of staff engagement within the organisation.
- 3.9. The various staff networks are also currently in the process of nominating and electing new chairs.

Industrial Action Update

- 3.10 In my last CEO report to Board, the British Medical Association (BMA) had announced 96 hours of continuous strike action, scheduled to occur directly after the Easter Bank Holidays, on 10 - 13 April. A further 72 hours BMA walkout is scheduled to take place from 0700 on 14 June to 0700 on 17 June. On this occasion the Hospital Consultants and Specialists Association (HCSA) has announced they will be aligning their action with the BMA. It is anticipated the strike will particularly impact the NCL CAMHS out of hours rota but contingency plans similar to previous strikes will be in place.
- 3.10. The new junior doctor strike action will again have an impact on our on call rota arrangements and we will be seeking cover from agency, our internal consultant body, and consultants from the other trusts included within the rota. We will be applying cover rates in line with NCL agreed caps.
- 3.11. We support the right of any of our junior doctors to take strike action and we will ensure our services are safe during this period.
- 3.12. We are aware that the Royal College of Nursing are currently in the process of balloting their members asking them if they wish to take strike action in response to the government's pay offer. The previous ballot covered a period of six months and has now expired. The ballot commenced on 23 May and will run until 23rd June.
- 3.13. The RCN is seeking to achieve a country-wide mandate which means if the union achieves the mandate to take action, all organisations will be included (similar to current BMA action).

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

- 4.1 The reported year-end financial position for 2022/23 was a deficit of £3.6m; £0.2m ahead of plan. The Trust delivered its forecast capital expenditure plan of £3.3m.
- 4.2 A Financial Plan for 2023/24 has been ultimately agreed with the Integrated Care

System (ICS) as a deficit of £2.5m. This is an update from the initial draft submitted to the ICS, that showed a deficit of £3.1m. The updated plan is contingent (net of) the delivery of an in-year efficiency program of £3m. The capital spend envelope set by the ICS is £2.4m, a reduction of £0.9m from last year.

- 4.3 The updated Financial Plan is included in the Board papers for approval and includes the breakdown of the expected delivery of the efficiency target (£3m) on a non-recurrent basis and the approach for developing a recurrent program going forward.
- 4.4 The process of implementing post strategic review (SR) structures in Employee Service Record (ESR) is nearing completion. This will enable Finance to produce an initial set service line budgets which reflect the new structures and being a key part in enabling financial accountability at service line / team level.
- 4.5 This will link into the work planned to update the Trust's medium and long-term Financial plan model to reflect the commercial strategy, loss of clinical services and other work currently being undertaken in terms of strategic development.

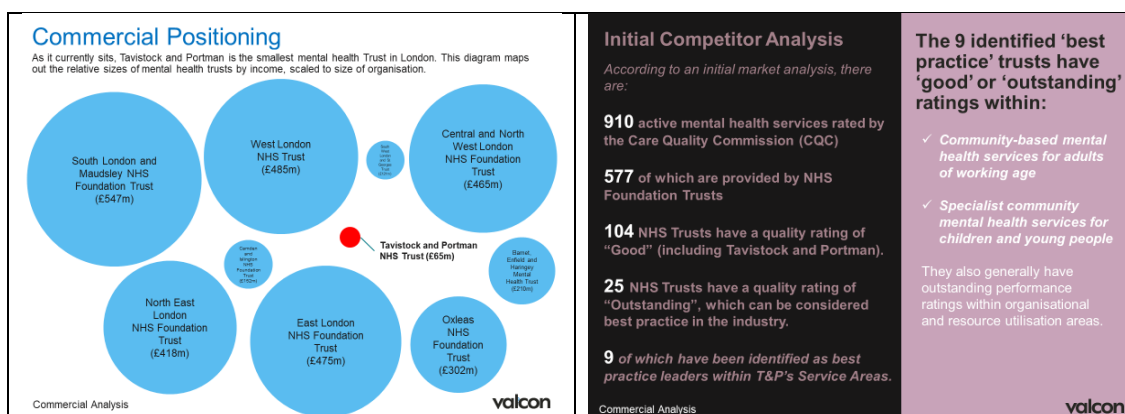
Development and Delivery of the Trust's Strategy

- 4.6 In summary, the Trust is on track to develop a draft strategy by the end of July with continued engagement with staff, patients, students and wider stakeholders continuing beyond this period. We expect that new Executive Directors will be substantially in place from early August and are expected to own and finalise this strategy.

Highlights from the Joint Board and Council of Governors workshop on 3 May

Mission, Vision and Values

- 4.6.1 I presented my summary assessment of the current situation of the Trust together with an initial draft vision statement and the key factors to consider as we develop these together.



<p style="text-align: center;">Our Vision</p> <div style="background-color: #0070C0; color: white; padding: 10px; text-align: center;"> <p>By end 25/26 to deliver outstanding clinical services and education and training, and to have a built an organisation that is resilient, sustainable and forward looking for the future.</p> </div>	<p style="text-align: center;">Our Mission & Vision</p> <table border="0"> <tr> <td style="width: 50%;"> <p>Mission</p> <p>Factors to consider: <i>Our shared purpose How we see our role in the world Binds us together A source of pride Encompasses everything we do Reflects our history and the future Enduring We need to set out what makes us special and differentiates us from others and is forward looking and adaptable to the future.</i></p> </td> <td style="width: 50%;"> <p>Vision</p> <p>Factors to consider: <i>Addresses current challenges A compelling statement of ambition Sufficiently defined A clear gap from where we are Bold and achievable</i></p> </td> </tr> </table>	<p>Mission</p> <p>Factors to consider: <i>Our shared purpose How we see our role in the world Binds us together A source of pride Encompasses everything we do Reflects our history and the future Enduring We need to set out what makes us special and differentiates us from others and is forward looking and adaptable to the future.</i></p>	<p>Vision</p> <p>Factors to consider: <i>Addresses current challenges A compelling statement of ambition Sufficiently defined A clear gap from where we are Bold and achievable</i></p>
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We spent some time in groups gathering views on these along with thoughts on the development of our values. These views, along with wider engagement plans with staff, patients, student and wider stakeholders will help shape the direction of the Trust.

Our Strategic Ambitions

4.6.2 Our Executive Leadership Team collectively outlined initial views regarding our strategic ambitions – according to the summary shown below.

Our Strategic Ambitions

Providing Outstanding Patient Care	The Foremost Provider of Education & Training	Building on Our Reputation for Innovation & Research	Developing a Culture Where Everyone Thrives	Improving Our Value, Productivity & Sustainability
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An Organisation That Enables All The Above

Each Executive Director outlined initial views of our high level strategy in each of the above areas and we gathered views from the wider group for each Director to consider in the next stages of development. These initial views presented are shown below.

<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center; font-weight: bold;">Providing Outstanding Patient Care</div> <p><i>Our Clinical Services Strategy</i></p> <ul style="list-style-type: none"> • Improving the delivery of our clinical services • Improving the pathways through care • Delivering our quality improvement plan • Using data to drive improvement: Integrated Quality & Performance Reporting <p><i>100% positive patient experience. Zero avoidable harm. Transformed waiting list performance. Service recognition and awards.</i></p>	<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center; font-weight: bold;">The Foremost Provider of Education & Training</div> <p><i>Our Education & Training Strategy</i></p> <ul style="list-style-type: none"> • Delivering market growth • Developing and digitising our offer • Forging new partnerships • Improving operations and marketing • Growing our consulting arm <p><i>100% positive student experience. Doubling the size of DET by end 25/26. Workforce Innovation Unit growth.</i></p>	<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center; font-weight: bold;">Building on Our Reputation for Innovation & Research</div> <p><i>Our Research & Innovation Strategy</i></p> <ul style="list-style-type: none"> • Increasing research capability & capacity • Building our research infrastructure • Developing university-linked clinical academic posts • Developing a stronger research culture within the Trust • Developing our innovation model <p><i>University linked clinical academic posts established. Growth in external grant funded research where the Trust is either the lead organisation or a collaborating partner. Maximised impact on prevention & early intervention.</i></p>	<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center; font-weight: bold;">Developing a Culture Where Everyone Thrives</div> <p><i>Our People Strategy</i></p> <ul style="list-style-type: none"> • Transforming staff engagement • Leading EDI improvement • Developing leadership & management capability • Developing our workforce <p><i>Top 10 most improved trusts by 25/26 for:</i></p> <ul style="list-style-type: none"> • Staff engagement • EDI <p><i>Visible increases in staff participation in engagement mechanisms. Improvements in staff compliance.</i></p>	<div style="background-color: #0070C0; color: white; padding: 5px; text-align: center; font-weight: bold;">Improving Our Value, Productivity & Sustainability</div> <p><i>A Sustainable Organisation</i></p> <ul style="list-style-type: none"> • Developing a plan to balance our books • Delivering our commercial strategy • Delivering modern, efficient corporate functions <p><i>An approved medium-term financial plan. Staff experience feedback on corporate functions.</i></p>
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We also shared initial Executive views of the strategy across Trust enablers and gathered initial comments. The initial views presented are shown below.

Enablers			
<p><i>Improved Governance & Leadership</i></p> <ul style="list-style-type: none"> • Exec Recruitment • Governance Processes <p>• Refreshed Executive in place end August.</p> <p>• Assurance of governance processes meeting class standards.</p>	<p><i>Estates Strategy</i></p> <ul style="list-style-type: none"> • Rationalisation • Space planning • Flexible-working • Sustainability <p>• Reduced overhead cost.</p> <p>• Staff feedback.</p> <p>• Space utilisation/efficiency.</p> <p>• Net-zero.</p>	<p><i>Digital Strategy</i></p> <ul style="list-style-type: none"> • Digital services • IM&T infrastructure • Digital functions • Cost improvement <p>• Alignment with class standards by end 24/25.</p> <p>• Approved investment plan.</p> <p>• Approved cost improvement plan.</p>	<p><i>Exploring Options to Secure & Optimise our Future</i></p> <ul style="list-style-type: none"> • Agreed SOF3 framework (options, criteria) • Agreed timetable through to end 25/26 <p>• A secured optimal outcome for the Trust that preserves our identity and optimises the conditions for strategic development.</p>

Finally, we had a brief presentation from Kelly Archer from Valcon, our consultancy partner, regarding our potential commercial strategy.

Views gathered from this group fed in to a subsequent longer Board discussion on this topic. The output from the Valcon work has now been finalised, shared with our Executive Team for comment and is now being translated in to a draft commercial strategy for the Trust.

Timetable for Strategy Development

4.6.3 The remaining timetable for strategy development agreed with the Executive Team is shown below.

		 Timetable The Tavistock and Portman NHS Foundation Trust									
		May		June			July				
		22	29	05	12	19	26	03	10	17	24
				08 CoG	14 Board	26 Board			27 Board		
Organisation	<ul style="list-style-type: none"> • Vision, Mission, Values • Our Future & Timeline • 23/24 Immediate Priorities 	SOF Oversight	Re-purposed Future Direction Sessions	Refreshed Strategic Ambitions		SOF Oversight	Updated vision, mission & values			SOF Oversight	Refreshed 23/24 priorities
Clinical	<ul style="list-style-type: none"> • Clinical Services Strategy 	IGPR Programme	Service Improvement Programme	Discussion JCB Population Health Alignment	Service Plans		Refreshed Quality Strategy		Clinical Services Strategy (incl service plans)		
Education & Training	<ul style="list-style-type: none"> • Education & Training Strategy 	Operations Improvement Programme				Service Plans (incl. WLU)			Education & Training Strategy		
Research & Innovation	<ul style="list-style-type: none"> • Research & Innovation Strategy 		Discussion paper		Draft R&I Strategy			R&I Strategy			
People	<ul style="list-style-type: none"> • People Strategy 	Staff Engagement Plan			EDI Plan		Leadership & Management Development Plan	Workforce Development Plan			
Sustainability	<ul style="list-style-type: none"> • Commercial Strategy • Cost Improvement Plan 		Commercial Strategy		Draft Cost Improvement Plan		23/24 Cost Improvement Plan		Investment Plan	MTPP	
Enablers	<ul style="list-style-type: none"> • Governance & Leadership Plans • Estates Strategy • Digital Strategy • Corporate Functions Plans • Comms & Engagement Plan 	Current IGAP	Draft Estates Strategy		Draft Functions Plans	Draft C&E Plan		Refreshed Well-led Self-assessment	Updated IGAP		
							Draft Digital Strategy	Estates Strategy	Digital Strategy		1

Key Points of Note

1. Once our strategy is developed, we expect to set out a revised set of strategic priorities for delivery for the remainder of this financial year (2023/24) through to the end of 2025/26 – i.e. the next three years.
2. We are expecting our Trust strategy to be underpinned by a coherent and aligned series of service plans and (corporate) function plans. These planning processes are underway and must align with wider Trust strategy – in particular with our plans for growth and services development set out in our commercial strategy, and our plans for improvement across services and functions (included within the enablers above).
3. Our plans for improvement must include plans for cost improvement through identification and delivery of efficiencies, and these will form part of a refreshed developed medium-term financial plan.
4. We are currently developing a plan for engagement with staff, patients, students and wider stakeholders – delivery of which is expected to continue throughout the summer (beyond the end July) and when newly appointed Executive Directors are in place.

4.7 Service and Functions Planning

Service planning is an important part of our strategy development.

- Our method is an engaged approach, to tap in to the collective service leadership across the Trust, and to re-establish effective relationships as we develop service priorities and plans.
- We have a two-phase approach. The first phase (completed) is to engage effectively, understand the strategic dynamics facing each service and its initial leadership response to these. The second phase is to align service plans with wider Trust strategies for commercial growth and service improvement (and efficiencies) through effective alignment and dialogue with service and Clinical / DET leadership teams.

Corporate functions planning is an important part of our Trust strategy (enablers) and must enable delivery of our wider strategy for sustainability, improvement and development across all services. All corporate functions are engaged and the next step is a workshop on June 7 with the leadership of all functions (People, Finance, IM&T etc) to share and develop initial plans for delivery (BAU) and improvement (processes, systems, people).

5. Well-led and Effective Governance

- 5.1 The Integrated Governance Action Plan continues to be progressed. It is anticipated that it will be utilised going forward to support Well-Led governance arrangements.
- 5.2 Recruitment and an appointment has successfully taken place to secure support to prepare for a Well-Led inspection preparation.

National and Political Context

6 UCL Partners and UCL Health Alliance to join forces

UCL Partners and UCL Health Alliance – the provider collaborative for north central London - are to come together to form a single health innovation partnership.

The move has been endorsed by system leaders in north central London, north east London, mid and south Essex and London region.

Earlier this year, UCL Health Alliance achieved national innovator status with a remit to pilot new models of care for large-scale rollout to speed up access to treatment, improve patient experience and improve health outcomes. This work dovetails with UCL Partners' strategy for research and innovation to tackle the biggest health challenges facing the 5 million people living in the communities the organisation serves.

MEETING OF THE MEETING OF THE COUNCIL OF GOVERNORS: 8 TH June 2023				
Report Title: Finance Report: 12 months ended 31 March 2023			Agenda No.: 2.4	
Report Author and Job Title:	Udey Chowdhury, Deputy CFO	Lead Executive Director:	Peter O'Neill, Interim Chief Financial Officer	
Appendices:				
Executive Summary:				
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>			
Situation:	<p>Attached is the Month 12 (period to March 23) Finance Report.</p> <p>Income & Expenditure This shows that the Trust has incurred a net deficit of £3.6m. This is a £0.2m positive variance against a Plan / Budget position of a deficit of £3.8m.</p> <p>Capital Expenditure At £3.3m Capex ended the year on plan.</p> <p>Cash Cash is £8.8m versus a Plan figure of £6.2m. 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 has reached plan targets for revenue and capital expenditure due primarily to larger staff vacancies than anticipated. Delayed implementation of the Strategic Review, System-wide difficulties in recruitment and specific Gender issues have impacted on the ability to recruit staff.</p> <p>Capital Expenditure The Trust has reached it's expenditure plan of £3.3m.</p> <p>Cash Year end cash at £8.8m is £2.6m ahead of a plan target of £6.2m, due mainly to deferred income and accrued costs.</p>			
Key recommendation(s):	Note the position outlined above			
Implications:				
Strategic Objectives: (tick)				
<input checked="" type="checkbox"/> Improve delivery of high-quality clinical services which make a significant difference to the	<input type="checkbox"/> Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel	<input checked="" type="checkbox"/> Develop & deliver a strategy & financial plan that supports medium & long-term organisational	<input type="checkbox"/> Be an effective, integrated partner within the ICS & nationally, supporting improvements in	<input checked="" type="checkbox"/> Ensure we are well-led & effectively governed.

lives of the people & communities we serve.	proud in a culture of inclusivity, compassion & collaboration.	sustainability & aligns with the ICS.	population health & care & reducing health inequalities.		
Relevant CQC Domain: (tick)	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input type="checkbox"/>
Link to the Risk Register: (tick)	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	Risk Ref and Title: Risk 6 – Delivering financial sustainability				
Legal and Regulatory Implications: (tick)	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
Resource Implications: (tick)	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
Diversity, Equality and Inclusion (DEI) implications: (tick)	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
Freedom of Information (FOI) status: (tick)	<input type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:					
Assurance Route - Previously Considered by:					
Reports require an assurance rating to guide the discussion: (tick)	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input checked="" type="checkbox"/> Not applicable: No assurance is required	

FINANCE REPORT – MONTH 12: PERIOD ENDED 31 March 2023

1. OVERVIEW

- 1.1 For the period ended 31 March 23, the Trust recorded a deficit of £3.6m, compared with a Planned / Budgeted deficit of £3.8m.
- 1.2 Ongoing cost pressures – notably around GIDS, the Strategic Review and HR, and utilities inflationary increases– were compensated by a higher than Plan vacancy factor.

2 INCOME

- 2.1 Income was £67.2m, £2.1m positive to Plan income of £65.1m.
- 2.2 However, £3.4m of income is a notional memo adjustment required to account for central funding of pay awards and additional employers pension contribution, which is not in the plan. This adjustment has an equal and opposite adjustment within staff costs, with nil effect on the deficit.
- 2.3 Hence after stripping out the notional adjustment the operating income shortfall against plan was £1.3m.
- 2.4 This is due to DET income being £0.3m lower than Plan, CYAF income being £0.6m lower than Plan, and Clinical Support being £0.8m lower than Plan, offset by £0.7m positive variance on Gender income.
- 2.5 DET income shortfalls are due to non receipts of OFS grants, offset by additional funds for Trainees and short courses.
- 2.6 The shortfall on CYAF reflects £0.6m of Trust unidentified new income that was Budgeted within CYAF, reduced levels of income for Gloucester House, deferred income for Surrey, due to reduced levels of expenditure 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 £51.5m are £1.5m higher than Plan.

- 3.2 However removing memo costs of £3.3m relating to system contributions to pension and pay increases the true operating position shows a £1.8m positive variance against plan.
- 3.3 This is after factoring in a year-to-date Plan vacancy factor of £5.5m.
- 3.4 Lower than Plan staff costs reflect vacancies across all elements of the Trust.
- 3.5 Agency costs in the period total £3.4m.

4 OPERATING NON-PAY COSTS

- 4.1 Operating non pay costs of £16.8m are £0.1m lower than Plan of £16.7m.
- 4.2 Underspend in Clinical areas has been offset by costs pressures in Corporate areas.

5 OTHER COSTS (Depreciation, Interest, PDC)

- 5.1 Non-operating costs were £0.6m higher than plan, reflecting increased depreciation and dividend costs, with a lower than planned provision release.

6 BALANCE SHEET / CASH FLOW / CAPITAL EXPENDITURE

- 6.1 Debtors overdue by 90 days or more is £678k (compared with £671k 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 March 2023 was £8.8m, compared with a Plan figure of £6.2m.
- 6.4 The £2.6m improvement reflects working capital improvements against plan due to increased levels of deferred income and accrued costs and provisions.
- 6.5 Capital expenditure ended the year on plan; reflecting efforts to deliver major projects by March 23.



MONTHLY FINANCE REPORT

Period 12 12 Mar-23

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Funds - Cash Flow	4

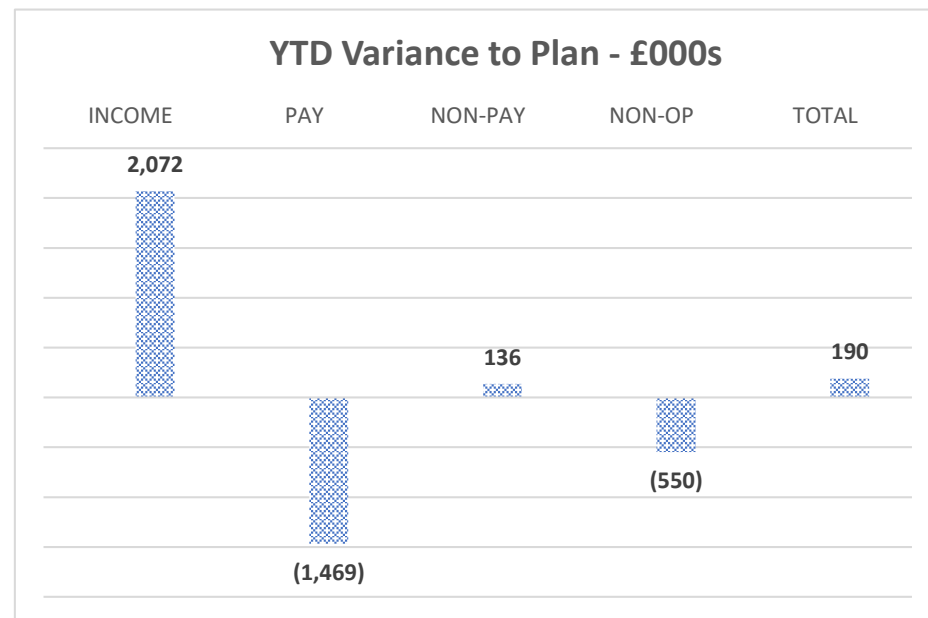
FINANCE AND PERFORMANCE REPORT

I & E Summary

Period 12

Mar-23

£000	Plan	Actual	Variance	Var %
INCOME	65,078	67,150	2,072	3%
PAY	(50,036)	(51,505)	(1,469)	3%
NON-PAY	(16,967)	(16,830)	136	(1%)
EBITA	(1,925)	(1,186)	739	(38%)
Interest receivable	12	130	118	
Interest payable	(26)	(40)	(13)	
Depreciation	(2,302)	(2,489)	(187)	
Dividend	(216)	(408)	(192)	
Provision release	690	414	(276)	
Net Surplus /(Deficit)	(3,768)	(3,578)	190	(5%)



Debtors > 90 days	Jan-23	Feb-23	Mar-23
	£'000	£'000	£'000
NHS	203	103	40
Non-NHS	143	194	215
Student	373	374	423
Total	719	671	678

	Plan	Act	Var
Projected closing cash	6,202	8,822	2,620
YTD Cash in/(out) flow - £000s	(8,614)	(5,994)	2,621
due to :-			
Operating flows - accrued costs and deferred income			2,621
Capital slippage			0
Capital Expenditure - £000s	(3,347)	(3,347)	0
			0

FINANCE AND PERFORMANCE REPORT
Balance Sheet
Page 3

Period 12													
Mar-23	Prior												
Year End	Year End	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Intangible assets	92	92	92	85	82	80	77	75	72	70	67	64	77
Land and buildings and equipment	25,150	24,368	25,388	24,323	24,810	24,748	24,675	24,880	25,081	24,793	24,720	24,720	26,265
IFRS 16 Right of Use Asset	0	0	0	0	0	0	0	0	0	0	0	0	2,899
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	24,720	29,164
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	24,784	29,241
NHS Receivables	2,410	1,491	1,183	729	315	303	955	726	312	(9)	221	228	514
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	5,721	5,568
Cash / equivalents	9,043	6,531	7,821	7,181	8,140	6,157	5,375	6,883	5,063	3,746	2,290	2,356	673
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	7,673	8,149
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	15,978	14,904
Trade and other payables	(6,563)	(6,383)	(5,515)	(5,529)	(5,033)	(4,912)	(6,255)	(5,944)	(5,430)	(5,249)	(5,916)	(6,016)	(7,232)
Accruals	(7,861)	(7,019)	(7,174)	(4,735)	(7,847)	(8,319)	(8,331)	(10,860)	(9,955)	(7,791)	(6,682)	(6,749)	(5,645)
Deferred income	(7,849)	(7,849)	(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)	(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)	(2,703)	(2,236)
Other													
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)	(23,782)	(23,368)
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	17,501	16,980	20,777
Non-current provisions	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)
IFRS 16 Right of Use liability		0	0	0	0	0	0	0	0	0	0	0	(2,901)
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)	(1,776)	(1,776)
Total assets employed	19,312	16,460	18,668	18,408	18,107	17,370	16,771	16,807	16,337	15,975	15,471	15,172	16,068
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)	(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)	(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	4,610	3,714
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)	(15,172)	(16,068)

FINANCE AND PERFORMANCE REPORT

FUNDS FLOW

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Period 12

12

Mar-23

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Net Surplus/(Deficit)	(2,853)	2,208	(259)	(301)	(737)	(599)	36	(470)	(362)	(504)	(299)	562	(3,578)
Depreciation / amortisation	0	384	107	164	164	164	164	164	418	313	227	234	2,501
PDC dividend paid	0	36	18	18	18	18	18	18	18	18	18	115	313
Net Interest paid	(2)	4	2	2	4	0	0	0	0	10	2	18	40
(Increase) / Decrease in receivables	531	893	1,260	(493)	(1,242)	(1,364)	(117)	493	1,509	(537)	772	(133)	1,573
Increase / (Decrease) in liabilities	(1,021)	(713)	(2,426)	2,623	351	1,356	2,218	(1,419)	(2,346)	(442)	168	17	(1,634)
Increase / (Decrease) in provisions	14	(30)	(88)	(282)	(14)	(0)	(131)	(38)	0	(55)	(103)	(367)	(1,094)
Non operational accrual movement	851	(1,272)	966	(624)	(10)	198	(17)	(18)	(18)	(28)	(10)	236	256
Net operating cash flow	(2,481)	1,510	(419)	1,107	(1,467)	(228)	2,170	(1,270)	(780)	(1,225)	775	682	(1,624)
Interest received													0
Interest paid					(12)								(12)
PDC dividend paid						(216)						(97)	(313)
PDC Funding received													0
Cash flow available for investment	(2,481)	1,510	(419)	1,107	(1,479)	(444)	2,170	(1,270)	(780)	(1,225)	775	585	(1,949)
Purchase of property, plant & equipment	125	20	86	118	64	76	(203)	(199)	291	75	3	(1,557)	(1,100)
Depreciation	(192)	(192)	(107)	(164)	(164)	(164)	(164)	(164)	(418)	(313)	(227)	(234)	(2,501)
Capital purchases - cash	(67)	(172)	(21)	(45)	(99)	(88)	(366)	(362)	(126)	(238)	(224)	(1,791)	(3,600)
Net cash flow before financing	(2,548)	1,339	(440)	1,061	(1,578)	(532)	1,804	(1,632)	(907)	(1,463)	551	(1,207)	(5,549)
Repayment of debt facilities	0	0	0	0	(222)						(222)		(445)
Net increase / (decrease) in cash	(2,548)	1,339	(440)	1,061	(1,800)	(532)	1,804	(1,632)	(907)	(1,463)	328	(1,207)	(5,994)
Opening Cash	14,816	12,268	13,607	13,167	14,230	12,430	11,899	13,703	12,070	11,164	9,701	10,029	14,816
Closing cash	12,268	13,607	13,167	14,228	12,429	11,899	13,703	12,070	11,164	9,701	10,029	8,823	8,823

Report to	Date
Council of Governors	8 June 2023

Membership engagement report	
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 • Members newsletter • Membership engagement strategy • Trustwide PPI Forum • 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

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Membership newsletter	3
Membership engagement strategy	Error! Bookmark not defined.
Trustwide Patient and Public Involvement Forum	3
Current and upcoming Governor membership involvement opportunities	4

Membership recruitment update

Total members joined since March 2023: 17

New members by constituency:

- Camden: 2
- Rest of London: 8
- Rest of England: 7

New members by gender:

- Female: 4
- Male: 4
- Prefer to not say: 2
- Prefer to self-describe: 7

New members by ethnicity:

- White: 6
- Black, Black British, Caribbean or African: 1
- Mixed, multiple of other: 2
- Prefer not to say: 3
- Other ethnic group: 4
- Asian or Asian British: 1

New members who are trans or non-binary:

- Yes: 0
- No: 12
- Prefer not to say: 5

New members who have a disability:

- Yes: 2
- No: 8
- Prefer not to say: 7

Membership engagement strategy

The draft Membership Engagement Strategy, produced by the comms team in consultation with the Kathy Elliott and Ffiona Dawber, was sent to the Governors via email on 12 April 2023.

One Governor has fed back via email. The comms team seeks any further feedback from the Governors, and otherwise proposes that the membership working group is established and the programme of work covered in the document should begin.

Please send any feedback to communications@tavi-port.nhs.uk.

Membership newsletter

June edition statistics

The most recent newsletter was sent to our membership on 7 June 2023.

- Recipients: 2,450
- Open rate: 21%

Most popular links clicked:

- Tavistock and Portman's Dr Jo Stubley appears in Matt Willis's BBC 1 documentary Fighting Addiction
"Even Beyonce gets nervous" – Staff blogpost: Mental Health Awareness Week
- Follow us on Twitter
- The launch of the North Central London waiting room website for young people

Trustwide Patient and Public Involvement Forum

The next quarterly Trustwide patient and public involvement forum will take place on Thursday 20 July.

We ask that a Governor attends each forum. If you would like to volunteer to be involved in this activity please contact Claire Kent, our Head of Patient Experience, via PPI@Tavi-Port.nhs.uk.

Current and upcoming Governor membership involvement opportunities

Annual Members Meeting 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 on Wednesday 13 September.

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 delivery 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 COUNCIL OF GOVERNORS 8 June 2023					
Report Title: Council of Governors' Development Programme				Agenda No.: 2.7	
Report Author and Job Title:	Sheila M Murphy, Director of Corporate Governance (interim)	Lead Executive Director:	John Lawlor, Trust Chair		
Appendices:	Council of Governors' Development Programme				
Executive Summary:					
Action Required:	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:	There is a need to establish a development programme for the Council of Governors				
Background:	<p>The Trust should provide a development programme for the Governors which includes their personal professional development, keeps them apprised of developments in the Trust and promotes the opportunity to interact with the Executive and Non-Executive directors.</p> <p>The attached sets out the recommended way forward and opportunities to consider.</p>				
Assessment:	The Trust has provided limited development partly due to the restrictions arising from the pandemic and returning to business as usual but also due to changes in the corporate governance team.				
Key recommendation(s):	<p>The Council of Governors is asked to:</p> <p>Discuss the attached Induction and Development proposal.</p>				
Implications:					
Strategic Objectives:					
<input type="checkbox"/> 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 checked="" type="checkbox"/> Ensure we are well-led & effectively governed.	
Relevant CQC Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	The Trust should provide a Council of Governors development programme				
Resource Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	

	Cost to attend external training and have external trainers attend Trust			
Diversity, Equality and Inclusion (DEI) implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:				
Assurance Route - Previously Considered by:	N/A			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input checked="" type="checkbox"/> Not applicable: No assurance is required

Appendix 1

PROPOSED COUNCIL OF GOVERNORS' DEVELOPMENT PROGRAMME

INDUCTION

Induction Pack

To be revised and provided to all current Governors and new Governors on appointment (will include corporate governance documents e.g. Constitution, Code of Conduct, organograms, contacts, Governor guidance, Board biographies and relevant policy, procedure).

Trust Induction

- 1:1 Individual induction with Director of Corporate Governance
- Local Induction
- Statutory/Mandatory Training
- Declarations, Fit and Proper Person, Code of Conduct, Skills / knowledge / particular interest for Skills Matrix, etc

Induction NHS Providers

- Individual Registration all Governors on NHSP Core Skills for small numbers of new Governors
- Annual Core Skills session for Council of Governors at the Trust (invite NEDs and Executives for lunch)

GOVERNOR SEMINARS/DEVELOPMENT

Quarterly session – topic of concern/particular interest for Governors/Trust (NEDs and Execs to be invited)

e.g finance, ICS/ICB working, strategy update/forward plan, Education and Training, Research, understanding the Annual Report and Accounts, Quality Priorities.

NHS Providers sessions: either individual sign up or in-house Trust sessions. I think in-house would be advisable this year to ensure all have undertaken the sessions and as an opportunity for a refresher for all. However, the following are available:

- Effective Questioning and Challenge: 20 June 2023 – whole day via Zoom
- Effective Chairing for Governors; 29 June 2023 – whole day via Zoom
- Finance and Business Skills: 4 July 2023 – whole day via Zoom
- The Role of the Governor in Non-Executive appointments: 20 September 2023 - whole day via Zoom
- Accountability and holding to Account: 10 October 2023 – whole day via Zoom
- Member and Public Engagement: 18 October 2023 - whole day via Zoom
- Effective Questioning and Challenge: 21 November 2023 - whole day via Zoom

CHAIR'S MEETING

In addition to the above we recommend scheduling a regular informal meeting with Chair which could also include an invitation to NEDs to attend.

CHAIR'S ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Education and Training Committee	18 May 2023	David Levenson, Non-Executive Director	Elisa Reyes-Simpson Interim CETO/Dean of Postgraduate Studies	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None	Agenda Item: 3.1			
Assurance ratings used in the report are set out below:					
Assurance rating:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	
The key discussion items including assurances received are highlighted to the Board below:					
Key headline			Assurance rating (Chair to select appropriate rating)		
1. CETO/Dean's Report: <ul style="list-style-type: none"> Recruitment to new staffing structures is nearing completion, though there are now vacancies with the Director of Education (Operations) and Director of Tavistock Consulting departing in the summer. The Directorate is developing a student engagement strategy and the Annual Student Survey is currently open with an earlier closing date to allow for faster turnaround of feedback and changes. The reasonable adjustments process for students is being reviewed following a workshop which was well attended by students and staff. Improvements to the use of data and SITS are being proposed and an action plan has emerged. Recruitment figures are down in comparison to last year, but ahead in terms of incomplete applications and we are actively following these up. KPIs continue to be developed, and reporting to the PFR Committee on a number of metrics. 			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
2. Annual Equality, Diversity and Inclusion (EDI) Report: <ul style="list-style-type: none"> EDI data is pointing towards positive progress and there is improvement all round. We are making steady progress in respect of the variance between applicants from minoritised backgrounds compared to majority applicants' likelihood of being offered a place. The award gap has fluctuated from year to year, with some overall decrease since 2019 and we are trying to understand what impacts this fluctuation with the aim to continue to reduce it consistently. Bursaries for students from Black, Asian and Ethnic Minority students will continue at 50% of the course fee. 			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		

<ul style="list-style-type: none"> • EDI action plans for portfolios will be developed and combined into a directorate-wide action plan. 	
<p>3. Annual Student Retention Report:</p> <ul style="list-style-type: none"> • There has been an increase of around 5% in the number of withdrawals over the last two years. It is difficult to identify any trends in relation to this. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>4. Digital and Short Course Portfolio Performance Update:</p> <ul style="list-style-type: none"> • The move of short courses to online delivery has benefitted the Trust, reducing the cost of delivery and reaching a wider range of students. • The current main challenge is capacity and resources. • Many new ideas for training programmes and bespoke training are being generated. This is a major growth area and work is underway to understand the resource implications. • For example, there is an appetite in certain sectors such as statutory services and local government for whole workforce training in mental health and wellbeing for staff. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
<p>5. Education and Training Finance and Business Report:</p> <ul style="list-style-type: none"> • The Directorate year-end position is above plan, impacted by the high vacancy factor that has been carried this financial year. • The high level of performance of short courses has also had a significant impact. • The budget for 23/24 has been delayed due to changes in NCL and NHSE funding streams, and the impact of budgets within the ICS. A 3rd draft of the budget was submitted in May. The delay in the production of the 23/24 budget has impeded the production of service level budgets. • It is anticipated that the 23/24 budget will be challenged by increases in uplift through AFC, and development costs necessary in respect of digital and short courses. • Significant emphasis is being placed on understanding the impact of indirect costs, which in 22/23 were high at 40%. • Fees from UEL have been recuperated, reducing the debt to the Trust. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
<p>6. DET Development Update:</p> <ul style="list-style-type: none"> • There is ongoing work to combine the D58 Masters with the D59 clinical qualifications into a single qualifying course. • Time constraints have resulted in a delay in implementing blended delivery of the Integrated Professional Doctorates to AY24-25. • Staff are bringing a wide range of ideas for course development, particularly for short courses and CPD. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>7. Workforce Innovation Unit Update:</p> <ul style="list-style-type: none"> • A 3-year Business Plan has been drafted to align to early indication of opportunities identified by consultants, Valcon. • Activity is on track but the lack of a clear budget for 23/24 and lack of clarity in respect of future contracts are hampering growth planning. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

Summary of Decisions made by the Committee:

- The Committee **AGREED** the key priority areas for Equalities, Diversity and Inclusion.
- The Committee **APPROVED** the recommendations in relation Student Retention.

<ul style="list-style-type: none"> The Committee AGREED the strategic direction and objectives for the Digital and Short Course Portfolio. 		
<p>Risks Identified by the Committee during the meeting:</p>		
<p>The Committee identified the following risk for escalation to the Board of Directors:</p> <ul style="list-style-type: none"> The merger between NHSE and HEE may impact on future contracts and the National Training Contract. This may have a significant impact on our financial sustainability. 		
<p>Items to come back to the Committee outside its routine business cycle:</p>		
<p>There was no specific item over those planned within its cycle that it asked to return.</p>		
<p>Items referred to the BoD or another Committee for approval, decision or action:</p>		
Item	Purpose	Date
N/A		

MEETING OF THE COUNCIL OF GOVERNERS – 8 th JUNE 23			
Report Title: Audit Committee Highlight Report			Agenda No.: 3.2
Report Author and Job Title:	Peter O’Neill, Financial Advisor	Lead Executive Director:	David Levenson, Non Executive Director and PFRC Chair
Appendices:			
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	Provides a summary of key matters arising at the Audit Committee of the 23 rd May 23		
Background:			
Assessment:	<p>Counter Fraud</p> <ul style="list-style-type: none"> The committee received a report from the Internal Auditors that concluded the Trust meets the requirements of the Government Functional Standard as adopted by the NHS. No matters arising. <p>Procurement</p> <ul style="list-style-type: none"> The number of single tender waivers was discussed and assessed as unacceptable. Action agreed, a detailed analysis of the waivers to be undertaken and assessed against ‘normal’ NHS protocols. Report to be resubmitted to the next Audit Committee, including mitigating actions. <p>Internal Audit</p> <ul style="list-style-type: none"> The committee received a report on Risk Management from the Internal Auditors, that concluded that only partial assurance can be taken that adequate controls are in place. A key improvement identified is the implementation of a new risk management system (DATIX) due to be implemented by September. This will enable the Quality Portal which is no longer fit for purpose to be retired. While no new risks were identified the Internal Auditors expect to retain their opinion concerning significant weaknesses arising from last year’s payroll audit for 2022/23. <p>Final Accounts</p> <ul style="list-style-type: none"> It was noted that the draft accounts had been produced in line with the national timetable and that no material changes had been made during the subsequent external audit process. The external auditors raised some minor concerns with the quality of some of the supporting working papers, and it was agreed that this would be investigated further, and mitigations identified to limit future issues. 		
Key recommendation(s):	Members of the Council of Governors are asked to: Note the report		

Implications:					
Strategic Objectives:					
<input type="checkbox"/> 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 checked="" 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.	
Relevant CQC Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	Risk Ref and Title: BAF 8. Delivering Financial Stability.				
Legal and Regulatory Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
Diversity, Equality and Inclusion (DEI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.			<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:					
Assurance Route - Previously Considered by:	Audit Committee 23 rd May				
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input checked="" type="checkbox"/> Not applicable: No assurance is required	

QUALITY COMMITTEE HIGHLIGHT REPORT TO THE COUNCIL OF GOVERNORS (CoG)					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Quality Committee	4 May 2023	Claire Johnston, Non-Executive Director	Emma Casey, Associate Director of Quality	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:			Agenda Item: 3.3		
Assurance ratings used in the report are set out below:					
Assurance rating:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	
The key discussion items including assurances received are highlighted to the Board below:					
Key headline			Assurance rating		
<p>1. Replacement Local Risk Management System (LRMS) system The Trust's preparation for the new Patient Safety Incident Response Framework (PSIRF) is severely compromised by the inadequacy of the existing risk management system, which is incompatible with the new requirements for all Trusts set out in the framework from the Learn from Patient Safety Events (LFPSE) service.</p> <p>The Committee sought assurance about the progress to replace the current internal quality reporting system and learnt that both procurement of a new LRMS and the move to PSIRF had made considerable headway. However, a significant risk remains that the Trust will not meet the mandated timelines for implementing the switch to the Learn from Patient Safety Events (LFPSE) service by September 2023.</p>			Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>		
<p>2. Complaints The Committee expressed concern about the significant complaints backlog, which does not appear to be progressing. It was agreed that a comprehensive report on a recovery trajectory and an improvement plan would be presented to the committee in July 2023.</p>			Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>		
<p>3. Quality Account 2022/23 The Committee reviewed the final draft of the Quality Account 22/23, pending insertion of stakeholder statements and final amendments. A Chair's action to approve the final Quality Account was agreed before final sign off by the Board in June 2023.</p>			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		

<p>4. CQC inspections</p> <p>The Committee received updates in relation to the recent focused CQC inspections, as well as preparation underway for future inspections. The focused inspections that took place in January 2023 were to our community forensic services (Portman Clinic) and community CAMHS services (North and South Camden CAMHS) and Camden Adolescent Intensive Support Service (CAISS).</p> <p>At the time of preparing the papers for the Committee, the Trust had been in receipt of the draft reports and had sent their feedback to the CQC accordingly. It was advised during the meeting that the final reports from the CQC, plus embargoed press release, had just been received by the Trust and were in the process of being reviewed.</p> <p>The July meeting of the Quality Committee will receive these reports in full, alongside the Trust's action plan to address the 'must' and 'should' do recommendations issued to us. The inspections identified several areas of good practice, including positive feedback from patients and their families. The reports did not include any overall ratings for the inspected services, nor did it change the Trust's overall rating of Good.</p> <p>The full reports can be found on the CQC website: Tavistock and Portman NHS Foundation Trust - Care Quality Commission (cqc.org.uk)</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input checked="" type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>5. Summary of National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), Annual Report March 2023</p> <p>The annual report provides findings relating to people aged 10 and above who died by suicide between 2010 and 2020 across all UK countries. The NCISH database also includes a national case series of suicide by patients under the care of mental health services over more than 25 years. This internationally leading database allows for recommendations to be made relating to clinical practice and policy that will improve safety locally, nationally, and internationally.</p> <p>A Trust-wide learning lessons event to share this information is scheduled for early June 2023. An action plan will be drawn up to ensure the Trust implements the key recommendations that are appropriate for us.</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input type="checkbox"/></p> <p>Adequate <input checked="" type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>6. Quality Improvement Plan</p> <p>The latest update for actions identified in the Trust's Quality Improvement Plan was noted. Several areas were noted to have progressed positively including confirming the forward planner for strengthening the process and recording of Safeguarding supervision, progress with the Duty of Candour audit and confirming the forward planner for highlighting the patient voice at key Trust meetings.</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input checked="" type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>
<p>7. Resilience Based Clinical Supervision programme</p> <p>The Integrated Care Board (ICB) Director of Quality noted the success of the Trust's leading role in running a Resilience Based Clinical Supervision programme, in partnership with the NCL Integrated Care System and the Foundation of Nursing Studies, for all nurses sector wide. They suggested that the programme be more widely adopted, as a means of strengthening the healthy functioning of front line teams. The Burdett Trust for Nursing shortlisted the Tavistock and Portman in their annual award for this outstanding contribution to supporting clinicians to deliver safe care.</p>	<p>Limited <input type="checkbox"/></p> <p>Partial <input type="checkbox"/></p> <p>Adequate <input type="checkbox"/></p> <p>N/A <input checked="" type="checkbox"/></p>

<p>It was noted as an excellent piece of work and the Committee asked to be kept informed about future plans on how, if funding is identified by the ICB, additional programmes may benefit our sector’s nursing and midwifery workforce.</p>	
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Summary of Decisions made by the Committee:

- The Committee AGREED a Chair’s action for sign-off of the Trust’s Quality Account 2022/23.
- The Committee APPROVED the proposed forward planner of Quality Committee business for the year 2023/24

Risks Identified by the Committee during the meeting:

There were no new risks identified by the Committee during this meeting.

Items to come back to the Committee outside its routine business cycle:

The Committee are seeking further updates regarding the replacement Local Risk Management System (LRMS) system.

Items referred to the BoD or another Committee for approval, decision or action:

Item	Purpose	Date
N/A		

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS					
Committee:	Meeting Date	Chair	Report Author	Quorate	
People, Organisational Development, Equality, Diversity and Inclusion Committee	08 June 2023	Shalini Sequeira, NED	Gem Davies, Chief People Officer	Yes	No
Appendices:	None		Agenda Item: 3.4		
Assurance ratings used in the report are set out below:					
Assurance rating	Colour to use in 'Assurance rating' colour below				
Limited Assurance	Red: There are significant gaps in assurance or action plans				
Partial Assurance	Amber: There are gaps in assurance				
Assurance	Green: There are no gaps in assurance				
Not Applicable	White: No assurance is required				
The key discussion items being highlighted to the Board for Assurance are noted below:					
Key headline			Assurance rating <small>(select appropriate colour code as above)</small>		
1. Management training and development			Red <input type="checkbox"/>		
<ul style="list-style-type: none"> Plans are developing well for training managers in a number of areas including career conversations and appraisals, sickness absence, capability management. As new policies are revised and relaunched, opportunities for training and coaching managers on these policies will also be released. 			Amber <input type="checkbox"/>		
			Green <input checked="" type="checkbox"/>		
			White <input type="checkbox"/>		
2. Just and learning culture approach to people relations issues			Red <input type="checkbox"/>		
<ul style="list-style-type: none"> Justice and fairness for all parties is being considered within new policies and addressed within live cases, including providing wellbeing support for those who are the subject of the complaint, rather than focusing support solely on those raising a concern. 			Amber <input checked="" type="checkbox"/>		
			Green <input type="checkbox"/>		
			White <input type="checkbox"/>		
3. Equality Diversity and Inclusion interview panel representation			Red <input type="checkbox"/>		
<ul style="list-style-type: none"> There has been mixed feedback from DEI reps on recent interview panels with regards to their experience of the process. Training is being delivered by a third party provider shortly on inclusive recruitment practices and this expertise can be used to aid the improvement of interview processes for all involved. 			Amber <input checked="" type="checkbox"/>		
			Green <input type="checkbox"/>		
			White <input type="checkbox"/>		
4. People function activity			Red <input type="checkbox"/>		

<ul style="list-style-type: none"> • Lots of work has been undertaken following the staff survey, both in seeking to ‘get the basics right’ and other project work. <ol style="list-style-type: none"> 1. Improvements continue to be seen in the NLPSS recruitment shared service. 2. A payroll working group and quarterly payroll review meetings are in place to improve our payroll provision and relationship 3. Nominations and appointments Staff survey deep dive/action plan meetings are being held with all team leads throughout May and June 4. Pay progression is being reinstated for those due to progress on or after 1st June 2023 5. Career conversations are being planned to support the turnaround of our appraisal position. 6. Apprenticeships are to be revamped; a proposed timeline for delivery will start from June 2023 with a phased development of apprenticeships over the next 12-18 months. 	<p>Amber <input type="checkbox"/></p> <p>Green <input checked="" type="checkbox"/></p> <p>White <input type="checkbox"/></p>	
<p>Decisions made by the Committee:</p>		
<p>The Committee approved the Provider License – Annual Statutory Declaration. The committee did not make any other key decisions at this meeting.</p>		
<p>Further Risks Identified:</p>		
<p>There was no new risk identified by the Committee during this meeting.</p>		
<p>Items to come back to the Committee outside its routine business cycle:</p>		
<p>There was no specific item over those planned within its cycle that it asked to return.</p>		
<p>Items referred to the BoD or another Committee for approval, decision or action:</p>		
<p>Item</p>	<p>Purpose</p>	<p>Date</p>
<p>None</p>	<p>N/A</p>	<p>N/A</p>

MEETING OF The Council of Governors			
Performance, Finance and Resources Committee Highlight Report			AGENDA ITEM: 3.5
Report Author and Job Title:	Sally Hodges, Aruna Mehta and Peter O'Neill	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 the 23 rd May 2023.		
Background	Committee met and a number of issues were agreed for escalation to Council of Governors and Board, these are documented below.		
Assessment	<p>IQPR:</p> <ol style="list-style-type: none"> 1. The need to bring together the WTE and activity reporting was identified, to give context to the activity position. 2. Discussion about importance of implementing the service improvement program with a significant emphasis on the implementation of job planning. 3. Discussion on the importance of ensuring staff understand their local data and impact on their financial performance. <p>Overall Limited Assurance on IQPR, recognizing improvements are steady</p> <p>Finance:</p> <ol style="list-style-type: none"> 1. Discussion on the need to control agency spend within agreed ICS targeted limits. 2. Procurement paper was referred to the Audit Committee for comment and action. <p>Carenotes: Recovery work complete. Substantial Assurance given</p> <p>Change board: It was noted that the TORs have changed to ensure ELT oversight of capital spend, and that the current prioritization process is to be reviewed.</p> <p>SOF 3: New structure with a strategic meeting including NHSE regional and a performance meeting that is ICB led.</p> <p>BAF risks: these were reviewed resulting in the agreement to make two changes</p> <ol style="list-style-type: none"> 1. Risk 10 to reflect the financial risk of not achieving contracted activity levels. 		

	2. Risk 8 to include the development of a recurrent efficiency program.	
Recommendation	The Council of Governors are asked to note the contents of the report.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Yes, see BAF section above.	
Legal and Equality and Diversity implications	There are no legal or equality and diversity implications associated with this paper.	
Strategic Objectives	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input 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"/>	

1 PERFORMANCE

- 1.1 Progress continues to be made in the development of the IQPR, with meetings having started in May 23.
- 1.2 The committee reviewed the feedback from one of the early IQPR meetings and identified the issues highlighted above.
- 1.3 The activity performance was presented and was felt that the context of gaps in current staffing was needed to fully understand the reported position. It was agreed that the reporting would be developed with this in mind for future meetings.
- 1.4 Job Planning, mapping of SR structures within ESR are being progressed.
- 1.5 The committee noted that in some cases the staff were struggling to interpret their local data as currently presented and make the link to their financial performance. It was recognised that development work continues in this area and that specific support will continue to be given as required. It is anticipated that this be resolved as the IQPR process is embedded into business as usual.

The committee received **LIMITED** assurance on this report, as we continue to make progress but recognise that there is more to do, and acknowledge the significant risk we carry with managing our data more efficiently.

2. FINANCE REPORTS

- 2.1 The Month 12 Finance report was received, showing the Trust delivered better than plan with a deficit of £3.6m, with capital spend being on plan at £3.4m and the cash position being better than anticipated at £8.8m against a plan of £6.2m.
- 2.2 The Financial Plan for 23.24 has been signed off by the ICS with an agreed deficit target of £2.5m. This is contingent on the delivery of a CIP program of £3m and the need to further develop efficiency gains to bring the Trust back into recurrent financial balance in future periods.
- 2.3 The Committee received a paper on the agency spend cap for 2023/24.
- 2.4 The NHS has set a cap of 3.7% of pay spend for NHS organisations. This has been interpreted by the ICS, with individually tailored targets being set.
- 2.5 The Trust agency cap target for 23/24 has been set by the local ICS at £2.5m, which is above the 3.7% national target.
- 2.6 Currently the agency run rate is inside of this cap, and the committee will receive regular updates for performance against this target.
- 2.7 The procurement paper outlining the risk associated with high numbers of single tender waivers has been referred to the Audit Committee for action.

The committee received **PARTIAL** assurance on these reports acknowledging the risks associated with the alignment of budgets and CIPS against new SR structures, and also the stringent agency cap that will need to be monitored.

3. CARE NOTES

- 3.1 A verbal update was provided regarding Carenotes.
- 3.2 This project is near complete from an IT perspective.
- 3.3 Next step is to look at any further enhancements that could help with Service Improvement Plan program, and also look at lessons learnt

The committee received **SUBSTANTIAL** assurance on this report, recognising the progress made and plans for completion by end of March 2023.

4. STRATEGY, GOVERNANCE AND WELL LEAD

- 4.1 The committee received and noted a paper related to Provider Licence Statutory declaration.
- 4.2 The committee had a robust discussion around the rating of risks. The feedback will be reflected in the wording of the risks for board.
- 4.3 The committee noted verbal updates and a paper from Change board. In particular the fact that the spend for IQPR development has been approved.
- 4.4 The committee noted the paper regarding self assessment , most points raised were already in progress.

The committee received **SUBSTANTIAL** assurance, acknowledging that this was a good baseline to continue to refine through the year.

5. FEEDBACK TO BOARD and COMMITTEES

- 5.1 The 23/24 budget to be ratified by board
- 5.2 Audit committee to be sighted on procurement deep dive

6. SOF 3

- 6.1 SOF updates were noted

7. FEEDBACK TO BOARD and COMMITTEES

- 7.1 The 23/24 budget planning to be brought to board on 19/4/23
- 7.2 Aged Debtors for EMT to be reviewed by E&T committee.
- 7.3 Quality metrics on activity reporting to be reviewed by Quality Committee

MEETING OF THE COUNCIL OF GOVERNORS (PRIVATE) – Thursday, 8 June 2023			
Report Title: Nominations Committee – 7 June 2023: - Non-Executive Director (NED) Extension of Term of Office			Agenda No.: 4.1
Report Author and Job Title:	Dorothy Otite, Governance Consultant	Lead Director:	John Lawlor, Chair of the Trust Board and Council of Governors
Appendices:	None		
Executive Summary:			
Action Required:	Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	The Nominations Committee considered a proposal from the Chair with respect to the following item at its meeting on 7 June 2023: <ul style="list-style-type: none"> Extension of the term of office for one of the Non-Executive Directors (Deborah Colson) for a period of six months. 		
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:	<ul style="list-style-type: none"> Deborah Colson's first term of office commenced on 1 October 2017 for an initial period of three years. The Council of Governors approved a second term of office which began on 1 October 2020 and expires on 30 September 2023. Over her tenure she has received positive feedback through her annual performance appraisals. This includes her recent appraisal which confirmed her satisfactory performance in the role. She is currently the Vice Chair and has a roving brief across all the Board Committees; Member of the Gloucester House Steering Group and Freedom to Speak Up (FTSU) Champion. Deborah brings to the Board a wealth of external experience and she applies this appropriately at formal meetings. It is being proposed to extend her term of office for a further six months, concluding on 31 March 2024, which would enable her corporate memory to help to inform the Trust's future strategy and organisational options. 		
Key recommendation(s):	The Council of Governors is asked to receive a recommendation from the Nominations Committee and:		

	<ul style="list-style-type: none"> • APPROVE the extension of the term of office of Deborah Colson, NED for further six months from 1 October 2023 and concluding on 31 March 2024; • NOTE that her remuneration will remain at £13,000 per annum and the terms and conditions of her appointment will remain unchanged; and • CONFIRM the above decision for ratification at the Public session of the Council of Governors meeting on 8 June 2023 (which will take place immediately after the Private session). 				
Implications:					
Strategic Objectives:					
<input type="checkbox"/> 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 checked="" type="checkbox"/> Ensure we are well-led & effectively governed.	
Relevant CQC Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	This report does not specifically mitigate any linked risk on the BAF or Trust Risk Register. However, failure to provide continuity of leadership may have detrimental effects on the Trust's governance arrangements.				
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	The Trust must comply with the provisions of the Trust Constitution.				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no additional resource implications associated with this report.				
Equality, Diversity, and Inclusion (EDI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no EDI implications associated with this report.				
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:					
Assurance Route - Previously Considered by:	None				
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	