



The Tavistock and Portman
NHS Foundation Trust

Council of Governors Part One

Agenda and papers of a meeting to be held in public

**Thursday, 8th
September
2022**

**For timings
please refer to
the agenda**

**COUNCIL OF GOVERNORS – PART ONE
MEETING HELD IN PUBLIC
8 September 2022, 2.00 – 4.00 pm
The Tavistock and Portman NHS Foundation Trust**

Online via Zoom

<https://eu01web.zoom.us/j/68930109469?pwd=RFpETnBuRjJRY0NtOFJlK2s2N2wrQT09>

AGENDA

| | | Lead | Timing | Paper No |
|---|--|---|---------------|-----------------|
| 1 Preliminary Business | | | | |
| 1.1 | Chair's opening remarks and apologies for absence | Chair | 2.00pm | Verbal |
| 1.2 | New Governor Introductions | Chair | | Verbal |
| 1.3 | Council members' declarations of interests | Chair | | Verbal |
| 1.4 | Minutes of the meeting held on 9 June 2022 | Chair | | 1 |
| 1.5 | Matters Arising and Action Log | Chair | | 2 |
| 2 Reports and Updates | | | | |
| 2.1 | Patient Story | Chief Executive Tim Kent | 2.10 pm | Verbal |
| 2.2 | Governor Feedback | All Governors | 2.25 pm | Verbal |
| 2.3 | Chair's Report | Chair | 2.35 pm | Verbal |
| 2.4 | Chief Executive's Report | Chief Executive | 2.40 pm | 3 |
| 2.5 | Finance and Performance Report | Deputy Chief Executive / Director of Finance | 2.55 pm | 4 |
| 2.6 | Budget 2022/23 Report | Deputy Chief Executive / Director of Finance | 3.00 pm | 5 |
| 2.7 | Membership and Engagement Report (to follow) | Communications and Engagement Manager | 3.05 pm | 6 |
| 3 Statutory Duties and Responsibilities | | | | |
| 3.1 | Appointment of the Chief Executive (to follow) | Trust Chair | 3.15 pm | 7 |
| 3.2 | Appointment and Selection of Non-Executive Directors – Update (to follow) | Nominations Committee Chair | 3.20 pm | 8 |
| 4 Reports from the Non-Executive Chairs of the Board Assurance Committees (5 minutes per report including any questions) | | | | |
| 4.1 | Audit Committee Highlight Report • 22 August 2022 | Committee Chair | 3.25 pm | Verbal |

| | | Lead | Timing | Paper No |
|---|--|-----------------|---------|----------|
| 4.2 | Quality Committee Highlight Report • 5 July 2022 | Committee Chair | 3.30 pm | 9 |
| 4.3 | Performance, Finance and Resources Committee Highlight Report • 26 July 2022 | Committee Chair | 3.35 pm | Verbal |
| 4.4 | Education and Training Committee Highlight Report • 7 July 2022 | Committee Chair | 3.40 pm | 10 |
| 4.5 | People, Organisational Development, Equality, Inclusion and Diversity Committee Highlight Report • 14 July 2022 | Committee Chair | 3.45 pm | 11 |
| 5 Closing Business | | | | |
| 5.1 | Questions from the Public | Chair | 3.50 pm | Verbal |
| 5.2 | Any other Urgent Business | Chair | 3.55 pm | 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 Thursday 8 December 2022 [Time and venue to be confirmed] | Chair | | Verbal |
| | Close of Public Meeting | | 4.00 pm | |
| REFERENCE DOCUMENTS | | | | |
| <ul style="list-style-type: none"> • Council of Governors Meetings Forward Planner • Governors' attendance register | | | | |

NOTE:

There is a 10 minute comfort break immediately after the conclusion of this meeting. The Part Two meeting which is held in private will commence promptly at 4.10 pm. You will have received a separate agenda, including Zoom link to access this meeting.

UNCONFIRMED MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS

Part 1: Public Meeting
Thursday 9th June 2022, 2:00 pm
HELD VIRTUALLY VIA ZOOM

PRESENT

Members

| | |
|----------------------------|--|
| John Lawlor | Trust Chair and Chair the Council of Governors |
| Sheena Bolland | Public Governor |
| Jessica Anglin d'Christian | Staff Governor |
| Ms Ffyona Dawber | Public Governor |
| Kathy Elliot | Stakeholder Governor and Lead Governor |
| Badri Houshidar | Staff Governor |
| Paru Jeram | Staff Governor |
| Julian Lousada | Public Governor |
| Michelle Morais | Public Governor |
| Richard Murray | Public Governor |
| Kenyah Nyameche | Public Governor |
| Peter Ptashko | Stakeholder Governor |
| Michael Rustin | Public Governor |

In attendance

| | |
|---------------------------------|--|
| Kirsty Brant (for item 12/22) | Clinical Lead and interim Head of Service, Gloucester House |
| Debbie Colson | Non-Executive Director |
| Jenna Davies | Interim Director of Governance |
| Jenny Goodridge | Director of Nursing, Director of Quality |
| Paul Jenkins | Chief Executive |
| Nell Nicholson (for item 12/22) | Head Teacher, Gloucester House |
| Terry Noys | Chief Finance Officer and Deputy CEO |
| Shalini Sequeira | Non-Executive Director |
| Julia Stacey | Senior Business Development Manager |
| Laure Thomas | Director of Communications |
| Amanda Hawke | Business Manager for CEO and Trust Chair |
| Dr. Alastair Dickins | Minute taker |

Apologies for absence

| | |
|----------------------|----------------------|
| Natalia Barry | Public Governor |
| Katherine Knight | Student Governor |
| Freda McEwan | Public Governor |
| Prof. David O'Mahony | Stakeholder Governor |
| Prof. Jane Perry | Stakeholder Governor |



Draft

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| | Administrative Matters |
| 1/22 | Chair's opening remarks, and apologies for absence |
| | Mr Lawlor welcomed those attending. He said this is his fourth day with the Trust, and he is getting to know colleagues. |
| 2/22 | New Governor Introductions |
| | Ms Dawber and Mr Ptashko introduced themselves. |
| 3/22 | Council members' declarations of interests |
| | None. |
| 4/22 | Draft minutes of the meeting held on 10th March 2022 |
| | The minutes were approved with one change: in item 3.1 (e) Mr Murray asked for more granularity, not less. |
| 5/22 | Action log and matters arising |
| | The action log was received and noted for assurance. There were no updates or questions. |
| | Operational Items |
| 6/22 | Governor Feedback |
| | <p>Mrs Elliot drew attention to four items:</p> <ol style="list-style-type: none"> 1. Practicalities, such as getting meeting dates into diaries, numbers of emails, and links, and whether a meeting is optional or mandatory for governors. It would be helpful to see the whole schedule of the meetings which governors might attend, so they can better choose which ones to commit to. 2. Role of governors (especially new governors) and governor induction process. 3. The balance in meetings between receiving information and discussion/having influence 4. How the governors are currently holding the NEDs to account, and how to make that more robust. <p>Mr Rustin asked for regular opportunities to discuss an aspect of the Trust's work in depth.</p> <p>Action 1/22: Mr Lawlor to develop a programme of Development Sessions, and report at the September meeting.</p> |
| 7/22 | Chair's Report |
| | Mr Lawlor said he has been having meetings with colleagues in the Trust and NHS England. The large workload for the management team indicates a need to focus resources on the main objectives. A high level of support will be provided to staff, given their anxiety over the Strategic Review. He has previously found it helpful for the governors and directors to have a day together once a year. |
| 8/22 | Chief Executive's Report |
| | <p>Mr Jenkins spoke to his report.</p> <p>Mr Lawlor said the chair designate of our ICS has approved making a substantive appointment for CEO, and governors will be involved in the recruitment process.</p> |

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| | <p>Replying to Mr Lousada, Mr Jenkins said the UCL Health Alliance is a body of which all provider NHS organisations in the region are members.</p> <p>Action 2/22: Mr Jenkins to propose measures for closer working between governors and committees, and report at the September meeting.</p> <p>Action 3/22: Mr Jenkins to report on the UCL Health Alliance at the September meeting, including the implications for funding, staff, and strategy, and the benefits to us.</p> |
| 9/22 | Membership Report |
| | None. |
| 10/22 | Finance and Performance Report |
| | <p>Mr Noys spoke to his report.</p> <p>Ms Dawber said the report states the staff costs remain almost the same. However there is a difference between predicted staff costs (85.7% of income) and the actual figure (76% of income). Mr Noys replied that the amounts are almost the same (£49.2 M vs £49.3 M). However we received some unexpected income, which explains the difference when expressed as a percentage of income.</p> <p>Mr Lawlor and Mr Noys said, in reply to Mr Murray, that the reason this year's budget has not been approved is that there have been several iterations in which the ICS asks for savings and we try to meet their request.</p> <p>Action 4/22: Mr Noys to share the current draft of this year's budget with governors, by the end of June.</p> |
| | Items for discussion |
| 11/22 | Governor engagement and support |
| | <p>Mr Lawlor asked for suggestions on how governors would like to work with him, the Board, and particularly non-executive colleagues, and how to build a really robust relationship with the members. He quoted from the Governance Review: "Lack of a structured development programme for the Council of Governors, and limited member engagement are also further gaps which need focus given that knowledgeable and hard-working members on the COG will leave shortly. The Board should, in collaboration with the COG, commission a programme of development. [...] The Board should develop a plan for member engagement." He said that piece of work is under way. The suggestions made were:</p> <p>Mr Murray said the work already done on member engagement is a strong building block for increasing governor engagement with the membership.</p> |

Mr Rustin said the Tavistock's distinctive identity and reputation are an asset. He supports the plan set out at the previous meeting by Ms Bermingham.

Mr Pushko asked what governors could do to promote the Tavistock, and offered to take an ambassadorial role. Mr Lawlor supported this, although it is complicated by the sensitive space we are in.

Ms Thomas replied that one option is for governors to visit a branch of the service each year, and report on that to relevant forums.

Mr Rustin suggested public lectures or quasi-educational events.

Mr Lousada asked what use we could make from the international people who have benefited from the Trust, and who are a potential source of income.

Mrs Elliot added the need for induction for new governors (some work in this area is complete and ready to use now), and governors' wishes to develop their own skills

Mrs Davies said she is meeting new governors to find out their goals and the skills they wish to build. She is devising a more robust induction programme and a development programme.

Ms Thomas said there is an Events Group which aims to have one public event per term which is open to everyone is invited.

Action 5/22: Ms Thomas to send governors information about the two public events being planned, by the end of June.

Mrs Davies mentioned the governors have a role in holding the NEDs to account. She suggested greater involvement by governors in NED appraisals,

Mr Murray said he finds the detailed minutes of COGS helpful, especially for those who did not attend a meeting. He asked if the minutes of committees could be provided to governors so they can have a perspective on their work.

Action 6/22: Mr Lawlor to consider making committee minutes available to governors, and report at the September meeting.

Action 7/22: Mr Jenkins to provide governors with a summary of the sources and applications of funds for research, and the resulting publications, by the September meeting.

| | |
|-------|--|
| | <p>Action 8/22: Mr Jenkins and Mrs Houdishar to explore the possibility of helping a Berlin hospital establish new mental health services, and report to the September meeting.</p> |
| 12/22 | <p>Gloucester House</p> <p>Mr Lawlor welcomed Ms Nell Nicholson, Head Teacher, and Ms Kirsty Brant, Lead Nurse, from Gloucester House.</p> <p>Ms Nicholson said this is the first report to COG for three years.</p> <p>Mrs Elliot found the report concise and informative. She asked to know more about the Service Level Agreement offer. Ms Nicholson replied that she has only one SLA (with Barnet) and the others are spot purchases from local authorities. What she is trying to develop in terms of SLAs is the outreach service, putting together an offer for schools and local authorities to buy. Without the SLAs, she has to recruit staff when the work comes in.</p> <p>Mrs Elliot asked whether the data on outcomes was what the commissioning body wanted. Ms Nicholson replied she might adapt the outcome information to suit what the local authority wants, but in general it's a generic piece.</p> <p>Mr Lousada asked if the demand for services has increased after the pandemic. Ms Brant replied there has been a small increase.</p> <p>Mr Lousada asked how she was promoting the story of child mental health in the public domain. Ms Nicholson said that was something to look at. Mrs Goodridge said that in her twelve years in north central London she hadn't heard much about this service which the Tavistock provides. She evaluates that it's a providing great service and needs to be promoted by the Trust.</p> <p>Mr Rustin said this should be published. Ms Nichols replied that since 2017 Routledge has been interested in her editing a book on the subject; she is ready to go with it but currently there are no paid sabbaticals. The senior team have contributed to chapters and numerous books and there was the 50 year anniversary conference a few years ago.</p> <p>Ms Thomas shared a link to the Channel 4 series <i>Kids on the Edge</i>, which included an episode on Gloucester House: https://www.channel4.com/programmes/kids-on-the-edge</p> <p>Mrs Colson, speaking in her capacity as a member of the Steering Committee for Gloucester House, was impressed with the results it achieves for young people on the extremes, who otherwise find it very hard to get a good education. Gloucester House also has a huge</p> |

| | |
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| | <p>potential for an outreach service, which the Trust should explore.</p> <p>Mr Lawlor asked how these services are provided elsewhere, and whether there was the potential for the Tavistock to lead others in this field. Ms Nichols replied that one difference with Gloucester House, which she believes is unique, is the integration between the education and CAMHS teams.</p> <p>Mr Murray asked what help they would like from governors. Ms Nichols said she would like a governor to join the Steering Committee.</p> <p>Ms Brant said there is a high turnover of staff, in band 4 support staff posts, with high costs of induction and training the staff. They are looking creatively at incentives to retain staff. The pay bands are fixed, but there are other attractors such as reflective practice and possibly CPD opportunities.</p> <p>Mrs Elliot asked about the financial sustainability of Gloucester House. Mr Jenkins recommended that forming a view of this service is better done over time, so the service users' progress can be observed. The possible closure of the service was discussed at his first Board meeting [eight years ago], and in recent years a number of changes have been proposed to make the service more cost-effective. The importance of the work is the lifelong difference it makes. The service model has some successful elements, and he would like to build capacity.</p> <p>Ms Brandt said that Gloucester House has expertise in reflective practice, and they are well-placed to meet the demand for others who want to be trained in this, but so far they have been constrained by capacity. Children such as ours struggle with mentors and play-schemes, and she believes local authorities would want to buy these from us.</p> |
| | Any other matters |
| | Any other business |
| | None. |
| 13/22 | Questions from the Public |
| | None. |
| 14/22 | Date of Next Meeting |
| | Thursday 8 th September 2022, Meeting timings and venue to be confirmed. |

Council of Governors Part 1: Action Log (Last updated 05.09.22)

| 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 | <p>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.</p> <p>This will be available for consideration and approval at the December meeting and to ensure the necessary input of the new CEO and Non-executive Directors.</p> <p>WORK IN PROGRESS</p> | 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 | <p>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.</p> <p>This will be considered as part of the next steps of implementing the wider Board Governance Review.</p> <p>WORK IN PROGRESS</p> | Overdue |
| 3/22 | 9.6.2022 | 8/22 | Mr Jenkins to report on the UCL Health Alliance at the September meeting, including the implications for funding, staff, and strategy, | PJ | 1.9.22 | <p>An update will be provided in the Chief Executive's Report under agenda item 2.3</p> | Closed |

| Ref | Meeting Date | Agenda Item | Action Notes | Lead | Due Date | Progress / Comments | Status |
|------|--------------|-------------|---|----------|----------|---|---------|
| | | | and the benefits to us. | | | Recommendation: CLOSE | |
| 4/22 | 9.6.2022 | 10/22 | Mr Noys to share the current draft of this year's budget with governors, by the end of June. | TN | 30.6.22 | This will be discussed under agenda item 2.6 Recommendation: CLOSE | Closed |
| 5/22 | 9.6.2022 | 11/22 | Ms Thomas to send governors information about the two public events being planned, by the end of June. | LT | 30.6.22 | A verbal update will be provided at the meeting. Recommendation: CLOSE | Closed |
| 6/22 | 9.6.2022 | 11/22 | Mr Lawlor to consider making committee minutes available to governors, and report at the September meeting. | JL | 1.9.22 | Please see comment under action 2/22 above. WORK IN PROGRESS | Overdue |
| 7/22 | 9.6.2022 | 11/22 | Mr Jenkins to provide governors with a summary of the sources and applications of funds for research, and the resulting publication, by the September meeting. | PJ | 1.9.22 | Details of current research portfolio included in CEO report under agenda item 2.3. Recommendation: CLOSE | Closed |
| 8/22 | 9.6.2022 | 11/22 | Mr Jenkins and Mrs Houdishar to explore the possibility of helping a Berlin hospital establish new mental health services, and report to the September meeting. | PJ BH | 1.9.22 | Due to other pressures have not been able to progress. WORK IN PROGRESS | Overdue |

| Report to | Date |
|--------------------|--------------------------------|
| Board of Directors | 8 th September 2022 |

Chief Executive's Report

Executive Summary

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

Recommendation to the Board

The Council of Governors are asked to note and discuss this paper.

Trust strategic objectives supported by this paper

All

| Author | Responsible Executive Director |
|-----------------|--------------------------------|
| Chief Executive | Chief Executive |

Chief Executive's Report

1. GIDS

- 1.1 On 28th July NHS England announced their intention to create, in line with a recommendation made by Dr Hilary Cass as part of her Independent Review, a network of regional centres for children and young people affected by gender incongruence and gender dysphoria. The new model, once fully operational, is designed, in the wake of a continuing significant growth in referrals, to increase capacity, improve access to care and strengthen links with local services.
- 1.2 Again in line with a recommendation made by Dr Cass, the new regional centres will be led by experienced providers of tertiary paediatric care (specialist children's hospitals). There will be two early adopters. One will be based in London and will be led by a partnership between Great Ormond Street Hospital and the Evelina London Children's Hospital, with South London and Maudsley NHS Foundation Trust providing specialist CYP mental health support.
- 1.3 A second Early Adopter service will be based in the Northwest, led by a partnership between Alder Hey Children's NHS Foundation Trust and the Royal Manchester Children's Hospital, where both trusts also provide specialist CYP mental health services.
- 1.4 The aim is for the Early Adopter services to be operational by Spring 2023 and, in line with this, the current GIDS contract will be brought to a managed close in 2023. We are working closely with the early adopters and NHS England to ensure a smooth transition to the new model and to manage the impact for patients and staff.
- 1.5 At the same time NHS England have announced that they have accepted a recommendation from Dr Cass that, in future, puberty blockers should be prescribed under a research protocol. While this is being set up, patients can still continue, in appropriate cases, to access the medication under existing arrangements with cases of patients under 16 reviewed by a Multi-Professional Review Group.

- 1.6 The Trust has publicly supported the creation of the regional model recognising, as we have done for some time, that the model of a single national specialist provider is no longer appropriate given the growth in the scale of demand.
- 1.7 NHS England and the early adopter providers have made clear that they see the expertise that resides within the current GIDS service, and the endocrine services based in Leeds and UCLH as critical to the successful formation of these early adopter services and providing continuity in patient care. The CEOs have, with me, signed a message of support which has been circulated to GIDS staff.
- 1.8 The media coverage which followed the announcement was harsh and unbalanced and was distressing for staff and patients in GIDS and other parts of the Trust. In the light of this Hilary Cass published a further blog clarifying her position.

“In medicine, when there is controversy or doubt about treatment decisions, the immediate reaction is to blame individuals, and sometimes organisations. However, the most important way to reduce risk, improve decision-making and manage uncertainty is through safe systems. The purpose of my Review is to be forward-looking and define what a safe system of care should look like, and how to support that care with the best evidence.”

...

“I have previously said that the care of gender-questioning children and young people needs to be everyone’s business, with responsibility taken throughout the health system rather than resting solely with a small expert workforce. The staff working at GIDS have demonstrated compassion and a strong professional commitment towards their patient population. Their experience and continued engagement will be essential in ensuring a smooth progression to the new service model. At the same time, we need to encourage, grow and develop the future workforce that will be key to the delivery of regionalised services.”

- 1.9 The full blog can be read at: <https://cass.independent-review.uk/entry-8-beyond-the-headlines/>

2. Future Strategy Work

- 2.1 In line with previous discussions with the Council of Governors we are planning to undertake a programme of work to develop proposals for the

future direction of the Trust's clinical and educational and training services. The work which is planned to be completed by March 2023 will involve engagement with staff and stakeholders and will aim to create strategies for the Trust's different areas of work including any opportunities for growth.

- 2.2 Alastair Hughes, our Interim Director of Strategy and Transformation will co-ordinate the work and this item is included later in the agenda for the meeting.

3. Strategic Review

- 3.1 On 30th June we published the Outcomes to Consultation setting out our final proposals resulting from the Strategic Review, including new structures in the organisation.
- 3.2 We have, since then, been proceeding with implementation. During the next month we hope to complete a significant proportion of the recruitment and selection processes for the new structures with the aim of confirming the position for staff potentially affected by change.
- 3.3 We are aiming to go live, formally, with the new structures in November/December. A number of the new teams, however, will be able to go live on a shadow basis before then.
- 3.4 We have been developing a specification for the programme of management and leadership training to support the creation of new structures and to support the development of those taking management roles in the new structures.

4. Board Governance Review

- 4.1 Work has been progressing with the implementation of the Board Governance Review. In particular we have been working to establish the new structure of committees recommended in the Review.
- 4.2 The Board held an extraordinary meeting on 5th July at which it agreed terms of reference for:
- People Organisational Design, Equalities, Diversity and Inclusion (PODEDI) Committee
 - Quality Committee
 - Performance, Finance and Resources (PFR) Committee
 - Audit Committee
- 4.3 The terms of reference for the Education and Training Committee are being reviewed over a longer period so they can reflect the requirements of the Trust's desire to move, in the future, to securing Taught degree awarding powers.
- 4.4 In addition, the Board has agreed a Standard Operating Procedure for Board business.

5. People Strategy

- 5.1 A key priority for the Trust has been the development of a People Strategy. The People Strategy will provide an overarching framework, based on national priorities, for our work to improve the working experience of staff in the organisation, address challenges in respect to equalities and respond to areas of concern identified in the staff survey.
- 5.2 Alongside this, and as part of a series of pieces of work to review some of the Trust's key people strategies, we have completed a review of the Trust's Freedom to Speak Up Policy. This has included input from Freedom to Speak Up Leads in NHS England.

6. Executive appointments

6.1 I am very pleased that we have been able to make some key appointments to the senior team in the Trust. This includes:

- Elisa Reyes–Simpson who has been appointed as Interim Chief Education and Training Officer.
- Alastair Hughes who has been appointed as Interim Director of Strategy and Transformation.
- Julie Dawes has been appointed as Interim Director of Corporate Governance.

7. Research

7.1 As requested at the June meeting a link to our research portfolio and historic publications is given below.

<https://tavistockandportman.nhs.uk/research-and-innovation/research-centres/tavistock-research-and-development-unit/>

8. UCL Health Alliance

8.1 At the June meeting Governors asked for an update on the UCL Health Alliance which the Trust is a member of. I attach a background note at **Annex A**.

Paul Jenkins
Chief Executive
31st August 2022

Annex A

UCL HEALTH ALLIANCE

The UCL Health Alliance is the multi sector provider collaborative for North Central London. Our purpose is to enable effective partnership working to improve the outcomes and experience for the population we serve. This scope includes people across North Central London as well as people travelling in across the wider region and in some cases nationally to receive specialised care.

Provider collaboratives are self convening partnerships, driven by the need to span organisational boundaries that exist within the NHS. Guidance from NHS England published in 2021 set out the requirement for all acute and mental health providers to participate in at least one provider collaborative.¹ Our Alliance model maintains the sovereignty of all member boards and involves the delegation of authority for certain collective decision making to the provider alliance for specific shared initiatives.

Through the Alliance, NHS and university partners are working together to respond to the most pressing health and care priorities for our organisations and the communities we serve, and to rapidly put our findings into practice in health services, education and research. The Alliance looks at the whole pathway from prevention, to treatment and both physical and mental health needs. We have a duty to demonstrate best value for taxpayers and support member organisations sustain high quality care within resource constraints. The UCL Health Alliance has been formed by member boards and governing bodies with the intention that it functions as the principle vehicle for collaborative working at system level across North Central London. The Alliance is in effect the provider collaborative for North Central London.

The Alliance comprises:

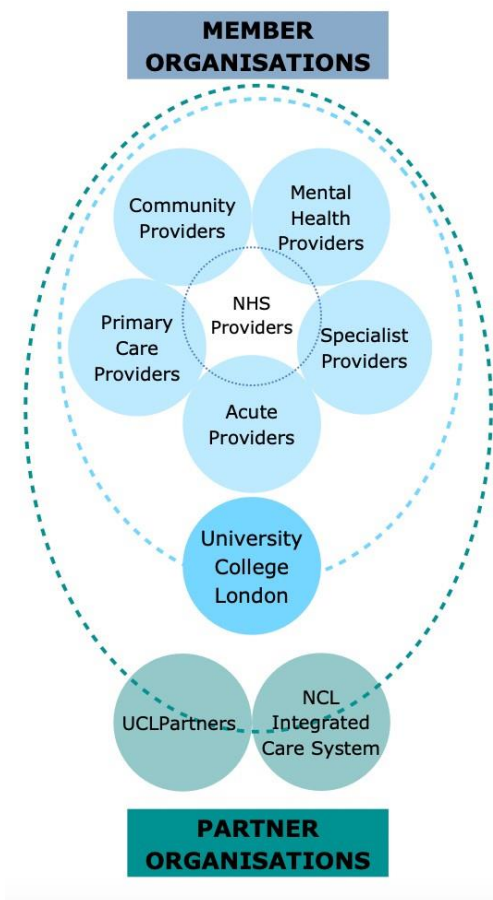
- 14 member organisations
 - 2 formal partner organisations
 - Global university as a founding member
 - All inclusive provider collaborative model
 - Combined revenue of £5.3bn
 - Combined workforce of 54,000
-
- 60 percent of patients waiting for care are from outside NCL

Chief Executives and Chairs from across the Alliance convene on a regular basis to direct a shared agenda addressing priorities which lend themselves to action at system level.

The Alliance Executive comprises Chief Executives, system clinical and finance leads and the ICB Accountable Officer. Its monthly meetings are focused on strategic updates from each Chief Executive concerning priorities which they lead on behalf of the wider Alliance, as well as on steps required to establish programme and organisational capabilities as the Alliance formalises its approach.

The Alliance Board comprises a combination of Chairs and Chief Executives as voting members and functions as a corporate board, with appointments to each portfolio being confirmed in April 2021. The Board focuses on approval of strategic direction and matters concerning the constitution of the Alliance.

Figure 1: UCL Health Alliance - the provider collaborative for North Central London



Rationale for the 'All-in' Model

The starting point for the Alliance reflects a paradox that exists in North Central London. Specifically, within our geography there are some nationally and internationally regarded centres of expertise and a globally leading university; despite this, patient outcomes and experience are not as good as they should be and the system is characterised by extreme health inequalities. Historically, the health system is delivering less than the sum of its parts for the populations we serve and effective partnership working will be a critical factor in resolving this.

NHS leaders across North Central London have deliberately chosen to form a provider collaborative which spans the boundaries between different sectors within the NHS. This mirrors the reality experienced by patients, where many of the opportunities for improvement exist in the space between out of hospital and in hospital care, and strengthening the integration between mental and physical health.

An important dimension of our 'All-in' model is the inclusion of UCL as a founder member of the provider collaborative. This reflects the alignment of ambitions that exist between UCL, as a global university anchored in North Central London, and those of NHS partners. Clear opportunities exist in three areas:

- i. **Research:** providing a direct connection between academic expertise in UCL and clinical communities in the NHS, with a particular emphasis on amplifying opportunities for patients, populations and staff to benefit from research in part of our system which have experienced substantially lower investment in recent decades.
- ii. **Education & training:** realising synergies between the capabilities that exist within UCL and the workforce needs of the NHS. Closer strategic working through the Alliance will enable the co-design of innovative programmes that leverage and extend the reach of the university, concurrently strengthening the supply of skilled staff into the NHS labour market and equipping current staff with the skills and capabilities required for the future.
- iii. **Anchor mission:** sharing insights and developing new practices concerning how members of the Alliance can better effect the social determinants of health in North Central London through our responsibilities as employers, purchasers of goods and services, and stewards of large estates and facilities.

Positioning the Alliance within an evolving health and care ecosystem

In framing the role and ambitions the Alliance has, it is important to recognise that the starting point is not a blank canvas. The current NHS ecosystem is characterised by a complex tapestry of organisations, some of which are changing as a result of the new Health and Care Act.

The simplest explanation of the Alliance is that it is not being set up to create a separate part of the health ecosystem - the Alliance *is* the provider members. When the leadership community set out an intention to deliver a priority through the Alliance, this is short hand for describing an intention to deliver by working better together.

NOW

Informal **governance** for agreeing priorities and driving delivery

Leadership arrangements which are primarily geared towards institution specific action

Identities which are primarily geared around individual institutions

An approach to programme **delivery** which is often sectorally segmented

The separation of planning and delivery between **physical** and **mental** health services

FUTURE

Formal **governance** to accelerate selection of priorities, align with the ICB and drive delivery

Leadership arrangements with defined system roles for executive, clinical and operational leaders

A new shared **identity** where people have equal agency to shape the culture for collaborative

An approach to **delivery** characterised by drawing on expertise from across the entire patient journey

Proactive efforts to integrate the planning and delivery of **physical** and **mental** health services

| Report to | Date |
|----------------------|------------------|
| Council of Governors | 8 September 2022 |

Month 4 Finance Report

Executive Summary

Attached is the Month 4 (period to July 22) Finance Report. This shows that the Trust has incurred a deficit of £1.2m. This is, however, ahead of the Plan / Budget position of a deficit of £1.6m. The improvement is driven by lower than Plan / Budget costs.

Recommendation to Council

The Council is asked to note the report

Trust strategic objectives supported by this paper

Finance and Governance

| Author | Responsible Director |
|--------|----------------------|
|--------|----------------------|

| | |
|-------------------------------------|-------------------------------------|
| Terry Noys, Chief Financial Officer | Terry Noys, Chief Financial Officer |
|-------------------------------------|-------------------------------------|

FINANCE REPORT – MONTH 4: PERIOD ENDED 31 JULY 2022

1. OVERVIEW

- 1.1 For the period ended 31 July 2022, the Trust recorded a deficit of £1.2m, compared with a Planned / Budgeted deficit of £1.6m.
- 1.2 The above Plan performance is driven by lower costs.

2 INCOME

- 2.1 Income was £20.1m, £1.6m adverse to Plan income of £21.7m.
- 2.2 This is due, primarily, to DET income being £497k lower than Plan, CYAF income being £421k lower than Plan and AFS being £386k lower than Plan.
- 2.3 DET income shortfall is largely a phasing issue and is expected to be recovered later in the financial year.
- 2.4 The shortfall on AFS and CYAF is being investigated. In part this is thought to be a timing / phasing issue. In addition, it is anticipated that some of the shortfall relates to non-patient agreements, the funding mechanism for which continues to be unclear.

3 STAFFING COSTS

- 3.1 Staff costs of £15.9m are £0.7m lower than Plan. This is after taking into account a Plan vacancy factor of £1.7m.
- 3.2 Lower than Plan staff costs reflect vacancies across all elements of the Trust.
- 3.3 Agency costs in the period total £1.2m (against an agency cap of £683k).

4 OPERATING NON PAY COSTS

- 4.1 Operating non pay costs of £4.8m are £1.1m lower than Plan.
- 4.2 This is primarily due to lower DET costs (reflecting the timing of activity noted in 2.3 above) and lower CYAF costs (again reflecting the phasing of activity).

5 OTHER COSTS (Depreciation, Interest, PDC)

- 5.1 Non operating costs are £115k lower than Plan, due primarily to lower depreciation (reflecting the delay in the capital expenditure programme).

6 SERVICE LINE PERFORMANCE

- 6.1 DET, GIDS and GIC are each performing ahead of Plan (at the level of operating surplus). CYAF is, broadly, on Plan, whilst AFS is adverse to Plan due to the shortfall on income. As noted at 2.4, this shortfall is being investigated.
- 6.2 Corporate costs are £0.6m adverse to Plan, reflecting additional costs associated with HR and the Strategic Review.

7 BALANCE SHEET / CASH FLOW / CAPITAL EXPENDITURE

- 7.1 At £0.7m, debtors overdue by 90 days or more continue to be well managed. The Trust has a bad debt provision of £0.3m.

- 7.2 Cash as at 31 July 2022 was £14.2m, compared with a Plan figure of £12.8m. The £1.4m improvement reflects:

| | |
|-------------------------------------|-------|
| Lower than Plan deficit | £0.5m |
| Lower than Plan capital expenditure | £0.8m |
| Lower than Plan debtors | £0.1m |
| | ----- |
| | £1.4m |

- 7.3 Capital expenditure is significantly behind Plan, however, this slippage is expected to be caught up during the year.

8 FULL YEAR OUTLOOK

- 8.1 It is still early in the financial year, however, based on the position to date it is expected that the Trust will meet or improve upon its Planned full year deficit of £3.8m.

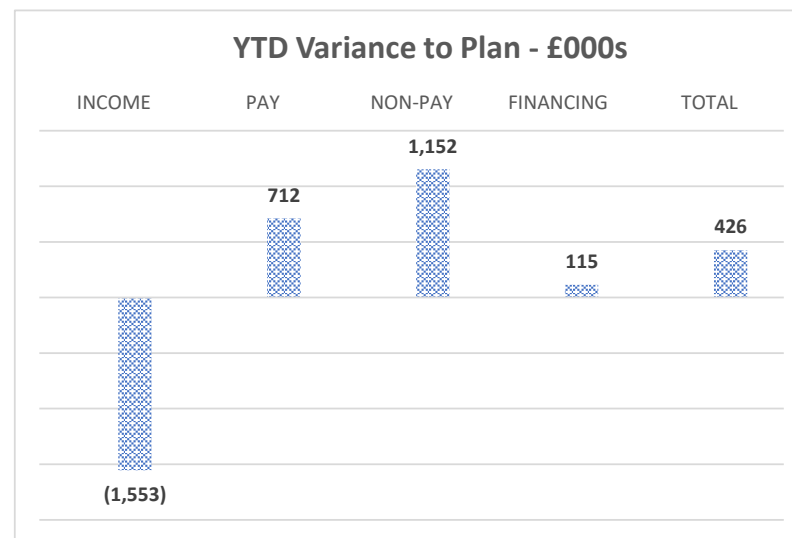
MONTHLY FINANCE AND PERFORMANCE REPORT

Period 4 4

Jul-22

| | Page |
|---------------------|------|
| I & E Summary | 2 |
| Balance Sheet Trend | 3 |
| Funds - Cash Flow | 4 |

| £000 | Plan | Actual | Variance | Var % |
|-------------------------------|----------------|----------------|------------|--------------|
| INCOME | 21,692 | 20,140 | (1,553) | (7%) |
| PAY | (16,590) | (15,878) | 712 | (4%) |
| NON-PAY | (5,910) | (4,758) | 1,152 | (19%) |
| EBITA | (808) | (496) | 311 | (39%) |
| Interest receivable | 4 | 25 | 21 | |
| Interest payable | (9) | (6) | 2 | |
| Depreciation | (767) | (655) | 113 | |
| Dividend | (72) | (72) | 0 | |
| Net Surplus /(Deficit) | (1,652) | (1,205) | 447 | (27%) |



| | Plan | Act | Var |
|--|----------------|---------------|---------------|
| Projected closing cash - Mar 22 | 12,769 | 14,221 | 1,452 |
| YTD Cash in/(out) flow - £000s | (2,047) | (594) | 1,453 |
| due to :- | | | |
| Operating flows - reduced staff costs | | | 490 |
| Reduction in debtors | | | 118 |
| Deferred income - NHS England / Eating disorders | | | |
| Capital slippage | | | 845 |
| Capital Expenditure - £000s | 1,150 | 305 | (845) |
| Debtors > 90 days | May-22 | Jun-22 | Jul-22 |
| | £'000 | £'000 | £'000 |
| NHS | 43 | 71 | 299 |
| Non-NHS | 256 | 176 | 115 |
| Student | 353 | 377 | 284 |
| Total | 652 | 625 | 698 |

FINANCE AND PERFORMANCE REPORT

Balance Sheet

Page 3

Period 4

Jul-22

| | Prior Year End £'000 | Apr-22 £'000 | May-22 £'000 | Jun-22 £'000 | Jul-22 £'000 | Aug-22 £'000 | Sep-22 £'000 | Oct-22 £'000 | Nov-22 £'000 | Dec-22 £'000 | Jan-23 £'000 | Feb-23 £'000 | Mar-23 £'000 |
|---------------------------------------|----------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Intangible assets | 20 | 20 | 20 | 13 | 10 | | | | | | | | |
| Land and buildings | 24,636 | 23,854 | 24,874 | 23,809 | 24,296 | | | | | | | | |
| IT equipment | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| Property, Plant & Equipment | 24,636 | 23,854 | 24,874 | 23,809 | 24,296 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total non-current assets | 24,656 | 23,874 | 24,894 | 23,821 | 24,306 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| NHS Receivables | 3,868 | 2,949 | 2,641 | 2,187 | 1,772 | | | | | | | | |
| Non-NHS Receivables | 4,411 | 4,800 | 4,215 | 3,408 | 4,316 | | | | | | | | |
| Cash / equivalents | 9,043 | 6,531 | 7,821 | 7,181 | 8,140 | | | | | | | | |
| Other cash balances | 5,773 | 5,737 | 5,786 | 5,986 | 6,090 | | | | | | | | |
| Total current assets | 23,095 | 20,017 | 20,462 | 18,762 | 20,317 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Trade and other payables | (5,922) | (5,742) | (4,874) | (4,888) | (4,392) | | | | | | | | |
| Accruals | (18,074) | (17,233) | (17,388) | (14,948) | (18,060) | | | | | | | | |
| Deferred income | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| Long term loans < 1 year | (445) | (445) | (445) | (445) | (445) | | | | | | | | |
| Provisions | 0 | 0 | 0 | 0 | 0 | | | | | | | | |
| | | | | 0 | (8) | | | | | | | | |
| Total current liabilities | (24,441) | (23,420) | (22,707) | (20,281) | (22,905) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total assets less current liabilities | 23,310 | 20,471 | 22,650 | 22,302 | 21,719 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Non-current provisions | (2,380) | (2,393) | (2,363) | (2,275) | (1,993) | | | | | | | | |
| Long term loans > 1 year | (2,221) | (2,221) | (2,221) | (2,221) | (2,221) | | | | | | | | |
| Total assets employed | 18,710 | 15,857 | 18,066 | 17,806 | 17,505 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Public dividend capital | (5,543) | (5,543) | (5,543) | (5,543) | (5,543) | | | | | | | | |
| Revaluation reserve | (13,938) | (13,938) | (13,938) | (13,938) | (13,938) | | | | | | | | |
| I&E reserve | 771 | 3,623 | 1,415 | 1,674 | 1,975 | | | | | | | | |
| Total taxpayers equity | (18,710) | (15,857) | (18,066) | (17,806) | (17,505) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

FINANCE AND PERFORMANCE REPORT

FUNDS FLOW

Period 4

4

Jul-22

| | April Act £'000 | May Act £'000 | June Act £'000 | July Act £'000 | Aug Act £'000 | Sept Act £'000 | Oct Act £'000 | Nov Act £'000 | Dec Act £'000 | Jan Act £'000 | Feb Act £'000 | Mar Act £'000 | YTD Act £'000 |
|---|-----------------------|---------------------|----------------------|----------------------|---------------------|----------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Net Surplus/(Deficit) | (2,853) | 2,208 | (259) | (301) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (1,205) |
| Depreciation / amortisation | 0 | 384 | 107 | 164 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 655 |
| PDC dividend paid | 0 | 36 | 18 | 18 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 72 |
| Net Interest paid | (2) | 4 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| (Increase) / Decrease in receivables | 531 | 893 | 1,260 | (493) | | | | | | | | | 2,191 |
| Increase / (Decrease) in liabilities | (1,021) | (713) | (2,426) | 2,615 | | | | | | | | | (1,544) |
| Increase / (Decrease) in provisions | 14 | (30) | (88) | (282) | | | | | | | | | (386) |
| Non operational accrual movement | 2 | (40) | (20) | (20) | | | | | | | | | (78) |
| Net operating cash flow | (3,330) | 2,742 | (1,405) | 1,703 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (289) |
| Interest received | | | | | | | | | | | | | 0 |
| Interest paid | | | | | | | | | | | | | 0 |
| PDC dividend paid | | | | | | | | | | | | | 0 |
| PDC Funding received | | | | | | | | | | | | | 0 |
| Cash flow available for investment | (3,330) | 2,742 | (1,405) | 1,703 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (289) |
| Purchase of property, plant & equipment | 782 | (1,020) | 1,073 | (485) | | | | | | | | | 350 |
| Depreciation | 0 | (384) | (107) | (164) | | | | | | | | | (655) |
| Capital purchases - cash | 782 | (1,404) | 966 | (648) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (305) |
| Net cash flow before financing | (2,548) | 1,339 | (439) | 1,054 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (594) |
| Repayment of debt facilities | 0 | 0 | 0 | 0 | | | | | | | | | 0 |
| Net increase / (decrease) in cash | (2,548) | 1,339 | (439) | 1,054 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (594) |
| Opening Cash | 14,816 | 12,268 | 13,607 | 13,167 | | | | | | | | | 14,816 |
| Closing cash | 12,268 | 13,607 | 13,168 | 14,221 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14,221 |

| Report to | Date |
|----------------------|----------------|
| Council of Governors | 31 August 2022 |

2022/23 Budget – FINAL

Executive Summary

At the meeting of the Board of Directors on 24 May 2022, an initial Budget / Plan was approved, with a deficit of £6m. The paper to the Board noted that the initial Budget / Plan was still susceptible to change as it required ICS approval. Due to pressures on the ICS to achieve an overall break-even position, the Trust (like all other trusts within the ICS) was asked to provide an improved figure. This the Trust did, agreeing a final position with the ICS of a net deficit of £3.76m.

This paper provides an update on the changes made, which were approved by the Board at its meeting on 26 July.

Detailed monthly I&E, balance sheet and cash flows are appended to this paper.

Recommendation to the Council

The Council is asked to note the report

Trust strategic objectives supported by this paper

Finance and Governance

Author

Terry Noys, Deputy CEO and
Director of Finance

Responsible Director

Terry Noys, Deputy CEO and
Director of Finance

2022/23 TRUST BUDGET / PLAN

1. INTRODUCTION

- 1.1. This paper provides summary details on the final 2022/23 Budget / Plan for the Trust. This is an update on the previous ‘initial’ Budget provided to the Board in May and is based on the submission the Trust made to the ICS on 26 May 2022 – which has been approved by the ICS.

2. OVERVIEW

| £m | 2021/22 Out-Turn | 2022/23 Indicative Plan | 2022/23 Final Plan | Change in Plan |
|---------------------------------------|---------------------|-------------------------------|--------------------------|-------------------|
| Income | 64.0 | 64.9 | 65.1 | 0.2 |
| Pay costs | (49.3) | (50.5) | (50.0) | 0.5 |
| Non-pay costs | (18.9) | (17.9) | (16.3) | 1.6 |
| | ---- | ---- | ---- | |
| Operating deficit | (4.2) | (3.5) | (1.2) | 2.3 |
| Other costs | (2.4) | (2.5) | (2.5) | - |
| | ---- | ---- | ---- | |
| Deficit before ‘exceptional’ items | (6.6) | (6.0) | (3.7) | 2.3 |
| ‘Exceptional’ items | (5.7) | Nil | Nil | - |
| | ---- | ---- | ---- | |
| Net deficit | (12.3) | (6.0) | 3.7 | 2.3 |

- 2.1. The final Plan shows the Trust making a deficit of £3.7m on income of £65.1m.

- 2.2. The changes between the final Plan and the initial Plan (presented in May) are primarily:
- Additional income proposed by NHSEI to reflect inflationary pressures
 - Increase in vacancy factor
 - Revised assumptions around non-pay costs.

3. INCOME (As previously reported)

- 3.1. Clinical income is based on figures provided by NHSEI and assumes an inflationary increase of 1.7% plus uplifts for 'volume' and to take account of the Mental Health Standard, resulting in a £3.1m increase in income. (The figures include £17m for Specialised Commissioning services – GIDS, GIC, Portman and FCAMHS).
- 3.2. Against this increase, clinical income also reflects the loss of contracts worth £2.1m (being Lighthouse and Youth Endowment fund, non-recurrent HEE contracts and other sundry consultancy contracts)
- 3.3. DET income is based on 2021/22 figures with an assumption of 'flat' student numbers.
- 3.4. £1.8m of new (as yet unidentified) income is also included as the Trust's CIP (Continuous Improvement Programme) contribution.
- 3.5. The figures for 2020/21 include £2.2m of covid / top-up funding which does not repeat in 2022/23.

4. REVENUE EXPENDITURE (Slightly amended from previous version)

- 4.1. Pay costs assume a 2% annual inflationary increase plus 1% for increments. Together with the full year effect (of posts recruited part way through 2021/22) and posts assumed to be recruited to in 2022/23, this adds £3.8m to staff costs.
- 4.2. Set against this increase is a vacancy factor of £3.5m (6.5% of gross staffing costs). At end March 2022, the Trust was running with vacancies equal to £4.5m (around 75 posts).

- 4.3. The Budget assumes that only one-third of these will be recruited to. In addition, the Budget assumes that £0.5m of the annual leave accrual will be released.
- 4.4. The figure for staffing costs is potentially less secure than normal, given the uncertainties surrounding the implementation of workforce structures post Strategic Review.
- 4.5. Non-Pay costs reduce (compared with 2021/22) as it is assumed that legal costs (notably those related to the judicial review) and CQC Transformation costs are at a lower level.
- 4.6. Energy costs are budgeted at £0.2m, so are not significant in terms of the Trust's cost base.
- 4.7. 'Other' costs increase slightly as the result of a higher depreciation charge.

5. BALANCE SHEET, CASH FLOW AND CAPITAL EXPENDITURE (Amended)

- 5.1. Cash is expected to reduce in the period from £14.8m to £6.2m reflecting:
 - Deficit for the year of £3.7m
 - Proposed capital expenditure of £3.5m
 - Utilisation of provisions (notably redundancy provision).
- 5.2. The budget for Capital Expenditure of £3.5m is the level permitted by the ICS.

6. RISKS AND OPPORTUNITIES (As previously reported)

Income

- 6.1. A key risk is an in-year reduction in income for the GIDS service.
- 6.2. The Budget assumes £1.8m of – as yet – unidentified new income.

Expenditure

- 6.3. There is still some uncertainty regarding post-SR implementation staffing structures (and the timing of implementation). These could have a positive or negative impact on the final result.
- 6.4. In order to meet one of its SOF 3 exit criteria obligations, the Trust will need to incur expenditure to deliver an Estates Strategy. Similarly, the Trust will incur significant expenditure in recruiting new executive directors. These costs are not included in the Budget.

| Statement of comprehensive income | 04PLANM01 | 04PLANM02 | 04PLANM03 | 04PLANM04 | 04PLANM05 | 04PLANM06 | 04PLANM07 | 04PLANM08 | 04PLANM09 | 04PLANM10 | 04PLANM11 | 04PLANM12 | 04PLANCY |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|-------------|----------------|
| | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan |
| | 30/04/2022 | 31/05/2022 | 30/06/2022 | 31/07/2022 | 31/08/2022 | 30/09/2022 | 31/10/2022 | 30/11/2022 | 31/12/2022 | 31/01/2023 | 28/02/2023 | 31/03/2023 | 31/03/2023 |
| | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 | Year Ending |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Operating income from patient care activities | 3,448 | 3,448 | 3,448 | 3,448 | 3,448 | 3,448 | 3,448 | 3,448 | 3,448 | 3,448 | 3,448 | 3,673 | 41,601 |
| Other operating income | 1,956 | 1,956 | 1,956 | 1,956 | 1,956 | 1,956 | 1,956 | 1,956 | 1,956 | 1,956 | 1,956 | 1,956 | 23,472 |
| Employee expenses | (4,128) | (4,102) | (4,102) | (4,263) | (4,263) | (4,263) | (4,232) | (4,232) | (4,240) | (4,240) | (4,240) | (3,740) | (50,045) |
| Operating expenses excluding employee expenses | (1,642) | (1,634) | (1,634) | (1,634) | (1,604) | (1,604) | (1,586) | (1,586) | (1,486) | (1,486) | (1,486) | (1,160) | (18,542) |
| OPERATING SURPLUS/(DEFICIT) | (366) | (332) | (332) | (493) | (463) | (463) | (414) | (414) | (322) | (322) | (322) | 729 | (3,514) |
| FINANCE COSTS | | | | | | | | | | | | | |
| Finance income | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 12 |
| Finance expense | (2) | (2) | (2) | (2) | (2) | (2) | (2) | (2) | (2) | (2) | (2) | (2) | (24) |
| PDC dividends payable/refundable | (15) | (17) | (17) | (17) | (17) | (17) | (17) | (17) | (17) | (17) | (17) | (52) | (237) |
| NET FINANCE COSTS | (16) | (18) | (18) | (18) | (18) | (18) | (18) | (18) | (18) | (18) | (18) | (53) | (249) |
| Other gains/(losses) including disposal of assets | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Corporation tax expense | | | | | | | | | | | | | 0 |
| SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR | (382) | (350) | (350) | (511) | (481) | (481) | (432) | (432) | (340) | (340) | (340) | 676 | (3,763) |

| Earnings before interest, taxation, depreciation and amortisation (EBITDA) | 04PLANM01 | 04PLANM02 | 04PLANM03 | 04PLANM04 | 04PLANM05 | 04PLANM06 | 04PLANM07 | 04PLANM08 | 04PLANM09 | 04PLANM10 | 04PLANM11 | 04PLANM12 | 04PLANCY |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|----------------|
| | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan |
| | 30/04/2022 | 31/05/2022 | 30/06/2022 | 31/07/2022 | 31/08/2022 | 30/09/2022 | 31/10/2022 | 30/11/2022 | 31/12/2022 | 31/01/2023 | 28/02/2023 | 31/03/2023 | 31/03/2023 |
| | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 | Year Ending |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Operating surplus/(deficit) | (366) | (332) | (332) | (493) | (463) | (463) | (414) | (414) | (322) | (322) | (322) | 729 | (3,514) |
| Add back depreciation and amortisation | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 2,292 |
| EBITDA | (175) | (141) | (141) | (302) | (272) | (272) | (223) | (223) | (131) | (131) | (131) | 920 | (1,222) |
| Income relating to EBITDA | 5,404 | 5,404 | 5,404 | 5,404 | 5,404 | 5,404 | 5,404 | 5,404 | 5,404 | 5,404 | 5,404 | 5,629 | 65,073 |
| EBITDA percentage | (3.2%) | (2.6%) | (2.6%) | (5.6%) | (5.0%) | (5.0%) | (4.1%) | (4.1%) | (2.4%) | (2.4%) | (2.4%) | 16.3% | (1.9%) |

| Statement of financial position | 05PLANM01 | 05PLANM02 | 05PLANM03 | 05PLANM04 | 05PLANM05 | 05PLANM06 | 05PLANM07 | 05PLANM08 | 05PLANM09 | 05PLANM10 | 05PLANM11 | 05PLANM12 | 05PLANCY |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan | Plan |
| | 30/04/2022 | 31/05/2022 | 30/06/2022 | 31/07/2022 | 31/08/2022 | 30/09/2022 | 31/10/2022 | 30/11/2022 | 31/12/2022 | 31/01/2023 | 28/02/2023 | 31/03/2023 | 31/03/2023 |
| | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 | Year Ending |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| Non-current assets | | | | | | | | | | | | | |
| Intangible assets | 89 | 86 | 83 | 80 | 77 | 74 | 71 | 68 | 65 | 62 | 59 | 56 | 56 |
| On-SoFP IFRIC 12 assets | 24,129 | 24,230 | 24,331 | 24,432 | 24,533 | 24,634 | 24,735 | 24,836 | 24,937 | 25,038 | 25,139 | 25,242 | 25,242 |
| Other assets | | | | | | | | | | | | | 0 |
| Total non-current assets | 24,218 | 24,316 | 24,414 | 24,512 | 24,610 | 24,708 | 24,806 | 24,904 | 25,002 | 25,100 | 25,198 | 25,298 | 25,298 |
| Current assets | | | | | | | | | | | | | |
| Inventories | | | | | | | | | | | | | 0 |
| Receivables: due from NHS and DHSC group bodies | 2,284 | 2,284 | 2,284 | 2,284 | 2,284 | 2,284 | 2,284 | 2,284 | 2,284 | 2,284 | 2,284 | 2,284 | 2,284 |
| Receivables: due from non-NHS/DHSC Group bodies | 5,370 | 5,370 | 5,370 | 5,370 | 5,370 | 5,370 | 5,370 | 5,370 | 5,370 | 5,370 | 5,370 | 5,370 | 5,370 |
| Other current assets | 1 | 1 | 1 | 1 | | | | | | | | | 0 |
| Cash and cash equivalents: GBS/NLF | 14,319 | 13,856 | 13,393 | 12,769 | 11,953 | 9,079 | 8,933 | 8,387 | 7,833 | 7,279 | 6,503 | 6,202 | 6,202 |
| Cash and cash equivalents: commercial/in hand/other | | | | | | | | | | | | | 0 |
| Total current assets | 21,974 | 21,511 | 21,048 | 20,424 | 19,607 | 16,733 | 16,587 | 16,041 | 15,487 | 14,933 | 14,157 | 13,856 | 13,856 |
| Current liabilities | | | | | | | | | | | | | |
| Trade and other payables: capital | | | | | | | | | | | | | 0 |
| Trade and other payables: non-capital | (20,660) | (20,660) | (20,660) | (20,660) | (20,660) | (20,660) | (20,660) | (20,660) | (20,660) | (20,660) | (20,660) | (19,725) | (19,725) |
| Borrowings | (445) | (445) | (445) | (445) | (445) | (445) | (445) | (445) | (445) | (445) | (445) | (445) | (445) |
| Other financial liabilities | | | | | | | | | | | | | 0 |
| Provisions | (4,322) | (4,322) | (4,322) | (4,322) | (4,322) | (2,042) | (2,042) | (2,042) | (2,042) | (2,042) | (2,042) | (2,042) | (2,042) |
| Other liabilities: other | | | | | | | | | | | | | 0 |
| Total current liabilities | (25,427) | (25,427) | (25,427) | (25,427) | (25,427) | (23,147) | (23,147) | (23,147) | (23,147) | (23,147) | (23,147) | (22,212) | (22,212) |
| Total assets less current liabilities | 20,765 | 20,400 | 20,035 | 19,509 | 18,790 | 18,294 | 18,246 | 17,798 | 17,342 | 16,886 | 16,208 | 16,942 | 16,942 |
| Non-current liabilities | | | | | | | | | | | | | |
| Borrowings | (2,221) | (2,221) | (2,221) | (2,221) | (1,998) | (1,998) | (1,998) | (1,998) | (1,998) | (1,998) | (1,776) | (1,776) | (1,776) |
| Provisions | (32) | (32) | (32) | (32) | (32) | (32) | (32) | (32) | (32) | (32) | (32) | (32) | (32) |
| Other liabilities: other | | | | | | | | | | | | | 0 |
| Total non-current liabilities | (2,253) | (2,253) | (2,253) | (2,253) | (2,030) | (2,030) | (2,030) | (2,030) | (2,030) | (2,030) | (1,808) | (1,808) | (1,808) |
| Total net assets employed | 18,512 | 18,147 | 17,782 | 17,256 | 16,760 | 16,264 | 16,216 | 15,768 | 15,312 | 14,856 | 14,400 | 15,134 | 15,134 |
| Financed by | | | | | | | | | | | | | |
| 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 | 13,872 | 13,872 | 13,872 | 13,872 | 13,872 | 13,872 | 13,872 | 13,872 | 13,872 | 13,872 | 13,872 | 13,872 | 13,872 |
| Income and expenditure reserve | (903) | (1,268) | (1,633) | (2,159) | (2,655) | (3,151) | (3,199) | (3,647) | (4,103) | (4,559) | (5,015) | (4,281) | (4,281) |
| Non-controlling Interest | | | | | | | | | | | | | 0 |
| Total taxpayers' and others' equity | 18,512 | 18,147 | 17,782 | 17,256 | 16,760 | 16,264 | 16,216 | 15,768 | 15,312 | 14,856 | 14,400 | 15,134 | 15,134 |
| Check: does the balance sheet balance? | OK | OK | OK | OK | OK | OK | OK | OK | OK | OK | OK | OK | OK |

| Borrowings | 05PLANM01 | 05PLANM02 | 05PLANM03 | 05PLANM04 | 05PLANM05 | 05PLANM06 | 05PLANM07 | 05PLANM08 | 05PLANM09 | 05PLANM10 | 05PLANM11 | 05PLANM12 | 05PLANCY |
|--|--|--|--|--|--|--|--|--|--|---|---|---|--|
| | | | | | | | | | | | | | |
| | Plan 30/04/2022 Month 1 £'000 | Plan 31/05/2022 Month 2 £'000 | Plan 30/06/2022 Month 3 £'000 | Plan 31/07/2022 Month 4 £'000 | Plan 31/08/2022 Month 5 £'000 | Plan 30/09/2022 Month 6 £'000 | Plan 31/10/2022 Month 7 £'000 | Plan 30/11/2022 Month 8 £'000 | Plan 31/12/2022 Month 9 £'000 | Plan 31/01/2023 Month 10 £'000 | Plan 28/02/2023 Month 11 £'000 | Plan 31/03/2023 Month 12 £'000 | Plan 31/03/2023 Year Ending £'000 |
| | Current | | | | | | | | | | | | |
| Borrowings: overdraft | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Borrowings: DHSC capital loans (principal only) | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 |
| Accrued interest on DHSC loans | | | | | | | | | | | | | 0 |
| Borrowings: other (non-DHSC) | | | | | | | | | | | | | 0 |
| Accrued interest on other (non-DHSC) loans | | | | | | | | | | | | | 0 |
| Total current borrowings | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 | 445 |
| Non-current | | | | | | | | | | | | | |
| Borrowings: DHSC capital loans | 2,221 | 2,221 | 2,221 | 2,221 | 1,998 | 1,998 | 1,998 | 1,998 | 1,998 | 1,998 | 1,776 | 1,776 | 1,776 |
| Borrowings: DHSC working capital/revenue support loans | | | | | | | | | | | | | 0 |
| Borrowings: other (non-DHSC) | | | | | | | | | | | | | 0 |
| Total non-current borrowings | 2,221 | 2,221 | 2,221 | 2,221 | 1,998 | 1,998 | 1,998 | 1,998 | 1,998 | 1,998 | 1,776 | 1,776 | 1,776 |

| Statement of cash flows | 06PLANM01 | 06PLANM02 | 06PLANM03 | 06PLANM04 | 06PLANM05 | 06PLANM06 | 06PLANM07 | 06PLANM08 | 06PLANM09 | 06PLANM10 | 06PLANM11 | 06PLANM12 | 06PLANCY |
|---|--|--|--|--|--|--|--|--|--|---|---|---|--|
| | Plan 30/04/2022 Month 1 £'000 | Plan 31/05/2022 Month 2 £'000 | Plan 30/06/2022 Month 3 £'000 | Plan 31/07/2022 Month 4 £'000 | Plan 31/08/2022 Month 5 £'000 | Plan 30/09/2022 Month 6 £'000 | Plan 31/10/2022 Month 7 £'000 | Plan 30/11/2022 Month 8 £'000 | Plan 31/12/2022 Month 9 £'000 | Plan 31/01/2023 Month 10 £'000 | Plan 28/02/2023 Month 11 £'000 | Plan 31/03/2023 Month 12 £'000 | Plan 31/03/2023 Year Ending £'000 |
| Cash flows from operating activities | | | | | | | | | | | | | |
| Operating surplus/(deficit) | (366) | (332) | (332) | (493) | (463) | (463) | (414) | (414) | (322) | (322) | (322) | 729 | (3,514) |
| Non-cash income and expense: | | | | | | | | | | | | | |
| Depreciation and amortisation | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 191 | 2,292 |
| Impairments and reversals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Income recognised in respect of capital donations (cash and non-cash) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Increase/(decrease) in other liabilities | 2,660 | (1,330) | (1,330) | 2,660 | (1,330) | (1,330) | 2,660 | (1,330) | (1,330) | 2,660 | (1,344) | (1,345) | (29) |
| Increase/(decrease) in provisions | | | | | | | (2,270) | | | | | | (2,270) |
| All other movements in operating cash flows | (2,693) | 1,297 | 1,297 | (2,693) | 1,309 | (875) | (24) | 1,297 | 1,195 | (2,794) | 1,222 | 507 | (955) |
| Net cash generated from/(used in) operations | (208) | (174) | (174) | (335) | (293) | (2,477) | 143 | (256) | (266) | (265) | (253) | 82 | (4,476) |
| Cash flows from investing activities | | | | | | | | | | | | | |
| Interest received | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 12 |
| Purchase of property, plant and equipment and investment property | (290) | (290) | (290) | (290) | (290) | (290) | (290) | (290) | (290) | (290) | (290) | (290) | (3,480) |
| | | | | | | | | | | | | | 0 |
| Net cash generated from/(used in) investing activities | (289) | (289) | (289) | (289) | (289) | (289) | (289) | (289) | (289) | (289) | (289) | (289) | (3,468) |
| Cash flows from financing activities | | | | | | | | | | | | | |
| Interest paid | | | | | (12) | | | | | | (12) | | (24) |
| PDC dividend (paid)/refunded | | | | | | (108) | | | | | | (94) | (202) |
| Cash flows from (used in) other financing activities | | | | | | | | | | | | | 0 |
| Net cash generated from/(used in) financing activities | 0 | 0 | 0 | 0 | (12) | (108) | 0 | 0 | 0 | 0 | (12) | (94) | (226) |
| Increase/(decrease) in cash and cash equivalents | (497) | (463) | (463) | (624) | (594) | (2,874) | (146) | (545) | (555) | (554) | (554) | (301) | (8,170) |
| Cash and cash equivalents at start of period | 14,816 | 14,319 | 13,856 | 13,393 | 12,769 | 12,175 | 9,301 | 9,155 | 8,610 | 8,055 | 7,501 | 6,947 | 14,816 |
| Opening balance adjustment | | | | | | | | | | | | | |
| Restated cash and cash equivalents at start of period | 14,816 | 14,319 | 13,856 | 13,393 | 12,769 | 12,175 | 9,301 | 9,155 | 8,610 | 8,055 | 7,501 | 6,947 | 14,816 |
| Unrealised gains/(losses) on foreign exchange | | | | | | | | | | | | | 0 |
| Cash and cash equivalents at end of period | 14,319 | 13,856 | 13,393 | 12,769 | 12,175 | 9,301 | 9,155 | 8,610 | 8,055 | 7,501 | 6,947 | 6,646 | 6,646 |
| Cash balance per SOFP | 14,319 | 13,856 | 13,393 | 12,769 | 11,953 | 9,079 | 8,933 | 8,387 | 7,833 | 7,279 | 6,503 | 6,202 | 6,202 |

| Report to | Date |
|----------------------|------------------|
| Council of Governors | 8 September 2022 |

Quality Committee Highlight report

Executive Summary

The Quality Committee met for the first time on 5 July 2022. Dr Colson welcomed members to the Committee and highlighted that the Committee Terms of Reference were due to be approved by the Board on the 5th July 2022.

The Committee reviewed the approved Quality Account, the discussion focused on the Quality priorities for 22/23 and the baseline metrics. The Committee discussed how it would receive ongoing assurance against the delivery of the priorities throughout the year.

The Committee placed considerable focus on the gender identification development service and the improvements being made within the Trust. The Committee reviewed assurance reports related to the CQC improvement plan and the waiting list action plan. The Committee also noted the external support being offered by the system and the regulators. The Committee will continue to seek assurance on both improvements to the service and the waiting list. The Committee also requested that the harm review group reports directly to the Committee.

The Committee received a report from the Patient safety and risk group. Dr McKenna highlighted to the Committee that the new patient safety strategy is being implemented within the NHS and asked that the committee commit time to understanding the strategy and how the Trust was implementing it internally.

The Committee also reviewed the quality report, the Committee supported the improvements and approach to improve the quality report put forward by the Chief Nurse.

Recommendation to Council

| | |
|--|----------------------------|
| The Council is asked to note the report | |
| Trust strategic objectives supported by this paper | |
| Quality of Care | |
| Author | Responsible Director |
| Jenna Davies- Director of Governance | Chair of Quality Committee |

| Report to | Date |
|----------------------|------------------|
| Council of Governors | 8 September 2022 |

| Committee Chair Report: Education and Training Committee Highlight Report |
|---|
| Executive Summary |
| <p>The Education and Training Committee (ETC) met on 7th July conducting its normal business obtaining assurance and updates in relation to various workstreams.</p> <ul style="list-style-type: none"> <p>Staffing: The Committee noted it was Brian Rock’s last meeting in role and thanked him for his leadership and contribution to the development of the Directorate of Education and Training. The Committee welcomed Elisa Reyes-Simpson in her new role as Interim Chief Education & Training Officer/Dean of Postgraduate Studies (Interim CETO).</p> <p>Governance: The Committee discussed progressing the time-limited task and finish group in relation to governance in education and training, which had been paused whilst the Interim CETO was recruited. The Committee agreed that a specific person should be identified to drive this work, and to work with external partners as stakeholders, through input at specific points.</p> <p>Risk Management in DET: The Committee received an update on the identification, logging and monitoring of risks within the Directorate, in particular the risk associated with government delays in issuing visas to international students (linked to the situation in Ukraine), and the risks associated with online versus hybrid or face to face delivery through the ongoing pandemic.</p> <p>Customer Relationship Management: The Committee was updated on the proposed capital plan for a CRM system, which was not approved by the Change Board. The Committee agreed that the business case needs to be re-visited as the original criteria may have changed since the original proposal was made. It would be important to get feedback from the Change Board in order to progress planning for the future with a viable, up-to-date proposal.</p> <p>SOF3 and the Implications for the Office for Students: The Committee discussed the framework for reporting on material changes to the Office for Students (OfS), and whether the Trust’s SOF3 status constituted something that would materially affect our registration. The Committee agreed that SOF3 was not a Reportable Event, according to OfS guidelines. The Committee was content with the draft letter from the CEO updating the Office for Students and noted that the OfS had been informed of the change of Chair and will need to be informed of the change in CEO as accountable officer when that arises.</p> |

- **Strategic Review:** The Committee discussed the outcome of the Strategic Review in relation to DET and noted that the majority of staff are pleased to have some certainty. The Committee noted the risks associated with the narrow window in terms of carrying out interview processes with the pressures from the academic year commencing in September. There is a significant risk as a number of Course Leads need to be appointed to ensure continuity of our course provision.
- **Recruitment:** The Committee was updated on student recruitment, with 778 applications having been received as at 7th July, which is ahead of this time last year. However, there have been fewer offers to this time last year. In part, this is due to applications being received later. However, the Strategic Review has also impacted on Course Leads and teams engaging in processing applications and interviewing. The Recruitment Team are actively working to remove blocks to processing, and to further train Admissions Advisors to be able to advise where applications should be rejected without a Course Lead having to review (in liaison with Portfolio Managers).

The Committee noted that rising costs of living are having an impact on prospective students' decisions to take up their offers.

The Committee registered its concerns in relation to recruitment and the impact of the Strategic Review, and agreed the priority was to implement the strategic review and transition to the new academic year as smoothly as possible. The Committee agreed, in terms of resource, it would be useful to draw on visiting lecturers to provide additional interview capacity.

- **Annual Student Survey Recommendations:** The Committee received an update on the progress of the recommendations from the Annual Student Survey Overview Report. The Committee agreed steps to make the action plan more functional, including specific timelines, targets, and responsible persons, and will receive a further update at its next meeting.
- **Equalities, Diversity and Inclusion:** The Committee confirmed that all of the objectives on the DET EDI road map had been met, and expressed their thanks for Paul Dugmore's leadership in this area, and the significant input from the DET EDI Leads. The Committee had a detailed discussion about the areas for concern, which included the increase in rejection rates for Muslim applicants, and an increase more generally in the award gap. The Committee noted the areas of focus for the upcoming period of advancing the work on making the curricular more inclusive. Additional resource is being identified to help course teams review their reading lists. The Committee noted the increase in complaints being in part due to students feeling more able to make a complaint.
- **Standing Items and the work of the ETC:** The Committee briefly discussed the planned agenda items for next academic year (2022/23) and where

Tavistock Consulting (TC) and the Workforce Innovation Unit should report in the future. The Committee noted that the education and training elements of TC have been incorporated into portfolios, and the National Workforce Skills Development Unit has been situated in a different division, and therefore the ETC should have oversight rather than regular reporting on delivery.

- **Reflection:** The Committee reflected on the need to extend the duration of ETC meetings to enable a full and useful discussion about each agenda item. The Committee reflected on the significant risks around the implementation of the strategic review connected with the approaching academic year.
- **Next meeting:** At the next meeting the Committee will consider the following topics:
 - *Director's Report*
 - *Annual Student Complaints Report*
 - *Academic Outcomes from previous A/Y (numbers of completions, proportions of distinction, merit, pass, fail, at course and portfolio level)*
 - *Annual Student Survey Summary Report*
 - *Summary of Student Recruitment*
 - *Digital Academy Performance Update*
 - *Nursing Portfolio - business case (with progress monitored at future meetings)*
 - *Risk Management in DET*

Recommendation to the Council of Governors

The Council of Governors are asked to:

- **Note the following:**
 - The agreement to notify the Office for Students of the Trust's SOF3 status.
 - The assurance received in relation to ensuring applications are progressed, and steps being taken to upskill Admissions Advisors to be able to be more active in rejecting applicants who clearly do not meet the entry requirements.
 - The significant risks around the implementation of the strategic review in relation to the start of the new academic year, the impact on recruitment, and need for resources to ensure applications are progressed.
 - The decision to re-visit the Business Case for CRM in order to re-present an up-to-date, viable proposal to the Change Board.
 - The progress against the DET EDI action plan, under the leadership of Paul Dugmore and the EDI Leads.
 - The agreement to have a dedicated session around opportunities within Short Courses, Digital and Academy and the international arena.

- The assurance received in relation to developing a coherent agenda plan for the next academic year and continue to review the effectiveness of the work of the Committee.
- **Confirm:**
 - It's support for drawing on Visiting Lecturer resource to increase capacity to interview applicants in the recruitment pipeline.
 - The Committee's agreement that it should have oversight of the work of the Workforce Innovation Unit's work, rather than reporting, but that this should be considered in the governance review.

Trust strategic objectives supported by this paper

(2021/2022) Corporate Objective/Associated BAF risks:
 Obj 1,/ Risk ref 189(7) Obj 6,/Risk Ref 189(7), Risk Ref 108(6) Obj 11,/Risk Ref 187(4)

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

| Report to | Date |
|----------------------|------------------|
| Council of Governors | 8 September 2022 |

People and Organisational Development Committee Highlight report

Highlights from Committee

The Committee reviewed a draft of the Trust wide people strategy, which had been updated to reflect the staff survey results. The Strategy had also been amended to include the metrics by which the Committee will be able to monitor and oversee the improvements being made.

The Committee discussed the four priorities which are:

- Valuing our people
- Developing our People
- Growing our workforce
- Delivering Excellent People Services

The Committee also reviewed the new freedom to speak up policy. The Trust previously had in place a whistleblowing policy but in line with national policy has moved to a freedom to speak up policy. The Introduction of this policy sets out the core principles of speaking up and the Trusts commitment to 'speak up, listen up and follow up' together with the four steps to resolving concerns including process, timescales (where agreed) and contacts. The Committee members will be reviewing the policy in detail and sending comments ahead of formal approval.

The Committee in response to concerns raised at an earlier Committee meeting had invited recruitment shared services to the meeting, to discuss a number of issues with the contract. The Committee received a presentation and was assured about the action plan in place to improve the service, this also included assurances around improved communication between recruitment shared services and the Trust. The Committee will continue to oversee the action plan in the coming months.

The Committee received an update from the Trusts new equality lead, Dr Mhlanga. Dr Mhlanga provided an update on the Race Equality Action Plan. The Committee shared there thanks with Dr Mhlanga for the progress made thus far. The Committee raised concerns about the number of actions which were included within the Race Equality Action Plan and asked that Dr Mhlanga and the Race network review the actions and separate them into priority years.

The Committee reviewed the workforce metrics report noting that for the four metrics monitored monthly (Sickness, Mandatory Training, Appraisal and Turnover) there has been a deterioration in performance for 3 out of the 4 with turnover recovering its position in May. The Committee discussed the workforce risks including the impact of the strategic review, and the accuracy of data captured within ESR.

Recommendation to the Committee

The Committee is asked to note the approach outlined in the report

Trust strategic objectives supported by this paper

People

Author

Responsible Director

Jenna Davies– Director of Governance

Chair of POD EDI Committee