



The Tavistock and Portman
NHS Foundation Trust

Council of Governors Part Two

Agenda and papers of a meeting to be held in public

**Thursday, 14th
September
2023**

**For timings
please refer to
the agenda**

**COUNCIL OF GOVERNORS – PART TWO
MEETING HELD IN PUBLIC
14 September 2023 at 3.00 pm - 5.10 pm
Lecture Theatre, 5th Floor
The Tavistock and Portman NHS Foundation Trust
as well as Online (via Zoom)**

AGENDA

23/	Agenda Item	Purpose Approval Discussion Information Assurance	Lead	Format Verbal Enclosure	Time	Report Assurance rating
OPENING ITEMS						
001	Welcome and Apologies for Absence	Information	Chair	Verbal	3.00 (5)	
002	Confirmation of Quoracy	Information	Chair	Verbal		
003	Council Members' Declarations of Interest	Information	Chair	Enc 1		
004	Minutes of the Previous Meeting held on 8 June 2023	Approval	Chair	Enc 2		
005	Matters Arising from the Minutes and Action Log Review	Approval	Chair	Enc 3	3.05 (5)	
REPORTS AND UPDATES						
006	Presentation – Family Drug and Alcohol Court	Discussion	Sophie Marshall	Verbal	3.10 (5)	
007	Governor Feedback	Discussion	Lead Governor	Verbal	3.15 (10)	
008	Chief Executive's Report	Discussion	Chief Executive	Enc 4	3.25 (10)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
009	Finance Report for Month 4	Information	Chief Financial Officer	Enc 5 Enc 5a Enc 5b	3.35 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
010	Membership Engagement Report	Approval	Head of Communications and Engagement	Enc 6	3.40 (5)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
011	Draft Strategy	Discussion	Chair and Chief Executive Officer	Enc 7	3.45 (25)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
BREAK 4.10PM - 4.15PM						
REPORTS FROM THE NON-EXECUTIVE CHAIRS OF THE BOARD ASSURANCE COMMITTEES						

012	Education and Training Committee Highlight Report • 20 July 2023	Discussion	Committee Chair	Enc 8	4.15 (5)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
013	Audit Committee update on Annual Report and Accounts	Discussion	Committee Chair and/or Executive Lead	Verbal	4.20 (5)	
014	Quality Committee Highlight Report 6 July 2023	Discussion	Committee Chair and/or Executive Lead	Enc 9	4.25 (10)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
015	People, Organisational Development, Equality, Inclusion and Diversity Committee Highlight Report • 6 July 2023	Discussion	Committee Chair and/or Executive Lead	Enc 10	4.35 (10)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
016	Performance, Finance and Resources Committee Highlight Report 25 July 2023	Discussion	Committee Chair and/or Executive Lead	Enc 11	4.45 (10)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
STATUTORY DUTIES AND RESPONSIBILITIES						
017	Approval of Constitutional Changes on voting members of the Board	Approval	Director of Corporate Governance	Enc 12	4.55 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
CLOSING BUSINESS						
018	Questions from the Public	Discussion	Chair	Verbal	5.00 (5)	
019	Any other Urgent Business	Discussion	Chair	Verbal	5.05 (5)	
020	Issues to be escalated to the Board of Directors	Discussion	Chair	Verbal		
021	Review of Meeting	Discussion	Chair	Verbal		
DATE AND TIME OF NEXT MEETING						
022	Date of the Next Meeting – Thursday 7 December 2023 at 2pm [venue to be confirmed].					
CLOSE OF PRIVATE MEETING						
	Close of the Public Meeting				5.10	

MEETING OF THE COUNCIL OF GOVERNORS PART II - PUBLIC – Thursday, 14 September 2023

Report Title: Register of Governors’ Interests 2023/24	Agenda No.: 1.2
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Report Author and Job Title:	Amanda Hawke, Corporate Governance Manager	Lead Executive Director:	Adewale Kadiri Director of Corporate Governance
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Appendices:	Appendix 1: Register of Governors’ Interests 2023/24
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Executive Summary:

Action Required:	Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>
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Situation:	This report and accompanying table in Appendix 1 sets out the Register of Governors’ Interests at 16 August 2023.
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Background:	<p>The Trust is required to have a formal Register of Governors’ Interests under the Constitution and the Health and Social Care Act 2012.</p> <p>In accordance with the Standing Orders provisions relating to the registers in Annex 5 of the Constitution:</p> <ul style="list-style-type: none"> • The Trust shall have and maintain a register of interests of the Council of Governors (“the Register of Governors’ Interests”) (See Standing Orders 1.3); • The Register of Governors’ Interests shall be kept up to date by means of a regular review by the Trust Secretary, during which, any changes of interest declared during the preceding period shall be incorporated (See Standing Orders 14); and • All existing Governors shall declare relevant and material interests forthwith and the Trust shall ensure that those interests are noted in the Register of Governors’ Interests. Any Governors appointed subsequently shall declare their relevant and material interests on appointment (See Standing Orders 10.1). <p>It is a requirement of the Foundation Trust Annual Reporting Manual for each NHS Foundation Trust to have registers of Governors’ interests which are available to the public.</p>
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Assessment:	<p>Following the Council of Governors’ meeting, the approved 2023/24 Registers of Directors’ interests will be publicly accessible in a section of the Trust’s website for Registers of interests via this link.</p> <p>The Register of Governors’ interests will form part of the Public Board papers published on the Trust’s website.</p>
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Key recommendation(s):	The Council of Governors is asked to APPROVE the information contained in the Register of Governors’ Declaration of Interests 2023/24 which was correct at 16 August 2023 in Appendix 1.
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Implications:

Strategic Objectives:

<input type="checkbox"/> Improve delivery of high-quality clinical services	<input type="checkbox"/> Be a great & safe place to work, train & learn for	<input type="checkbox"/> Develop & deliver a strategy & financial plan that	<input type="checkbox"/> Be an effective, integrated partner within the ICS &	<input checked="" type="checkbox"/> Ensure we are well-led &
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which make a significant difference to the lives of the people & communities we serve.	everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration.	supports medium & long-term organisational sustainability & aligns with the ICS.	nationally, supporting improvements in population health & care & reducing health inequalities.	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"/>
	There are no linked risks on the BAF/ CRR/ ORR associated with this report.				
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
	NHS Foundation Trusts are required by statute to prepare annual reports and accounts that comply with the NHS Foundation Trust Annual Reporting Manual on an annual basis. As part of this, it is a requirement to publish the Register of Governors' interests on the Trust's website.				
Resource Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	There are no 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	

REGISTER OF GOVERNOR INTERESTS - 2023/24 (LAST UPDATED 16/08/23)						
NAME	POSITION HELD (INCLUDING CONSTITUENCY)	FIRST APPOINTED	DESCRIPTION OF INTERESTS DECLARED	RELEVANT DATES		DECLARATION COMMENTARY
				FROM	TO	
Julian Lousada	Rest of London	October 2021 (1st term)	NIL RETURN			
Michael Rustin	Rest of London	October 2021 (1st term)	NIL RETURN			
Michael Arhin-Acquaah	Rest of London	October 2021 (1st term)	Employed by Kids as a Playworker	Jun-21	Dec-21	Zero hour contract working with children with additional needs
			Research Assistant (employed/voluntary) at London South Bank University	Jun-23	present	Working on project involving intervention courses for safeguarding staff working with transgender youth, particularly in the care sector. Developing signposting resources and research evidence to increase staff competence and confidence.
Michelle Morais	Rest of London	October 2021 (1st term)	NIL RETURN			
Stephen Frosh	Rest of London	December 2022 (1st term)	NIL RETURN			
Sebastian Kraemer	Rest of London	December 2022 (1st term)	NIL RETURN			
Natalia Barry	Camden	May 2022 (1st term)	NIL RETURN			
Ffyona Dawber	Camden	May 2022 (1st term)	NIL RETURN			
Jocelyn Cornwell	Camden	December 2022 (1st term)	Chair, board of trustees - Action Against Medical Accidents (3)	01/12/2021	present	no perceived conflict - Declared on application
Kenyah Nyameche	Rest of England & Wales	October 2021 (1st term)	NIL RETURN			

UNCONFIRMED MINUTES OF A MEETING OF THE COUNCIL OF GOVERNORS

Part 2: Public Meeting
Thursday 8th June 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 of the Council of Governors
Sheena Bolland (SB)	Public Governor
Michael Rustin (MR)	Public Governor
Michelle Morais (MM)	Public Governor
Paru Jeram (PJ)	Staff Governor
Stephen Frosh (SF)	Public Governor
Natalia Barry (NB)	Public Governor
Julian Lousada (JL)	Public Governor
Jessica Anglin d'Christian (JAC)	Staff Governor
Kenyah Nyameche (LN)	Public Governor
Jocelyn Cornwell (JC)	Public Governor

In attendance

Michael Holland (MH)	Chief Executive
Sabrina Phillips (SP)	Associate Non-Executive Director
Claire Johnston (CJ)	Non-Executive Director
Janus Jankowski (JJ)	Non-Executive Director
David Levenson (DL)	Non-Executive Director and Chair of the Education Committee
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
Gem Davies (GD)	Chief People Officer
Sally Hodges (SH)	Chief Clinical Operating 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
Caroline McKenna (CMcK)	Interim Chief Medical Officer
Udey Chowdhury (UCh)	Deputy Director of Finance
Mike Smith (MS)	Communications Manager
Alisha Nurse (AN)	Communications Manager
Liz Vanek (LV)	Communications Officer
Amanda Hawke (AH)	Corporate Governance Officer (Minutes)

Apologies for absence

Kathy Elliot (KE)	Stakeholder Governor and Lead Governor
Aruna Mehta (AM)	Non-executive Director and Chair of the Performance, Finance and Resources Committee
Peter Ptashko (PP)	Stakeholder Local Authority Governor
Ffiona Dawber (FD)	Public Governor
Maisam Datoos (MD)	Staff Governor
Sebastian Kraemer (SK)	Public Governor
Robert Waterson (RW)	Public Governor
Katherine Knight (KK)	Student Governor

	Administrative Matters
1.1	Chair's opening remarks, and apologies for absence
	JL welcomed those attending.
1.2	Council members' declarations of interests
	No new declarations of interest were declared
1.3	Chairs opening remarks and introduction
1.4	Minutes of the meeting held • 16 th March 2023
	The minutes of the meeting held on 16 th March 2023 were agreed as a true and accurate record
1.5	Action log and matters arising
	As noted on the Action Log.
2	Reports and Updates
2.1	Patient/Staff/Student Story or Service Presentation
	<p>DET Service Presentation – DET Military Spouse – link with Armed Forces Community Launch</p> <p>Rachel James (RJ) attended to present this item. She advised that we are working towards becoming a Veteran Aware Organisation and have signed the Armed Forces Covenant.</p> <p>RJ gave the background to this initiative and reminded colleagues that the Tavistock and Portman historically worked with shell-shocked soldiers. She went on to advise that we are looking to support veterans and their families. A launch event for this work has been planned for Monday 19th June to which Governors have been invited.</p> <p>One of our students who is from a veteran family had written about her experience of the challenges of accessing healthcare and education when part of a veteran family where they move house every few years.</p> <p>RJ advised that it has been mandated that we capture data on service personnel or families of veterans. This will help with achieving targets for veterans and their families. RJ is a member of a pan-London steering group that has been formed.</p>

	<p>SF asked if there were any research opportunities from this work, but it was noted that the work at present is just part of clinical provision.</p> <p>It is hoped that we will be identifying barriers to care and study for veterans and their families so that we can work to overcome these.</p>
2.2	<p>Governor Feedback</p>
	<p>FD had several questions for clarification that arose from the pre-meet discussions that the Governors had held.</p> <p>Mergers and Location – JL advised that this is being discussed with the Integrated Care Board (ICB) and NHS London and a process is being worked on with KPMG consultants. An Oversight Board has been set up with NHS England and the ICB to explore the potential options and discuss an agreed process. We are looking to complete this work by December 2023. Potential merger options will be explored as part of this work.</p> <p>MH advised that as we are currently in the Single Oversight Framework 3 category we are limited in what we can bid for in relation to health service provision. This would need to be discussed with the ICB. JL advised that a commercial strategy for the trust is looking at Gloucester House and a number of other services, but to secure the future of the Trust’s clinical and training offers, we will need to work in collaboration or more formal organisational change options with other organisations.</p> <p>It was felt that there has been a lack of induction for new Governors and that in general more information is needed on the role of Governors.</p> <p>JL agreed that inductions had not been as comprehensive as he would have wished and he advised that Governors have an unusual role which includes a limited range of statutory duties. We are looking to set up Governor sub-groups to look at specific areas e.g. membership, and our future strategy.</p> <p>Concern was expressed about staff motivation. GD gave information about the work that is being done with staff to improve engagement. This includes gaining feedback from exit interviews for those who are leaving.</p> <p>Information on the policy on hybrid work was requested. It was noted that this issue is being discussed across the teams and is based on clinical need. We are also looking at Estates needs and Executive presence in the building.</p>
2.3	<p>Chief Executive’s Report</p>
	<p>The report was taken as read. MH highlighted the following points:-</p> <ul style="list-style-type: none"> • Four new Executive Directors will be starting in the next 2 months with Chief Education and Training Officer Interviews taking place at the end of the month. • A Staff Engagement Group has been set up to improve staff morale. This is working on equalities, diversity and inclusion as

	<p>well as communication and engagement. We also have an Equalities Assurance Group and an EDI Plan.</p> <ul style="list-style-type: none"> • Strike action is planned by both junior doctors and medical consultants. This is of concern, but plans are in place to maintain services. JL advised that the rates of pay for consultants covering junior doctor strike action are being discussed. London has not agreed to the higher rate of pay suggested by the BMA. • The Gender Identity Development Service new service specification will be published in due course by NHS England.
2.4	<p>Finance Report</p>
	<p>Udey Chowdhury attended for this item. The report was taken as read. The following points were highlighted:-</p> <ul style="list-style-type: none"> • £3.8 million deficit was planned for 2022-23, but the Trust has performed better and is expecting a year-end deficit of £3.6 million. • £3.3 million capital expenditure is in line with plan. • Cash was also better than planned; we will be £2.8 million ahead of the plan which is mainly due to the on-going vacancy levels across the Trust.
2.5	<p>Membership and Engagement Report</p>
	<p>Mike Smith (MS) attended for this item and introduced the new Communications Manager, Alisha Nurse (AN).</p> <p>AN reported that there were no changes to the number of members as no active recruitment had taken place recently. A strategy is being worked on and engagement will be addressed following this.</p> <p>As well as a Communications Strategy, work is also being done on a Membership Newsletter; inviting Governors to the Patient and Public Involvement Forum; and planning for the Annual Members' Meeting in the autumn.</p> <p>MS advised that Fiona Dawber and Natalia Barry have been involved with the work on the Engagement Strategy. He went on to say that we carried out a data cleanse on our membership last year so we are confident it is accurate. The focus currently is to further improve communications and engagement with the current membership more so than to grow the membership significantly.</p> <p>Recent media stories have included one of our clinicians, Dr Jo Stubbley, being involved in a documentary on mental health awareness and a top ranking Twitter story involving Beyonce. We have also been involved in a new initiative called NCL Waiting Room which provides support for young people across North Central London while they are on the waiting list to access services.</p>

2.6	<p>Annual Report and Accounts Update</p>
	<p>The Annual Report and Accounts for 2022-23 are being worked on and good progress is being made. The Annual Members' Meeting is being planned for September or October. The Annual Report and Accounts will be circulated when they have been finalised.</p>
2.7	<p>Council of Governors Development Programme 2023/24</p>
	<p>SM put forward a proposal for an induction programme for the Governors which will enable them to fulfil their statutory responsibilities. This included:-</p> <ul style="list-style-type: none"> • An Information pack. • 1-1 meetings for Governors with the Director of Corporate Governance. • Statutory & mandatory training that all are required to complete. • NHS Providers' Core Skills Session. • Full day training session suggested for September. • Regular meetings for Governors with the Chair. <p>JL advised that the training is for all Governors, new and existing. JC commented that a full day of training may be difficult for some Governors to attend and asked that shorter sessions could be considered. SM will check with NHS Providers if shorter training sessions are available.</p> <p>Action: Governors Development Programme to be developed.</p>
3	<p>Reports from the Non-Executive Chairs of the Board Assurance Committees</p>
3.1	<p>Education and Training Committee Highlight Report</p>
	<p>DL introduced the report and noted that work had been done to strengthen the Committee.</p> <p>ER-S advised that staffing in Education and Training is now more stable which has had a positive impact on student engagement and support. Development of KPIs and an integrated quality system is continuing to ensure we have clear data. ER-S went over the key points that were detailed in the report. One risk has been identified that will be highlighted to the Board. This concerns the merger between NHS England and Health Education England which may impact on future contracts and the National Training Contract.</p> <p>Thanks were extended to DL for his chairing of the Committee. SJ will take over as Chair of the Education and Training Committee from the next meeting.</p>

	MR raised an issue about a course changing from part-time to full-time, ER-S advised that the reason may have been financial.
3.2	Audit Committee Highlight Report
	<p>DL and AM jointly chair the Audit Committee. The report was introduced and the following points highlighted:-</p> <ul style="list-style-type: none"> • Improvements have been made on audit control and risk management, however we need to be able to evidence these improvements. • Further investigation is needed into the number of Single Tender Waivers being used. We would want to see more procurement coming through the national Framework Agreements. • The current risk management system, the Quality Portal, is being replaced as it is not able to support the Patient Safety reporting that is now required. • A meeting is to be held on 21st June to approve the Annual Report and Accounts. This will be followed by a Board of Directors' meeting to approve the final accounts.
3.3	Quality Committee Highlight Report
	<p>CJ chairs the Quality Committee. She extended her thanks to JG who is coming to the end of her secondment from the ICS. JG has reformed processes and made good progress on the Quality Improvement Plan during her time at the Trust.</p> <p>CJ thanked Governors who attended the safeguarding session held recently.</p> <p>JG spoke to the report and highlighted the following points:-</p> <ul style="list-style-type: none"> • Work is continuing to clear the complaints backlog and to collate learning from complaints. We are looking at whether complaints and PALS can be linked. Training for staff investigating complaints is proposed. • Final CQC reports on the inspections for the Portman Clinic, Community CAMHS Services and Camden Adolescent Intensive Support Service have now been received. Reports were mostly positive and noted improvements to services. Positive feedback from staff was particularly noted. An Action Plan to address issues raised by the inspection is being put together. • CMcK held an event on suicide events reporting. The slides from this event will be circulated to Governors. <p>Action Point: Slides to be circulated to Governors</p>
3.4	People, Organisational Development, Equality, Inclusion and Diversity Highlight Report
	SS chairs the POD, EDI Committee. She spoke to the report and highlighted the following points:-

	<ul style="list-style-type: none"> We are making progress on becoming a great place to work, but there is still much work to be done. Issues that need to be addressed include training for Managers and the process for recording sickness absence. The HR Team is looking at strategic projects, e.g. an Apprenticeship Scheme. On Equality, Diversity and Inclusion a structure is being put in place to look at all aspect of this. We are planning to have a Diversity Representative on each recruitment panel. The Staff Networks are also being re-launched. Communications team have sent out articles to all staff about religious festivals and this has been very well received. <p>SP noted that staff seem to be positive about their own teams and so we need to build on this to help staff to feel more positive about the trust.</p>
3.5	Performance, Finance and Resources Committee Highlight Report
	<p>AM is the chair of the PFR Committee. The report was taken as read.</p> <p>SH spoke to the report. She advised that there is a focus on getting the basics right. The Integrated Quality and Performance Reports go to this Committee. We are working on understanding what the data from these reports is telling us about quality and performance.</p>
4	Statutory Duties and Responsibilities
4.1	To receive a recommendation from the Nominations Committee for the proposed extension to contract of a Non-Executive Director
	<p>The Council of Governors was asked to consider the proposal to extend Deborah Colson's term of office for six months. DC is involved in work on our future strategy which is continuing into 2024 so it would be beneficial to have her continued involvement.</p> <p>The proposal was agreed.</p>
5	Closing Business
5.1	Questions from the Public
	None received.
5.2	Any other Urgent Business
	None.
5.3	Issues to be escalated to the Board of Directors
	<p>Exit interviews for staff to be held.</p> <p>Governors requested confirmation of how many Board of Directors meetings they should attend. JL advised that Governors are not required to attend Board of Directors meetings, but they are welcome to observe and he suggested they may like to attend at least 2-3 times per year. This would help them in understanding the business of the trust and to also see how the Board's Executive and Non-executive directors work together.</p>

5.4	Review of Meeting
	JL noted that although some of the papers are very long the meeting did not feel too rushed. He advised that if any Governors have any questions on the papers they contact either him as Chair, DL in his capacity of Senior Independent Director or KE as Lead Governor.
5.5	Date of Next Meeting
	Thursday 14 th September 2023 Meeting timings and venue to be confirmed.
	The meeting closed at 5.30 pm

Draft

MEETING OF THE COUNCIL OF GOVERNORS (CoG) PART II – PUBLIC					
Thursday, 14 September 2023					
Report Title: Chief Executive’s Report				Agenda No.:008	
Report Author and Job Title:	Michael Holland, Chief Executive Officer	Lead Executive Director:	Michael Holland, Chief Executive Officer		
Appendices:	None				
Executive Summary:					
Action Required:	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:	This report provides a focused update on the Trust’s response to specific elements of its service delivery and subsequent future, and the evolving health and care landscape.				
Background:	The Chief Executive’s report aims to highlight developments that are of strategic relevance to the Trust and which the Board of Directors should be sighted on.				
Assessment:	This report covers the period since the meeting on 8 June 2023.				
Key recommendation(s):	The Council of Governors is asked to receive this report as ASSURANCE and progress update against leadership responsibilities within the CEO portfolio.				
Implications:					
Strategic Objectives:					
<input checked="" type="checkbox"/> Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	<input checked="" type="checkbox"/> Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration.	<input checked="" type="checkbox"/> Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	<input checked="" type="checkbox"/> Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	<input checked="" type="checkbox"/> Ensure we are well-led & effectively governed.	
Relevant CQC Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" 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"/>
	All BAF Risks.				
Legal and Regulatory Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific legal and/ or regulatory implications associated with this report.				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are resource implications associated with this report.				
	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	

Equality, Diversity and Inclusion (EDI) implications:	There are no equality, diversity and inclusion implications associated with this report.			
Freedom of Information (FOI) status:	<input type="checkbox"/> This report is disclosable under the FOI Act.	<input checked="" 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

Chief Executive's Report - 27 July 2023 Public Board

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 the 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, and our new executive colleagues have commenced or will be commencing on the dates previously advised.
- 3.2. The interviews and stakeholder panels for the Chief Education and Training Officer were held in June. Unfortunately, there was no successful appointment. We are currently

reviewing the job description and remit of the role and will work with a framework head-hunter to progress a new recruitment intervention.

NHS Staff Survey 2022 / Staff Engagement

- 3.3. The CPO and HR Business Partners have presented all team level staff survey results to department leads, 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. We will be consolidating the actions, and communicating these around the trust shortly along with the positive things we have already put in place.
- 3.4. Throughout the summer, the people team with the communications team will be asking groups of staff, patients, service users and students to work with us to reshape our values. We want to ensure our actions and decisions are guided by the common values we have chosen together as a Trust. The sessions held so far have been positive and participants have been energised by the discussions.
- 3.5. The various staff networks have now elected their new chairs and co-chairs and these have been communicated to the trust.

Industrial Action Update

- 3.6 In my last report I had indicated that the Royal College of Nursing (RCN) had sought to achieve a country-wide mandate covering all organisations (similar to current BMA action). The ballot was unsuccessful and currently no further RCN action is planned.
- 3.7 Since my last CEO report to Board, the British Medical Association (BMA) announced a period of continuous strike action for consultants on 20 and 21 July.
- 3.8 Further provisional strike dates have now been announced by the BMA on 24 and 25 August for its consultant members.
- 3.9 We support the right of any of our staff to take strike action and we will ensure our services are safe during this period.

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. The external audit process has yet to be completed and is expected now to be completed 31 July 2023.
- 4.2 The reported position at Month 03 against the agreed financial plan in 2023/24 is a deficit of £889k. This is an adverse variance of £96k against the planned deficit of £793k for the period. This is due to in the main excess agency costs associated with GIDS and some one off premises costs impacting on spend in Month 03. The Trust is still forecasting that the year-end reported position will be on plan, i.e. a deficit of £2.5m.
- 4.3 The process of implementing post strategic review (SR) structures in Employee Service Record (ESR) has been completed. This will be reconciled with the base budgets that Finance have produced, based on queries and feedback from the service. This will then form a key part in enabling financial accountability at service line / team level.
- 4.4 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

- 4.5 To support an organisational reset, stabilisation and quality improvement drive, planning is underway to deliver a new 3-year strategic plan. Key dates for consideration of this plan are a 27 July Board Seminar where the content and delivery framework for the plan will be considered, followed by 15 November Board where the plan will be presented for consideration and sign-off. This will deliver a new three-year Strategy that builds on best of the 100-year history of The Tavistock and Portman to secure a shared Local, Regional, National and International Trust vision with supporting delivery plan.
- 4.6 To support delivery of the Strategy we will focus on Five Pillars which will be discussed with service users, carers, students and partners between August to October 2023, before coming back to Board on 11 November, with a detailed action plan for consideration:



5. Partnerships (Within the North Central London ICS, Regionally and Nationally)

System Oversight Arrangements

- 5.1 On 30 June we met with NHS England and North Central London Integrated Care System (ICS) colleagues in our System Oversight Board to update on progress with our delivery of actions to improve the organisation across several areas, including the development of options to deliver a sustainable future.
- 5.2 Further to this, on 6 July we met with ICS colleagues in our System Oversight Improvement & Performance Group to discuss specific areas of performance within our improvement plan. We received positive feedback on our new Integrated Quality and Performance meetings working to improve waiting times and work of the Quality Committee in overseeing improvements in our handling of complaints. The following areas were covered:
 - Finance
 - Service Performance
 - Care Quality

- Leadership and Governance

6. Well-led and Effective Governance

- 6.1 Preparation for the Well-Led inspection will be led by the Chief Nursing Officer with a designated person to be recruited to provide interim support.

National and Political Context

7. Tackling the NHS productivity challenge

- 7.1 NHS Providers published 'Stretched to the Limit: Tackling the NHS Productivity Challenge' a report exploring the main barriers trusts face as they seek to recover performance and productivity, and what trusts are doing on their own and with system partners to improve patient flow, reduce costs, deliver operational efficiencies and improve productivity.

8. NHS England guide to improving patient safety culture

- 8.1 NHS England published 'Improving Patient Safety Culture: A Practical Guide' in partnership with the Academic Health Science Network. The guide brings together existing approaches to shifting safety culture and is intended to be a resource to support teams to understand their safety culture and how to approach improving it.

9. NHS Long Term Workforce Plan

- 9.1 NHS England published the NHS Long Term Workforce Plan on 30th June. The plan includes modelling of NHS workforce demand and supply over a 15-year period which shows that without immediate and focused action, the NHS will face a workforce gap of more than 260,000 – 360,000 staff by 2036/37. The plan sets out the case for change and a long-term strategic direction for the NHS workforce, as well as actions to be taken locally, regionally and nationally in the short-to medium term to address current workforce challenges. These actions are grouped into three priority areas: train, retain, and reform.

10. Government announces investigation into mental health inpatient safety

- 10.1 Health Secretary Steve Barclay has announced a national investigation into the safety of mental health inpatient services. The Department of Health and Social Care (DHSC) has asked the Healthcare Safety Investigation Branch (HSIB) to deliver the investigation, which will start in October when HSIB acquires new powers under the Health and Care Act 2022.

11. Rapid review of mental health inpatient services publishes findings

- 11.1 The Government has published the findings and recommendations of a rapid review into the current use of data linked to mental health inpatient pathways. The review, led by Dr Geraldine Strathdee, was commissioned by ministers in response to concerns that the data and information required to support early identification of risks to patient safety in mental health inpatient settings and prevent safety incidents was not available, undermining efforts to improve care and keep patients safe. The review looked at the use of quantitative data and qualitative evidence from patients and families, and how this is collected, processed and used to identify and mitigate risks to patient safety.

12. The NHS in England at 75

- 12.1 Priorities for the future Ahead of the NHS's 75th anniversary, NHS England commissioned

this report from the NHS Assembly (which is hosted by NHSE but independent) looking back at where the service has come from, where it is today, and how it needs to change to meet future needs. The report sets out the need for three big shifts to ensure the NHS responds to the continuing increase in chronic ill-health and frailty, the need for people to have greater involvement in their own health and wellbeing, and opportunities linked to technology, data, and modernising care. The three big shifts are:

- Preventing ill-health
- Personalisation and participation
- Coordinated care, closer to home

Strengthening the conditions for locally-led innovation and renewing the mutual relationship of support and engagement between the NHS and the public will be key to the delivery of these shifts.

THE COUNCIL OF GOVERNORS (CoG) PART II – PUBLIC – Thursday, 14 September 2023			
Report Title: Finance Report - As at 31st July 23 (Reporting Month 04)		Agenda No. 009	
Report Author and Job Title:	Udey Chowdhury, Deputy Chief Finance Officer	Lead Executive Director:	Peter O'Neill, Interim CFO
Appendices:	Appendix 1 – ICS Month 04 Financial Summary		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	<p>The report provides the Month 04 (cumulative position to July 23) Finance Report.</p> <p>Income & Expenditure The Trust incurred a net deficit of £1,200k in the period, against a planned deficit of £1,083k, an adverse variance of £117k. This is a small deterioration from the previous month's negative variance of £96k against plan. The Trust is however still performing relatively better than most Trusts in the ICB. A summary of the ICS position being shown in Appendix 1.</p> <p>Capital Expenditure To date capital spend totals £564k. At this point no known risks of slippage have been identified, with the anticipated expenditure at the year being on plan at £2.2m.</p> <p>Cash The cash balance at the end of the period is £7.0m against the planned M04 figure of 11.3m. The negative variance reflects the impact of the deficit and a continued higher than planned income receivables figure from NHS sources. It is anticipated that this position will move closer to plan in the coming months.</p>		
Background:	The Trust has a plan for a revenue deficit for 2023/24 of £2.5m, with Capital Expenditure of £2.2m and a year-end cash position of £3.1m.		
Assessment:	<p>Income and Expenditure The Trusts planned deficit of £2.5m requires the delivery of a £3m efficiency to achieve this. This is to be delivered by £2m of non-recurrent income and identified non-pay schemes of £1m. The Trust will in addition establish a process for planning and delivering recurrent efficiency opportunities to run alongside the current non-recurrent program to support the financial performance in future periods as part of the development of medium-term financial plans designed to get the Trust back into a balanced financial position. The deficit plan for 23.24 assumes that the potential financial impacts of GIDS decommissioning fall into the next financial year. However, this will be monitored throughout the year with any risks and mitigations being brought into 23.24 as appropriate.</p> <p>Capital Expenditure The agreed capital spend for the year is £2.2m, is a reduction from the previous year of £0.9m and will require robust management to ensure the Trust stays within plan.</p> <p>Cash The agreed plan includes a reduction in cash over the year to an outturn of £3.1m, which reflects the expected deficit position.</p>		

Key recommendation(s):	The Council is asked to NOTE the position outlined in 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 organizational 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 checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	<p>BAF 8: Delivering Financial Sustainability Targets. A failure to deliver a medium / long term financial plan that includes the delivery of a recurrent efficiency program bringing the Trust into a balanced position in future periods. This may lead to enhanced ICB/NHSE scrutiny, additional control measures and restrictions on autonomy to act.</p> <p>BAF 10: Suitable Income Streams The result of changes in the commissioning environment, and not achieving contracted activity levels could put some baseline income at risk, impacting on financial sustainability. This could also prevent the Trust establishing sustainable new income streams and adapt the current Trust service configuration.</p>				
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
	It is a requirement that the Trust submits an annual Plan to the ICS, and monitors and manages progress against it.				
Resource Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	There are no resource implications associated with this report.				
Diversity, Equality and Inclusion (DEI) implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	There are no DEI 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 type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input checked="" type="checkbox"/> Not applicable: No assurance is required

M4 Financial Position - Overview



M4 Financial Position Overview - Revenue

Year to date

- NCL ICS is reporting a YTD deficit of £59.2m at M4 which is worse than plan by £14.9m.
- The YTD reported bottom-line for providers is a £65.5m deficit representing an adverse variance of £17.7m against the YTD plan at M4.
- The ICB ended M3 with a surplus of £3.6m which is line with plan.
- A system offset of £2.9m was posted to neutralise any variance in relation to ERF at M4. This is explored further on slide 4.
- The M4 YTD position if extrapolated (straight line) would give a £177.6m deficit for 23/24. For reference, the M4 position in 22/23, when extrapolated on the same basis, resulted in a £116m deficit for 22/23. N.B. – The £40.9m ICB surplus extrapolation in 22/23 is driven by the CCG posting a closedown surplus position at Q1.

Forecast outturn

- The NCL system FOT remains in line with plan at M4.

Organisation	M4 Year to date			M4 Forecast Outturn			Straightline Run Rate	
	YTD Plan (17th May submission)	YTD Actual	YTD Variance	Annual Plan (17th May submission)	Forecast Outturn	FOT Variance	23/24 M4 Straightline Run Rate	22/23 M4 Straightline Run rate
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
BEH	337	(903)	(1,240)	1,003	1,032	29	(2,708)	1,899
C&I	404	(122)	(526)	673	673	-	(366)	708
GOSH	(2,487)	(5,942)	(3,455)	620	620	-	(17,826)	(39,483)
MEH	(2,897)	(1,093)	1,804	3,400	3,400	-	(3,279)	(8,028)
NMUH	(1,399)	(3,160)	(1,761)	1,143	1,143	-	(9,480)	(10,485)
RFL	(20,395)	(24,965)	(4,570)	(36,994)	(36,994)	0	(74,895)	(82,172)
RNOH	(7,598)	(7,508)	90	41	41	-	(22,524)	4,944
T&P	(1,083)	(1,184)	(101)	(2,517)	(2,517)	-	(3,552)	(3,615)
UCLH	(4,246)	(10,222)	(5,976)	20,010	20,010	-	(30,666)	(6,388)
WHIT	(8,505)	(10,432)	(1,927)	2,000	2,000	(0)	(31,296)	(14,961)
Trust Total	(47,869)	(65,531)	(17,662)	(10,621)	(10,592)	29	(196,592)	(157,581)
NCL ICB	3,560	3,560	-	10,622	10,622	-	10,680	40,896
System ERF Offset	-	2,784	2,784	-	-	-	8,352	
System Total	(44,309)	(59,187)	(14,878)	1	30	29	(177,560)	(116,685)

MEETING OF THE COUNCIL OF GOVERNORS (CoG) PART II – PUBLIC					
Thursday, 14 September 2023					
Report Title: Membership engagement report				Agenda No.: 010	
Report Author and Job Title:	Mike Smith, Head of Comms and Engagement	Lead Executive Director:	Jane Meggitt, Interim Director of Communications and Marketing		
Appendices:	N/A				
Executive Summary:					
Action Required:	Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:	We continue to inform our membership about activity at the Trust, and invite them to engage with our project to refresh our vision, values and mission.				
Background:	Our Foundation Trust membership is a key stakeholder group, which votes to elect our Council of Governors and changes to our Constitution. To fulfil that role, members need ongoing information about the activities of the Trust.				
Assessment:	Engagement with the membership is regular but limited in scope. The establishment of a membership engagement working group that includes Governors will allow Governors to guide and augment this work.				
Key recommendation(s):	The Council of Governors is asked to note this report and support the formation of a working group around engagement with the membership				
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 checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	Risk Ref and Title: 16 Reputational Management & Stakeholder Engagement <i>A failure to demonstrate and effectively communicate strong regulatory performance to the public and engage key stakeholders in Trust development plans, will result in a sustained loss of public confidence and long-term reputational damage to the Trust.</i>				
	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	

Legal and Regulatory Implications:	There are no legal and/ or regulatory implications associated with this report.			
Resource Implications:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	There are resource implications associated with this report.			
Equality, Diversity and Inclusion (EDI) implications:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
	There are no equality, diversity and inclusion 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:	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 checked="" 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

Report Title: Membership engagement report

1. Purpose of the report

- 1.1. To update the Council of Governors on engagement with our Foundation Trust Membership since the last Council meeting.

2. Background

- 2.1. Our Foundation Trust membership is one of our key groups of stakeholders. They vote to elect our Council of Governors, and on changes to our Constitution at our Annual Members Meeting. To fulfil that role, members need ongoing information about the activities of the Trust. We have previously shared a draft membership engagement strategy with the Council that recommends a working group for member engagement that has Governor input.

3. Membership numbers

- 3.1. There are currently 3,753 records in our members database, in the following constituencies:
Camden: 396
Rest of London: 1,741
Rest of UK: 1,615
- 3.2. However, after sending the most recent Members Newsletter, our reporting shows 811 of these records have an 'invalid' email address. An example of an invalid record is where someone has registered with a Tavistock and Portman address, and then left the Trust.
- 3.3. The 2942 members with valid email addresses fall into the following constituencies:
Camden: 330
Rest of London: 1,222
Rest of UK: 1,390

4. Membership newsletter

- 4.1. We sent the most recent Members Newsletter to our Membership list on 1 September 2023.
- 4.2. The newsletter featured 14 stories from across the Trust, including an intro to our new Executive Leadership Team, an invitation to complete our Vision, Mission and Values online survey, news that we have now been accredited as Veteran Aware, and our celebrations on the 75th birthday of the NHS.
- 4.3. Data on usage:
- Emails delivered: 2,385
 - Open rate: 35.43%
 - 'Click to open' rate: 9.70%
4. The most popular content was:
- Meet our new Executive Leadership Team: 28 link clicks
 - NHS 75 Isca Wittenberg interview: 24 link clicks
 - Congratulations to our 2023 graduates: 17 link clicks
 - Nsimire Bisimwa on Refugee Week: 12 link clicks
 - New Creative Art Therapy for children: 8 link clicks

5. Annual Members' Meeting

- 5.1. The draft date for this will be Wednesday 11 October, 5.30 to 7.30pm. The agenda is still to be confirmed. Members will be sent a save-the-date once the date is confirmed, and a further invitation once the agenda is finalised.

6. Conclusion

- 6.1. The Council is asked to approve the formation of a Membership Engagement working group with Governor representation to ensure that we involve our membership on a regular basis.

Meeting of the Council of Governors on 14 th September 2023				
Report Title: Draft Strategy			Agenda No: 011	
Report Author and Job Title:	Rod Booth, Director of Strategy	Lead Executive Director:	Michael Holland, Chief Executive	
Appendices:	Appendix 1: Draft Strategy Content			
Executive Summary:				
Action Required:	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>			
Situation:	To support an organisational reset, stabilisation and quality improvement drive, planning is underway to deliver a new 3-year strategic plan. Work underway will deliver a new Strategy that builds on best of the 100-year history of the Tavistock and Portman and secures a shared service user, carer, student, staff and system partner vision with supporting delivery plan.			
Background:	This is our emerging strategic plan to deliver care improvement and create a culture where staff and students from all our diverse communities thrive. With our unique local, regional, national and international offer, this strategy development will ensure we remain relevant and innovative with our education, training and care offer across newly formed Integrated Care Systems and Regional approaches to partnership. Board considered and were supportive of the draft content in July 2023, noting the document will iterate over the next 2 months taking into account feedback from stakeholders.			
Assessment:	<p>The proposed approach in Appendix one will enable us to:</p> <ol style="list-style-type: none"> 1. Provide outstanding patient care. 2. Enhance our reputation and grow as a leading local, regional, national and international provider of training and education. 3. Develop partnerships to improve population health and build on our reputation for innovation and research in this area. 4. Develop a culture where everyone thrives with a focus on equality, diversity and inclusion. 5. Improve value, productivity, financial and environmental sustainability. 			
Key recommendation(s):	The Council of Governors is asked to (1) consider draft content for our strategic approach as set out in Appendix 1; and (2) note that strategy content will be developed over the next 8 weeks before consideration by Board at its meeting on 11 th November 2023.			
Implications:				
Strategic Objectives:				
<input checked="" type="checkbox"/> Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	<input checked="" type="checkbox"/> Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration.	<input checked="" type="checkbox"/> Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	<input checked="" type="checkbox"/> Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	<input checked="" type="checkbox"/> Ensure we are well-led & effectively governed.

Relevant CQC Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input checked="" type="checkbox"/>		ORR <input checked="" type="checkbox"/>
	Risk Ref and Title: The Strategy will impact in supporting the mitigation of all current risks as it will set out the direction of travel for service improvement, financial sustainability, student and staff wellbeing over the next three years.				
Legal and Regulatory Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
Resource Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	To deliver the Strategy we will need to think differently about how we use existing resources to deliver care improvements whilst also seeking to deliver new income via our Training and Education offer.				
Diversity, Equality and Inclusion (DEI) implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	DEI considerations are a key pillar of our strategy to ensure we are an organisation that offers equity of access to care and career opportunities.				
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.	
Assurance:					
Assurance Route - Previously Considered by:	Board in July 2023				
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input checked="" 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	

Why now?

- **The time is right for a conversation with our service users, carers, staff and partners about how we all plan together in delivering outstanding services and a sustainable future for the Tavistock and Portman NHS Foundation Trust.** This shared conversation will support delivery of a three-year strategy that focuses on improving our services to patients, supporting and developing our staff, continuing our excellent work in research and education, and ensuring financial sustainability. Development of this Strategy is our opportunity to **think differently and be bold and radical in our thinking about how we can all contribute** to the next 3 years of the 100-year-old Tavistock and Portman journey to deliver innovation in care, education and research.
- We know service user and student needs are changing along with the way people want to be engaged with and cared for and **we will use the next 8 weeks to speak with service users, students, staff and partners to help us understand their views on what we should focus on** and share our initial thinking based on recent conversations and included in this document.
- Locally we have a new North Central London Integrated Care System with a **shared ambition of all partners to work in collaboration with residents of all ages in so they can receive the best care possible.** We are in an excellent position to support this ambition with our historic focus on the prevention and promotion of mental health and wellbeing across the whole population.
- We are proud of our work across North Central London and want to use this Strategy as **a driver to strengthen our relationship with local partners including Camden Council, Health Watch, University College London and other local mental health providers.** Recognising that nearly half of all people with diagnosed mental illness also have at least one, and often more, long-term physical conditions we will build strong partnerships with acute Trust and Primary Care colleagues. All the work we do with our partners will have an **unrelenting focus on care improvement, service user and student experience at its core.**

Trust Background

The Tavistock and Portman has been at the **forefront of exploring mental health and wellbeing since the Tavistock Clinic saw its first patient, a child, on 27 September in 1920**. Our history informs our mission and our values - we work to pioneer the development and delivery of effective clinical interventions, and to be a national and international centre of excellence for training and education. Whilst the Tavistock and Portman is geographically located within the North Central London Integrated Care System, **our services span nationally within the NHS and across education, research, school and consultancy sectors**.

Mental health services have gone through a radical transformation over the past 100 years – perhaps more so than any other part of the health system. A model of acute and long-term care based on large institutions has been replaced by one in which most **care is being provided in community settings by multidisciplinary mental health teams**. These teams support most people in their own homes, and elsewhere in the community (including schools) but have access to specialist hospital units for acute admissions and smaller residential units for those requiring long-term care.

The Tavistock and Portman has played a part in these changes, particularly in applying its innovations to teamwork, clinical and experiential training, liaison with other agencies and its own organisation. The Trust treats people across their lifespan and has expanded the understanding of mental health with its developmental approach. This has led to work with an ever-increasing range of professional groups. The Tavistock and Portman has provided a century of original and innovative thought on human development and how to support those that need help.

Our **creative and skilled staff** continue to build on these approaches, welcoming new ideas and developing innovative interventions, services and models of care which respond to contemporary challenges. Our goal is that more people should have the opportunity to benefit from our approach. **We seek to spread our thinking and practice through devising and delivering high quality clinical services**, the provision of training and education, research, organisational consulting and **influencing public debate**.



The Tavistock and Portman
NHS Foundation Trust

in numbers

We saw our first service
user, a young person, in

1920



839
staff

We
have **38** services



1 school

18 school
students

5,770 
service users



Rated 'Good' by the
Care Quality Commission

182



Education and Training
Courses

(including being accredited for awarding
graduate, masters and doctoral level courses)

5,449 students

Leading on 14 research studies

Collaborating with
research partners

11



Income of **£67.2m**

Mission

To make a positive difference in people's lives.

Vision

We will deliver internationally renowned, high-quality training and education underpinned by outstanding and innovative research, specialist clinical and partnership led community-based services for the populations we serve.

Values

We care:

Everyone is entitled to the highest quality training, education and care.

We respect:

Everyone should be treated with kindness and respect.

We are inclusive: we empower and collaborate

Everyone should have access to our services when they need them,

We Improve

We actively seek suggestions from all on how we can improve.

NB: these are best practice examples and aligned with NHSE and NCL partner approaches - we have commenced a 6-week stakeholder engagement initiative to agree our Mission, Vision and Values.

Our Five Strategic Pillars (Draft)

1:

Providing outstanding patient care

2:

To enhance our reputation and grow as a leading local, regional, national & international provider of training & education

3.

Developing partnerships to improve population health and building on our reputation for innovation and research in this area

4.

Developing a culture where everyone thrives with a focus on equality, diversity and inclusion

5.

Improving value, productivity, financial and environmental sustainability

Enablers:

Leadership and Governance / Estates / Digital / Commercial Innovation / Service User, Carer and Student Feedback (via Patient and Public Involvement)

Providing outstanding patient care

- We will improve the quality of our children, young person and adult services as both a local and specialist provider by rigorously focusing on safety, clinical outcomes, equity and patient experience.
- We will deliver a core offer with timely access and reduce waiting times for appointments to deliver national performance targets for all age mental health services.
- We will continue roll out and development of the THRIVE Framework to provide a set of principles for creating coherent and resource-efficient communities of mental health and wellbeing support for children, young people and families.
- In line with NCL ICS planning we will further develop our approach to integrated delivery in Borough Partnerships by creating the context and conditions for success and support building our local integrated teams.
- By using data and renewing our focus on public and patient involvement, we will address inequalities in experience, access and outcomes in our services.
- We will empower staff, service users and carers with digital tools to deliver direct and improved access, with shared access to care records and roll out of a digital waiting room to support the needs of young people, parents and carers across North Central London.
- We will listen to and learn from complaints and embed lessons learned into our staff training.
- We will adopt a zero-suicide ambition and approach and work with partners across our local, regional and national systems to reduce preventable deaths.

To enhance our reputation and grow as a leading local, regional, national & international provider of training & education:

- We will place the student experience at the heart of everything we do, widen access and relevance of our courses and deliver transformative learning that provides personalised learning and flexibility for students.
- We will attract a diverse range of students from across the country and globe and create communities by linking prospective, current and former students.
- We will deliver targeted growth across health, allied and commercial sectors, forging new partnerships across and beyond the NHS and the UK.
- We will provide impactful, high-quality education and training to support the emerging needs of a contemporary workforce, teaching in a way that is, experiential, socially engaged, embeds critical thinking and promotes curiosity and inquiry.
- We will develop an approach to education and learning that is informed by the perspectives of people with lived experience of mental health and social care.
- We will develop new links with employers across health, education and commercial sectors to develop pathways into employment for our students.

Developing partnerships to improve population health and building on our reputation for innovation and research in this area:

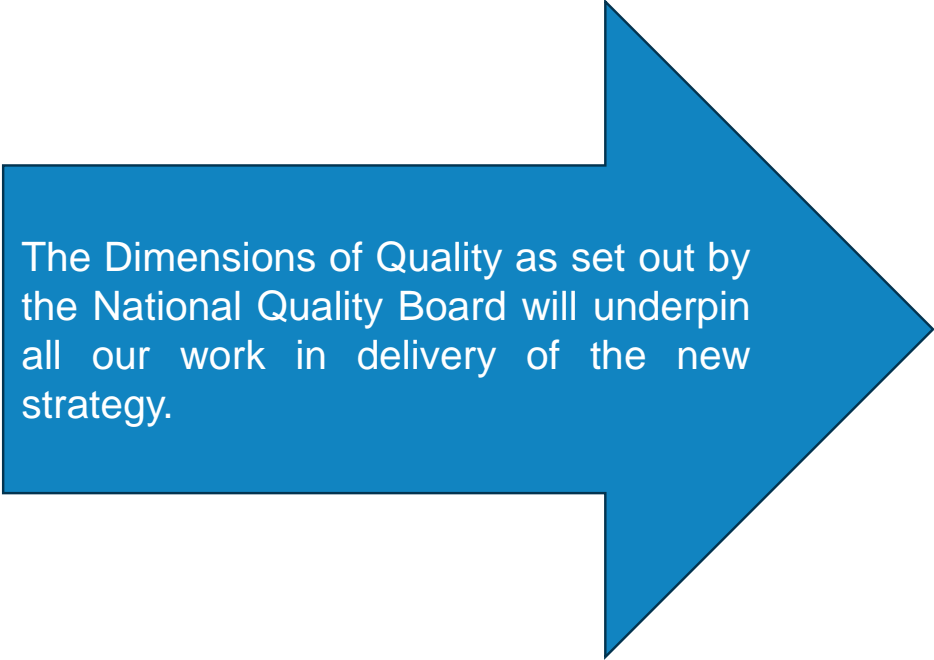
- We will continue to build on our proud history of the Tavistock and Portman as a ‘**Thought Leader**’ at the forefront of contemporary and societal discussions exploring mental health and wellbeing. We will deliver on output from these discussions by continuing to pioneer the development and delivery of effective interventions to improve care for local communities, and by strengthening our position as a national and international centre of excellence for training and education.
- We will deliver research innovation in psychological and developmental approaches to mental health across psychological therapies, infancy and early years, child and family mental health and educational psychology, whilst developing a portfolio of research in a number of additional areas including forensic mental health, patient experience, clinical innovation and child maltreatment.
- We will deliver equity in access to our services and work in Camden, North Central London, Regionally and beyond to improve population health. This will be achieved in partnership with our residents, neighbouring and national health and care providers, using data to target and improve health inequalities.

Developing a culture where everyone thrives with a focus on equality, diversity and inclusion:

- We will create an inclusive and compassionate culture where all staff, students and patients have a sense of belonging
- We will address and eradicate inequalities and differentials in experience
- We will increase the diversity of our workforce and develop career progression opportunities for BME staff
- We will strengthen and develop our staff networks, creating allyship and communities of action
- We will embed responsibility for Equality, Diversity and Inclusion at all levels of the organisation
- We will develop an accountability framework across the Tavistock and Portman: (1) Reporting; (2) Action; (3) Composition; and (4) Education

Improving value, productivity, financial and environmental sustainability

- We will be a financially sustainable organisation, focussing on clinical and operational productivity and efficiency across our services to deliver the best value for our patients and the taxpayer.
- We will support system-wide financial sustainability within North Central London by working in partnership with other providers to support efficiency and value for money. Nationally, we will work with health and care partners to support our role in providing specialist care to patients from across the UK.
- We will innovate to deliver value for money from our resources and everyone's time by removing obstacles that delay or hold things up, and adopting systems and processes to make things more efficient, effective and transparent for everyone in how resources are allocated.
- We will diversify our income base and maximise alternative funding routes via the development of our training, education and consultancy services.
- We will invest in leadership capabilities and behaviours at all levels, including in staff groups whom we know are under-represented, that will drive a culture of continuous improvement.
- We will deliver a green strategy with a clear road map for achieving a net zero carbon footprint by 2040. Our carbon reduction initiatives will focus on clinical care, education and training, hospital buildings and transport, suppliers and products used, and education and engagement.



The Dimensions of Quality as set out by the National Quality Board will underpin all our work in delivery of the new strategy.

In delivering this Strategy, we also recognise that quality improvement is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement.

People working in systems deliver care that is:

Safe Delivering care in a way that minimises things going wrong and maximises things going right.

Effective Providing services that are informed by consistent and up-to-date high-quality training, guidelines and evidence.

Caring Delivering care with compassion, dignity and mutual respect.

Responsive and personalised Ensuring services are shaped by what matters to people, and empowering people to make informed decisions and design their own care.

Health care organisations and systems are:

Well-led Driven by collective and compassionate leadership, underpinned by a shared vision, values and learning, a just and inclusive culture and proportionate governance.

Sustainably-resourced Focused on delivering optimum outcomes within available finances, and reducing the negative impact on public health and the environment.

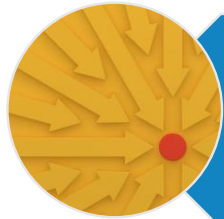
Equitable Committed to understanding and reducing variation and inequalities and ensuring that everybody has access to high-quality care and outcomes.

- We will continue to work with our staff, service users, carers, families, partners and the communities we serve as we finalise the Strategy between now and end of October 2023.
- We know that turning our ambitions into reality will mean changes for how we currently operate. This will mean taking a new approach that allows us to focus on delivering all five ambitions and having permission to stop any activity that doesn't contribute to this journey.
- We will in tandem review our governance arrangements to support monitoring our progress on meeting the ambitions in our Strategy. Our new Integrated Quality and Performance Report will be the tool we use to track delivery and performance from 'floor to Board' with everyone using the same data and narrative to inform our 3-year improvement journey.
- Over the course of the three-years, we will focus only on our five ambition areas. This will help us to achieve much more than we could have otherwise, because our resources will no longer be spread too thinly. We will achieve this through:
 - ✓ Creating a new operating model that will apply from floor to Board
 - ✓ Investing extensively in developing the skills of our staff and managers
 - ✓ Doing away with old-fashioned or cumbersome processes
 - ✓ Giving staff the power to make positive changes at a local level through quality improvement.



Organisational Priorities

To understand how each of our Directorates contributes to achieving the 5 organisational strategic ambitions



Directorate Annual Goals (with targets)

To agree the local improvement priorities each Directorate needs to focus on achieving



Agreement on Directorate Delivery Plan for the year

The Directorate and the Executive Team to mutually agree these objective via a shared conversation, as well as the projects to achieve them

Strategic Pillar	Top 3 Quantitative Targets <i>(draft – subject to final target setting with each Directorate)</i>
Providing outstanding patient care.	<ol style="list-style-type: none"> 1. No service user waiting longer than 18 weeks for access to treatment 2. Top quartile performance in service user satisfaction / experience scores 3. Full implementation of the Patient Safety Incident Response Framework
To enhance our reputation and grow as a leading local, regional, national and international provider of training and education.	<ol style="list-style-type: none"> 1. To grow our international student intake by 15% annually 2. To have in place an income generating international partnership with China (or another international partners) that supports innovation and care improvement on a global scale 3. To be delivering Leadership Training to a minimum of 2 external organisations annually
Developing partnerships to improve population health and building on our reputation for innovation and research in this area.	<ol style="list-style-type: none"> 1. To have established a Prevention Centre for Children and Young Persons Mental Health supporting service users, carers and families in Camden and beyond 2. To have hosted an annual Regional 'Thought Leadership' conference each year of the strategy (2023-2026) to consider how best to meet the mental health and wellbeing needs of Londoners 3. Expansion of research capability for the Trust to maintain its national and international reputation for research and innovation linked to an increase (TBC) of research projects
Developing a culture where everyone thrives with a focus on equality, diversity and inclusion.	<ol style="list-style-type: none"> 1. To improve our EDI score from 7.2 (lowest scoring category) to a median score by end March 2025 2. Improvement in workforce diversity of 5% year on year to mirror our local population, including clinical cohort, senior leadership and Board 3. Reduction of bullying, harassment and abuse by 5% per annum
Improving value, productivity, financial and environmental sustainability.	<ol style="list-style-type: none"> 1. To have a financially balanced plan for each year of the strategy and medium-term financial strategy in place 2. To have enhanced budgetary controls in place via IQPR and monthly reconciliation of activity, finance and workforce 3. To have a green plan in place with a clear roadmap to deliver net zero carbon emissions by 2040

CHAIR'S ASSURANCE REPORT MEETING OF THE EDUCATION AND TRAINING COMMITTEE HIGHLIGHT REPORT TO THE COUNCIL OF GOVERNORS (CoG) PART II – PUBLIC Thursday, 14 September 2023					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Education and Training Committee	20 July 2023	Sal Jarvis, 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: 012		
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		
1. CETO/Dean's Report: <ul style="list-style-type: none"> Recruitment to new staffing structures is complete, though there are a few vacancies due to resignations. The Trust also lost a long-standing member of faculty, Andrew Cooper, who died following a period of illness, and the Trust is looking to organise an event to remember his work and contribution. The Directorate has held a number of staff engagement events which have had a positive impact on staff morale. The PowerBI data reporting platform has been developed to improve the way in which we are able to report on activities across the directorate. We continue to prepare for performance reporting and are making good progress to prepare for HESA Data Futures. The annual Graduation Ceremony was held on 23rd June which saw 102 graduates attend and honorary doctorates for Dilys Daws and Frank Lowe. Student experience of academic quality has been poorly impacted by the movement of staff and delays in recruitment of new staff following the outcome of the strategic review. New staffing means that this can now be more positively addressed. 			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
2. Interprofessional Portfolio Performance Update: <ul style="list-style-type: none"> The portfolio is very diverse and has strengths that we can build on, particularly a bespoke offer in social care, strengthening our leadership offer and exploiting/expanding on our international offer. Work has been impacted by many changes within the staff team. OXLEAS have been identified as one of the top 5 mental health Trusts. It has been noted that we contributed to this success through our delivery of our leadership and practice supervisor's development programme. We intend to roll out this programme across the sector. 			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		

<ul style="list-style-type: none"> • Work is underway to develop a modular course. • Recruitment to the non-qualifying doctoral programme has been challenging and the portfolio are looking for ways to address this, though it is an issue across the sector. • The Committee highlighted three issues within the portfolio: uncertainty about staffing, the need for a clear strategy, and the need to know what is going well (capability and capacity) and what can be developed and built upon. 	
<p>3. Student Recruitment Status Report:</p> <ul style="list-style-type: none"> • At the time of meeting, the number of offers and accepted offers was down in comparison to last year, partly due to closing dates for courses. Efforts have been made to streamline applications across the summer making more use of deadlines. • There are a high number of incomplete applications this year and the Admissions team are proactively contacting individuals. • Deferrals are roughly equivalent to last year. The projected figure for enrolment takes into account the predicted number of deferrals. • There has been a significant increase in the number of international admissions, and there is need to stretch these targets going forward. • Figures as at 1st September are: <ul style="list-style-type: none"> ○ 1062 applications as compared to 1066 last year (-0.38%) ○ 714 offers made as compared to 726 last year (-1.65%) ○ 1235 incomplete applications as compared to 1077 last year ○ We have 41 international students for 2023/24 (25 new and 16 continuing). This is a significant increase from 2022 (24 total) and 2021 (25 total). Approximately 1/3 are from China and approximately 1/4 from India. We also have applications from Nigeria and Iran. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>4. Marketing Report:</p> <ul style="list-style-type: none"> • The Marketing team are developing a full strategy to come to the November meeting. There should be a shift in strategy in terms of developing a more proactive style of horizon scanning and networking, to give us intelligence to reach sectors and also develop to meet demand that might be out there. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
<p>5. Annual Student Complaints Action Plan Progress Report:</p> <ul style="list-style-type: none"> • The Committee received an overview of actions and recommendations following investigations into complaints from 2018-2023. • Many of the ongoing actions have been impacted by changes in staffing, and vacancies, and there has been more progress in taking these forward as new structures settle. • There is ongoing work to review all standard operating procedures across the department as well as a Customer Relationship Management project which it is hoped will improve communication and process. • There is a need to triangulate complaints data with the annual student survey data, as well as to explore EDI data in more depth (this is considered in the annual report on student cases). 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>6. Annual Student Survey 2022-23 Progress Update:</p> <ul style="list-style-type: none"> • The completion rate for the annual student survey has risen to 39%, and overall satisfaction has increased to 81%. • Work is underway to analyse the data to understand the scores and develop an action plan to address areas for enhancement. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>

<ul style="list-style-type: none"> Course teams have received course specific data in order to consider and implement any enhancements/improvements before the start of the new academic year. We are exploring the introduction of a mid-year survey which may support being able to take remedial action to ensure we are constantly improving/enhancing our education and training provision. 	
<p>7. Education and Training Budget:</p> <ul style="list-style-type: none"> Pressures on the finance team in trying to finalise budgets at the same time as an external audit have led to delays in having a full picture of the education and training budget. This has been added to the forward planner for more detailed discussion at the next meeting. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
<p>8. Workforce Innovation Unit Update:</p> <ul style="list-style-type: none"> The work of the National Workforce Skills Development Unit is continuing well but progress for negotiating with NHS England is very slow due to their organisational changes. Tavistock Consulting is tracking below target. Conversely, I-Thrive is tracking above and doing well, including securing a contract to implement I-Thrive across the whole of Northern Ireland. In terms of staffing, there is more change to come, and processes are taking longer than hoped. This has been impacted by the lack of budget information. A review will be undertaken into leadership of the WIU following the departure of the Director of Tavistock Consulting. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>9. DET Governance:</p> <ul style="list-style-type: none"> The Committee approved the recommendations for the proposed governance structure in education, with sub-committees and a parallel operational structure. There is a need to map out in detail how the work of education and training maps to other areas of the Trust. Terms of Reference for all sub-committees will now be reviewed. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>Summary of Decisions made by the Committee:</p>	
<ul style="list-style-type: none"> The Committee AGREED that the Workforce Innovation Unit needs to be linked up to the marketing team and included in the marketing strategy. The Committee APPROVED the recommendations for the governance structure within Education & Training. 	
<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 recruitment challenges faced by WIU in terms of staff inherited through the Strategic Review, as well as the time it takes to get RAG approval through to advert and recruitment. The risk of not having a coherent marketing strategy The publication of the workforce plan and what this will mean for the Workforce Innovation Unit. 	
<p>Items to come back to the Committee outside its routine business cycle:</p>	
<p>The Committee requested the following items to be tabled outside its routine business cycle:</p>	

- A brief written summary report, including EDI data, on where we have capacity and where we exceed student recruitment targets.
- The full Education & Training budget.
- A review of the effectiveness of the education and training sub-committees after a year.

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

Item	Purpose	Date
N/A		

CHAIRS ASSURANCE REPORT
MEETING OF THE QUALITY COMMITTEE HIGHLIGHT REPORT TO THE COUNCIL OF GOVERNORS (CoG) PART II – PUBLIC
Thursday, 14 September 2023

Committee:	Meeting Date	Chair	Report Author	Quorate	
Quality Committee	6 July 2023	Claire Johnston, Non-Executive Director	Emma Casey, Associate Director of Quality	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None		Agenda Item: 014		

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
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The key discussion items including assurances received are highlighted to the Council of Governors below:

Key headline	Assurance rating
<p>1. Care Quality Commission (CQC) Review of Equality, Diversity and Inclusion (EDI)</p> <p>The Committee considered the recent CQC review of the Trust’s approach and programmes to address equality, diversity and inclusion. This discussion took account of how the CQC has informed providers of its very different way of working moving forward, with far more focus on data with greater frequency. The CQC’s interest was activated by the outcome of our 2021-22 Workforce Race Equality Standards (WRES) report.</p> <p>As part of their review, the CQC reviewed our WRES report and associated action plan and also met with the three EDI network leads, the Freedom to Speak Up Guardian, the Associate Director of EDI, the Chief People Officer and the non-Executive Director who leads on equality.</p> <p>The Committee received the letter of findings from the CQC following their review, plus recommendations for action. The review did not highlight anything unexpected, and the main recommendations were related, but not limited, to;</p> <ul style="list-style-type: none"> full implementation of the Trust’s WRES and WDES action plans development of a clear and transparent system for career progression, including ensuring global majority staff are supported to access development programmes ensuring resilience within roles, teams and structures to see action through with a strong understanding of the evidence addressing the concerns raised by some global majority staff around bullying, harassment, abuse and discrimination 	<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>

<ul style="list-style-type: none"> supporting all staff to feel safe within the organisation and able to share information regarding their protected characteristics <p>It was recommended and agreed that the Trust's People Organisational Development & Equality, Diversity & Inclusion (POD EDI) Committee would provide oversight for the work plan in response to the regulator's recommendation as it already monitors the implementation of the Trust's EDI action plans and EDI governance.</p>	
<p>2. Complaints</p> <p>The Committee focused on a priority Complaints improvement plan with four action areas, tackling the backlog, structure & recruitment, support for staff and learning & evidencing, so that positive change can be demonstrated. The Committee endorsed the proposed approach for improvement and will monitor the expected rapid progress now that temporary resource has been made available.</p> <p>The Committee will expect to see swift results in relation to the improvement plan and trajectory for improvement against the number of open complaints.</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>3. Carenotes</p> <p>The Committee noted that the validation process has now been completed. A lessons learnt paper will be presented to the Committee in September or November 2023, depending on completion deadlines.</p> <p>The Committee formally stood down this item from their agenda going forward as adequate assurance has been gained in relation to the original incident and aftermath.</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>4. PSIRF</p> <p>The Committee received an update in respect of our preparation to implement the new Patient Safety Incident Response Framework (PSIRF). The Trust is currently undertaking phase 2 (diagnostics and discovery) & 3 (PSIRF) are being explored with the first 'rough draft' to be shared with the ICB at the next network meeting mid-July. Once the final draft has been agreed, it will be presented to the Quality Committee and Trust Board for final approval before ICB/ICS sign off. A training needs analysis has been completed and training procurement paperwork is in progress in terms of specification, costings, availability etc. The procurement of the training programme was noted as a risk by the Chair.</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>

Summary of Decisions made by the Committee:

- The Committee APPROVED the Clinical Audit Annual Programme 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 Chair requested a copy of the Committee's BAF risks be circulated. This was completed on 13 July 2023.

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

Item	Purpose	Date
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N/A		
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MEETING OF THE PEOPLE, ORGANISATIONAL DEVELOPMENT, EQUALITY, DIVERSITY AND INCLUSION COMMITTEE HIGHLIGHT REPORT TO					
THE COUNCIL OF GOVERNORS (CoG) PART II – PUBLIC Thursday, 14 September 2023					
CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (COG)					
Committee:	Meeting Date	Chair	Report Author	Quorate	
People, Organisational Development, Equality, Diversity and Inclusion Committee	6 July 2023	Shalini Sequeira, Non-Executive Director	Gem Davies, Chief People Officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None		Agenda Item: 015		
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	
1. Activity of the people function				Limited <input type="checkbox"/>	
<ul style="list-style-type: none"> It was noted for escalation that there is a really wide breath of activity being undertaken within the people team including getting the basics right, moving forward the language within and approach to employee relations policies, improvements in payroll and recruitment functions and planned introduction of new processes and interventions. 				Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
2. Freedom to Speak Up				Limited <input type="checkbox"/>	
<ul style="list-style-type: none"> The FTSU has been invited to provide her annual report to the board this month and will also be invited to discuss the FTSU regime at the next POD EDI meeting on 7 September 2023. It was noted that an additional FTSUG is required in order to properly resource this function, and consideration should be given as to which executive director should most appropriately be the FTSU lead for the organisation. Discussions on how the trust could undertake and support freedom to speak up better at the trust are ongoing and will be revisited at future committees. 				Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	
3. EDI WRES and WDES considerations				Limited <input type="checkbox"/>	
<ul style="list-style-type: none"> The chair picked up on the theme of staff being much more likely to experience harassment, bullying and abuse both in WRES and WDES. The trust needs to tackle this right away and promptly. The Board received a presentation from the Associate Director of EDI on the WRES and WDES at the recent board development 				Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	

seminar, and both the Board and the POD EDI discussed the need for the whole board to have individual EDI objectives.		
Summary of Decisions made by the Committee:		
The Committee was not presented any items for approval at this meeting		
Risks Identified by the Committee during the meeting:		
There was no new risk identified by the Committee during this meeting.		
Items to come back to the Committee outside its routine business cycle:		
There was no specific item over those planned within its cycle that it asked to return.		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
None		

MEETING OF THE PERFORMANCE, FINANCE AND RESOURCES COMMITTEE HIGHLIGHT REPORT TO THE COUNCIL OF GOVERNORS (CoG) PART II – PUBLIC Thursday, 14 September 2023					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Performance, Finance and Resources Committee	26 th July 2026	Aruna Mehta, Non-Executive Director	Sally Hodges (CCOO) Peter O'Neill (CFO)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None	Agenda Item: 016			
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		
1. DET report : <ul style="list-style-type: none"> Acknowledgement that this was the first time the full DET report had come to the PFRC Discussion on risks in DET (recruitment to long courses) Discussion about DET contract and what this covers 			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
2. Clinical Report : <ul style="list-style-type: none"> Committee noted improvements are being made in the way data is presented. Job planning continues to be implemented but not all job plans have been signed off, activity is low against expected through capacity mapping Long waiting lists exist in GIC, ASD and adult trauma. Some areas performing well eg Camden CAMHS Issues re infrastructure continue to come up eg Carenotes and wifi, JR will be following this up Appraisal data still low this will be escalated to PODEDI/Board 			Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>		
3. :IT projects <ul style="list-style-type: none"> Cyber essentials complete and we have 12 months accreditation WIFI upgrade project is in train ESR is going to be taken into the data warehouse to ensure flow to IQPR Carenotes restructuring in relation to the SR and lessons learnt from the outage is ongoing 			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
4. : Estates <ul style="list-style-type: none"> Work is continuing to ensure our compliance against recognised standards eg the national cleaning standard and building compliance model Lifts will potentially need replacing pending an independent report. 			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		

<ul style="list-style-type: none"> Committee asked for an estates map, showing the various sites that services are provided from. 	
<p>5. Finance:</p> <ul style="list-style-type: none"> The reported expenditure position is behind plan to date by £96k at the end of Month 03. This is due to additional agency costs and one-off premises costs and R&D expenditure. It is anticipated that the position will be on plan at the year end. The cash position is behind plan for month 3 due to the timing of cash receipts, and expected to be on plan at the year end. Currently work is underway to finalise detailed team level budgets in line with the outcome of the SR. In addition the external audit process is still ongoing, delaying other work. Therefore detailed reports will be available from next month. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
<p>6. : BAF</p> <ul style="list-style-type: none"> Discussed and agreed no changes to risk ratings 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>7. Change Board:</p> <ul style="list-style-type: none"> An update to Trust strategy is in development. The new strategy will consist of 5 pillars of performance reporting and delivery. All reports will have a performance lens with links to strategy. This includes patient care, the growing DET offer, working in partnership and Culture Think (EDI workforce piece). The Change Board will now focus on capital and a new TOR is in development to reframe the Board as our Financial Investment Review Meeting. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<p>Summary of Decisions made by the Committee:</p>	
<ul style="list-style-type: none"> No decisions were made by the committee 	
<p>Risks Identified by the Committee during the meeting:</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>	

MEETING OF THE COUNCIL OF GOVERNORS (PUBLIC) – Thursday, 14 September 2023			
Report Title: Proposed changes to the Trust’s Constitution			Agenda No.: 017
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:	This report outlines proposed changes to the Trust’s Constitution to alter the Board of Directors’ composition by increasing the number of voting Executive Directors by two (i.e., from five to seven), to address the Board’s balance between Non-Executive Directors and voting Executive Directors, in order to comply with the NHS England (NHSE) Code of Governance for NHS Provider Trusts (2023).		
Background:	<p>NHSE Code of governance for NHS Provider Trusts (2022): The Trust seeks to work to the Code of Governance on a comply or explain basis. The Code of Governance outlines best practice advice in Corporate Governance for Foundation Trusts.</p> <p>Provision 2.7 of the Code of Governance states that: 2.7 At least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent.</p> <p>The Tavistock and Portman NHS Foundation Trust’s Constitution: Section 20 of the Trust’s Constitution outlines the Board of Directors’ composition currently as: the Chairman, seven Non-Executive Directors and five Executive Directors, as follows:</p> <p>20.2 The Board of Directors is to comprise: 20.2.1 a Non-Executive Trust Chair; 20.2.2 not less than five nor more than seven other Non-Executive Directors; and 20.2.3 up to five Executive Directors.</p> <p>Paragraph 42 of the Trust’s Constitution sets out how the Trust may amend its Constitution:</p> <p>42.1 The Trust may make amendments to this Constitution with the approval of the Board of Directors, Council of Governors and Members. Amendments take effect as soon as the following conditions are satisfied, as long as the amendment is in accordance with Schedule 7 of the 2006 Act.</p> <p>42.2 Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors: 42.2.1 at least one member of the Council of Governors must attend the next Annual General Meeting and present the amendment, and the Trust</p>		

	<p>must give the Members an opportunity to vote on whether they approve the amendment.</p> <p>42.2.2 If more than half of the Members present and voting at the Annual General Meeting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.</p> <p>42.3 Amendments by the Trust of its Constitution are to be notified to the Regulator.</p>
<p>Assessment:</p>	<p>Proposed changes:</p> <p>The Trust currently has a Non-Executive Chair; seven Non-Executive Directors; and five voting Executive Directors.</p> <p>As provision 2.7 of the Code of Governance states that, ‘At least half the board of directors, excluding the chair, should be non-executive directors whom the board considers to be independent.’, then, in order to be balanced and comply with the Code of Governance, the Board would either need to decrease its composition of the Non-Executive Directors to five or increase its voting composition of Executive Directors to seven.</p> <p>It has been considered and is being proposed to amend the provisions of the Trust’s constitution as follows:</p> <p>20.2.3 not less than five nor more than five seven Executive Directors as follows:</p> <p>20.2.3.1 a Chief Executive (who is the Accounting Officer);</p> <p>20.2.3.2 a Chief Finance Officer;</p> <p>20.2.3.3 a Chief Clinical Operating Officer;</p> <p>20.2.3.4 a Chief Medical Officer who is a registered medical practitioner;</p> <p>20.2.3.5 a Chief Nurse who is a registered nurse; and</p> <p>20.2.3.6 Two other Executive Directors.</p> <p>Process:</p> <p>The proposed amendment is not one that relates to the powers or duties of Governors.</p> <p>The approval of Members is by simple majority of Members present and voting at the Annual Members Meeting.</p> <p>Once an amendment to the Constitution has been approved by the Board of Directors, the Council of Governors, and Members it takes effect immediately.</p>
<p>Key recommendation(s):</p>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • APPROVE a change to section 20.2.3 of the Trust’s Constitution; and addition of sub-sections 20.2.3.1 to 20.2.3.6 to the Trust’s Constitution: <ul style="list-style-type: none"> ○ 20.2.3 to increase by two (from five to seven) the number of voting Executive Directors on the Board of Directors to enable a more effective unitary Board; ○ 20.2.3.1 to 20.2.3.5 to specify five voting Executive Directors; and

	<ul style="list-style-type: none"> ○ 20.2.3.6 to refer to the two other voting Executive Directors. ● NOTE in line with the requirements of the constitution, approval is required by majority of the Council of Governors present and voting at a meeting of the Council of Governors. ● RECOMMEND to the Board of Directors for ratification, the change to section 20.2.3 of the Trust's Constitution; and addition of sub-sections 20.2.3.1 to 20.2.3.6 to the Trust's Constitution; and ● APPROVE that a resolution is laid to the Annual Members' Meeting in October 2023, to approve the change to section 20.2.3 of the Trust's Constitution; and addition of sub-sections 20.2.3.1 to 20.2.3.6 to the Trust's Constitution. 				
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 checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	BAF 15: Effectiveness of senior leadership				
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	