



**The Tavistock and Portman**  
NHS Foundation Trust

## **Council of Governors Part One**

**Agenda and papers of a meeting to be held in public**

**Thursday, 11<sup>th</sup>  
March 2021**

**For timings  
please refer to  
the agenda**

**Meeting held  
online**

**COUNCIL OF GOVERNORS – PART ONE**  
**MEETING HELD IN PUBLIC**  
**11 MARCH 2021, 1.30 – 4.00pm**  
**Online Meeting**

**AGENDA**

		<b>Presenter</b>	<b>Timing</b>	<b>Paper No</b>
<b>1 Administrative Matters</b>				
1.1	Fraud Awareness Training	RSMUK	1.30pm	Presentation
1.2	Chair's opening remarks and apologies	Chair	2.00pm	
1.3	Council member's declarations of interests	Chair		
1.4	Minutes of the meeting held on 10 December 2020	Chair		1
1.5	Action log and matters arising	Chair		Verbal
<b>2 Operational Items</b>				
2.1	Governor Feedback	All Governors	2.10pm	Verbal
2.2	Chair's Report	Chair and Non-Executive Directors	2.20pm	Verbal
2.3	Chief Executive's Report	Chief Executive	2.30pm	2
2.4	Finance and Performance Report	Deputy Chief Executive / Director of Finance	2.40pm	3
<b>3 Items for discussion</b>				
3.1	Strategic Review	Chief Executive	2.50pm	4
<b>4 Items for information</b>				
4.1	CQC GIDS Focussed Inspection	Chief Executive	3.25pm	5
<b>5 Any other matters</b>				
5.1	Any other business	Council Members	3.45pm	Verbal
5.2	Questions from the Public	Public	4.00pm	Verbal
<b>7 Date of Next Meeting</b>				
10 June 2021 – 2.00pm – 5.00pm, online meeting				
9 September 2021 – 2.00pm – 5.00pm, venue to be confirmed				

**Council of Governors Meeting Minutes (Part 1)**  
10 December 2020, 2.00pm – 3.10pm  
Meeting held online via Zoom.

<b>Present:</b>			
Prof Paul Burstow Trust Chair	George Wilkinson Governor – Public	Dr John Carrier Governor – Public	Noel Hess Governor – Public
Juliet Singer Governor – Public	Badri Houshidar Governor – Staff	Richard Murray Governor – Public	Salma Asokomhe Governor – Public
Kevin Nunan Governor - Stakeholder	Jessica d’Anglin Christian Governor - Staff	Simon Carrington Governor-Staff	Simon Yu Tan Governor - Public
Kathy Elliott Governor- Stakeholder	Jane Perry Governor - Stakeholder	James Calmus Governor - Stakeholder	Kimberley Wilson Governor - Public
Paul Jenkins Chief Executive	Terry Noys Deputy Chief Executive		
<b>Attendees:</b>			
Fiona Fernandes Business Manager Corporate Governance (notes)	Debbie Colson Non-Executive Director	David Levenson Non-Executive Director	Dinesh Bhugra Non-Executive Director
Shalini Sequeira Associate Non- Executive Director			
<b>Apologies:</b>			
Fiona Nolan, Stakeholder Governor; Freda McEwen, Governor; Maz Afridi, Governor, Kimberley Wilson, Governor and Craig de Sousa, Director of HR & Corporate Governance			

**Actions**

AP	Item	Action to be taken	Resp	By
1	2.1.2	Arrange an additional Council of Governors Seminar for GIDS	FF	asap
2	3.1.5	Strategic Review to be a standing item on the agenda	FF	asap

**1. Administrative Matters**

**1.1 Welcome and Apologies**

- 1.1.1 Prof Burstow welcomed all of those in attendance.
- 1.1.2 Apologies were noted, as above.

**1.2 Declarations of Interest**

- 1.2.1 There were no declarations of interest for matters covered by the agenda.

**1.3 Minutes of the Previous Meeting**

- 1.3.1 The minutes were agreed as an accurate and true record subject to minor amendments.

## 1.4 Matters Arising Not Covered by the Agenda

1.4.1 There were no matters arising.

## 2. Operational Matters

### 2.1 Governors' Feedback

2.1.1 Dr Carrier noted that in the pre-meeting, Governors raised the following points that they would like to be addressed:

- Concerns about Relocation.
- The impact of a shortfall in income, in particular in education and training, on the Trust's overall finances.
- GIDS – there were a lot of questions raised about outcome of the Judicial Review and its impact on staff, patients and families. The issue of the quality of data which had been highlighted in the Review was also raised.

2.1.2 Responding to Dr Carrier, Prof Burstow noted that to discuss all these issues raised, it would be beneficial to arrange an additional Council of Governors seminar on GIDS. **[AP1]**

2.1.3 Responding to a question from Mr Hess, Prof Burstow explained that the Trust could not comment on individual staff disciplinary issues.

2.1.4 Prof Burstow reminded Governors on the role of the Council of Governors under the Trust's constitution which was to hold the Board to account.

### 2.2 Chair's Report

2.2.1 Prof Burstow noted that he had attended several external engagements in North Central London (NCL). That he had spent time talking to the Non-Executive Directors about their objectives and, had also completed the appraisal of the CEO.

2.2.2 The Council of Governors noted the report.

### 2.3 Chief Executive's Report

2.3.1 Before presenting his report, Mr Jenkins informed the Governors that Mr de Sousa had been approached and seconded to the National Team for the Covid vaccination, and he will be supporting the HR plans for the roll out of the programme. Ms Cunliffe has been appointed as the interim HR Director.

2.3.2 Mr Jenkins presented his report and particularly highlighted:

#### **Race Equality Strategy (RES)**

- The Trust has been working to develop a refresh of the race equality strategy focussing on what needs to be achieved to ensure that the Trust becomes an anti-racist organisation.
- The board agreed to commission an external agency to conduct a review into the culture of the organisation as well as the experiences of the BAME Staff.
- To support this a Steering Group has been established which includes a mixture of Senior Directors, Ms Sequeira, Non-Executive Director, Ms Henderson, Race Equality Champion and Ms Anglin d'Christian, Governor as well as members nominated by the

Race Equality Network. The group will be co-chaired with Mr Jenkins and Ms Henderson.

## **Covid**

- In preparation for the next phase, divisional level planning and a number of assessments were completed. The Trust had responded proactively to the second wave of the pandemic.
- We took steps at team level taking into account the external factors and completed service level Standard Operating Procedures (SOPs). Some of the steps taken were the assessment of face-to-face work, virtual consultation to check Covid symptoms, cohorting of patients into positive or shielded or negative for Covid19 and Infection, prevention and control (IPC) procedures such as social distancing/wearing of PPE, etc
- The Trust took the decision to stop face-to-face teaching and training events and, continue to limit the numbers of any clinical groups.
- The Trust Emergency Preparedness, Resilience and Response (EPRR) Gold Command group meet weekly to keep abreast and deal with the changing situation, ensuring that staff are kept informed through staff briefings, email, daily digest, etc. Information is also shared with the Executive Management Team (EMT) and the Board as required.
- All education and training activities are being delivered online.
- The Trust continues to use a mixed model of delivery for all services to provide face-to-face and remote interventions for service users based on assessment of need and risk.
- Gloucester House was granted an exemption based on being an educational setting within the Trust and, is operating in line with expectations for school settings within Camden, however due to two members of staff and a pupil having tested positive, the school had to revert to remote working.
- The Trust is conscious that some staff have struggled, whilst others have benefited from remote working. There are things in place to help staff with this.
- The Lateral Flow Testing kits are available to a range of staff in the building. Staff are required to do the testing twice weekly and results are reported to a dedicated email.

## **Centenary**

- The Trust had to take the decision in light of the pandemic to cancel the planned Centenary Conference that was scheduled for 24<sup>th</sup> September and to mark the centenary, the Trust had a series of events on 25<sup>th</sup> September. We also had an online festival which showcased the 100 year history of the Trust.
- The events were well attended approximately 700 and, were privileged to also have poet and playwright Lemn Sissay.

2.3.3 Responding to Dr Carrier, Mr Jenkins noted that there has been positive feedback from students about online learning.

2.3.4 Responding to Dr Singer, Mr Jenkins noted that an external agency had not yet been selected to undertake the RES review. The Steering Group will be assisting with the Tender process and hope to have this in place in the new year.

2.3.5 The Council of Governors noted the report.

## **2.4 Finance and Performance**

2.4.1 Mr Noys presented his report and particularly highlighted:

- The Trust submitted a return to NCL ICS/NHSE/I showing a second half/full year deficit of £2.3m.

- The Trust is forecasting an underlying deficit of £5.3m when the top-up payments and Covid income and costs are excluded.
- Staff costs are lower than previous years.
- Education and Training – the long courses did very well, however there is a shortfall on the short courses.
- The overall conclusion is that the Trust will post a loss this year for the first time, and NHSE/I will expect the Trust to recover the position and break even which is going to be a difficult task.
- The Strategic Review of the Trust's activities is currently underway to identify of actions to move the Trust into the break-even position.

2.4.2 Responding to Mr Hess, Mr Noys noted that the legal costs were primarily related to the Judicial Review.

2.4.3 The Council of Governors noted the report.

### **3 Items for discussion**

#### **3.1 Strategic Review**

3.1.1 Mr Jenkins presented the report and highlighted:

- The Trust had begun carrying out the Strategic Review of the organisation to address the changing arrangements for the delivery of health and care services with greater focus on integrated care
- The Trust's worsening financial position as a result of the pandemic on areas relating to new income.
- The National Training Contract funding was reduced from £7m to £4.5m.
- Each area of the Trust will go through the review process which consists of four stages – Design, Discovery, Recommendations and Implementation.
- Non-Executive Directors (NED) have oversight of the work and will be taking key issues to the Strategic Commercial Committee (SCC) which is chaired by Ms Farrow (NED). Mr Holt (NED) is also a member of the committee.
- The framework will help the Trust find and determine appropriate measures in finances, workforce, operations and value for each area.
- There are challenges around productivity in education/clinical, fragmented units of activity and, we need to look at how we can deliver this taking a more systematic approach.
- Review of costs – we would need to look at blended models of working and will also have to factor into this the decisions for relocation. A lot of work/input will be required to get this done.

3.1.2 Responding to Mr Hess, Mr Jenkins noted that while financial challenges needed to be addressed the impact of the pandemic on normal business gave us a bit more time to ensure we could carry out the Strategic Review in a thorough and systematic manner. Our aim was to ensure the Trust could return to financial balance in the next two years.

3.1.3 Mr Murray noted that this was the right time to do this. It seems through the governance structure which will feed into the SCC and the NEDs will have oversight of this. He was keen to identify what role would be helpful for the Council to play in during the course of the review.

3.1.4 Mr Jenkins noted that it was important to bring some of the bigger issues that emerge like staffing productivity and how to group pieces of work together to the Council.

3.1.5 Prof Burstow asked the Governors to give some thought to the ways in which they might have involvement in the Strategic Review. The SCC could include Governor on the

committee to have a line of sight. The Strategic Review will be a standing item on the agenda **[AP2]**

3.1.6 The council of governors noted the report.

### **3.2 EU Exit**

3.2.1 Mr Noys presented the report and noted that in 21 days' time we will no longer be a part of the EU. NHS have been asked to review all their contracts and to have contingencies in place. The Trust should not be affected by this as we rely on the central procurement who are reasonably well prepared.

3.2.2 EU student recruitment may be of concern.

3.2.3 The council of governors noted the report.

## **4 Any other matters**

### **4.1 Any other business**

4.1.1 There was no further business to discuss.

4.1.2 The meeting closed at 14:30.

Report to	Date
Council of Governors	March 2021

## Chief Executive's Report

### Executive Summary

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

### Recommendation to the Council of Governors

Members of The Council are asked to note / discuss this paper.

### Trust strategic objectives supported by this paper

All Trust objectives

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



## Chief Executive's Report

### 1. GIDS Judicial Review

- 1.1 We have been granted permission to appeal the judgment of the Judicial Review on GIDS which was handed down in December. The hearing will be held in June. In addition to our service partners at ULCH and Leeds Teaching Hospitals a number of other parties have been granted permission to intervene in the case.
- 1.2 We will be commencing shortly the clinical review of patients currently undergoing endocrine treatment and those referred to the endocrine services who have not yet commenced treatment. This responds to the requirements of the judgment and the resulting changes to the specification introduced by NHS England in the wake of the judgment.

### 2. CQC focused inspection of GIDS

- 2.1 As Governors are aware, the report of the focused inspection of GIDS which was carried out in the autumn was published by CQC on 20<sup>th</sup> January. The service was rated as "inadequate". A paper on the report and the actions we are taking to address the concerns raised features later on the agenda.

### 3. Strategic Review

- 3.1 The Strategic Review has been a major focus for the Board. We are proposing on 8<sup>th</sup> March to launch a Vision and Principles document which sets out the rationale for the Review, the key challenges facing the Trust and the principles on which any proposals for change are based.
- 3.2 The Review and the Vision and Principles document also feature later on the agenda.

### 4. Response to the pandemic

- 4.1 Since the last meeting of the Council the country has experienced the impact of the second wave of the pandemic.
- 4.2 While numbers of cases and hospital admissions related to Covid have fallen significantly the system is still under pressure. There are significant pressures in the mental health system including the adult and children's pathways, in particular in the area of CAMHS and the availability of Tier 4 beds. There is an anticipation of further increases in presentations after the opening up of schools.
- 4.3 Throughout the pandemic the Trust has continued to deliver all its services, including in clinical settings using a mixed model of delivery, flexing face to face delivery as needed. We continue to monitor safety and keep to infection prevention and control (IPC) requirements in our settings using a number of SOPs. The Trust Level Gold command EPRR continues to meet on a once weekly basis. Our educational service delivery has remained primarily remote through this quarter.

- 4.4 We are currently developing plans for increasing the level of face-to-face activity and will seek to do this in line with the central guidance of reducing restrictions, such as the opening up of schools next week and further changes in April.
- 4.5 Working with other providers the Trust has been actively involved in the provision of support for staff wellbeing through the NCL wellbeing hub. Funding for this has now been conformed for 2021/2.
- 4.6 A key priority for the Trust is to ensure that as many of our staff as possible receive access to the Covid vaccine. We are working with a variety of partners to achieve this. Currently around 50% of staff have received at least one vaccination but we need to do more to increase the numbers vaccinated. We are currently asking line managers to speak to their staff who have not yet received a vaccination about the reasons for this including responding to any issues around “vaccine hesitancy.”

## **5. Registration with the Office for Students**

- 5.1 We have learnt at the end of December that our application to be registered with the Office of Students, the official regulator of Higher Education had been successful.
- 5.2 Being included on the register of providers brings a number of key opportunities and benefits for the Trust and our education activities. It shows recognition that our courses are well-designed and deliver a high-quality academic experience. It shows that our awards will hold value over time. It also confirms that we have the management, governance and financial resources available to deliver our courses as advertised. The Tavistock and Portman is unique among NHS providers in our approach to education and training, and we are the first NHS Trust to be listed on the OfS register.
- 5.3 For the Trust as a sponsor of international students, being on the register brings additional benefits. To date, without being listed on the OfS register, our permissions as a sponsor of international students have been more limited. For example, our international students have had limited opportunities to find work while studying with us. We have been limited in the duration of studies that international students can take with us as sponsor – an important factor given that our routes of study often require several years to complete. Now that we are included on the OfS register, these restrictions no longer apply going forwards – news which is especially welcome in the wake of Brexit and the recent changes to immigration rules. We will be working with our current international students to ensure they receive the correct advice and, where possible, we will ensure they can also benefit from these changes.
- 5.4 Achieving this status has taken significant preparation and effort to demonstrate our eligibility. I am appreciative of the work of the work of number of colleagues in getting to this milestone.

Paul Jenkins  
Chief Executive  
5<sup>th</sup> March 2021

Report to	Date
Council of Governors	11 <sup>th</sup> March 2021

## RESULTS FOR PERIOD ENDED 31 DECEMBER 2020

### Executive Summary

This paper provides an overview of the results for the Year To Date period, December 2020. Key points to note are:

- Trust is showing a £106k positive net deficit variance compared with the plan submitted to NCL STP in September. YTD deficit is £951k (after £3.6m of top up payments).
- Income is higher than plan due, primarily, to higher than plan income from DET (notably long courses)
- Expenditure is also above plan reflecting higher levels of activity in DET; provisions for legal costs; and an increase in the accrual for annual leave
- Cash balances of £13m are 'inflated' by early receipt of block payments (a month in advance, whereas usually cash would be received in arrears)

### Recommendation to the Council of Governors

The Council of Governors is asked to note the contents of the report.

### Trust strategic objectives supported by this paper

Finance and Governance

#### Author

Terry Noys, Deputy CEO and Director of Finance

#### Responsible Executive Director

Terry Noys, Deputy CEO and Director of Finance



Commercial: In Confidence

The Tavistock and Portman   
NHS Foundation Trust

Page 1

**MONTHLY FINANCE AND PERFORMANCE REPORT**

**Period 9**

**Dec-20**

**Section**

Summary I&E

Balance Sheet

Funds flow

Capital Expenditure

## Period 9

Dec-20

Operating Income  
Top-up payments  
**Total income**

Staff costs  
Non-staff costs

Operational costs

EBITDA  
- Margin

Interest receivable  
Interest payable  
Depreciation / amortisation  
Public Dividend Capital

Net surplus / (deficit)  
- Margin

	20/21 Actual YTD £'000	20/21 Plan YTD £'000	Variance Actual v Plan £'000	Variance Actual v Budget %
	40,323	39,239	1,084	<b>3%</b>
	3,615	3,505	110	
	<b>43,938</b>	<b>42,744</b>	<b>1,194</b>	
	(33,293)	(32,534)	(759)	<b>(2)%</b>
	(9,989)	(9,677)	(312)	<b>3%</b>
	<b>(43,283)</b>	<b>(42,211)</b>	<b>(1,072)</b>	<b>(3)%</b>
	<b>656</b>	<b>533</b>	<b>123</b>	<b>19%</b>
	<b>2%</b>	<b>1%</b>		
	2	2	(0)	(14)%
	(27)	(35)	8	(22)%
	(1,209)	(1,071)	(138)	13%
	(372)	(486)	114	(24)%
	<b>(951)</b>	<b>(1,057)</b>	<b>106</b>	
	<b>(2)%</b>	<b>(3)%</b>		

## COMMENTARY

The Trust is currently showing a YTD deficit of £951k vs the NHSI revised Covid planned deficit of £1,057k Educational income has been far less effected by Covid than was assumed in the plan

However this favourable income variance is offset, partially, by additional costs within Estates, IT and HR.

A greater level of Relocation expenditure is being expensed than planned, reflecting the move away from the PDPA approach and to an updated OBC

Some IT costs have been expensed, rather than capitalised, due to the capital cap imposed by NHSE/I, however, some of this may be reversed later in the year - depending upon total out-turn capital spend

Additional HR costs include the interim HR director and higher legal provisions, most notably relating to the Judicial Review appeal

The annual leave accrual has been increased by £358k

**FINANCE AND PERFORMANCE REPORT**

Period 9

Dec-20

**BALANCE SHEET**

	Prior Year End £'000	YTD Dec-20 £'000	Comments
Intangible assets	95	60	
Land and buildings	20,755	22,612	
IT equipment	2,680	1,912	
Property, Plant & Equipment	<u>23,435</u>	<u>24,524</u>	
Total non-current assets	<u>23,531</u>	<u>24,584</u>	
Trade and other receivables	6,394	4,824	
Accrued Income and prepayments	3,177	5,253	
Cash / equivalents	9,761	13,333	Cash balances inflated by £4m, being block payments received in advance
Total current assets	<u>19,332</u>	<u>23,410</u>	
Trade and other payables	(2,867)	(3,366)	
Accruals	(3,524)	(4,995)	
Deferred income	(5,756)	(9,997)	Block payments on account
Long term loans < 1 year	(445)	(445)	ITFF loan - repayments within 1 year
Provisions	(72)	(72)	Pension provisions
Total current liabilities	<u>(12,664)</u>	<u>(18,876)</u>	
Total assets less current liabilities	<u>30,198</u>	<u>29,118</u>	
Non-current provisions	(322)	(415)	Legal cost provisions
Long term loans > 1 year	(3,110)	(2,888)	ITFF loan
Total assets employed	<u><u>26,766</u></u>	<u><u>25,815</u></u>	
Public dividend capital	(3,724)	(3,724)	
Revaluation reserve	(12,171)	(12,171)	
I&E reserve	(10,871)	(9,920)	
Total taxpayers equity	<u><u>(26,766)</u></u>	<u><u>(25,815)</u></u>	
	(0)	(0)	

**MONTHLY FINANCE AND PERFORMANCE REPORT**

0

**Period 9**

**Dec-20**

**Cashflow**

Actual  
Dec-20  
£'000

Notes

Operating cashflows	(2,960)	Underlying operating shortfall
Top Ups / Covid Payments	3,615	Approved top-up funding and Covid revenue reimbursement
<b>Cash flows from operating activities</b>	<b>656</b>	
(Increase)/decrease in receivables	1,571	
(Increase)/decrease in other current assets	(2,076)	
Increase/(decrease) in trade and other payables	499	
Increase/(decrease) in other liabilities	5,712	Block payments received in advance - deferred
Increase/(decrease) in provisions	93	
All other movements in operating cash flows	(65)	
<b>Net cash generated from / (used in) operations</b>	<b>6,390</b>	
<b>Cash flows from investing activities</b>		
Interest received	2	
Purchase of property, plant and equipment	(2,298)	
<b>Net cash generated from/(used in) investing activities</b>	<b>(2,296)</b>	
<b>Cash flows from financing activities</b>		
Loans from Department of Health and Social Care - repaid	(222)	ITFF Loan repayment - Aug 20
HIE funding	0	
Interest paid	(17)	ITFF Loan interest - paid in Aug 20
PDC dividend (paid)/refunded	(282)	Payment to Oct 20, taken in Nov 20
<b>Net cash generated from/(used in) financing activities</b>	<b>(521)</b>	
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>3,573</b>	
<b>Cash and cash equivalents at start of period</b>	<b>9,761</b>	
<b>Cash and cash equivalents at end of period</b>	<b>13,333</b>	
	<b>0</b>	



## MONTHLY FINANCE AND PERFORMANCE REPORT

Period 9

Dec-20

### Capital Expenditure Summary

PROJECT	YTD	Jan-Mar	Full Year	<u>Comments</u>
	£000	£000	£000	
	Actual	Forecast	Forecast	
Endpoint Replacement	179	102	281	Includes capitalised laptop spend
Endpoint Procure/Config/Compliance/Monitor		62	62	Slippage likely
Cyber Essentials	-	12	12	
Health Information Exchange	134	-	134	Final "Go Live" end of Sep. (£60k) consultancy, £18k staff. Excludes potential STP funding £133k
SITS Project 20/21	97	4	101	
ICT Cyber Security Compliance	-	82	82	Slippage likely
DET Record Management System	(27)	-	(27)	Prior year adjustment
Scheduling & Robotic Process Automation	79	-	79	Project paused - £40k saving staff on Robotics, £50k saving staff Scheduling
<b>IT</b>	<b>462</b>	<b>262</b>	<b>724</b>	
Safety	-	35	35	
PC Compliance		10	10	New projects sanctioned to fill NCL capital slippage
TC Compliance		178	178	New projects sanctioned to fill NCL capital slippage
GH Compliance		119	119	New projects sanctioned to fill NCL capital slippage
Finchley Road	820	-	820	
BUDGET - PROJECTS CANCELLED	-	-	-	
<b>ESTATES</b>	<b>820</b>	<b>342</b>	<b>1,162</b>	
RELOCATION - Cost	778	632	1,410	NCL sanctioned increase in costs to deliver NHSI business case by Mar 21, slippage now likely
RELOCATION - Expense Transfer	(200)	(300)	(500)	Reduction in capitalisation rate based on analysis of spend
<b>RELOCATION</b>	<b>578</b>	<b>332</b>	<b>910</b>	
Digital Academy	185	21	206	Assumes £60k saving on internal costs for course development
<b>DIGITAL ACADEMY</b>	<b>185</b>	<b>21</b>	<b>206</b>	
<b>Coronavirus</b>	<b>177</b>	<b>117</b>	<b>294</b>	Approved costs - unclear on timing of capital reimbursement
<b>TOTAL</b>	<b>2,222</b>	<b>1,074</b>	<b>3,295</b>	

Report to	Date
Council of Governors	March 2021

## Strategic Review – Vision and Principles Document

### Executive Summary

This report updates the Council of Governors on progress with the Strategic Review including the publication of a Vision and Principles document.

### Recommendation to the Council of Governors

Members of The Council are asked to note / discuss this paper.

### Trust strategic objectives supported by this paper

All Trust objectives

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

## Strategic Review – Vision and Principles Document

### 1. Introduction

- 1.1 This paper updates the Governors on the progress of the Trust's Strategic Review which we discussed at the December meeting of the Council.
- 1.2 This includes the publication of a Vision and Principles document which is being shared with staff in the week commencing 8<sup>th</sup> March.

### 2. Background

- 2.1 The Trust embarked in the autumn of 2020 on a strategic review of its activities with the aim of securing the financial and operational sustainability of the organisation including demonstrating its relevance in the contemporary environment.
- 2.2 In essence the Trust faces five challenges which the Review is trying to address:
  - a **financial challenge** – a number of the Trust's traditional sources of income such as the National Training Contract have declined, and the pandemic has had a major impact on our ability to generate additional income through areas such as short courses. At present this points to a financial gap of over £5 million if we are to return to a break even.
  - an **operational challenge** – a number of our activities are too fragmented to be operationally viable and in other cases we have struggled to respond to the challenges of operating at greater scale. To address this, we need to have consistent and more sustainable management structures to ensure we can consistently deliver the requirements of commissioners and regulators.
  - a **system challenge** – around us the health and care system is moving rapidly to a more integrated model of provision based on an Integrated Care System (ICS). This means we need to work closely with other providers and ensure our activities are relevant to emerging priorities and need.
  - a **data and impact challenge** – we are not always able to evidence, internally and externally, the impact of our activities and the distinctive value of our specialist work.
  - a **diversity challenge** – our work and the shape of our workforce does not reflect the needs of the populations we serve. We need to become more inclusive and improve the experience of patients, students and staff from black and minority ethnic and other diverse backgrounds.

### **3. Progress to date**

- 3.1 The Strategic review has been progressing through a Programme Management Structure.
- 3.2 Using an agreed framework to guide the data collection phase, the Programme Team have been collating and analysing data into Findings Reports for the Programme Board to discuss. The framework covers four key characteristics of sustainability: finance; workforce; operations, and value.
- 3.3 We have established a system of Governance to oversee the Strategic Review and proposals for Board oversight of the Programme are on the agenda for later in the meeting.
- 3.4 To date, discovery work has been undertaken for CYAF, AFS, and the Portman. Some work has also been undertaken in respect of gender services. Work has started on the discovery phase for DET and Corporate Services.

### **4. Emerging themes**

- 4.1 There are some clear cross cutting themes emerging from the data so far:
  - We are struggling with many activities to generate the contribution required to cover current overheads.
  - Productivity in terms of the number of appointments per whole time equivalent (WTE) member of clinical staff is relatively low. Complexity is a factor here but there are issues in relation to the lack of a consistent approach to job planning.
  - Our workforce is very fragmented with a high headcount to WTE ratio. For instance, in clinical services there are 1.8 people for every WTE employed. This may, in part, reflect the specialist nature of our services but provides operational and financial challenges as a result.
  - In some activities we are very dependent on the contribution of trainees (e.g., 30% of the activity in AFS is delivered by trainees). This is unsurprising in an organisation with a major focus on training and education, but, similarly, creates challenges for the management of activity.
  - We have a significant number of managers in the organisation (134 across clinical services and DET, excluding EMT members) but management structures and what is expected of managers varies across the Trust.

- We are failing to gather sufficient data, through outcome measures and other means, to demonstrate the impact of our work. Across clinical services only 10% of outcome monitoring forms on CareNotes are being completed.

## 5. Vision and Principles document

5.1 As we move forward with the Review, we have produced a Vision and Principles document to share with staff.

5.2 The document which is attached at **Annex A** aims to set out:

- The basis for carrying out the Review.
- The overarching findings from the discovery work carried out so far.
- The key principles on which any proposals for change will be based.
- The timetable and process for the further stages of the Review.

## 6. Conclusion

6.1 The Council of Governors are invited to consider the report and in particular to provide feedback on the issues raised in the Vision and Principles document.

Paul Jenkins  
Chief Executive  
5<sup>th</sup> March 2021

## Annex A

# Trust Strategic Review

## Vision and Principles Document

### Introduction

1. Last autumn the Trust embarked on a Strategic Review of its activities. The aim of the Review is to identify the actions required to secure the future sustainability of the organisation and its distinctive approach to understanding mental health and wellbeing.
2. The Review takes account of the changing financial and operational circumstances in which the Trust finds itself.
3. The Review will address every aspect of the Trust's work: clinical services, training and education and corporate services including the Board and senior management.
4. This document aims to share with staff emerging conclusions from the first phase of discovery work, the vision and key principles on which any changes will be based and sets out outline proposals for how we will progress the work from here.

### Background

5. In September 2020, the Trust celebrated the centenary of the establishment of the Tavistock Clinic. The organisation has much to be proud of in its contribution to thinking and practice in the UK and internationally about mental health. It has a dedicated and skilled workforce who make a real difference to the lives of patients and students and a committed wider community of alumni and other supporters.
6. There are, however, significant changes in the system of health and care in which we operate, and beyond which mean we need to change if we are to stay sustainable and relevant. We face five challenges:

- a **financial challenge** – a number of the Trust’s traditional sources of income such as the National Training Contract have declined significantly, and the pandemic has had a major impact on our ability to generate additional income through areas such as short courses. At present this points to a financial gap of over £5 million if we are to return to meet the requirement to break even.
- an **operational challenge** – a number of our activities are too fragmented to be operationally viable and in other cases we have struggled to respond to the challenges of operating at greater scale. To address this, we need to have consistent and more sustainable management structures to ensure we can consistently deliver the requirements of commissioners and regulators.
- a **system challenge** – around us the health and care system is moving rapidly to a more integrated model of provision based on an Integrated Care System (ICS). This means we need to work closely with other providers and ensure our activities are relevant to emerging priorities and need and as care pathways are reviewed across the sector.
- a **data and impact challenge** – we are not always able to evidence, internally and externally, the impact of our activities and the distinctive value of our specialist work.
- a **diversity challenge** – our work and the shape of our workforce does not reflect the needs of the populations we serve. We need to become more inclusive and improve the experience of patients, students and staff from black and minority ethnic and other diverse backgrounds.

### Key themes from the discovery phase

7. So far, we have undertaken a range of discovery work, with the aim of better understanding our strengths and weaknesses as an organisation, starting in clinical services but now also looking at DET and corporate services. This initial discovery work has focused on looking at four characteristics – finance; workforce; operations; value – all of which impact on the sustainability of different areas of our activity.

8. From the discovery work, so far, a number of themes have emerged:

- We are struggling with many activities to generate the contribution required to cover current overheads.
- Productivity in terms of the number of appointments per whole time equivalent (WTE) member of clinical staff is relatively low. Complexity is a factor here but there are issues in relation to the lack of a consistent approach to job planning.
- Our workforce is very fragmented with a high headcount to WTE ratio. For instance, in clinical services there are 1.8 people for every WTE employed. This may, in part, reflect the specialist nature of our services but provides operational and financial challenges as a result.
- In some activities we are very dependent on the contribution of trainees (e.g., 30% of the activity in AFS is delivered by trainees). This is unsurprising in an organisation with a major focus on training and education, but, similarly, creates challenges for the management of activity.
- We have a significant number of managers in the organisation (134 across clinical services and DET, excluding EMT members) but management structures and what is expected of managers varies across the Trust.
- We are failing to gather sufficient data, through outcome measures and other means, to demonstrate the impact of our work. Across clinical services only 10% of outcome monitoring forms on CareNotes are being completed.

9. Other issues will emerge as we complete the discovery phase of the Review.



## Vision and principles for change

10. The Trust has articulated a clear statement of [mission and values](#).
11. The Trust work brings together a number of distinctive approaches to understanding mental health and wellness. We aim to respond to contemporary problems and to extend our reach through devising and delivering high quality clinical and educational services, the provision of training and education, research, consulting and influencing public debate.
12. Through the Review we are aiming for the Tavistock and Portman to be a modern and inclusive centre of excellence for work on mental health and gender, which consistently offers quality and value, responds quickly to new challenges and can demonstrate its impact on the lives of patients and students from a diverse range of backgrounds.
13. That aim will be informed by a number of principles:
  - We will continue to innovate and progress new opportunities to develop the work of the Trust and secure new sources of income and impact.
  - Our services will be designed to be financially viable, to meet the requirements of our funders and be relevant in the external context.
  - We will consistently and equitably deliver safe, effective and quality services which reflect the requirements of regulators and funders and improve outcomes for all who use our services.
  - We will continue to be a provider of both clinical and educational services. In implementing change, we will understand the dependencies between these two activities.
  - We will rationalise the number of operational units across the organisation in a way which supports financial viability and a robust management structure. The new structure for operational units across

the organisation will be designed on a consistent basis to ensure we can deliver equity in experience for patients, students and staff.

- All managers will have a clear set of expectations for their role and will be supported to develop their skills and behaviours.
- New structures will enable managers to carry out what is expected of them and we will use them to strengthen the channels for staff engagement.
- Trust wide, comprehensive job planning will support staff to manage their priorities against the Trust strategy including an underlying expectation for clinical services of 16 appointments per week, per clinical WTE.
- We will become a diverse, inclusive organisation which is anti-racist in its activities, policies and behaviours. We will support and develop all staff to maximise the talent we have in the organisation and take measures to support staff wellbeing.
- We will put greater emphasis on the collection of data about the impact of our activities supported by good record keeping and outcome monitoring.
- We will streamline our operations through reviewing processes and procedures to reduce duplication and through the effective use of technology.
- We will embrace flexibility in our delivery models, providing blended models of face to face and remote delivery across all units. As a result, we believe we can reduce significantly our need for accommodation. This will inform our business case for relocation.
- We will build on our newly acquired independent registration with the Office for Students to grow our independence and reach as a Higher Education Institution.

- As part of the Review, we will need to address the changes in culture and behaviours which will be required to support changes in structure and working practice and to deliver an organisation which is sustainable and relevant for the future.

## New Income

14. The Trust has had a good track record of attracting new sources of income. However, in line with the experience of many other organisations, this has been impacted by the pandemic. We will continue to focus on how we can use our skills and expertise to broaden our impact and secure new growth. This will include clinical services, education and training and opportunities to support other organisations and systems through development and consultancy.
15. We have identified a number of priority areas for new growth:
  - Mental health in the workplace
  - Vulnerable children and adults
  - Leadership
  - Education
16. We will continue to expand the reach of our short and long-term courses, including the provision of contemporary and bespoke CPD offerings, and grow the number of students who can benefit from a Tavistock education. As part of this we will maximise the opportunities offered for remote education delivery through our Digital Academy.
17. As part of the Review, we will look at the resources we need to continue to invest to respond to new opportunities and develop new services and courses.

## Next Steps

18. We need to move promptly to address the challenges we face but are committed to managing change at a pace which allows for effective staff engagement and which minimises the disruption to front line services.

19. We are planning to take forward the Review in four phases:

### Phase 1 – to end April

- Completion of discovery work
- Engagement on Vision and Principles document

### Phase 2 – Development – May to end August

- Development of framework for organisational design
- Publication of procedure for change management
- Pre ‘design and development workshops’ data sharing sessions in partnership with staff side
- ‘Design and development workshops’ with staff to develop options for new organisational design and delivery models
- Agreement of a refreshed Race Equality Strategy
- Agreement of a Trust People Plan
- Development and agreement of an Outline Business Case for relocation

### Phase 3 – Formal consultation – during September

- Formal collective consultation on proposed service reconfiguration and staff changes

### Phase 4 – Transition – end October onwards

- Publication of consultation response

- Individual staff/team consultation as required
- Implementation of new organisational design

20. We recognise it will take time to implement the review and achieve financial balance. Our target to do so is April 2023. This will allow us to take account of:

- growth in income
- improvements in productivity
- savings in fixed costs such as accommodation

### **Engagement and support for staff**

21. The Strategic Review will have an impact on all our activities. We are very conscious of the anxiety a programme of this kind can create for staff, in particular, when we are dealing, at the same time, with other issues.

22. Across the Review we are looking at ways of increasing staff engagement across the organisation ensuring that staff in all parts and levels of the organisation are fully informed, feel engaged in the process and have the opportunity to contribute appropriately. We will work closely with staff side colleagues at all stages of the programme.

23. In the short term there will be, in addition, a series of opportunities to consult staff on the vision and principles document and answer questions on the proposed next steps.

24. As part of taking forward the Review we are developing plans for increasing the support available to staff who may be affected by change.

### **Conclusion**

25. The Trust faces a number of challenges if it is to secure a sustainable future for the organisation and for its work.

26. This document describes those challenges and sets out the vision and principles the Board feels we need to follow if we are to respond effectively.

27. It also describes, in outline, the next steps and proposed timetable for the Review.

28. The Board welcomes the views and contributions of staff on:

- The vision and principles which inform the Review.
- The proposals and timetable for managing change.

29. Details will be published shortly on how staff can contribute feedback.

March 2021

Report to	Date
Council of Governors	March 2021

## CQC – focused inspection of GIDS

### Executive Summary

This report covers the outcome of the CQC focused inspection of GIDS which was published in Wednesday 20<sup>th</sup> January and resulting action.

### Recommendation to the Council of Governors

Members of The Council are asked to note this paper.

### Trust strategic objectives supported by this paper

All Trust objectives

### Author

Paul Jenkins, CEO

### Responsible Executive Director

Paul Jenkins, Chief Executive

## CQC – Focused Inspection of GIDS

### 1. Introduction

- 1.1 As the Council of Governors are aware the CQC carried out a focused inspection of the Trust's Gender Identity Development Service (GIDS) in October 2020. They published their report on 20<sup>th</sup> January. The report has previously been circulated to Governors.
- 1.2 In their report rated the service as "inadequate". It had been previously rated as Good in 2016. The overall "inadequate" rating was driven by "inadequate ratings" for the responsive and well led domains. Safe and effective domains were rated "requiring improvement" and the service was rated "good" for the caring domain with CQC and the patients and families they talked to giving positive feedback about the understanding, compassion and kindness of staff.

### 2. Waiting times

- 2.1 CQC made a number of areas of criticism in their report. Their biggest concern related to waiting times and this was the key reason for the inadequate rating for the responsive domain. As previously shared with the Board, they have already imposed an enforcement action on the Trust in relation to waiting times.
- 2.2 We accept the serious nature of issues around waiting times and the distress that delays in treatment cause patients awaiting treatment.
- 2.3 In response to the enforcement notice we submitted on 17<sup>th</sup> December a plan to CQC on the actions we can take to reduce waiting times.
- 2.4 As part of this we are also in discussion with NHS England, our commissioner about how we manage our referral criteria.

### 3. Other major areas of criticism

- 3.1 The report highlights a number of other important areas of criticism. These include the need for:
  - Improvements in record keeping including better and consistent capturing of risk and care plans.
  - A more standardised approach to assessment and other aspects of the work with the aim of reducing unjustified variation in practice.
  - Consolidation of the changes we have already made with the introduction of the standard operating procedures (SOPs) on safeguarding and consent. This includes a requirement for



a retrospective audit of live cases assessed before the introduction of the SOP on Consent in January 2020.

- Further action to support the service around culture and leadership including addressing issues about the raising and handling of concerns.

3.2 In total we have given 10 “must do” actions and 6 “should do actions” which will need to be addressed in our Action Plan.

3.3 These issues develop themes identified in the GIDS Review and in subsequent plans for improvement. They also continue to reflect the difficulties the service has experienced in managing its dramatic increase in scale and in operating in such a contested space. While CQC recognise some of the progress which has been since the GIDS Review their report and ratings do, however, mean we should significantly accelerate the pace of change.

#### 4. Management and Governance

4.1 In response to the CQC report and the breadth of existing actions flowing from the Judicial Review judgment we are proposing to take immediate action to strengthen management arrangements for the service and increase our clinical and operational capacity to deliver change. The key elements are:

- To set up a new Interim GIDS Management Board, chaired by the Divisional Director for Gender. This has replaced existing senior management structures in GIDS and provides a single point of accountability for both improvement programmes and existing service delivery. The Board is accountable to a new GIDS Oversight Committee which I chair, and which includes Debbie Colson as a Non-Executive representative. The Integrated Governance Committee, chaired by Dinesh Sinha, will mountain oversight on issues relating to clinical governance.
- Starting with the March meeting, we will present a regular report to the Board of Directors on progress in responding to the issues raised by CQC.
- The establishment of 6 work programmes which will report to the Interim GIDS Management Board. These include:
  - Work on the New Endocrine Pathway including the completion of clinical reviews and associated best interest orders as required by the JR judgment.
  - Wait List Reduction.
  - Clinical governance, safety and practice development
  - Organisational Development
  - Data strategy
  - Current GIDS clinical operational delivery
- The recruitment of a range of clinical and operational experts from outside the service, and in most cases from outside the Trust to increase our capacity to manage and deliver change

at pace. They are working alongside existing GIDS clinicians and operational staff in taking forward the identified workstreams. We have also invested in programme management capability to ensure we can effectively support all the work programmes and report to key internal and external audiences.

- We have also identified the need for additional communications capacity to support staff and patient communications at a time of significant change.

4.2 We anticipate the interim arrangements will last for between 6-12 months. Alongside this we will develop and implement plans for a longer-term restructuring of the service.

## 5. Progress to date

5.1 A significant amount of work has been progressed already. In particular:

- We have implemented the interim new management arrangements for the service.
- We have submitted our draft Action Plan to address the must do actions identified in CQC's report. CQC have come back with some limited initial feedback and we will now work a more detailed plan for each of the actions. The aim will be to sign this off at a Quality Summit involving CQC and NHS England which is in the process of being arranged.
- We have been progressing implementation of our waiting list action plan and have submitted our first two monthly reports.
- Met regularly with our commissioner, NHS England to discuss progress including discussing issues relating to referral criteria and the wider care pathway.
- Continued engagement with Hilary Cass about her review.
- Continued work in agreeing the methodology for the clinical review of existing cases. The first pilot reviews will be held shortly.

## 6. Conclusion

6.1 The Council of Governors are asked to note this report.

Paul Jenkins  
Chief Executive  
5<sup>th</sup> March 2021

**COUNCIL OF GOVERNORS – PART ONE**  
**MEETING HELD IN PUBLIC**  
**11 MARCH 2021, 1.30 – 4.00pm**  
**Online Meeting**

**AGENDA**

		<b>Presenter</b>	<b>Timing</b>	<b>Paper No</b>
<b>1 Administrative Matters</b>				
1.1	Fraud Awareness Training	RSMUK	1.30pm	Presentation
1.2	Chair's opening remarks and apologies	Chair	2.00pm	
1.3	Council member's declarations of interests	Chair		
1.4	Minutes of the meeting held on 10 December 2020	Chair		1
1.5	Action log and matters arising	Chair		Verbal
<b>2 Operational Items</b>				
2.1	Governor Feedback	All Governors	2.10pm	Verbal
2.2	Chair's Report	Chair and Non-Executive Directors	2.20pm	Verbal
2.3	Chief Executive's Report	Chief Executive	2.30pm	2
2.4	Finance and Performance Report	Deputy Chief Executive / Director of Finance	2.40pm	3
<b>3 Items for discussion</b>				
3.1	Strategic Review	Chief Executive	2.50pm	4
<b>4 Items for information</b>				
4.1	CQC GIDS Focussed Inspection	Chief Executive	3.25pm	5
<b>5 Any other matters</b>				
5.1	Any other business	Council Members	3.45pm	Verbal
5.2	Questions from the Public	Public	4.00pm	Verbal
<b>7 Date of Next Meeting</b>				
	10 June 2021 – 2.00pm – 5.00pm, online meeting			
	9 September 2021 – 2.00pm – 5.00pm, venue to be confirmed			