



The Tavistock and Portman
NHS Foundation Trust

Council of Governors Part One

Agenda and papers of a meeting to be held in public

**Thursday, 10th
June 2021**

**For timings
please refer to
the agenda**

**Meeting held
online**

**COUNCIL OF GOVERNORS – PART ONE
MEETING HELD IN PUBLIC
10 JUNE 2021, 2.00pm – 5.00pm
Online Meeting**

AGENDA

	Presenter	Timing	Paper No	
1 Administrative Matters				
1.2	Chair's opening remarks and apologies	2.00pm		
1.3	Council member's declarations of interests			
1.4	Minutes of the meeting held on 11 March 2021		1	
1.5	Action log and matters arising		Verbal	
2 Operational Items				
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
3 Items for discussion				
3.1	Strategic Review- Framework for Change	Chief Executive (Interim Director of HR and Joint Programme Leads in attendance)	3.00pm	4
3.2	GIDS Transformation	Divisional Director, Gender Services Division	3.45pm	5-late
4 Any other matters				
4.1	Any other business	Council Members	4.15pm	Verbal
4.2	Questions from the Public	Public	4.25pm	Verbal
5 Date of Next Meeting				
	9 September 2021 – 2.00pm – 5.00pm, venue to be confirmed DQ: add date of AGM; timing not yet agreed			

Council of Governors Meeting Minutes (Part 1)
11 March 2021, 2.00pm – 3.50pm
Meeting held online via Zoom.

Present:			
Prof Paul Burstow Trust Chair	Jessica Anglin D'Christian Governor – Staff	Simon Carrington Governor - Staff	Kathy Elliott Governor – Stakeholder
Noel Hess Governor – Public	Badri Houshidar Governor – Staff	Freda McEwen Governor - Public	George Wilkinson Lead Governor – Public
Kimberley Wilson Governor - Public			
Attendees:			
Dinesh Bhugra Non-Executive Director	Emily Buttram Consultant (item 3.1)	Debbie Colson Non-Executive Director	Fiona Fernandes Business Manager Corporate Governance (notes)
David Levenson Non-Executive Director	Paul Jenkins Chief Executive	Terry Noys Deputy Chief Executive/Director of Finance	Helen Robinson Interim Director of Corporate Governance
Shalini Sequeira Associate Non- Executive Director	Julia Stacey Associate Director of Business Development (item 3.1)	Ian Tegerdine Interim Director of HR (item 3.1)	
Apologies received:			
John Carrier, Governor-Public; Richard Murray, Governor-Public; Jane Perry, Stakeholder Governor; Juliet Singer, Governor-Public; Simon Yu Tan, Governor-Public;			
Apologies not received:			
Maz Afridi, Governor-Public and Salma Asokomhe, Governor-Public			

Actions from the minutes of the meeting held in December 2020

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** Governors attended the Fraud Awareness Training prior to the commencement of the meeting.

1.2 Welcome and Apologies

1.2.1 Prof Burstow welcomed all of those in attendance and informed the Council that Mr Jenkins had to attend a meeting with the Mayor and would be joining the meeting later.

1.2.2 Apologies were noted, as above.

1.3 Declarations of Interest

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

1.4 Minutes of the Previous Meeting

1.4.1 The draft minutes were agreed as an accurate and true record.

1.5 Action Log and Matters Arising

1.5.1 All actions were noted as completed.

1.5.2 Ms Robinson informed the Council that there will be a part three section of the meeting and chaired by Mr Wilkinson, Lead Governor. To ensure quoracy, she requested that it followed the part one.

1.5.3 Prof Burstow agreed to the part three section of the meeting being brought forward.

2. Operational Matters

2.1 Governors' Feedback

2.1.1 Mr Wilkinson noted that, during their pre-meeting, Governors had raised a number of issues some of which would be discussed through the agenda relating to the Covid vaccination programme, expectations of Managers' roles in the Strategic review and the recent meeting of the Nominations Committee.

2.1.2 Mr Wilkinson noted that he had attended the Integrated Governance Committee (IGC) and the Tavistock Centre Programme Board.

2.2 Chair's Report

2.2.1 Prof Burstow noted that his focus since the previous Council meeting has been supporting Mr Jenkins, the Board and the executives in the response to the Care Quality Commission (CQC) focussed inspection. He had been was involved in the briefing sessions with the members of the Council on those issues and also consulting with the Non-Executive Directors and Mr Jenkins to ensure that the appropriate governance arrangements in place to provide the correct lines of sight around the Strategic Review.

2.2.2 Prof Burstow noted that the relocation project business case was in line with the Strategic Review.

- 2.2.3 Prof Burstow noted that he had met with Mike Cook, Independent Chair of the Integrated Care System (ICS) for North Central London (NCL), on the implications of the Government's White Paper on health reform and some of the changes in key personnel across the system.
- 2.2.4 Prof Burstow noted that he had also met with Jackie Smith, Chair of Camden and Islington NHS FT about some forthcoming changes and advised that she had been appointed in addition as Chair of Barnet, Enfield and Haringey NHS Trust.
- 2.2.5 Prof Burstow noted that the process for the recruitment for two new Non-Executive Directors had commenced.
- 2.2.6 Prof Burstow noted that he was taking a very close interest in the uptake of the Covid vaccination programme and commended significant progress which had been made
- 2.2.7 The verbal report was noted.

2.3 Chief Executive's Report

- 2.3.1 Mr Jenkins presented his report highlighting the salient points:
- 2.3.2 The Trust has been granted permission to appeal the judgement of the Judicial Review, and the hearing will be held in June 2021. Our service partners at University College London Hospitals NHS FT and Leeds Teaching Hospital NHS FT together with a number of other parties have been granted permission to intervene in the case.
- 2.3.3 A clinical review of patients currently undergoing endocrine treatment and those referred to the endocrine services who have not yet started treatment will be commencing. This review responds to the requirement of the judgement as well as the resulting changes to the specification introduced by NHS England in the wake of the judgement.
- 2.3.4 Throughout the pandemic, the Trust continued to deliver all its services using a blended model of delivery, flexing face to face delivery as required and post Easter plans will be developed to increase the level of face to face clinical services in line with central guidance on restrictions. The educational service delivery has remained primarily remote through the current quarter.
- 2.3.5 The Trust's Gold level command Emergency Preparedness, Resilience and Response (EPRR) continue to meet on weekly basis and continue to monitor safety and keep infection prevention and control (IPC) requirements using a number of standard operating procedures (SOPs).
- 2.3.6 The Trust has been working with other providers and has been actively involved in the provision of support for staff wellbeing through the NCL wellbeing hub. Funding for this has been confirmed for 2021/22.
- 2.3.7 Staff have had access to Covid vaccinations at the Royal Free Hospital and the key priority is to optimise the number of staff receiving the vaccination. To date, the vaccination uptake is 70% and, line managers have been asked to have one-to-one conversations with their staff who have not yet had the vaccinations to iron out any issues or concerns related to the vaccination.

- 2.3.8 In December 2020, the Trust was informed that its application to be registered with the Office of Students (OfS), the official regulator of Higher Education, had been approved. We are the first NHS Trust to be listed on the OfS register. The registration provides the Trust with a number of opportunities and benefits and recognises that our courses are well-designed and deliver high quality academic experience with the required the management, governance and financial resources to deliver courses as advertised.
- 2.3.9 Being on the OfS register and a Trust as a sponsor of international students will bring additional benefits, for example in relation to previous limitations prior to registration concerning the duration of studies for international students.
- 2.3.10 Mr Jenkins thanked Mr Rock, Director of Education and Training/Dean of Postgraduate Studies and his team for their work to achieve this registration.
- 2.3.11 Mr Hess queried what the determining factors would be returning to face-to-face activities. Mr Jenkins noted that the biggest driver to face to face activities would be based on patient need, clinical and educational. Mr Jenkins commented that the emerging consensus was that remote working worked well with feedback from managers having indicated that periodic face to face team meetings have continued to take place. It is evident that some staff will benefit from blended working with a clear need to ensure that all aspects of our provisions are considered.
- 2.3.12 Mr Hess queried the level of vaccinations within different staff groups. Mr Jenkins noted that Covid vaccinations rates among white staff were much higher than those for BAME staff and that some staff required more time to determine whether or not to be vaccinated.
- 2.3.13 Prof Bhugra noted that at the Cavendish Chairs Group Meeting that he attends, the ethnic minority staff do not want to have the vaccination due to concerns about the long term effects. There is evidence from Public Health England (PHE) that people from the Bangladeshi community were less likely to have the vaccination. He expressed the view that the Trust should emphasise in its communications to staff the benefits of vaccination for individuals, their families and their communities.
- 2.3.14 The Council of Governors noted the report.

2.4 Finance and Performance Report

- 2.4.1 Mr Noys noted that there was ongoing uncertainty about the finances within the NHS system with an overall aim of break-even across the NHS and at individual Trust level. The Trust had recently been informed of £1.8 million additional funding and of further ICS funding. It is anticipated that the Trust would break even at the end of this financial year with a small surplus. The underlying deficit remains and is one of the challenges being addressed by the Strategic Review.
- 2.4.2 Responding to Ms Wilson, Mr Noys advised that our expectation is that the Trust would retain the surplus funds however as the end of the financial year is approaching, the likelihood is that we would not be able to use them this year. It does for next year is that the Trust maybe able to afford increased capital expenditure whilst recognising the possible imposition of a capital expenditure budget/limit, as had been applied for the first time in the first month of the current year.

- 2.4.3 Prof Burstow noted that the normal planning guidance that contextualises the financial arrangement for each year had not yet been published. He commented that the pandemic will have financial ramifications into the next financial year e.g. staff leave carried forward. He informed the Council of the implication in the White Paper, concerning a new statutory duty to be placed on NHS providers- including Foundation Trusts to set and achieve financial targets at ICS level. This represents an important change,
- 2.4.4 Responding to Ms Elliott, Mr Noys emphasised the link to the underlying deficit which will be explicitly shown in future budget reports. A number of contracts have been discontinued and new business is hard to secure within a context of increasing costs. Additional NHS funding related to Covid is short-term and it is clear that some of this will be clawed back. He concluded by advising that there is very clear that once Covid is over they will NCL ICS has the highest deficit in the country.
- 2.4.5 The Council of Governors noted the report.

3 Items for discussion

3.1 Strategic Review

3.1.1 Mr Tegerdine, Ms Stacey and Ms Buttrum attended the meeting for this agenda item.

3.1.2 Mr Tegerdine delivered the presentation and highlighted the five key challenges are:

- **Financial** – traditional sources of income such as the National Training Contract have declined, and the impact of the pandemic for example short courses. The financial gap is over £5million.
- **Operational** – some activities are too fragmented to be operationally viable, and in other cases we have struggled operating at a greater scale.
- **System** – the health and acer system is moving to a more integrated model of provisions based on an Integrated Care System. We need to ensure our activities are relevant to these emerging priorities.
- **Data and impact** – we have not been always able to evidence, internally or externally the impact of our activities and the distinctive value of our specialist work.
- **Diversity** – 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 the ethnic minorities.

3.1.3 The four phases and the associated timetable for each phase were detailed :

- Phase 1 – Discovery and Engagement – until the end of April 2021 and which will also include engaging with staff on the whole programme.
- Phase 2 – Development – April to August 2021 to develop and produce an organisation structure to inform the formal consultation phase. There will be workshops with staff focussing in on the information there is and seeking staff contributions.
- Phase 3 – Formal Consultation August – September 2021 in line with the Trust Change Policy.

- Phase 4 – Transition –October to December 2021 onwards to enact the transition of staff and reconfigure services to implement the new structure from 1st December.

3.1.4 Mr Tegerdine noted that the emerging themes from the Discovery phase are:

- Difficulties in generating the contribution required to cover overheads
- Productivity and complexity, including a lack of consistent approach to job planning
- Fragmented workforce with a high headcount to WTE ratio. In Clinical services there are 1.8 people for every WTE employed which may in part reflect on the specialist nature of our services but provides operational and financial challenges as a result.
- The need to understand the work undertaken by trainees do and maximise the benefit both for training and for services.
- The significant number of managers in the organisation working within differing structures, often in small service units, and with different expectations and levels of capability.
- The failure to gather significant data through outcome measures and other means to demonstrate the impact of our work. IT has been identified that within clinical services only 10% of outcome monitoring forms were being completed on CareNotes.

3.1.5 Mr Tegerdine indicated that that the Vision for change had been launched at the start of the week and that a number of staff engagement events were taking place during March to April. Mr Tegerdine highlighted the following areas of the Vision for change.

- Being a modern and inclusive centre of excellence on mental health and gender
- Consistently offer quality and value
- Responding quickly to new challenges and opportunities
- Demonstrating our impact on the lives of patients and students
- Becoming a diverse and inclusive organisation which is anti-racist in its attitudes and behaviours.

3.1.6 Mr Tegerdine emphasised the timetable of the four phases and advised that there would be a four week engagement plan introducing the Vision and Principles document to staff through emails, a dedicated page on the intranet including frequently asked questions, weekly drop in sessions co-delivered by the Programme Management Office (PMO) and trade union representatives. The engagement period closes on 6th April 2021.

3.1.7 Mr Hess enquired whether the term productivity related to the number of appointments or patient contacts, and whether this was a NHS definition or the Trust's definition. Mr Tegerdine noted that they were looking at other Trusts and that productivity was one aspect of it. There was a model that the Trust would be working by.

3.1.8 Mr Hess queried whether there was a sense of how much anxiety the Strategic Review was stirring up. Mr Tegerdine emphasised the commitment to be open, honest and transparent to keep staff informed. Mr Tegerdine accepted that there will be some difficult consequences arising from the review including supporting staff who wish to leave the organisation and planning with others remaining with the organisation in a new role.

3.1.9 Prof Burstow commented that this approach had formed an important part of the discussions at EMT and Board level about the speculation of the Strategic Review and on Monday, there was an all staff session which dispelled the speculation.

- 3.1.10 Responding to Ms Anglin D'Christian, Mr Tegerdine commented that the Trust has a significant number of small services that have been commissioned in and developed in different ways. A very high number of managers have moved into management by default for example senior clinicians, and resources have not always been allocated to develop their management skills. There is a need to professionalise our management through clarity about structure, expectations, span of control and development.
- 3.1.11 Responding to Ms Elliott's questions, Mr Tegerdine noted that work is ongoing with the Patient and Public Involvement (PPI) team and patients are not expected to experience any difference in the services that they are receiving.
- 3.1.12 Ongoing environmental scanning to identify business development opportunities is taking place together with market analysis to build on existing organisational strengths and potential contribution.
- 3.1.13 Ms Stacey provided assurance in relation to oversight of the Strategic Review. From the Business Development Group (BDG) through to the Strategic Commercial Committee (SCC).
- 3.1.14 Mr Hess noted that the dependence on trainees especially NHS psychotherapy services were traditionally run by trainees/honoraries and queried why this was being flagged as a problem and, would it not create challenges for management? Ms Stacey commented on the need to understand the course/clinical performance and where trainees are linked together in terms of educational provision and profitability.
- 3.1.15 Mr Noys added that this was a complicated issue in that whilst we have the benefit of trainees, clinical training carried a cost. It was recognised that the implications required further investigation.
- 3.1.16 The Council of Governors noted the report.

4 Items for information

4.1 CQC GIDS Focussed Inspection

- 4.1.1 Mr Jenkins presented the report and highlighted the salient points:
- The CQC focussed inspection report concerning GIDS had been published on 20th January 2021.
 - The report rated the service as 'Inadequate' overall where it had previously been rated as 'Good'. The overall rating was driven by "Inadequate ratings" for the responsive and well led domains. The safe and effective domain had been rated "Requiring improvement" and the caring domain rated "Good" A number of patients and families had provided positive feedback about the understanding, compassion and kindness of staff.
 - An action plan has been submitted to CQC and is awaiting approval.
 - In response to the report, there have been changes in management and governance including the establishment of interim management board chaired by the Divisional Director for Gender Services as the single point of contact for leadership and delivery of work streams.

- A range of external clinical and operational experts have been appointed to increase the Trust's capacity to manage and deliver change at pace. These additional post holder's will be working alongside existing GIDS clinicians and operational staff.
- The need for additional communication capacity to support staff and patient communications during this time of significant change has been identified and is being addressed.
- Waiting time issues have been discussed with our commissioners, NHS England, specifically related to referral criteria.
- Dr Hilary Cass who is currently undertaking a review of the GIDS has met with staff and has stated that she felt reassured having done so.

4.1.2 Dr Colson advised that an oversight group for GIDS which she attends as the NED representative and which meets fortnightly to review the action plan. She indicated that an impressive amount of work has already been done by the GIDS team taking a pragmatic and robust approach to address waiting lists and longer term service stability.

4.1.3 The Council of Governors noted the report.

5 Any other matters

5.1 Any other business

5.1.1 Prof Burstow advised that, following discussions with Mr Jenkins the Joint Board of Directors and Council meeting scheduled for 6th April had been cancelled. The session will be re-arranged to align with the progression of the Strategic Review.

5.2 Questions from the Public

5.2.1 There were no questions raised.

5.2.2 The meeting closed at 15:25.

Report to	Date
Council of Governors	June 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
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Paul Jenkins, CEO	Paul Jenkins, Chief Executive
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Chief Executive's Report

1. Strategic Review

- 1.1 The Strategic Review continues to be a major focus for the organisation. We have now completed consultation on the Vision and Principles document and are proceeding with the development of a further wave of engagement with staff.
- 1.2 As part of this we are issuing to staff this week a Framework for Change document. Based on a set of “compass points” this will aim to explore some of the key issues in more depth ahead of producing proposals for formal consultation in September,
- 1.3 In parallel we have been developing a specification for an externally led Board Governance Review to review the work of the Board and its Committees alongside the Strategic Review.
- 1.4 We will be discussing the Strategic Review later in the agenda.

2. NCL MH Commissioning Review

- 2.1 The NCL CCG is undertaking a review of the commissioning of mental health service across North Central London. An associated review of community health services is also underway.
- 2.2 The review has the aim of developing a core mental health offering across North Central London. This would aim to provide consistency in service delivery and tackle health inequalities while recognising that there will be some variation in how that offer is deployed depending on local need. The CCG has commissioned Carnall Farrar to support the review. The Trust is engaging closely with the review recognising its significance for the future of local services.

3. Covid19 Update

- 3.1 The Trust has been closely following the review and relaxation of social restrictions by the Government. Schools and other educational settings have reopened since March and presentations in CAMHS, and adult pathways have been high. All mental health Providers, including our own services have reported increasing activity and demand for services, as the service users have sought help for their needs.
- 3.2 The Trust, its clinical services and all our staff and trainees are now preparing for a significant return to Trust premises. There are significant reasons to return in greater numbers to face-to-face settings in a phased return for improved communication, working within teams, team building, offering patient choice, staff wellbeing, confirming future patterns of working in all our pathways etc.
- 3.3 In proactively responding to the changing scenario, we have created a guidance for teams working for the next phase for our clinical services and similar planning is ongoing for Trust educational services. We are not expecting to return to pre-pandemic patterns of work/ delivery, though we expect to use the forthcoming period to trial a more permanent blended model of delivery.
- 3.4 The key strategies for keeping staff and service users safe during COVID 19 are to perform regular hand hygiene, screen service users before attending, use PPE in accordance with guidance, decontaminate resources after use, and keep separate toy boxes for each child attending as well as screening the patient/family before they attend. We will continue to provide services in line with government advice for health and/or education services as appropriate.
- 3.5 There continue to be concerted efforts to promote the highest possible rates of vaccination for Trust staff, using several opportunities for vaccinations with local partners including RFH, CLCH and C&I.
- 3.6 The Trust EPRR Gold group continues to meet weekly to take stock of the changing situation and modify communications to the Trust using a variety of methods including all staff briefings, communication messages etc.

3.7 Any relevant information is also shared with the EMT and brought to the Trust Board, as appropriate. We have created a dedicated page on the intranet collating various IPC resources and procedures/ instructions, as issued and do regular messaging to maintain engagement and compliance.

4. Equalities

- 4.1 We have launched at the all staff meeting on 26th April, the External Review of the Trust's culture in respect of race.
- 4.2 The first wave of work has included promotion of workplace race survey which has been distributed to all staff in the organisation. This will provide a crucial level of quantitative data for the organisation on attitudes across the organisation towards race equality. In total 523 members of staff completed the survey.
- 4.3 The next stage of the work involves a series of qualitative 1:1 and focus group interviews with the review team. The team will also undertake a review of our policies and governance arrangements.
- 4.4 The aim is that the External Review will report to the Board in July.
- 4.5 At the same time, we have been undertaking consultation across the organisation on the next iteration of our Race Equality Strategy including our public commitment to become anti-racist organisation. This included a presentation at the Board seminar on 27th April. We recognise the need for some significant action across the organisation if we are to deliver the ambition we aspire to.
- 4.6 We have undertaken a process to recruit an Associate Director for Equalities. This reflects the urgent need for senior resource to address the work of developing the refreshed Race Equality Strategy and other emerging equalities issue. The post has been advertised as a one-year fixed term appointment in recognition that we will want to review our governance and leadership arrangements for work on equalities in the light of findings from the external

review. I am delighted that Irene Henderson, our existing Race Equalities Champion, has been appointed to the role.

- 4.7 We are also looking at work on other equalities issues. Given the Trust's role as a major provider of gender services we are looking to start some work on issues relating to trans people. This includes how we secure stronger advice on these issues.

5. GIDS

- 5.1 There continues to be a lot of ongoing work in relation to GIDS and a report on the GIDS transformation programme is on the agenda later.
- 5.2 Following our CQC Inspection report, we attended, on 5th May, a Quality Summit to report on our plans for addressing the requirements set out by CQC and to highlight areas where we needed the support of the system in achieving improvements.
- 5.3 We are working with NHS England on the details of their plans for establishing panels to review decisions made to refer patients aged under 16 to endocrine services. This follows the recent judgment made in the Family Court. The panels will aim to review the robustness of the process followed in reaching decisions, not the clinical decisions themselves. They will not consider cases aged 16–17 where it is recognised that a different legal framework applies.
- 5.4 We are continuing our preparations with our legal team for our appeal against the JR judgment in December. The hearing is due to be held on 23–24th June.

6. Graduation

- 6.1 On 24th April and 15th May we held two online graduation ceremonies for students graduating in 2019 and 2020 (our ceremony in March 2020 had to be cancelled due to the pandemic). The ceremonies went well and included

the award of honorary doctorates to the poet Lemn Sissay and Nicola Byrom, the founder of Student Minds.

Paul Jenkins
Chief Executive
7th June 2021

Report to	Date
COUNCIL OF GOVERNORS	10 June 2021

FINANCE AND PERFORMANCE REPORT

Executive Summary

Attached is a summary of the financial performance of the Trust for 2020/21.

The result shows a net surplus for the year of £0.7m, after NHSE and NCL ICS top up payments of £5.9m. Excluding these payments the position would have been a net deficit of £5.2m

Recommendation to the Council

The Council is asked to note the report

Trust strategic objectives supported by this paper

Finance and Governance

Author

Udey Chowdhury, Director of Financial Operations

Responsible Executive Director

Terry Noys, Deputy CEO and Director of Finance

Financial Performance for the year ended 20/21

	2020/21 £'000	2019/20 £'000		2020/21 £'000	2019/20 £'000
	Excluding Top-up / PSF	Excluding Top-up / PSF		Per Accounts	Per Accounts
Income					
Patient Services	41,199	35,275		41,199	35,275
Education and Training	18,934	24,088		18,934	24,088
Research	466	612		466	612
Other	676	1,007		676	1,007
Top-Up Funding				4,165	0
FRF/PSF Funding					700
	_____	_____		_____	_____
Total	61,227	60,982		65,442	61,682
Expenditure					
Pay	(47,056)	(43,799)		(47,056)	(43,799)
Non-Pay	(15,498)	(15,690)		(15,498)	(15,690)
	_____	_____		_____	_____
Total	(62,553)	(59,489)		(62,553)	(59,489)
EBITDA	(1,277)	1,493		2,889	2,193
Depreciation and amortisation	(1,628)	(1,383)		(1,628)	(1,383)
Bank interest	3	54		3	54
Other finance costs	(11)	(38)		(11)	(38)
Dividend to the DoH	(578)	(608)		(578)	(608)
	_____	_____		_____	_____
Retained surplus before restructuring costs	(3,491)	(482)		675	218
Impairment of fixed assets	0	0		0	0
	_____	_____		_____	_____
Retained surplus / (deficit)	(3,491)	(482)		675	218

EBITDA margin	(2.08%)	2.45%		4.41%	3.56%
Net surplus margin	n/a	n/a		1.03%	0.35%

Commentary

The Trust achieved a net surplus for the year of £675k, an increase of £457k compared with the prior year. Control totals were not set during the financial year, but instead the Trust net surplus was managed in conjunction with wider North Central London Integrated Care System (NCL ICS) and NHS England priorities. During the Covid pandemic all NHS trusts have been in receipt of central top-up funding to ensure financial issues did not impede the delivery of patient services.

The amount received by the Trust has been £5,927k. Without this funding, the Trust would have had a deficit of £5,252k.

During the year, the Trust received £1,298k of funding to support Covid-related activity.

The tables below show the major movements in income and expenditure during the year.

Income bridge from 19/20 to 20/21

	£000	
19/20 Totals	61,682	
Top-up Funding – from NHS England	4,165	
NCL ICS redistribution of central reserve	1,107	
NCL ICS Top-up funding	660	
Covid Reimbursement – direct costs and cash for annual leave provision	1,298	
Loss of FNP revenue from 19/20	(2,545)	

Other losses (Westminster, Hammersmith, Fulham, North West London ICS, Named Patient agreements not reimbursed directly)	(919)	
20/21 Total	65,442	

Staff Costs bridge from 19/20 to 20/21

	£000	
19/20 Totals	43,799	
Increase in annual leave due to Covid	1,084	
Directly related Covid costs	502	
Inflationary increases and full year effect of new starters from 19/20	1,558	
Increase in agency costs	116	
20/21 Total	47,056	

Non-Pay Costs bridge from 19/20 to 20/21

	£000	
19/20 Total	15,690	
Provision for overpayments and other legal costs	567	
Increases in Premises' business rates costs – full year of Lief House	133	
Savings on Educational delivery	(273)	
Savings on travel	(450)	
Other savings on property and establishment	(169)	
20/21 Total	15,498	

Report to	Date
Council of Governors	June 2021

Key items to note

Following on from the formal report to the Council of Governors on progress of the Strategic Review presented in March 2021, this report provides an update of progress of the Strategic Review.

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 Update June 2021

1. Introduction

- 1.1 At the March Trust Council of Governors, a summary of progress of the Strategic Review to date was presented. This report provides an update on the progress of the Strategic Review.
- 1.2 This includes publication of a Framework for Change Document which is being shared with staff week commencing 7th June.
- 1.3 A reminder of the phases and timing of the review are set out in Appendix 1.

2. Progress update

- 2.1 The Programme is governed through a fortnightly Programme Board, and regular reporting to, and discussion at the Trust Board of Directors. Risks are being actively managed through a programme risk log.
- 2.2 To manage this significant programme of work the key interfaces with other significant programmes in the Trust have been mapped out and understood in order that programmes can work together where required.
- 2.3 The Discovery work for which the emerging findings were presented at the last meeting, has largely been completed.
- 2.4 The Vision and Principles Document also shared last time, was finalised following a positive period of engagement with the staff and the final document was signed off by the Trust Board in April.
- 2.5 Together, the findings from the Discovery work and the Vision and Principles engagement have been used to develop two critical steps for the Programme as it moves into the Development Phase of the review.
 - 2.5.1 Firstly, a set of up to 20 staff engagement workshops running from week commencing 7th June through to the end of July. These workshops are themed around the key emerging issues, aiming to explore these with staff.
 - 2.5.2 Secondly, in the work we have carried out so far, six key areas of change have been identified to address the challenges we face. Together, these form the Framework for Change, which is being communicated to staff week commencing 7th June.
- 2.6 Communications both internally and externally will increase during the coming period, with a weekly internal update planned and key external messages delivered through Programme Board existing relationships.

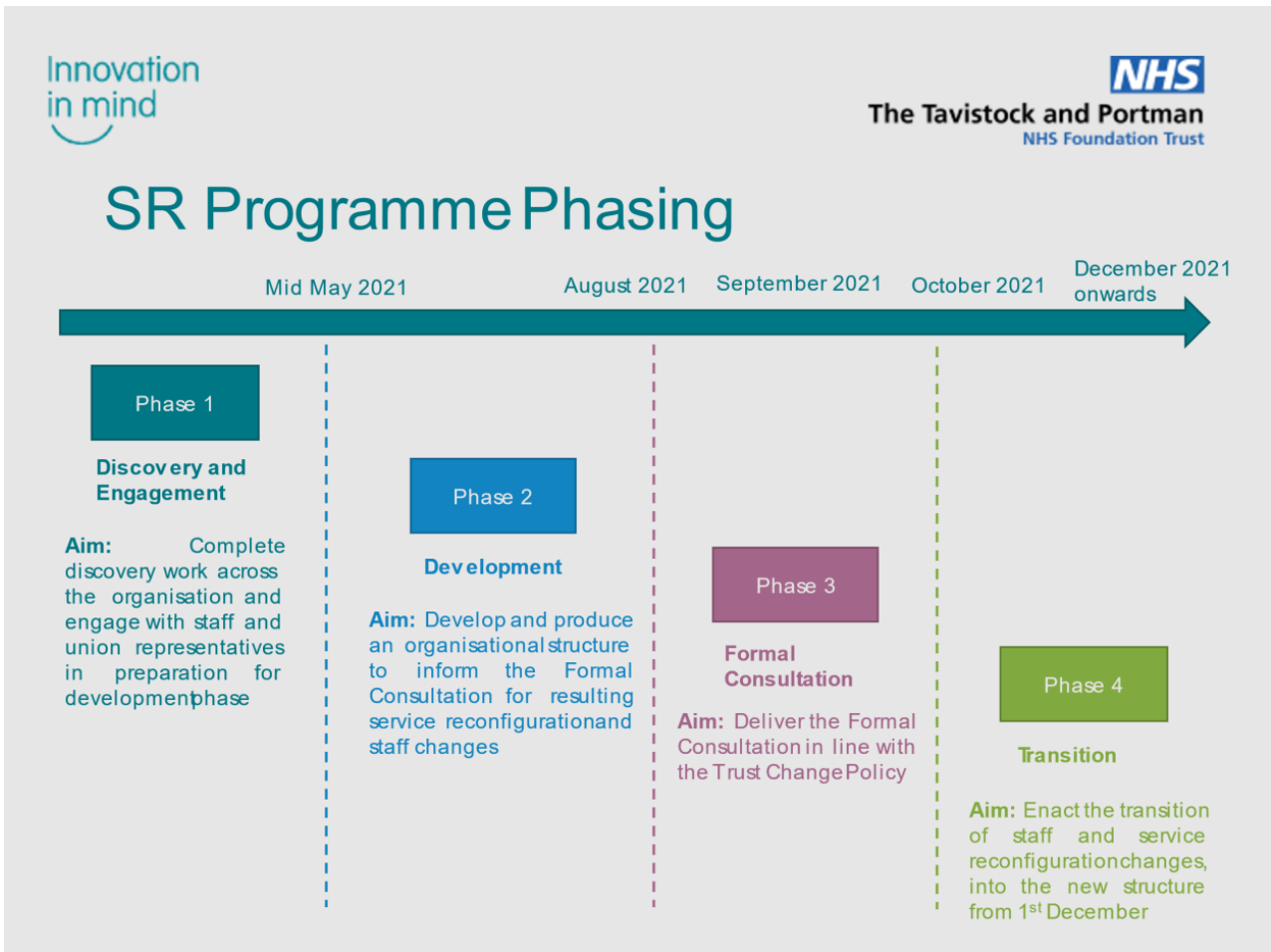
2.7 Planning for the support of staff through this difficult time is being supported by a wellbeing strategy prepared by the SRO Ian Tegerdine. The offer will include individual support packages.

3. Conclusion

3.1 The Council of Governors are invited to consider the report and the Framework for Change.

Paul Jenkins
Chief Executive
June 2021

Appendix 1. Strategic Review Programme Phases



Trust Strategic Review Framework for Change

Introduction

1. The Strategic Review's purpose is to identify the actions required to secure the future sustainability of the Tavistock and Portman and its distinctive approach to understanding mental health and wellbeing.
2. In the Vision and Principles document published in March we identified 5 challenges the Trust faces and outlined the emerging conclusions from the initial discovery work and the principles for change.
3. Appendix 1 sets out the timetable for the Strategic Review. We are now in *Phase 2: Development* and this document explains the key aspects of the change programme that will result from the Review.
4. In June and July, we will be using this Framework to engage with staff through a series of workshops, detailed in Appendix 2.

Background

5. The Vision and Principles document outlined five significant challenges:
 - **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 as care pathways are reviewed across the sector.
 - 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. At present this points to a current financial deficit of over £5 million against a turnover of £57 million.

- 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, minority ethnic and other diverse backgrounds.
- an **operational challenge** –our activities are too fragmented to be operationally viable while paradoxically 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.
- 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.

Setting out our purpose

6. We have embarked on this programme because we believe that the Trust embodies an important approach to mental health, and which we should fight to preserve and enhance. To do so requires a willingness to change how we work and how we organise our business.
7. The models of thinking, teaching and clinical practice the Trust represents have a lot of relevance to contemporary problems and to the support we can offer other parts of the system. There is an urgent need to state this offer in a manner which is understandable and meaningful to the new commissioners within our changing landscape and for other organisations and practitioners working alongside us in health, care, education and other settings.
8. In redefining our purpose, we will build on four principles:
 - We offer the skills to work with individuals with some of the most complex and challenging difficulties.
 - Our services are configured to work directly with those individuals or to support other professionals or networks in doing so. We are committed to innovation at service and system level.
 - We have a track record of understanding and supporting individual and organisational wellbeing.

- We offer a unique blend of clinical and educational expertise, being the only NHS Trust, independently registered with the Office for Students and with aspirations to acquire degree awarding powers and grow our new, state of the art, Digital Academy.
9. We will use the next phase of staff engagement to develop and refine these features in consultation with staff and other stakeholders.

The Framework for change - 6 key areas

10. In the work we have carried out so far six key areas of change have been identified to address the challenges we face. Together, these form our Framework for Change.

A blended model of delivery

11. We will enhance the new ways of remote working we have established over the last year. This means aiming to deliver enhanced online provision for patients and students, with up to 50-60% of national services delivered online, 20-30% of local services, all short courses and up to 30% of long courses, with all lectures delivered asynchronously. We will develop a clear view of where face to face delivery is crucial and adds specific value to patients, students and staff.
12. The future use of our estate will prepare the ground for our plans for relocation. We will expect staff, across all areas of activity, to continue to work on a hybrid basis coming to office or clinic spaces according to the demands of the service they are working in. Office spaces at the Tavistock Centre will be shared and booked ahead. As a result, we will reduce our accommodation footprint, release building leases and their associated costs.

Increasing clinical productivity

13. Our work, including initial financial modelling, has shown that increasing the number of patients we can see per week towards our target of 16 appointments per wte clinical member of staff, can make a very substantial contribution both to addressing our financial challenge and to improving access to our services. This is key to improving the experience of patients and convincing our commissioners and referrers that they can trust us with their most vulnerable groups of patients.
14. Job planning and improvement in productivity will therefore form a key pillar of the change programme. This means that where needed, services will be restructured to support this change. The workshops will explore with staff how we can implement this intention and what barriers we need to overcome to do so.

An affordable and effective management structure

15. Our current management structure is too fragmented.
16. There will be a Trust wide management restructure, to create a meaningful and affordable new structure. We will increase the average span of management in the Trust to between 8-10 staff per manager. We recognise the importance of and value of management in our organisation, so whilst we will have fewer managerial roles, we will provide improved training and support for managers so that they are empowered to carry out their roles effectively, with clear structures, time and clarity of expectation. This will have implications for the structures of services and, at different levels, the number of individual operational units the Trust can afford to support.
17. We are committed to effective professional leadership within the Trust and will set out proposals for an affordable and integrated structure to support this.
18. As part of our proposals will look at issues around staff development and progression in the organisation with a critical focus on addressing diversity.

Improving the financial viability of our courses

19. The financial viability of our courses will be improved through a review of course structures to reduce fractionality and increase scale, which may mean closing or shortening courses, rationalising course content or joining parts of courses together. The move to greater online delivery will allow for improved timetabling and the further use of Associate Lecturer roles. While remaining an important part of our educational offer, this will mean a reduction in our use of Visiting Lecturers.

Strengthening the collection and use of data

20. Our systems need to become enablers for the delivery of improved reporting and data management. Investment in specialist resources to help us get the best from our existing systems and new systems for self-automation, will be a key feature of the change.
21. We will improve how we measure our impact, in particular in respect of patient outcomes, and reduce the number of manual processes staff need to undertake to carry out their roles effectively. We will introduce clear lines of accountability for the collection and quality of data including the responsibilities of individual staff members.

22. There will be changes in the way we structure our corporate and support functions so as to strengthen the crucial role they play in delivering our organisational objectives. This will include adjusting the alignment of some functions, consolidating similar functions together, streamlining processes and offering administrative staff improved career progression opportunities through revised structures.

Next Steps

23. During June and July, we are running a series of **staff workshops**. This is an opportunity for staff to engage on the key aspects of the change programme laid out in this Framework to help inform our thinking on these and other important topics. We appreciate the difficulty in attending meetings of this nature and hope services will be able to identify single representatives to attend the workshop most relevant to them and that managers will take steps to ensure staff are in a position to attend.
24. All details of the workshops can be found on the intranet [\[link\]](#).

Support for staff

25. We recognise the difficulties staff face in approaching a change programme of this size whilst delivering safe and effective services and dealing with the many challenges we face at the minute. Working with Union colleagues and Human Resources, the Review programme will offer bespoke support packages to all who need it.

Diversity

26. The Vision and Principles document highlighted our recognition of the challenge we face in the organisation around diversity. We are now well advanced in the work of the external review on race. The response to the review, together actions in respect of other equalities issues, will play a key role in the proposals we bring forward through the Strategic Review.

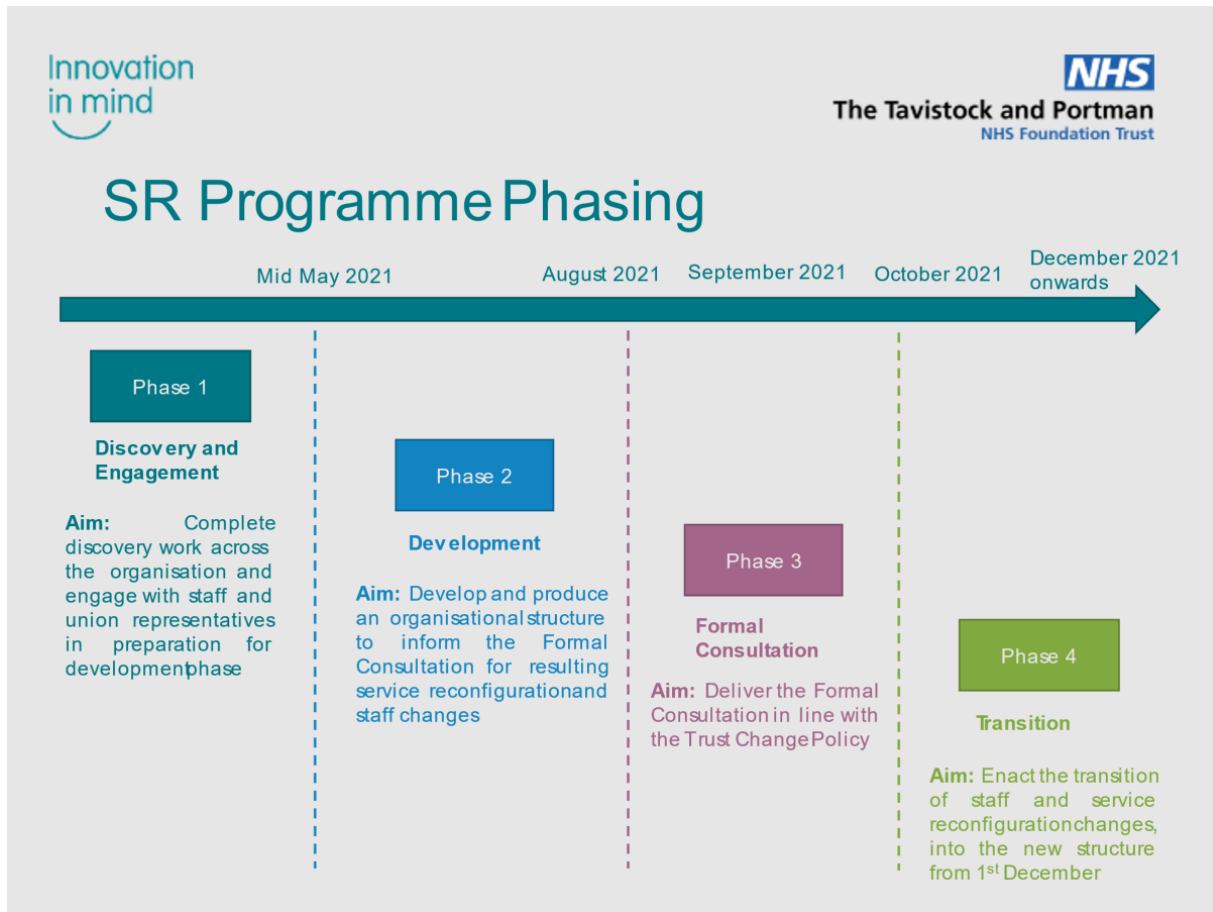
Conclusion

27. The Strategic Review represents the commitment to try to preserve the unique contribution the Tavistock and Portman can make to mental health and wellbeing both in North Central London and across the country.

28. This phase of the Review provides an opportunity for staff to engage on the key challenges in the Development please laid out in this framework to help inform the proposals for a formal consultation on change which we are aiming to launch in early September. Please get engaged.

June 2021

Appendix 1 Strategic Review Timeline



04b. Framework for change

Appendix 2 Strategic Review Workshop Timetable – June

	Monday	Tuesday	Wednesday	Thursday	Friday
w/c 7 th June		Management Structures Workshop 15:00-17:00	Update Session #1 13:00-14:00	DET Course Structures Workshop 13:30-17:00	
w/c 14 th June	Clinical Administrative Functions Workshop 09:00-12:30	DET Portfolio Support and Administration Workshop 09:00-12:30	Clinical Productivity Workshop 13:00-16:30	Update Session #2 14:00-15:00	
w/c 21 st June	Impact Monitoring Workshop 13:00-16:30		Digital Education Workshop 10:00-12:00	Remote Working Workshop 09:00-12:30	
w/c 28 th June	Update Session #3 13:00-14:00	Support Service Structures 1 Workshop 09:00-11:00	Support Service Structures 2 Workshop 14:00-16:00	DET Staffing Workshop 10:30-12:30	

Strategic Review Workshop Timetable – July

	Monday	Tuesday	Wednesday	Thursday	Friday
w/c 5 th July			DET & Clinical Interfaces Workshop 13:00-16:30	Staff Profile Workshop 13:00-15:00	
w/c 12 th July		System Integration Workshop 09:00-11:00	Update Session #4 09:00-10:00	Development and Growth Workshop 10:30-14:00	
w/c 19 th July		Central Admin Functions Workshop 13:30-17:00		Waiting Lists Workshop 09:00-12:30 Update Session #5 14:00-15:00	
w/c 26 th July	<i>Contingency to arrange further sessions during this week if required</i>				

COUNCIL OF GOVERNORS – PART ONE
MEETING HELD IN PUBLIC
10 JUNE 2021, 2.00pm – 5.00pm
Online Meeting
AGENDA

	Presenter	Timing	Paper No
1 Administrative Matters			
1.2	Chair's opening remarks and apologies	Chair	
1.3	Council member's declarations of interests	Chair	
1.4	Minutes of the meeting held on 11 March 2021	Chair	2.00pm 1
1.5	Action log and matters arising	Chair	Verbal
2 Operational Items			
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
3 Items for discussion			
3.1	Strategic Review- Framework for Change	Chief Executive (Interim Director of HR and Joint Programme Leads in attendance)	3.00pm 4
3.2	GIDS Transformation	Divisional Director, Gender Services Division	3.45pm 5-late
4 Any other matters			
4.1	Any other business	Council Members	4.15pm Verbal
4.2	Questions from the Public	Public	4.25pm Verbal
5 Date of Next Meeting			
9 September 2021 – 2.00pm – 5.00pm, venue to be confirmed DQ: add date of AGM; timing not yet agreed			

Report to	Date
Council of Governors	10 June 2021

GIDS Transformation Programme: Update

Executive Summary

This report summarises GIDS Transformation Programme progress, following the Judicial Review and CQC focused inspection. It covers:

- Progress
- Forthcoming activity
- Key risks and issues

Recommendation to the Board

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

Trust strategic objectives supported by this paper

All

Author

Responsible Executive Director

Divisional Director, Gender Services

Chief Executive

GIDS Transformation Programme: Update

1. Introduction

- 1.1 This paper provides an update on the Gender Identity Development Service (GIDS) transformation programme.

2. Progress

- 2.1 The Transformation Programme encompasses projects to develop a new endocrine pathway to respond to the judicial review; waiting list management; clinical governance, safety and practice; organisational design and development, including staff engagement; and data. There is also a refreshed Patient and Public Involvement (PPI) Stakeholder Group, which meets monthly to ensure that patient involvement is integrated into the Transformation Programme.
- 2.2 Oversight is via the GIDS Oversight Committee, which meets fortnightly and is chaired by the Trust Chief Executive; and the GIDS Interim Management Board (IMB), which meets weekly. The IMB has oversight of GIDS service delivery, the GIDS Transformation Programme, and CQC Action Plan and CQC Waitlist Action Plan reporting. All the Project Boards within the programme meet regularly as they develop and implement their plans. About one third of GIDS staff are contributing directly to this work.
- 2.3 All staff in GIDS continue to work extremely hard to maintain day to day delivery of clinical services, alongside the transformation programme.
- 2.4 Work is progressing against the actions agreed in the CQC Action Plan and the CQC Waitlist Action Plan, and we continue with monthly reporting to CQC against these. In addition, we completed in April initial piloting of the Multi-Disciplinary Clinical Reviews (MDCRs) of endocrine treatment decisions, involving 24 young people and have been evaluating them prior to roll out. The MDCRs have been established following the judicial review and NHSE service specification amendment of December 2020.
- 2.5 Forthcoming activity includes:
 - Scoping and development of a GIDS Workforce strategy, focused on both short term and long-term capacity needs.

- Following the initial pilots of MDCRs, rolling these out to all young people who need them.
- Completing the piloting of a proposed new, structured initial assessment for GIDS patients and development of proposals for care and treatment pathways.
- Finalising and implementing a new patient flow report, to capture regular data on patients at each stage of their journey through GIDS.
- Continued monthly PPI Stakeholder Group with young people and parents.
- Continued development of communications, engagement and PPI strategies, focused on ensuring we communicate and engage well with GIDS staff and also with young people and families.
- Continued development and implementation of actions in the CQC Action plan and the Wait List Action plan, and monthly reporting against these.
- Continued management of all Transformation Programme project briefs, risks and timelines, ensuring they are aligned and interdependencies are being managed.
- Identifying key data, KPIs and reporting requirements across the Programme.

3. Key risks

- 3.1 Key risks relate to the waiting list; and staff morale, retention and capacity to deliver against an extremely challenging work programme. These are reported as risks on the Trust's Operational Risk Register.

Ailsa Swarbrick
Divisional Director of Gender Services
8 June 2021