



The Tavistock and Portman
NHS Foundation Trust

Council of Governors' Part Two

Agenda and papers of a meeting to be held in public

**Thursday, 5th
December
2024**

**For timings and
venue, please
refer to the
agenda.**

**COUNCIL OF GOVERNORS – PART TWO
MEETING HELD IN PUBLIC**

5 DECEMBER 2024 at 3.00 – 5.35 p.m.

Lecture Theatre, 5th Floor

The Tavistock and Portman NHS Foundation Trust, as well as Online (via Zoom)

AGENDA

24/12	Agenda Item	Purpose	Lead	Format Verbal Enclosure	Time	Report Assurance rating
OPENING ITEMS						
001	Welcome and Apologies for Absence	Information	John Lawlor, Chair	V	3.00 (5)	
002	Confirmation of Quoracy	Information	John Lawlor, Chair	V		
003	Council of Governors' Declarations of Interest	Information	John Lawlor, Chair	E		
004	Service Presentation - LAC / Refugee CAMHS	Discussion	Zoe Given-Wilson, Principal Clinical Psychologist & Trauma Specialist	E	3.05 (15)	
005	Minutes of the Previous Meeting held on 17 October 2024	Approval	John Lawlor, Chair	E	3.20 (5)	
006	Matters Arising from the Minutes and Action Log Review	Approval	John Lawlor, Chair	E	3.25 (5)	
007	Chair and Chief Executive's Report	Discussion	John Lawlor, Chair; and Michael Holland, Chief Executive Officer	E	3.30 (10)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
008	Governor Elections Update	Information	Adewale Kadiri, Director of Corporate Governance	E	3.40 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
009	Governor Feedback (including training, visits, etc)	Information	All Governors	V	3.45 (10)	
Comfort Break (5 minutes) 3.55pm – 4.00pm						
PROVIDING OUTSTANDING PATIENT CARE						
010	Summary Report on Quality and Performance	Discussion	Rod Booth, Director of	E	4.00 (10)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/>

			Strategy & Business Development			Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
011	Quality and Safety Committee (QSC) Assurance Report	Assurance	Claire Johnston, QS Committee Chair	E	4.10 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	Quality and Safety Committee (QSC) Governor observer feedback	Discussion	Kathy Elliott and Paru Jeram, QSC Governor Observers	V	4.15 (5)	
DEVELOPING A CULTURE WHERE EVERYONE THRIVES with a focus on equality, diversity and inclusion						
012	People, Organisational Development, Equality, Inclusion and Diversity Committee (POD EDI) Assurance Report	Assurance	Shalini Sequeira, POD EDI Committee Chair	E	4.20 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	People, Organisational Development, Equality, Inclusion and Diversity Committee (POD EDI) Governor observer feedback	Discussion	Ffyona Dawber, POD EDI Governor Observer	V	4.25 (5)	
ENHANCE OUR REPUTATION AND GROW AS A LEADING local, regional, national & international provider of training & education						
013	Opportunity to influence the future direction of the NHS	Discussion	Jane Meggitt, Interim Director of Communications; Rod Booth, Director of Strategy & Business Development	E	4.30 (10)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
014	Education and Training Committee (ETC) Assurance Report	Assurance	Sal Jarvis, E&T Committee Chair	E	4.40 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	Education and Training Committee (ETC) Governor observer feedback	Discussion	Sheena Bolland and Michael Rustin, ETC Governor Observers	V	4.45 (5)	
IMPROVING VALUE, PRODUCTIVITY, FINANCIAL AND ENVIRONMENTAL SUSTAINABILITY						
015	Performance, Finance and Resources Committee (PRFC) Assurance Report	Assurance	Aruna Mehta, PFR Committee Chair	E	4.50 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	Performance, Finance and Resources Committee (PRFC) Governor observer feedback	Discussion	Stephen Frosh, PRFC Governor Observer	V	4.55 (5)	

016	Finance Report – Month 6	Information	Peter O’Neill, Interim Chief Finance Officer	E	5.00 (5)	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
017	Integrated Audit and Governance Committee (IAGC) Assurance Report	Assurance	David Levenson, IAGC Committee Chair	V	5.05 (5)	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
	Integrated Audit and Governance Committee (IAGC) Governor Observer feedback	Information	Peter Ptashko, IAGC Governor Observer	V	5.10 (5)	
CLOSING ITEMS						
018	Questions from the Public	Discussion	John Lawlor, Chair	V	5.15 (5)	
019	Any other business (including any new risks arising during the meeting): <i>Limited to urgent business notified to the Chair and/or the Trust Secretary in advance of the meeting</i>	Discussion	John Lawlor, Chair	V	5.20 (5)	
020	Issues to be escalated to the Board of Directors	Discussion	John Lawlor, Chair	V	5.25 (5)	
021	Reflections and Feedback from the meeting	Discussion	John Lawlor, Chair	V	5.30 (5)	
DATE AND TIME OF NEXT MEETING						
022	Thursday 27 th March 2025 at 3.00 – 5.00p.m.					

REGISTER OF GOVERNOR INTERESTS - 2024/25 (LAST UPDATED 19/11/24)						
NAME	POSITION HELD (INCLUDING CONSTITUENCY)	FIRST APPOINTED	DESCRIPTION OF INTERESTS DECLARED	RELEVANT DATES		DECLARATION COMMENTARY
				FROM	TO	
Julian Lousada	Rest of London	October 2021 (1st term)	NIL RETURN			
Michael Rustin	Rest of London	October 2021 (1st term)	NIL RETURN			
Michael Arhin-Acquaah	Rest of London	October 2021 (1st term)	Employed by Kids as a Playworker	Jun-21	Dec-21	Zero hour contract working with children with additional needs
			Research Assistant (employed/voluntary) at London South Bank University	Jun-23	present	No conflict as not involved in management decision making. - Working on project involving intervention courses for safeguarding staff working with transgender youth, particularly in the care sector. Developing signposting resources and research evidence to increase staff competence and confidence.
Michelle Morais	Rest of London	October 2021 (1st term)	NIL RETURN			
Stephen Frosh	Rest of London	December 2022 (1st term)	NIL RETURN			
Sebastian Kraemer	Rest of London	December 2022 (1st term)	NIL RETURN			
Natalia Barry	Camden	May 2022 (1st term)	Employed by North Middlesex Hospital as Associate Medical Director and ED Consultant	01/04/2020	present	No conflict declared – will withdraw from any decision making relating to the Tavistock & Portman NHS Foundation Trust
Ffiona Dawber	Camden	May 2022 (1st term)	NIL RETURN			
Jocelyn Cornwell	Camden	December 2022 (1st term)	Chair, board of trustees - Action Against Medical Accidents (3)	01/12/2021	present	no perceived conflict - Declared on application
Kenyah Nyameche	Rest of England & Wales	October 2021 (1st term)	NIL RETURN			
Sheena Bolland	Rest of England & Wales	October 2021 (1st term)	NIL RETURN			
Jessica Anglin d'Christian	Staff - Clinical, Academic, Senior	November 2021 (2nd term) - 31st July 2024	Employed by East London NHS Foundation Trust as a Specialist CAMHS Practitioner	05/12/2018	present	No conflict as there is no input in decision making within the Trust
			Employed by the Institute of Family Therapy as a course lecturer	01/09/2022	present	No conflict as only work on a contractual basis and have no input in any management of the company
Maisam Dato	Staff - Admin & Technical	December 2022 (1st term)	NIL RETURN			

NAME	POSITION HELD (INCLUDING CONSTITUENCY)	FIRST APPOINTED	DESCRIPTION OF INTERESTS DECLARED	RELEVANT DATES		DECLARATION COMMENTARY
				FROM	TO	
Paru Jeram	Staff - Education & Training	December 2021 (1st term)	NIL RETURN			
Katharine Knight	Student	May 2022 (1st term)	Honorary Contract at Oxford Health NHS Trust	01/09/2022	present	Trainee psychotherapist voluntary placement.
David O'Mahony	Stakeholder - University of Essex	May 2021 (1st term)	NIL RETURN			
Peter Ptashko	Stakeholder - Local Authority	March 2022 (1st term)	NIL RETURN			
Kathy Elliott (Lead Governor)	Stakeholder - Voluntary Action Camden)	December 2020 (2nd term)	Trustee and Vice Chair of Voluntary Action Camden (3)	Sep-20	present	Stakeholder Governor representing Voluntary Action Camden
			Vice Chair Caversham Practice Patient Participation Group (3)	06/01/2014	present	no perceived conflict
			Chair Registration Panel; and Assessor UK Public Health Register (3)	06/01/2014	present	no perceived conflict
Robert Waterson	Stakeholder - University of East London)	December 2022 (1st term)	NIL RETURN			

Categories:

- 1 Directorships including non-executive directorships, held in private companies or PLCs (with the exception of directorships of dormant companies)
- 2 Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS
- 3 Position(s) of authority in a charity or voluntary organisation in the field of health and social care
- 4 Any connection with a voluntary or other body contracting for NHS services
- 5 Any connection with an organisation, entity or company considering entering into, or having entered into, a financial arrangement with the Trust, including but not limited to lenders or banks

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 5 December 2024						
Report Title: Clinical Service Presentation – Growing with you				Agenda No.: 4		
Report Author and Job Title:		Zoe Given-Wilson, Principal Clinical Psychologist & Trauma Specialist		Lead Executive Director:	Chris Abbott, Chief Medical Officer	
Appendices:		Appendix 1: Growing with you presentation				
Executive Summary:						
Action Required:		Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:		The report provides a Clinical team’s presentation of Growing with you.				
Background:		The presentation describes the clinical service and a co-production intervention around the naming of the service.				
Assessment:		The service receives about 120 referrals per annum which is over representative of racialised groups. The presentation in Appendix 1 provides further details of the clinical service.				
Key recommendation(s):		The Council of Governors is asked to NOTE the reflective discussion around service provision to care experienced children.				
Implications:						
Strategic Ambitions:						
<input checked="" type="checkbox"/> Providing outstanding patient care	<input type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input type="checkbox"/> Improving value, productivity, financial and environmental sustainability		
Relevant CQC Quality Statements (we statements) Domain:		Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:		BAF <input type="checkbox"/>	CRR <input type="checkbox"/>	ORR <input type="checkbox"/>		None
Legal and Regulatory Implications:		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		There are implications in relation to legal proceedings which often contribute to uncertainty and instability.
Resource Implications:		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		There are no additional resource implications associated with this report.
		Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>		

Equality, Diversity and Inclusion (EDI) implications:	Care experienced children and unaccompanied asylum-seeking children often experience poorer outcomes than their non-care experienced peers. They are often underrepresented in traditional CAMHS services and so the development of specialist services which are sensitive and responses to their specific needs is vital.			
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.	<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:				
Assurance Route - Previously Considered by:	None			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input checked="" type="checkbox"/> Not applicable: No assurance is required



Overview of Growing With You

Challenges and Dilemmas

3 areas of targeted work to address dilemmas;

- *Co-production for engagement

- *Reaching out Unaccompanied asylum-seeking minors

 - *Care leavers offer

Conversation and reflections



Growing with you

Children looked after and
unaccompanied asylum seeking CAMHS

Dr Zoe Given-Wilson, Principal Clinical Psychologist & Trauma Specialist

Thursday 5th December 2024



The Tavistock and Portman
NHS Foundation Trust



North Central London
Health and Care
Integrated Care System



In 15 minutes



Camden

Growing with you

Children looked after and
unaccompanied asylum seeking CAMHS

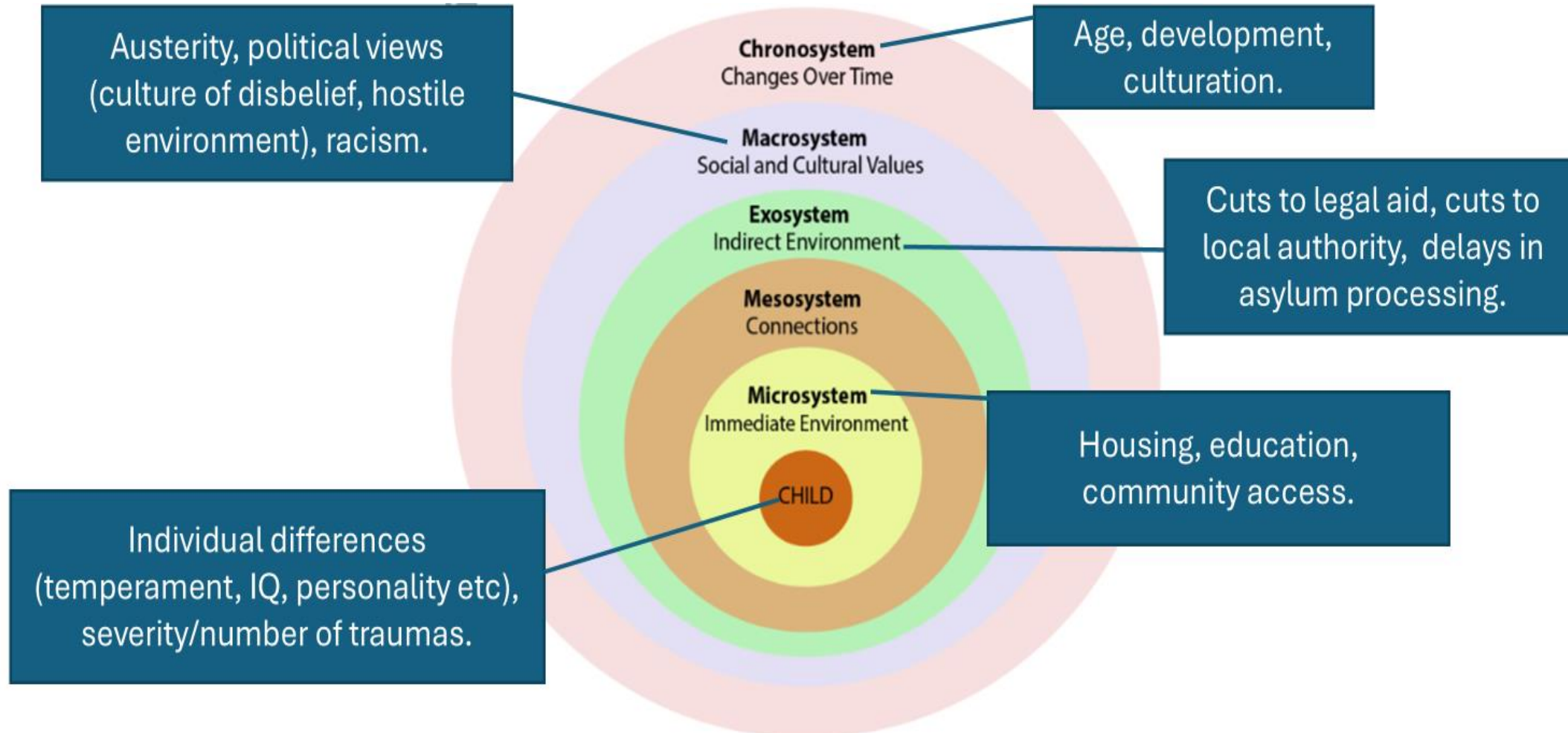


emotional health & wellbeing in Camden,
for children, young people and their families

Who Uses Our Service

- ~120 referrals p.a., over representative of racialised groups
- Breakdown approx. 30% UASC, 70% CLA
- Presentations include developmental trauma, attachment/relational difficulties, (complex) post-traumatic stress disorder, identity concerns, emerging personality disorder, depression and anxiety disorders, self-harm and suicidality.
- High levels of social and systemic complexity.
- Legal proceedings contributing to uncertainty and instability.

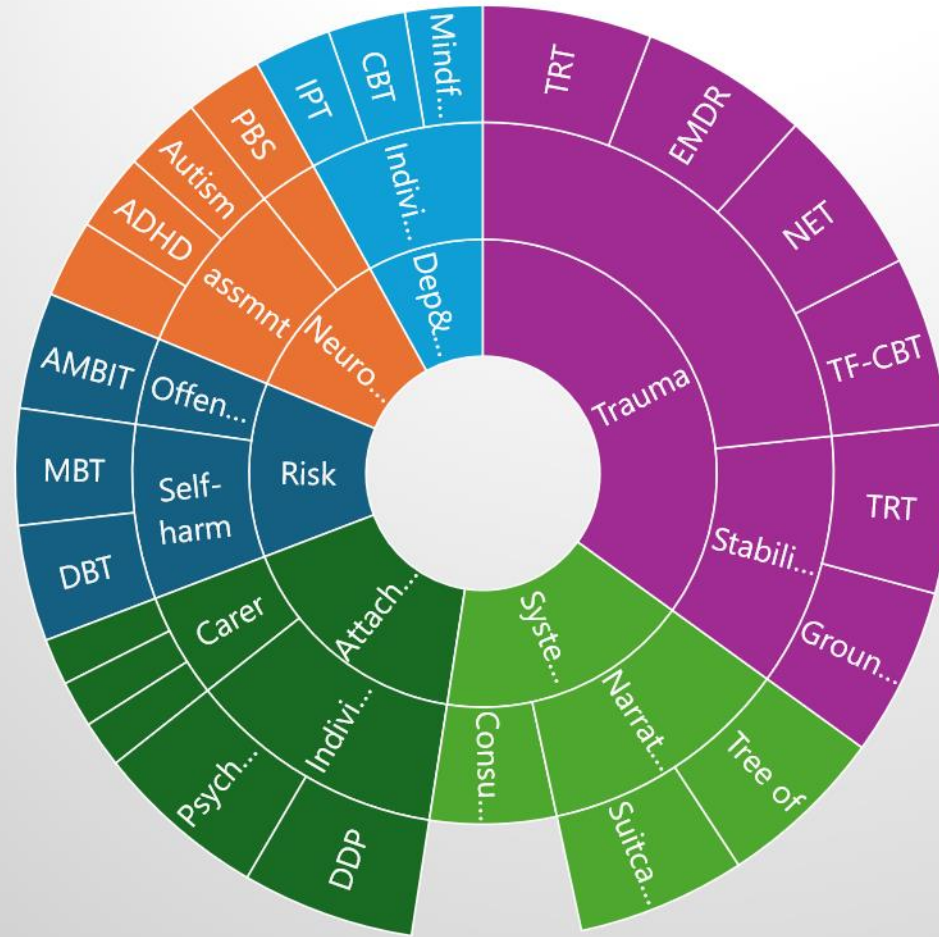
Wide Lens: Integrated Service



The Team

- Strengths: Shared values, Supportive, Cohesive, Shared values, Reflexive, Integrated
- Multidisciplinary; Social work, Psychiatry, Drama therapy, Art therapy, Clinical Psychology
- Working on; Structure challenges, diversifying workforce to reflect client group (ethnicity, gender), sustaining staff well-being, impact of financial pressure/restructure

Team Skills



- Risk
- NeuroDevelopmental
- Attachment
- Dep&Anx
- Trauma
- Systemic

Challenges and Dilemmas

- Trauma, abuse and neglect at the heart of our work
 - Diagnostic considerations
 - Systems responses
- Wide remit of emotional well-being
- **Engagement** and service use; mistrust and uncertainty in systems, professionals, people –Disrupted and lacking continuity
- **Bridging culture** and meeting need of Unaccompanied asylum-seeking minors.
- **Continuity** and sustained support throughout care and beyond into care leaver status



Engagement: Outside the clinic

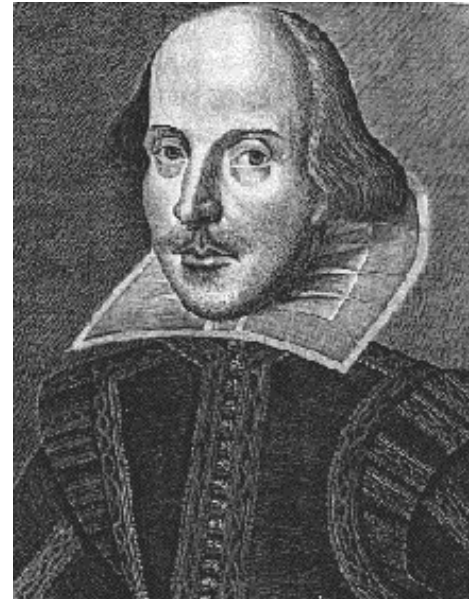
- Co-production to develop films and new name & logo.
- Aim to be more appealing to young people who may use our service.
- FILMS: Covid highlighted need to engage and support from afar, available on YouTube, NCL Waiting Room etc.

[Mental health and emotional wellbeing \(youtube.com\)](#)



Engagement: Our Identity

- **NAME:** Looked After Children is outdated, name too long, NHS and CAMHS have negative associations.
- **Process:** 11 months project, support from PPI, funding from Tavistock charity, pro bono support.
- **Challenges:** resources for time & engagement alongside business as usual with co-producers (their time, support to engage, building trust, empowerment and voice), internal difficulties.



‘What’s in a name?’



‘Say my name!’

(Meaningful) Engagement

- “The logo to me is about togetherness and unity. It is about looking after each other. The tree protects the hands and provides shade for those sheltering under it. It is about partnership.”
- “Doing this project made me feel like what I had to say was worth something. The fact that not one but two professionals met with me made me feel like I was important and they were interested in what I had to say. That was a new feeling.”
- “I like the name and logo because it makes me feel calm.
- “I would have just been at home if I didn’t come to this group. It’s nice to have your say and have people listen to you.”

Bridging culture: Unaccompanied Asylum Seeking Minors

Extraordinary experiences = resilience and risk (up to 10x higher rates of PTSD, depression and sleep disorders than peers).

Opportunity to work jointly, understand multiple perspectives, holistic approach to wellbeing (e.g. goals, physical and mental health, daily care, education)

Challenges: Cultural differences in presentation, stigma in mental illness, communication issues, empowerment to seek help.

Wider sociopolitical context.

Bridging culture: Unaccompanied Asylum Seeking Minors

- Initial Health Assessments – first contact counts.
- Statutory requirement within 20 days of entering care for all looked after children.
- Opportunity for early screening and establishing relationship, raising awareness of mental health services.
- Integrated between medics, nursing, psychologist and social worker keyworker/foster carer.
- Joint history taking.
- Screening for initial mental health difficulties resilience, hopes, difficulties, risk.

REFUGEE HEALTH SCREENER (RHS-15)

Instructions: Using the scale beside each symptom, please indicate the degree to which the symptom has been bothersome to you over the past month. Place a mark in the appropriate column. If the symptom has not been bothersome to you during the past month, circle "NOT AT ALL."



SYMPTOMS	NOT AT ALL	A LITTLE BIT	MODER- ATELY	QUITE A BIT	EXTREMELY
1. Muscle, bone, joint pains	0	1	2	3	4
2. Feeling down, sad, or blue most of the time	0	1	2	3	4
3. Too much thinking or too many thoughts	0	1	2	3	4
4. Feeling helpless	0	1	2	3	4
5. Suddenly scared for no reason	0	1	2	3	4
6. Faintness, dizziness, or weakness	0	1	2	3	4
7. Nervousness or shakiness inside	0	1	2	3	4
8. Feeling restless, can't sit still	0	1	2	3	4
9. Crying easily	0	1	2	3	4

The following symptoms may be related to traumatic experiences during war and migration. How much in the past month have you:

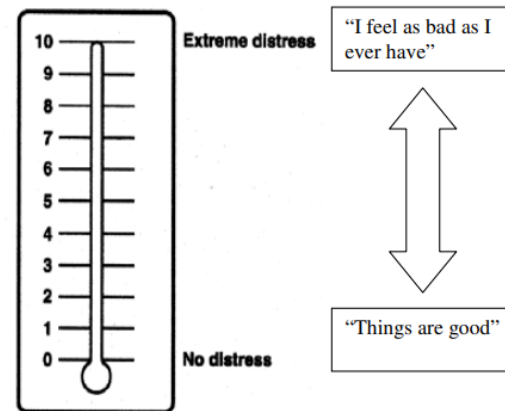
10. Had the experience of reliving the trauma; acting or feeling as if it were happening again?	0	1	2	3	4
11. Been having PHYSICAL reactions (for example, break out in a sweat, heart beats fast) when reminded of the trauma?	0	1	2	3	4
12. Felt emotionally numb (for example, feel sad but can't cry, unable to have loving feelings)?	0	1	2	3	4
13. Been jumpier, more easily startled (for example, when someone walks up behind you)?	0	1	2	3	4

REFUGEE HEALTH SCREENER (RHS-15)

14. Generally over your life, do you feel that you are:
- Able to handle (cope with) anything that comes your way0
 - Able to handle (cope with) most things that come your way1
 - Able to handle (cope with) some things, but not able to cope with other things.....2
 - Unable to cope with most things.....3
 - Unable to cope with anything4
- 15.

Distress Thermometer

FIRST: Please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.



ADD TOTAL SCORE OF ITEMS 1-14: ____

SCORING	
Screening is POSITIVE	
1. If Items 1-14 is ≥ 12 OR	Self administered: ____
2. Distress Thermometer is ≥ 5	Not self administered: ____
CIRCLE ONE:	
SCREEN NEGATIVE	SCREEN POSITIVE
	REFER FOR SERVICES

Continuity: Care Leavers

Developmental/neuropsychological/epidemiological research all highlight agree that vulnerability to mental illness extends until 25 years.

Period of significant change coincides with reduction in support.

Care leavers now protected characteristic and should be protected from discrimination.

Co-production with young people and service providers to develop service to meet unmet needs

Flexible, outreach, addressing risk, engagement, continuity in support during period of instability.

2 posts, Band 7 1.0 WTE and Band 6 0.6 WTE

Building Care Leaver Support



Conversation and Reflections



Growing with you

Children looked after and
unaccompanied asylum seeking CAMHS

Thank You

**UNCONFIRMED MINUTES OF THE MEETING OF THE COUNCIL OF GOVERNORS
HELD IN PUBLIC
THURSDAY 17TH OCTOBER 2024, 3.00PM – 5.30PM.
LECTURE THEATRE, THE TAVISTOCK & PORTMAN NHS FOUNDATION TRUST
120 BELSIZE LANE, LONDON, NW3 5BA
AND VIRTUALLY VIA ZOOM**

PRESENT:

John Lawlor	Trust Chair and Chair of the Council of Governors	JL
Kathy Elliott	Stakeholder Governor and Lead Governor	KE
Jocelyn Cornwell	Public Governor	JC
Katharine Knight	Student Governor	KK
Kenyah Nyameche	Public Governor	KN
Michael Rustin	Public Governor	MR
Michelle Morais	Public Governor	MM
Michael Arhin-Acquaah	Public Governor	MAA
Natalia Barry	Public Governor	NB
Paru Jeram	Staff Governor	PJ
Sebastian Kraemer	Public Governor	SK
Sheena Bolland	Public Governor	SB
Stephen Frosh	Public Governor	SF
Peter Ptashko	Stakeholder Governor Local Authority	PP

IN ATTENDANCE:

Michael Holland	Chief Executive	MH
Peter O'Neill	Interim Chief Finance Officer	PON
Dorothy Otite	Governance Consultant	DO
Jane Meggitt	Interim Director of Communications	JM
Mark Freestone	Chief Education and Training Officer	MF
Gem Davies	Chief People Officer	GD
Aruna Mehta	Non-Executive Director	AM
Janusz Jankowski	Non-Executive Director	JJ
Claire Johnston	Non-Executive Director	C
Shalini Sequeira	Non-Executive Director	SS
Sal Jarvis	Non-Executive Director	SJ
Sabrina Phillips	Associate Non-Executive Director	SP
Lucy Haggerty	Patient Safety & Clinical Governance Manager (item 4)	LH
Afiah Nkrumah	Patient Safety Partner (item 4)	AN
Elizabeth Newington	Patient Safety Partner (item 4)	EN
Nimisha Deakin	Associate Director of Nursing & Patient Experience (item 11)	ND
Clare Scott	Chief Nursing Officer (items 11 & 12)	CS
Fiona Fernandes	Business Manager Corporate Governance (minutes)	FF

APOLOGIES:

Adewale Kadir	Director of Corporate Governance
Julian Lousada	Public Governor
Ffiona Dawber	Public Governor
Maisam Dato	Staff Governor
Robert Waterson	Stakeholder Governor University
David O'Mahony	Stakeholder Governor University
David Levenson	Non-Executive Director
Ken Batty	Non-Executive Director

MINUTE NO.	ACTION (INITIALS)
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24/001	WELCOME AND APOLOGIES FOR ABSENCE
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JL welcomed all to the meeting.

Apologies for absence were received from Governors and Non-Executive Directors as noted above.

JL noted that at the Private meeting of the Council of Governors which took place earlier, a number of items were considered which included the extension of the terms of office of three Non-Executive Directors (Aruna Mehta, Shalini Sequeira and Ken Batty); Aruna Mehta’s appointment as Vice Chair; and the presentation of a paper by Michael Rustin, Public Governor in relation to the merger (which will also be presented at the forthcoming Annual Members’ Meeting).

24/002	CONFIRMATION OF QUORACY
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The Chairman **NOTED** and confirmed the meeting was quorate.

24/003	DECLARATIONS OF INTEREST
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The Council **NOTED** there were no new declarations of interest.

24/004	SERVICE PRESENTATION – PATIENT SAFETY
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CJ, Chair of the Quality & Safety Committee noted that the introduction of Patient Safety Partners (PSPs) was a critical element of the NHS Patient Safety Strategy to enhance the involvement of patients, carers, and the public in improving healthcare safety. The PSPs have been in post in the Trust since February 2024.

Lucy Haggerty, Patient Safety & Clinical Governance Manager gave a brief overview of how the PSPs role was introduced and the key responsibilities. The NHS Patient Safety Strategy recognised the importance of the relationships between patients, family and carers to improving the care across the NHS, in particular the importance of having PSPs contribute to Trusts’ governance and management processes for patient safety and to compassionately engage with all those affected by patient safety incidents.

The role of PSPs has been further strengthened through the introduction and implementation of the Patient Safety Incident Response Framework (PSIRF). The PSPs attend our Clinical Incident Safety Group, Quality and Safety Committee and their involvement is fundamental in key areas of focus within the patient safety remit, including the work with Gloucester House and the Quality Improvement (QI) work in relation to PSIRF. While the overall aim of PSPs is consistent, the role of PSPs varies across the NHS, depending on the organisation and its specific needs, priorities and resources.

Lucy Haggerty thanked Afiah Nkrumah and Elizabeth Newington for all their contributions to the Trust in their work to date.

Elizabeth and Afiah both introduced themselves and gave an overview of their connections to the Trust, noting they had both been volunteers at the Trust, their backgrounds - bringing valuable insights from their lived experiences which attracted them to the role. As PSPs, they provide unique perspectives to the work that is done in a compassionate and meaningful way that ensures that safety initiatives are patient centred.

Responding to a question from JC on whether the PSPs roles extended to talking to staff who have experienced patient incidents. Afiah mentioned that she was part of the Safeguarding training at Gloucester House and heard the perspective from staff. Elizabeth noted that at present she was not involved in talking to staff and, that she was keen to be involved if the need arose. Lucy added that as part of the PSIRF initiative, there is work being done that involves staff which the PSPs involvement will be valuable.

The Council thanked Afiah, Elizabeth and Lucy for the informative and inspiring presentation and commended them for the excellent work they are doing.

24/005 **MINUTES OF THE PREVIOUS MEETING HELD ON 30TH MAY 2024**

DECISION: The Council of Governors **APPROVED** the minutes of the previous meeting held on 30th May 2024 as an accurate record pending minor amendments.

24/006 **ACTION LOG and MATTERS ARISING FROM THE MINUTES ON 30TH MAY 2024**

One open action was **APPROVED** for closure.

Three open actions (Service Visit Programme, Feedback to Governors on the merger and arranging membership events sessions for Young People and Adults) were to remain open.

There were no other matters arising raised.

24/007 **CHAIR'S AND CHIEF EXECUTIVE'S REPORTS**

Chair's Verbal Update

JL noted his previous work connection with Sally Warren, Director General at Department of Health and Social Care (DHSC), who is currently leading on the production of the 10-year Health Plan for the NHS.

The Council received and **NOTED** the Chair's verbal update.

Chief Executive's Update

The Chief Executive's report was taken as read.

MH noted that since the last meeting of the Council, due to family reasons Sally Hodges, Chief Clinical Operating Officer had retired and left the Board of Directors at the end of August 2024 after working at the Trust for many years. MH thanked Sally for her considerable contributions.

Responding to a question from KE about the clinical structure review, MH noted that the review affected a small number of staff mainly in management roles and it was done to have a more streamlined model and to help with making financial savings, as there was an extra tier of management in the current structure as compared to other Trusts. The Chief People Officer, Chief Medical Officer and Chief Nursing Officer were working closely with the managers in the new clinical structure to ensure that there is clarity around their roles and responsibilities going forward. Regarding morale and engagement of staff, this is monitored through the IQPR meetings and through POD-EDI meetings and assurance reports to the Board.

Responding to a question from MAA about the new patient portal for GIC, MH noted that there is a process being implemented and access reports have been produced for the waiting lists. It is at an early stage of implementation and one of the key areas of focus is to find out from the patients on the waiting list if they still wish to be seen. This exercise is being done through the online portal.

The Council received and **NOTED** the Chief Executive's report.

24/008

GOVERNOR FEEDBACK

KE, Lead Governor, provided the following verbal feedback:

- She was reminded last week about an issue that had been raised about four years ago, regarding questions to Governors from members of the public and how they can feel confident that they are giving the appropriate answers. It was first raised when the GIDS issue was in the media, and Governors were in particular being asked questions and they did not feel confident about how it needed to be handled.
KE expressed appreciation to the Governors who had attended the one-to-one meetings with JL and MH noting that the meetings had been incredibly useful and informative - to hear the feedback on the work of the Trust, about the work of Governors and the merger plans. This had deepened the engagement of the Governors.
- Recruitment of new Governors – time was spent with JM and Zoe Anderson, Head of Communications and Engagement on ensuring the Trust was doing more to communicate with members about the elections. Although we have a company who runs the elections for us, there is a bit more work that can be done to reach out to extend the diversity of interested members. KE added that she had engaged with a number of stakeholders and senior staff to inform them on the role of Governors and raise interest in joining the Council of Governors.

JL noted that on the first point about how Governors respond to questions, this is something that the Communications team can assist the Governors with.

Suggestions were made as to groups of staff and students where information can be circulated to raise awareness about the forthcoming Governor elections.

The Council **NOTED** the verbal update.

24/009 **GOVERNOR ELECTIONS**

DO presented this on behalf of AK. The report was taken as read.

DO noted that the report provided an overview of the upcoming Governor elections process as some members of the Council of Governors are coming to the end of their current terms of office. The elections process for the vacant posts is being run on the Trust's behalf by UK Engage, and it commenced on 10 October 2024, the close of poll date is 5th December 2024, and the declaration of results will be on 6th December 2024. As the results of the elections falls after the next Council meeting, an email will be sent to Governors with the results. All the information regarding the elections will be published on the website and intranet.

JL reminded Governors coming to the end of their first term, that if they wanted to continue for a second term, they would need to put their names forward before the deadline for receipt of nominations which is 28th October 2024. As Governors are elected by the members of the relevant constituencies, if names were not received by the deadline for nominations, then the Governor would be out of the race.

The Council **NOTED** the report.

24/010 **BOARD ASSURANCE FRAMEWORK (BAF)**

DO presented this on behalf of AK and noted that the BAF contained the 13 Strategic Risks for the Trust which could stop us from achieving our Strategic Ambitions. The BAF risks are reviewed by the Executive Leads, then by the relevant Board committee. They then go to the Integrated Audit Governance Committee (IAGC) in full, before being presented to the Board. This version of the BAF was presented at the Board Meeting in September 2024 and has been brought to this Council of Governors meeting for information and comment.

JL commented on the BAF report noting it could be further simplified to make it more accessible to the Council of Governors.

The Council **NOTED** the report.

24/011 **INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR)**

The report was taken as read. MH noted that this report is a measure on how we are performing across the Trust. The full report goes to the Board.

MH highlighted that, there have been improvements in waiting times for example in the complex mental health team owing to a new clinic booking system and the increase in the number of first appointments being offered. However, the waiting times over the 18-week target have continued to rise across the Trust in the Adults service due to the long wait times in GIC, Autism and Trauma. Improvement frameworks have been implemented in these services.

Responding to SS, GD noted that the low mandatory and statutory training and appraisal compliance were due to a mixture of factors. The People team are working with the services across the Trust as there are staff who have different assignments on the system, and when training or appraisals are logged, it only gets logged on one assignment. There are some data quality issues with the inclusion of medical appraisals (which are recorded on a separate system) as well as challenges linked to the changes in line managers during the clinical leadership review and the appraisal cycle changing to link with pay progression, both which created a delay which is currently being addressed.

Responding to MR, MH noted that the clinical structure is still being implemented and added that the loss of some services, meant that some of the structures are being looked at in terms of management roles to make it more consistent with other Trusts; clinical structures.

CS added that the new clinical structure has released a lot of the management work from the clinicians thus giving them more clinical time. Operational leads have been put in post to cover the management aspects of the role, for example monitoring mandatory and statutory training, etc. We are ensuring that the new structures are embedded and have started some work with Kaleidoscope who are doing some organisational development work with all the clinical and operational leadership colleagues from team level up to the Executives. Training sessions are also being held with a view to understanding how the operational and clinical roles work together.

JL noted that the IQPR report could be further streamlined to ensure it was more accessible for the Council of Governors.

The Council **NOTED** the IQPR report.

24/012

TRUST RESPONSE TO RECENT EXTERNAL REVIEWS

The report was taken as read.

CS noted that there have been a number of national reviews carried out recently which are relevant to the Trust and where the Trust can derive learning from areas of good practice and identify areas for development. The three national reviews are:

- Independent Review of Greater Manchester Mental Health NHS Foundation Trust - January 2024
- Special Review of Mental Health Services at Nottinghamshire Healthcare NHS Foundation Trust – March 2024 and August 2024
- Thirlwall Inquiry - to examine events at the Countess of Chester Hospital and their implications following the trial, and subsequent conviction, of formal neonatal nurse Lucy Letby – ongoing.

The eight key areas of focus are:

- Leadership
- The voice of patients, families and carers
- Culture
- Organisation learning and development
- Workforce
- Culture
- Elsewhere in the organisation
- System oversight

There were eleven key findings, however for the Trust we are focussed on:

- understanding experiences of patients, families and carers and to ensure that their voices are heard at every level of the organisation.
- having a strong clinical voice within the organisation, championed from Board to floor and in wider system meetings.
- the Board must develop and lead a culture that places quality of care as its priority, underpinned by compassionate leadership from Board to floor. The culture must ensure that no staff experience discrimination.

All three separate incidents had separate reviews, there were some common themes that were highlighted including:

- Hearing patient, carer, family voice
- Hearing staff voice
- Responding to feedback
- There was greater focus on productivity and finance rather than quality and safety.

CS noted that, there are a few key developments that have happened over the last year:

- We developed Trust Strategic Pillars with a focus on outstanding patient care with Quality Improvement (QI) workstreams on waiting times and patient experience, and staff experience and equality, diversity and inclusion (EDI).
- Implemented the Patient Safety Incident Response Framework (PSIRF) with a focus on learning, introduced PSPs as well as the new risk management and incident reporting system RADAR.
- Recruitment of a second Freedom to Speak Up Guardian (FTSUG)
- Formal Board sign up to the Sexual Safety Charter and Anti-Racism Statement and action plan.
- Clinical Structure Review to strengthen responsibility and accountability, with a training programme and organisational development for the new clinical structure.
- Development of values, vision and mission framework that was co-produced with staff.
- Development of the Integrated Quality Performance Report with floor to Board reporting structures.
- Implemented a targeted support framework with a focus on learning.

The Trust responses and approach to this included holding sessions including a nurses away day, senior manager meetings, clinical team discussions and clinical services delivery group, to discuss the findings and asking ourselves key questions, focussing on patients, families and carers, clinical leadership and culture. This also ensured that we are reviewing data for patient and carers experiences, patient safety incidents, HR data, and students' feedback and safeguarding both qualitatively and quantitatively.

The next steps are the review of data and discussion of themes to identify areas of good practice and areas for development; and developing improvement plans with services.

The report will be taken to the Quality and Safety Committee and then to the November Board.

The Council **NOTED** the report.

24/013

QUALITY AND SAFETY COMMITTEE (QSC) ASSURANCE REPORT

The report was taken as read. CJ highlighted:

- The Patient Safety Incident Response Framework (PSIRF) policy has been developed to ensure it is in line with the Patient Safety Incident Response Plan (PSIRP), and that roles and responsibilities are correct as per current structures and processes.
- The Committee noted the update provided about the Gender Identity Clinic (GIC) being placed under targeted support.
- The Committee reviewed the annual 2023/24 and quarter one 2024/25 Safeguarding Adults and Safeguarding Children reports.

Responding to a question from MAA about recruitment in GIC, CS noted that she also checks the Trust's website for GIC vacancies, and recently three nurses were recruited through the process that went out to advert, as well as newly qualified psychologists. We do not have Assistant Psychologists at the moment and one of the recommendations from the GIC review was to review the whole of the skill mix.

Feedback from the Governor observers KE and PJ

KE asked whether the Trust had ways of working where there was a problem that surfaced it can be dealt with effectively and those problems can be many in terms of the clinical services. KE noted that when she joined the Committee as observer, it was completing a cycle of review of policies and procedures. That work had been incredibly rigorous and well done to those involved.

KE noted that she was encouraged to see the links with the improvement work that there was real context between people and knowledge.

The real test is when a problem surfaced, how did it surface, and how do people look at the problem, what is the context between services, is there confidentiality, is staff attention respected, is the quality of services respected. KE noted that in the last two meetings she attended that there were one or two areas of concern and there was

transparency about the reporting, the discussions, how the actions were dealt with and followed through in the best interest of the staff and most particularly patients.

MR noted that the Board and Council of Governors is much more integrated now and are having the conversations to achieve better outcomes. Having a more collegiate way of having discussions.

The Council received the QSC assurance report.

24/014

PEOPLE, ORGANISATION DEVELOPMENT, EQUALITY, INCLUSION AND DIVERSITY (POD EDI) ASSURANCE REPORT

The report was taken as read. SS highlighted that the Committee:

- Focussed on BAF Risk 7, inclusive culture and used it to inform and underpin the discussion throughout the meeting.
- Good progress had been made in attendance by Managers at the Leadership and Management Development Programme.
- Appraisal compliance – we are aware where the gaps are and need to address them. Compliance in this area as well as statutory and mandatory training is covered in the IQPR dashboard.
- Freedom to Speak Up drop-in sessions has been launched.
- Wellbeing and environment – a wellbeing room has been created and yoga classes implemented which are being delivered in person and online.

Feedback from the Governor observer FD

There was none as FD had sent her apologies.

The Council received the POD EDI assurance report.

24/015

EDUCATION & TRAINING COMMITTEE ASSURANCE (ETC) REPORT

The report was taken as read and SJ highlighted the following key points:

- There has been positive work under MF's leadership.
- The Committee reviewed a deep-dive investigation into the Strategic Information Technology System (SITS) that underpins the student enrolment and progression.
- Student debt had been a concern for the Committee for the past six months. A new Student Credit Controller role was being recruited into to assist in debt identification and recovery.
- The Committee discussed the BAF risks relating to continued validation of the long courses and sustainable student recruitment.

MF noted that the additional paper that was tabled was the Glossary paper on the DET terminology to provide greater clarity on language used in DET reports.

Feedback from the Governor observers SB and MR

SB noted through the chat function on Zoom that the meeting had a large agenda and was well chaired and that the Committee was a proactive group.

Responding to SF about the SITS recovery plan, MF noted that funds had been agreed to deal with this, however the issue is whether we have the expertise internally to implement the changes.

The Council received the ETC assurance report.

24/016 **PERFORMANCE, FINANCE AND RESOURCES COMMITTEE ASSURANCE (PFRC) REPORT**

The report was taken as read and AM highlighted the following key points:

- The Committee noted that three contracts were at various stages of risk, including decommissioning of the psychotherapy service in Hackney and a renegotiation of contracts with commissioning partners in Surrey and Haringey.
- The former HEE contract and payment arrangements were still being pursued with NHSE, which had stipulated that the Trust must sign contracts before any payments are made—a change from previous practices.

Feedback from the Governor observers SF

SF noted that the chairing of the meeting was exemplary. There were respectful discussions held and the Chair raised the right level of challenge while remaining respectful of staff. SF's observation of the meeting was that as it was a formal meeting, noting the Committee should be mindful of using the phrase 'not for minuting'.

The Council received the PFRC assurance report.

24/017 **FINANCE UPDATES – MONTH 5**

The report was taken as read and PON highlighted the following key points:

- PON updated on the position at Month 5 and reported the Trust incurred a net deficit of £989k in the period, against the plan of £996k, a positive variance of £7k. The Trust is anticipating achieving its year-end deficit plan of £2,200k, with no significant risk to plan known at the time of writing this report.
- The cash balance at the end of Month 5 was £576k against the planned balance of £1,850k.
- To date capital spend totalled £424k, £54k behind the planned spend to date of £478k. This is significantly closer to the plan than previous months with the anticipated catch up in spend starting to impact on the reported position.

The Council received the Finance update report.

24/018 **INTEGRATED AUDIT AND GOVERNANCE COMMITTEE (IAGC) ASSURANCE REPORT**

PON presented the report on behalf of the Chair, David Levenson who was not in attendance. He highlighted the key points:

- Relationship with External Auditors is progressing positively.
- The Committee asked for the Gifts and Hospitality policy to be brought back to the next committee meeting.
- The Terms of Reference were approved and to be ratified by the Board.
- The Single Tender Waiver was reviewed to ensure that the process adhered to proper governance and compliance arrangements.
- The Committee received a detailed report of overpayments and underpayments to staff.

The Council **NOTED** the IAGC assurance report.

24/018 **QUESTIONS FROM THE PUBLIC**

There were no questions submitted.

24/019 **ANY OTHER BUSINESS**

There was no other business raised.

24/020 **ISSUES TO BE ESCALATED TO THE BOARD OF DIRECTORS**

To consider the lessons learned from the GIDS service.

24/021 **REFLECTIONS AND FEEDBACK FROM THE MEETING**

JL noted that the sound was problematic for those who attended online.

ACTION: To ensure the issue with sound is resolved before the next meeting. DO/FF

SJ noted that there were good collaborative conversations and that it was a productive afternoon.

The Chair closed the meeting at 5.35pm.

Date of Next Meeting in public: Thursday, 5th December 2024 at the Tavistock & Portman NHS Foundation Trust.

**Council of Governors Part 2 - Public
Action Log (Open Actions)**

Actions are RAG rated as follows: ->				Open - New action added	To Close - propose for closure	Overdue - Due date passed	Not yet due - Action still in date
Meeting Date	Agenda Ref.	Agenda Item (Title)	Action Notes	Action Due date	Action owner (Name and Job Title)	Status (pick from drop-down list)	Progress Note / Comments (to include the date of the meeting the action was closed)
28.03.24	6	Governor Feedback	A service visit programme to be done for all service not only clinical. The programme should include other services like, Education, Corporate, Finance, Estates, etc	May-24	Adewale Kadiri, Director of Corporate Governance	Open	25/11/24: In progress - A programme covering the next few months has been prepared, and this will shortly be updated to cover the rest of the financial year.
28.03.24	9	Membership & Engagement Update	To provide information to the Governors regarding feedback from members on the merger information from the website.	Jun-24	Jane Meggitt, Interim Director of Communications	Open	25/11/24: In progress - Progress on the Trust's plans regarding a proposed merger were discussed at the recent Annual Members Meeting and at regular Trust's Governor and Board meetings. A new governor and member engagement plan, is currently being drafted with governor and member support and will be launched in the New Year.
28.03.24	9	Membership & Engagement Update	To arrange events for the membership – sessions for Young People and sessions for Adults.	Jun-24	Jane Meggitt, Interim Director of Communications	Open	25/11/24: In progress - Progress on the Trust's plans regarding a proposed merger were discussed at the recent Annual Members Meeting and at regular Trust's Governor and Board meetings. A new governor and member engagement plan, is currently being drafted with governor and member support and will be launched in the New Year.
17.10.24	21	Reflections & Feedback from the meeting	To ensure that the issue with sound in the Lecture Theatre is sorted out before the next meeting	18-Nov-24	Dorothy Otite, Governance Consultant & Fiona Fernandes, Business Manager Corporate Governance	Propose to close	25/11/24: The Team met with IT and extensively tested the sound and video functionality in the Lecture Theatre both online and in person. It was all working perfectly when tested and used for the Board of Directors meeting in November 2024. It is planned to have IT on stand-by going forward.

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 5 December 2024					
Report Title: Chief Executive's Report			Agenda No.: 7		
Report Author and Job Title:	Michael Holland, Chief Executive	Lead Executive Director:	Michael Holland, Chief Executive		
Appendices:	Appendix 1: NCL Health Alliance 6 monthly report – Autumn 2024				
Executive Summary:					
Action Required:	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>				
Situation:	This report provides a focused update on the Trust's response to specific elements of its service delivery and subsequent future, and the evolving health and care landscape.				
Background:	The Chief Executive's report aims to highlight developments that are of strategic relevance to the Trust and which the Council of Governors should be sighted on.				
Assessment:	This report covers the period since the meeting on 17 October 2024				
Key recommendation(s):	The Council of Governors is asked to receive this report, discuss its contents, and note the progress update against the leadership responsibilities within the CEO's portfolio.				
Implications:					
Strategic Ambitions:					
<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Quality Statements (we statements) Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/> All BAF risks		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
Legal and Regulatory Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/> There are no legal and/or regulatory implications associated with this report.		
Resource Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/> There are no resource implications associated with this report		
Equality, Diversity and Inclusion (EDI) implications:	There are equality, diversity and inclusion implications associated with different aspects of this report.				

Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:				
Assurance Route - Previously Considered by:	None			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input checked="" type="checkbox"/> Not applicable: No assurance is required

Chief Executive's Report

1. Introduction

It was nice to see a number of our Governors and Members present at our Annual Members' Meeting which was held at the WAC Arts Centre on Haverstock Hill on 29 October. The AMM gave us an opportunity to reflect on what we had achieved during 2023/24 and to look forward as the Trust continues to work with its proposed partners towards a potential merger. The meeting featured some polite but passionate debates about the organisation's future direction, and we are committed to continuing this conversation with all our stakeholders over the coming months. The slides that we relied on during the meeting will shortly be available for viewing on our website.

The Council of Governors is asked to note that Mark Freestone has been appointed as a Trustee of the Tavistock and Portman Charity. We are grateful to Mark for agreeing to take on this responsibility. The charity has one other unfilled vacancy which we will work with them to fill in due course.

2. Merger update

I would like to highlight that close working continues between the Trust, our proposed merger partners, NHS England (NHSE) and our commissioners to progress the merger to the formal transaction stage. We hope to be able to make an announcement very soon about next steps.

Following that, with our merger partners, we will need to undertake a period of detailed due diligence, looking at the risks and mitigations of a merger, including developing a Strategic Case and a Full Business Case setting out the proposal around the merger and why we feel it should progress. This would need to go to NHSE and then on to the relevant Minister at the Department of Health and Social Care, ahead of final Board approval and the formal consideration of the process followed, by the Council of Governors in 2025.

The Board of Directors remain committed to securing a strong future for the Trust and the unique and leading work we do.

Providing outstanding patient care

3. Clinical Structure review

The first two sessions to support implementation of the new clinical structure were held in September and October. Both sessions were held in person with clinical and operational leads, and they comprised of a combination of training and development components to support people in taking up their new roles. Additionally, the first introductory session of organisational development work was held in October. It is intended that this work will help equip the new leadership team to work better together to lead the newly formed clinical division.

4. Darzi Review

Lord Darzi's independent report into the state of the NHS was published on 12 September. It acknowledged that the NHS is "in serious trouble", noting that levels of public satisfaction

with the service is at its lowest point ever. Most of the key access and waiting targets across the service have not been met since 2015, with patients struggling to access GP appointments and more than 1 million people waiting for community and mental health services as at June 2024.

The review found that too much of the NHS budget is being spent in hospitals, and too little in the community and that productivity is low. Reasons put forward for the current state of the service included austerity in the 2010s, persistent shortages in capital funding and the lingering effects of the pandemic.

Lord Darzi identified a number of themes for prioritisation in the upcoming 10-year health plan, including re-engaging staff and empowering patients, providing financial incentives to permanently shift the focus of care closer to home, driving productivity in hospitals, especially with the use of technology, and clarification of roles and accountabilities across the service.

The Secretary of State for Health responded to the review by calling for three “big shifts – moving from hospital to community care, analogue to digital and from treating sickness to preventing it.

5. Change NHS: help build a health service fit for the future

As trailed in the Darzi review, the Government has launched a national conversation to inform development of the 10-year Health Plan. Here at the Trust, we will be running some staff engagement sessions to develop an organisation-wide response, and we are encouraging all colleagues to contribute their ideas, experience and expertise into the process.

6. NHSE Reviews of Gender Clinics

The NHS England national review of gender clinics continues and is due to be completed in December. Our GIC has responded positively to the data request in preparation for their review.

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

7. Black History Month

The Trust marked Black History Month during October with a range of events organised by the Race Equality Network. This year’s theme was “Reclaiming Narratives,” and marked a significant shift towards recognising and correcting the narratives around Black history and culture. The network hosted an event with guest speaker Leila Hassan Howe which emphasised this theme by shining a brighter light on stories, allegories, and history. It focused on correcting some historical inaccuracies and showcasing the untold stories and complexity of Black heritage. The emphasis was on taking back control of Black stories and honouring our heroes, while challenging narratives that have often overlooked the contributions and achievements of Black individuals both in the UK and globally.

On a more sobering note, it is important to remember that on 13 September, Stephen Lawrence would have celebrated his 50th birthday, just three years younger than me, had he not been killed in 1993. His racist murder, and the injustices that his families have faced since, must never be forgotten.

8. Staff Survey

The national staff survey launched on Monday, 30 September and we have an ambitious (but achievable) target response rate of 60%. The survey remains open until 29 November, and as at 1 November our response rate was 30%. We have chosen three local questions this year - the first is a repeat of last year's question relating to the impact of protected characteristics on experience working in the trust, and the other two are linked to living our new values.

Since the last survey we have been working closely with our colleagues to understand what matters most to them in order to improve staff experience in the organisation. We will review and update this work once we have the results of this current survey.

9. Inclusive leadership pledge

All members of the Executive Leadership Team have now signed NHS Confederation's inclusive leadership pledge, which demonstrates leaders' commitment to fostering an inclusive and safe working environment. In signing this pledge, the team and I will actively take steps to always challenge exclusion, show respect at all times and remain judgement free, ensuring that we are working in line with our values.

10. Staff engagement

Last year, we co-developed with staff, patients and students, a new vision, mission and values for the Trust. These are now displayed and evident throughout the organisation. The agreed next step was to seek to bring the values to life and to develop a set of behaviours that will underpin and shape everyday working practices and relationships, and to co-develop a values and behaviours framework so we are consistent in how we apply our values throughout the Trust.

Over the summer and autumn, we have been working with staff via engagement sessions and presentations at away days to draw out what the values mean to them. In the last month we have held six sessions and received over 400 responses; we are now turning these into 'I' statements which will form the basis of the behaviour's framework. These behaviours will also be integral to the career conversations and the just and learning culture approach to employee relations that we will shortly be rolling out.

11. Speak Up Month

October was also Speak Up Month, to raise awareness of Freedom to Speak Up. This year's theme was "Listen Up", emphasising the importance of listening when encouraging people to feel confident to speak up. A number of initiatives took place during the month, including in-person and virtual drop-in sessions. A big thank you to our Freedom to Speak Up Guardians, Sarah Stenlake and Sophia Shepherd for their help in putting this together.

Enhance our Reputation and Grow as a Leading Local, Regional, National & International Provider of Training & Education

12. British Psychoanalytic Council Accreditation

Between 21 and 25 October, the Trust was visited by an accreditation team from the British Psychoanalytic Council (BPC) to review the teaching and learning practices, course materials and governance framework for our psychoanalytic and psychodynamic therapy programmes. BPC accreditation allows our graduates from relevant courses to register with

the BPC and practice as psychotherapists after graduating, which is a key appeal of our courses. To do this we must demonstrate that our trainings cover both theoretical and practical aspects of psychoanalytic approaches, and that we and our graduates are held to the highest ethical standards.

I am very pleased to report that after a lot of hard work by our DET team, in particular Elisa Reyes-Simpson and Isabelle Bratt, the BPC panel have indicated they will be recommending that our accreditation be renewed for a further five years. This is a fantastic outcome, especially as our last visit in 2022 resulted in some concerns expressed, and a two-year re-accreditation window: it shows we have worked very hard on our internal processes to ensure the highest standards of training are upheld.

We will await the full formal decision from the BPC before the end of the year.

13. Welcome week and student enrolments

It was great to see so many students on site at the Tavistock Centre during the week of 27 September for welcome week. As well as offering them the opportunity to complete enrolment tasks and undertake inductions, it was also a chance to get to know other students and staff, with a range of social events, activities and tours.

1st November is the first of the 'census' dates for our enrolments and as at that date, we have 548 new students enrolled out of a total of 616 potential enrolments. 26 have deferred, withdrawn or intermitted meaning our maximum new student intake for September is 576 against a final total of 596 in the previous year (2023/24), currently a reduction of 3.4% ahead of our January intake which we hope will lead to a more favourable position.

Improving Value, Productivity, Financial and Environmental Sustainability

14. Development and delivery of the Trust's strategy and financial Plan

The Trust incurred a net deficit of £1,114k in the period from 1 April to 30 September 2024, against a planned deficit of £1,182k, a positive variance of £38k. The Trust's expenditure month on month is stable and we are currently anticipating achieving our year-end deficit plan of £2.2m, subject to the emerging cost pressure relating to the recently announced pay award of £1.3m being mitigated by additional income sources.

Regional and National Context

15. NCL ICB system intentions 2025/26

I received a letter on 28 October from the CEO of the ICB highlighting some of its key priorities for the coming year. The letter confirmed the system's commitment to delivering the aspirations set out in its Population Health and Integrated Care Strategy, which aligns with aspects of the Darzi Review. Specifically, there was a reiteration of the system's intention to reduce the growth in demand for complex and expensive hospital care, in favour of investments into early intervention and preventative care.

To this end, the system has signalled the need to change the way services are organised and overseen in order to improve productivity and ensure financial stability, with greater reliance on provider collaboratives and lead provider models. We will continue to play a full part in working with partners to help the system to achieve these ambitions.

16. NCL Health Alliance – 6 monthly report: Autumn 2024

The 6 monthly report of the North Central London Health Alliance, the local provider collaborative for North Central London has produced its 6 monthly report which is included as an appendix to this report.

17. Urgent and emergency mental health care for children and young people: national implementation guidance

In October, NHSE published guidance incorporating statements from young people who have experienced a mental health crisis, as well as their families and carers, about the response that they want when in a crisis. Key themes within the guidance relate to receiving the right care at the right time, and being treated with dignity, respect and compassion. The Chief Medical and Nursing Officers will be considering how this will impact on the way the Trust provides care and works with its partners.

18. CQC report: The state of health care and adult social care in England 2023/24

During October, the Care Quality Commission (CQC) published its annual report on the state of health and adult social care in England. The report painted a stark picture of the difficulties that patients, particularly those living in more deprived areas, experience in seeking to access care, with the difficulties in primary and dental care particularly highlighted.

On mental health specifically, the report acknowledged the growth in demand for care, especially among children and young people, but it showed that the availability of services is not matching this increased need. As a result, women and people from some ethnic minority backgrounds in particular, are more likely to have to attend urgent and emergency care departments as a result of their mental health needs not being met. Long waiting lists for treatment in the community are now commonplace, and despite growth in the workforce, problems with staffing and skill mix remain. The report also found that the safety of mental health wards remains a cause for concern.

In addition to all these issues, the report raised a number of issues of specific concern, including that despite fewer new referrals in 2023/24, the average waiting time for autism diagnoses reached a peak of nearly a year (328 days) in April, and that Black people are still more than 3½ more likely to be detained under the Mental Health Act than White people.

19. CQC response to reviews about its future direction

During October, the CQC responded to 2 external reviews about its future direction that were conducted by Dr Penny Dash and Professor Sir Mike Richards. Both reviews reaffirmed support for a robust health and care regulator and acknowledged the dedication and experience of CQC staff. The CQC in response said that its leaders are committed to rebuilding trust in its work, and to ensuring that it provides a simple and seamless service to those it regulates.

NCL Health Alliance

6 monthly report - Autumn 2024

Report author

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1. Programme updates

1.1. Complex Long Term Conditions Service

Programme overview

In January 2024 NCL HA was tasked by partner CEOS, UCLP and supported by the ICB leadership to develop and test new models of care for patients with long term conditions living in NCL. This has led to the development of the Complex Long Term Conditions Service (CLTCS) which builds on the primary care Long-Term Conditions locally commissioned service (LTC LCS)¹ and links to the NCL population health strategy. The new care model aims to improve health outcomes and the efficiency of healthcare utilisation for adult patients (registered with NCL GP) living with highly complex and multiple long-term conditions.

One of the most significant challenges facing the NHS over coming decades will be meeting the needs of the growing number of people with multiple health conditions. People with long term conditions (LTCs) account for around half of all GP appointments, two-thirds of outpatient appointments and 70% of hospital bed days. The groups at greatest risk include people from disadvantaged backgrounds, minority ethnic groups and those with serious mental illness. We know for the cohort of patients in the scope of our project compared to patients with no long-term conditions they are

- 3.5 times more likely to attend ED
- 4.7 times more likely to have outpatient appointments
- 12 times more likely to have an emergency admission

Since the start of the pandemic there has been a 21% increase in NCL of people with 3 or more long term conditions. The number of NCL residents living with a diagnosed long-term condition is projected to continue to rise in the coming years, growing a staggering 8% by 2030 compared to the slower overall population growth of 1%.

Work done by the Richmond Group of charities² reports that people with LTCs value careful coordination, shared decision making, prioritisation and a longer-term perspective. But, too often, what they find is that services are still characterised by siloed ways of working, a focus on acuity and a lack of forward planning.

The CLTCS programme aims to test improved models of care to bring changes across the system in the management of long-term conditions. Patients will be managed by secondary care consultants working directly at the interface with primary care to provide coordination of clinical decisions and intervention across specialties.

The programme brings together clinical and operational leadership across acute, community, mental health and primary care services. The leadership is supported by finance, workforce,

¹ <https://nclhealthandcare.org.uk/our-working-areas/supporting-people-with-long-term-conditions/>

² <https://www.richmondgroupofcharities.org.uk/publications/one-in-four-a-manifesto-for-people-with-multiple-health-conditions/>

analytics, digital and governance teams from providers and the NCL ICB. In addition, UCLP are commissioned to provide innovation and evaluation support to the programme.

The CLTCS is split into 3 phases

- **Phase 1** – development of the clinical model of care to deliver coordinated review and planning for patients between secondary care consultants and PCN leads. Commencing in November 24 with 5 PCN early adopter sites and increasing (subject to funding approval) in numbers in 25/26
- **Phase 2** – development of multi-speciality, multimorbidity in person clinics, Patients requiring in person assessment and treatment will be managed in a multi-speciality clinic approach that also access to innovation and research. Go live expected (subject to approval) in 25/26
- **Phase 3** – development of a connected approach with local authority and VCSE services (lined to integrated neighbourhood teams) (subject to approval for development in 25/26)

Progress

Phase 1 progress -to date the CLTCS programme has

Clinical

- Developed a new clinical model to be tested in PCN sites.
- Appointed 5 PCNs (1 per borough)³
- 2 of the PCNs (South Islington and Welbourne) will go live in November with the other 3 sites commencing in early 2025
- Completed test runs of the clinical model in the PCN sites
- Confirmed staff portability arrangements
- Commenced scoping of increasing the number of PCNs included in the programme from 25/26

Workforce

- Appointed clinical leads from providers (acute, primary care, community and mental health) and as professional leads e.g. AHP and operational leadership
- Recruited to the clinical and operational posts

Digital

- Mapped the digital requirements and EPR capabilities for the programme
- Completed the DPIAs (32 to date) necessary to enable data access for clinical teams.
- Engaged the NCL Technical Data Authority group to support changes to digital system configuration and data sharing because of learning from our programme
- Undertaken a significant level of analytical analysis (supported by the NCL ICB analytics service) on the patient cohorts

Innovation

- Commenced conversations with innovation companies regarding opportunities to improve delivery focusing on risk stratification,
- Identified other innovation opportunities (if funded) that would support MDT working and patient engagement

³ Each PCN has an average of 6.5% of their patients stratified into the high risk and complex cohort of the LTC LCS. There is a range of deprivation across the PCNs (Haringey PCN has 88% of its patients living in IMD 1-3 compared to 4.3% in Barnet)

Evaluation

- Created the programme evaluation approach led by UCLP
- Logic model workshop for programme leads held in early October

Finance

- Engaged finance leads across providers and the ICB to develop a baseline income and costing model for the patient cohort.

Enablers

- Commenced scoping of phase 2
- Communication and engagement plan developed and supported by UCLP

The 5 PCNs link to a named specialist LTC consultant in a neighbouring acute Trust, who in turn links to a panel of secondary care specialist to provide additional advice and support without the need for a new referral into their services.

Programme finance

The CLTCS is funded non-recurrently from the NCL HA budget the £300k covers

- Programme clinical leadership (backfill to release Consultants from providers)
- Staffing for 4 x PCN early adopter sites – LTC specialist consultant sessions, clinical coordinator, administrative coordinator, primary care input, support sessions from specialists in secondary care, mental health team and community health services.
- Patient and VCSE participation
- Research and evaluation

1 additional PCN funded through the ICB Long-Term Conditions and Proactive programme.

Next steps

2 PCNs will go live in November linked to UCLH and Whittington Health acute consultants, the 3rd PCN in Camden is planned for go live in January linked to the RFL. The final 2 sites will have start dates confirmed following initial go live. The comms and engagement for both staff and patients will increase from October including information on the service delivery, the team involved and the projected impact.

1.2. Clinical networks

Over the past 10 months the NCL HA team have been working with the NCL Director of Long-Term Conditions and Proactive care to develop a proposal for the reconvening of the 4-system wide long-term conditions. The structure and funding for the networks was approved by the NCL HA Executive in September with the view to standing the networks back up with clear priorities by the end of the financial year. Part of the network's proposal was the creation of an Innovation Collaborative hosted by UCLP. This agile and temporary enabling collaborative will be stood up to support the LTC Clinical networks on specific multi-morbidity LTC priorities or in cases where complex change has multiple dependencies / needs specialist support e.g. data/analytical. The networks will report into the NCL Population Health Committee.

The Health Alliance core team continues to directly support the NCL Red Cell network. Other networks including Orthopaedics, Ophthalmology, General Surgery, ENT, Dermatology, Gynaecology and Urology are supported either by lead providers, the Northern and Southern partnerships or the Cancer Alliance.

2. Organisational updates

2.1 Closure of the Company Limited by Guarantee (CLG)

As part of the move of the NCL HA into UCLP the decision was made to close the CLG associated with the former name of UCL HA. This process was formally concluded on 15 October 2024 [UCL HA filing history](#) following NHSE, NCL HA director and Companies House approval. As a result of the closure, some of the elements of the articles of association need to be restated in new governance documents that direct the actions of NCL HA both as a partnership and its function within UCLP. These elements will be drafted by UCLP, with input from provider governance leads and will be circulated by December 24 to all partner boards for approval.

2.2 Recruitment

Following the substantive appointment to the Transformation Director role in the summer, the NCL HA core team is now fully established. Three of the team remain substantively employed through UCLH, one is on a fixed term secondment from UCLH to UCLP and the remaining team members are directly recruited to UCLP. To limit future employment liabilities for UCLP future new or replacement appointments to the NCL HA core team will either be direct employment to UCLP or via fixed term (no more than 24 months) secondments.

2.3 Finance

The NCL HA is funded by 13 equal provider contributions currently set at £50k per annum, the funding arrangement is in year 2 of a 3-year agreement which covers

- the core team (6 WTE) pay and non-pay
- contribution to the UCLP chair salary (as per the transfer to UCLP agreement)
- 10% corporate overhead contribution to UCLP

At month 6 the financial position of NCL HA is as follows:

	Budget 2024/25	Expenditure Apr-Aug	Forecast Sep-Mar	Forecast 2024/25	Forecast (more)/ less than budget
Item	£k	£k	£k	£k	£k
Pay	483	171	282	453	29
Pay - Long Term Health Hubs	109	26	69	95	14
Total pay	592	197	351	548	44
Non pay	21	10	13	24	(3)
Non-pay - Long Term Health Hubs	300	4	293	297	3
Total non-pay	321	15	306	321	0
Overheads	91	21	66	87	4
Total	1,004	233	723	956	48

Income	£k
2022/23 carry forward	106
2023/24 carry forward	344
2024/25 Membership contributions	650
Total income	1,100

Funds totalling £449k were transferred from UCLH to UCLP. This reflected an underspend in prior years due to vacancies and a pause in planning activity whilst NCL HA was embedded in UCLP. These funds are being used to invest in the Complex Long Term Health Service programme.

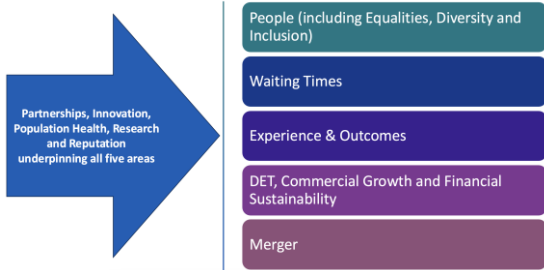
For 24/25 the membership contributions increased from £45k to £50k per member. This is to cover the recurrent costs of a full establishment in the Health Alliance team.

Staff costs are anticipated to be lower than budget owing to delays in recruitment. An estimate has been included for backdated NHS pay increases, but this is subject to confirmation

Included in the non-pay costs is £300k non recurrent funding for the CLTCS project. Expenditure for this will commence in the second half of the financial year. The allocation includes contingency allowing for the option to increase the number of funded clinical sessions, subject to project delivery. An overhead is allocated for UCLP in respect of the utilisation of corporate functions and costs such as finance, HR, communications, IT and office space.

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 5 December 2024			
Report Title: Governor Elections Update			Agenda No.: 8
Report Author and Job Title:	Adewale Kadiri, Director of Corporate Governance	Lead Executive Director:	Adewale Kadiri, Director of Corporate Governance
Appendices:	None		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	<p>In total, 8 members of the Council of Governors reached the end of either their first or second terms between October and December 2024. The election process to fill these seats on the Council formally commenced on 10 October with the publication by the Trust’s electoral partners, UK Engage, of the Notice of Election.</p> <p>The Trust took steps to publicise the elections and to encourage Members from the relevant constituencies to stand for the vacant seats through a range of channels, including sending mail outs, issuing reminders on the internet and intranet sites and even publishing an advertisement on LinkedIn.</p> <p>The deadline for the receipt of nominations was 28 October and at that point, UK Engage informed the Trust that:</p> <ul style="list-style-type: none"> • 4 nominations had been received for the Rest of London seats, • 1 for Rest of England and Wales, • 1 for Clinical Staff and • 2 for Education Staff. 		
Background:	<p>Of the 8 seats up for election, 4 are in the Rest of London – Public constituency, 2 in the Rest of England and Wales – Public and 1 each in the Clinical and Education Staff constituencies.</p> <p>The nominations received mean that, subject to checks being satisfactorily completed, all the candidates who put themselves forward for the Rest of London will be elected unopposed, as will the candidate for the Clinical Staff seat. As no nominations were received for the Rest of England and Wales, a bye-election will need to be held in due course to fill that seat.</p> <p>There is one contested election – for Education Staff – in relation to which the poll closes today, 5th December, with the result to be declared tomorrow, 6th December.</p>		
Assessment:	<p>In relation to existing Governors coming to the end of their first terms of office, we can confirm that Sheena Bolland, and Michael Arhin-Acquaah have been re-elected to serve second terms as they are unopposed. They have both been notified. Paru Jeram is standing in the only contested election.</p> <p>We will be welcoming 3 new Governors in the Rest of London constituency, and 1 in the Clinical Staff constituency. All have been</p>		

	invited to attend today's meeting as observers before they formally take their seats on 20 December.				
Key recommendation(s):	The Council of Governors is asked to NOTE this update on the 2024 Council of Governors elections.				
Implications:					
Strategic Ambitions:					
<input type="checkbox"/> Providing outstanding patient care	<input type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Quality Statements (we statements) Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	None				
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	The Council of Governors play a pivotal role in the governance of all NHS Foundation Trusts, holding both statutory duties within the structure, as well as broader responsibilities to hold the non-executive directors accountable for the performance of the Board, and to represent the interests of local communities.				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
Equality, Diversity and Inclusion (EDI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.			<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:					
Assurance Route - Previously Considered by:	None				
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 5 th December 2024			
Report Title: Integrated Quality Performance Report (IQPR) Summary		Agenda No: 10	
Report Author and Job Title:	Hector Bayayi, Managing Director	Lead Executive Director:	Rod Booth, Chris Abbott, Gem Davies, Peter O'Neill & Clare Scott (Executive Directors)
Appendices:	None		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/>		
Situation:	This is the Trust IQPR for 2024/25 month six and provides an overview of delivery against NHS national targets and Trust agreed priorities. The report content has been developed and considered 'floor to Board' with all levels of the Trust having sight of the same data and content to ensure there is one version of the Trust across our quality and performance portfolio. This ensures a Trust wide focus on areas of good practice for shared learning, risk and mitigations.		
Background:	<p>Month six was considered by Board on 14th November 2024 and prior to this Quality and Safety Committee on 24th October and Performance Finance and Resources Committee on 7th November. The content reflects discussion at these meetings to mitigate areas of risk. Trust quality and performance is reviewed (1) weekly via the Executive Leadership Team meeting, Strategic Delivery Room (which has a focus on our five strategic priorities) and Quality Huddles; and (2) monthly via team and delivery unit level IQPR meetings. The Trust agreed five priorities are set out below for Governor colleague background:</p> 		
Assessment:	<p>Quality & Safety</p> <ul style="list-style-type: none"> The Trust delivered a 74% positive experience of service questionnaire (ESQ) result in August 2024, which is below the target of 90%. A lower number of responses was received in this period which correlates with a lower number of appointments during the summer holiday period. A smaller amount of feedback is likely to skew the scores either way if individuals are unhappy or happy with elements of their care. To support meeting our target work is being progressed to set team level targets for amount of feedback to be collected each month and to ensure that teams can review the feedback comments monthly. A quick response (QR) code has been developed to provide a number of ways in which service users and carers can give feedback. The Trust continues to focus on investigating and responding to all overdue complaints and has reduced the number to 11 complaints overdue, with clear timeframes for responding to all 11. The Trust moved to a new complaints process and investigation template, all formal 		

complaints are now responded to on the new template which is shared with the complainant along with a response letter, this provides transparency around the investigation.

- The Trust reported 11 Patient safety incidents are recorded where there was actual or potential harm, one incident of violence and aggression and zero incidents of restraint. Although this is within normal variation, this was down from July, the rationale being that the highest reporting area, Gloucester House School, was closed for summer holidays.
- The Patient Safety Team continue to hold a daily huddle to review all incidents reported in the previous 24 hours and identify incidents where further review is needed. Work is underway to create forms within the incident and risk management system to support Gloucester House to move reporting of incidents and restraints from paper to electronic record.

Performance

- Waiting times over the national 18-week target have continued to rise across the Trust, primarily in adult services due to the long waits for gender identity clinic and trauma services. Camden child and family services are performing close to the national four-week target with the average first appointment for a child being seen currently at 4.4-weeks (noting the national average is 11-weeks).
- This excludes the autism service which has a small number of 52-week waiters and positively has shown improvement in reducing waiting times over the past four months as a result of quality improvement work to increase the volume of triage appointments and put in place a new clinic model. North London Integrated Care System has also provided additional funding to support a reduction in waits for neurodevelopmental services across the five North London Boroughs which will support a further reduction in autism waiting times. The Autism and Quality Improvement Teams are attending a number of external events to support learning on how we reduced long waits for neurodevelopmental services and to promote our approach to continuous improvement.
- The three strategic areas of focus for waiting times (autism, gender identify clinic and trauma) all have trajectories that performance is being measured against. This has allowed the visibility of increased activity in areas where the elective recovery funding was focused. Performance is tracked via weekly waiting time huddles, with the gender identify clinic receiving additional input through a weekly targeted support programme overseen by the Chief Nursing Officer and Chief Medical Officer.

People

- Mandatory and statutory training has been static for the past four months at 80% against a target of 95%. Appraisal completion is below target at 43%. There are data quality issues with the inclusion of medical appraisals (which are recorded on a separate system) as well as challenges linked to the changes in line managers during the leadership review and the appraisal season changing to the link with pay progression, both which created a lag which is currently being addressed.
- The People Team continue to work with senior leaders to improve on the Trust appraisal position. Whilst there has been some improvement in comparison to the previous month, we remain quite some distance from the Trust target. The People Business partners have arranged targeted meetings with senior managers to agree an action plan to improve our current position.

	<ul style="list-style-type: none"> The Trust declared 2.0% of Staff Sickness in August 2024. The number of reported health-related absence cases has risen slightly in comparison to the previous months. The people partnering team continue to provide support to manager regarding the management of staff absence in line with the policy. Training sessions are delivered to managers to upskill knowledge and improve capability. The Trust declared 79.1% of mandatory and statutory training (MAST) completion. Managers are encouraged to provide 'protected' time for their staff to complete their outstanding MAST modules. The people team continue to escalate non-compliance through the appropriate channels for urgent action. A further drive is required to attain the expected compliance level of 95% and actions is being put in place to support this. <p>Finance</p> <ul style="list-style-type: none"> At month six there is a positive variance to plan (£38k). There has been positive progress in reducing agency spend. There is a new risk to the year-end forecast that will be part of the reported position in month seven. We are working closely with NHS England and Integrated Care System colleagues to mitigate the risk: <ul style="list-style-type: none"> Pay Award funding deficit of c£1.1m Pay Award cash support which is unconfirmed 				
Key recommendation(s):	The Council of Governors is asked to NOTE the contents of the report.				
Implications:					
Strategic Ambitions:					
<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity, and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	BAF Risks: 1, 2, 8, 9				
Legal and Regulatory Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no specific legal and regulatory implications associated with this report.				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no additional resource implications associated with this report.				
Equality, Diversity, and Inclusion (EDI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no additional EDI implications associated with this report.				
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.			<input type="checkbox"/> This paper is exempt from publication under the FOI Act which	

		allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:				
Assurance Route - Previously Considered by:	Local IQPR meetings; Quality and Safety Committee; Performance, Finance and Resources Committee; and Board. Please see online Public Board papers on the Trust website for the full report including all data considered.			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input checked="" type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (PUBLIC) – 5 TH DECEMBER 2024					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Quality & Safety Committee	24 th October 2024	Claire Johnston, Committee Chair, Non-Executive Director	Emma Casey, Associate Director of Quality	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None		Agenda Item: 11		
Assurance ratings used in the report are set out below:					
Assurance rating:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	
The key discussion items including assurances received are highlighted to the Board below:					
Key headline				Assurance rating	
<p>1. Quality & Safety Report</p> <p>The Committee noted the further reduction of complaints that are open and overdue (23 and 11 respectively as of the end of September 2024), and the positive work with teams which has led to a significant difference in the quality and compassion of complaint responses.</p> <p>The Trust's first Patient Safety Incident Investigation (PSII) was commissioned in April 2024 and signed off by Trust Board in September 2024. Since then, the coronial inquest has been held, with the coroner commenting positively on the quality of our investigation and PSII report. The action and learning from the recommendations will be monitored by the Clinical Incident & Safety Group.</p> <p>The Committee considered the NHSE national review of adult gender clinics and learned about the outcome of the Trust's internal 'mock inspection' of our Gender Identity Clinic (GIC) service in preparation for this. It was noted that the mock inspection was a positive, well-received and open process, with service users whose perceptive contributions were particularly helpful and appropriately challenging. The Committee stressed the importance of robust public feedback and consultation as part of the review of the national service and thanked all involved for the hard work. An update on the mock inspection report and recommendations will be presented to the Committee at its December 2024 meeting.</p>				Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	
<p>2. Clinical Audit Plan 2024/25</p> <p>The Committee noted that compliance against the audit plan is currently behind schedule. However, with the recent launch of the Radar module, (Local Risk Management System) the Audit team are optimistic of</p>				Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/>	

<p>catching up on outstanding audits by the end of the year. The implementation of this new module is anticipated to streamline processes, although there are challenges that need to be addressed including training and engagement with the new system and approach.</p> <p>A concerted effort is being made to ensure all staff are familiar with the procedures for conducting audits, especially in using the new system, but behind this the Trust is embarking on a plan which encompasses a communication with front line teams to raise awareness and encourage engagement in taking part in clinical audits.</p>	<p>N/A <input type="checkbox"/></p>
<p>3. Patient and Public Involvement (PPI) Team Annual Plan The progress against the annual plan was presented. The Committee noted that there was a lack of progress overall. The development of a service user engagement and involvement reimbursement policy, along with relevant standard operating procedures is being prioritized. Verbal assurance was provided to the Committee about the welcome shift underway, to involve current service users in the PPI register rather than only former patients, with a broadening of the types of roles they are taking up. A recovery plan is now in place to mitigate against further delays in delivering the objectives.</p> <p>A positive area of improvement was noted that the number of service users involved in PPI since the start of year has doubled to 30. There is a plan in place to further increase engagement and ensure that the service users recruited are representative of the populations the Trust serves.</p>	<p>Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>4. Infection Prevention and Control (IPC) Six Month update The Committee received the six-monthly IPC report which included a summary of the gaps identified through the National Infection Prevention Control Board Assurance Framework. The Trust now have a senior Infection Prevention and Control lead Nurse from Moorfields Eye Hospital working with us to incorporate preventative IPC actions which brings an improvement in the effectiveness of the Trust's IPC arrangements.</p> <p>The BAF document consist of 54 KLOEs</p> <ul style="list-style-type: none"> • 29 deemed not to be applicable to the Trust • 10 assessed as green (fully compliant) • 14 assessed as yellow (partial compliant) • 1 assessed as red (non-compliant). This area relates to food hygiene training for Gloucester House staff and is being addressed as a matter of urgency. There is a deadline set for the end of the October 2024 for a resolution or plans put in place to reach compliance. <p>Teams are coordinating with Estates and Facilities to achieve full compliance, particularly for improvements related to hygiene and infection control across various sites.</p>	<p>Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p>5. Update Report on DrDoctor Implementation (Patient Portal) The Committee received an update on the new patient portal procured for the GIC which is designed as a centralised information source for patients, including appointment reminders, clinical letters, digital assessments, explainer videos, and signposting to additional resources. The portal will integrate with the NHS app, which currently includes primarily acute trusts,</p>	<p>Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>

<p>positioning the Trust as a leader in mental health digital access. It was noted that the Trust is the first mental health trust to have seized the opportunities DrDoctor presents and are taking part in an NHS England bidding round for further funding to extend the system Trustwide.</p> <p>The implementation is proceeding as planned although about 4 weeks behind the scheduled plan due to the impact of summer holidays absences.</p>		
<p>6. Trust Response to National Reviews The paper was received and approved for onward reporting to the Trust Board in November 2024. The paper notes a number of common themes reported by staff following engagement sessions about the outcomes of the national reviews. An improvement plan will be devised for oversight of the internal recommendations to address the themes. Updates to the improvement plan will be presented to the Committee on a quarterly basis.</p>	<p>Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>Summary of Decisions made by the Committee:</p>		
<ul style="list-style-type: none"> The Committee APPROVED the reduction of BAF risk 2 from a current score of 16 to 12 (Likelihood: 3, Consequence: 4). 		
<p>Risks Identified by the Committee during the meeting:</p>		
<p>There were no new risks identified by the Committee during this meeting.</p>		
<p>Items to come back to the Committee outside its routine business cycle:</p>		
<p>To review Terms of Reference virtually due to issue with circulation of full paper pack ahead of the Committee.</p>		
<p>Items referred to the BoD or another Committee for approval, decision or action:</p>		
<p>Item</p>	<p>Purpose</p>	<p>Date</p>
<p>Terms of Reference (following virtual review by Committee)</p>	<p>Approval</p>	<p>14/11/2024</p>

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (PUBLIC) – 5TH DECEMBER 2024

Committee:	Meeting Date	Chair	Report Author	Quorate	
People, Organisational Development, Equality, Diversity and Inclusion Committee	5 September 2024	Shalini Sequeira, NED	Gem Davies, Chief People Officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None		Agenda Item: 12		

Assurance ratings used in the report are set out below:

Assurance rating:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required
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The key discussion items including assurances received are highlighted to the Board below:

Key headline: The Committee looked at the BAF risk around capacity and capability of managers	Assurance rating
<p>1. EDI considerations</p> <ul style="list-style-type: none"> Gender pay gap - this points to the need for more career development of women to see more women move into the most senior posts where we have a gap. In addition, it is potentially unrealistic to think a lot more men will apply for administrative roles. Just culture - this is not properly understood in the Trust as yet, and more discussion is needed on this. EDI Programme Board has undertaken significant work on rationalising our EDI action plans and thinking about our desired future state. Now we need to publicise what we have done and what we are focussing on. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>
<p>2. L&D and OD updates</p> <ul style="list-style-type: none"> Capacity and capability of managers: <ul style="list-style-type: none"> this is an issue of culture the MDP has been useful but how is it impacting cultural change in managers service line managers: there is resistance to change at this level which we need to look into admin programme: this will be beneficial for development of this group of staff some of whom are managers we are at risk on this BAF risk Appraisals. Data on completion is not positive (but may not be reliable) and there are challenges with making them meaningful for staff. We are working towards career conversations. 	Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>

3. Other <ul style="list-style-type: none"> Data: There are still some issues around the data in ESR and other systems being complete, consistent and reliable, which is affecting the ability of POD EDI to get assurance around BAF risks 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
4. Reflections <ul style="list-style-type: none"> Psychological safety for individuals who speak out and want to make a difference is paramount – a culture that needs to change. Well chaired, allowing all to come in and say what they needed; this is important particularly for topics such as the BAF risk. Meeting has gone deeper than usual. There are a lot of challenges, as a group they need to look at these areas. From these foundations they will start to build together. It remains a good idea to have a deep dive on one BAF risk; it anchors all the discussions on one topic. Value and appreciate the honesty, and openness of discussion. Very interesting topics were discussed. Promoting our progress in these areas is key to engagement and future improvement. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Summary of Decisions made by the Committee:		
There was no specific item requiring decision making.		
Risks Identified by the Committee during the meeting:		
There was no new risk identified by the Committee during this meeting.		
Items to come back to the Committee outside its routine business cycle:		
There was no specific item over those planned within its cycle that it asked to return.		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
None		

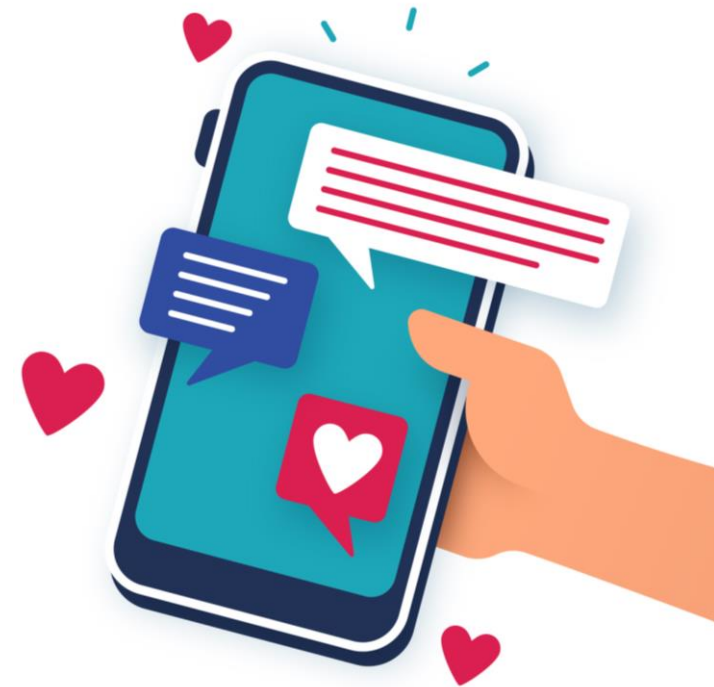
MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 5 th December 2024			
Report Title: Opportunity to influence the future direction of the NHS		Agenda No: 13	
Report Authors and Job Title:	Jane Meggitt, Interim Director of Communications; and Rod Booth, Director of Strategy	Lead Executive Directors:	Jane Meggitt, Interim Director of Communications; and Rod Booth, Director of Strategy
Appendices:	Appendix 1: Change NHS Feedback		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	<p>The new Labour Government has invited a national response from members of the public, NHS staff and experts to share their experiences, views and ideas for <i>‘fixing the NHS to deliver ‘a health service fit for future’</i>. Appendix 1 sets our innovative Trust approach to gathering as many ideas as possible from our staff, governors, members, service users, students and Board to submit the Tavistock and Portman NHS Foundation Trust response.</p> <p>In tandem with the plan to deliver a <i>‘health service fit for future’</i> NHS England has written to all Integrated Care Boards and NHS Providers outlining its ambition to optimise the healthcare system to provide greater clarity on accountability. The aim being to ensure that the way the NHS works supports delivery of priorities and enables delivery of the neighbourhood health model that will underpin a health and care system that is fit for the future.</p>		
Background:	<p><u>A Health Service Fit for Future</u></p> <ul style="list-style-type: none"> • National conversation about the future of the NHS was launched on 21st October 2024. The entire country called upon to share their experiences of the NHS to help shape the government’s 10 Year Health Plan. • Responses will shape government’s 10 Year Health Plan to support NHS improvements and deliver government mission to build an NHS fit for the future. • Public engagement exercise will help shape the government’s 10 Year Health Plan which will be published in spring 2025 and will be underlined by 3 big shifts in healthcare: <ol style="list-style-type: none"> 1. Hospital to community 2. Analogue to digital 3. Sickness to prevention <p>As part of the first shift ‘from hospital to community’, the government wants to deliver plans for new neighbourhood health centres, which will be closer to homes and communities. Patients will be able to see family doctors, district nurses, care workers, physiotherapists, health visitors or mental health specialists, all under the same roof.</p> <p>In transforming the NHS from analogue to digital, the government ambition is to create a more modern NHS by bringing together a single patient record, summarising patient health information, test results, and letters in one place, through the NHS App. It will put patients in control of their own medical history, meaning they do not have to repeat it at every appointment, and that staff have the full picture of patients’ health.</p>		

	<p>By moving from sickness to prevention, the government aims to shorten the amount of time people spend in ill health and prevent illnesses before they happen.</p> <p><u>A Health System Fit for Future</u></p> <p>NHS England has also set out four actions that will guide its refresh of the current NHS operating framework to support delivery of the digitised neighbourhood health model:</p> <ol style="list-style-type: none"> 1. Simplify and reduce duplication, clarifying roles and responsibilities and being clear on the place of performance management. 2. Shift resources, time and energy to neighbourhood health, creating momentum that makes clear the role of the provider sector in neighbourhood health and how to work with local partners. 3. Devolve decision-making to those best placed to make changes, clarifying the role of integrated care partnerships (ICPs) and health and wellbeing boards. 4. Enable leaders to manage complexity at a local level, supporting leaders with new strategic commissioning frameworks to include national best practice. <p>NHS England are planning wider engagement on how to implement the four actions to make them a reality and have signalled a commitment to working closely with NHS systems and providers on next steps. We will keep Council of Governor colleagues updated as this progresses.</p>				
Assessment:	<ul style="list-style-type: none"> • This is an excellent opportunity for the Tavistock and Portman to submit a response to the national invitation on what it would take to deliver a better future for the NHS in support of all those communities accessing care and dedicated staff working to provide care and support. • The response offers us an opportunity to have a collective voice across staff, service users, students, carers, Council of Governors, Trust Membership and Board. • The neighborhood health model referenced by the Government and NHS England plays to our strengths as an organisation across training, education and clinical services. Our expertise in psychodynamic family and organisational systemic ideas and methods places us well for sharing learning across local, regional and national healthcare systems. 				
Key recommendation(s):	The Council of Governors is asked to NOTE the contents of the report and contribute to the Trust response on delivering a health service fit for future.				
Implications:					
Strategic Ambitions:					
<input checked="" type="checkbox"/> Providing outstanding patient care	<input checked="" type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input checked="" type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input checked="" type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity, and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>

Link to the Risk Register:	BAF <input type="checkbox"/>	CRR <input type="checkbox"/>	ORR <input type="checkbox"/>	
	None			
Legal and Regulatory Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no specific legal and regulatory implications associated with this report.			
Resource Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no additional resource implications associated with this report.			
Equality, Diversity, and Inclusion (EDI) implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no additional EDI implications associated with this report.			
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:				
Assurance Route - Previously Considered by:	Board of Directors			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input checked="" type="checkbox"/> Not applicable: No assurance is required

Opportunity to influence the future direction of the NHS

Change NHS feedback



Background

Change NHS is the engagement exercise launched by DHSC and NHS England to deliver its 10-Year Health Plan, to be published in Spring 2025.

- The programme is seeking people's views on three 'strands' – prevention, technology and care in the community – as well as asking what the NHS is doing well.
- We have been asked to develop and submit a Trust-wide response.
- To inform our response, we have undertaken a programme of engagement to gather the views of our members, students, staff and patients.

Engagement process

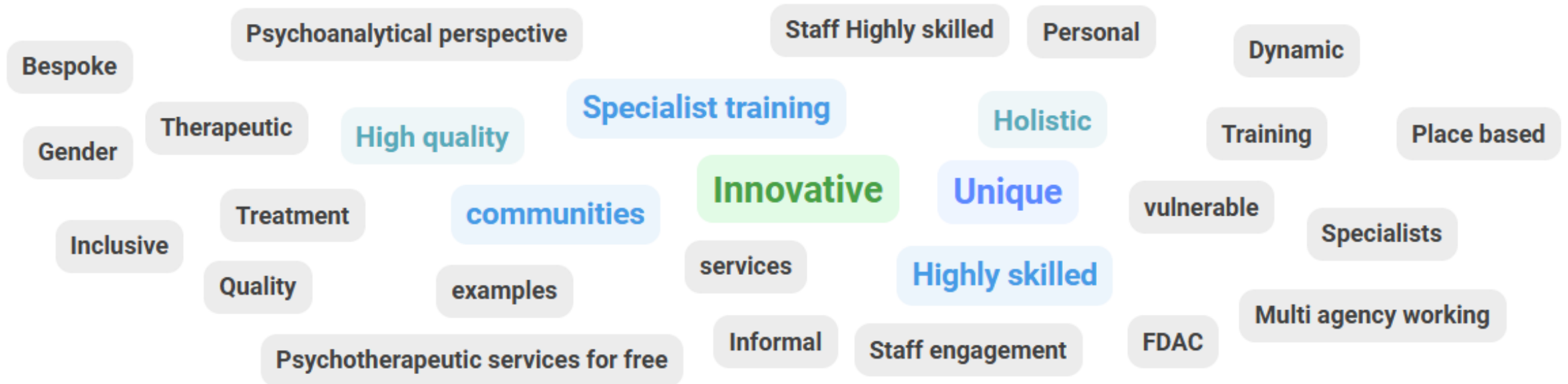
We have used Slido to gather views on what we as a Trust would like to see included in the government's 10-year plan for the NHS.

Across November we:

- held four virtual drop-in sessions on Microsoft Teams, which were advertised and promoted on the intranet and staff calendars
- led engagement sessions with various groups including the Professional Leads Meeting and with exec
- sent the Slido exercise to our Trust wide patient forum
- promoted the exercise using various channels including the website, intranet, NCL newsletter, NEDs networks and in the digest

Feedback

The best thing about our services...



Patients told us...

“The best aspect of the services provided by the Tavistock and Portman Trust is their commitment to pioneering research and evidence-based practices in mental health care. They continuously strive to innovate and improve treatments, ensuring that patients receive the most effective and up-to-date care.”

“Their holistic and inclusive approach ensures that every patient receives comprehensive and compassionate care tailored to their unique needs, enhancing overall well-being.”

“They provide much needed specialist multidisciplinary teams that don’t exist locally. I haven’t seen anyone yet as I’m on a too long waiting list, but PALS were sensitive and kind.”

“The amount of thinking that goes on about cases - it feels like each patient is thoughts about and held in mind”

Ideas for the 10-year plan...

- **Investment into the expansion of community clinical structures** – including working even more closely with schools, nurseries and better collaboration with voluntary organisations
- **More integration with physical health services** - a truly preventative approach is not possible without cross discipline working, and we need to push the integration agenda further and faster
- **Increased training opportunities for the mental health workforce** – so they are equipped to deal with rising levels of demand and acuity in the sector. Many respondents said that specialist mental health services, like the Tavistock, should be commissioned by government to train up more NHS staff
- **More investment into children and young people's mental health** – including more screening, provision for under 5s and better support for mothers with babies.

Views on supporting more care in the community

- **Investment into the tools and resource** needed to expand our community care provision
- **More non-clinical interventions delivered locally**, including better education (starting in schools) on mental wellbeing and self-care
- **More initiatives such as the waiting room**
- **Teach, train and hire more local staff** who live in and represent the diverse communities we serve
- **Increased focus on accessibility** with more peer support work.

Thoughts on a preventative approach

- **Government must deliver policies which tackle social challenges** (poor housing, poverty etc.)
- **More education for the public on the availability of local mental health services**, particularly for young people
- **Government-backed campaigns on preventative mental health measures**
- **Targeted community outreach programmes**
- **More support for teachers and social workers**
- **Early years hubs for all**
- **Regulation of social media** – hold cross party discussions which include mental health professionals, schools and charities

Ideas on how to harness technology

- **Reduce administrative work for clinicians** using the latest applications
- **More use of applications** to support patients on waiting lists
- **Less reliance on paper communications** (i.e., printed patient letters)
- **Explore mental health technologies** which could support people in the community, such as 'Feeling Good' apps, wearable technology and AI chatbots
- **Support for the NHS in dealing with cyber security threats.**

Next steps

- We are finalising our response to submit to NHS England and the Department of Health and Social Care
- The response will be published on our website and shared with staff, members, students and governors
- More information on the government's next steps will be revealed in the spring with the publication of their 10-year plan.

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS – 5 th December 2024					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Education and Training Committee	1 st November 2024	Sal Jarvis, Non-Executive Director	Mark Freestone, Chief Education and Training officer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None		Agenda Item: 14		
Assurance ratings used in the report are set out below:					
Assurance rating:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	
The key discussion items including assurances received are highlighted to the Board below:					
Key headline			Assurance rating		
1. BAF risk			Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>		
<ul style="list-style-type: none"> The OfS have released a briefing paper about their plans for what are now referred to as sub-contracting agreements (formerly 'franchising'). They are likely to be investigating this issue over the coming months and then will issue further guidance about how these are to be managed, if differently. We anticipate this will mean the status quo will prevail until September 2026, and it is possible BAF risk 3 could be downgraded to reflect this decreased urgency. 					
2. Success Stories			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		
<ul style="list-style-type: none"> It was very exciting to see several successes by DET staff over the past two months: <ul style="list-style-type: none"> Shantel Thomas, course lead for the M23 Social Work MSc Programme on the nomination of the Anti-Racist Movement (ARM), which she founded and led, for the Social worker of the Year 's Social Justice Advocate award. Philip Archard, Associate Lecturer In Social Work, has been nominated for the Lionel Hersov Memorial Award for a practice team who have demonstrated the use of an evidence base in clinical practice. Ana Draper, Professional Lead for Family Therapy, has been nominated for the Eric Taylor 'Translational Research into Practice' Award, awarded to an individual who has made a sustained contribution to the translating research into practice. MF and other senior DET staff had the great pleasure of attending and speaking at the first Tavistock Alumni event on 9th October. Around 40 attended out of 50 invitees and it was a very warm, sociable event with a real sense of bringing together old friends who had not seen each other in a while. I spoke briefly about the Trust's recent past and future and met with a range of alumni, some flourishing post-Tavistock and others just beginning their journey as qualified professionals. All were very positive about their time at the Trust. 					
3. Development			Limited <input type="checkbox"/>		

<ul style="list-style-type: none"> • DET makes use of over 400 Visiting Lecturers on non-substantive contracts; over three times the number of substantive Faculty and at a cost of £1.5m but with little accountability or sustainability, and a concern that use of non-substantives is masking underlying staff deficits. As the committee is aware, we are hoping to launch a consultation on the use of Visiting Lecturers as well as consolidation of academic roles in the Trust around the 'Lecturer/Senior Lecturer' titles, that will also align us better with University providers. This consultation should take place in early November and report before the end of the calendar year 2024. • ETC heard a paper from DD (Associate Head of Contracts) in relation to DET KPIs which outlined that agreements with placement providers are not being consistently sought or processed for our students. Actions are underway to close gaps in assurance including a review of all DET KPIs which has stalled after the loss of a staff member. • Recruitment for academic support staff is experiencing significant challenges at the Shared Services stage, with requests for appropriate advertisement via, e.g. jobs.ac.uk being challenged or delayed. This is causing delays to optimising DET processes as required for ongoing validation and reporting. 	Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>	
<p>4. Student Recruitment</p> <ul style="list-style-type: none"> • 1st November is the first of the 'census' dates for our enrolments and we have 548 new students enrolled out of a total of 616 potential enrolments. 26 have deferred, withdrawn or intermitted meaning our maximum new student intake for September is 576 against a final total of 596 in the previous year (23/24), currently a reduction of 3.4%, awaiting January start which we hope will lead to a more favourable position. 	Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	
<p>Summary of Decisions made by the Committee:</p>		
<ul style="list-style-type: none"> • Next committee is 14/01/2025 		
<p>Risks Identified by the Committee during the meeting:</p>		
<ul style="list-style-type: none"> • Continuing Validation (see BAF risk 3) 		
<p>Items to come back to the Committee outside its routine business cycle:</p>		
<p>None.</p>		
<p>Items referred to the BoD or another Committee for approval, decision or action:</p>		
<p>Item</p>	<p>Purpose</p>	<p>Date</p>
<p>None</p>		

CHAIR'S ASSURANCE REPORT TO THE COUNCIL OF GOVERNORS (PUBLIC) – 5 th December 2024					
Committee:	Meeting Date	Chair	Report Author	Quorate	
Performance Finance and Resources Committee	7th Nov 2024	Aruna Mehta, Non-Executive Director	Rod Booth, DSBD and Peter O'Neill, CFO	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Appendices:	None		Agenda Item: 15		
Assurance ratings used in the report are set out below:					
Assurance rating:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	
The key discussion items including assurances received are highlighted to the Board below:					
Key headline			Assurance rating		
1. Integrated Quality and Performance report: <ul style="list-style-type: none"> Positive progress in increasing activity and reducing waiting times for the Autism pathway as direct result of (1) quality improvement initiatives; and (2) increased funding and corresponding capacity to meet demand. The Autism and Quality Improvement Teams are attending a number of external events to support learning on how we reduced long waits for neurodevelopmental services and to promote our approach to continuous improvement. Concern raised on increasing waits for the Trauma service and the clinical, capacity and staffing risk linked to this. It was noted there was one month of increased activity due to additional funding / capacity but yet to see a significant improvement trend. The Trauma Quality Improvement (Kaizen) event had recently taken place and there were a number of gatekeeping and referral initiatives planned to manage demand and reduce waits with the impact of these to be reviewed at the next meeting. It was noted that the National Gender Identity Clinic review was taking place with Board to consider further detail of any recommendations once the Trust is in receipt of the official report. 			Limited <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Adequate <input type="checkbox"/> N/A <input type="checkbox"/>		
2. Finance report: <ul style="list-style-type: none"> Finance Report for M06 was presented to the Committee, with the positive variance to plan (£38k) noted It was noted that there are two new risks to the year end forecast that will be part of the reported position in M07. <ol style="list-style-type: none"> Pay Award funding deficit of c£1.1m Pay Award cash support unconfirmed. Depreciation funding loss potential c£0.75m (NB: now mitigated) The cash support process continues to be overly bureaucratic but to date cash support has been secured. Lower than expected cash position was due to late payment from NHSE (one-off now resolved). Progress made with reducing agency spend was commended. During discussion on the Medium-Term Financial Plan it was noted that this set out very clearly the rationale for merging and delivering a 			Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		

financially sustainable future for the Trust clinical, training and education services.		
3. BAF Risks <ul style="list-style-type: none"> No change to risk ratings. 		Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
4. Annual Planning <ul style="list-style-type: none"> Annual planning was underway to triangulate activity, workforce and finance and set out how enabling functions (estates, digital, quality improvement, finance and contracts) would support clinical, training and education services deliver Trust ambitions. The plan would be used to baseline the capacity that can be delivered with existing clinical and DET resources and identify where there are commissioning funding gaps (with demand and capacity are not aligned). Planning would also be used to identify fragile (clinically and financially) services and future support required. Progress on delivering Team level budgets was noted and that this would be further improved via the annual planning process (including Cost Improvement Programmes for each delivery unit). The approach for annual planning was agreed. 		Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
5. Green Plan <ul style="list-style-type: none"> The green plan and carbon neutral approach was welcomed. It was good to see feedback from the 'All Staff Session' included in planning. The ability to use the strategy in commercial bids as one of our core documents was welcomed. There is an ongoing risk in how we will measure impact of the plan and 'make it real' for the Trust with a current risk rating of twelve with eight as a target. It was noted the Green Plan was also being considered by Board on 14th November. 		Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Escalation <ul style="list-style-type: none"> None 		Limited <input type="checkbox"/> Partial <input type="checkbox"/> Adequate <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Summary of Decisions made by the Committee: The Committee was not required to make any decisions.		
Risks Identified by the Committee during the meeting: <ul style="list-style-type: none"> Cash and reported deficit position at the year end. Measuring impact of green plan Trauma waits 		
Items to come back to the Committee outside its routine business cycle: N/A		
Items referred to the BoD or another Committee for approval, decision or action:		
Item	Purpose	Date
<ul style="list-style-type: none"> Over and under salary payments Green plan 	Action Sign-off	14 th November 14 th November

MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC – Thursday, 5 December 2024			
Report Title: Finance Report – As at 30th September 2024 (Reporting Month 06)			Agenda No.: 16
Report Author and Job Title:	Hanh Tran, Deputy Chief Finance Officer	Lead Executive Director:	Peter O’Neill, Interim Chief Finance Officer
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	<p>The report provides the Month 06 (cumulative position to the 30th of September 2024) Finance report.</p> <p>Income & Expenditure The Trust incurred a net deficit of £1,144k in the period, against the plan of £1,182k, a positive variance of £38k. The Trust is anticipating achieving its year-end deficit plan of £2,200k, subject to a new risk, a funding gap relating to the 2024/25 pay award being mitigated in full. At the time of writing the extent of the pay award risk was being finalised, but early estimates are c.£1.3m. The additional cost of the recently announced pay award has not been matched by additional income from NHSE via NCL as in previous years.</p> <p>Capital Expenditure To date capital spend is limited, totaling £679k, £18k behind the planned spend to date of £714k. This is significantly closer to the plan than previous months with the anticipated catch up in spend starting to impact on the reported position. Anticipated expenditure at the year-end is expected to be on plan (including the additional capital allocation of £268k) at £2,468k.</p> <p>Cash The cash balance at the end of M06 was £1,231k against the planned balance of £1,849k. This is an improvement on the previous month but a reduction in the cash support of £200k due to increased aged debtor balances (NHSE debtor of £600k) contributed to the lower than targeted cash position. The Trust are working with NHSE to rectify this anomaly for future periods.</p>		
Background:	The Trust has an agreed deficit revenue plan for 2024/25 of £2.2m, with a Capital Expenditure limit of £2.47m (including the additional allocation from NHSE) and a planned year-end cash position of £1.9m, based on accessing £7.5m cash support in year.		
Assessment:	<p>Income and Expenditure The Trusts agreed deficit plan of £2,200k was contingent on the delivery of recurrent efficiency targets of £2,500k and the release of non-recurrent balance sheet opportunities of £2,656k, a total of £5,156k. The Trust will in addition continue to identify and pursue additional income opportunities, not currently part of the 24/25 plan, as part of its development of the medium-term financial plans designed to achieve a balanced financial position in future periods. This being a key part of the merger development and delivery work.</p> <p>Capital Expenditure The agreed capital spend limit for the year is £2,468k, an increase on the previously advised figure of £2,200k, which was broadly similar to that in</p>		

	<p>23/24. The increase is due to the Trust sharing in the additional capital awarded to the ICS for delivering a balanced plan in 24/25. Initial planning was based on an expected allocation of c.£1,950k, thus a limited degree of replanning of the capital program will be required in the early part of 24/25 to reflect the additional available capital.</p> <p>Cash The agreed plan included a reduction in cash over the year to an outturn of £1,950k, which is driven by the deficit, non-cash income sources in the financial plan for 24/25 and the planned capital spend. This cash flow forecast in the 24/25 plan is reliant on cash support of £7,500k being agreed throughout the year by NHSE. The cash support comes into the Trust via a monthly application for additional non repayable PDC.</p>				
Key recommendation(s):	The Council of Governors is asked to NOTE the position outlined in the report.				
Implications:					
Strategic Ambitions:					
<input type="checkbox"/> Providing outstanding patient care	<input type="checkbox"/> To enhance our reputation and grow as a leading local, regional, national & international provider of training & education	<input type="checkbox"/> Developing partnerships to improve population health and building on our reputation for innovation and research in this area	<input type="checkbox"/> Developing a culture where everyone thrives with a focus on equality, diversity, and inclusion	<input checked="" type="checkbox"/> Improving value, productivity, financial and environmental sustainability	
Relevant CQC Quality Statements (we statements) Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	<p>BAF 9: Delivering Financial Sustainability Targets. A failure to deliver a medium / long term financial plan that includes the delivery of a recurrent efficiency program bringing the Trust into a balanced position in future periods. This may lead to enhanced ICB/NHSE scrutiny, additional control measures and restrictions on autonomy to act.</p> <p>BAF 11: Suitable Income Streams The result of changes in the commissioning environment, and not achieving contracted activity levels could put some baseline income at risk, impacting on financial sustainability. This could also prevent the Trust securing new income streams from the current service configuration.</p>				
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	It is a requirement that the Trust submits an Annual Plan to the ICS and monitors and manages progress against it.				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no additional resource implications associated with this report.				
	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	

Equality, Diversity, and Inclusion (EDI) implications:	There are no specific EDI issues to note within this report.			
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.	<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:				
Assurance Route - Previously Considered by:	ELT, PFRC and Board of Directors			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input checked="" type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required