The Tavistock and Portman
NHS Foundation Trust

Board of Directors

Agenda and papers of a meeting to be held in public

Thursday
27th July 2023

Tavistock Clinic,
120 Belsize Lane,
NW3 5BA and
Virtual

Please refer to the agenda for timings.

00a BD July 2023 Front Page Public Meeting

BOARD OF DIRECTORS – Part 2
MEETING HELD IN PUBLIC
THURSDAY, 27th July 2023 - 2.00pm – 5.00pm,
Venue Training Room, Garden Wing, Tavistock Clinic/Virtual

#	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome; apologies and confirmation of quorum	Inform	Chair	Verbal	2:00 (5)
2.	Declarations of Interest	Inform	Chair	Verbal	
3.	Patient/Service User Story Interdependencies between DET and Clinical services	Inform	Executive Lead Paul Dugmore/Shila Rashid	Verbal	2:05 (15)
4.	Minutes of the last meeting • 14th June 2023	Approve	Chair	Enc. 1a	2:20 (5)
5.	Matters arising and action log	Review	Chair	Enc.1b	2:25 (5)
6.	Chair's Update	Inform	Chair	Verbal	2:30 (5)
7.	Chief Executive's Report	Inform	Chief Executive Officer	Enc. 2	2:35 (10)
CORPORATE REPORTING					
8.	Integrated Quality Performance Report	Discussion	Chief Clinical Operating Officer, Chief Medical Officer, Chief Nursing Officer	Enc. 3	2:45 (5)
DELIVER HIGH QUALITY CLINICAL SERVICES					
9.	Quality Committee Chairs Assurance Report	Assurance	Committee Chair	Enc. 4	2:50 (10)
10.	Guardian of Safer Working Report	Information	Interim Chief Medical Officer	Enc.5	3:00 (5)
DEVELOP & DELIVER A STRATEGY & FINANCIAL PLAN					
11.	Performance, Finance & Resources Committee Chair's Assurance Report	Assurance	Committee Chair	Verbal	3:05 (10)
12.	Finance Report – Month 3	Assurance	Chief Financial Advisor	Enc. 6	3:15 (5)
Comfort Break (5 minutes): 3.20 – 3.25pm					
GREAT & SAFE PLACE TO WORK, TRAIN & LEARN					
13.	People, Organisational Development, Equality, Diversity & Inclusion, Committee Chair's Assurance Report	Assurance	Committee Chair	Enc. 7	3:25 (10)
14.	Education & Training Committee Chair's Assurance Report	Assurance	Committee Chair	Verbal	3.45 (5)
15.	Executive Appointment and Remuneration Committee Chair's Assurance Report	Assurance	Chair	Enc.8	3.50 (5)
16.	Gender Pay Gap	Approval	Chief People Officer	Enc.9	3.55 (5)

17.	Equality, Diversity and Inclusion Annual Report 2022/23 (including Department of Education & Training)	Approval	Chief People Officer	Enc.10	4:00 (5)
18.	Freedom to Speak Up Guardian Report	Discussion	FTSU Guardian/CPO	Enc.11	4:05 (5)
CLOSING ITEMS					
19.	Forward Planner	Approval	Chair	Enc 12	4:10 (5)
20.	Questions from the Governors	Discussion	Chair	Verbal	4.15 (5)
21.	Any other business: *Limited to urgent business notified to the Chair and/or the Trust Secretary in advance of the meeting.*	Noting	Chair	Verbal	4:20 (5)
22.	Reflections and Feedback form the meeting	Discuss	Chair	Verbal	4:25 (5)
23.	Questions from the Public	Discuss	Chair	Verbal	4.30 (5)
DATE AND TIME OF NEXT MEETING					
24.	• Wednesday 13th September 2023 at 10 am to 4pm Board Seminar • Wednesday 11th October 2023 at 10 am to 12 noon: Board Development Session • Wednesday 11th October 2023 at 2.00 – to 4.30: Board Meeting in public • Wednesday 15th November 2023 at 10 am to 4pm Board Seminar • Wednesday 13th December 2023 at 10 am to 12 noon: Board Development Session • Wednesday 13th December 2023 at 2.00 – to 4.30: Board Meeting in public				

The Tavistock and Portman
NHS Foundation Trust

UNCONFIRMED MINUTES
OF A MEETING OF THE BOARD OF DIRECTORS

PART TWO: MEETING HELD IN PUBLIC

WEDNESDAY, 14th June 2023
The Tavistock Clinic, London NW3
and via Zoom

Present

Members

John Lawlor (JL)	(Chair) Chair of the Trust
Deborah Colson (DC)	Vice Chair, Non-Executive Director
David Levenson (DL)	Non-Executive Director, Chair of the Education & Training Committee and, Joint Chair of the Audit Committee
Aruna Mehta (AM)	Non-Executive Director, Chair of Performance, Finance and Resources Committee and, Joint Chair of the Audit Committee
Shalini Sequeira (SS)	Non-Executive Director, Chair of the POD EDI Committee
Claire Johnston (CJ)	Non-Executive Director, Chair of Quality Committee
Sal Jarvis (SJ)	Non-Executive Director
Janusz Jankowski (JJ)	Non-Executive Director
Michael Holland (MH)	Chief Executive Officer
Sally Hodges (SH)	Chief Clinical Operating Officer
Terry Noys (TN)	Chief Financial Officer
Elisa Reyes-Simpson (ER-S)	Interim Chief Education & Training Officer /Dean of Postgraduate Studies
Caroline McKenna (CMcK)	Interim Chief Medical Officer
Gem Davies (GD)	Chief People Officer
Jenny Goodridge (JG)	Interim Chief Nursing Officer

In attendance:

Jane Meggitt (JM)	Interim Director of Communications & Marketing
Alastair Hughes (AHu)	Interim Director of Strategy & Transformation
Sheila Murphy (SM)	Interim Director of Corporate Governance
Sabrina Phillips (SP)	Associate Non-Executive Director
Kathy Elliott (KE)	Lead Governor
Michael Rustin (MR)	Governor
Amanda Hawke (AH)	Corporate Governance Manager (Minutes)
Tim Kent	Associate Clinical Director, Complex Mental Health
Jean Adamson	CQC Advisor

Apologies for absence

None

	Governance Matters
1.	**Chair's welcome, apologies, and confirmation of quorum**
	JL welcomed those attending and, after introductions, the meeting was noted to be quorate.
2.	**Declarations of Interest**
	No new declarations of interest were noted.
3.	**Patient/Service Story**
	Tim Kent, Associate Clinical Director, Complex Mental Health gave a presentation on the potential work between the Portman Clinic and the Police on domestic abuse – perpetrator, victim, trauma. It was also noted that the Portman Clinic had recently undergone a CQC inspection which was very positive. The Board offered their sincere thanks and congratulations to everyone involved. There was a discussion on the potential for increased activity in this area of work including on-line activities and in improving population health.
4.	**Minutes of last meeting held 29 November 2022**
	The minutes were agreed, subject to minor changes discussed at the meeting.
5.	**Matters arising and action log**
	The Action Log was noted.
6.	**Chair's Update**
	JL advised that he and MH had held meetings with local stakeholders including the Integrated Care Board in North Central London's Chair and Chief Executive; and the Camden and Islington and Barnet, Enfield and Haringey trusts' Chair and Chief Executive. Discussions centred on options for future partnership working and greater collaboration in the interests of local people across the five boroughs served. A document has been published by NHS England advising that all Board members should have Equality, Diversity and Inclusion (EDI) objectives. It was noted that EDI will be included on Board agendas as a regular item to ensure Board oversight and to build momentum across the trust to address the significant challenges faced by staff and our service users.
7.	**Chief Executive's Report**
	The report was taken as read. MH highlighted the following points:- • The new interim Gender Identity Development Service specification has been published by NHS England. • Several substantive Executive Directors have been appointed.

	• The impact of on-going Industrial Action. • The newly-established Equality, Diversity and Inclusion Programme Board has met for the first time. • The issue with a digital tracker on our website has been reported to the Information Commissioners Office and a lessons learnt review is planned. GD noted that following the staff survey feedback a number of improvements are being made. Staff report feeling more part of a team and service leads are looking at where they can make improvements. MH added that we are being clear on what is needed for staff to feel their wellbeing needs are addressed. CMcK also advised that staff wellbeing is included in medical appraisals.
CORPORATE REPORTING	
8.	**Integrated Quality and Performance Report**
	This report had been discussed at the Performance, Finance and Resources Committee. SH advised that there are four clinical service management teams and that the data from each of these services has been brought together into one report. Work is continuing on the data and how it is processed to ensure consistency across all services. Department of Education and Training data will be included in future Integrated Quality and Performance reports. AM felt that we still do not have a full understanding of why several clinical services are not performing at the activity levels expected. It was noted that the last set of reports would have included data from when there were issues with Carenotes. JL stated that it takes time for improvements to be seen, but that the information is presented well and we are starting to see a more integrated view of quality and performance. Currently all information on the services is reported to the Board, however in future we are hoping to produce executive summaries with links to the underpinning data for those wishing to drill down into the detail. ER-S advised that the current data is accurate but errors from the past are being rectified. Some data is collected manually; investment in these areas will lead to improvements in quality and completeness of the data. SH advised that patients, with the exception of those in the Trauma Service, who are on a waiting list have contact with a clinician while waiting. CJ raised issues about the impact on staff of negative media attention and the Information Governance issues of staff using their own devices. SH advised that she will look into these and report back to CJ.

DELIVER HIGH QUALITY CLINICAL SERVICES	
9.	**Quality Committee Highlight Report**
	The Report was taken as read. The following points were highlighted:- The procurement process for the replacement of the Local Risk Management System (LRMS) is underway. Quality Accounts will be signed off at the end of June. CQC Inspections – it was noted that 5/13 staff had not completed all their mandatory training when the inspectors visited. All staff are now compliant with their training in this area. CJ expressed thanks to staff for their continued hard work and in particular to CMcK for her work on psychologically-based trauma. JL noted that the Integrated Care Board noted the success of the Trust for our Resilience Based Clinical Supervision programme, one particular example of what the Trust does well.
DEVELOP & DELIVER A STRATEGY & FINANCIAL PLAN	
10	**Performance, Finance & Resources Committee Chair's Assurance Report**
	The report was taken as read. AM went over the main points to be highlighted to the Board as detailed in the report. It was noted that some wording of risks on the Board Assurance Framework has been changed. PON advised that there will be a link between clinical activity and contracting reporting. Single Tender Waivers have been referred to the Audit Committee. JL noted that the informal group meeting of the Chairs to the Committees is helpful in ensuring things do not fall between the cracks and to avoid unnecessary duplication across the Committees.
11	**Finance Report – Month 12**
	PON reported that our 2022-23 in-year deficit was less than planned. The Capex and cash spend was as expected.
12	**Annual Review and Capital Plan Update 2023/24**
	PON advised that our previous in-year planned deficit for 2023-24 of £2.6 million has been revised to £2.5 million. This has been agreed with the Integrated Care Board. AHu noted that the changes to the Board Assurance Framework risk 8 has been noted.

Great & Safe Place to Work, Train & Learn	
13.	**People, Organisational Development, Equality, Diversity & inclusion Committee Chair's Assurance Report**
	The report was taken as read. SS advised that work to try to make the Tavistock and Portman a great placed to work is continuing. The People team is working on getting the basics right and is also looking at strategic projects. It was noted that some of the things that the trust wanted to do differently rely on leadership and management training to be completed and this will begin shortly. The Equalities, Diversity and Inclusion Programme Board is now in place and this will report to the People, Organisational Development, Equality Diversity and Inclusion Committee. We are also establishing an Administration Forum. The HR Shared Services is now working better and we are hoping to negotiate down the price that the Tavistock pays for this service. It is hoped to establish more collaborative working across the North Central London forum. GD advised that we are as up to date as we can be on the Electronic Staff Record, and that the system has been updated so that we will be in a better position to use the system for reports. **Action Point: It was suggested that the reports on over and underpayments on payroll should go to the Audit Committee**. MH advised that our Future Directors Sessions with staff have now come to a close. Helpful feedback has been received from staff and a report on this will be produced. We will now be trying to address some of the challenges and will continue to communicate with staff using a Team by Team approach. **Action Point: Communications with Staff to be discussed further with the Board.**

14	Education & Training Committee Chair's Assurance Report
	The report was taken as read. The following points were highlighted:- • The number of applications for courses by students is down by 10%, but the number completing applications has increased. Student retention rates is being looked into. • Development of digital short courses and other new business opportunities, however the capacity needed to progress new areas of work is an issue to be addressed. • Staffing in DET is settled following engagement events with staff. • EDI issues – reduction in gap in admissions to courses of students from diverse backgrounds but work is still to be done on closing the attainment gap. It was noted that each portfolio has its own Action Plan for Equality Diversity and Inclusion targets. This is reported to Essex University. A Quality Improvement project is being run on student mis-conduct. We are looking at bursaries that are available and are working on strategies to ensure that we can award bursaries to those from less advantaged backgrounds. ER-S gave information about the Workforce Innovation Unit (formerly the National Workforce Skills Development Unit). Projects that can be undertaken by this Unit are dependent on income being available. We are looking at what can be done to improve the experience of students with a disability. **Action Point: Equality Diversity and Inclusion to be an item at a Board Seminar.** ER-S thanked DL for his chairing of the Education and Training Committee over the past period; this will now be taken over by SJ who will be Chair from July 2023.
Well-Led & Effectively Governed	
15.	Audit Committee Chair's Assurance Report
	DL thanked PON for producing the report to the Board. Progress has been made in the Audit Committee on risk management. We will still have some discreet areas of "significant weakness" as at the end of the 2022-23 year (e.g. Payroll). A deep dive on Single Tender Waivers is being planned and this will be reported on at a future Board of Directors meeting. PON advised that progress should be made on Single Tender Waivers by the October meeting. DL stated that we should be making more use of national framework agreements to cut down on single tender waivers.

	It was noted that the use of Single Tender Waivers is useful to engage capacity at short notice, but it was felt to be particularly high within Estates. **Action Point: Single Tender Waivers to be reported on at a future Board meeting.** DL advised that Internal Audit will look at business processes and reporting in more detail. Counter Fraud will also be involved in this work. CMcK asked that reference to Datix be removed as this is just one of nine potential options to replace the Quality Portal. CJ noted that Internal Audit expressed concern about the slowness of response to the recommendations in the Audit Report with regard to Payroll and asked for an update on progress. DL advised that some of the details in the Report on Payroll may not be realistic. It was agreed to discuss this further with our Auditors. **Action Point: Discussion to be held with our Auditors about their ratings.**
16.	**Annual Self-Assessment of Committees' Effectiveness and Committee Annual Reports**
	All members of the Board have contributed to this report. It was noted that at the time of the questionnaire being circulated some of the Non-Executive Directors had only attended one meeting so could not comment on some areas, this will obviously change as we move forward. All agreed it was a useful summary and showed that the Committees are now working as expected. JL advised that his observation of the Committees and the Board more generally was that we are in a better place regarding corporate governance now compared to one year ago. **Action Point: Terms of Reference for Committees will be reviewed following this report.**
17.	**Research and Development Report**
	Thanks were extended to Eilis Kennedy who has written this report but is currently unavailable. This item was deferred from the April meeting. CMcK introduced the report which sets out the history of research in the Trust, where we are now and what is being planned for the future. In the past year we have been successful in securing several new grants for research. However, we do not have a large research team to be able to carry out all the work on research we would wish and so we are working on partnerships and alignments with other trusts and Universities across the system. A strategy will be developed for our research aspirations.

	There was a full discussion on research activity in the Trust and it was noted that the Trust does well in this area for such a small organisation but we need to explore ways of expanding our reach and influence... Possible partnerships with other NHS organisations include: Camden & Islington and Barnet, Enfield & Haringey trusts and also other Universities. MH advised that he meets regularly with Peter Fonagy, University College London with a view to working together on research. Discussions have also been held with Chris Laing of UCL Partners and also Oxford and Imperial universities. It was felt that our website should be used more to publicise our research work. JL advised that CMcK is looking to reinstate the Group to work on research that could potentially be chaired by a Non-Executive Director. This would raise the profile of research in the Trust. It was noted that a large amount of work on research is going on but it is not always recognised and we may be missing opportunities. It was noted that Applied Research Collaboration (ARC) funding may be available for research through the UCL Health Alliance and UCL Partners.
	Closing Items
20	**Board Forward Planner**
	Any items that should come to the Board of Directors should be advised to the Board Secretariat so that they could be added to the forward planner.
21	**Any other business**
	DL asked about the work with the clinical commercial consultancy, MH advised that this was work in progress that would come back to the Board of Directors in due course. KE commented that it was good to see progress with the Integrated Quality and Performance reports which focus on services. It was noted that following engagement with staff the emerging themes are staff well-being and partnership working.
22	**Reflections and feedback from the meeting**
	The Committee Chair reports were noted as helpful as they focussed on key issues. The Development sessions on the mornings of the Board meetings are very good. The dates for 2024-25 will be circulated as soon as possible. The Chair expressed his sincere thanks on behalf of the whole Board for the contributions made by Terry Noys, CFO, and Alastair Hughes, interim Director of Strategy and Business Development, who would shortly be

	leaving the trust.
23	**Questions from the Public**
	None received.
	Date And Time of Next Meetings
	• Thursday 27th July 2023, 14.00 – 16.30, Board Meeting in Public • Wednesday 13th September 2023, 10.00 – 4.00, Board Seminar • Wednesday 11th October 2023, 2.00 – 4.30, Board Meeting in Public

Board of Directors Part 2 [amend for title of Committee or Group]
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
Action Ref.	**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)**
1.23	19.4.23	9		A Board Development Session on Well-Led Inspection is to be arranged	TBC	Interim Director of Corporate Governance		Propose closure: session provided by CNO on 13 July 2023.
2.23	19.4.23	10		IG Team to look at what has been put in place to ensure staff are adequately trained on information governance so that errors do not occur	TBC	Interim Director of Corporate Governance		Propose Closure: IG external providers confirmed that where breaches are identified action is taken to ensure staff involved are aware of proper procedures. It should be noted that the Trust did not reach its target of 95% for all staff undertaking their IG training in 2022/23. Action is being taken to remind the ELT of members of their teams who have not completed their IG training.
3.23	19.4.23	12		Project for improvements to the outside of the Tavistock Clinic to be made, general cleaning and maintenance.	14.6.23	Chief Financial Officer/ Estates Manager		Due date passed
4.23	19.4.23	18		All Board Committees should consider BAF risks	14.6.23	Executive Leads		Propose for Closure.
5.23	14.6.23	13	People, Organisational Development, Equality, Diversity & inclusion Committee Chair's Assurance Report	Reports on over and underpayments on payroll should go to the Audit Committee	TBC	Gem Davies, Chief People Officer		Propose for Closure transfer to action log for Audit Committee
6.23	14..6.23	13	People, Organisational Development, Equality, Diversity & inclusion Committee Chair's Assurance Report	Future Directors Sessions with staff have now come to a close. Helpful feedback has been received from staff and a report on this will be produced. Communications with staff will be discussed with the Board.	27.7.23	Jane Meggitt, Interim Director of Communication and Marketing		Action still in date.
7.23	14.6.23	14	Education & Training Committee Chair's Assurance Report	Equality Diversity and Inclusion to be an item at a Board Seminar.	12.7.23	Elisa Reyes-Simpson, Director of Education & Training		Propose for Closure. EDI included at the Board Seminar session held on 12 July 2023.
8.23	14.6.23	15	Audit Committee Chair's Assurance Report	Single Tender Waivers to be reported on at a future Board meeting.	11.10.23	Peter O'Neill, Financial Advisor		Action still in date.
9.23	14.6.23	15	Audit Committee Chair's Assurance Report	Discussion to be held with our Auditors about their ratings.	TBC	Peter O'Neill, Financial Advisor		Action still in date.

Action Ref.	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)
10.23	14.6.23	16	Annual Self-Assessment of Committees' Effectiveness and Committee Annual Reports	Terms of Reference for Committees will be reviewed following this report.	1.9.23	Adewale Kadiri, Director of Corporate Governance		Action still in date.

MEETING OF THE BOARD OF DIRECTORS PART II – PUBLIC – Thursday, 27 July 2023					
Report Title: Chief Executive's Report				**Agenda No.:** **07**	
Report Author and Job Title:	Michael Holland, Chief Executive Officer		**Lead Executive Director:**	Michael Holland, Chief Executive Officer	
Appendices:	None				
Executive Summary:					
Action Required:	Approval ☐ Discussion ☒ Information ☐ Assurance ☐				
Situation:	This report provides a focused update on the Trust's response to specific elements of its service delivery and subsequent future, and the evolving health and care landscape.				
Background:	The Chief Executive's report aims to highlight developments that are of strategic relevance to the Trust and which the Board of Directors should be sighted on.				
Assessment:	This report covers the period since the meeting on 14 June 2023.				
Key recommendation(s):	The Board of Directors is asked to receive this report as **ASSURANCE** and progress update against leadership responsibilities within the CEO portfolio.				
Implications:					
Strategic Objectives:					
☒ Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	☒ Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration.	☒ Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	☒ Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	☒ Ensure we are well-led & effectively governed.	
Relevant CQC Domain:	Safe ☒	Effective ☒	Caring ☒	Responsive ☒	Well-led ☒
Link to the Risk Register:	BAF ☒	CRR ☐	ORR ☐		
	All BAF Risks.				
Legal and Regulatory Implications:	Yes ☐	No ☒			
	There are no specific legal and/ or regulatory implications associated with this report.				
Resource Implications:	Yes ☐	No ☒			
	There are resource implications associated with this report.				

Equality, Diversity and Inclusion (EDI) implications:	Yes ☐		No ☒	
	There are no equality, diversity and inclusion implications associated with this report.			
Freedom of Information (FOI) status:	☐ This report is disclosable under the FOI Act.		☒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:	☐ Limited Assurance: There are significant gaps in assurance or action plans	☐ Partial Assurance: There are gaps in assurance	☒ Adequate Assurance: There are no gaps in assurance	☐ Not applicable: No assurance is required

Chief Executive's Report - 27 July 2023 Public Board

Purpose

1. This report provides a focused update on the Trust's response to specific elements of its service delivery and subsequent future, and the evolving health and care landscape.

Delivery against the Trust's Strategy/ Executive Portfolio

2. Delivery of High-level Clinical services

2.1 You will see that there is a highlight report from the Quality Committee Chair, therefore, I will not go into the detail.

2.2 Responsibility for managing the GIDS waiting list has now transferred completely from the Trust to NHS Arden and GEM Commissioning Support Unit (CSU) who hold the list on behalf of NHS England.

On 11 May 2023 NHS England published an update to their programme of work (Implementing advice from the Cass Review), stating that "the early stages of service provision at the Southern Hub will begin in autumn this year (2023) – with the Northern Hub mobilising by April 2024".

We have had formal confirmation that our contract will continue until the end of March 2024. During this period we will focus on providing continuity of care for our open caseload of around 1,000 patients. We are working through a process to understand the required resources to complete our open assessments and hand over to the phase one providers when they are ready to take on patients. We continue to monitor our staffing levels to ensure our clinical work remains safe for the young people under our care.

We are also working closely with NHSE and the new providers to collectively manage the considerable national media and social media interest. The provision of health and care services for young people with gender dysphoria has become a highly charged, highly polarised public debate, both in the UK and internationally. We believe this does not assist the development of clinical practice in this difficult and complex field. The Cass review, to which we have contributed, aims to find a way through this complexity.

3. Great and Safe Place to Work, Train and Learn

Senior management changes

3.1. The selection process for the substantive appointments of Chief Medical Director, Chief Nursing Officer, Director of Strategy, Transformation and Business Development, and the Director of Corporate Governance are now complete, and our new executive colleagues have commenced or will be commencing on the dates previously advised.

3.2. The interviews and stakeholder panels for the Chief Education and Training Officer were held in June. Unfortunately, there was no successful appointment. We are currently

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

NHS Staff Survey 2022 / Staff Engagement

3.3. The CPO and HR Business Partners have presented all team level staff survey results to department leads, inviting feedback and input on how we can support them to improve our staff experience and indicating what actions we will be taking going forward. We will be consolidating the actions, and communicating these around the trust shortly along with the positive things we have already put in place.

3.4. Throughout the summer, the people team with the communications team will be asking groups of staff, patients, service users and students to work with us to reshape our values. We want to ensure our actions and decisions are guided by the common values we have chosen together as a Trust. The sessions held so far have been positive and participants have been energised by the discussions.

3.5. The various staff networks have now elected their new chairs and co-chairs and these have been communicated to the trust.

Industrial Action Update

3.6 In my last report I had indicated that the Royal College of Nursing (RCN) had sought to achieve a country-wide mandate covering all organisations (similar to current BMA action). The ballot was unsuccessful and currently no further RCN action is planned.

3.7 Since my last CEO report to Board, the British Medical Association (BMA) announced a period of continuous strike action for consultants on 20 and 21 July.

3.8 Further provisional strike dates have now been announced by the BMA on 24 and 25 August for its consultant members.

3.9 We support the right of any of our staff to take strike action and we will ensure our services are safe during this period.

4. Development and Delivery of the Trust's Strategy and Financial Plan

4.1 The reported year-end financial position for 2022/23 was a deficit of £3.6m; £0.2m ahead of plan. The Trust delivered its forecast capital expenditure plan of £3.3m. The external audit process has yet to be completed and is expected now to be completed 31 July 2023.

4.2 The reported position at Month 03 against the agreed financial plan in 2023/24 is a deficit of £889k. This is an adverse variance of £96k against the planned deficit of £793k for the period. This is due to in the main excess agency costs associated with GIDS and some one off premises costs impacting on spend in Month 03. The Trust is still forecasting that the year-end reported position will be on plan, i.e. a deficit of £2.5m.

4.3 The process of implementing post strategic review (SR) structures in Employee Service Record (ESR) has been completed. This will be reconciled with the base budgets that Finance have produced, based on queries and feedback from the service. This will then form a key part in enabling financial accountability at service line / team level.

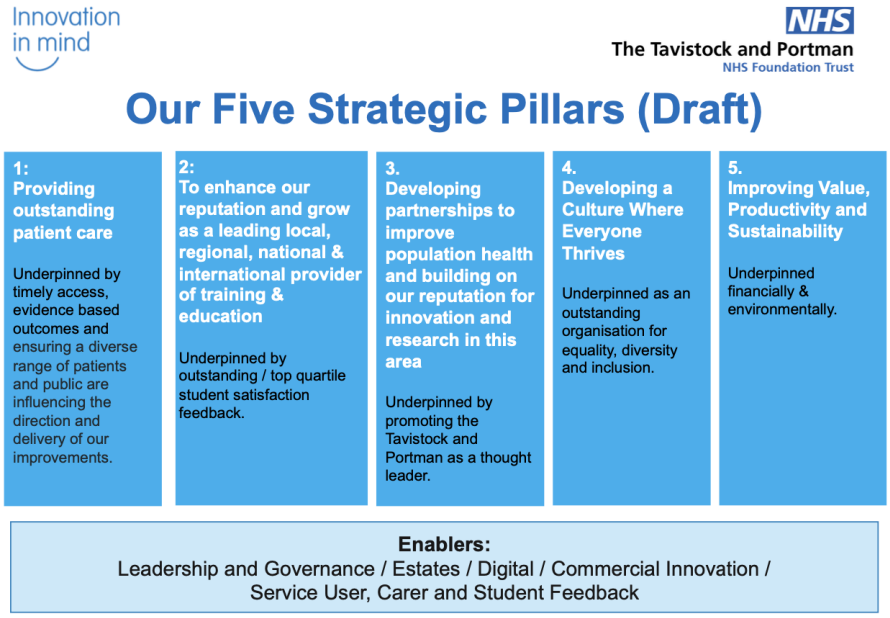
4.4 This will link into the work planned to update the Trust's medium and long-term Financial plan model to reflect the commercial strategy, loss of clinical services and other work

currently being undertaken in terms of strategic development.

Development and Delivery of the Trust's Strategy

4.5 To support an organisational reset, stabilisation and quality improvement drive, planning is underway to deliver a new 3-year strategic plan. Key dates for consideration of this plan are a 27 July Board Seminar where the content and delivery framework for the plan will be considered, followed by 15 November Board where the plan will be presented for consideration and sign-off. This will deliver a new three-year Strategy that builds on best of the 100-year history of The Tavistock and Portman to secure a shared Local, Regional, National and International Trust vision with supporting delivery plan.

4.6 To support delivery of the Strategy we will focus on Five Pillars which will be discussed with service users, carers, students and partners between August to October 2023, before coming back to Board on 11 November, with a detailed action plan for consideration:



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

System Oversight Arrangements

5.1 On 30 June we met with NHS England and North Central London Integrated Care System (ICS) colleagues in our System Oversight Board to update on progress with our delivery of actions to improve the organisation across several areas, including the development of options to deliver a sustainable future.

5.2 Further to this, on 6 July we met with ICS colleagues in our System Oversight Improvement & Performance Group to discuss specific areas of performance within our improvement plan. We received positive feedback on our new Integrated Quality and Performance meetings working to improve waiting times and work of the Quality Committee in overseeing improvements in our handling of complaints. The following areas were covered:

- Finance
- Service Performance
- Care Quality

- Leadership and Governance

6. Well-led and Effective Governance

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

National and Political Context

7. Tackling the NHS productivity challenge

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

8. NHS England guide to improving patient safety culture

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

9. NHS Long Term Workforce Plan

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

10. Government announces investigation into mental health inpatient safety

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

11. Rapid review of mental health inpatient services publishes findings

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

12. **The NHS in England at 75**

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

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

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

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

MEETING OF THE BOARD OF DIRECTORS PART II - PUBLIC – Thursday, 27 July 2023			
Report Title: Integrated Quality and Performance Report			**Agenda No.:** **8**
Report Author and Job Title:	Amy Le Good (Acting Director of Commercial) and Hector Bayayi (Clinical Operations Director)	**Responsible Director:**	COO, CTEO CNO, CFO Sally Hodges (Chief Clinical Operating Officer); Peter O'Neill, (Chief Financial Officer); Sally Hodges (Chief Clinical Operating Officer); Elisa Reyes-Simpson (Interim Chief Education and Training Officer and Dean of Postgraduate Studies)
Appendices:	Appendix 1 Trust – Wide Integrated Quality and Performance Report		
Executive Summary:			
Action Required:	Approval ☐ Discussion ☒ Information ☐ Assurance ☐		
Situation:	This report covers the last reporting month for our performance and quality data across clinical and training services.		
Background:	The Trust is in the process of developing the mechanism for flowing quality and performance data more effectively and there is an active programme of work to advance this. Currently data is being flowed at a service line level.		
Assessment:	The data demonstrates that there are improvements in activity, mandatory training and job planning compliance, but there are areas that continue to challenge, activity is still less than expected, and there are areas where compliance needs to improve such as the recording of supervision and outcomes.		
Key recommendation(s):	The Board is asked to review and **DISCUSS** the content of this report.		

Implications:				
Strategic Objectives:				
☒ Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	☒ Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration.	☒ Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	☒ Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	☒ Ensure we are well-led & effectively governed.

Relevant CQC Domain:	Safe ☒	Effective ☒	Caring ☒	Responsive ☒	Well-led ☒
Link to the Risk Register:	BAF ☒	CRR ☐	ORR ☐		
	All BAF risks in relation to Performance, Quality and Resources.				

Legal and Regulatory Implications:	Yes ☒		No ☐	
	Wait times			
Resource Implications:	Yes ☐		No ☐	
	There are resource implications to meet the expectations of service development as noted in the report			
Diversity, Equality and Inclusion (DEI) implications:	Yes ☐		No ☐	
	There are / no DEI implications associated with this report.			
Freedom of Information (FOI) status:	☐ This report is disclosable under the FOI Act.		☒ 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:	DET Exec meetings and Clinical IQPR meetings were held monthly and actions undertaken and monitored.			
Reports require an assurance rating to guide the discussion:	☐ Limited Assurance: There are significant gaps in assurance or action plans	☒ Partial Assurance: There are gaps in assurance	☐ Adequate Assurance: There are no gaps in assurance	☐ Not applicable: No assurance is required

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Trust-wide Integrated Quality and Performance Report

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1. DET Overview

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DET Successes

Graduation ceremony held on 23rd June – 102 students attended and honorary doctorates for Dilys Daws and Frank Lowe

Student survey completed for AY 2022-23. Increase in overall satisfaction levels from 76% to 80%, and in response rate from 23% to 37%.

PowerBI student data dashboard project completed. Key reports enhanced and automated

DET Digital Learning Developer now in post. First in-house Digital Academy course development now underway (Talking to children about difficult things).

Digital Academy approaching its 2,000th student since launch in September 2020

Preparation for HESA Data Futures going ahead of schedule with positive feedback from Essex

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DET Improvement Programme

Date: 31/03/2023	Status	Delivery Lead
SETTING OUR FOUNDATIONS		
Assessment Boards	In flight	Lisa Harris
Student Admissions	In flight	Mike Whitcombe
Student Disability Support	In flight	Rebecca Bouckley
Trainee Clinical Governance	Scheduled	Isabelle Bratt
Extenuating Circumstances	To be scheduled	AQ Lead (vacant)
Intermission and Withdrawal	To be scheduled	Lisa Harris
SOP reviews and workflows - by each prof service team	To be scheduled	Heads of services
Growth targets/fee setting over 3 years, following course viability work	Behind schedule	Training Exec
SYSTEMS DEVELOPMENTS		
PowerBI student data phase 2	In flight	Will Fitzmaurice
SITS readiness for HESA Data Futures	In flight	Lisa Harris
Customer Relationship Management tool (CRM)	Requires approval	Rosalind Wright
Student Enquiry Management System	Requires approval	Will Fitzmaurice
SITS portfolio mapping and curriculum building	Requires approval	Lisa Harris
Moodle SITS integration	Scheduled	Matt Lingard
BAU PERFORMANCE REPORTING		
KPI setting for DET Prof Services teams	Scheduled	Will Fitzmaurice
Faculty KPIs and reporting (IQPR)	Requires approval	Elisa RS Paul D
Integration of Prof Services reporting into Trust IQPR	Requires approval	Will Fitzmaurice
Reporting financial performance against budgets - at service level (IQPR)	Requires approval	Heads of Service
STUDENT VOICE AND ENGAGEMENT PLAN		
Confirm governance arrangements for student voice	Scheduled	Will Fitzmaurice
Annual Student Survey - revise plan	In flight	Isabelle Bratt
Student voice plan for regular feedback loops throughout academic year	In flight	Isabelle Bratt
OPERATIONAL ENABLERS		
Budgets for 2023/24	In flight	
Course Financial Viability Review	Behind schedule	
Visiting Lecturer Framework - to include fee rates	To be scheduled	
Educational Governance Review	In flight	
Bursaries Review	To be scheduled	

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DET Commercial Strategy

- Strategy has been developed with DET covering Education and Training Growth and the consulting and workforce function growth.
- Strategy has been embedded into the DET overall strategy which feeds into the Trustwide Strategy

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Education and Training Growth

- **Short Term:**
  - Development of “off the shelf” short course training responding to workforce/market intelligence e.g. supervision, reflective practice
  - Development of a suite of short course Trauma focussed provision
  - Roll-out of targeted short course delivery including DA
  - Further development of formal training for Nursing Leadership, including mental health
  - Development of International Strategy
- **Medium Term:**
  - Expansion and development of current courses, looking at mode and structure, ensuring alignment across the Trust
  - Linking development of new courses with emerging trends for short courses within the Health sector and emerging markets (including commercial sector)
  - Targeted growth for International Long course students
  - Assessment of Degree Awarding Powers for the Trust
- **Long Term:**
  - Validated Modular Trauma Course meeting the emerging demand
  - Long Courses and Trainings provided to international markets in conjunction with International Partners, in line with International Strategy
  - Application for DAP if appropriate based on Assessment
- **Enablers:**
  - PMO support to enable rapid development
  - Staffing mix and employment model review
  - Digital platform integration and estate infrastructure
  - CRM
  - Marketing Strategy and resources that support it
  - Dynamic Financial Viability Modelling for reporting and projection

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Consulting and Workforce Function Expansion

- **Short Term:**
  - Redefining the consulting offering to better reflect the full set of clinical and educational competencies
  - Develop partnerships with well-established consultancies for specialist support
  - Scaling up the internal staffing and blend of staffing levels to increase delivery margin for consulting
- **Medium Term:**
  - Develop offer of international workforce planning for mental health services
  - Health & Wellbeing offering out to all commercial businesses
  - Development of “return to work” support for HR professionals
- **Enablers:**
  - Capacity of staff needs to be considered
  - Marketing of “off the shelf” offers
  - CRM

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Student Satisfaction Feedback

- Overall Satisfaction: up to 80% (76% last year)
- Response rate: up to 37%, n=480/1304 (23% last year)
- Learning & Teaching (overall): up to 84% (82% last year)
- Contact time: up to 69% (54% last year). This is likely related to the delay in returning to face-to-face teaching however further analysis is required.
- Academic support: up to 70% (from 67% last year)
- Organisation & Management: up to 61% (60% last year). This figure is skewed by the question on timetable (70%) – all the other questions in that section are at 57%-58%.

- Equalities, Diversity & Inclusion: down to 72% (76% last year, 74% in 2021)
- Student support & wellbeing: down to 62% (64% last year). Within this area, Personal Tutorials are good at around 70% (similar to last year), whilst support & wellbeing provision is at 48% and academic skills is at 50%.
- Dissertation: down to 58% (64% last year) (further analysis required)

Identified Actions from Student Survey

- Satisfaction with student support and wellbeing has decreased slightly. Anecdotally we have had a slight increase in the number of enquiries to our Student Advice & Consultation Service, perhaps indicative of wider issues in society (moving on from the pandemic, cost of living crisis, employment instability, etc.). Now that there is a team devoted to student support and wellbeing, we will be looking to promote awareness of what is on offer, as well as considering what else we might provide to our students and what our students want and expect from us.

- In the area of academic skills (50%), the Student Support and Engagement team are working with staff across the directorate to develop a Skills Fest to help raise awareness of academic skills support. An academic writing skills infographic is in progress (part of the academic misconduct QI project). We are also looking to hold more study skills sessions throughout the year, focussing on structuring essays, feedback sheets, time management, and note taking.

- The project to improve reasonable adjustments for students with disabilities and long-term health conditions is ongoing and we hope to launch the new process in time for the new academic year. The Student Support & Engagement Lead has been actively engaging with other institutions to see what they are doing in this space. For example, one institution are recruiting a specialist study skills tutor to provide extra support to students with neurodiversity, and who can also carry out diagnostic assessments (14 hours per week for a total of around 60 students with differences).

- We are also aware that we currently have a gap where we don't have anyone to help students who need to use assistive software and need training (this is offered by DSA but we don't have anyone with the skills in-house for those that aren't eligible for DSA at the moment), and therefore we will be undertaking research into what is most cost-effective for the Trust and for our students.

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Annual Student Survey Recommendations

Survey Year	Original recommendation	Priority	Owner	Deadline	Progress made	Outstanding
2021/22	(4) Develop a Student Engagement strategy incorporating the surveying of students, so that surveys complement each other rather than competing (10) As part of the development of a Student Engagement strategy, look at all forms of student feedback and ways of communicating actions taken with students (closing the feedback loop)	High	SS&E Lead in liaison with SMT and other stakeholders	August 2023	Flipchart 'blue sky' team meeting taking place 9th March to map out current practice and ideas for improvements, as a starting point. SS&E Lead attended IHE Student Services networking event 23rd Feb to form links with other similar HEIs within the sector and share good practice. Drafted outline of Strategy, sent to IB 12/06/2023, fleshing out the strategy now and will be fully drafted by end of August 2023. Work underway to re-create the student charter, with plans to consult with students throughout the year, starting with Welcome Week.	This should include approaches to gatekeeping for ad-hoc surveys, and a calendar of key student engagement activities throughout the academic year Introduce mandatory training for student representatives on long courses Utilise Course Committees as a key opportunity for student engagement Look at ways to support colleagues to welcome and respond to negative feedback constructively, and to view students as collaborators rather than critics Suggest this becomes a topic for a Learning and Teaching CPD staff development session; making use of best practice materials available from the HE sector Student voice and engagement team to consider highlighting innovative and creative practice relating to student engagement.
2021/22	6. Consider the impact of staff morale on the student experience, and the ways in which staff morale can be improved; and how communication to students around the Strategic Review, press coverage and the pandemic may improve student confidence in the Trust.	High	Staff Experience Workstream, Student Voice & Engagement Officer and HR		QI project underway to improve staff wellbeing within the Trust. Work underway across the Trust to improve staff experience and morale Within DET, more CPD opportunities, Wellbeing integrated into the planning of L&T Conference, away days, coffee mornings, Consultation with staff across the Trust on the Trust strategy and values underway, more staff meetings and events available.	Also links with above (re accepting student feedback and how this can impact staff morale, particularly in a 'blame' culture). Awaiting outcome of staff wellbeing QI project.
2021/22	(7) Student Support and Engagement Lead role to review the survey and other relevant evidence, in liaison with other stakeholders, and look at ways to improve student support and wellbeing, for both online and face to face delivery.	Medium	SS&E Lead in liaison with other stakeholders	August 2023	Flipchart 'blue sky' team meeting took place 23rd Feb to identify student support and wellbeing areas for consideration and improvement. A Disability process workshop took place on the 20th/21st March which should lead to improvements in managing the process, recording and reporting of students' reasonable adjustments. ~~Changes to STUACS process made to make this more supportive/accessible~~ Posters with QR codes in planning to highlight various aspects of student support to put up in student spaces.	Create a wellbeing policy to support students who are experiencing difficulties that are impacting their studies. Planning a video of STUACS service to make more accessible

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Annual Student Survey Recommendations continued

Survey Year	Original recommendation	Priority	Owner	Deadline	Progress made	Outstanding
2021/22	(9) Explore the different issues which lead to students feeling the workload is un-manageable and what interventions might be put in place	Medium	Student Experience Workstream / L&T Committee	August 2023	Academic writing skills infographic in progress (part of the academic misconduct QI project). Agreement from L&T committee 15/03 for workstream to take forward plans to address workload. • Includes plans to develop a 'Support and Engagement Fest' with stalls, cakes, and so on to promote the support on offer. • Study Skills sessions throughout the year, focussing on structuring essays, feedback sheets, time management, note taking. • Ensuring assessment deadlines are published on Moodle course pages and are easy to find.	The following areas are consistently raised in survey feedback: • Long reading lists • Placements • Jobs and caring responsibilities • Covid-19 moving back to face-to-face • Study skills • Assessment deadlines • Free support resources Review EC Lateness claims
2021/22	(11) Look at high levels of satisfaction with organisation and management at a course level and how the learning from this might be shared as good practice across other courses and teams.	Medium	Head of Operations and Head of Course Administration	August 2023	Satisfaction with organisation and management by course identified, and those who have achieved 75% and above.	Send out comms to heads of portfolio to draw attention to the courses with very high satisfaction to start conversation within course teams Consider re-starting the communications project
2021/22	(13) Liaise with course teams to identify career support and guidance for students and implement skills development ideas into Annual Course Monitoring action plans.	Low	Head of Operations / Head of Academic Registry	January 2024	Work is underway in the alumni working group to consider career support and advice – need to see how could be utilised and what else could be done for current students	
2021/22	(14) Ensure Course Teams whose courses include a dissertation, or major project module, review the dissertation supervision offered as part of the ARC process.	Low	Academic Governance & Quality Lead (not yet in post)	January 2024	Annual Course Monitoring (ARC) already taken place	Possibly bring together course leads for courses that have dissertation or major project to discuss supervision and the survey results
2021/22	(1) Consider the changes the OfS are making to the NSS 2023 and consult on whether those changes would be beneficial or otherwise to incorporate into the Trust's annual student survey.	Low	SS&E Lead (to report to E&T Executive for decision)	Feb 2024 - finalise questions for 2024 student survey	Decision made to retain 'overall satisfaction' question on student survey Retaining current format for 2023 survey	Recommendation to retain likert scale for next survey round to enable benchmarking with previous years, and the national surveys relating to postgraduate provision (PTES/PRES). Investigate further over the year with a view to making a decision on whether to include a small number of questions aligned to the new NSS questions in the 2024 survey.

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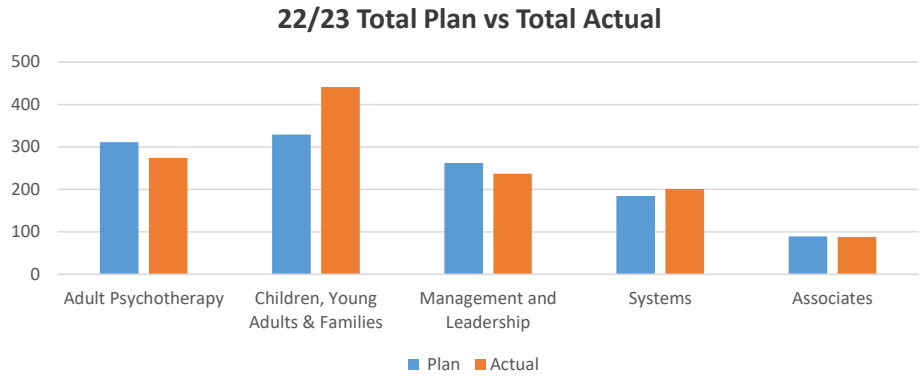
Long Courses AY 22/23 overview

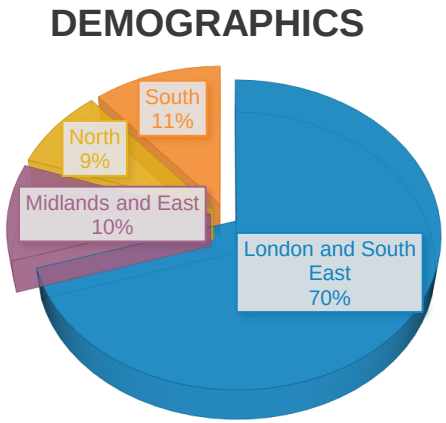
At this point in the academic year, overall student enrolments are standing at 1,304, thereby exceeding our HEE recruitment target of 1,175 by 11 per cent. Numbers of new students have also exceeded the target.

We have had notification of 80 student withdrawals from HEE-funded students so far this academic year, along with a total of 63 intermitting students. The reasons for these intermissions and withdrawals may be related to the uncertainties around cost of living and high rate of inflation. We collect reasons for intermission and withdrawal, and will be providing a greater depth of analysis on this area in our annual report.

Our Perinatal course, funded separately by HEE, is included in the overall numbers for long course students. These numbers are currently included in the CYAF branch. From next quarter and next year, we will use our new portfolio structure for grouping our courses.

Since our last quarterly report, we have launched a new Digital Education Strategy, and have provisionally approved blended or fully online delivery for a number of our courses, including our Interprofessional Doctorate programmes. We are now awaiting final approval from our university partners ahead of launching the new modes of delivery in the 2023/24 academic year.





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HEE Short Courses 22/23 Q4 overview

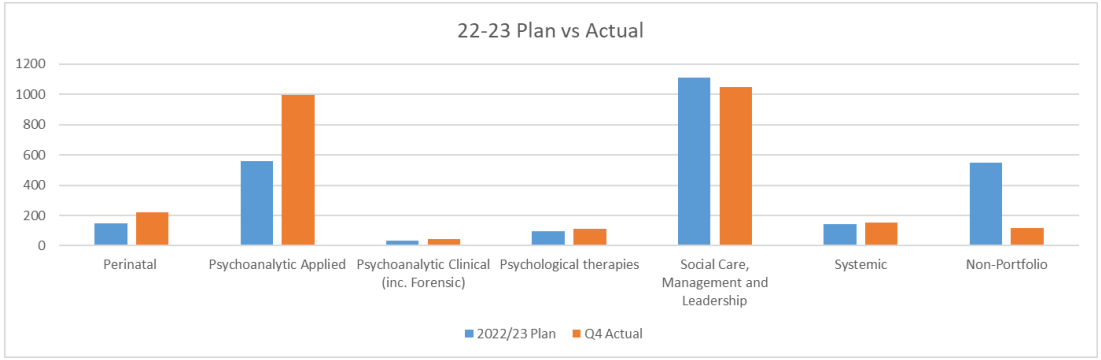
Full year figures show a positive variance in student numbers when compared with the 2022-23FY workplan. However this still represents a slight decrease in overall numbers when compared with 2021-22FY (2689 down from 2790). Overall we have seen a slight reduction in the number of standard CPD and bespoke courses that have been delivered (111 compared to 135 in 2021-22FY) and a corresponding drop in student numbers. The focus for 2023-24FY is on the development of new activity and engaging further with commissioners to understand the training needs of the health and social care workforce.

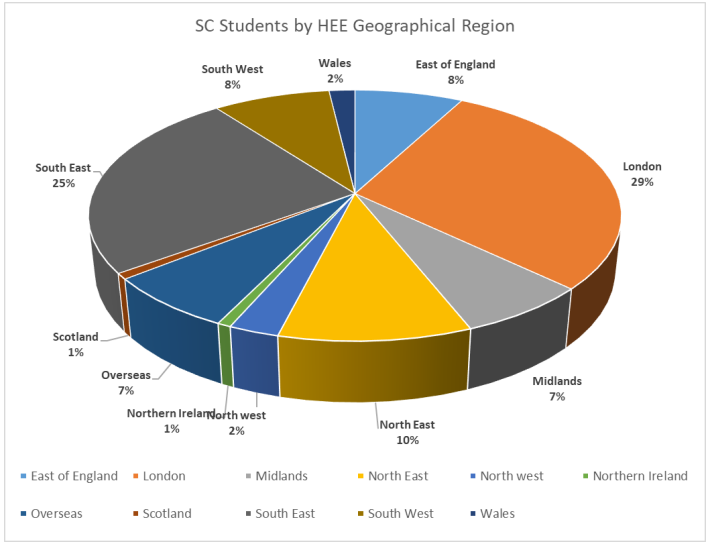
For Q4 specifically, we are showing a large negative variance for non-portfolio activity. When the workplan is created at the beginning of the year, we include a large figure under this category (400) to account for any new (as yet unknown) course developments or bespoke commissions that are likely to come in throughout the year. These new courses that have now been delivered over the year predominantly all sit within one of the other portfolios, and therefore the numbers have been redistributed accordingly.

We are also showing a slight negative variance within the Social Care portfolio. This is actually one of our most active portfolios overall, accounting for nearly half of all of our activity and the negative variance can predominantly be attributed to the cessation of one particular course – Best Interest Assessors as it undergoes a review in line with government legislation.

In terms of positive variance for this year against plan, we have again seen good recruitment in the Psychoanalytic Applied portfolio, which is predominantly due to the demand for training around trauma – continued high recruitment for our External Trauma Lectures, the successful delivery of a one-day conference on 'Talking about non-recent child sexual abuse' and increased delivery of our new 2-day workshop on Trauma-Informed Practice.

One real positive for 2022-23FY is the increase in geographical spread of our students. Having made the decision to keep the majority of short course training online following the pandemic, we are now showing an increase in students coming from outside of the London area, up from 68% in 2021-22FY to 71% this year. This is particularly notable with our bespoke training, with large commissions now being delivered in all parts of the country, where previously it may not have been possible due to location.





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2. Clinical Overview

Successes, Challenges, Next Steps and Action Plans

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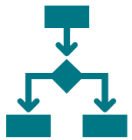
Clinical Successes

Safe 	Community and Integrated	• South Camden Psychology and whole Camden Family therapy waiting list are now on Carenotes, remaining lists will move in August • Gradual improvement in overall Clinical Notes compliance.
	Complex Mental Health	• In response to staff and patient concerns external security Consultants have reviewed the new fire doors. • Portman service have engaged positively around new security measures for patients and staff.
	GIDS	• GIDS continues to operate a service with no complaints in April and May 2023.
	GIC	• Full audit undertaken to review missing appointments during the care notes outage in 22/23. The team have uploaded appointments onto care notes and all outcomes have been completed by the clinicians. • Task and Finish Group took place in May to develop improved triaging process for Core Pathways
Effective 	Community and Integrated	• We have received the Award Letter for the Family Hub and Start for Life Programme, from Camden Council. This is for the provision of clinical posts in the Whole Family Team Perinatal for 2023 – 2025
	Complex Mental Health	• Positive Feedback from Lived Experience Advisor to our last CQC visit about their experience of the Portman inspection, quality of care and attention to detail. • Significant reduction in dormant cases in the Portman. • Reduced waiting times for first appointments in the Portman and Child Complex (Family Mental Health Team).
	GIDS	• Admin and Clinical team working collaboratively to validate and improve quality of data on CareNotes, i.e., Recording missing data on primary worker, care coordinator, Ethnicity data. • Regular drop-in sessions to support all staff in the service and whole service workshop on 23 June 2023 was well received.
	GIC	• Clinical Team Away Day successfully took place in May 23. This lead to the development of an improvement plan that has been shared with the Operations Team

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Clinical Successes continued

Caring 	Community and Integrated	• Several positive comments received from other providers about services and individual staff this month highlighting their contribution to the Camden offer.
	Complex Mental Health	• One of the Lived Experience Advisors to the NCL Partnership Mental Health Board gave excellent feedback on her patient experience in the trauma service and its advisory group.
	GIDS	• Positive feedback received from patients' families and Teaching, praising clinicians' balanced approach and engagement.
	GIC	• Speech and Language clinical team supported by the admin team facilitated Voice Groups. GIC have had 2 large zoom groups and an all day in-person group for 21 patients. The feedback from clients was extremely positive.
Responsive 	Community and Integrated	• Improving trajectory in compliance with job plans in the service line • Pilot for redesign of intake has gone live. • NCL Community waiting time has dropped to under 3 weeks for the first time since the Carenotes outage and a significant reductions in waiting times in Mental Health Schools Team over April and May.
	Complex Mental Health	• Management response, and time to response, by senior management to concerns raised by staff has improved significantly giving staff assurance we are listening and engaged.
	GIDS	• Clinicians using new NHSE template to make referrals to adult services. Clinicians are also contacting adult services to clarify their expectations.
	GIC	• The Admin team have had complaints training on 31st May, this will better resolve patient concerns and improve patient experience as themes will be shared with the wider team and mitigations on how we can do things better.

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Clinical Successes continued

Well-led 	Community and Integrated	• Monthly drops-ins have started with Senior leadership to support staff in communicating with the senior leadership team about any issues arising for them, especially those receiving poor scores in the last Staff Survey. • Staff survey action plan completed and implementation started. • Plan and agreed template for redoing all SOPs over the summer. • Staff handbook has been redrafted and is with comms for updating.
	Complex Mental Health	• Improved recruitment process to reduce impact of vacancies on teams and waiting patients. • Implemented regular feedback loops and updates to teams and service leads on trustwide developments, SOF3 and organisational risks. • Undertook joint PPI project to bring in Lived experience advisors for ASC awareness raising work.
	GIDS	• Patient Tracking List meetings now fully operational and improvement rates are being tracked across the service line for Open Caseload activity. • Engagement with consultants and with the chair of the external review group to review progress & issues, creating feedback loop to staff in whole service workshop.
	GIC	• Action was taken to address DNA rates within the service and have reduced the DNA rates significantly. The clinical team have converted no shows into telephone consultations resulting in better clinic slot utilisation.

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Clinical Challenges

Safe 	Community and Integrated	• Staffing vacancies and the increased time taken for employment checks increases risk to team delivery of patient care.
	Complex Mental Health	• Similar issues with employment checks
	GIDS	• Reduced admin staff increases risk of delays in meeting NHSE requirements i.e., 17+ transfers, 18+ caseload and Ethnicity data. Also affected are admin tasks resulting in improved quality of care, e.g., recording and validating retrospective data on CN. Reduction of clinical staff and the uncertainties about TUPE continue.
	GIC	• Not enough clinical staff for the number of patients, however active recruitment in place and one post filled for Specialty Doctor. • Still more work to be done with improving of admin processes, and increasing of admin in line with the increases in clinical staff
Effective 	Community and Integrated	• Some team managers are struggling with the time commitments for their additional responsibilities post the strategic review. This is being reviewed.
	Complex Mental Health	• Job plan implementation is complete for clinical staff and is being rolled out to medical staff, but there continues to be settling in issues. • The service has had to moderate the rate of change in service culture regarding data scrutiny and oversight to ensure that staff understand the rationale and work collaboratively to improve outcomes and reporting.
	GIDS	• Numerous external demands on clinicians' time; new services, NHSE, preparation of closure of service.
	GIC	• Gender framework to be implemented following review of cases and to ensure patient safety. • Clinical away day feedback revealed there should be better relationships between admin and clinical staff. • I.T issues remain a challenge.

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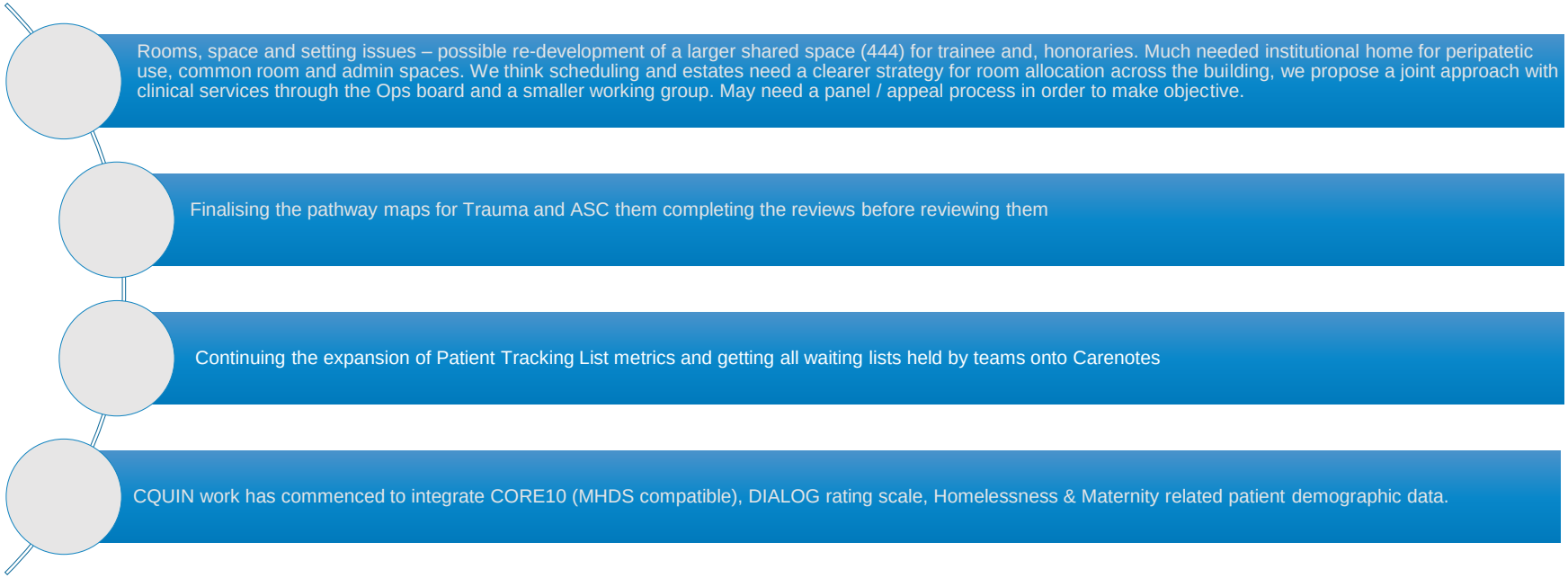
Clinical Challenges continued

Caring 	Community and Integrated	• Primary Care Psychotherapy Consultation Service and Mental Health Schools Team service reviews to enhance their operational procedures and clinical oversight are underway.
	Complex Mental Health	• We are working with NCL to ensure our services add best value to the care provided across NCL
	GIDS	• There is no agreed information about future Gender services to share with young people (YP) and their families. • Lack of information about new models of care & access to Endocrinology. • Long waiting lists at adult GICs and delays in transfers. • Ongoing challenge with blocks on recruitment to clinical vacancies.
	GIC	• Late communication to patients continues to be an issue although improving. • Substantive admin recruitment is slow resulting in stretched resources and high recruitment in agency staff.
Responsive 	Community and Integrated	• Issues with IT equipment are impacting clinical delivery and staff morale. Issues include: timely availability of equipment, staff that do not work at the base struggling to get support and data issues with staff working in the community.
	Complex Mental Health	• Significant estates challenge to patients and staff regarding the changing working environment and setting for Psychological Therapies and potential impact on therapeutic relationships
	GIDS	• Constant review and re-organisation of clinical staff to take on key roles as senior staff leave, whilst managing risk.
	GIC	• Minor IG Breaches within the service have been picked up through the incident panel. An audit is in progress to identify the number of breaches and themes. Learning will be shared in the admin team meeting.

Clinical Challenges continued

Well-led 	Community and Integrated	• Delays in the training and development for Team Managers is impacting staff ability to deliver.
	Complex Mental Health	• Forensic DET course start delayed with potential for significantly impacting Portman staff morale and ability to meet the contract.
	GIDS	• Management of sequencing and pacing of demands on clinical staff. • Focus on opportunities to improve staff well-being and engagement.
	GIC	• Recording of Clinical supervision could be improved as we have not yet received all forms. Reminders will be sent fortnightly.

Complex Mental Health Next Steps



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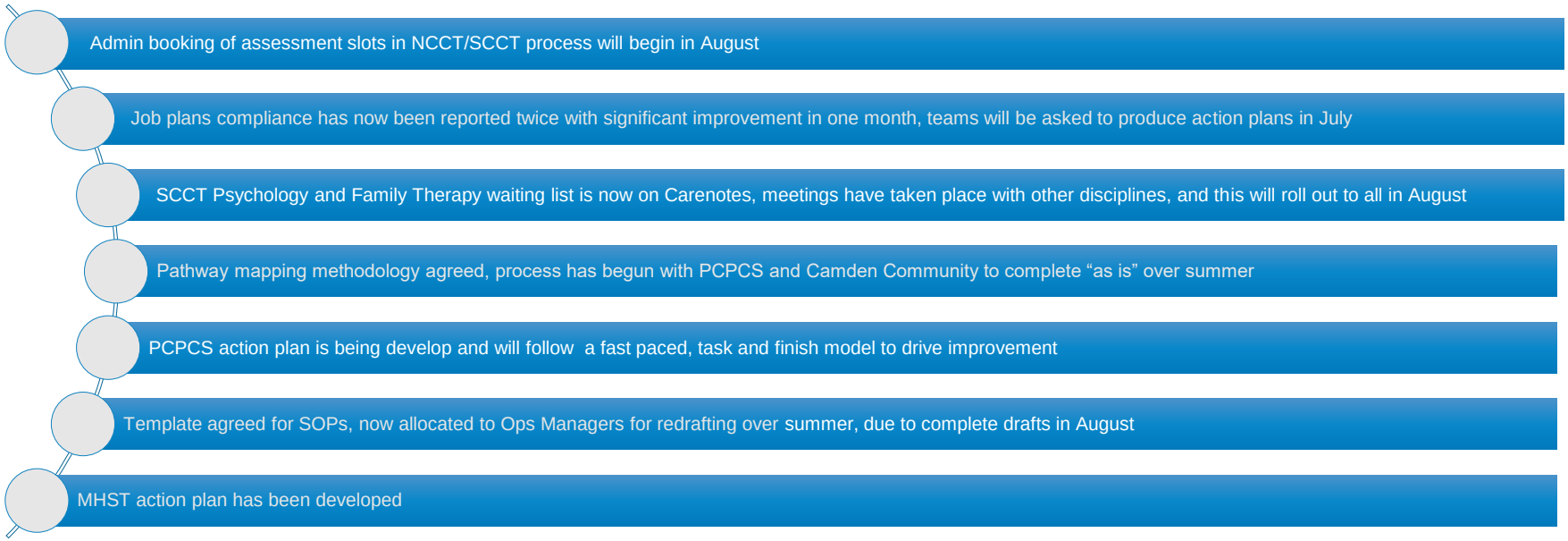
Community and Integrated Next Steps



GIDS Next Steps

- Implementation of mandatory safeguarding and risk formulation and discussion of ethnicity and cultural needs sections to be added to the Initial Consultation document on Care Notes. Date to begin to be confirmed.
- Transfer of Care/Waiting List:
  - 68% of Letters have been sent to YP communicating their transfer options.
  - Actual transfer of care (sending paperwork) to adult GIC will take place after communication with patients completed. This started in June 2023.
- Workshop with GIDS staff in June 2023 to review standard documentation across pathway and good practice in completing these. This is in order to promote staff awareness and staff engagement with required documentation and its processes.
- Review the makeup of regional teams to in order to develop contingency plans to maximise available resource.

GIC Next Steps

- Service user/student representation at the various meetings to have patient voice at the core of service also to maximise patient experience by potentially sharing patient stories where appropriate. Patient focus group for CX Clinic to be launched.
- Implementation of CN Non-patient activity so that the service will be able to capture noncommissioned activity, this will enable to further analyse demand and capacity for the clinical team.
- Clinician focused PTL training online sessions have been arranged 4-6th July
- IG Training for Admin staff on for 28th June
- Continue to reduce the backlog of letters and E-mails and introduce robust process to meet the demand and prevent re-occurance
- Develop an Assessment summary report in line with Trust requirements

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General Managers - High Impact Actions Overview

High Impact Actions – are deliverables that have been identified, by General Managers of the Clinical Services, as Trust-Level, shared priorities, that require: (i) concerted improvement, (ii) a shared approach, and that (iii) when delivered will not only have the most positive impact on Service improvements, but will act as enablers of wider Trust-wide initiatives (e.g. IQPR, Strategic Review, SOF3, contractual indicators, and Patient Safety indicators)

Priority No.	Deliverables	Start Date	Completion Date	Lead	Ops/ Clinical Support	PM Support (where applicable)	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
1	PTL/ Activity Management	01/03/2023	30/06/2023	AH	NS	KA																
2	Pathway Mapping	01/04/2023	31/03/2024	FH	N/a	BK																
3	Clinical Service Delivery Model	01/04/2023	31/03/2024	FH	N/a	BK																
4	Waiting List Management	31/01/2023	31/09/2023	AH	FH	KA																
5	Key Performance Outcomes and Measures	01/01/2023	31/08/2023	HB/ALG	PP	RJ																
6	Booking System	01/06/2023	31/12/2023	MF	AC	TBC																
7	Monitoring management of ESR KPIs	01/04/2023	31/09/2023	DA/FH	RF/Sauo	N/a																
8	Integrated Quality and Performance Reporting (IQPR)	01/03/2023	Monthly	AH/HB	ALG	NB																

Tasks under High Impact Actions - PTL/ Activity Management– continuing to be matured with General Managers, but will require requested resourcing to be fully completed

	Deliverables
1	**PTL/ Activity Management**
1.1	**PTL/ AM Preparations**
1.1.1	PTL Agenda items & reports
1.1.2	Define 1st appt, treatment, triage, screening (vs triage)
1.1.3	Read across Aaron & MF copy of PTL template (w. PM support)
1.1.4	Come back to see what can be put into CN > CN change form
1.1.5	Escalation policy (Trust)
1.1.6	Develop SOP for PTL Meetings (incl Local Escalation procedure)
1.1.7	Finalise PTL SOP and Insight Briefing
1.1.8	Create Training package (cover PTL and AM)
1.2	**PTL Care Notes Form Implementation**
1.2.1	Work with Informatics to implement CareNotes form to support tracking during PTL meetings
1.2.2	Work with Informatics to develop and implement any other reporting needed in CareNotes to effectively deliver PTL meetings
1.2.3	Update Trust policy to reflect availability of new PTL CareNotes Form
1.2.4	Update Service-level SOPs to reflect availability of new PTL CareNotes Form
1.2.5	Update PTL training package for administrators and operational & clinical leadership teams
1.2.6	Start PTL meetings for all services
1.2.7	Evaluate updated PTL meetings, using new PTL CareNotes Form
1.3	**Activity Management Target Setting and Monitoring**
1.4.1	Complete job planning for all Clinical Staff in every team (incl specific expectations on annual activity delivery)
1.4.2	Set Team-level targets (using data from job planning, waiting lists, budget setting and commissioning expectations)
1.4.3	Develop a report for Team and line managers to use to monitor expected activity vs actuals
1.4.4	Develop Training pack for Teams and line managers to use the report for: (1) reporting and set expectations and (2) for how to incorporate into line management 1:1s and team meetings (3) management of variations (actions to improve)
1.4	**PTL Training**
1.3.1	MF training - based on training pack
1.3.2	Shadowing Aaron PTL
1.3.3	Start running – respective GM providing 3 months of support/ shadowing of Band 8
1.3.4	Admin Training for PTL (by Band 8s)
1.3.5	Training for - GMs, Band 7s/ Ops Mng, AGMs/ Band 8as, Band 5s and 4s
1.5	**Activity Management Training**
1.2.1	Informatics-led Dashboard Training (for daily AM)
1.2.2	Senior Ops Staff - any GM hasn't had/ wants to repeat - Band 7s and 8s (Ops)
1.2.3	Clinicians to be involved in delivering the outcomes (eg most Senior Clinician and any Heads of Service/ Dept).
1.2.4	Band 5s in each Service who has PTL responsibilities

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Complex Mental Health Service-level Priorities Overview

	Deliverables	Start Date	Completion Date	Lead	Ops/ Clinical Support	PM Support (where applicable)	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
1	Intake Redesign	01/05/2022	30/09/2023	AH	IA & JA	TBC									
2	Job Plans	01/04/2022	31/03/2023	AH / TK		TBC									
3	Activity Monitoring	01/05/2023	30/06/2023	AH	TK, TR, ED	TBC									
4	Treatment Waiting List on CN	01/01/2023	30/08/2023	AH	IA, JA, TK, TR	TBC									
5	Reducing & Monitoring Waiting Times	01/12/2022	15/06/2023	AH	IA, JA, TR	TBC									
6	Pathway/Throughput Monitoring	01/04/2023	30/08/2023	AH / TK	TR	BK									
7	Outcome Measurers including Patient Satisfaction (ESQ)	01/02/2023	31/07/2023	AH / TK	IA, JA, TK, TR	TBC									
8	Risk Management	01/05/2023	30/06/2023	AH	IA, JA, TK, TR	TBC									
9	Budget, Vacancies & Cost Improvements	01/03/2023	30/06/2023	AH	IA, JA, TK, TR	TBC									

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Community Integrated Service-level Priorities Overview

Priority No.	Deliverables	Start Date	Completion Date	Lead	Ops/ Clinical Support	PM Support (where applicable)	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
1	Redesign of Intake* *note this has a full project plan I can provide*	01/03/2023	31/09/2023	FH	DDF	TBC															
2	Continued implementation of Job Planning	01/04/2023	04/09/2023	FH	SB	TBC															
3	PTL	01/01/2023	03/07/2023	FH	JC	TBC															
4	PCPCS capacity improvement	01/03/2023	31/12/2023	FH	JC	TBC															
5	Pathway Mapping	01/04/2023	31/12/2023	FH	JC	TBC															
6	Treatment Waiting List on Care Notes	01/03/2023	31/08/2023	FH	PW	TBC															
7	Outcome measure	01/06/2023	31/12/2023	SB	PW	TBC															
8	Communications for Young People	01/03/2023	30/06/2023	FH	FP	TBC															
9	Booking system	01/10/2023	31/03/2024	FH	LK	TBC															
10	Review and re-drafting of SoPs	01/06/2023	31/12/2023	FH	LK	TBC															

GIDS Service-level Priorities Overview

Priority No.	Deliverables	Start Date/ Due Date	Completion Date	Lead	Ops/ Clinical Support	PM Support (where applicable)	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-23
0	Waiting List Transfer	31/01/2023	31/03/2023	HB	MF	ALG/IT																	
1	17.5+ Transfers (nos at 10/03)	10/03/2023	31/08/2023	MF	NS	Informatics																	
2	Open Case Hygiene	01/04/2023	30/04/2024	PC	Consultant/ Regional Leads/JG/NS	RJ																	
3	PTL & Activity Management	06/04/2023	25/05/2023	NS	Consultant/ Regional Leads/	KA																	
4	Job Planning Implementation	31/12/2022	31/03/2023	PC	JG	ALG/PP																	
5	Booking System	01/06/2023	30/10/2023	MF	PC	NB																	
6	Recruitment and Retention Mitigation	01/07/2022	30/04/2024	MF	JG	AH																	
7	Early Adopters Transition Plan (CW with EA Programme Director)	11/05/2023	30/04/2024	HB	PC	MF/ALG/SM																	
8	CQC Action Plan Delivery	31/01/2021	31/12/2023	HB	PC/MF	NB																	

GIC Service-level Priorities Overview

Priority No.	Deliverables	Start Date	Completion Date	Lead	Ops/ Clinical Support	PM Support (where applicable)	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
1	PTL/ Activity Management	01/03/2023	30/06/2023	MF	GL	KA														
2	Pathway Mapping	01/04/2023	31/03/2024	MF	RF/AC/JB	BK														
3	Clinical Service Delivery Model	01/04/2023	31/03/2024	RI	RF	BK														
4	Waiting List Management	31/01/2023	31/09/2023	AH	FH	KA														
5	Key Performance Outcomes and Measures	01/01/2023	31/07/2023	MF	HF/ ALG	N/a														
6	Booking System	01/06/2023	31/09/2023	MF	AC	RJ														
7	Monitoring management of ESR KPIs	01/04/2023	31/09/2023	GL	AC Angela Holz	N/a														

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Mitigating Key Risks and Next Steps

	Key Risk	Proposed Mitigation/ Next Step
1	**Lack of centralized programme/ project management platform** – Currently, all high-level and detailed Gantts, are having to be managed on excel/ xls. Maintaining this on xls, including tracking of dependencies, will not viably or effectively support delivery and transparency going forward.	• Adopt a project management platform to support interoperability between these projects, and other enabling projects, to ensure dependencies and changes are tracked effectively
2	**Timeliness for mobilization** – All Gantts assume that resourcing will be available during July 2023 in order to meet deadlines agreed. Thus, any delay in recruitment will impact timelines.	• It is recommended that AGMs are recruited on 1-year FTC contracts • Project Manager and Project Support roles, via Agency/ FTC, with view to handing over to BAU roles
3	**Misalignment of dependencies between interdependent and enabling projects** (eg ESR, CareNotes, IQPR, CX Clinic digital platform)	• Trust-wide Programme Board that has mitigation of issues arising from interdependencies, as part of its ToR • Adopt a project management platform to support interoperability between these projects, and other enabling projects, to ensure dependencies and changes are tracked effectively

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Clinical Services Maintenance and Growth

- **Short Term:**
  - Holding to account clinical leadership for core ICB Contracts (meet targets) – increasing activity and outcomes
  - Develop partnerships with 3rd sector and digitally enabled mental health providers to deliver wider care
  - Development of Childhood Trauma Team
- **Medium Term:**
  - Digital Mental Health Triage Service
  - Targeted development of High Quality Foster Care work with Local Authorities nationally
  - Wider Development of NCL waiting room platform – providing nationally to other Trusts and ICBs
  - Privatised services such as Speech and Language Therapy
  - Trauma services Targeted at Armed Forces and Public Services
  - Research into areas such as social prescribing
  - Assuming targets met for SOF3, new ICB service developments
  - Development of distinct specialist services for areas of national priority such as Trauma, Refugees
- **Enablers:**
  - Relationship Development outside of core NHS
  - CareNotes cleanse
  - ESR data cleanse
  - IQPR development
  - Staff training
  - Digital Tools, including conversational AI to support streamlined new services
  - Building relationships and partnerships externally
  - Alignment of Corporate strategies to support better data Quality and Improvement programmes

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Schools Service Growth

- **Short Term:**
  - Increase Trainees that develop through GH services
  - Reflective Practice and supervision for schools staff at local Authority level
  - Mental Health support and training to staff in schools to support students remaining in mainstream schools
- **Medium Term:**
  - Wider replication of Integrated GH Model at local Authority level
  - Micro-site hub for supervision and access
  - Gloucester House play scheme, looking at using the site for school holidays
  - Partnership with Academys - an opportunity to support mainstream schools with specialised co-located provision
- **Long Term:**
  - Franchising of the Gloucester House model
  - Consideration of residential School Model
- **Enablers:**
  - Packaging schools outreach provision to stabilise income, staffing and growth
  - Dedicated Business Development support due to the scale of developments and partnering requirements
  - Development funds

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3. Contracts Update

23/24 Contracts Position

- Over the last month, all income for clinical and DET services has been allocated against the new cost codes and will be ratified against the budgets over July and August 2023.
- The majority of the ICB contract figures have now been agreed, however there are small changes that will have a positive impact on the income, including the inclusion of the 23/24 pay award.
- The NCL Staff well-being hub is closing at the end of August 2023 and is accounted for in the current external NHSE Budget setting.
- During August 2023 a review of contracts by activity (albeit fixed value contracts) will be ratified against job planning to ensure robust assessment of activity has been undertaken.

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4. Clinical Job Plan Analysis

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CMH Job Plan Analysis

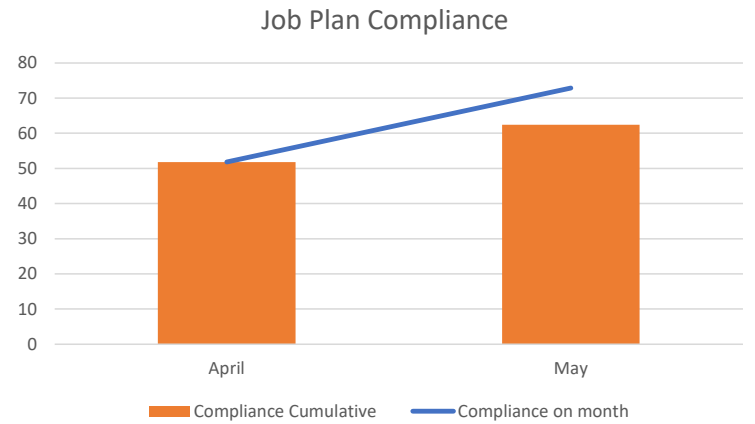
	Year to Date				
	Booking Expectation	**Attendance Expectation**	**Actual Attendance**	**Variance**	**Variance %**
Child Complex Total	**3451**	**2761**	**1703**	**-1058**	**-38%**
FMH	1031	825	667	-158	-19%
FAKT	1126	901	373	-528	-59%
AYAS	928	742	477	-265	-36%
EDAS	367	293	186	-107	-37%
ASC & LD					
Adult Complex Total	**3212**	**2570**	**1882**	**-688**	**-27%**
Trauma	1524	1219	751	-468	-38%
Psychotherapy	1688	1350	1131	-219	-16%
Social Integration Total	**1571**	**1257**	**692**	-565	-45%
Portman	1287	1030	665	-365	-35%
FCAMHS	284	227	27	-200	-88%
Returning Families					
Totals	**13017**	**10414**	**6851**	**-3563**	-34%

- The table shows a comparison of appointments against job planned capacity
- April performance was -48% and May was -20%
- However, when reviewed as a summary of individual performance against job plans the performance is better. For example AYAS show as being -22%, FAKT as -51%. This is likely due to multiple clinicians being recorded at appointments/groups
- We have started monthly reviews of individual performance against job plans and are meeting individually with team managers to go through the report and agreeing plans to investigate any issues – this has to be carefully managed to not have a big impact on morale
- Data for ASC & LD and RF to be included in future reviews – further work is needed on job plans first

C&I Job Plan Analysis

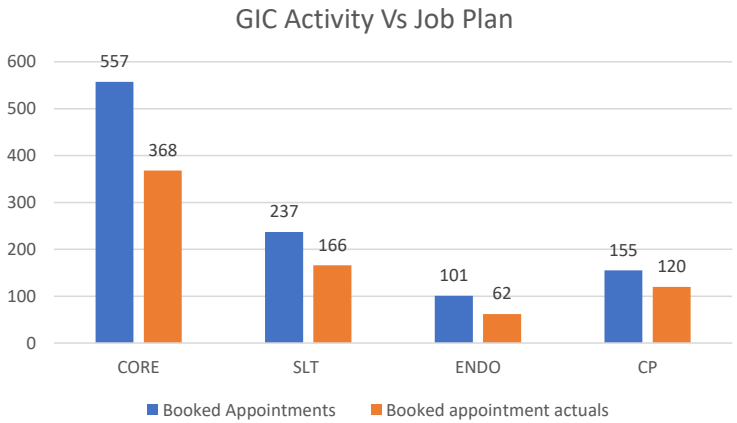
- May was the second month in which we completed analysis of staff compliance to their job plans.
- This saw a 20% improvement in compliance from April.
- As there was such a marked improvement in the month, we did not ask the teams to complete action plans. Agreed to see progress in June and we will then take targeted action on this to reduce workloads.
- While we want to focus on the positive of this, we do have concerns about how trainees are represented in some teams and it appearing that they are significantly over performing, it may be that targets need amending.
- This review has also not taken account of annual leave impact on job planned data and will be further refined throughout the year.

Team	Booked appts du	Booked appts actu	% compliance to pla
CAISS	338	222	66
Intake	0	0	0
CWP	407	374	92
LAC	263	203	77
MHST North	352	200	57
MHST South	430	258	60
North Camden	818	558	68
South Camden	608	570	94
WFT/WFTP	875	623	71
PCPCS	458	305	67
Total	4549	3313	73



GIC Job Plan Analysis

- Activity targets will be monitored quarterly in conjunction with the Waiting List Management Framework and will assist the service in long term strategy planning to meet the demand.



Team	Booked Appointments	Booked appointment actuals	Compliance due to plan %
CORE	557	368	66%
SLT	237	166	70%
ENDO	101	62	61%
CP	155	120	77%
TOTAL	**1050**	**716**	**68%**

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5. Clinical Workforce Updates

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CMH Staffing Levels & Updates

CMH Vacancy Log

Vacancies	Band	WTE	Contract Type	Update
Adult Complex	8c	1	Perminant	Failed to shortlist 3 times - considering next step
Adult Psychotherapy	8a	0.6	Perminant	advert being drafted
Adult Psychotherapy	8a	0.4	FTC	advert being drafted
Adult Trauma	7	1	Perminant	Recruited - pending pre employment checks
Adult Trauma	8a	1	Perminant	in shortlisting
FAKT	8a	0.5	Perminant	Advert live
FAKT	7	0.5	Perminant	Interviews booked
ASC & LD	Consutlant	0.4	Perminant	?
EDAS	7	1	Perminant	Recruited - Start date booked
EDAS	7	1	Perminant	Recruited - Start date booked
FMH	Consutlant	0.6	FTC	Advert on trac awaiting procesessing. JDPS for perminant role being sent to Royal College
AYAS	8a	0.5	Perminant	Interviews booked
Returning Families	8a	0.2	Perminant	Going back to RAG
Portman	8a	0.6	Perminant	Advert on trac awaiting procesessing
FCAMHS	8a	0.8	Perminant	JD with Review Panel
Admin	4	1	Perminant	Recruited - pending pre employment checks
Admin	4	1	Perminant	Recruited - pending pre employment checks

- Detailed WTE establishment vs actuals to be provided in future report when data available
- Doing well overall in recruiting vacancies and the pre-employment checks are taking a lot less time
- Adult Complex Clinical Service Manager Role has been advertised 3 times without attracting suitable applications despite changing WTE and job title. Considering short term solutions and strategies for recruiting to the role
- Trauma FTC delayed due to registering post qualification as Clinical Psychologist – request with HR to consider starting on band below

C&I Critical Staffing Levels - Vacancies

Role	Team	Band	WTE	Current Status	Start date (planned or confirmed	Comment
Clinical Administrator	North Camden CAMHS	4	1	Checks complete, due to start	09/05/2023	
Clinical Administrator	North Camden CAMHS	4	1	Sent to OM to be uploaded to Trac, waiting on approval		
Clinical Administrator	North Camden CAMHS	4	0.8	Out to advert		
Clinical Administrator	Intake Team	4	1	Offer made, in checks	01/07/2023	
Lead Administrator	PCPCS	5	1	Checks complete, due to start	05/06/2023	
Administrator	PCPCS	4	0.6	Waiting for RAG approval		
Clinical Service Manager	Camden Community	8C	1	Checks complete, due to start	04/09/2023	
Specialist Clinician - Family Therapist	North Camden CAMHS	7	1	Ad closed, interview pending		
Specialist Clinician	North Camden CAMHS	7	1	Ad closed, interview pending		
Highly Specialist Clinician - Child Psychotherapist	North Camden CAMHS	8A	0.5	Checks complete, due to start	06/06/2023	
Practitioner Clinician	North Camden CAMHS/CIT	6	0.8	Checks complete, due to start	06/06/2023	
Highly Specialist Clinician	South Camden CAMHS	8A	0.7	Out to advert		Mat cover
Highly Specialist Clinician - Family Therapist	South Camden CAMHS	8A	0.4	Offer made, in checks		
Highly Specialist Clinician - Family Therapist	South Camden CAMHS	8A	0.6	Out to advert		
Highly Specialist Clinician - Child Psychotherapist	South Camden CAMHS	8A		Out to advert		2nd round as no applicants
Specialist Clinician - Child Psychotherapist	South Camden CAMHS	7		Out to advert		
Specialist Clinician	First Step	7	0.6	Other (please comment)		Request to put advert out pending further updates following funding increase
Practitioner Clinician	EIS	6	1	Sent to OM to be uploaded to Trac, waiting on approval		
Specialist Clinician	LAC and Refugee CAMHS	7	0.9	Ad closed, interview pending		
Specailist Clinician	LAC and Refugee CAMHS	7	0.5	Applicant withdrew	Jul-23	
Specialist Clinician - Psychologist	LAC and Refugee CAMHS	7	0.6	Went to ad no one applied		
Highly Specialist Clinician - Psychologist	WFT	8a	0.5	Ad closed, interview pending		
Highly Specialist Clinician	WFT	8a	0.5	Ad closed, interview pending		
Highly Specialist Clinician - Systemic Psychotherapist	WFT	8a	0.5	Ad closed, interview pending		
Highly Specialist Clinician - Systemic Psychotherapist	WFT-P	8a	0.5	Ad closed, interview pending		
Specialist Clinician - Psychologist	WFT	7	0.5	checks complete, due to start in Dec		
Specialist Clinician - Psychologist	WFT-P	7	0.3	checks complete, due to start in Dec		
Highly Specialist Clinician - Child Psychotherapist	WFT	8a	0.6	Out to advert		
Pratitioner Clinician	EIS	6	1		Duplicate of above EIS post	
Psychiatrist	LAC and Refugee CAMHS	medic	0.4	Other (please comment)	Susannah due to start in Sept	Needs to go out to advert, not happened because a vacancy in another psychiatrist need
Perinatal Mental Health lead	WFT-P	8b	0.7	Sent to OM to be uploaded to Trac, waiting on approval		
Asst Psychologist	WFT-P	5	0.6	Waiting for RAG approval		
Specialist Clinician - Psychologist	WFT-P	7	1	Waiting for RAG approval		
Perinatal Mental Health Manager	WFT-P	8a	1	Waiting for RAG approval		

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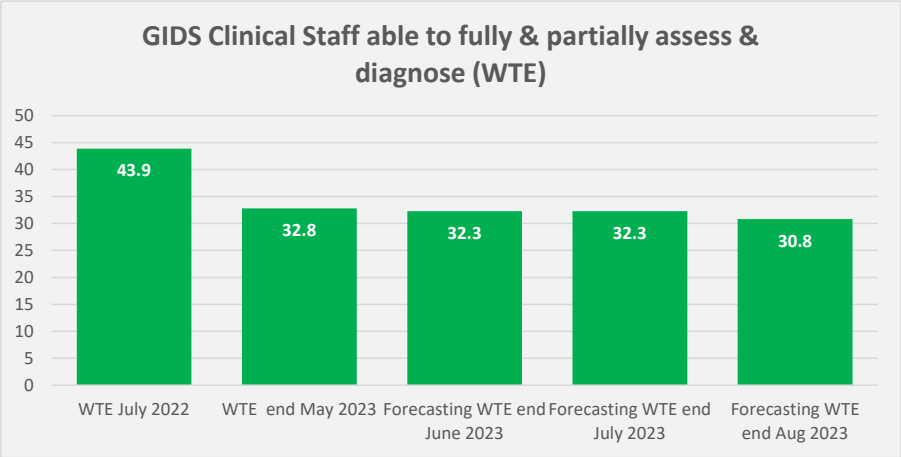
GIDS Critical Staffing Levels – Clinical



GIDS Clinical Staff able to fully AND partially independently assess and diagnose						
Region	**WTE July 2022**	**WTE end May 2023**	**Forecasting WTE end June 2023**	**Forecasting WTE end July 2023**	**Forecasting WTE end Aug 2023**	**Total caseload**
Leeds	12.1	8.5	8.4	8.4	7.7	352
Midlands	13.5	8.8	8.8	8.8	8.4	334
South East	9.2	7.0	6.6	6.6	6.6	231
South West	8.1	6.5	6.5	6.5	6.5	216
Cross site	1.0	2.0	2.0	2.0	2.0	N/A
Total GIDS	**43.9**	**32.8**	**32.3**	**32.3**	**30.8**	**1133**

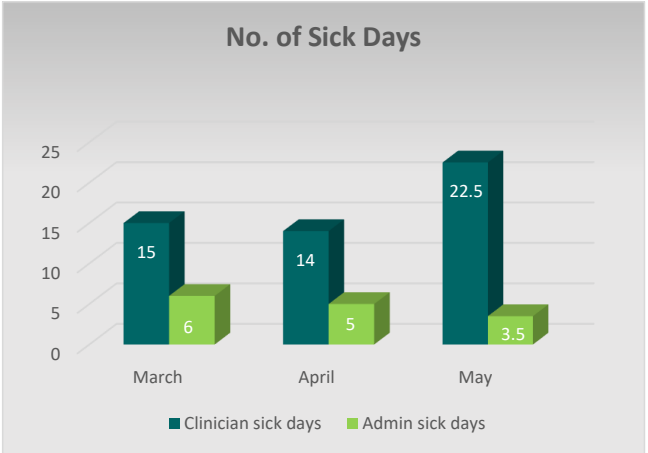
Clinicians able to fully and partially assess reviewed on 10/05/2023

Clinicians at GIDS 3 years or more, depending on level of experience, should be fully able to assess. Numbers were rectified and included in data from 24/05/2023.

Oversight of Critical Staffing level reported weekly at Interim Management Board and Senior Management Group, and monthly at Clinical Governance Committee.

GIDS Sickness Levels

No. of Sick Days / Staff off Sick				
Month	Clinician sick days	No of Clinicians	Admin sick days	No of Admin
May	22.5	10	3.5	3



- In May 2023, 26 sickness days were recorded for all staff.
- Total number of sick days for all staff increased 27% from April to May. One clinician was off sick for 9 days.
- Reporting procedures for sickness were recirculated May 2023.

Data correct as of 05/06/2023. Sickness records are sent to HR monthly whilst we await implementation of ESR.

GIC Clinical Staffing Levels

The Tavistock and Portman NHS Foundation Trust

The service are currently recruiting into clinical posts as a priority. The service has recently recruited to 1 WTE Specialty Doctor who is anticipated to begin in September 23.

Vacancies in details:

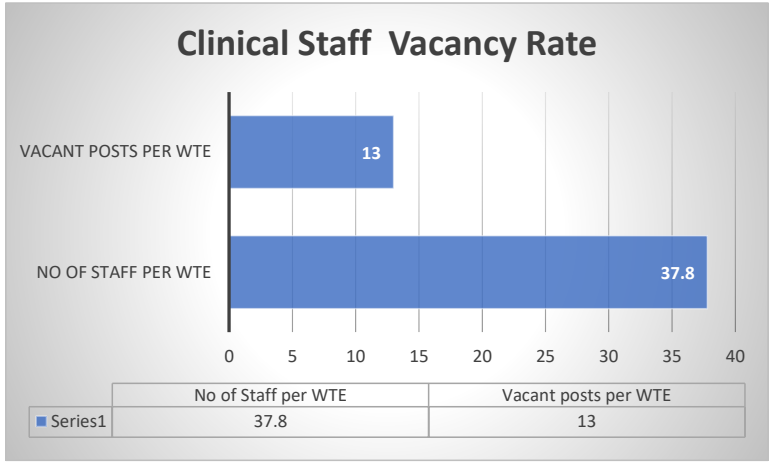
5.4 WTE x Specialty doctors

2 WTE x B7 Counselling psychology

1 WTE x B7 SLT specialist

3 WTE x B7 Clinical nurse specialist

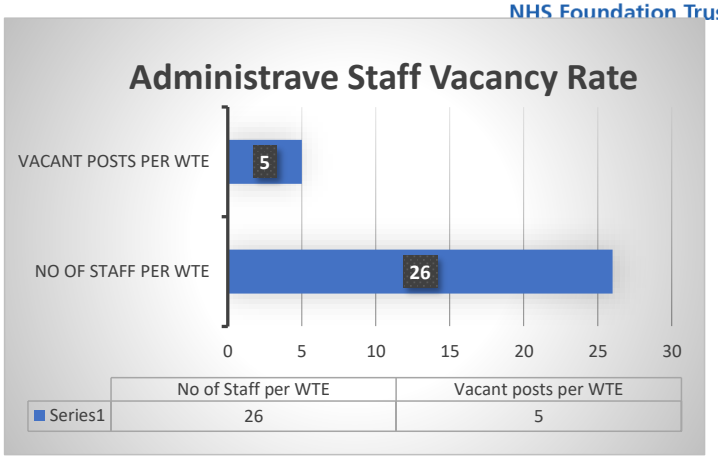
2 WTE x Psychiatric Consultant



Department	Current Post WTE	Total Vacancy WTE
Core	5.8	15.8
Endo	5.6	5.6
CP	8.8	10.8
SLT	4.6	5.6
Total	24.8	(37.8)

GIC Admin Staffing Levels

Active recruitment to the substantive posts is ongoing however the posts are currently being filled temporarily with agency support to ensure we maintain service demands. The service has recruit additional agency staff for the duration of 6 months to support in clearing the historical backlog and have recruited to 4 posts since May.



Department	Current Post WTE	Total Vacancy WTE	Vacant	Comments
Management	5	5	0	
Clinical admin	3	6	3	B3 vacant posts currently filled with agency staff
Endo Team	4	4	0	
Referrals	1	3	2	B4 vacant posts currently filled with agency staff
Appointment	4	4	0	
Assistants	4	4	0	
Total	21	26	5	

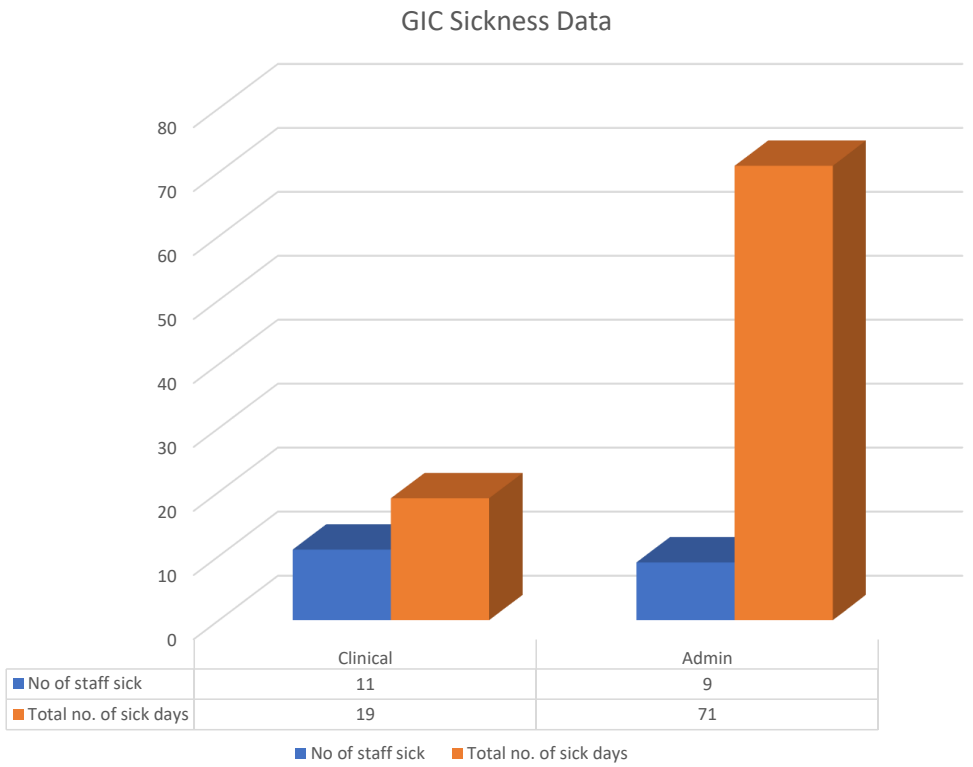
Innovation in mind

The Tavistock and Portman NHS Foundation Trust

GIC Sickness Levels

Staff sickness absence rate for May is 4.47%. Which has increased from 2.34% reported in April

There are 2 staff members in Admin on long term sick leave and 1 staff member is awaiting return on phased return in June.



CMH Mandatory Training & Appraisals

MAST compliance

Directorate	Compliance %
Chief Clinical Operating Officer	87.82%
Division	**Compliance %**
Complex Mental Health	82.71%

- MAST compliance remains is fallen by 2% despite reminders being sent
- May decrease again next month due to new training on ASC being included – have encouraged managers to promote this within teams
- Requested HR to sent team level compliance to help generate team competition and for increased team manager accountability

Appraisal compliance

Directorate	Reviews Completed %
Chief Clinical Operating Officer	64.72
Division	**Reviews Completed %**
Complex Mental Health	60.50

- Appraisal compliance has improved by 9%
- Each team manager has been sent a list of staff requesting an update and for this to be prioritised
- Almost all appraisals have taken place but the paperwork submission has been delayed
- Managers been sent a list of staff due pay increments for this year to ensure prioritised for completion

C&I Mandatory Training and Appraisals

	April Compliance %	May Compliance %
Overall	85%	87%
IG	82%	86%
Safeguarding level 1 (children)	85%	88%
Safeguarding level 3 (children)	94%	88%
Appraisals		60%

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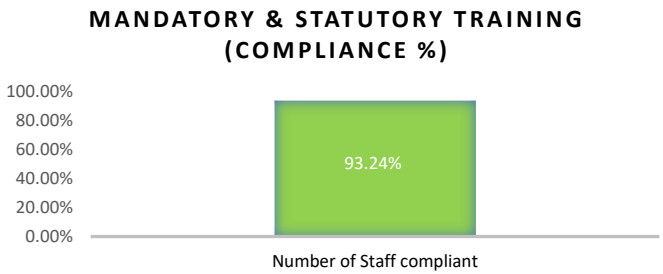
GIDS Mandatory Training

- Automatic reminders for training are sent out for everyone.
- Discussions to be had with Supervisor in Supervision Meetings.

MAST

(Data accurate as of 20/06/2023)

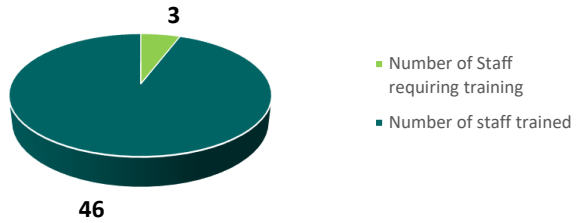


Mandatory & Statutory training (Compliance %)
Percentage of Staff compliant: 93.24%

Staff Annual Safeguarding Training

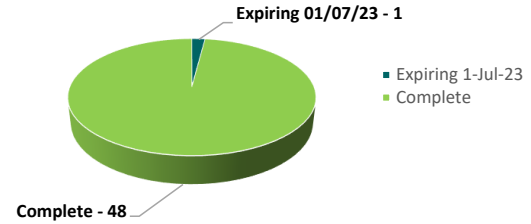
(Data accurate as of 20/06/2023)

Level 3 Children Safeguarding training



Level 3 Children Safeguarding training	
Number of Staff requiring training	49
Number of staff trained	46
Compliancy %	**93.88%**

Level 3 Adults Safeguarding Training



Level 3 Adults Safeguarding Training	
Expiring 1-Jul-23	1
Complete	48
Compliancy %	**97.96%**

51

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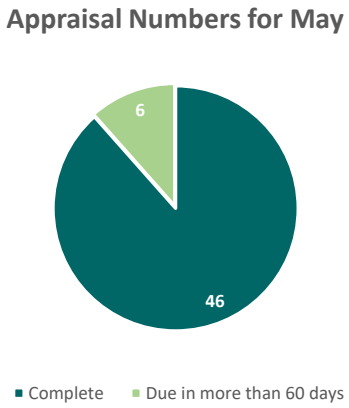
GIDS Appraisals

GIDS APPRAISAL DATA



No appraisal dates booked as of 05/06/2023

Data as of 05/06/2023

Ops Manager is sending reminders and monitoring completion of appraisals.

Division	Reviews Completed %
GIDS	87%

52

GIC Mandatory Training

GIC currently has **95.34%** for MAST compliance rate. This remains above target (95%).

Data accurate as of 20/06/2023 and includes all staffing disciplines in GIC

Division	Compliance %
GIC	95.34%

GIC Appraisal Data

(Data accurate as of 18/05/2023 and includes all staffing disciplines in GIC)

Division	Reviews Completed %
GIC	82.86%

GIC Supervision Rate

(Data accurate as of 20/06/2023)

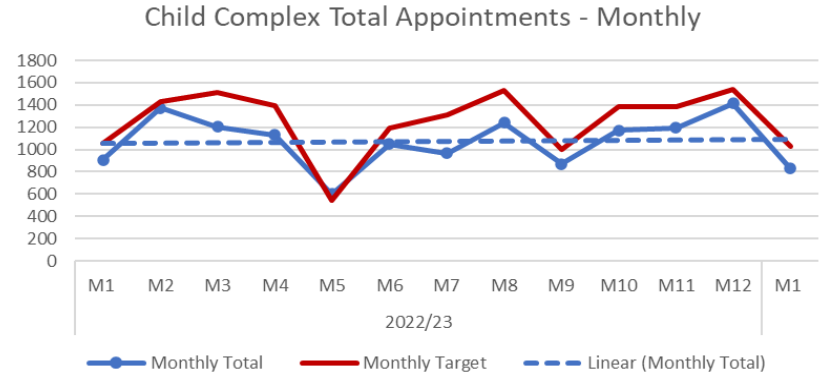
The supervision recording process has been finalised in June 23. We aim to feedback figures in the next reporting cycle.

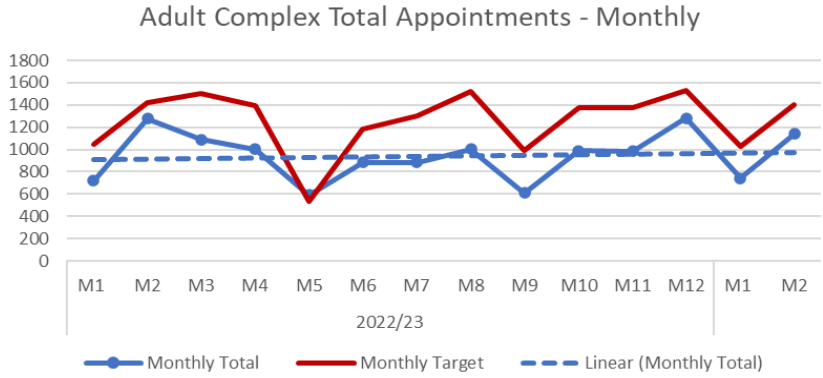
Innovation in mind

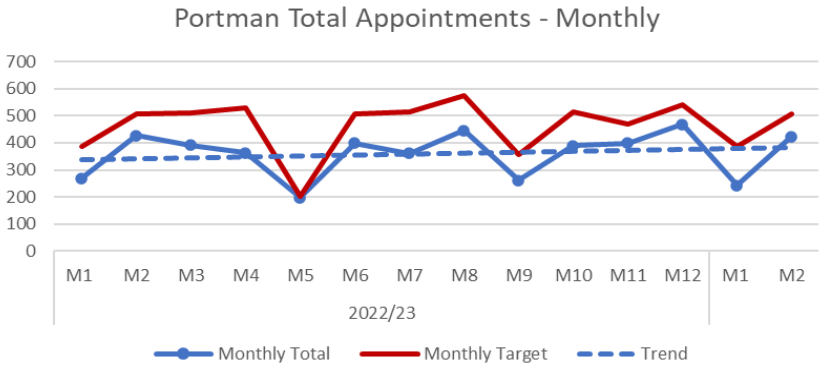
The Tavistock and Portman NHS Foundation Trust

6. Clinical Activity including Referrals, Caseloads and Waiting-times

CMH Appointments vs Contractual Activity targets



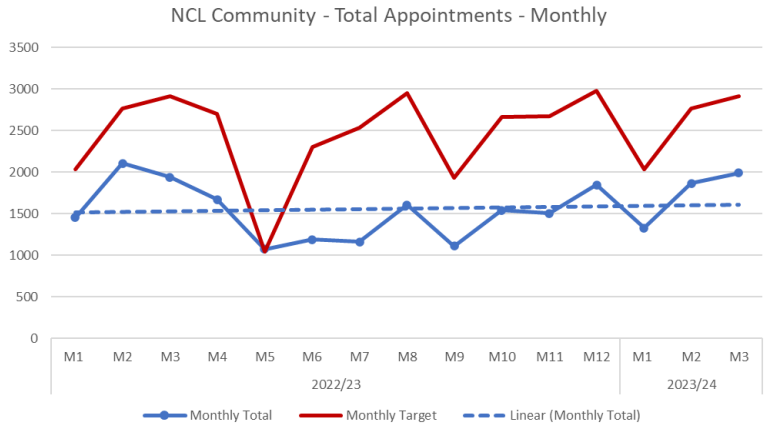




- We have continued to struggle to meet contractual activity targets
- Monthly reviews of team & individuals activity vs job plans started in June which should increase understanding of performance and help us to develop action plans and support where needed

55

NCL Community Appointments vs ICB Contractual Activity Targets



- We have continued to fall short of nominal activity targets
- Monthly reviews of team & individuals activity vs job plans started in June which should increase understanding of performance and help us to develop action plans and support where needed

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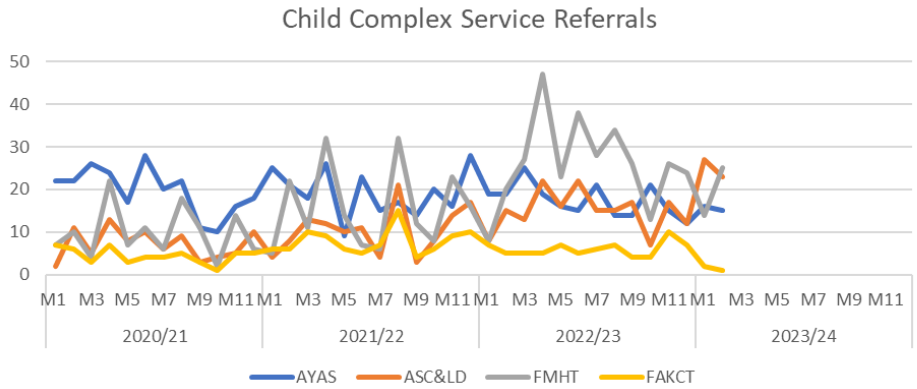
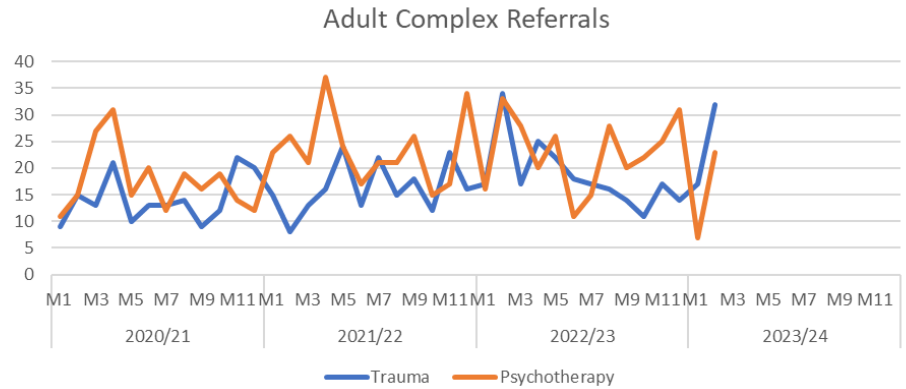
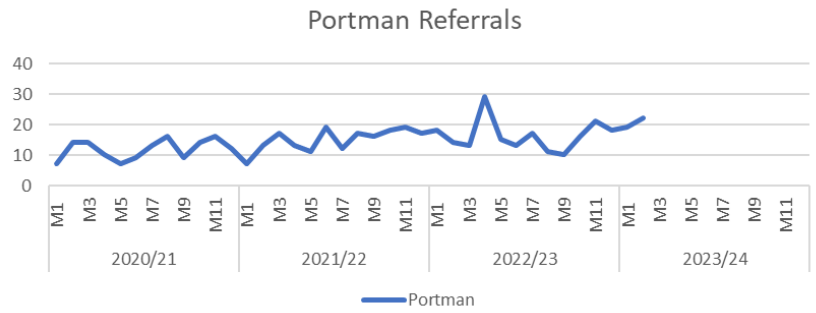
The Tavistock and Portman NHS Foundation Trust

CMH Referrals





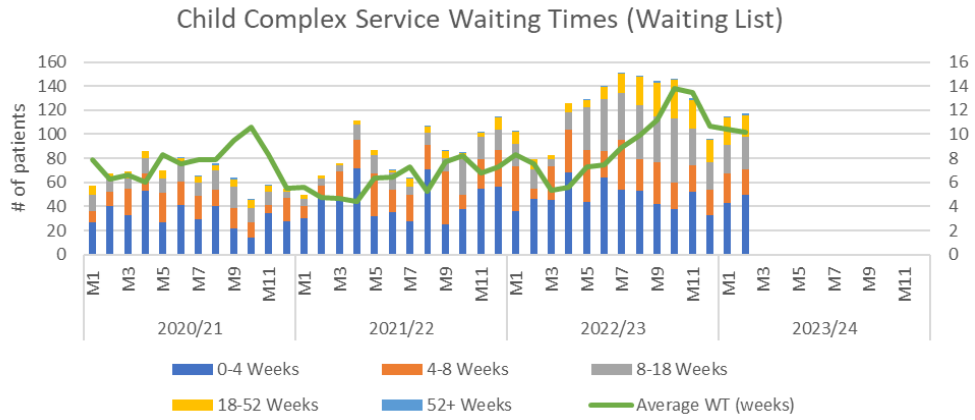


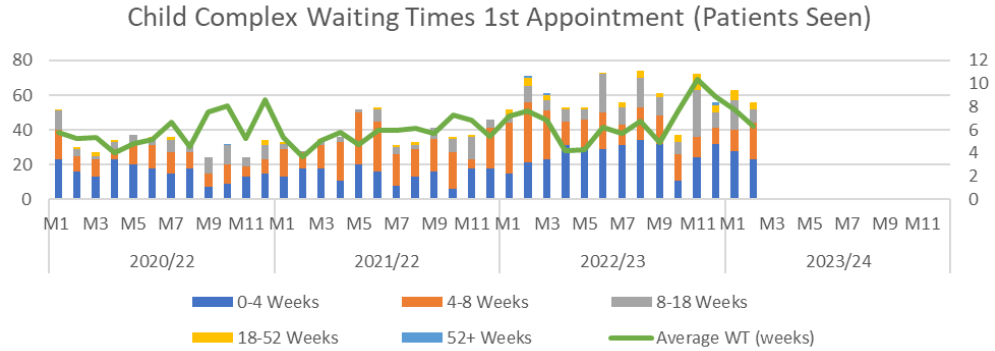
Data taken from internal monitoring dashboard

Monthly Average Referrals Per Year			
	21-22	22-23	23-24
Trauma	16	19	25
Psychotherapy	24	23	15
Portman	15	16	21
FCAMHS		8	?
FDAC	5	4	?
Returning Families	1	1	?
AYAS	19	18	16
ASC & LD	10	15	25
FMHT	16	26	20
FAKCT	8	6	2
EDAS	?	?	?
Total	114	136	100

- Portman referrals are steadily increasing which may be a concern if D59f course doesn't restart this year
- FMH referrals had increased due to the EDAS service opening but have reduce this year – requested EDAS data to be split out on all graphs
- FAKT referrals very low in Q4 after a peak in Q4 – need to promote ASF work

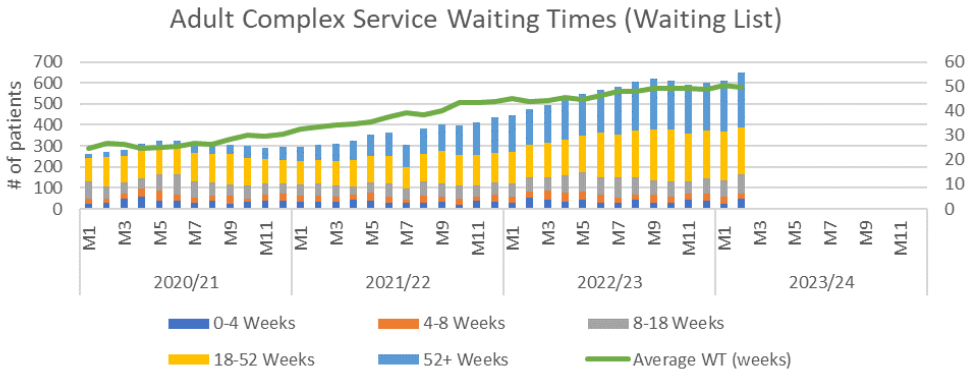
First Appointment Waits – Child Complex

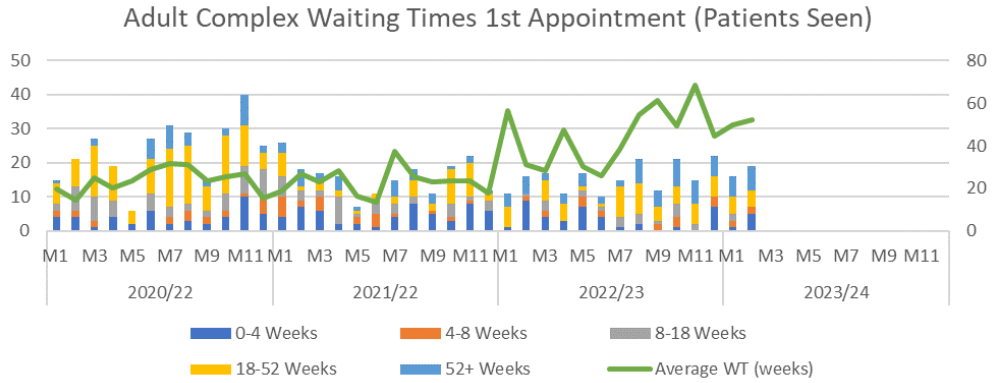




- The number of patient waiting has reduced over the past 4 months, as has the average waiting times for those still waiting and those seen.
- FMH which has been a focus during PTL meetings which led to fixed CAR clinics being restarted and triage calls being discontinued. As a result the number of patients waiting has almost halved from 50 in January to 22 in May
- ASC & LD team have stopped triage called for patients with lower risk ratings to redirect the capacity to assessments. This has increased the number waiting by 24 over the past 2 months
- PTL meeting focus has shifted to ASC & LD in June and we are working to reduce the longest waiters

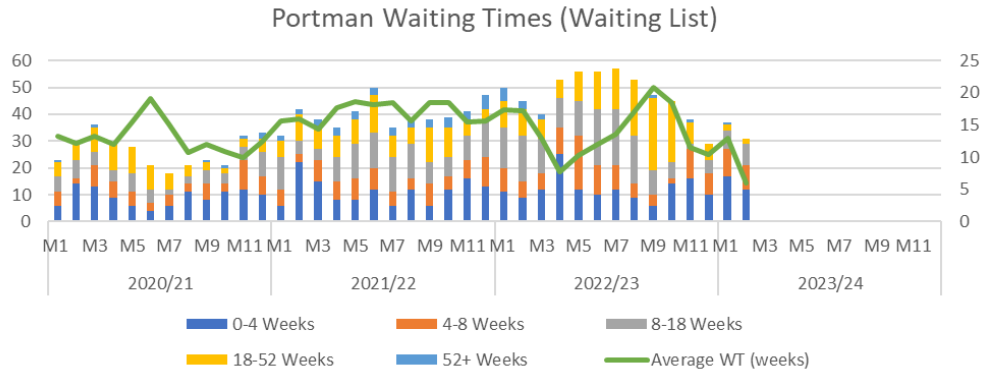
First Appointment Waits – Adult Complex

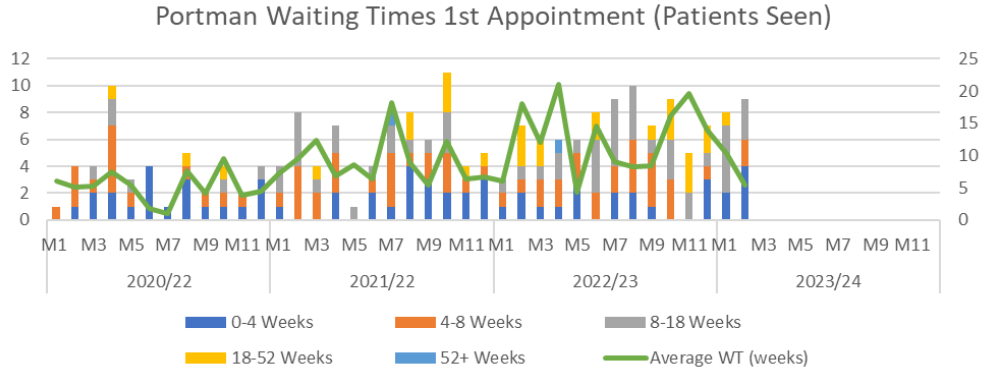




- The Adult Complex waiting list had stabilised but is now starting to increase again
- Psychotherapy Team only used 40% of 1st appt capacity in 2022/33 which has prompted the 2 QI projects to be agreed following consultation with the team in June.
- QI projects to start in September with half the team adopting a clinical model and the other being given a monthly quota of allocations.
- Portman processes will be reviewed as part of pathway project

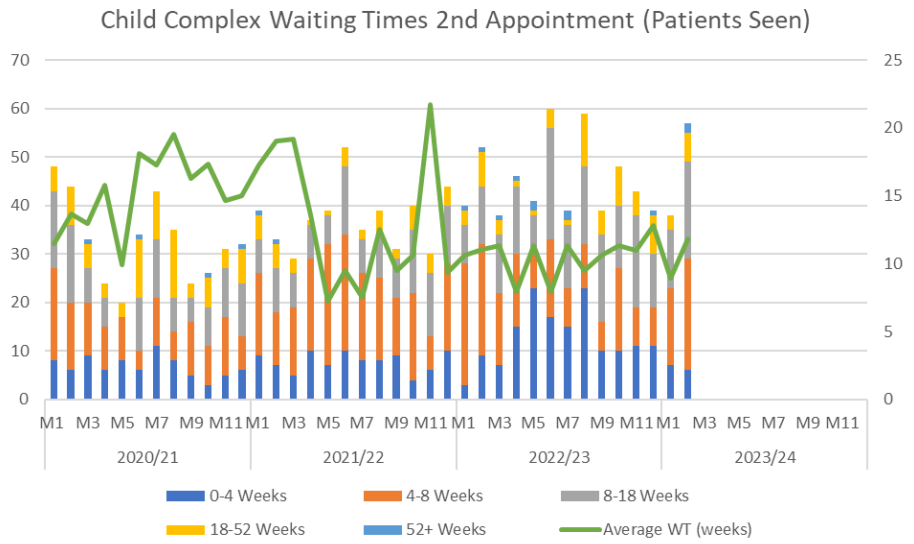
First Appointment Waits - Portman

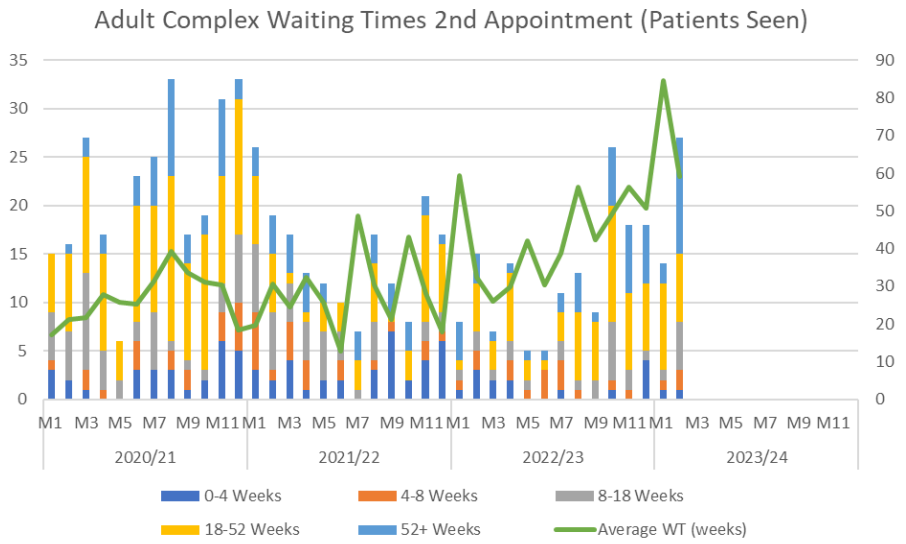




- The Portman waiting list and waiting times have been reducing month on month since November despite an increase in referrals
- This change is in partially due to improved intake processes and a reduction in pending referrals as well as weekly review in the PTL meetings and reminding clinicians about waiting targets once they have been allocated an assessment case

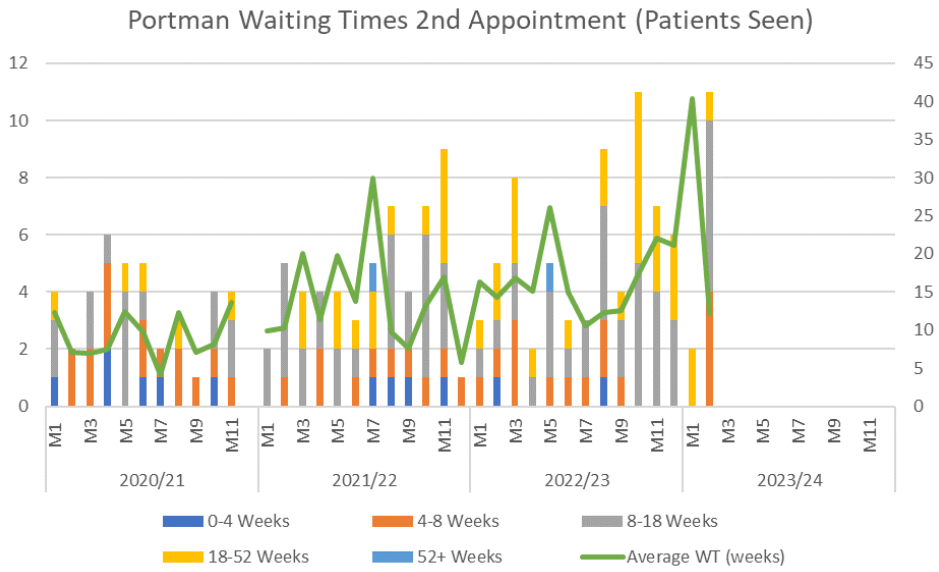
CMH Second Appointment Waits





- The waiting times for 2nd appointment in Child Complex have remained static for the past 12 months but continue to increase in Adult Complex

CMH Second Appointment Waits

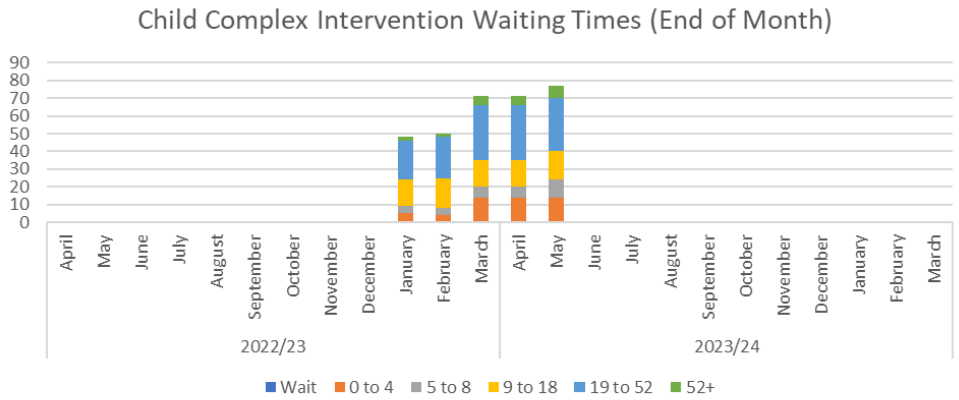


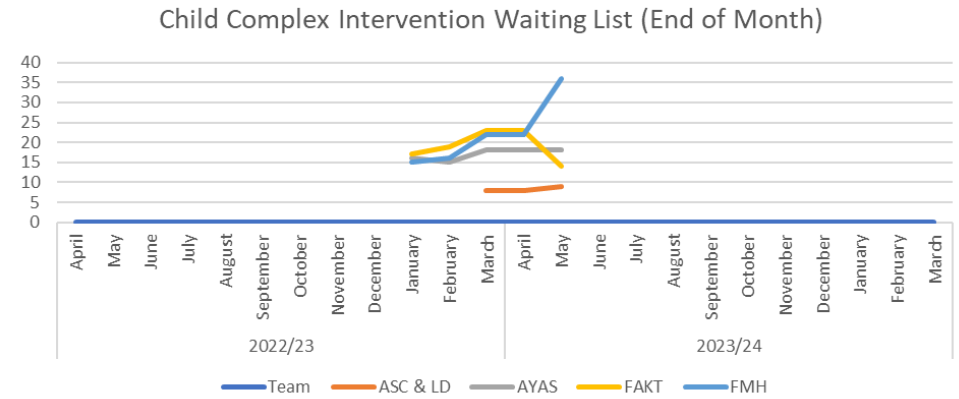
- The average waiting times for 2nd appointments had been increasing as the backlog was being cleared but has now reduced considerably in May
- The waiting list for 2nd appointment is reviewed weekly in the PTL meeting

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

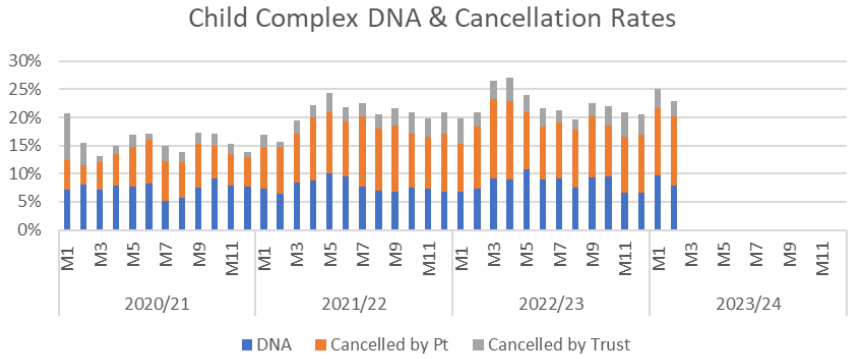
CMH Intervention Waits

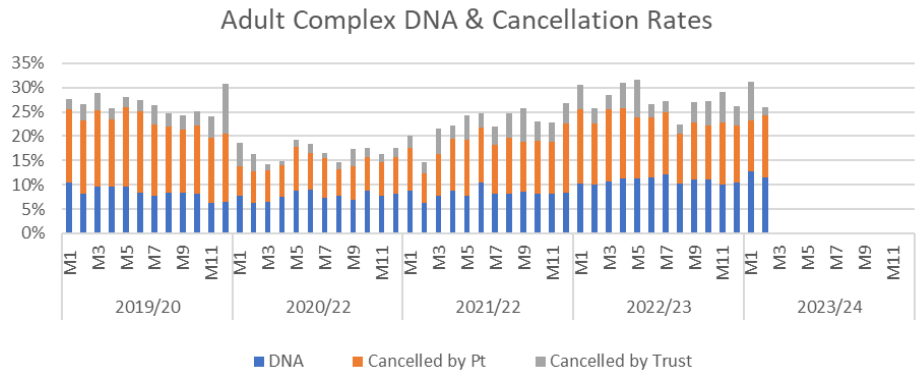


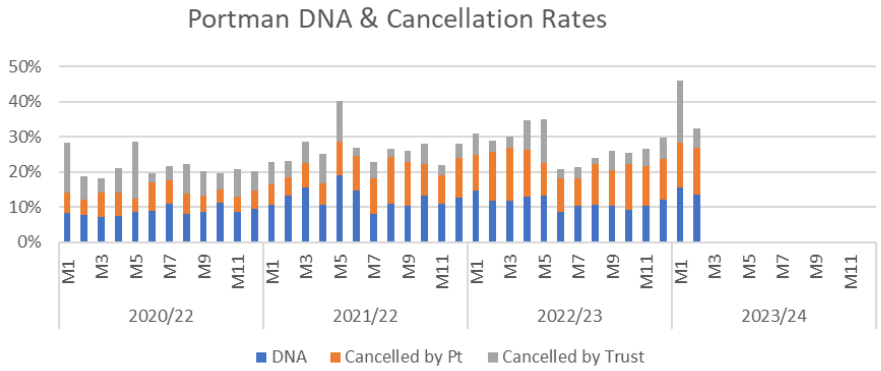


- Child Complex waiting list has been relatively stable since January but May saw a significant reduction in FAKT and an increase in FMH as a result of the increased number of assessment completed
- We are in the process of reviewing he 5 52+ week waiters. Both AYAS patients haven't been available for long periods and will either start therapy or be discharged in July. The 2 in FMH have also been in hold and are likely to be discharged. The remaining patient in FAKT is on hold due to being in dialysis.
- Adult Complex and Portman data will be available in this detail when we move to managing waiting lists on Carenotes (by July).

CMH DNAs and Cancellations





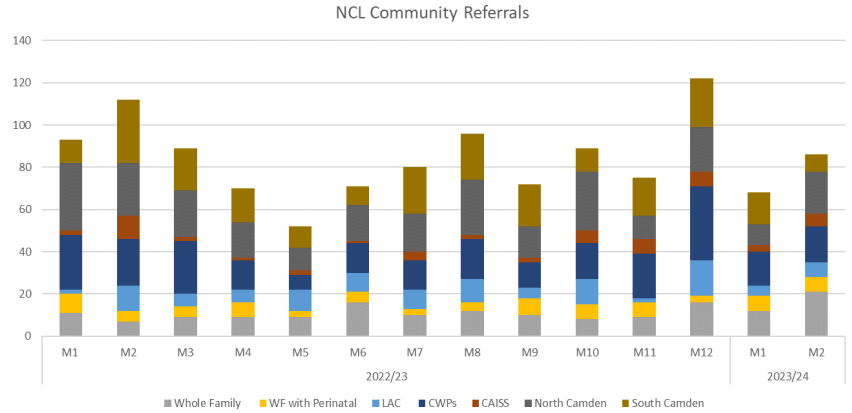


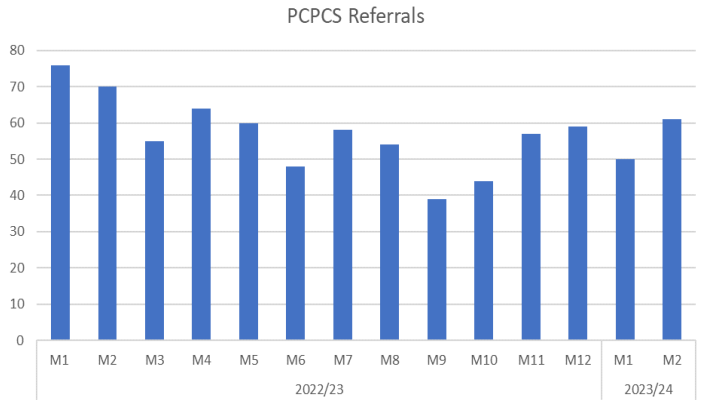
- The Portman team reported April cancellations by trust surge was due to leave for staff undertaking groups
- Adult Complex moving to negotiating all assessment bookings over the phone with stricter rules on cancellations and DNAs as part of QI in September

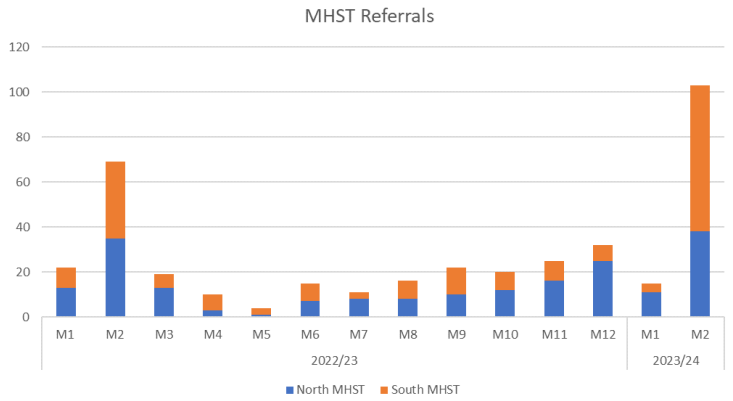
Data taken from internal monitoring & power BI dashboard - Based on the percentage of booked appointments

64

Community and Integrated Referrals



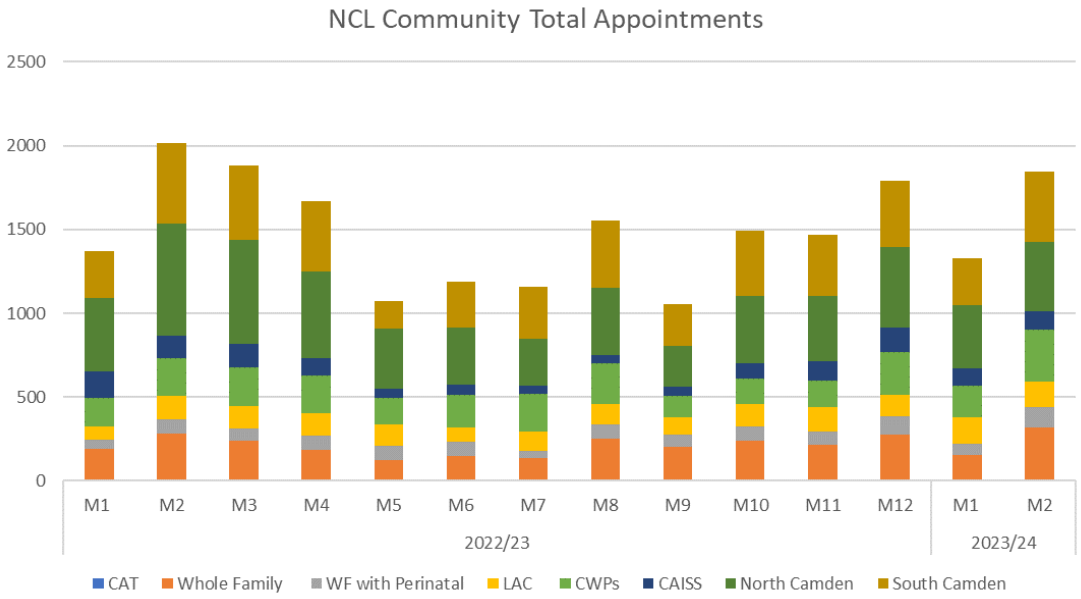




Unit/Service	Cumulative refs 22/23 (April - May)	Cumulative refs 23/24 (April - May)	% change
NCL Community	205	154	- 25%
PCPCS	146	101	- 31%
MHST	91	118	30%

Data taken from internal monitoring dashboard

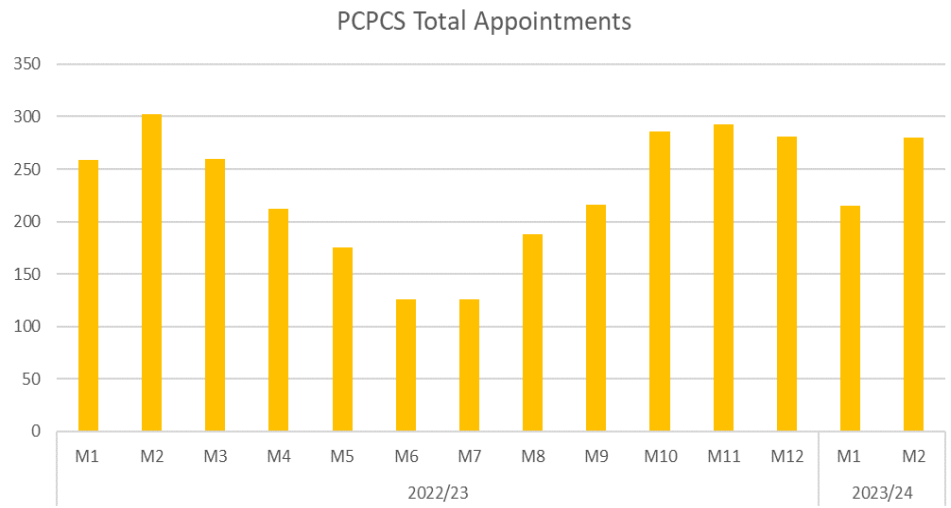
C&I Appointments – NCL Community



- 4% fewer appointments were booked in the first 2 months of 23/24 as compared to 22/23.
- We note that this report does not include NPA which some teams use extensively. This means that it does not accurately reflect all our clinical activity. There have been 127 contacts of this type so far in 22/23
- We would welcome a conversation on how NPA is reported internally and how it can be reflected in this report to give a complete picture of clinical activity. .
- As reported in May, we will review this further in June and develop targeted actions plans where needed then.

Data taken from internal monitoring & power BI dashboard

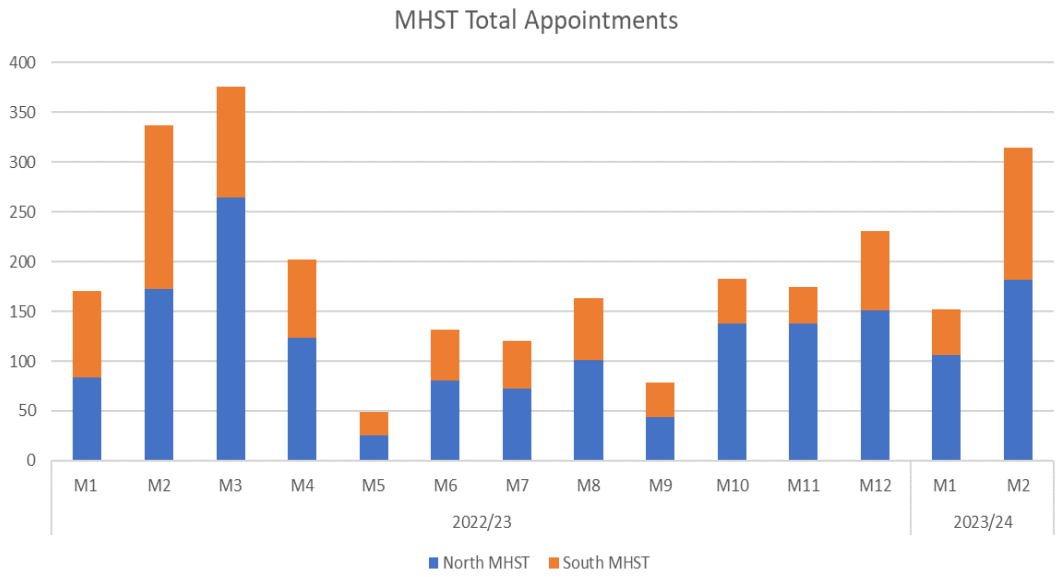
Appointments – PCPCS



- 10% reduction in cumulative appointments in 23/24 compared to 22/23.
- All team job plans have been reviewed and they will now be ensuring they have sufficient diary appointments to meet their job plans.
- It is reported that existing slots are being fully utilised.

Data taken from internal monitoring & power BI dashboard

Appointments – MHST



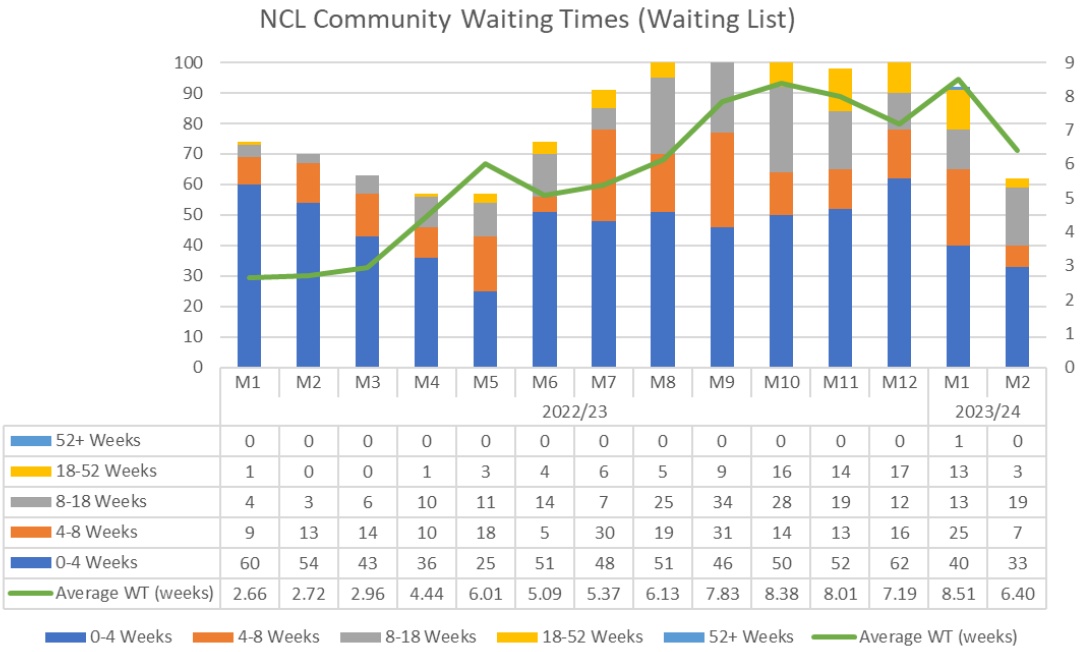
- 8% reduction in cumulative appointments in 23/24 compared to 22/23
- NPA is not reported here, and this is a proportion of the team's work (68 NPA activities in May), as per slide 24 a discussion of this would be appreciated.

Data taken from internal monitoring & power BI dashboard

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

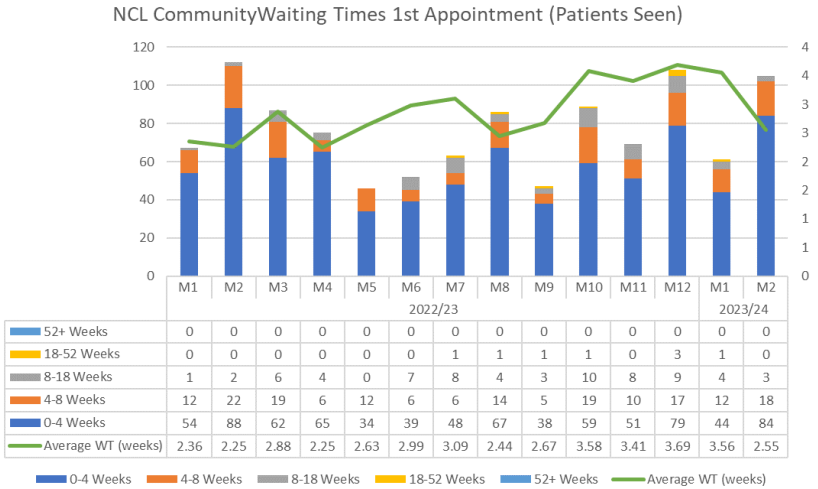
First Appointment Waits at end of each month – NCL Community

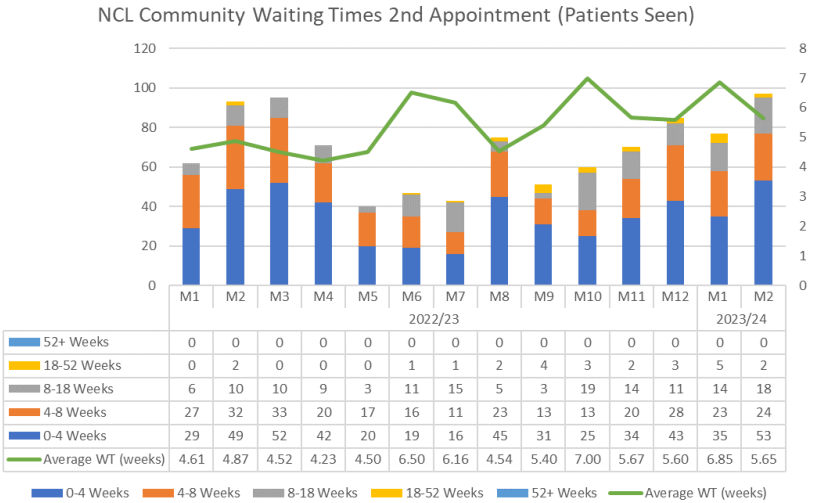


	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M1	M2
	2022/23												2023/24	
52+ Weeks	0	0	0	0	0	0	0	0	0	0	0	0	1	0
18-52 Weeks	1	0	0	1	3	4	6	5	9	16	14	17	13	3
8-18 Weeks	4	3	6	10	11	14	7	25	34	28	19	12	13	19
4-8 Weeks	9	13	14	10	18	5	30	19	31	14	13	16	25	7
0-4 Weeks	60	54	43	36	25	51	48	51	46	50	52	62	40	33
Average WT (weeks)	2.66	2.72	2.96	4.44	6.01	5.09	5.37	6.13	7.83	8.38	8.01	7.19	8.51	6.40

- There was a significant reduction in the number of patients waiting, and how long they have waited, at the end of May.
- This could be the early stages of an impact of the intake re-design and we hope to see this sustained and further reduced in the coming months.

First and Second Appointment Waits for Patients Seen – NCL Community





- In May we have seen a significant increase in the number of patients seen for the first time and the number seen within 4 weeks. Our waiting time has also dropped to under 3 weeks for the first time since the Carenotes outage. We hope this is an impact of the intake redesign and the implementation of PTL and that we will continue to see improvements.
- More patients were seen for a second appointment in month, again we believe this is linked to PTL. We were not monitoring second appointments in all teams in May but will be from July and again, hope to see further improvement.

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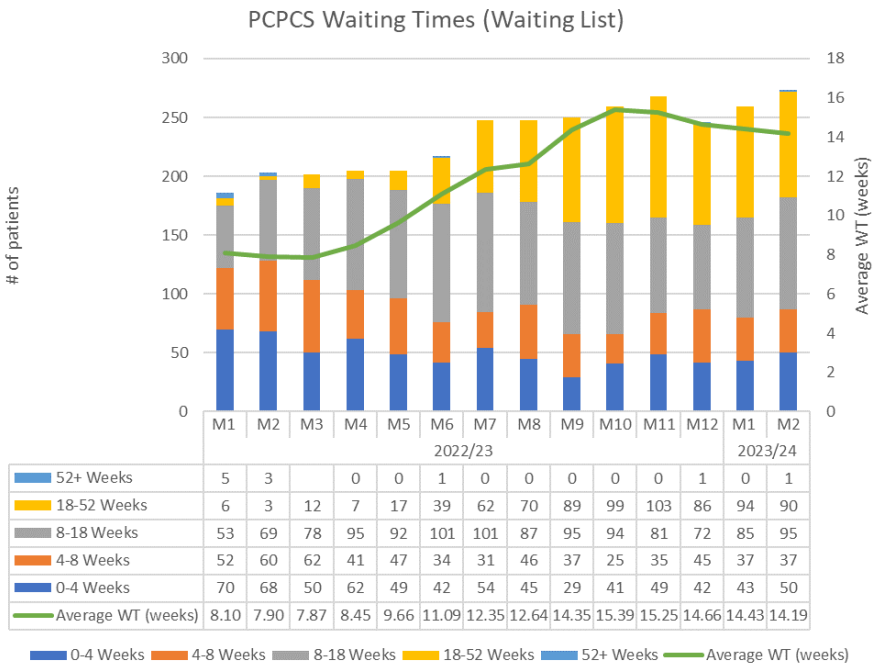
First Appointment Waits at end of each month – PCPCS



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M1	M2
	2022/23												2023/24	
52+ Weeks	5	3		0	0	1	0	0	0	0	0	1	0	1
18-52 Weeks	6	3	12	7	17	39	62	70	89	99	103	86	94	90
8-18 Weeks	53	69	78	95	92	101	101	87	95	94	81	72	85	95
4-8 Weeks	52	60	62	41	47	34	31	46	37	25	35	45	37	37
0-4 Weeks	70	68	50	62	49	42	54	45	29	41	49	42	43	50
Average WT (weeks)	8.10	7.90	7.87	8.45	9.66	11.09	12.35	12.64	14.35	15.39	15.25	14.66	14.43	14.19

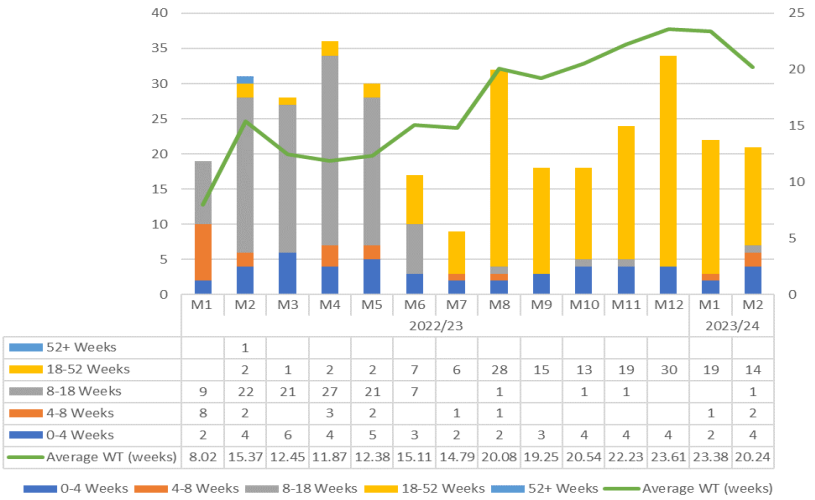
- We continue to see a small reduction in waiting times in the team.
- This month we identified some reporting issues in the PTL and the Ops Manager is working to address these.
- Staffing has been an issue with the team with consistent vacancies as well as long term sick and phased returns causing gaps in capacity.
- It is noted that the team have struggled post pandemic with clinical space and the service manager is leading on work to establish new spaces to see patients in.

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

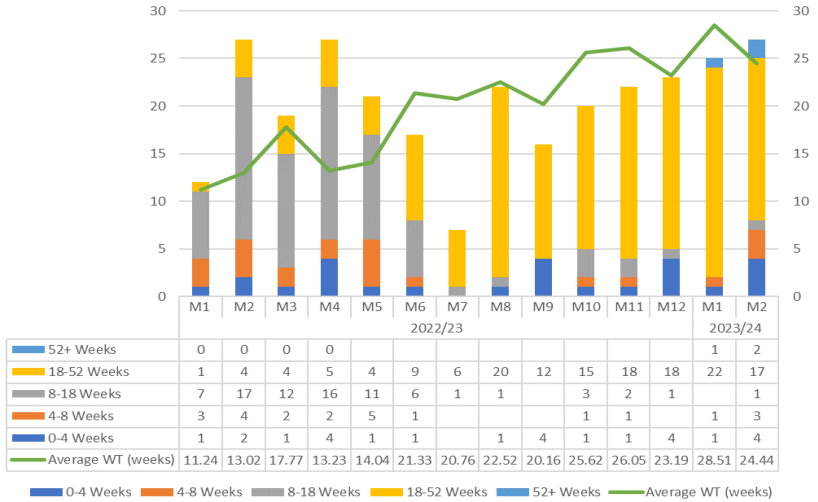
First and Second Appointment Waits for Patients Seen – PCPCS

PCPCS Waiting Times 1st Appointment (Patients Seen)



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M1	M2
	2022/23												2023/24	
52+ Weeks		1												
18-52 Weeks		2	1	2	2	7	6	28	15	13	19	30	19	14
8-18 Weeks	9	22	21	27	21	7		1		1	1			1
4-8 Weeks	8	2		3	2		1	1					1	2
0-4 Weeks	2	4	6	4	5	3	2	2	3	4	4	4	2	4
Average WT (weeks)	8.02	15.37	12.45	11.87	12.38	15.11	14.79	20.08	19.25	20.54	22.23	23.61	23.38	20.24

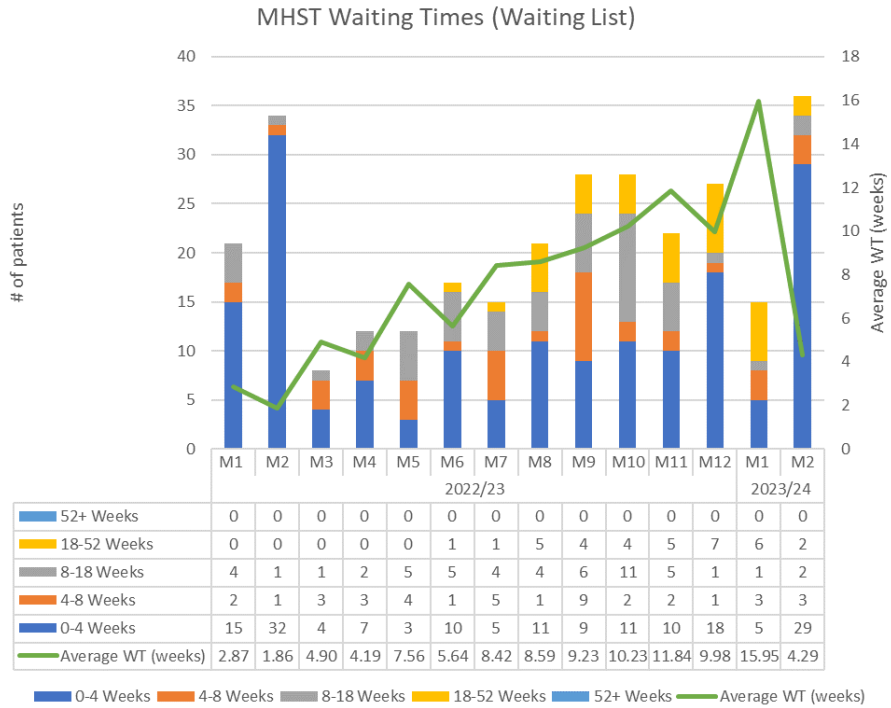
PCPCS Waiting Times 2nd Appointment (Patients Seen)



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M1	M2
	2022/23												2023/24	
52+ Weeks	0	0	0	0									1	2
18-52 Weeks	1	4	4	5	4	9	6	20	12	15	18	18	22	17
8-18 Weeks	7	17	12	16	11	6	1	1		3	2	1		1
4-8 Weeks	3	4	2	2	5	1				1	1		1	3
0-4 Weeks	1	2	1	4	1	1		1	4	1	1	4	1	4
Average WT (weeks)	11.24	13.02	17.77	13.23	14.04	21.33	20.76	22.52	20.16	25.62	26.05	23.19	28.51	24.44

- We have seen a slight reduction in waiting times this month and will keep under review to ensure that this is sustained.

First Appointment Waits at end of each month – MHST

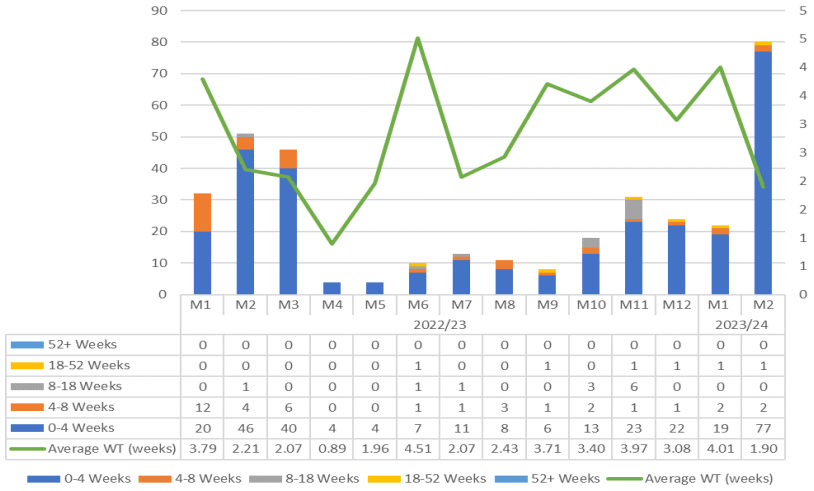


	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M1	M2
	2022/23												2023/24	
52+ Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-52 Weeks	0	0	0	0	0	1	1	5	4	4	5	7	6	2
8-18 Weeks	4	1	1	2	5	5	4	4	6	11	5	1	1	2
4-8 Weeks	2	1	3	3	4	1	5	1	9	2	2	1	3	3
0-4 Weeks	15	32	4	7	3	10	5	11	9	11	10	18	5	29
Average WT (weeks)	2.87	1.86	4.90	4.19	7.56	5.64	8.42	8.59	9.23	10.23	11.84	9.98	15.95	4.29

- There were a significant number of cases referred in May and this has impacted the average waiting time and brought it down dramatically.
- Data errors have also been corrected leading to a reduction in the number of cases waiting over 18 weeks.
- Action plan in place for MHST

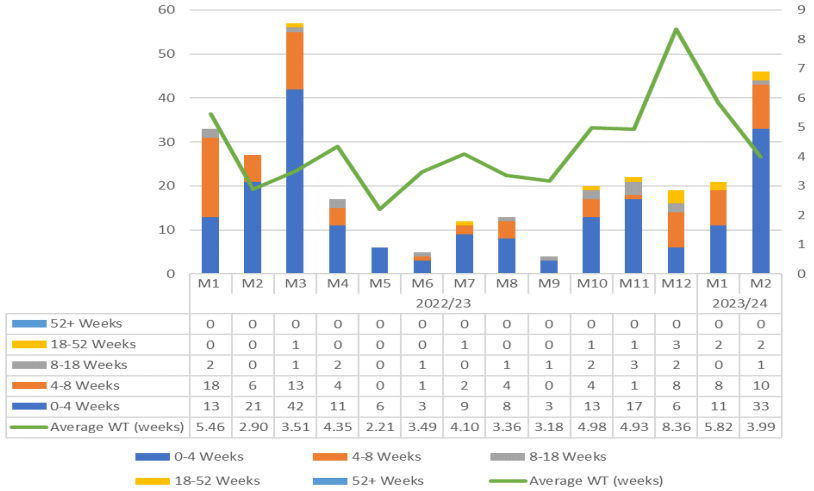
First and Second Appointment Waits for Patients Seen – MHST

MHST Waiting Times 1st Appointment (Patients Seen)



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M1	M2
	2022/23												2023/24	
52+ Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-52 Weeks	0	0	0	0	0	1	0	0	1	0	1	1	1	1
8-18 Weeks	0	1	0	0	0	1	1	0	0	3	6	0	0	0
4-8 Weeks	12	4	6	0	0	1	1	3	1	2	1	1	2	2
0-4 Weeks	20	46	40	4	4	7	11	8	6	13	23	22	19	77
Average WT (weeks)	3.79	2.21	2.07	0.89	1.96	4.51	2.07	2.43	3.71	3.40	3.97	3.08	4.01	1.90

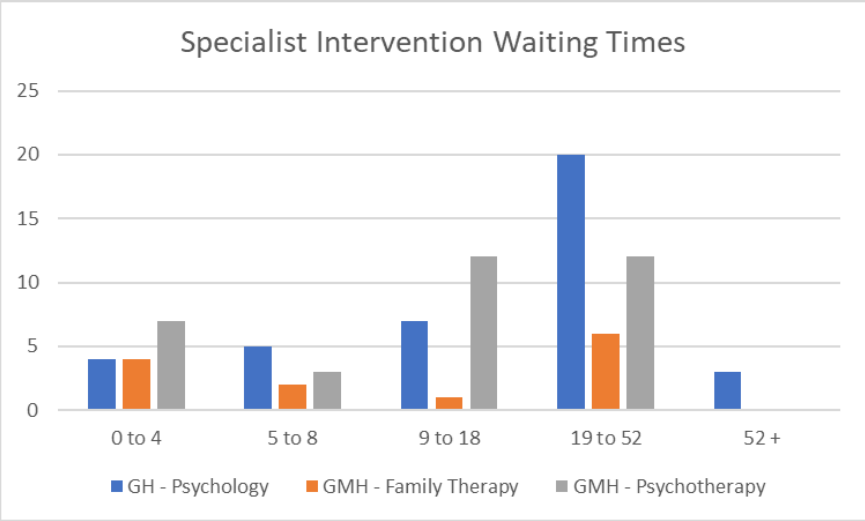
MHST Waiting Times 2nd Appointment (Patients Seen)



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M1	M2
	2022/23												2023/24	
52+ Weeks	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-52 Weeks	0	0	1	0	0	0	1	0	0	1	1	3	2	2
8-18 Weeks	2	0	1	2	0	1	0	1	1	2	3	2	0	1
4-8 Weeks	18	6	13	4	0	1	2	4	0	4	1	8	8	10
0-4 Weeks	13	21	42	11	6	3	9	8	3	13	17	6	11	33
Average WT (weeks)	5.46	2.90	3.51	4.35	2.21	3.49	4.10	3.36	3.18	4.98	4.93	8.36	5.82	3.99

- There has been significant reductions in waiting times in MHST over April and May. This is attributed to the introduction of the PTL, staff receiving more information on how to accurately record activity and data errors where patients were incorrectly allocated to the team being corrected.

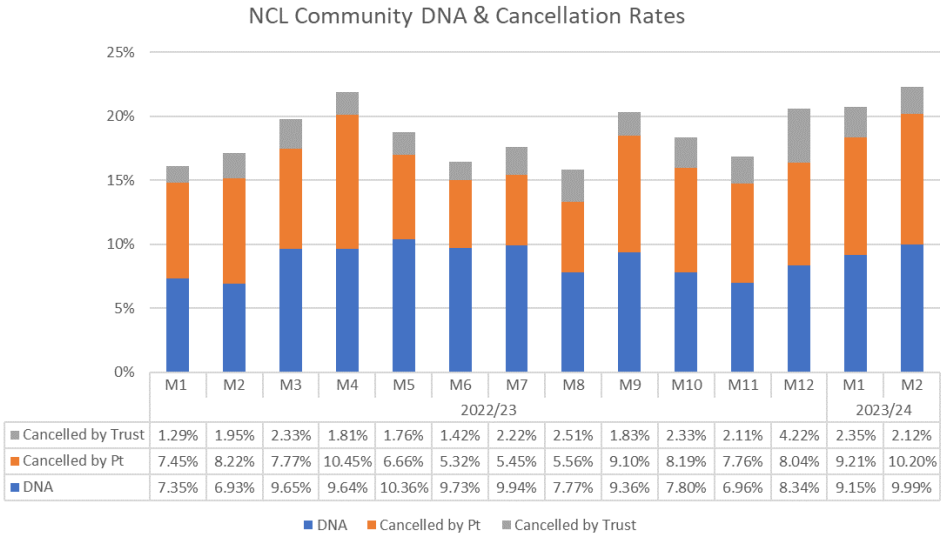
Intervention Waits



- We cannot provide a year of data due to the way in which we currently record this. We are in the process of moving treatment waiting lists to Carenotes and will be able to provide data in that way then.
- There has been little change in the number of patients waiting since May although 4 waiting over a year have been removed from the list.
- PCPCS are moving to managing their waiting lists on Carenotes, current Carenotes data is not accurate as patients do not promptly enter the waiting list.

DNAs and Cancellations – NCL Community

- DNA rate in NCL community remain below 10%. As agreed last month we will not be taking targeted action on DNA's or cancellations in this financial year.



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M1	M2
	2022/23												2023/24	
Cancelled by Trust	1.29%	1.95%	2.33%	1.81%	1.76%	1.42%	2.22%	2.51%	1.83%	2.33%	2.11%	4.22%	2.35%	2.12%
Cancelled by Pt	7.45%	8.22%	7.77%	10.45%	6.66%	5.32%	5.45%	5.56%	9.10%	8.19%	7.76%	8.04%	9.21%	10.20%
DNA	7.35%	6.93%	9.65%	9.64%	10.36%	9.73%	9.94%	7.77%	9.36%	7.80%	6.96%	8.34%	9.15%	9.99%

Data taken from internal monitoring & power BI dashboard

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

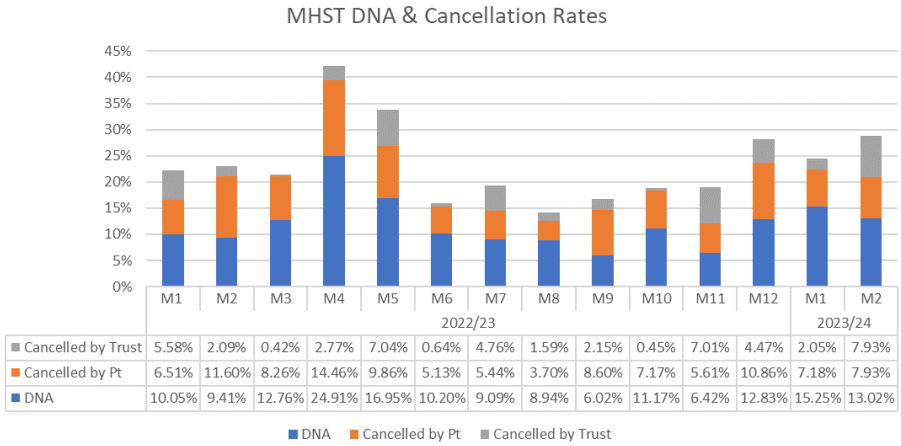
DNAs and Cancellations – MHST

DNA's

- The DNA rate in MHST remains high
- As previously raised an action plan has been developed for the team.

Cancellations

- As above



	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M1	M2
	2022/23												2023/24	
Cancelled by Trust	5.58%	2.09%	0.42%	2.77%	7.04%	0.64%	4.76%	1.59%	2.15%	0.45%	7.01%	4.47%	2.05%	7.93%
Cancelled by Pt	6.51%	11.60%	8.26%	14.46%	9.86%	5.13%	5.44%	3.70%	8.60%	7.17%	5.61%	10.86%	7.18%	7.93%
DNA	10.05%	9.41%	12.76%	24.91%	16.95%	10.20%	9.09%	8.94%	6.02%	11.17%	6.42%	12.83%	15.25%	13.02%

Data taken from internal monitoring & power BI dashboard

Numbers based on the percentage of booked appointments. Number of appointments booked do not reflect clinicians' resource in the service, which we know is decreasing.

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Innovation in mind

NHS
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NHS Foundation Trust

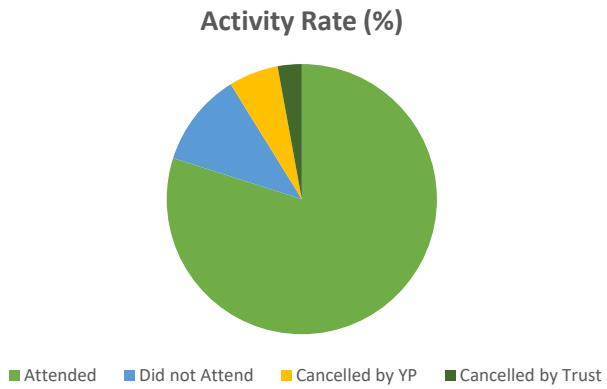
GIDS Appointments, DNAs and Cancellations

MAY		
GIDS	Activity	Rate (%)
Attended	444	81%
Did not Attend	57	11%
Cancelled by YP	33	6%
Cancelled by Trust	16	3%

Data as of 06/06/23

Data taken from internal monitoring & power BI dashboard

Numbers based on the percentage of booked appointments. Number of appointments booked do not reflect clinicians resource in the service, which we know is decreasing.



Appointments

- Attended appointments decreased slightly from 81% in April 2023 to 81% in May 2023. Total attended appointments in May 2023 were 444 compared to 448 in April 2023.

DNAs

- There were 57 DNAs (11%) in May 2023 compared to 49 DNAs (9%) in April 2023. This increase of 2.5% is above the NHS 10% rate target, first time this quarter.

Cancellations

- Appointments Cancelled by YP in May 2023 increased by 2.4% compared to April 2023. Rate of cancellation still remains low for the year.
- The number of Appointments Cancelled by Trust climbed slightly by 0.92% in May 2023. One clinician was off sick for 9 days. There is no reschedule option available on CN.

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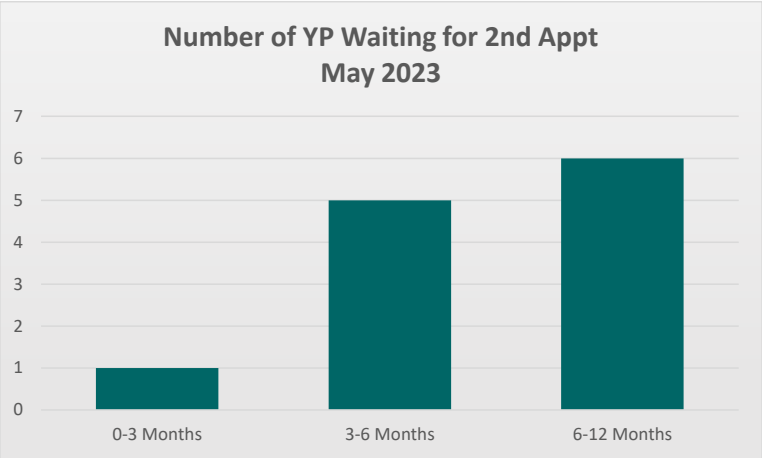
First and Second Appointment Waits for Patients Seen

First Appointment Waits

There are no 1st Appointments waits

Second Appointment Waits



Waiting Time	No. of YP
0-3 Months	1
3-6 Months	5
6-12 Months	6

Data taken from power BI dashboard as at 07/06/2023

- In May 2023 there were 12 YP waiting for 2nd appointments compared to 15 YP in April 2023.
- These 12 cases were escalated to Regional Leads.
  - 3 were allocated appointments
  - 7 do not require a 2nd appt and are in the process of adult transfers to GICs
  - 1 was discharged
  - 1 was a complex case needing extra Clinical input

Innovation in mind

GIDS 17+ Waiting List Transfer Update

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NHS Foundation Trust

GIDS Transfer of the Care - 17+	Total number of referrals	Start Date	Due Date	Number completed	Lead	Comments	% Progress to completion	RAG Status
Total no of cases	**1075**							
Wales	122	Mar-23	Apr-23	122	Nene	Complete	100%	COMPLETE
London GIC	364	Apr-23	May-23	364	Nene	Complete	100%	COMPLETE
Leeds GIC	87	May-23	Jul-23	-	Jenn	Letters to YP regarding transfer - in progress	25%	AMBER
C-Magic GIC	79	May-23	Jul-23	-	Jenn	To commence as soon as possible	Not Started	RED
Northampton GIC	89	May-23	Jul-23	-	Nene	Letters sent to YP regarding transfer	50%	AMBER
Sheffield GIC *	44	May-23	Jul-23	-	Nene	Letters sent to YP regarding transfer	50%	AMBER
Newcastle GIC *	66	May-23	Jul-23	-	Nene	Letters sent to YP regarding transfer	50%	AMBER
Nottingham GIC	64	May-23	Jul-23	-	Nene	Letters sent to YP regarding transfer	50%	AMBER
Indigo GIC	78	May-23	Jul-23	-	Nene	Letters sent to YP regarding transfer	50%	AMBER
Exeter GIC	49	May-23	Jul-23	-	Nene	Letters sent to YP regarding transfer	50%	AMBER
Ireland/N Ireland GIC	31	Jul-23	Sep-23	-	Nene	Outstanding	Not Started	RED
Guernsey	1	Jul-23	Sep-23	-	Nene	Outstanding	Not Started	RED
Isle of Man	1	Jul-23	Sep-23	-	Nene	Outstanding	Not Started	RED

Wales and **London** transfers to adult GICs have been completed.

589/1075 cases awaiting transfers.

Percentage progress relates to letters sent to YP communicating options for transfer.

Sheffield and **Newcastle** previously rejected GIDS referrals.

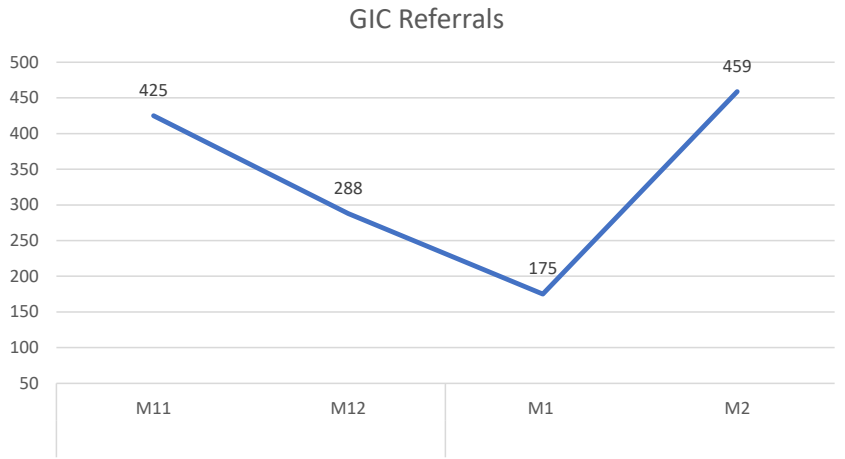
Ireland/N Ireland, Guernsey and **Isle of Man** are yet to begin.

GIDS is contacting the Commissioners regarding **Ireland/N Ireland** as these adult GICs do not accept English referrals.

Isle of Man and **Guernsey** do not have a GIC. GIDS suggest to send back to referrer.

GIC Referrals

The number of referrals on Care Notes have increased over the last month. From the 1st April Admin advised all referrers to re-submit referrals through via ERS which as a result, amplified the figure for May.



	GIC	Referrals **Received**
22/23	**Feb**	425
	March	288
	April	175
	May	459

Data taken from internal monitoring dashboard

GIC Appointments

The Tavistock and Portman NHS Foundation Trust

Attended Appointments

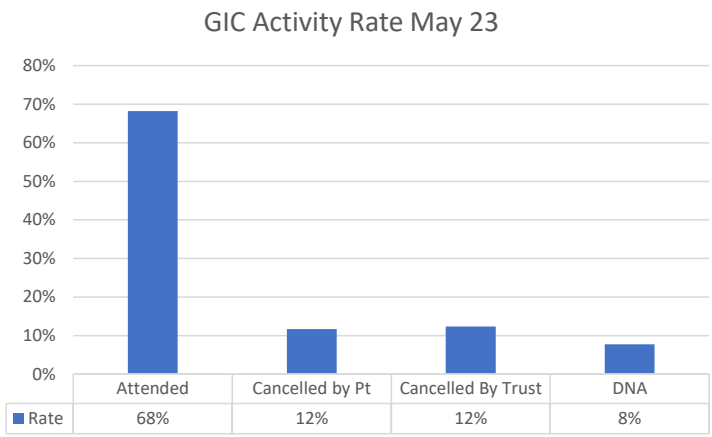
We have an attendance rate for 68% for the month of May a drop from 74% reported in April. One of the reasons being due to sickness in the team and Cancellation by Trust has increased by 5% over this period.

DNA's

The services DNA rate is reported at 8% which is below the national target of 10%. GIC will continue to actively monitor DNA's and apply the principles in the service DNA policy. Where clinically appropriate clinicians are contacting patients over the phone when a patient has not attended their appointment. This is having a positive impact on our attendance rate and minimising DNAs.

Cancellations

The service will continue to engage with patients by confirming they will still be attending their appointments. We continue to work with the informatics team to establish a clear patient reschedule function on Carenotes.



GIC	Rate	No. of Patients
Attended	**68%**	**712**
Cancelled by Pt	**12%**	**122**
Cancelled By Trust	**12%**	**129**
DNA	**8%**	**81**
Total	**100%**	**1044**

Data taken from internal monitoring & power BI dashboard

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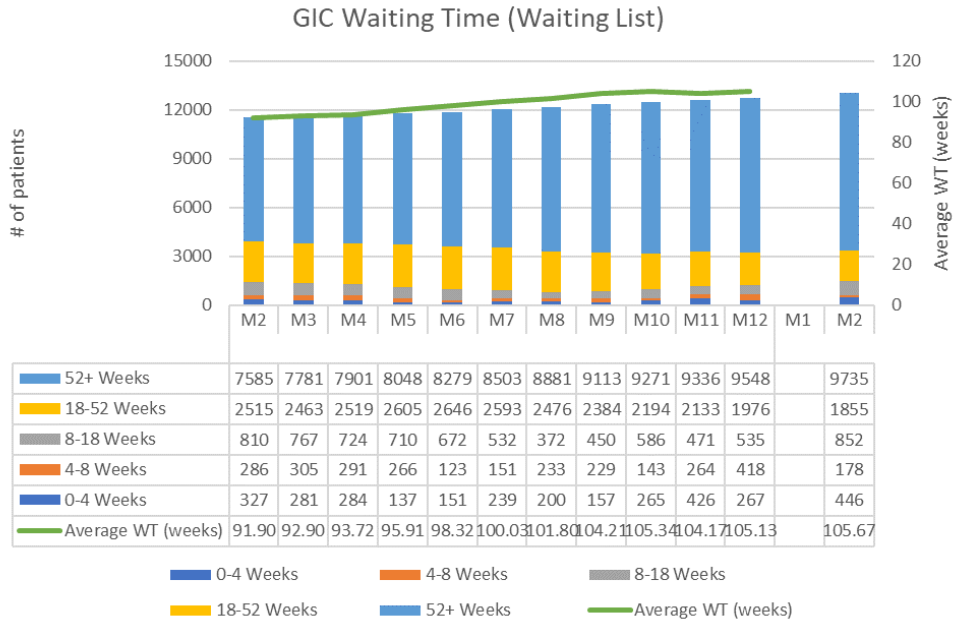
GIC First Appointment Waits at end of each month

We are recruiting more medical staff including clinical nursing specialist to the establishment (by converting admin posts to clinical) which we anticipate will increase our productivity and ability to see more patients.

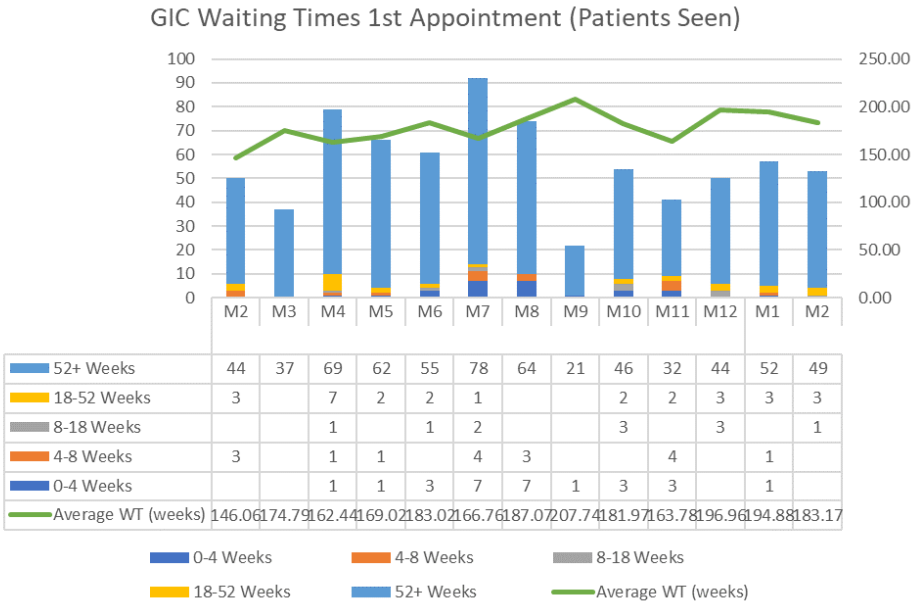
The service aims to meet the NHS RTT target subsequently reviewing demand vs capacity once all clinical vacancies have been filled and CX digital platform implemented .

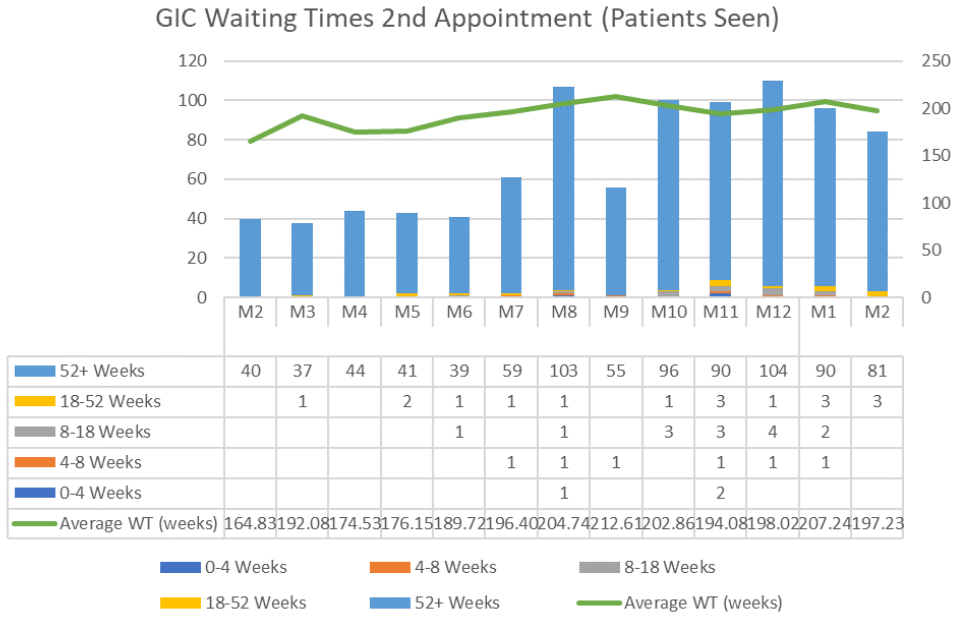


	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M1	M2
52+ Weeks	7585	7781	7901	8048	8279	8503	8881	9113	9271	9336	9548		9735
18-52 Weeks	2515	2463	2519	2605	2646	2593	2476	2384	2194	2133	1976		1855
8-18 Weeks	810	767	724	710	672	532	372	450	586	471	535		852
4-8 Weeks	286	305	291	266	123	151	233	229	143	264	418		178
0-4 Weeks	327	281	284	137	151	239	200	157	265	426	267		446
Average WT (weeks)	91.90	92.90	93.72	95.91	98.32	100.03	101.80	104.21	105.34	104.17	105.13		105.67

GIC First and Second Appointment Waits for Patients Seen

The Tavistock and Portman NHS Foundation Trust

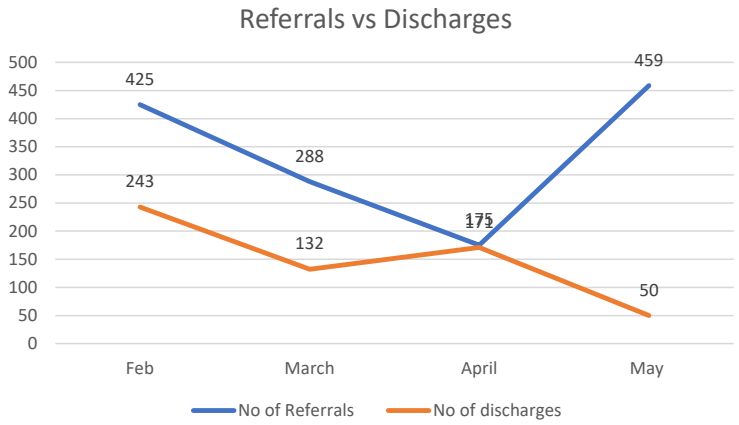


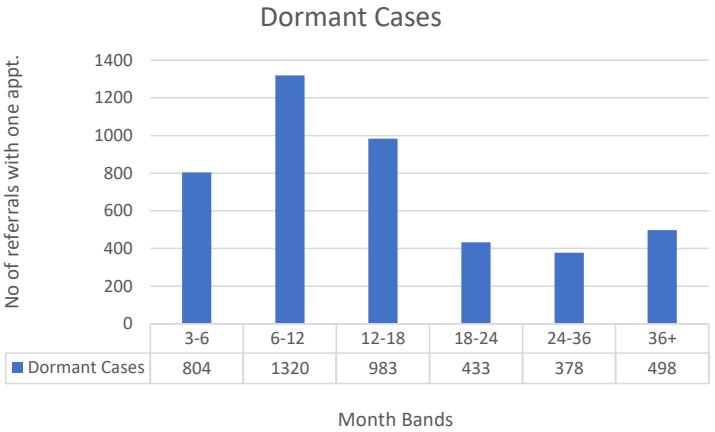


- GIC is reviewing the clinical pathway to ensure consistency in the delivery approach aligned to revealing number of sessions for each intervention.
- Task and Finish Group took place in May to develop new Amber and Red Core Pathways
- PTL meetings will enable waiting list management

84

GIC Discharges and Dormant cases





- As of the 9th June 2023 there are 4416 Dormant Cases. The Clinical Director will develop a Recovery Plan to review the patients.
- 50 patients have been discharged in May

Data taken from internal monitoring & power BI dashboard

Numbers based on the percentage of booked appointments. Number of appointments booked do not reflect clinicians' resource in the service, which we know is decreasing.

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

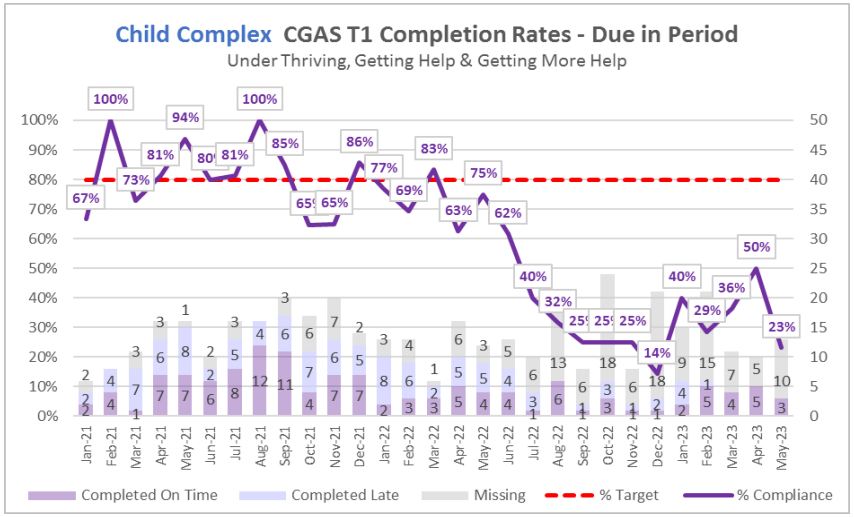
7. Complex Mental Health
Quality and Patient Safety

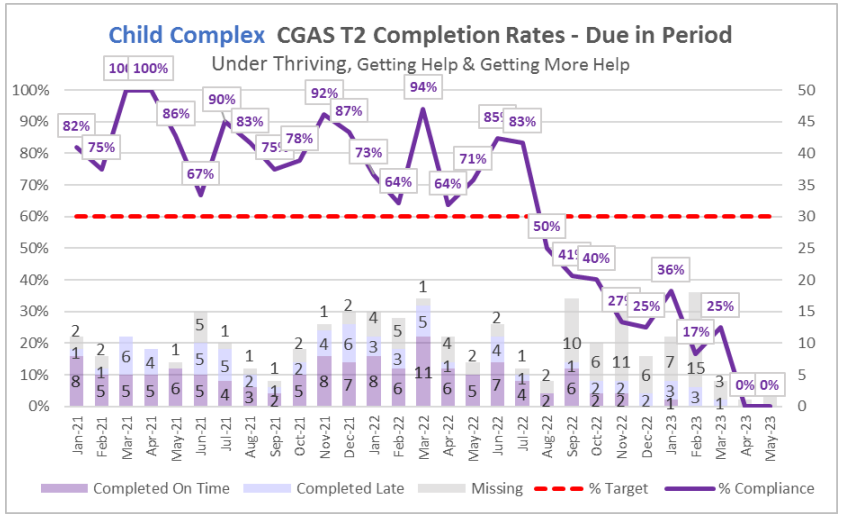
- Clinical Outcome Measures
- Clinical Notes and Care Plan Compliance
- Audits
- Incidents
- Compliments
- Complaints
- PPI

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

Outcomes – CGAS



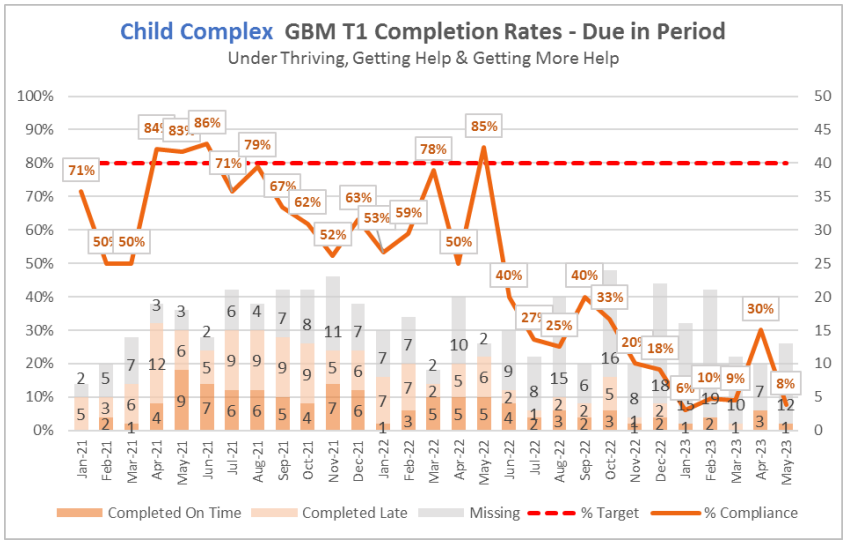


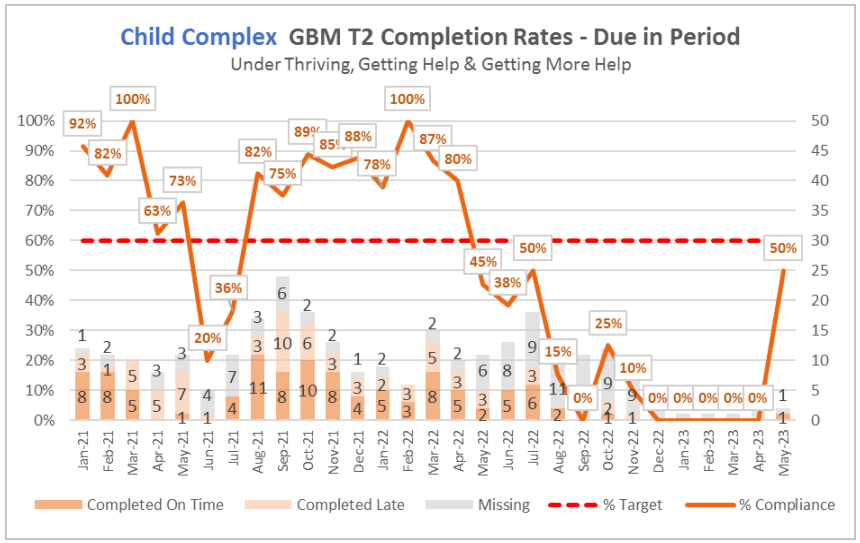
- Completion rates continue to be much lower than pre-Carenotes outage and work is required to re-engage the clinical teams
- Requested performance to be shown as match pairs and for improvement % to be included in future months

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

Outcomes – GBM





- Completion rates continue to be much lower than pre-Carenotes outage and work is required to re-engage the clinical teams
- Requested performance to be shown as match pairs and for improvement % to be included in future months

88

Innovation in mind

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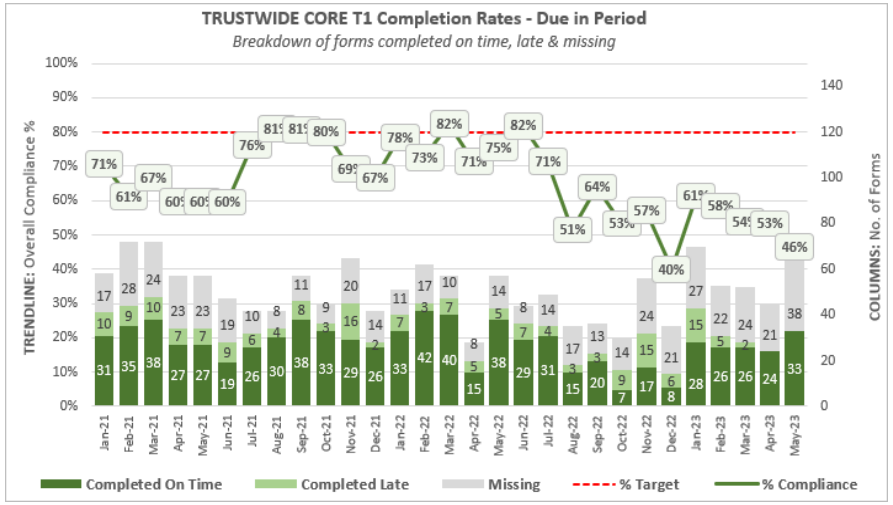
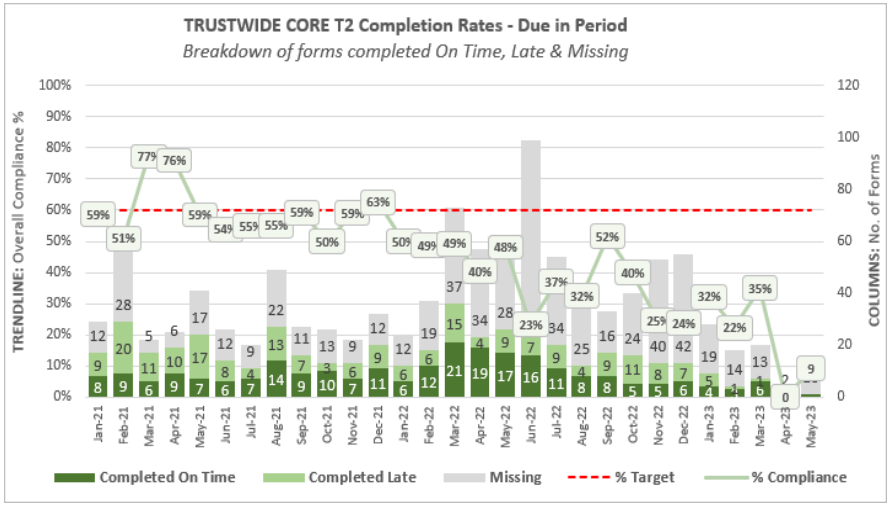
Outcomes – CORE





- Service specific data and data on performance not available this month but has been requested to be be provided monthly going forward
- Qualtrics being restarted for Adult Complex & being implemented at The Portman
- Reception have started distributing forms at The Portman and AYAS but not consistently – a new SOP has been drafted to support this new process. Adult Complex will start when the new waiting room opens in August

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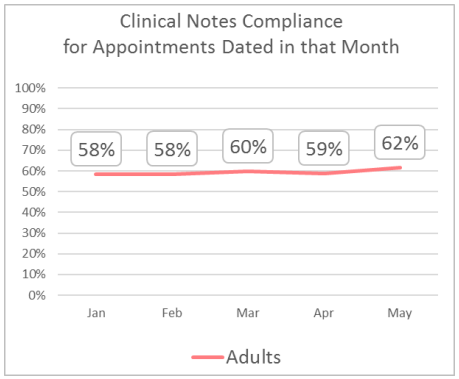
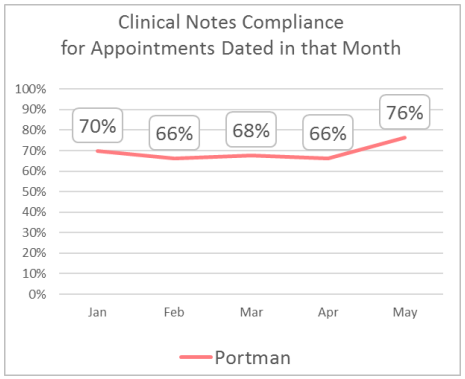
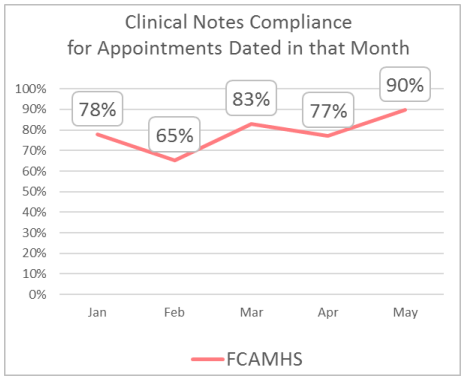
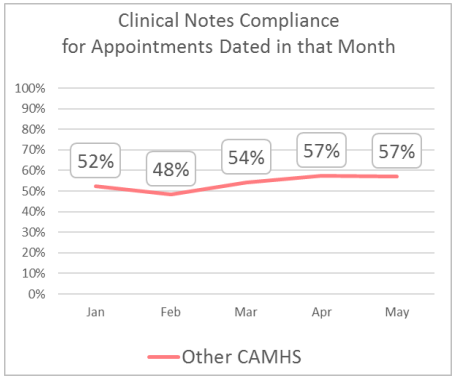
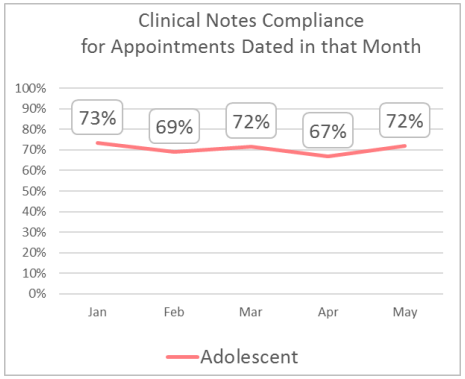
Clinical Notes











- Clinical note completion was considerably better in May than in any previous months
- Performance still varies by team & requires ongoing review to understand how to support staff to improve capture
- The Portman team focused on note completion in May, which resulted in a 10% improvement and are now sending regular reminders for missing notes
- CMH governance meeting considering suggestion for admin to add clinical notes for cancellations

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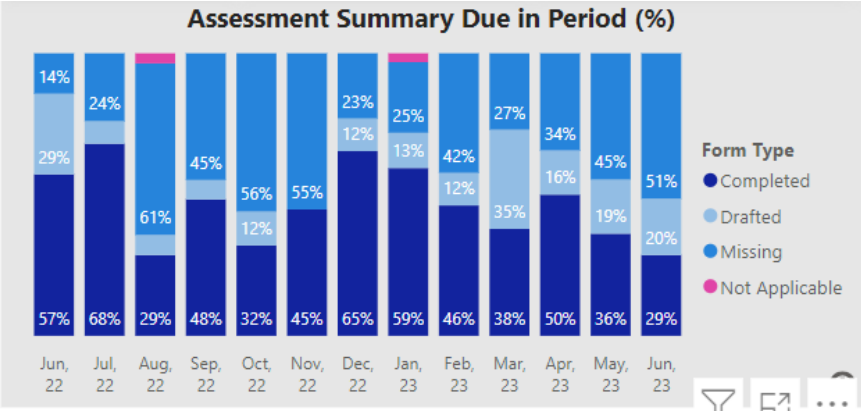
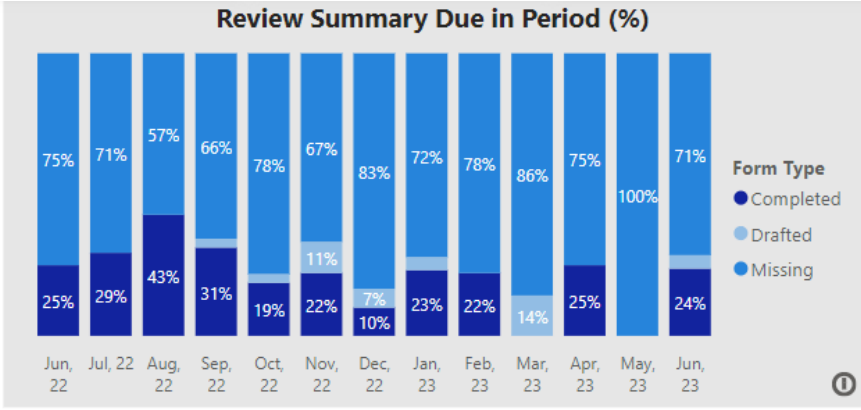
Assessment & Review Summaries – Child Complex





- The above graphs show completion by month due which makes it hard to measure improvements made to forms due in previous months. We have requested data be shown by end of month performance for open cases to solve this issue
- Monthly reminders have started again and this will be one of the KPIs reviewed in the new team performance meeting structure for Child Complex

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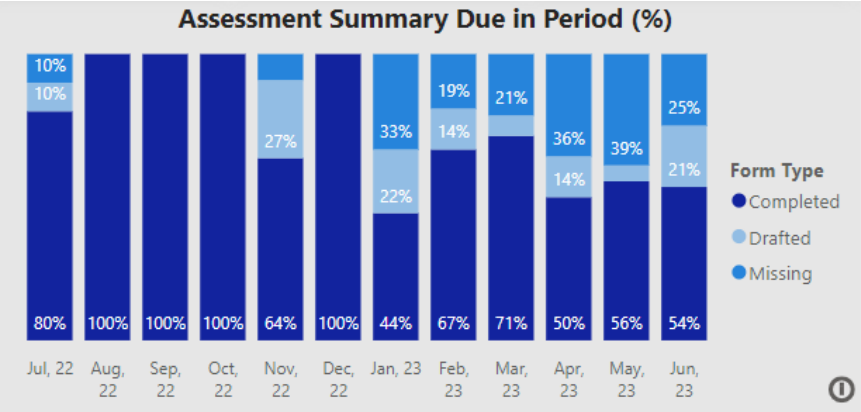
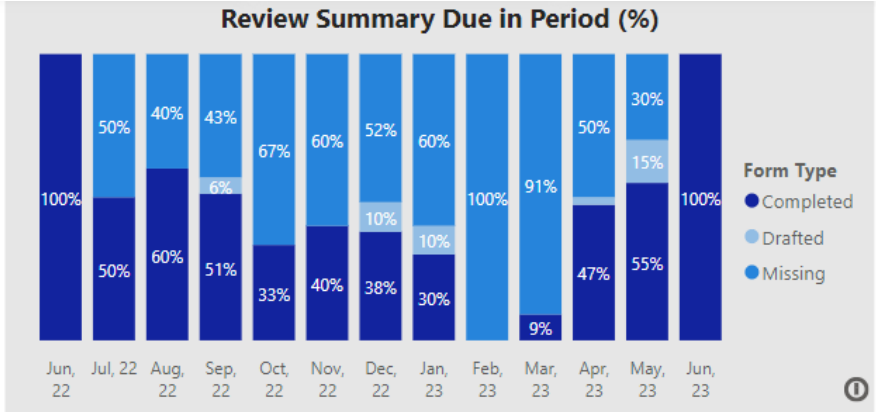
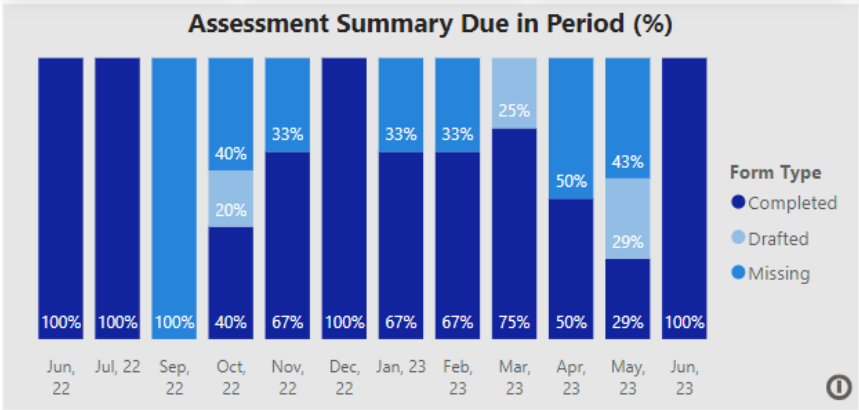
Assessment & Review Summaries – Adult Complex

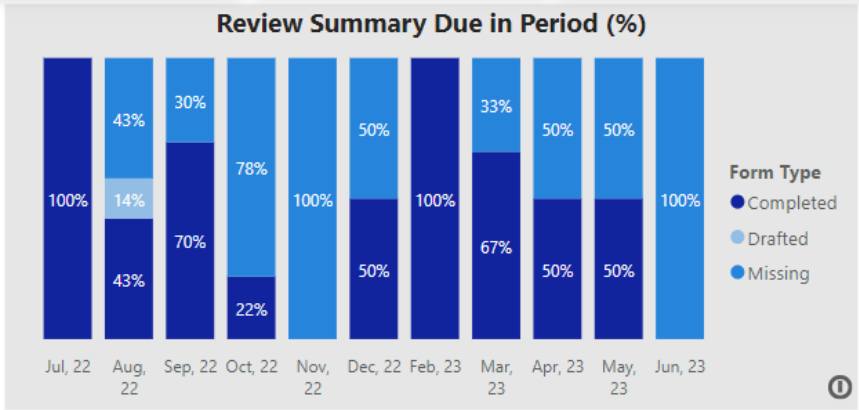




- The above graphs show completion by month due which makes it hard to measure improvements made to forms due in previous months. We have requested data be shown by end of month performance for open cases to solve this issue

Assessment & Review Summaries – Portman





- The above graphs show completion by month due which makes it hard to measure improvements made to forms due in previous months. We have requested data be shown by end of month performance for open cases to solve this issue

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

Quality Focus for Next Month

- Duty QI project – audit of use, calls, interventions and risks - To help understand demand & supply issues and re-evaluate the functions and need for a duty system.
- Undertake an audit of incidents in Adult Complex and share learning
- CQUIN – project plan to introduce CORE 10, Dialogue, Homelessness, Maternity MH. Posssible AP project
- Introduce Quality KPI reviews at team level

Innovation in mind

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NHS Foundation Trust

Feedback Focus for Month Year

Triangulation of data from Complaints, SARS, training and incidents PALS and patient feedback to address service delivery gaps:

Main themes of Complaints:

Patients seeking to challenge clinical opinion about our assessment of the most suitable clinical pathway available e.g. seeking individual over group treatment.

Main themes of Patient Feedback and Engagement:

Spy holes, friendliness of reception staff, locks on doors inside,

Innovation in mind

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Incidents

- Missed referral – 4 month delay in ASC & LD
- Staff back injury after moving chairs in therapy room
- Appointments not being on Carenotes
- Lack of soundproofing in AYAS waiting room

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

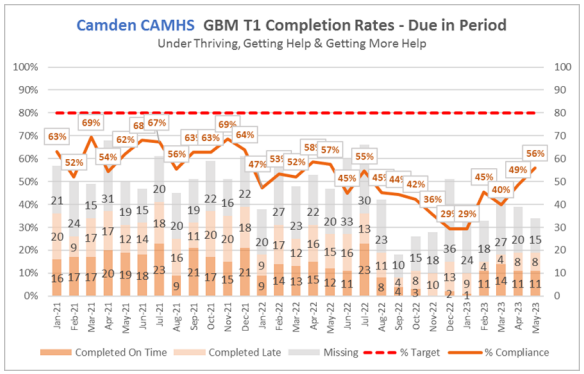
8. Community and Integrated Quality and Patient Safety

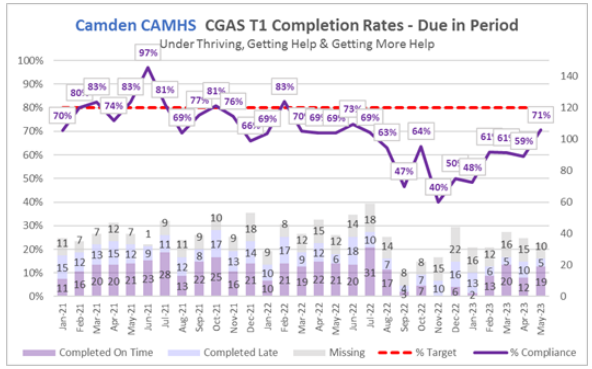
- Clinical Outcome Measures
- Clinical Notes and Care Plan Compliance
- Audits
- Incidents
- Compliments
- Complaints
- PPI

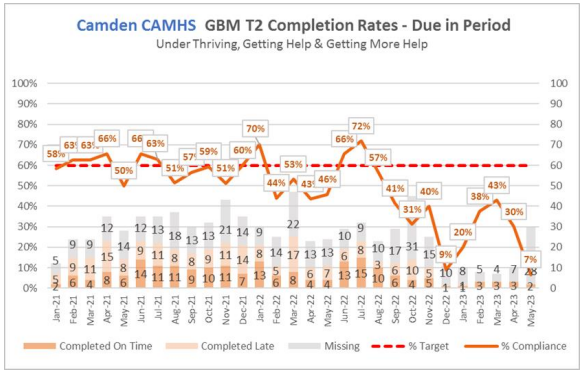
Innovation in mind

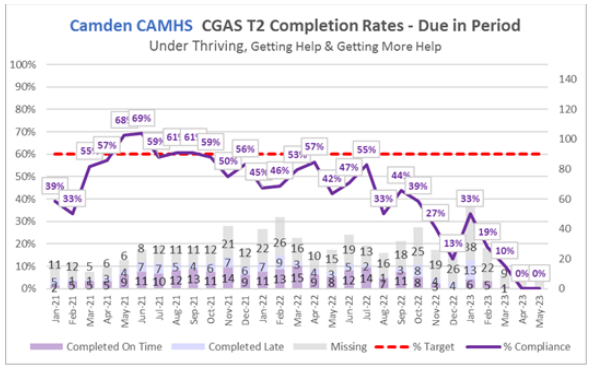
The Tavistock and Portman NHS Foundation Trust

Outcomes – NCL Community and MHST



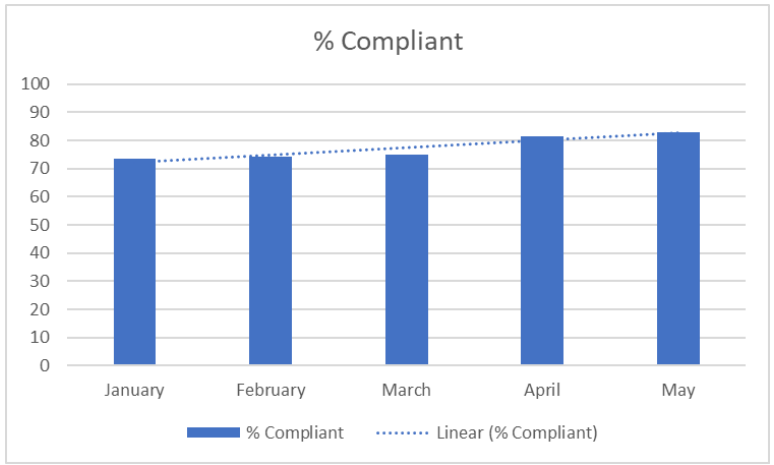


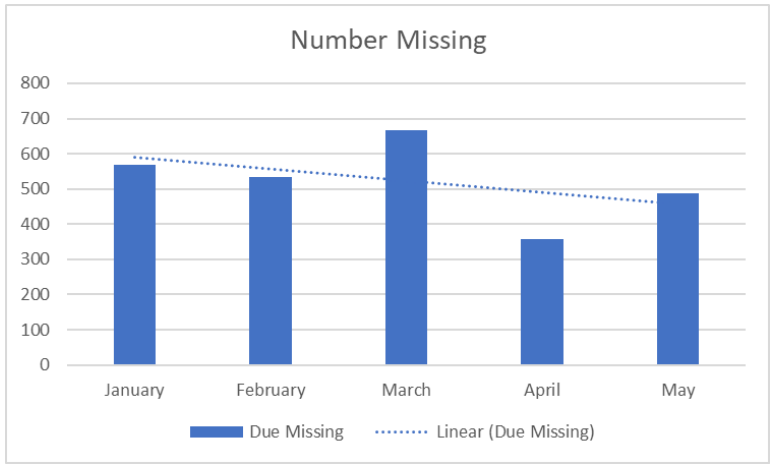




- We note that across NCL we have the highest rates of OM completion (NHS Futures) and this is not reflected here due to our internal targets not matching national CQUINS. We hope the HIA on OM will address this.
- We are mapping current OM use by team but would like to hold off on acting until future targets are all confirmed.
- We recognise that while time 1 has been steadily improving time 2 seems to have fallen dramatically and not picked up in recent months.
- CORE OM is not included in the internal monitoring report and this data for PCPCS has not been received from quality.

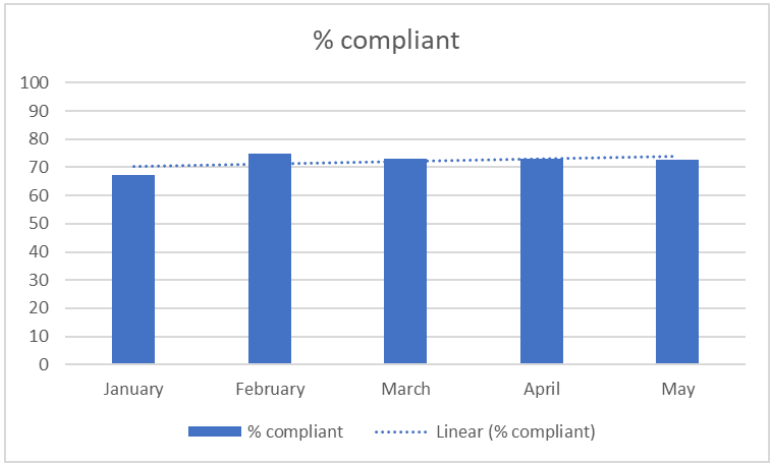
Clinical Notes – NCL Community and MHST

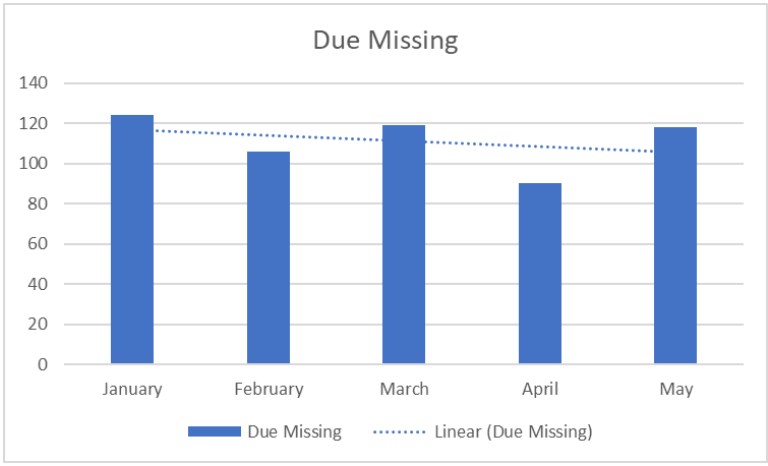




- We continue to see a slow but consistent improvement in overall compliance.
- We continue to send weekly reminders to teams on this.

Clinical Notes – PCPCS

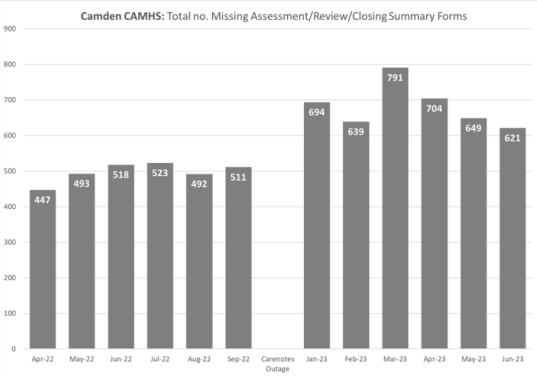


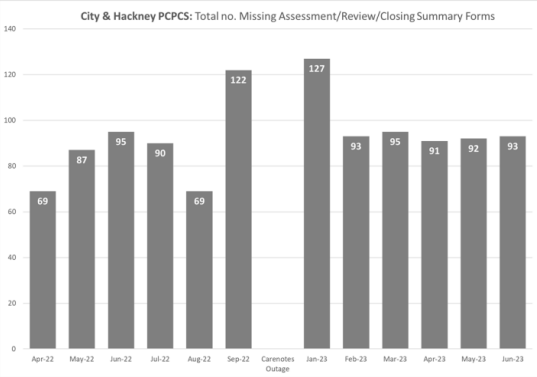


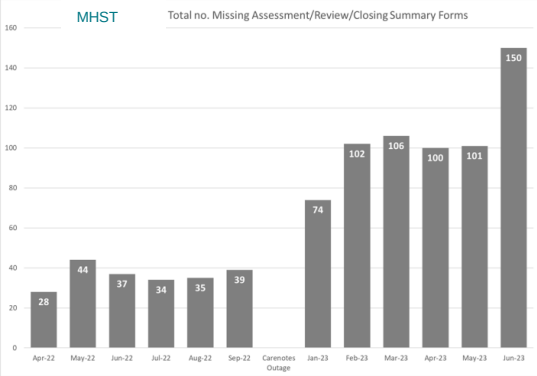
- PCPCS have made some improvement on older appointments however the rate remains relatively flat.
- We will ask the team to undertake a QI to address this

Assessment & Review Summaries

Missing Assessment and Review Summaries - Mini

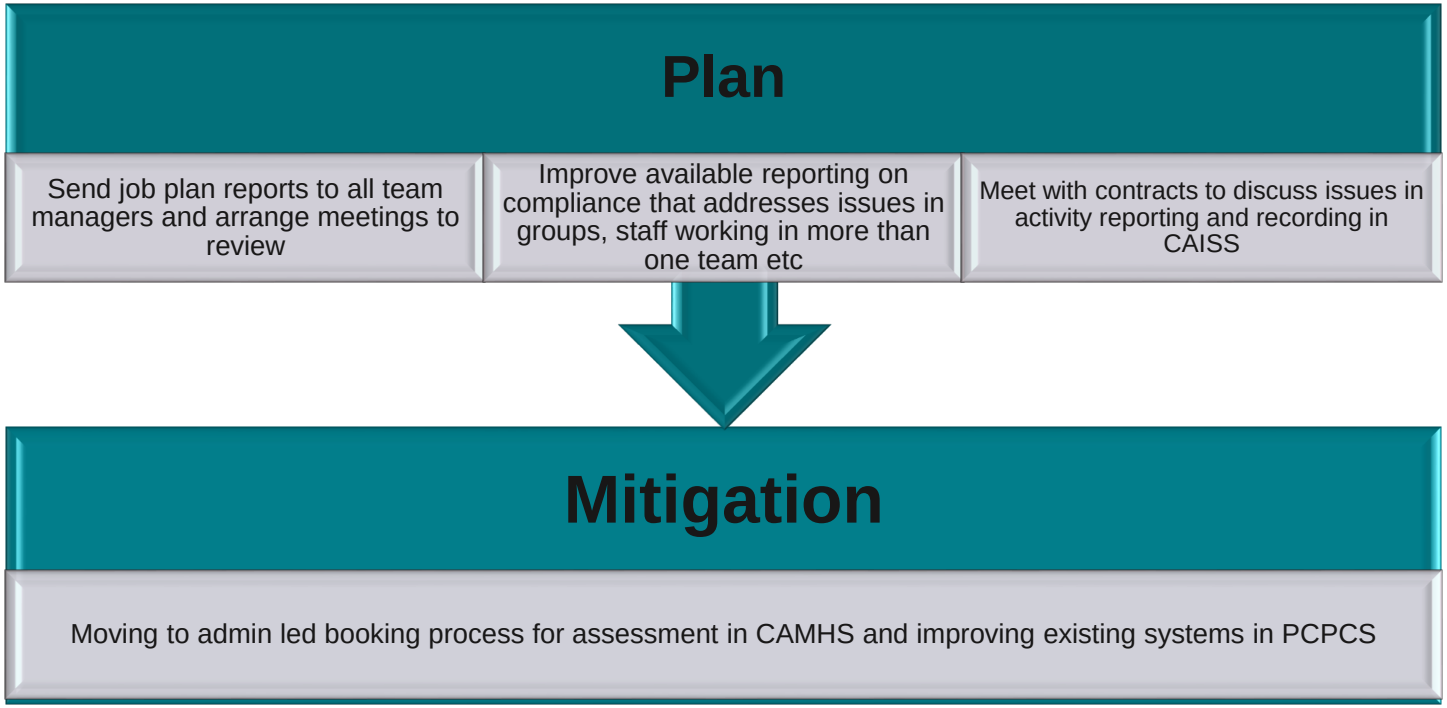






- Carenotes recovery is now largely complete and so this data is now accurate enough to be followed up.
- Addressing this is not part our service improvement plans and so while reminders will continue to be sent this will not be prioritised this financial year.

Focus for June 2023 – Continued from May, Entering all activity in Carenotes



Innovation in mind

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Incidents

- Issue with crisis line phone number – has been escalated
- Adult Safeguarding Incident – investigation being undertaken in another Trust
- Patient not seen in a timely way. Further inquiries prompted action plan involving 2 services lines

Innovation in mind

Complaints, Compliments & PALS

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COMPLIMENTS	COMPLAINTS	PALS*
"Just thought I'd drop a line to say a big thank you for your time working with LC and us here at SHP… The turnaround from where LC is now compared to where she was when she joined our respective services is incredible…We've always found your input very clear and helpful. As well, your support of our work with LC here has been very important for us and provided us with a reassurance and confidence to do our work in a way as close to effective as to which we were ever likely to achieve" – Feedback to LAC from a provider	No complaints received in May. 4 complaints remain open, we will look into if this is accurate or down to QP issues.	
Mum gave a glowing review of A, saying she really appreciates the way he works with Y and how engaging he has been; and thinks his work is really helping Y to make positive decisions. A has been a huge support recently, for the family (and me!) when it comes to attending the College meetings and advocating on Y behalf. - Feedback about a member of WFT, A		

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Innovation in mind

The Tavistock and Portman NHS Foundation Trust

9. GIDS Quality

- Clinical Outcome Measures
- Clinical Notes and Care Plan Compliance
- Audits
- Incidents
- Compliments
- Complaints
- PPI

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

Clinical Outcomes – GIDS CGAS Completion

CGAS report for Q4: 1st January – 31st March 2023

The CGAS is one of the reported outcome measures agreed by Commissioners.

GIDS CGAS KPI Data: 2022/23 Quarter 4 Update		
Total number of cases discharged		**182**
	First CGAS	**Last CGAS**
Total no. CGAS completed	**179**	**181**
% completion rate	**98.4%**	**99.5%**
Mean CGAS score	65.58	67.92
From all GIDS patients discharged between 1st January – 31st March 2023:		
98.4% completed a CGAS at assessment		
99.5% completed a CGAS at close		

CGAS completion for Q4 at rate of 99.5%

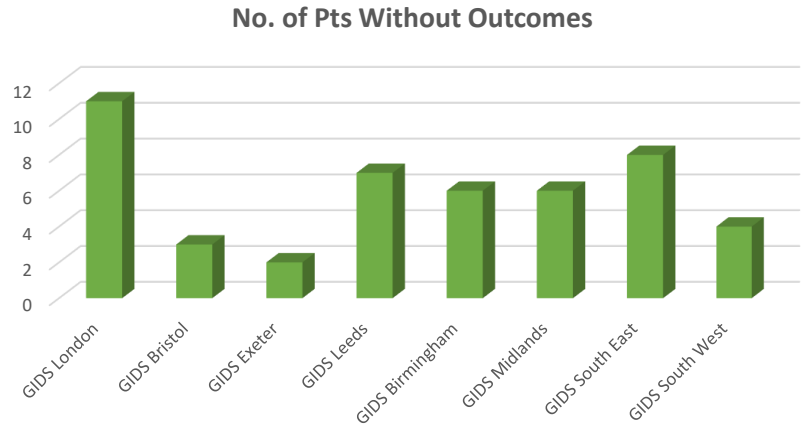
- *This data is reported quarterly – the next will be due in June 2023.*
- *Carenotes has assistant panel function which prompts clinicians to complete CGAS. This is embedded as part of the clinical assessment process.*
- *Informatics has worked with GIDS in creating alerts for CGAS outcome measures.*
- *The GIDS Research Team sends monthly reminders to clinicians to complete missing CGAS forms.*

Clinical Outcomes – GIDS Un-outcomed Appointments

Un-outcomed Appointments

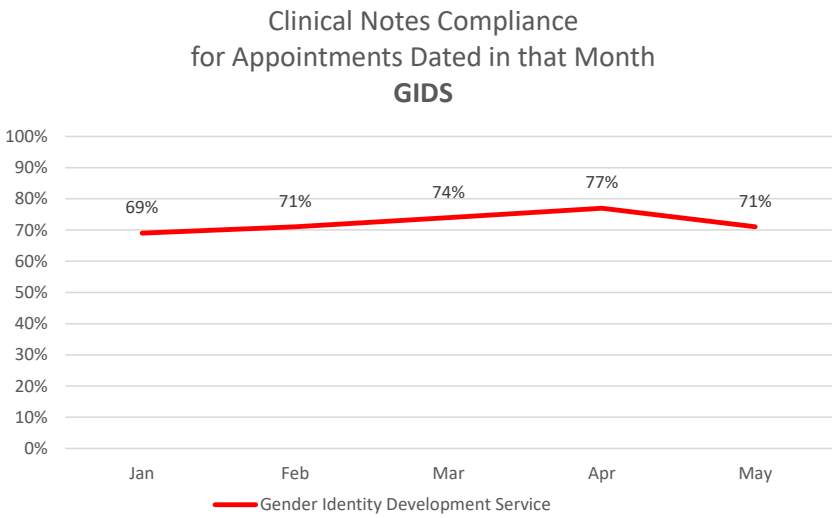
Teams	No. of Pts
GIDS London	11
GIDS Bristol	3
GIDS Exeter	2
GIDS Leeds	7
GIDS Birmingham	6
GIDS Midlands	6
GIDS South East	8
GIDS South West	4
Grand Total	**47**

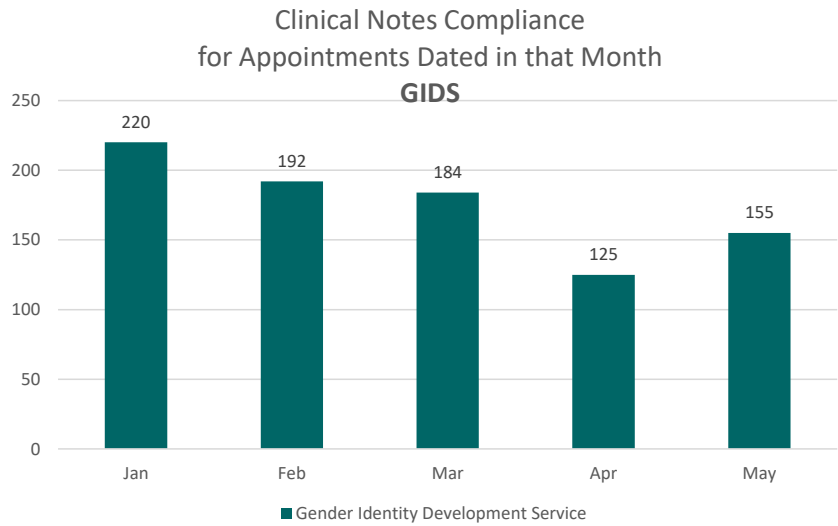
Data as of 08/06/2023



Un-outcomed appointments are being monitored by the operational team and sent to the regional leads to ensure clinicians adhere to the Health Records Management Procedure.

Clinical Notes





Trustwide Completion Rates YTD (from Jan to May) 72%

Total Number missing Notes YTD (from Jan to May) 876

Data ran on 06/06/23

Year to date number of forms missing is 876.

The Ops Team have escalated this to the regional leads who are in the process of disseminating across teams for action. To help compliance, via the PTL meeting, the admin team will escalate to clinicians any missing clinical notes from cases that are tracked.

Innovation in mind

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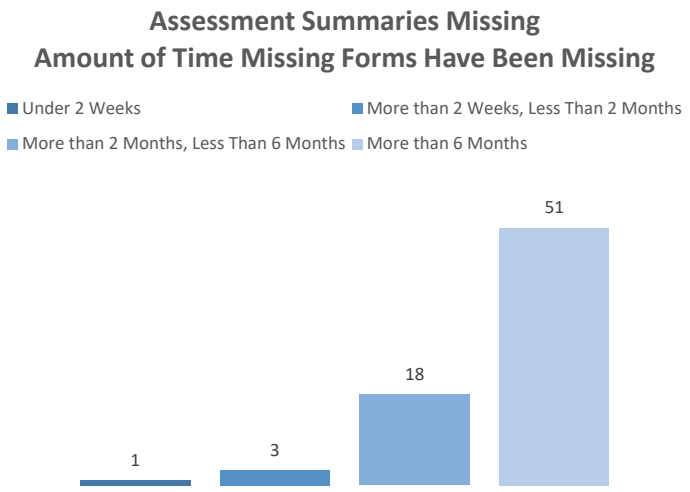
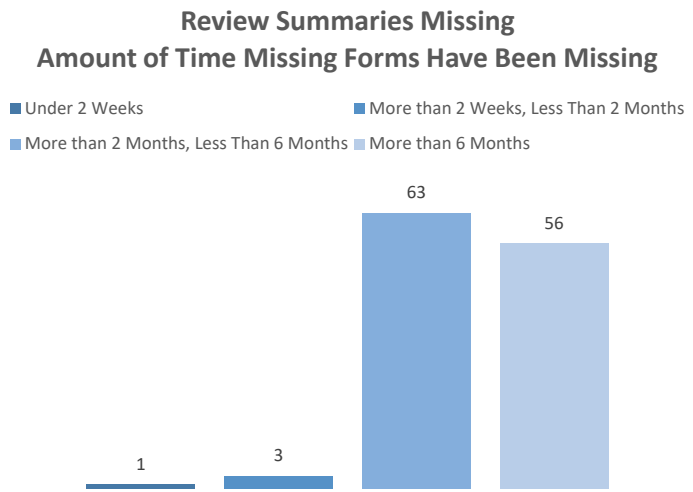
Assessment & Review Summaries Missing

Missing Assessment and Review Summaries - Mini

73 Missing GIDS Initial Consultation Report And Care Plans



123 Missing GIDS Updated Report And Care Plans



The Ops Team have started to escalate missing Assessment and Review Summaries to regional leads.

Data ran on 06/06/23

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Innovation in mind

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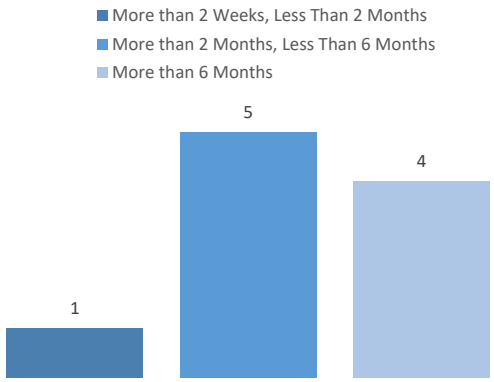
NHS Foundation Trust

GIDS Report and Care Plan @ draft stage

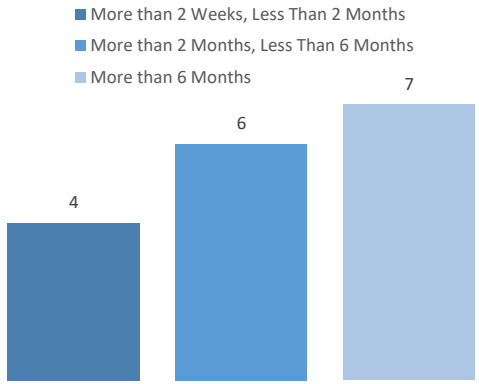
10 Missing GIDS Initial Consultation Report And Care Plans

Assessment Summaries at Draft Stage
Amount of Time Forms Have Been at Draft Stage



17 Missing GIDS Updated Report And Care Plans

Review Summaries at Draft Stage
Amount of Time Forms Have Been at Draft Stage



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Data ran on 01/06/23

GIDS Patient Feedback & Engagement

Main themes of Complaints:

NO COMPLAINTS May 2023

Main themes of Patient Feedback and Engagement:

PPI Group feedback:
- Uncertainty about the future of gender care
- Apprehensive about new service
- Fear of the wider political, cultural landscape of gender

Complaints

No complaints for the month of May.

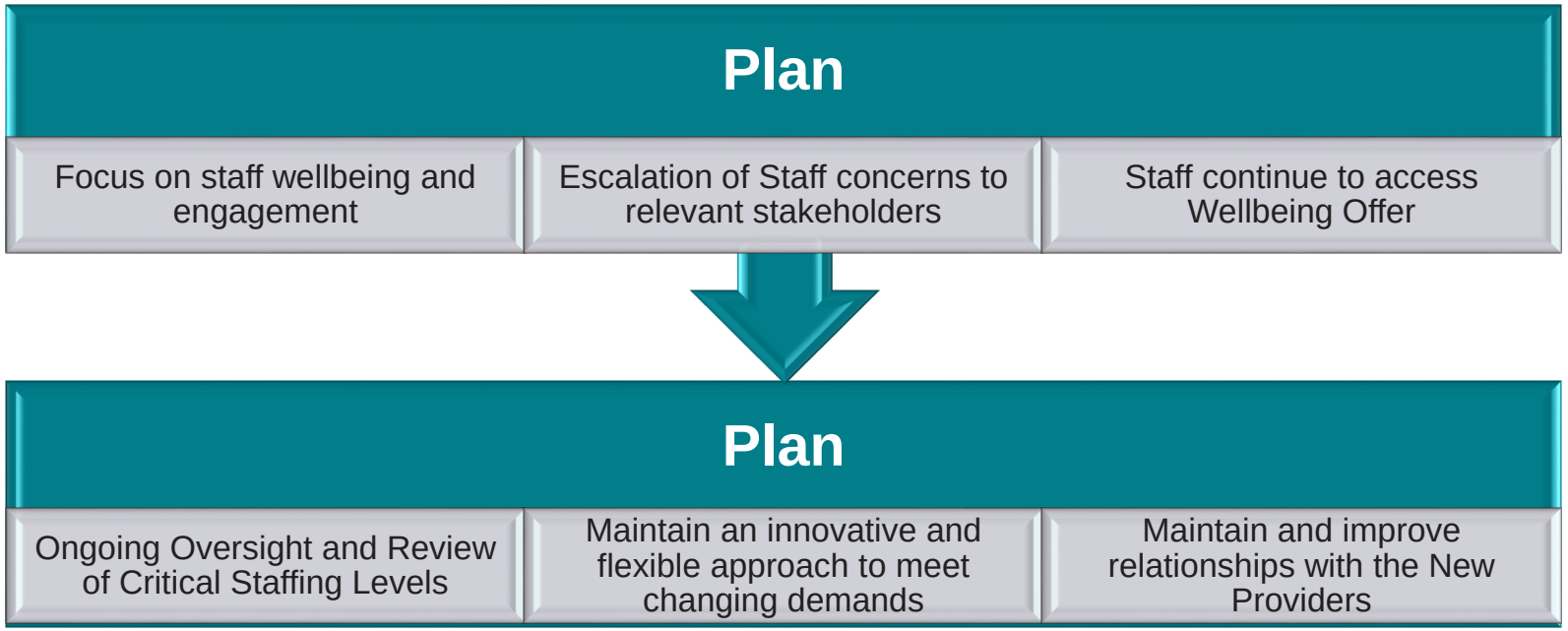
- 7 complaints outstanding from Nov 2022 to Mar 2023 were responded to in May 2023. This delay was due to a change in the complaints response procedure and sickness of senior level responder external to GIDS.

Innovation in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

Focus for May-July 23 1(2)

1. Staff Wellbeing:

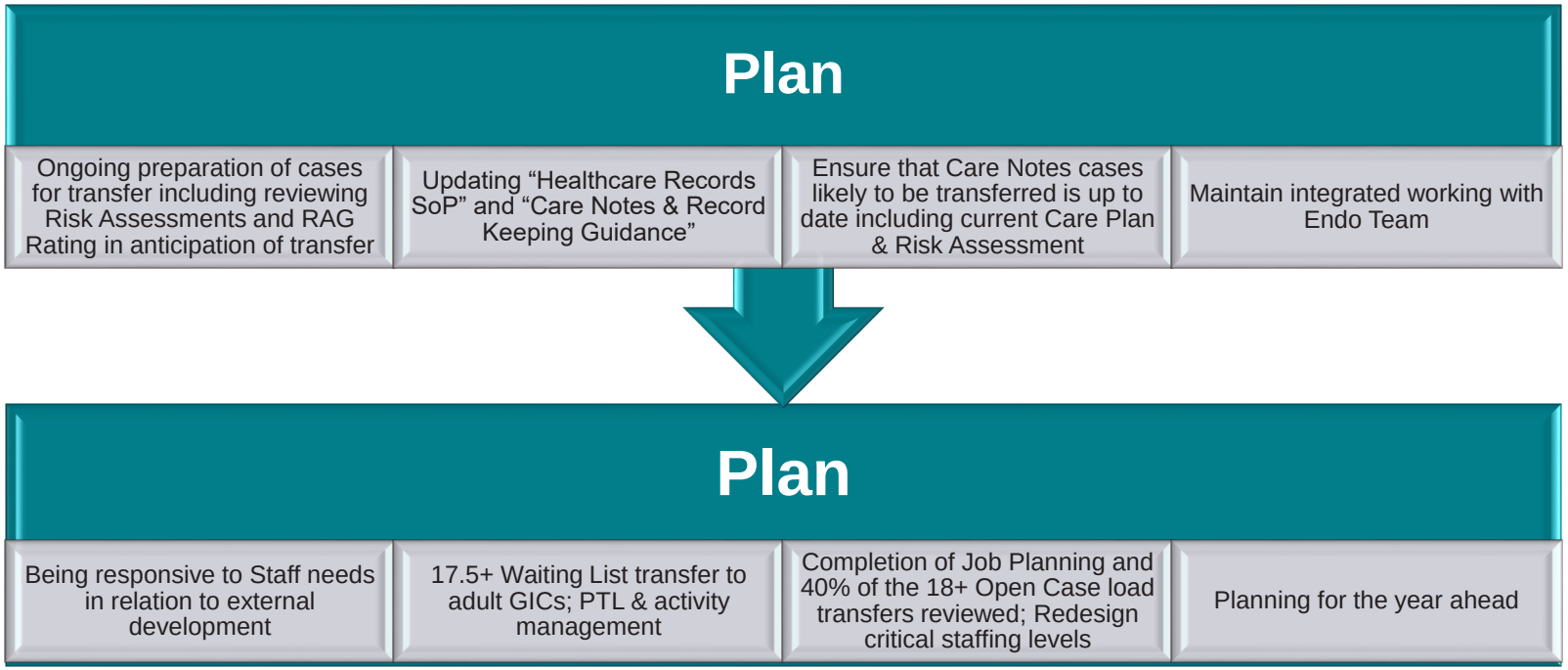


Innovation in mind

NHS
The Tavistock and Portman
NHS Foundation Trust

Focus for May-July 23 2(2)

2. Caseload Hygiene:



114

Incidents

Incidents Requiring Reporting

(Data accurate as of 05/06/2023)

Reported Incidents *(Including SI's)*

Reported Incidents	May
GIDS	1

Serious Incidents *(SI's)*

Serious Incidents	May
GIDS	0

26/05/23 - IG breach 1 x appointment sent to wrong family

ACTIONS TAKEN:

- Band 5s have been taken through the training for Incidents and should now be able to raise them, initially with the support of another Band 5 to check.
- Admin Leads more robust in their monitoring of staff who are working from home and/or who need support.

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

Proposed Mitigation Plans / Next Steps

	Mitigations	Status	Actions	Update- 28/06/23
1	**Monitoring Critical Staffing Levels -** total no. of clinicians, in post, including level of experience in gender		• Weekly monitoring by Operations Team and Regional Consultants, of resignations, and impact on critical Staffing Levels. • Please note, although important, this alone does not fully inform any decision about surpassing the Critical Staffing Level	• Internal recruitment for vacant internal consultant posts to provide sufficient clinical leadership • Review of makeup of regional teams to develop contingency plans to maximise available resource
2	**Achieving safe and manageable caseloads, and Creating Capacity –** A number of factors determine the definition of a safe caseload, including: Complexity and risk of caseload, Number of clinicians assigned to the case, Stage of patient journey, and Experience of clinician (gender competence), etc		• Continue to reassign cases of Staff Leavers • **Review of GIDS caseload to ensure care coordinator and primary workers are up to date** • We have identified less experienced clinician that have capacity however, cases will need to be jointly managed with a more experienced clinician • Use Interim GIDS nurse to support completion of required paperwork for pre MDCR, MPRG processes and transfer to adult GIC • **Meeting with adult services to agree if retrospective transfer document required for referrals already made** • **PTL meetings to identify cases that require actions.**	• Clinical staff RAG ratings each patient will support assessment of risk on the total caseload and weighting of individual clinician caseload. **(this is not the Trust risk assessment document)** • Managers to review workload and outstanding tasks identified in the PTL meetings to support clinicians to prioritise tasks.
3	**Proposed (External Recruitment) –** review cap on recruitment of Clinical roles		• This is essential in the view of the continued slippage for transfer to the Early Adopters; and hence for how long the Service will need to remain open • Current Endocrine Services have been asked by NHSE to continue to provide endocrine care in the new Services to ensure continuity	• Staff not being able to progress their careers in the service and vacant senior posts creates gaps, reduces staff morale and is resulting in staff attrition.
4	**Proposed (Internal Recruitment)** - support Career Progression/ Internal recruitment to vacant Leadership roles		• Would urgently need approval by Trust Board, and NHSE; as would very quickly improve retention, Staff morale, and Patient Safety • **Agreement to internally recruit subject to RAG agreement** • **Review of current clinical vacant posts and critical gaps service**	• Still awaiting list of clinical vacancies to put through RAG • **In the first instance vacant consultant posts in Leeds and the Midlands are going through RAG**
5	**Mitigations at Trust-Level**		• Service Safety risk logged on Trust Risk Register • Reduce, sequence and pace demands placed on staff (short turnaround requests) for papers, tasks and meetings. • Regularly reviewing what can be realistically and safely achieved with declining clinical staff, and levels of available experience	• Support provided to service from Trust comms and Chief Operating Officer prior to and following the publication of the Children and Young People Gender interim specifications

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

10. GIC Quality

- Clinical Outcome Measures
- Clinical Notes and Care Plan Compliance
- Audits
- Incidents
- Compliments
- Complaints
- PPI

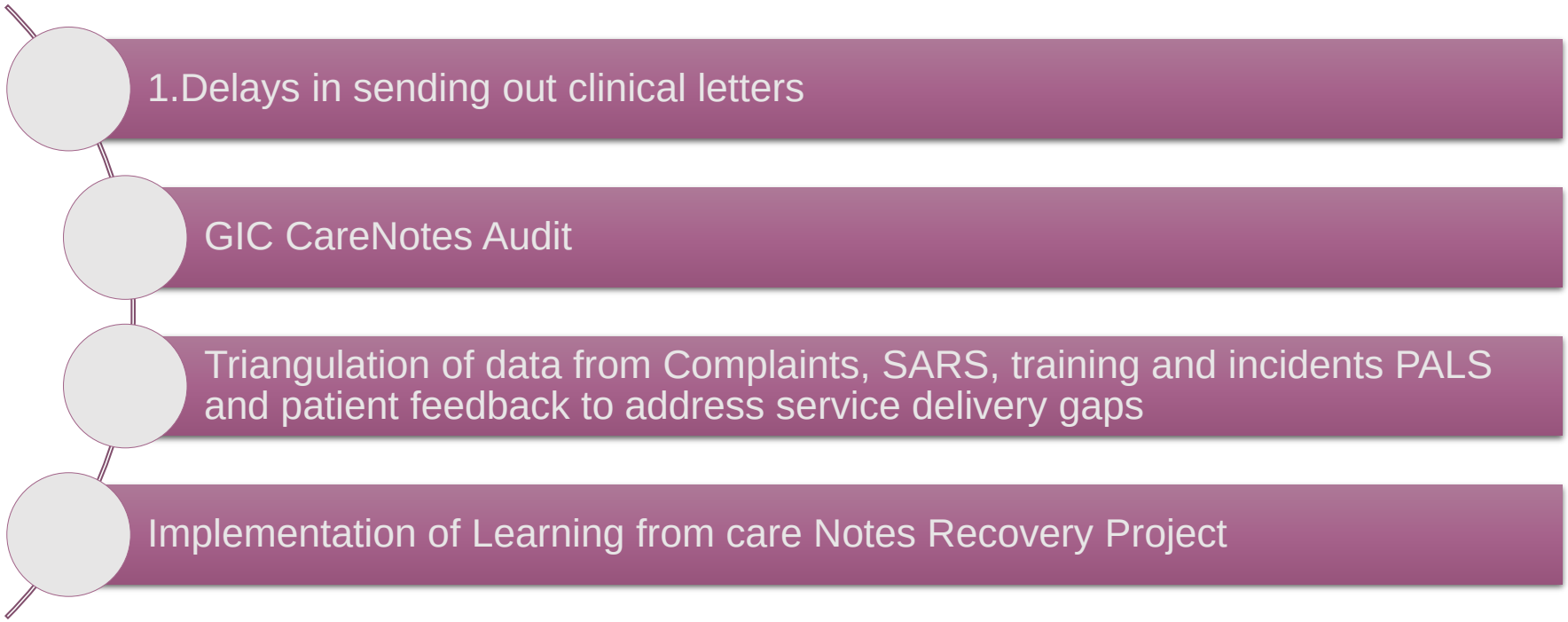
GIC Clinical Notes & Assessment Summaries

GIC clinic notes and Assessment summary reporting in under review as it does not reflect to Trust requirements.

Each team records clinical outcomes in a different way on Carenotes which does not allow the service to measure the quality in the standardised way. CP and SLT outcomes are being recorded under Clinical notes while Endo and Core record under Assessment summary in CN.

The service continues to work with Informatics and Quality Assurance to develop a comprehensive report to meet the Trust requirements.

Focus for April – June 2023



Focus for April – June 2023

1. Delay in sending out clinic letters

GIC faced an increase in backlog on clinic letters and emails due to Care Notes outage, lack of explicit operational integrated process for letters, long term sickness and seasonality annual leave requests. The following immediate actions were taken to mitigate risk, patient safety & maintain delivering high quality care for our patients;

- Redesigning clinic letter process
- Implementing Backlog Recovery Plan
- Retraining all medical secretaries and administrators to ensure that the same process is followed throughout
- Setting up a KPI clinic letters to 10–14 day turnaround
- Designing reporting process to measure the outcomes
- Employing temporary additional resources in order to meet the KPI turnaround

The above measures significantly reduced the waiting time for sending out letters and emails. The service is observing progress a weekly basis to ensure that the KPI will be met, the aim is to clear backlog by the end of Aug/Sep23.

2. GIC Carenotes Audit - Quarter 1 2022 - 2023

Aim

To evidence the current quality and completeness of GIC record-keeping across key areas.

Criteria:

All 1st assessments that were undertaken in Quarter 1 2022 – 2023 (from 1st April 2022 to 30th June 2022)

Methodology

- A sample of 50 % of all new assessments (N=71) were selected for audit
- Each audit question had a comments section to capture key qualitative learning points
- Each field was scored against a 1-4 value (1= inadequate, 2=requires improvement, 3= good, 4=outstanding). These are the scoring standards used by the CQC
- A sample of scores were verified by a second reviewer
- Data was anonymised were to maintain confidentiality of service user and clinician

3. Triangulation :

The Gender Triangulation Group (GTG) was set up and first meeting held on 9th of May.

The primary aim of the GTG is to:

- Provide focused and effective triangulation of data and learning from incidents, complaints, compliments, Information Governance and PPI
- Use of data to improve service delivery
- Foster a supportive learning culture within gender and internal key stakeholders

Initial outputs:

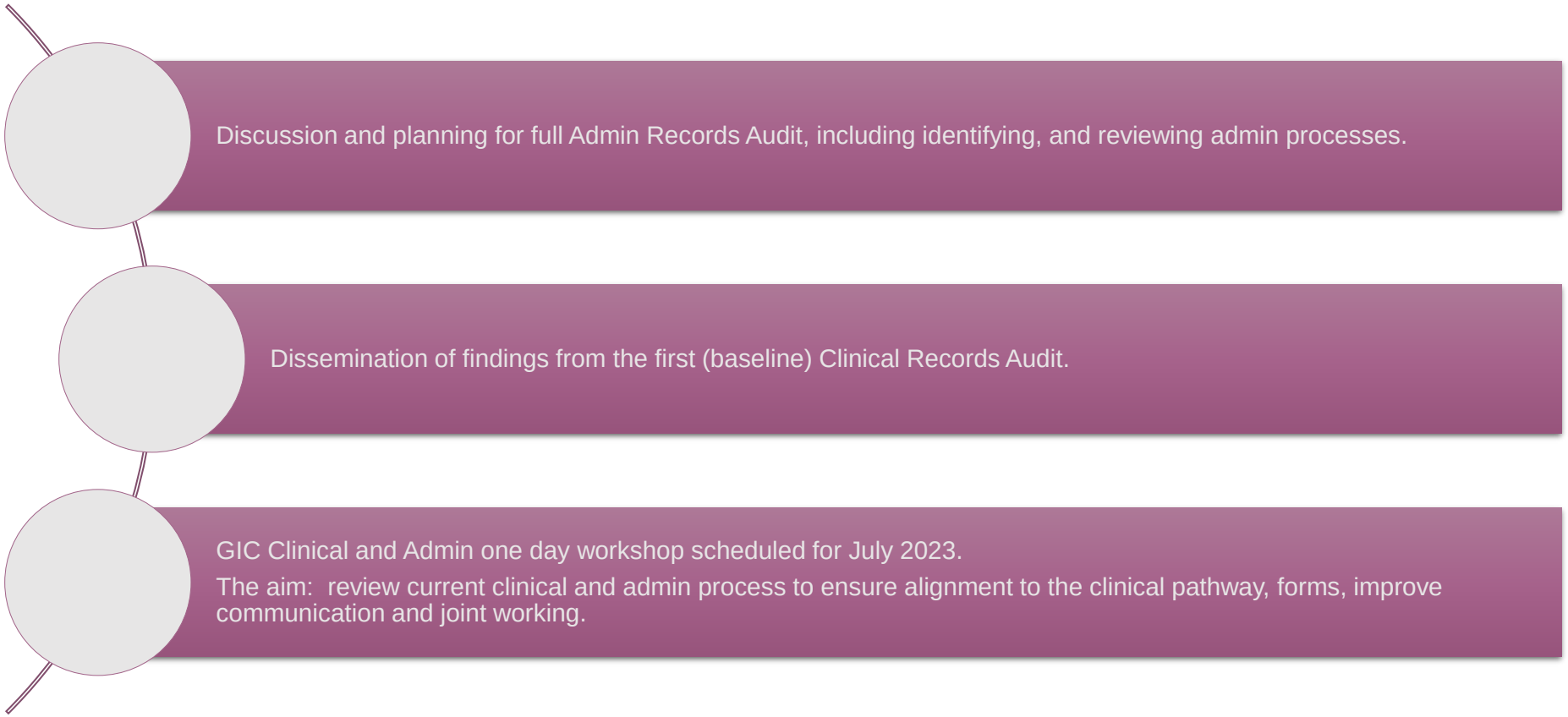
- GIC Admin Refresher complaints training carried out in May 2022.
- Complaints training to be considered for the clinical team
- Information Governance refresher for GIC admin team

Focus for April – June 2023

Innovation in mind

The Tavistock and Portman NHS Foundation Trust

Implementation of Learning from Care Notes Recovery Project



Service Line Risks

- Backlog of letters and emails
- Information Breach (sending out letters to wrong patients)
- High use and turnover of temporary staffing within admin team

Incidents

Four reported Incidents in May - main theme was admin IG breaches. As the team are reducing letter turnover time and processing a higher number of letters there are increasing numbers of IG breaches.

GIC are arranging additional IG training for all staff and a check list has been created as mitigation to avoid further breaches.

An audit is being carried out from Jan- June 23 to reveal any further IG breaches.

Incidents Requiring Reporting

(Data accurate as of 02/06/2023)

Reported Incidents *(Including SI's)*

Reported Incidents	2023				TOTAL
	Feb	Mar	Apr	May	
GIC	8	7	3	4	22

Serious Incidents *(SI's)*

Serious Incidents	2023				TOTAL
	Feb	Mar	April	May	
GIC	0	0	0	0	0

Complaints, Compliments & PALS

COMPLIMENTS	COMPLAINTS	PALS*
2 service compliments received.	Received: **3** Acknowledged: **3** Investigating: **13** Awaiting Information: **4** Report Submitted/waiting for approval: **11**	Received (QP and PPALS): QP: **10** PPALS: **57** Closed: **67** Open: **0**
All staff have been reminded to send compliments to ppalsgic@tavi-port.nhs.uk	Waiting times, times between appointment, attitude of staff-clinical and admin, no response to emails, patient not seen because they refused to wear a mask and was discharged	Waiting times, Referral Queries, Appointment Queries, Change of Details, Queries from non-GIC; Hormone Queries, Waiting for Clinical Letters, GRC.
		* PALS-all responded to within 24 hours and maximum 48 hours

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MEETING OF THE BOARD OF DIRECTORS PART II – PUBLIC – Thursday, 27 July 2023					
CHAIR'S ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)					
Committee:	**Meeting Date**	**Chair**	**Report Author**	**Quorate**	
Quality Committee	6 July 2023	Claire Johnston, Non-Executive Director	Emma Casey, Associate Director of Quality	☒ **Yes**	☐ **No**
Appendices:	None		**Agenda Item: 9**		

Assurance ratings used in the report are set out below:				
Assurance rating:	☐ Limited Assurance: There are significant gaps in assurance or action plans	☐ Partial Assurance: There are gaps in assurance	☐ Adequate Assurance: There are no gaps in assurance	☐ Not applicable: No assurance is required

The key discussion items including assurances received are highlighted to the Board below:	
Key headline	**Assurance rating**
1. Care Quality Commission (CQC) Review of Equality, Diversity and Inclusion (EDI) The Committee considered the recent CQC review of the Trust's approach and programmes to address equality, diversity and inclusion. This discussion took account of how the CQC has informed providers of its very different way of working moving forward, with far more focus on data with greater frequency. The CQC's interest was activated by the outcome of our 2021-22 Workforce Race Equality Standards (WRES) report. As part of their review, the CQC reviewed our WRES report and associated action plan and also met with the three EDI network leads, the Freedom to Speak Up Guardian, the Associate Director of EDI, the Chief People Officer and the non-Executive Director who leads on equality. The Committee received the letter of findings from the CQC following their review, plus recommendations for action. The review did not highlight anything unexpected, and the main recommendations were related, but not limited, to; • full implementation of the Trust's WRES and WDES action plans • development of a clear and transparent system for career progression, including ensuring global majority staff are supported to access development programmes • ensuring resilience within roles, teams and structures to see action through with a strong understanding of the evidence • addressing the concerns raised by some global majority staff around bullying, harassment, abuse and discrimination	Limited ☐ Partial ☒ Adequate ☐ N/A ☐

• supporting all staff to feel safe within the organisation and able to share information regarding their protected characteristics It was recommended and agreed that the Trust's People Organisational Development & Equality, Diversity & Inclusion (POD EDI) Committee would provide oversight for the work plan in response to the regulator's recommendation as it already monitors the implementation of the Trust's EDI action plans and EDI governance.	
2. Complaints The Committee focused on a priority Complaints improvement plan with four action areas, tackling the backlog, structure & recruitment, support for staff and learning & evidencing, so that positive change can be demonstrated. The Committee endorsed the proposed approach for improvement and will monitor the expected rapid progress now that temporary resource has been made available. The Committee will expect to see swift results in relation to the improvement plan and trajectory for improvement against the number of open complaints.	Limited ☐ Partial ☒ Adequate ☐ N/A ☐
3. Carenotes The Committee noted that the validation process has now been completed. A lessons learnt paper will be presented to the Committee in September or November 2023, depending on completion deadlines. The Committee formally stood down this item from their agenda going forward as adequate assurance has been gained in relation to the original incident and aftermath.	Limited ☐ Partial ☐ Adequate ☒ N/A ☐
4. PSIRF The Committee received an update in respect of our preparation to implement the new Patient Safety Incident Response Framework (PSIRF). The Trust is currently undertaking phase 2 (diagnostics and discovery) & 3 (PSIRP) are being explored with the first 'rough draft' to be shared with the ICB at the next network meeting mid-July. Once the final draft has been agreed, it will be presented to the Quality Committee and Trust Board for final approval before ICB/ICS sign off. A training needs analysis has been completed and training procurement paperwork is in progress in terms of specification, costings, availability etc. The procurement of the training programme was noted as a risk by the Chair.	Limited ☐ Partial ☒ Adequate ☐ N/A ☐
Summary of Decisions made by the Committee:	
• The Committee APPROVED the Clinical Audit Annual Programme 2023/24	
Risks Identified by the Committee during the meeting:	
There were no new risks identified by the Committee during this meeting.	
Items to come back to the Committee outside its routine business cycle:	
The Chair requested a copy of the Committee's BAF risks be circulated. This was completed on 13 July 2023.	

Items referred to the BoD or another Committee for approval, decision or action:		
Item	**Purpose**	**Date**
N/A		

MEETING OF THE BOARD OF DIRECTORS PART II - PUBLIC – Thursday, 27 July 2023			
Report Title: Report from Guardian of Safe Working Hours			**Agenda No.:** 10
Report Author and Job Title:	Dr Gurleen Bhatia, Guardian of Safer Working Hours	**Lead Executive Director:**	Dr Caroline McKenna, Interim Chief Medical Officer
Appendices:	None		
Executive Summary:			
Action Required:	Approval ☐ Discussion ☐ Information ☒ Assurance ☐		
Situation:	The Guardian of Safe Working Hours at each Trust, is a role independent of the management structure of the Trust, with a primary aim to represent and resolve issues related to working hours for the junior doctors employed by that Trust.		
Background:	This is the report for Q1 period 2023/24. The report in Appendix 1details the issue of DRS login for 2 trainees.		
Assessment:	The Guardian of Safe Working Hours provides a report for the Trust Board on a quarterly and annual basis. The rate of exception reporting in the Trust is very low.		
Key recommendation(s):	The Board is asked to **NOTE** the contents of the report. The Trust will continue to monitor the impact of the junior doctors strikes and on the exception reports.		
Implications:			
Strategic Objectives:			
☒ Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	☐ Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration.	☐ Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	☐ Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	☐ Ensure we are well-led & effectively governed.
Relevant CQC Domain:	Safe ☒	Effective ☐	Caring ☐	Responsive ☐	Well-led ☐
Link to the Risk Register:	BAF ☐	CRR ☐	ORR ☐		
	None				
Legal and Regulatory Implications:	Yes ☐	No ☒			
	There are no legal and/ or regulatory implications associated with this report.				
Resource Implications:	Yes ☒	No ☐			
	The report relates to the resolution of issues associated with working hours for the junior doctors employed by that Trust				

Diversity, Equality and Inclusion (DEI) implications:	Yes ☐		No ☒	
	There are no equality, diversity and inclusion implications associated with this report.			
Freedom of Information (FOI) status:	☒ This report is disclosable under the FOI Act.		☐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:	☐ Limited Assurance: There are significant gaps in assurance or action plans	☐ Partial Assurance: There are gaps in assurance	☒ Adequate Assurance: There are no gaps in assurance	☐ Not applicable: No assurance is required

Guardian of Safe Working Hours Q1 report 2023/24

1. Introduction

1.1. The Guardian of Safe Working Hours provides a report for the Trust Board on a quarterly and annual basis.

2. Exception reports (with regard to working hours)

2.1. Total exception reports:

Month	Total reports	Toil	Fine	NFA
April	8	1	4	3
May	0	0	0	0
June	2	1	2	0

2.2. Work Schedule Reviews

There have been no formal requests for a work schedule review.

2.3. Vacancies

The Child and Adolescent training scheme have no vacancies.

2.4. Locum

The Non-resident on-call (NROC) is currently being staffed by trainees and occasionally an external locum.

The trainees do one locum shift/month in addition to their normal working schedules and on call rota (1 in 9.8).

2.5. Fines

These are in line with the new penalty rate guidance circulated by the British Medical Association and GOSWH regional meeting.

	Extra hours worked. Normal	**Enhanced**	**Total fine**	**Amount paid. to trainees**	**Fine Remaining**
	hrs	hrs	£	£	£
April	6.91	8.45	2173.94	814.19	1359.75
May	0	0	0	0	0
June	6.23	8.05	2094.79	785.62	1309.17
Total	13.14	16.5	4268.73	1599.81	2668.92

NB - 5 exception reports in April 2023, 4 from one trainee when DRS login was not working, 2 were duplicated hence no further action was taken, 1 trainee filed in one report 1 month later due to DRS login issues.

No fines in May 2023, no reports submitted.

Junior Doctors Forum (JDF)

New Trainee representatives in post. The next JDF meeting is on 31 July 2023. Current BMA/ IRO for the Trust are also invited.

3. Local Negotiating Committee (LNC)

This report will be shared with the LNC Chair, Dr Sheva Habel.

MEETING OF THE BOARD OF DIRECTORS PART II – PUBLIC – Thursday, 27 July 2023			
Report Title: Finance Report - As at 30th June 23 (Reporting Month 03)			**Agenda No. 12**
Report Author and Job Title:	Udey Chowdhury, Deputy Chief Finance Officer	**Lead Executive Director:**	Peter O'Neill, Financial Advisor to CEO
Appendices:	None		
Executive Summary:			
Action Required:	Approval ☐ Discussion ☐ Information ☒ Assurance ☐		
Situation:	The report provides the Month 03 (cumulative position to June 23) Finance Report. **Income & Expenditure** The Trust incurred a net deficit of £0.889m in the period, against a planned deficit of £0.793m, i.e., an adverse variance of £96k. This is due in the main to some one-off premises costs that will be adjusted to match the budget phasing in future months and the increase in agency costs associated with GIDS. The Trust is still expecting to achieve its planned deficit of £2.5m at the year end. **Capital Expenditure** To date capital spend totals £420k. At this point no known risks of slippage have been identified, with the anticipated expenditure at the year being on plan at £2.4m. **Cash** The cash balance at the end of the period is £6.0m against the planned M03 figure of £7.5m. The negative variance reflects the impact of the deficit and a continued higher than planned income receivables figure from NHS sources. It is anticipated that this position will move closer to plan in the coming months.		
Background:	The Trust has a plan for a revenue deficit for 2023/24 of £2.5m, with Capital Expenditure of £2.4m and a year-end cash position of £3.1m.		
Assessment:	**Income and Expenditure** The Trusts planned deficit of £2.5m requires the delivery of a £3m efficiency to achieve this. This is to be delivered by £2m of non-recurrent income and identified non-pay schemes of £1m. The Trust will in addition establish a process for planning and delivering recurrent efficiency opportunities to run alongside the current non-recurrent program to support the financial performance in future periods as part of the development of medium-term financial plans designed to get the Trust back into a balanced financial position. The deficit plan for 23.24 assumes that the potential financial impacts of GIDS decommissioning fall into the next financial year. However, this will be monitored throughout the year with any risks and mitigations being brought into 23.24 as appropriate. **Capital Expenditure** The agreed capital spend for the year is £2.4m, is a reduction from the previous year of £0.9m and will require robust management to ensure the Trust stays within plan. **Cash** The agreed plan includes a reduction in cash over the year to an outturn of £3.1m, which reflects the expected deficit position.		

Key recommendation(s):	The Board is asked to **NOTE** the position outlined in the report.				
Implications:					
Strategic Objectives:					
☐ Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	☐ Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration.	☒ Develop & deliver a strategy & financial plan that supports medium & long-term organizational sustainability & aligns with the ICS.	☐ Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	☒ Ensure we are well-led & effectively governed.	
Relevant CQC Domain:	Safe ☐	Effective ☐	Caring ☐	Responsive ☐	Well-led ☒
Link to the Risk Register:	BAF ☒	CRR ☐	ORR ☐		
	BAF 8: Delivering Financial Sustainability Targets. A failure to deliver a medium / long term financial plan that includes the delivery of a recurrent efficiency program bringing the Trust into a balanced position in future periods. This may lead to enhanced ICB/NHSE scrutiny, additional control measures and restrictions on autonomy to act. **BAF 10: Suitable Income Streams** The result of changes in the commissioning environment, and not achieving contracted activity levels could put some baseline income at risk, impacting on financial sustainability. This could also prevent the Trust establishing sustainable new income streams and adapt the current Trust service configuration.				
Legal and Regulatory Implications:	Yes ☒	No ☐			
	It is a requirement that the Trust submits an annual Plan to the ICS, and monitors and manages progress against it.				
Resource Implications:	Yes ☐	No ☒			
	There are no resource implications associated with this report.				
Diversity, Equality and Inclusion (DEI) implications:	Yes ☐	No ☒			
	There are no DEI implications associated with this report.				
Freedom of Information (FOI) status:	☒ This report is disclosable under the FOI Act.	☐ 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:	☐ Limited Assurance: There are significant gaps in assurance or action plans	☒ Partial Assurance: There are gaps in assurance	☐ Adequate Assurance: There are no gaps in assurance	☐ Not applicable: No assurance is required

MEETING OF THE BOARD OF DIRECTORS PART II – PUBLIC – Thursday, 27 July 2023

CHAIR'S ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)

Committee:	Meeting Date	Chair	Report Author	Quorate	
People, Organisational Development, Equality, Diversity and Inclusion Committee	6 July 2023	Shalini Sequeira, Non-Executive Director	Gem Davies, Chief People Officer	☒ **Yes**	☐ **No**
Appendices:	None		**Agenda Item:** 13		

Assurance ratings used in the report are set out below:

Assurance rating:	☐ Limited Assurance: There are significant gaps in assurance or action plans	☐ Partial Assurance: There are gaps in assurance	☐ Adequate Assurance: There are no gaps in assurance	☐ Not applicable: No assurance is required

The key discussion items including assurances received are highlighted to the Board below:

Key headline	Assurance rating
1. Activity of the people function • It was noted for escalation that there is a really wide breath of activity being undertaken within the people team including getting the basics right, moving forward the language within and approach to employee relations policies, improvements in payroll and recruitment functions and planned introduction of new processes and interventions.	Limited ☐ Partial ☐ Adequate ☒ N/A ☐
2. Freedom to Speak Up • The FTSU has been invited to provide her annual report to the board this month and will also be invited to discuss the FTSU regime at the next POD EDI meeting on 7 September 2023. • It was noted that an additional FTSUG is required in order to properly resource this function, and consideration should be given as to which executive director should most appropriately be the FTSU lead for the organisation. • Discussions on how the trust could undertake and support freedom to speak up better at the trust are ongoing and will be revisited at future committees.	Limited ☐ Partial ☒ Adequate ☐ N/A ☐
3. EDI WRES and WDES considerations • The chair picked up on the theme of staff being much more likely to experience harassment, bullying and abuse both in WRES and WDES. The trust needs to tackle this right away and promptly. • The Board received a presentation from the Associate Director of EDI on the WRES and WDES at the recent board development seminar, and both the Board and the POD EDI discussed the need for the whole board to have individual EDI objectives.	Limited ☐ Partial ☒ Adequate ☐ N/A ☐

Summary of Decisions made by the Committee:

The Committee was not presented any items for approval at this meeting
Risks Identified by the Committee during the meeting:
There was no new risk identified by the Committee during this meeting.
Items to come back to the Committee outside its routine business cycle:
There was no specific item over those planned within its cycle that it asked to return.

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

Item	Purpose	Date
None		

MEETING OF THE BOARD OF DIRECTORS PART II – PUBLIC – Thursday, 27 July 2023					
CHAIR'S ASSURANCE REPORT TO THE BOARD OF DIRECTORS					
Committee:	**Meeting Date**	**Chair**	**Report Author**	**Quorate**	
Executive Appointment and Remuneration Committee	8 June 2023	John Lawlor, Chair	Gem Davies, Chief People Officer	☒ **Yes**	☐ **No**
Appendices:	None		**Agenda Item: 15**		
Assurance ratings used in the report are set out below:					
Assurance rating:	☐ Limited Assurance: There are significant gaps in assurance or action plans	☐ Partial Assurance: There are gaps in assurance	☒ Adequate Assurance: There are no gaps in assurance	☐ Not applicable: No assurance is required	

The key discussion items including assurances received are highlighted to the Board below:

Key headlines	**Assurance rating**
1. Executive Director Appointments • Rod Booth commenced as our new Director of Strategy, Transformation and Business Development and appointments have been made to the posts of Chief Nursing Officer (Clare Scott commencing end of July), Director of Governance (Adewale Kadiri commencing early August), and Chief Medical Officer (Chris Abbott commencing mid-August). • The Committee approved the starting salaries for these posts in person and chair's action will be taken for any amendments.	Limited ☐ Partial ☐ Adequate ☒ N/A ☐
2. Fit and proper person audit • An annual audit was carried out in April 2023 to confirm compliance with the regulation through a desktop audit of the personnel files of the Directors; and checks on insolvency, disqualified directors and removed charity trustee registers. • All checks have now been accounted for. • An annual Fit and Proper Person Test audit has been included in the Committee Forward Planner for 2023/24	Limited ☐ Partial ☐ Adequate ☒ N/A ☐
3. Remuneration Report (for inclusion in the Annual Report) • The Committee approved the chair's remuneration report statement to be included within the 2022/23 Annual report. The entirety of the annual report was later submitted to an extra-ordinary meeting of the Board.	Limited ☐ Partial ☐ Adequate ☒ N/A ☐

Summary of Decisions made by the Committee:

The items for approval are as described above.

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 BOARD OF DIRECTORS PART II – PUBLIC – Thursday, 27 July 2023			
Report Title: Gender Pay Gap Report 2022-23			**Agenda No.:** 16
Report Author and Job Title:	Dr Thanda Mhlanga, Associate Director of EDI	**Lead Executive Director:**	Gem Davies, Chief People Officer
Appendices:	Appendix 1 - Gender Pay Gap Report 2022-23		
Executive Summary:			
Action Required:	Approval ☒ Discussion ☐ Information ☐ Assurance ☐		
Situation:	This Gender Pay Gap report is a national requirement for all employers with a workforce of 250 or more staff. It reports on the difference between the average earnings of men and women across the workforce.		
Background:	In March 2018 the Government Equalities Office asked all organisations employing 250 or more staff to report and publish the following metrices: • Mean Gender Pay Gap • Median Gender Pay Gap • Mean Bonus Gender Pay Gap • Median Bonus Gender Pay Gap • Proportion of Males and Females receiving a bonus payment • Proportion of Males and Females in each quartile.		
Assessment:	Gender Pay Equality is one of the EDI areas that we should be proud of as a Trust: • The pay gap in the average hourly rate reported this year has shrunk by 3.02% (from 10.52% to 7.50%) – nationally the gap is 14.7%. • The average bonus pay gap at The Tavistock and Portman has been completely eradicated (from 18.33% in 2019-20 to -1.98% in 2022-23).		
Key recommendation(s):	The POD EDI Committee is asked to **APPROVE** the report and suggested actions for the Trust and note the progress that has been made.		

Implications:				
Strategic Objectives:				
☒ Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	☒ Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration.	☐ Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	☒ Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	☒ Ensure we are well-led & effectively governed.

Relevant CQC Domain:	Safe ☒	Effective ☒	Caring ☒	Responsive ☐	Well-led ☒

Link to the Risk Register:	BAF ☒	CRR ☐	ORR ☐
	BAF 6: Lack of inclusive and open culture		
Legal and Regulatory Implications:	Yes ☒	No ☐	
	• Standard NHS Contract • Equality Act (2010) • Public Sector Equality Duty (PSED)		
Resource Implications:	Yes ☒	No ☐	
	• Equalities Training Budget • Events to support staff networks		
Diversity, Equality and Inclusion (DEI) implications:	Yes ☒	No ☐	
	• Addressing inequalities.		
Freedom of Information (FOI) status:	☒ This report is disclosable under the FOI Act.	☐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:	POD EDI Committee, 6 July 2023		
Reports require an assurance rating to guide the discussion:	☐ Limited Assurance: There are significant gaps in assurance or action plans	☐ Partial Assurance: There are gaps in assurance	☒ Adequate Assurance: There are no gaps in assurance	☐ Not applicable: No assurance is required

The Tavistock and Portman
NHS Foundation Trust

The Tavistock & Portman NHS Foundation Trust

Equality Diversity & Inclusion
Gender Pay Gap Report
Annual Report 2022-23

To find out more about what The Tavistock and Portman NHS Foundation Trust is doing to be an 'Outstanding and Equal Employer and Care Provider for Everyone', please contact: EDI@Tavi-Port.nhs.uk

Gender Pay Gap Report – Data as at 31st March 2023 (Report to POD EDI Committee – July 2023)

Background and Introduction

In March 2018 the Government Equalities Office asked all organisations employing 250 or more staff to report and publish the following metrices:

- Mean Gender Pay Gap
- Median Gender Pay Gap
- Mean Bonus Gender Pay Gap
- Median Bonus Gender Pay Gap
- Proportion of Males and Females receiving a bonus payment
- Proportion of Males and Females in each quartile.

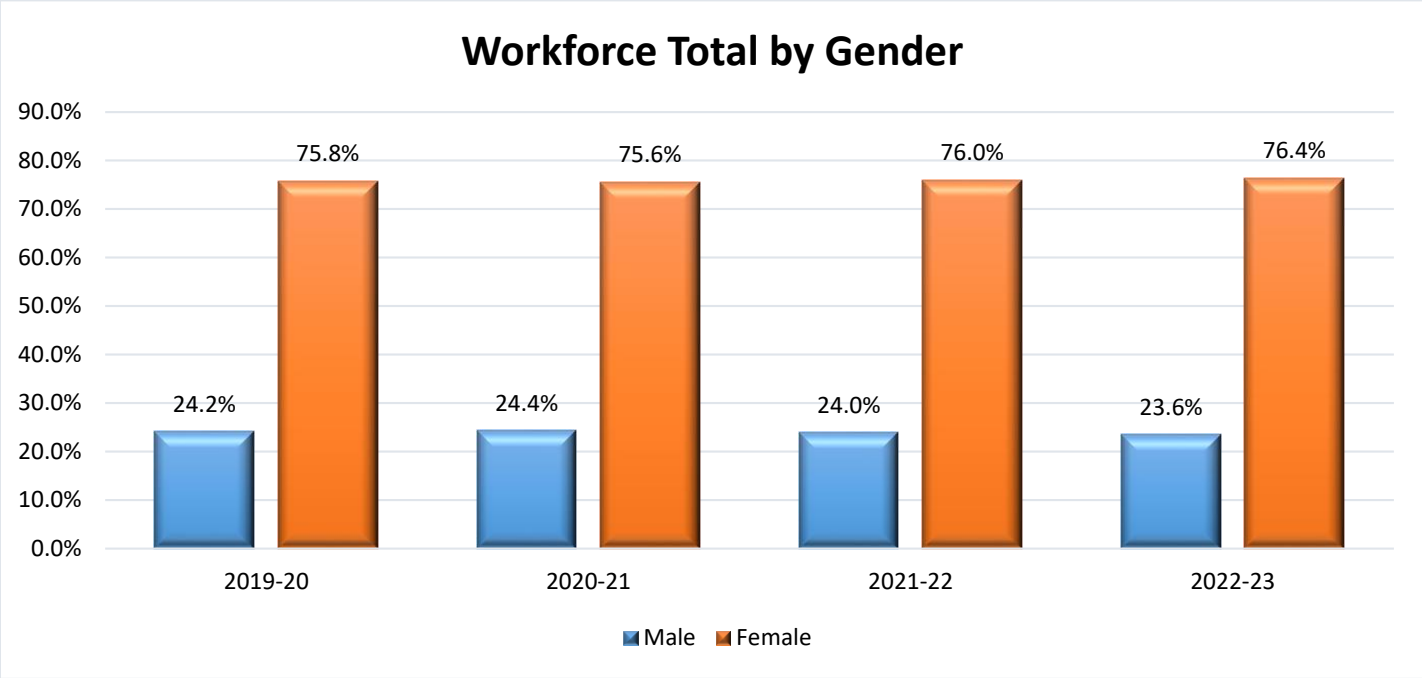
The way the Gender Pay Gap data is reported is standard, organisations must produce their respective figures in tables as set out in Appendices (Table 3 to 6) that capture the Tavistock and Portman's data. For all NHS employers, the NHS Electronic Staff Record system (ESR) has been updated so that they can produce the reports for this annual exercise using default filters.

For the purposes of Gender Pay Gap Reporting, all Trusts have been instructed to split out all payments received by the workforce over the financial year into two defined categories: (a) Ordinary Pay, and (b) Bonus Pay

It should be noted that Gender Pay Gap data includes both staff on Agenda for Change and staff on non-Agenda for Change terms and conditions. Also, Clinical Excellence Awards for medical staff are included in both ordinary and bonus pay calculations.

The definition of Gender Pay Gap is prescribed: it is the difference between the average earnings of men and women, expressed relative to men's earnings. It must be noted here that whilst gender is not binary, this report conforms to the legal requirements that use the binary sex options (Male/Female) as captured in the NHS ESR system.

Figure 1: Workforce Profile by Gender



1. Like trends in other NHS hospitals, the female workforce at the Tavistock ad Portman makes up the majority of our staffing at 76.4%, with the remaining 23.6% being male. These figures suggest that there has been a nominal increase in the number female employees and a slight decrease in the number of male employees over the last three years – see Figure 1 above.

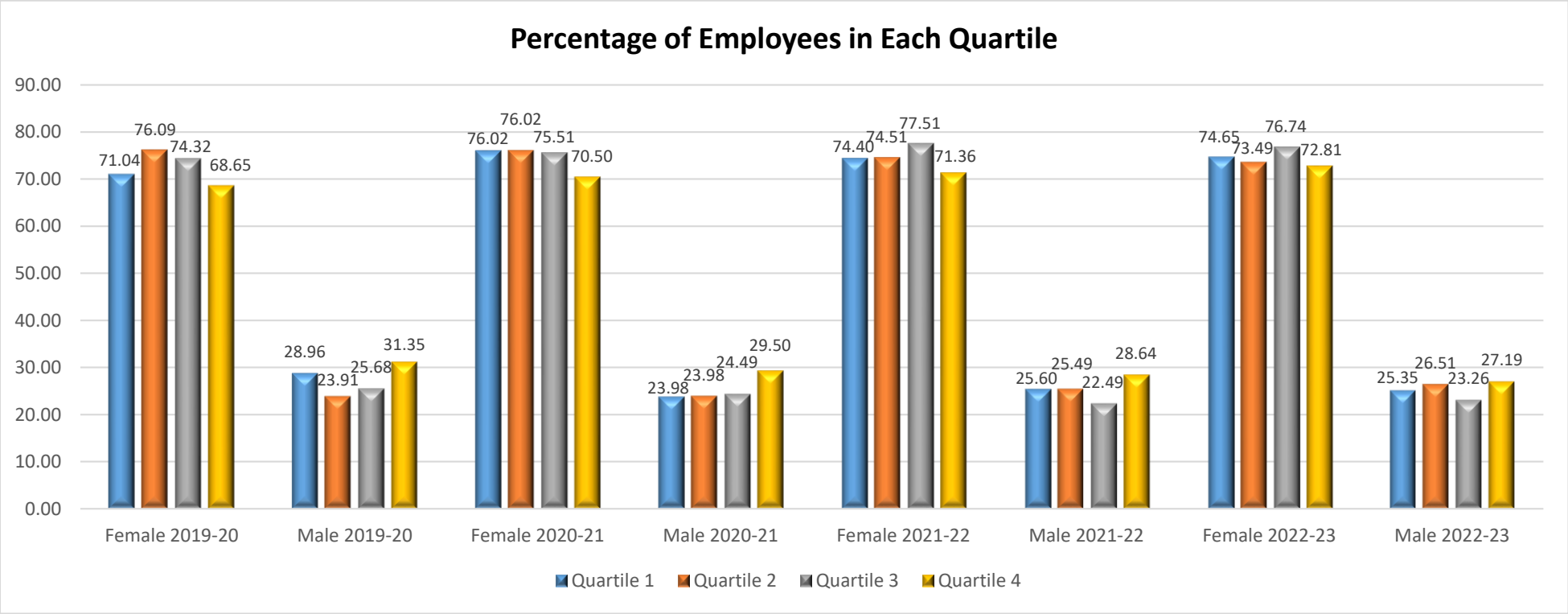
2. The data presented in Figure 2 below captures gradual changes that have been made to address the Gender Pay Gap at the Tavistock – Quartile 1 (Q1) is the lowest pay grade and Quartile 4 (Q4) is the highest pay grade:

    - Since reporting last year, there has been a slight increase of 0.25% in the number of females in the lowest Quartile of pay, Quartile 1 (Q1). However, females are still underrepresented in this Quartile compared to their male counterparts.
    - There has been a gradual decrease in the number of females in the second lowest Quartile of pay, Quartile 2 (Q2), over the last 4 years. In this reporting year, there are 73.49% females in Q2 – this is an underrepresentation of 2.91%. Males are overrepresented by 2.91% in this Quartile.

- There is a slight dip of 0.77% in the number of females in the second highest Quartile of pay, Quartile 3 (Q3), from 77.51% last year to 76.74% in this reporting year. However, female employees constitute 76.4% of the total workforce.
- The number of female staff in the highest Quartile (Quartile 4 - Q4) is 72.81%. Figure 2 suggests that there has been an improvement of 4.16% in this Quartile over the last 4 years, but underrepresentation remains – currently it's at 3.59%. See Figure 2 below for more detail.

There is national guidance being released from NHSE on how to support colleagues with menopause and to raise awareness. The Trust now has training on ESR (non-mandatory) for staff that to complete. We have also improved our policies, staff can request flexible working where possible. There has been an increase in hybrid working post pandemic which has assisted staff with work/life balance.

Figure 2: Percentage of Employees in Each Quartile



3. The results presented in Table 1 below highlight that the pay gap in the average hourly rate reported this year shrunk by 3.02% (from 10.52% to 7.50%). Nationally the gap is 14.7%. Deeper analysis demonstrates that one of the major reasons for the pay gap is that there is a higher proportion of men in the most senior bands within the Trust. As highlighted in Figure 1, females represent 76.4% of our workforce yet only represent 72.81% of the workforce in the upper quartile; males represent 23.6% of our workforce but are overrepresented in the upper quartile (27.19%) – see Figure 2 above for numbers in each Quartile. This means that females are underrepresented by 3.59% in the most senior bands and males overrepresented by 3.59%.

Table 1: Gender Pay Gap

Gender	Average Hourly Rate 2019-20	Average Hourly Rate 2020-21	Average Hourly Rate 2021-22	Average Hourly Rate 2022-23
Male	25.47	26.09	26.56	26.92
Female	23.44	23.52	23.76	24.90
Difference	2.03	2.57	2.8	2.02
Pay Gap %	7.95%	9.83%	10.52%	7.50%

4. The bonus data relates only to Clinical Excellence Awards (CEA) paid to all eligible substantive Consultant Medical Staff who have been in post for at least a year. However, it is important to note the context and challenges associated with the bonus pay system:
    - First, the word 'bonus' is perceived as inappropriate in an NHS context. CEAs are not a one-off annual performance payment as would be made by private sector. Instead, it relates to a nationally agreed contractual payment which forms part of the salary package for Consultant Medical Staff.
    - Second, this system is prescribed by the British Medical Association (BMA) and NHS Employers – the Trust adopts a nationally agreed system.
    - Third, many of the CEAs that are still being paid out are historic and will be maintained until the recipient's retirement.

That noted, the data presented in Table 2 below suggests that the average bonus pay gap at The Tavistock and Portman has been completely eradicated (from 18.33% in 2019-20 to -1.98% in 2022-23) and this has been maintained for three consecutive years. This is due to the application of equal split approach. In light the effects of the pandemic, and the need to focus resources on the recovery effort, employers were required to equally distribute the LCEA funds (and any remaining from previous years) among all eligible consultants. These were one-off, non-consolidated payments in place of a normal LCEA rounds. For 22/23 Employers were able to choose to apply the same approach and we did.

Table 2: Average Bonus Pay

Gender	Average Bonus Pay 2019-20	Average Bonus Pay 2020-21	Average Bonus Pay 2021-22	Average Bonus Pay 2022-23
Male	10,547.23	8,769.02	10,664.66	11,752.30
Female	8,613.70	8,696.17	10,907.56	11.984.86
Difference	1,933.53	72.82	-242.90	-232.56
Pay Gap %	18.33	0.83	-2.28	-1.98

Actions for the Trust to take:

The actions proposed to address the Gender Pay Gap will be considered and agreed as part of the refreshed ED&I Strategy. The following actions are currently proposed:

- We need to increase the focused work to attract more males to work for the Trust, particularly in lower Quartile and in part-time roles. Our adverts and social media will include an increased number of photographs of our male workforce, over the coming 12 months. However, significantly fewer men than women enter the degrees which are needed for many of our clinical roles. We need to identify more ways of making our roles an attractive choice for men to study either at university or through degree apprenticeships.
- Continue to support the development of female staff through mentoring, leadership development and talent management. We need to focus on ensuring that our female staff at lower bands have the confidence, skills and are supported to apply for our more senior posts at band 8A and above, including executive posts.
- The Trust should continue exploring every opportunity, within the confines of national guidance for Local CEA (bonus payments), to ensure that gains that have been achieved over the last 3 years in addressing the gender pay gap that historically arose from Consultant bonus payments are sustained.
- Share our Gender Pay Gap position (7.50% as reported) with all our staff, including the actions we will take to improve our position.

Appendices

Table 4: Average and Median Hourly Rates

Gender	Average Hourly Rate	Median Hourly Rate
Male	26.92	23.41
Female	24.90	23.41
Difference	2.02	0.00
Pay Gap %	7.50	-0.0034

Table 5: Bonus Payments

Gender	Avg. Bonus Pay	Median Bonus Pay
Male	11,752.30	9,045.57
Female	11.984.86	9,952.80
Difference	-232.56	-907.23
Pay Gap %	-1.98	-10.03

Table 3: Number of employees in each quartile (Q1 low pay to Q4 high pay)

Quartile	Female	Male	Female %	Male %
Quartile 1	159.00	54.00	74.65	25.35
Quartile 2	158.00	57.00	73.49	26.51
Quartile 3	165.00	50.00	76.74	23.26
Quartile 4	158.00	59.00	72.81	27.19

Table 6: Payment of Bonuses by Gender

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	8.00	966.00	0.83
Male	7.00	308.00	2.27

MEETING OF THE BOARD OF DIRECTORS PART II – PUBLIC – Thursday, 27 July 2023			
Report Title: EDI Annual Report 2022-23			**Agenda No.: 17**
Report Author and Job Title:	Dr Thanda Mhlanga, Associate Director of EDI	**Lead Executive Director:**	Gem Davies, Chief People Officer
Appendices:	Appendix 1: Annual EDI Report 2022/23		
Executive Summary:			
Action Required:	Approval ☒ Discussion ☐ Information ☐ Assurance ☐		
Situation:	This EDI Annual report presents a snapshot of the Equality Diversity and Inclusion landscape. It provides an overview of the challenges, actions that have been taken so far, makes some recommendations and also provides an action plan.		
Background:	The EDI annual report is a live document that helps us reflect on our EDI challenges: celebrate our successes but most importantly focus on areas where improvements are still required.		
Assessment:	The Trust has invested resources in creating a new EDI Team and significant efforts are being made to create the desired culture change. However, our EDI key performance indicators highlight that where we are currently falls below our ambition. Most EDI challenges are cultural in nature and thus take a while to shift. Also, it is noted that EDI cannot be imposed on a workforce – it needs to be pulled in gently and baked in. It depends on the goodwill will of the people hence the importance of buy-in.		
Key recommendation(s):	The POD EDI Committee is asked to **APPROVE** the report, the recommendations made and the action plan.		

Implications:				
Strategic Objectives:				
☒ Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	☒ Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration.	☐ Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	☒ Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	☐ Ensure we are well-led & effectively governed.

Relevant CQC Domain:	Safe ☒	Effective ☐	Caring ☒	Responsive ☐	Well-led ☒
Link to the Risk Register:	BAF ☒	CRR ☐	ORR ☐		
	BAF 6: Lack of inclusive and open culture				

Legal and Regulatory Implications:	Yes ☒		No ☐	
	• Standard NHS Contract • Equality Act (2010) • Public Sector Equality Duty (PSED)			
Resource Implications:	Yes ☒		No ☐	
	• Equalities Training Budget • Events to support staff networks			
Diversity, Equality and Inclusion (DEI) implications:	Yes ☒		No ☐	
	• Addressing inequalities.			
Freedom of Information (FOI) status:	☒ This report is disclosable under the FOI Act.		☐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:	POD EDI Committee, 6 July 2023			
Reports require an assurance rating to guide the discussion:	☐ Limited Assurance: There are significant gaps in assurance or action plans	☒ Partial Assurance: There are gaps in assurance	☐ Adequate Assurance: There are no gaps in assurance	☐ Not applicable: No assurance is required

NHS
The Tavistock and Portman
NHS Foundation Trust

Annual Equality Diversity & Inclusion Report 2023

Report Produced:

June 2023

Report Published:

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1. Foreword

In the last year, the Tavistock and Portman has been strengthening its commitment to becoming an authentically inclusive, diverse and equitable organisation. We have invested in our first dedicated Equality, Diversity & Inclusion (EDI) Team that comprises of an Associate Director of EDI, EDI Manager and EDI Administrator. This investment has enhanced our strategic and operational EDI ambitions. We are consciously pushing ourselves and each other to understand systemic processes and behaviours that perpetuate discrimination and a non-inclusive culture in our organisation. So, whilst we disavow all forms of prejudice such as ableism, anti-semitism, classism, homophobia, Islamophobia, sexism and transphobia; we have used findings of an external review and our Workforce Race Equality Standard (WRES) data to develop an anti-racism statement as a public commitment to becoming an anti-racist organisation.

We are proud of the changes we are making in our approach to discrimination and inclusion as an organisation. However, we also humbly reflect on our progress through the evaluation of our staff survey data and other EDI key performance indicators that highlight that where we are currently falls below our ambition. Our WRES and Workforce Disability Standard (WDES) metrics demonstrate that there are clear and measurable disparities for our staff from traditionally marginalised communities. For instance, minority ethnic backgrounds and staff with disabilities and long-term health conditions are more likely to be bullied, harassed, abused and discriminated against by patients, colleagues and managers. Also, our staff survey results indicate that the career development and progression opportunities of staff from minoritised backgrounds is compromised by their backgrounds.

Our data also suggest that have much work to do in making sure our staff feel supported to share any protected characteristic (particularly on the grounds of disability, long term health conditions, gender identity and sexuality). We are working on creating a culture where staff can share their protected characteristics confidently knowing that the information shared will help raise awareness, improve their experiences and that the organisation can support their needs. Our data tells us that we need to better support and educate our leaders on how to manage and understand diversity, recognise and address bullying, harassment, abuse and discrimination and make our recruitment processes and career progression more inclusive.

When we set this against the context of the national picture of the 2022-23 NHS staff survey, we acknowledge that we are among underperforming NHS Trusts. No organisation is doing everything well: there are some examples of good practice and improvement and there is evidence that change is not progressing quickly enough – and in some cases – is regressing. This does not suggest that we are accepting of the status quo, but to acknowledge the scale of the challenge. We are committed to being persistent and more impactful in shifting and redefining the cultures, behaviours and systems that create and perpetuate differentials in experience in our organisation.

Our 3-year vision is to equalise experience for all and become a truly inclusive and anti-discriminatory organisation. Building on recommendations from EDI metrics, WRES and WDES reports our interventions over the next three years will focus on the following overarching themes:

- Improving inequalities and differentials in experience
- Embedding an inclusive and compassionate leadership culture
- Increasing the diversity of the workforce
- Supporting career progression of BME staff
- Strengthening and developing our staff networks and EDI roles
- Embedding a Just Culture approach to incidents and disputes

In the first year of EDI Strategy, we have prioritised four key deliverables from the above themes to implement directed and evidence-based interventions, at pace and with resource, to shift the dial on our progress:

- Workforce composition

- Career progression
- Bullying, Harassment and Abuse
- Non-inclusive culture and Discrimination

Whilst we acknowledge that EDI challenges are cultural in nature, and thus it may take time to begin to see the benefit and impact on our staff experience, we will not slow down on our efforts. We will continue to build on our ambition, investment and commitment to becoming one of the leading anti-discriminatory and inclusive organisations where everyone has a positive experience. We are particularly inspired by the impressive progress that we have made towards Gender Pay Equality: our Gender Pay Gap has shrunk to 7.50% - the national average is 14.7%.

2. Our Equality Diversity and Inclusion Strategy 2022-25

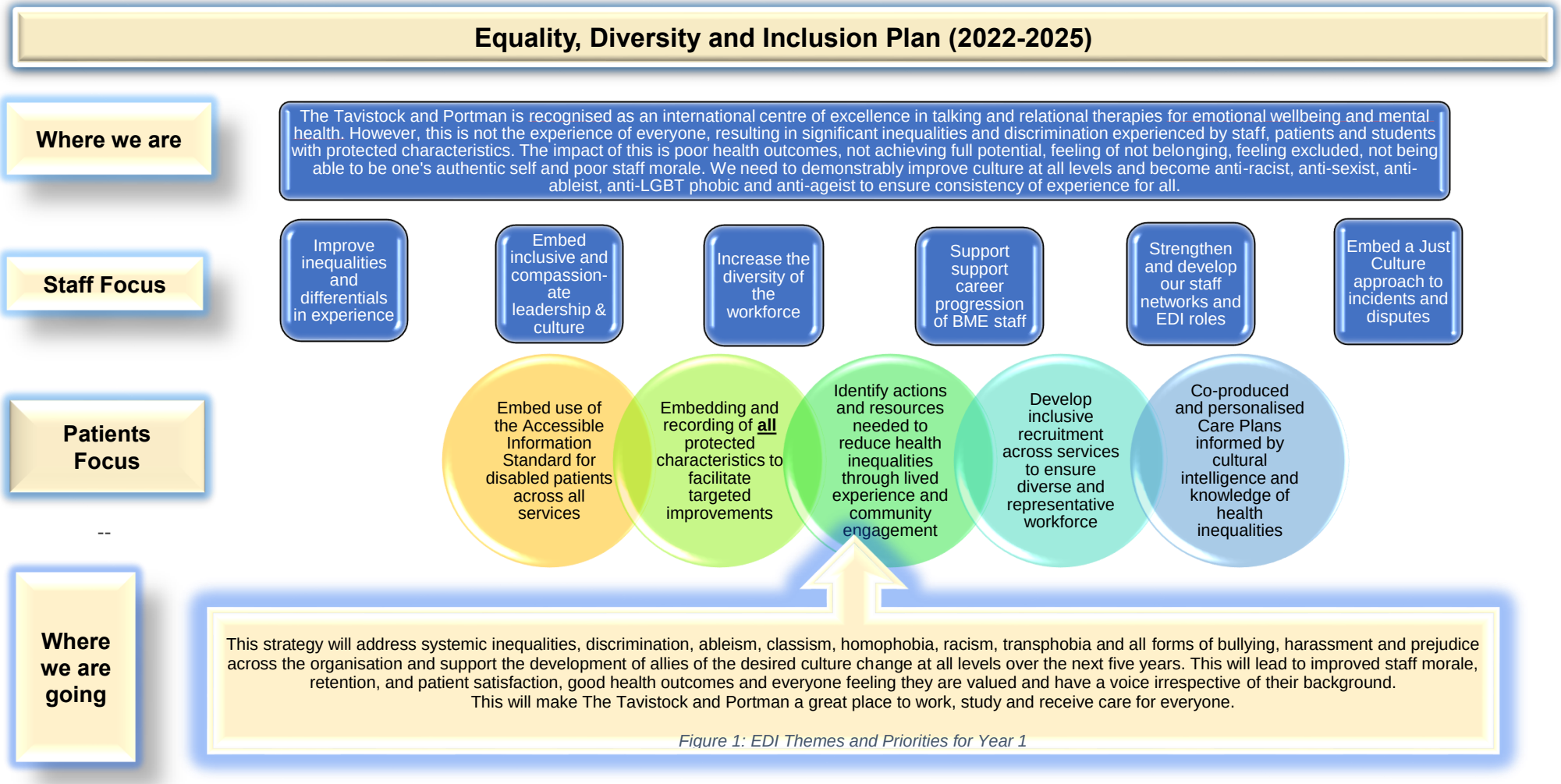


Figure 1: EDI Themes and Priorities for Year 1

3. Key Findings

EDI Metric	Area of Progress	Areas for Improvement
Workforce Race Equality Standard (WRES)	• Gradual increase of 1.3% per annum in the BME workforce over the last 5 years. • A slight dip of 0.7% in the number of staff stating that they have experienced harassment, bullying or abuse from their colleagues. • A noteworthy 7.2% increase in the number of BME staff who believe the Trust provides equal opportunities for career progression or promotion. • The representation at Board level is improving.	• Overrepresentation of BME staff in low level non-clinical roles (up to Band 7). • Underrepresentation of BME staff in clinical roles (except Band 4). • Slight regression in the relative likelihood of BME staff being appointed from shortlisting. • BME staff are more likely to enter the formal disciplinary process compared to White staff. • Slight regression in the relative likelihood of BME staff accessing non-mandatory training and continuous professional development (CPD). • Increase in the number of staff experiencing harassment, bullying or abuse from patients, relatives or the public. • BME staff are twice as likely to experience discrimination from either their manager, team leader or colleague in comparison to their White counterparts.
Workforce Disability Equality Standard (WDES)	Staff with Disabilities and LTHC: • Are more likely than non-Disabled staff to be appointed from shortlisting. • Have not entered a formal capability process over the last four years. • Are experiencing 3% less the amount of harassment, bullying or abuse they received from other colleagues last year. • Are still about 10% more likely to experience harassment, bullying or abuse from other colleagues than non-disabled staff but this metric improved by 1.2% this year.	Staff with Disabilities and LTHC are: • Overrepresented in non-clinical roles. • Underrepresented in clinical roles. • Twice as likely to experience harassment, bullying or abuse from patients/service users, relatives or the public than non-disabled staff. • Almost three times more likely to experience harassment, bullying or abuse from managers than non-disabled staff. • Less likely to report when time they experience harassment, bullying or abuse at work. • More likely to feel pressure from their manager to come

		to work, despite not feeling well enough. • 10.5% less likely to feel satisfied with the extent to which the organisation values their work compared to their non-disabled peers. • Largely dissatisfied with the reasonable adjustments the Trust has put in place to enable them to carry out their work. • Engaging less each year compared to their non-disabled colleagues. • Underrepresented at Board level.
Gender Pay Gap	• The Gender Pay Gap has shrunk by 3.02% (from 10.52% to 7.50%). • The average bonus pay gap has been completely eradicated (from 18.33% in 2019-20 to -1.98% in 2022-23).	• Gender Pay Gap created by higher proportion of men in the most senior bands within the Trust.

4. Workforce Race Equality Standard (WRES)

The Workforce Race Equality Standard (WRES) is a national metric that was mandated in April 2015 for all NHS Providers. It uses nine indicators to help NHS organisations visualise and address inequalities between employees from BME backgrounds and White staff.

Legal obligation: Equality Act 2010 and the Public Sector Equality Duty (PSED).

WRES Indicator		White	BME	Unknown	5 Year Trend (2019-23)	Evaluation
Indicator 1: Percentage of Trust-wide staff by ethnicity	Overall workforce representation	544 (65.5%)	255 (30.7%)	31 (3.7%)	Improving	The overall number of Black, Asian and Minority ethnic staff has been increasing over the past 5 yrs.
Indicator 1a: Percentage of staff by ethnicity & AfC pay bands (Non-Clinical)	Under Band 1	0	0	0	Improving	Over the last 5 years, the overall number of Black, Asian and Minority ethnic staff in the non-clinical cohort has been increasing. However, there is underrepresentation at Band 8a and above.
	Band 1	0	0	0		
	Band 2	1 (25%)	2 (50%)	1 (25%)		
	Band 3	1 (33.3%)	2 (66.7%)	1 (33.3%)		
	Band 4	24(40.7%)	33 (55.9%)	2 (3.4%)		
	Band 5	33 (43.4%)	39 (51.3%)	4 (5.3%)		
	Band 6	30 (56.6%)	22 (41.5%)	1(1.9%)		
	Band 7	21 (60%)	14 (40%)	0 (0%)		
	Band 8a	19 (73.8%)	6 (23.1%)	1 (3.8%)		
	Band 8b	20 (69.0%)	7 (24.2%)	2 (6.9%)		
	Band 8c	14 (77.8%)	4 (22.2%)	0 (0%)		
	Band 8d	3 (75%)	1 (25%)	0 (0%)		
	Band 9	5 (83.3%)	1 (16.67%)	0 (0%)		
	VSM	4 (66.67%)	2 (33.33%)	0 (0%)		
	Total	**175 (54.8%)**	**133 (41.6%)**	**11 (3.4%)**		

		White	BME	Unknown	5 Year Trend (2019-23)	Evaluation
Indicator 1b: Percentage of staff by ethnicity & AfC pay bands (Clinical)	Under Band 1	0	0	0	Improving	Over the last 5 years, the overall number of Black, Asian and Minority ethnic staff in the clinical cohort has been increasing. However, there is underrepresentation at Band 5 and above. A typical NHS Trust in the London region is 49.90% BME and 45.10% White.
	Band 1	0	0	0		
	Band 2	0	0	0		
	Band 3	0	0	0		
	Band 4	9 (37.5%)	15 (62.5%)	0(0%)		
	Band 5	17 (77.3%)	5(22.7%)	0		
	Band 6	67 (68.37%)	26(26.53%)	5(5.1%)		
	Band 7	73 (74.49%)	19(19.39%)	6(6.12%)		
	Band 8a	76 (73%)	24 (23.1%)	4 (3.8%)		
	Band 8b	57 (89.1%)	5 (7.81%)	2 (3.13%)		
	Band 8c	20 (74.07%)	6 (22.22%)	1 (3.7%)		
	Band 8d	4 (100%)	0 (0%)	0 (0%)		
	Band 9	1 (100%)	0 (0%)	0 (0%)		
	VSM	2 (100%)	0 (0%)	0 (0%)		
	Total	**324 (71.7%)**	**110 (24.3%)**	**18 (4%)**		

		White	BME	Unknown	5 Year Trend (2019-23)	Evaluation
Indicator 1c: Percentage of staff by ethnicity & Medical pay groups	Consultants	24 (64.9%)	12 (32.4%)	1 (2.7%)	Improving	Over the last 5 years, the overall number of Black, Asian and Minority ethnic staff in the medical cohort has been increasing.
	Snr Medical Manager	0	0	0		
	Non-Consultant Career Grade	4 (80%)	1 (20%)	0 (0%)		
	Trainee Grade	10 (62.5%)	5 (31.3%)	1 (6.25%)		
	Other	5 (55.6%)	4 (44.4%)	0 (0%)		
	Total	47 (66%)	22 (30.9%)	2 (2.8%)		

		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
Indicator 2: Relative likelihood of White applicants being appointed from shortlisting compared to Black, Asian and Minority Ethnic applicants	T&P	1.77	0.41	0.73	0.85	0.95	Worsening	Over the last 4 years, BME applicants are more likely to be appointed from shortlisting than white applicants. However, this indicator has been regressing gradually.
	NHS Trusts	1.45	1.46	1.61	1.61	1.54		

		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
Indicator 3: Relative likelihood of Black, Asian and minority ethnic staff entering the formal disciplinary process compared to White staff	T&P	2.63	0.82	0.00	0.00	1.60	Improving	There has been regression for the first time in 2 yrs.
	NHS Trusts	1.24	1.22	1.16	1.14	1.14		

		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
Indicator 4: Relative likelihood of White staff accessing non-mandatory training and CPD compared to Black, Asian and Minority Ethnic staff	T&P	0.92	1.25	1.49	1.00	1.05	Worsening	We are regressing but still fall within the non-adverse range.
	NHS Trusts	1.55	1.15	1.14	1.14	1.12		

Indicator 5: Percentage of staff experiencing harassment, bullying and abuse from patients, relatives or the public in the last 12 months		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (White)	20.5%	20.2%	18.6%	13.0%	14.1%	Improving	Over the last 5 yrs, bullying harassment and abuse of staff by patients is improving. However, there has been a 3% regression this year.
	T&P (All other ethnic groups)	24.5%	18.8%	19.8%	13.5%	16.5%		
	NHS av. (All other ethnic groups)	32.8%	35.5%	32.1%	31.8%	31.5%		

Indicator 6: Percentage of staff experiencing harassment, bullying and abuse from colleagues in the last 12 months		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (White)	19.2%	20.5%	21.3%	19.9%	21.3%	Worsening	We are in a worse position than we were 5 years ago. Also, figure consistently higher than that reported by white staff.
	T&P (All other ethnic groups)	27.8%	25.7%	23.4%	30.8%	30.1%		
	NHS av. (All other ethnic groups)	27.1%	24.9%	25.0%	22.9%	22.8%		

Indicator 7: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (White)	54.4%	47.0%	32.6%	31.4%	32.3%	Worsening	Improvement was realised over the last 2 yrs. However, our position is worse off than it was 5yrs ago. Also, its well below national average.
	T&P (All other ethnic groups)	35.4%	26.0%	16.5%	18.9%	26.1%		
	NHS av. (All other ethnic groups)	46.3%	45.8%	45.5%	46.8%	49.6%		

Indicator 8: In the last 12 months have you personally experienced discrimination at work from a manager / team leader or other colleagues		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (White)	9.2%	7.8%	9.7%	10.9%	12.0%	Worsening	Twice as many Black, Asian and ethnic minority staff report experiencing discrimination.
	T&P (All other ethnic groups)	15.3%	17.0%	27.6%	21.5%	24.7%		
	NHS av. (All other ethnic groups)	13.6%	13.6%	15.1%	14.4%	13.6%		

Indicator 9: Percentage difference between the organisation's board voting membership and its overall workforce		**BME**	**White**	**Unknown**	**5 Year Trend (2019-23)**	**Evaluation**
	% of Board Membership by ethnicity	26.32% (5)	73.68% (14)	0% (0)	Improving	Although, Black, Asian and Minority Ethnicity staff continue to be under-represented at Board level, over the past 5 years this gap has been closing.
	Difference to overall workforce ethnicity	-4.4%	8.1%	-3.7%		

5. Workforce Disability Equality Standard (WDES)

The Workforce Disability Equality Standard (WDES) is a national metric that was mandated in April 2018 for all NHS Providers. It uses ten indicators to help NHS organisations visualise and address inequalities between staff with Disabilities and LTHC and Non-Disabled staff.

Legal obligation: Equality Act 2010 and the Public Sector Equality Duty (PSED).

WDES Indicator		Disabled	Non-Disabled	Unknown	5 Year Trend (2019-23)	Evaluation
Indicator 1: Percentage of Trust-wide staff by disability	Overall workforce representation	83 (10.1%)	710 (83.3%)	66 (8%)	Improving	The number of staff comfortable to share their disability has doubled over the last 5 years. However, the non-declaration rate is still high.
Indicator 1a: Percentage of staff by disability & AfC pay bands (Non-Clinical)	Cluster 1 Bands 1-4	18.2% (12)	69.7% (46)	12.1% (8)	Improving	Overall, the number of disabled staff in all clusters of the non-clinical cohort has increased. It is particularly encouraging to note that the non-declaration rates in low level bands have shrunk significantly.
	Cluster 2 Bands 5-7	14.8% (24)	76.2% (125)	9.15% (15)	Improving	
	Cluster 3 Bands 8a-8b	16.4% (9)	78.2% (43)	5.5% (3)	Improving	
	Cluster 4 Bands 8c-9 & VSM	17.9% (5)	78.6% (22)	3.6% (1)	Improving	

WDES Indicator		Disabled	Non-Disabled	Unknown	5 Year Trend (2019-23)	Evaluation
Indicator 1b: Percentage of staff by disability & AfC pay bands (Clinical)	Cluster 1 Bands 1-4	8.7% (2)	91.3% (21)	(0)	Improving	Over the last 5 years, the number of staff with disabilities in the clinical cohort has increased. However, • staff with disabilities or long-term conditions are still underrepresented. • Non-declaration rates are higher in more senior roles than junior roles in the clinical cohort.
	Cluster 2 Bands 5-7	7.8 % (17)	86.2% (188)	5.9% (13)	Improving	
	Cluster 3 Bands 8a-8b	10.1% (17)	82.1% (138)	7.7% (13)	Improving	
	Cluster 4 Bands 8c-9 & VSM	9.5% (4)	85.7% (36)	4.8% (2)	Improving	

WDES Indicator		Disabled	Non-Disabled	Unknown	5 Year Trend (2019-23)	Evaluation
Indicator 1c: Percentage of staff by disability & Medical pay groups	Cluster 5 (Medical & Consultants)	8.1 % (3)	89.2% (33)	2.7% (1)	Improving	Over the last 5 years, the number of staff with disabilities in the clinical cohort has increased substantially, though still underrepresented in most cohorts. One staff sharing their disability alters the data significantly due to the small numbers in each cluster.
	Cluster 6 (Medical Dental & Non-Consultants career grade)	20% (1)	60% (3)	20% (1)	Improving	
	Cluster 7 (Medical Dental and trainee grade)	5.9% (1)	76.5% (13)	17.6(3)	Improving	

Indicator 2: Relative likelihood of disabled applicants being appointed from shortlisting		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P	0.74	1.03	0.82	1.33	0.95	Worsening	There is regression, but overall disabled staff are still more likely to be appointed from shortlisting.

Indicator 3: Relative likelihood of disabled staff entering the formal disciplinary process		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P	0.00	0.00	0.00	0.00	0.00	Improving	No staff member with a declared disability has entered the formal capability process over the last five years.

Indicator 4a (i): Percentage of staff experiencing harassment, bullying and abuse from patients, relatives or the public in the last 12 months		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (DLTHC)	27.6%	30.9%	21.2%	17.6%	23.0%	Improving	There was a regression of 5.4% this year, but overall improvements have been made over the last 5 years.
	T&P (Without a DLTHC)	21.9%	18.1%	18.7%	12.5%	12.5%		
	NHS av. (DLTHC)	35.4%	35.0%	31.8%	32.2%	32.0%		

Indicator 4a(ii): Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (DLTHC)	21.1%	21.0%	32.1%	25.3%	35.1%	Worsening	Nearly thrice as many disabled staff report experiencing harassment, bullying or abuse from managers.
	T&P (Without a DLTHC)	12.3%	12.5%	10.9%	12.8%	12.0%		
	NHS av. (DLTC)	17.6%	16.8%	15.2%	13.4%	12.3%		
Indicator 4a(iii): Percentage of staff experiencing harassment, bullying and abuse from colleagues in the last 12 months		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (DLTHC)	14.0%	21.0%	24.7%	24.2%	23.0%	Worsening	Disabled staff are more likely to experience harassment, bullying and abuse from colleagues.
	T&P (Without a DLTHC)	12.2%	11.4%	11.2%	12.6%	13.4%		
	NHS av. (DLTHC)	23.3%	22.8%	21.3%	20.2%	18.9%		
Indicator 4b: Percentage of staff who reported harassment, bullying or abuse		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (DLTHC)	61.9%	50.0%	64.1%	59.4%	41.2%	Worsening	There has been a 20.7% decline in the number of staff with a disability reporting abuse from a colleague.
	T&P (Without a DLTHC)	47.8%	60.6%	63.5%	52.2%	49.2%		
	NHS av. (DLTHC)	55.9%	57.4%	58.8%	59.4%	60.3%		

Indicator 5: Percentage of staff believing that their organisation provides equal opportunities for career progression or promotion		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (DLTHC)	36.2%	32.1%	22.5%	27.7%	24.7%	Worsening	Staff with a disability have lower perceptions of fairness in career progression. This is showing a declining trend since 2018.
	T&P (Without a DLTHC)	52.1%	43.4%	30.6%	27.5%	31.7%		
	NHS av. (DLTHC)	50.7%	52.5%	54.3%	54.4%	56.0%		

Indicator 6: Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (DLTHC)	31.8%	25.8%	35.1%	22.9%	28.3%	Improving	Higher levels of staff with a disability report feeling pressured to come to work. However, some improvements have been made since 2018.
	T&P (Without a DLTHC)	16.5%	14.8%	18.7%	19.9%	17.3%		
	NHS av. (DLTHC)	26.2%	23.9%	24.1%	20.8%	18.9%		

Indicator 7: Percentage of staff saying that they are satisfied with the extent to which their organisation values their work		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (DLTHC)	58.6%	43.2%	41.6%	37.2%	29.7%	Worsening	Staff with a disability report lower levels of satisfaction with feeling valued by the Trust and this has declined since 2018.
	T&P (Without a DLTHC)	55.3%	58.1%	53.6%	43.4%	40.2%		
	NHS av. (DLTHC)	38.5%	41.6%	44.6%	43.6%	44.0%		

Indicator 8: Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (DLTHC)	82.4%	61.2%	57.7%	78.2%	53.5%	Worsening	There is a decline in the number of staff reporting their employer makes adjustments to make their work accessible.
	T&P (Without a DLTHC)	77.3%	76.9%	81.4%	78.8%	78.8%		

Indicator 9a: The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation		2018/19	2019/20	2020/21	2021/22	2022/23	5-Year Trend	Evaluation
	T&P (DLTHC)	7.3	6.5	6.4	6.3	5.4	Worsening	Staff with a disability have lower engagement score year on year as compared to staff without a disability. 5.4 places the Trust among the lowest scores nationally.
	T&P (Without a DLTHC)	7.4	7.3	7.1	6.7	6.5		
	NHS av. (DLTHC)	6.7	6.7	6.8	6.7	6.7		

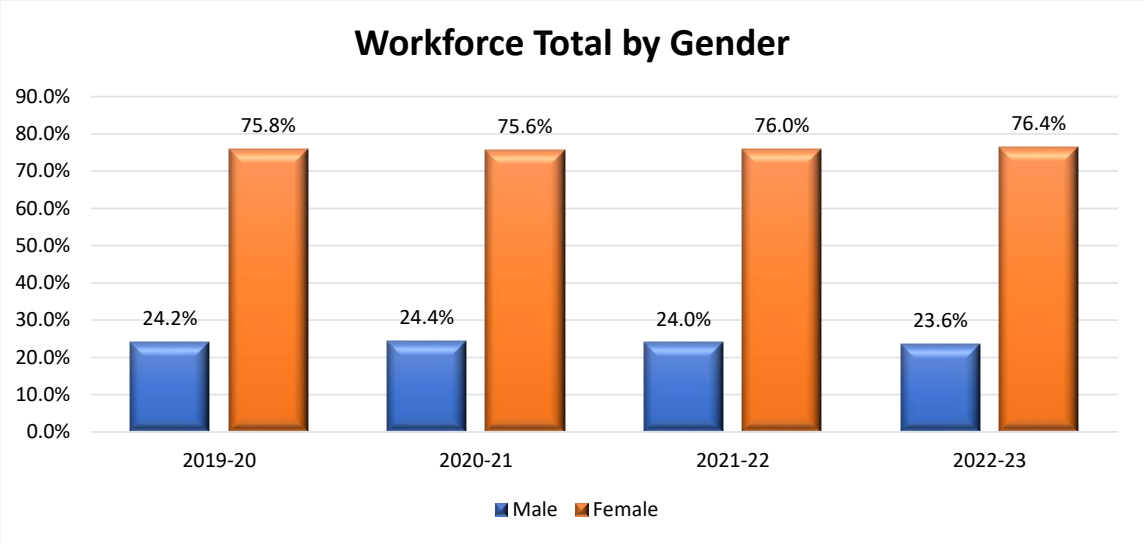
Indicator 9b: The organisation takes action to facilitate the voices of disabled staff	**Response**	Yes	Evaluation
	Examples	The organisation has supported the refresh of our staff networks and has supported several events that raise awareness about disability.	This is the first year that this question has been included as a WDES indicator. The organisation is building its capacity to listen to the lived experiences of staff through staff networks and various forums.

Indicator 10: Percentage difference between the organisation's board voting membership and its overall workforce		**Disabled**	**Non-Disabled**	**Unknown**	**5 Year Trend (2019-23)**	**Evaluation**
	% of Board Membership by disability	(1) 5.26%	(14) 73.68%	(4) 21.05%	Improving	Staff with a disability are underrepresented at Board and Exec level. There is need to encourage sharing of disability at Board and exec level.
	% difference by voting membership of Board	-0.35%	-3.37%	3.71%		
	% difference by executive membership of the Board	-11.46%	-11.15%	22.6%		

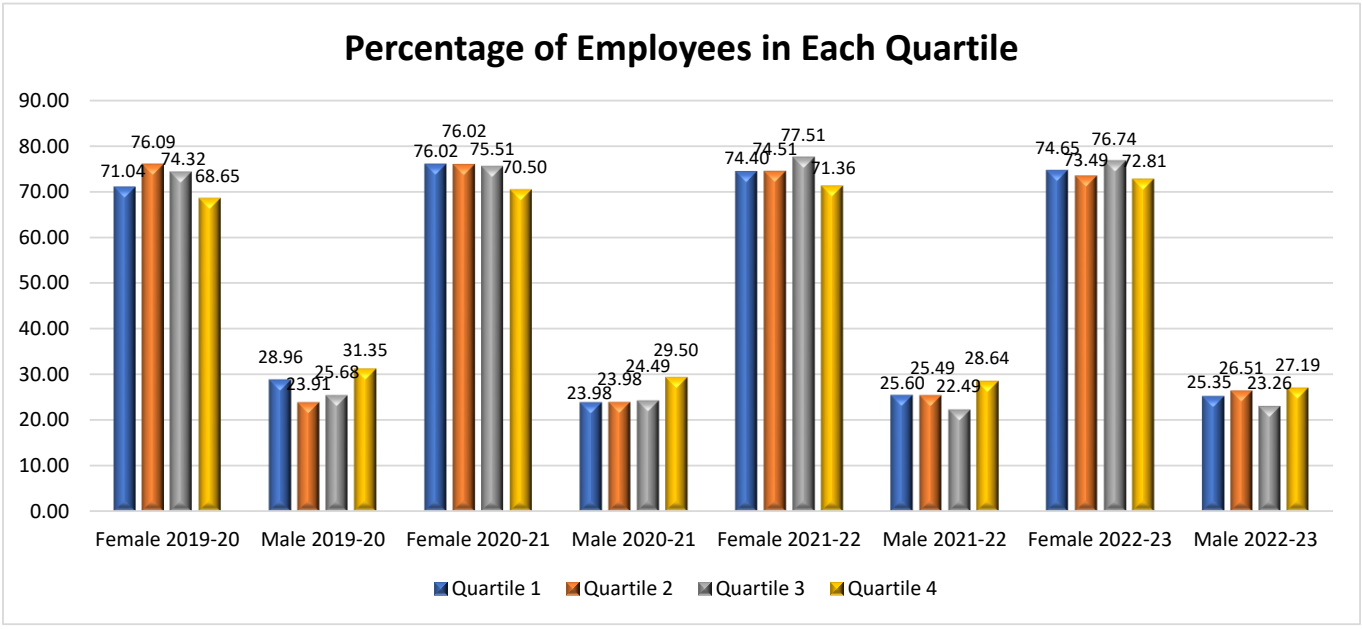
6. Gender Pay Gap

The Gender Pay Gap is a national requirement for all employers with a workforce of 250 or more staff. It reports on the difference between the average earnings of men and women across the workforce.

The tables below show the data as of 31 March 2023.



Like trends in other NHS Trusts, the female workforce at the Tavistock ad Portman makes up the majority of our staffing at 76.4%, with the remaining 23.6% being male. These figures suggest that there has been a nominal increase in the number female employees and a slight decrease in the number of male employees over the last three years.



The figure above presents the percentage of staff in each pay quartile (Q1 = lowest, Q4 = highest).

The results presented in the Table 1 below highlight that the pay gap in the average hourly rate reported this year shrunk by 3.02% (from 10.52% to 7.50%). One of the major reasons for the pay gap is that men are overrepresented in the most senior bands within the Trust. For instance, females represent 76.4% of our workforce yet only represent 72.81% of the workforce in the upper quartile (Q4); males represent 23.6%% of our workforce but are overrepresented in the upper quartile (27.19%).

Gender	Average Hourly Rate 2019-20	Average Hourly Rate 2020-21	Average Hourly Rate 2021-22	Average Hourly Rate 2022-23
Male	25.47	26.09	26.56	26.92
Female	23.44	23.52	23.76	24.90
Difference	2.03	2.57	2.8	2.02
Pay Gap %	7.95%	9.83%	10.52%	7.50%

The table below suggests that the average bonus pay gap at The Tavistock and Portman has been completely eradicated (from 18.33% in 2019-20 to -1.98% in 2022-23) and this has been maintained for three consecutive years.

Gender	Average Bonus Pay 2019-20	Average Bonus Pay 2020-21	Average Bonus Pay 2021-22	Average Bonus Pay 2022-23
Male	10,547.23	8,769.02	10,664.66	11,752.30
Female	8,613.70	8,696.17	10,907.56	11.984.86
Difference	1,933.53	72.82	-242.90	-232.56
Pay Gap %	18.33	0.83	-2.28	-1.98

7. Building our Culture for Inclusion

The Trust is working hard to build an environment and community that values diversity and cultivates inclusion. There have been various activities and interventions that have been undertaken to improve the experience of our staff, the care that we provide to our patients and celebrate the representation of the various communities that make up our workforce. Here are some examples from across the organisation.

- In June we had a three-day Inclusive Recruitment Training Programme delivered by an external consultant. This was attended by 24 recruiting managers and EDI Reps.
- We recently refreshed our staff networks to strengthen their governance and facilitate their role clarity and effectiveness.

LGBTQI+ Staff Network

June 2023 (Pride month)

- **Pride Panel Discussion:** a panel event featuring senior leaders at the Trust as well as members of the LGBTQI+ community open to all staff aiming to open conversation about the purpose of Pride, LGBTQI+ issues at the Trust and beyond.

- Pride picnic in the Portman Garden: an informal networking and celebratory event - staff gathered and enjoyed Pride.

- Invisible Women film screening and Q&A: an educational event where a documentary film raising awareness of LGBTQI+ activism in Manchester was screened – there was an external speaker for Q&A.
- Exploring non-binary joy and workplace allyship: an educational event where an external speaker talked about their lived experience, and spoke to LGBTQI+ issues and inclusive work culture.

LGBTQI+ History Month

- Controlling Chemsex Charity Talk: an educational talk from a Trust student and the charity CEO about chemsex, which predominantly affects men who have sex with men, and the work of the charity.
- An evening LGBTQI+ History Month social event: a celebratory social event featuring creative contributions from LGBTQI staff, an address by the Associate Director of EDI, a talk from an LGBTQI artist and comedy performances from LGBTQI folks.
- Lunch and learn with Nadiya Rashid, an informal educational and discussion event from a member of staff on 'queer' and other labels in the LGBTQI+ community.
- MindOut Charity Talk: an educational talk from MindOut a mental health charity for LGBTQI+ communities about issues facing LGBTQI+ folks and the work of the charity.
- Always Asifa film screening and Q&A: a screening of a documentary film about a transgender activist's gender transition followed by Q&A with Asifa.
- Lunch and learn with Nii Swaniker: an informal educational and discussion event from a member of staff on intersectionality
- Landline film screening: screening of a documentary film about the only UK helpline for gay farmers, produced by a member of staff, and including a Q&A with them.
- Lunch and learn with Rupert Armitstead: an informal educational and discussion event from a member of staff on the lived experiences of bisexuality.
- Imaan Charity Talk: an educational talk from volunteers / board members of Imaan, a charity support group for LGBT Muslims to help reconcile faith with their sexuality and gender identity, about the intersections of being Muslim and LGBT and the work of the charity.
- Launch of LGBTQI+ History Month Art Exhibition: 'A Queer Pilgrimage'
- A spotlight on LGBTQI+ people living with HIV for World AIDS Day: an educational event delivered by an HIV consultant at the Royal Free raising awareness about HIV and issues that affect members of the LGBTQI+ community.

Disabilities and Long-Term Health Conditions Network

Purple stories workshop: https://www.purplespace.org/

Designed to support colleagues to share information about their disability in a way that builds inner confidence. The sessions provide a unique virtual environment that enables people to talk about how they can become a little bolder about being who they are.

Workshop aims:

- Support delegates to express their story of difference clearly and confidently in the business context.
- Increase delegates' effectiveness by improving the way they share their story of resilience, adaptability, and humanness.
- Enable delegates to spot the difference between real and perceived barriers to work success.

It is particularly good for delegates who want to:

- Improve the way they share information about their disability, ill health or 'difference' with work colleagues and line managers so they can learn how to 'get it out of the way' and get on to business as usual.
- Finesse a few 'one-liners' about their disability at work so they feel in control when sharing personal information.
- Start to shape a story and think about how they will practice the delivery of a 'set-piece' version of their story beyond the workshop – to help their organisation to think more creatively about how they can unlock their talent.

Introduction of a Reasonable Adjustments Process

- A centralised budget managed by the EDI Team helped streamline reasonable adjustments.
- Development of a new system with IT and Finance.
- Several challenges encountered with new approach/system (managed through regular/weekly collaborative meetings between EDI, Finance and IT).
- A Health Passport was introduced

Celebrating Disability Awareness Event and Workshop, hosted by Celebrating Disability.

https://celebratingdisability.co.uk/

This workshop focused on the social model of disability, 'Spoon Theory', allyship and having open conversations. The event facilitator, Esi Hardy, has lived experience of disability she shared her journey to empowerment. Participants were encouraged to participate actively and had the opportunity to share their own lived experiences, make suggestions, take part in a reflection group exercise and to ask questions. Breakout rooms were used to enable intimate conversations on specific subjects.

Purple Space, Purple Stories Webinar - open to all staff.

- Focus was on understanding why staff often shy away from identifying with disability.
- Explored how organisations can encourage staff with disabilities to be themselves

- Discussed how colleagues with disabilities could build the confidence to be themselves

Race Equality Network

Black History Month

The Race Equality Network (REN) and Allies got together to celebrate Black History Month.

- The theme of BHM was Urafiki which means Friendship this was the first large face to face event post pandemic.
- The event was hosted by then REN Chair Laverne Antrobus.
- The Associate Director of EDI gave a keynote speech
- Dr Sally Hodges also gave a speech in her capacity as Acting CEO and Executive Sponsor for REN.
- There was a performance by Victor Richards – “Streets Paved with Gold”.
- Corey Golding affectionately known as our “Dub Poet” gave an inspired performance.
- Abi-Canepa-Anson spoke about “Parallels between Art and Psychotherapy” and her Abioca Art Collection.
- The food for the event was provided by a Caribbean catering company - they served a variety of authentic Caribbean dishes.
- The Communications Team played an integral part in showcasing staff members under the theme “Black, Bold and Brilliant” - this involved placing posters on the intranet with biographies introducing and celebrating the staff member in focus.

Currently, REN works closely with the EDI Team to ensure key cultural events are celebrated throughout the year to encourage staff to bring their full authentic selves to work.

Also, the EDI Team and REN have worked on embedding white allies into the network and also pushed for a more inclusive membership to ensure the network is representative of all staff members from minoritized ethnic backgrounds.

Anti-Racism Statement: One of the key highlights for REN was the public launch of the anti-racism statement by the Trust’s Executive Team. The Race Equality Network is keen to ensure that the Trust delivers on ambitions and commitments are enshrined in the statement.

8. Conclusion & Recommendations

The findings of this year’s annual report continue to illustrate the subtle nuance in the progress against our equality metrics. Whilst there are some examples of improvement, there remains clear evidence of stagnation and/or regression in some of the metrics and inequality in the experience of our staff from marginalised and disadvantaged communities.

To redress these differentials in experience, we must intensify our investment to achieving equality through the implementation of our EDI Strategy objectives. By delving further into our data to explore the trends and the narrative lived experiences of our staff, we have also identified some issues that need addressing through targeted interventions. In addition to the objectives identified in the EDI Strategy, the following recommendations are made:

Recommendations	
1.	Disseminate findings of the staff survey (WRES/WDES) trust-wide to facilitate better understanding and local ownership of the challenges.
2.	Each service to discuss the bullying, harassment, abuse and discrimination of staff by colleagues and managers and come up with a service plan for ameliorating the challenges.
3	Remove barriers to reporting discrimination bullying, harassment, abuse and discrimination.
4.	Implement a traffic light system in HR to inform targeted OD interventions in Teams that have EDI challenges.
5.	Implement HR Employee Relations Clinics to support managers with approaching formal disciplinary action.
6.	Identify processes to evaluate pre-formal disciplinary action to determine whether there are racial disparities in cases being resolved at pre-formal stages/being escalated to formal stages.
7.	Improve the declaration of disability, ethnicity, gender identity and sexuality by increasing staff awareness of how data is used and implementing processes & targets to ensure that ESR declaration is inputted and updated at key milestones (e.g., new starters, 1:1's, appraisals).
8.	All Executives to input and update their demographic data on ESR for improved monitoring of representation and role modelling for the rest of the organisation
9.	Enhance and standardisation of the reasonable adjustments process backed by a clear and comprehensive policy.
10.	Create transparency around career progression opportunities, promotions and secondments.
11.	Create career progression opportunities and access to career development opportunities at lower bands.
12.	The delivery of actions should be supported by the leadership of an Executive owner

9. Action Plan

Annual EDI Report Action Plan					
	Action	**Source**	**Due Date**	**Lead**	**Executive Owner**
1.	Reduce bullying, harassment and abuse by 5% every year	WRES, WDES, FTSU Staff Networks	March 2024	Associate Director of EDI	Chief People Officer
2.	Improve disability declaration rates by 3%	WDES	December 2023	Workforce Business Intelligence & Rep. Manager	Chief People Officer
3.	All Executives to input and update ESR with their protected characteristics data	WDES, WRES	December 2023	Associate Director of EDI	Chief People Officer
4.	Launch awareness campaign for Disability Declaration, including guidance on (i) what constitutes a disability; (ii) how we support staff with a disability (iii) how and when to update ESR WDES	WDES	November 2023	Associate Director of EDI	Chief People Officer
5.	Enhance Reasonable Adjustment Process and implement Health Passports for Disabled staff, including training and guidance for line managers	WDES	Ongoing	Associate Director of HR, Health and Wellbeing Lead	Chief People Officer
6.	Implement HR Employee Relations Clinics to support managers with approaching formal disciplinary action	WRES	October 2023	Associate Director of HR	Chief People Officer
7.	Establish a Trust-wide EDI Programme Board to support and facilitate delivery of Race Action Plan	WRES External Review	March 2023	Associate Director of EDI	CEO
8.	All Execs to have an appraisal objective relating to EDI by their next appraisal cycle	EDI Annual Report	January 2024	EDI Programme Board	CEO
9.	Develop & launch Trust-wide Leadership Training Programme (with a focus on Inclusive and Compassionate Leadership)	EDI Strategy	October 2023	Head of HR (OD, Culture and Engagement)	Chief People Officer
10.	Implement Inclusive Recruitment Ambassadors Programme (incorporating representative panels/accountable decision making)	WRES, WDES, REAG	June 2023	Associate Director of EDI Associate Director of HR	Chief People Officer

10. Acknowledgements

Acknowledgements	
Lead Author	Thanda Mhlanga
Executive Owner	Gem Davies
Workforce Information	Regaya Aryiku
Staff Networks	Nadiya Rashid (LGBTQI+ Staff Network Lisa Tucker (DLTHC Staff Network) Pauline Williams (Race Equality Network)

MEETING OF THE BOARD OF DIRECTORS PART I – Public – Thursday, 27 July 2023			
Report Title: Annual Report from the Trust's Freedom to Speak Up Guardian			**Agenda No.:** 18
Report Author and Job Title:	Sarah Stenlake Freedom to Speak Up Guardian	**Lead Executive Director:**	Michael Holland, Chief Executive Officer and Gem Davies, Executive Director for Speaking Up
Appendices:			
Executive Summary:			
Action Required:	Approval ☐ Discussion ☒ Information ☐ Assurance ☐		
Situation:	Significant work is still required to improve staff (and therefore patient) wellbeing and speaking up culture within the Trust, to create a psychologically safe open learning culture that is detriment and discrimination free.		
Background:	Data from Freedom to Speak Up Guardian (FTSUG) highlights ongoing issues with responsive and effective listening up and following up, and ongoing issues with formal investigations within the Trust, in addition to specific themes arising from staff feedback. The 2022 NHS Staff Survey indicates a continued decline with regards to speaking up culture, staff wellbeing and safety, discrimination, and bullying and harassment of staff (particularly for those from minoritised groups).		
Assessment:	Crucial initiatives to support with addressing this – leadership and management training, a reporting framework for speaking up, and closer monitoring of formal investigations – are needed to improve this, alongside other Trust initiatives.		
Key recommendation(s):	The Board of Directors is asked to review and **DISCUSS** the contents of this report; and support the following: 1. Communicate clearly to all staff the strategy and rationale behind mandatory leadership and management training for the whole Trust, including information and timescales for implementation of training for senior Trust leadership. 2. Introduction of a reporting framework that allows for confidential and anonymous reporting of speaking up matters. 3. Closer and more transparent monitoring of formal investigations. 4. Internal review and action plan in relation to career progression opportunities. 5. Proactive reviewing of GIDS staff and patient communication and staff wellbeing with regards to transfer arrangements.		
Implications:			
Strategic Objectives:			

☒ Improve delivery of high-quality clinical services which make a significant difference to the lives of the people	☒ Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture	☐ Develop & deliver a strategy & financial plan that supports medium & long-term organisational	☐ Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health &	☒ Ensure we are well-led & effectively governed.

& communities we serve.	of inclusivity, compassion & collaboration.	sustainability & aligns with the ICS.	care & reducing health inequalities.	

Relevant CQC Domain:	Safe ☒	Effective ☒	Caring ☒	Responsive ☒	Well-led ☒
Link to the Risk Register:	BAF ☒	CRR ☐	ORR ☐		
	BAF 6: Lack of inclusive and open culture				
Legal and Regulatory Implications:	Yes ☒	No ☐			
	All NHS trusts and foundation trust boards have been asked to update their local policy to reflect the new national template by the end of January 2024. Further work will be undertaken over the coming months to ensure that our approach to FTSU meets required standards.				
Resource Implications:	Yes ☒	No ☐			
	There are resource implications associated with this report. Discussions are currently being held in order to recruit additional FTSU resource.				
Diversity, Equality and Inclusion (DEI) implications:	Yes ☒	No ☐			
	The report contains issues in relation to perceived inequalities and recommendations to facilitate addressing this.				
Freedom of Information (FOI) status:	☒ This report is disclosable under the FOI Act.	☐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:	☐ Limited Assurance: There are significant gaps in assurance or action plans	☐ Partial Assurance: There are gaps in assurance	☐ Adequate Assurance: There are no gaps in assurance	☐ Not applicable: No assurance is required	

Report Title: Annual Report from the Trust's Freedom to Speak Up Guardian

1. Purpose of the report

1.1. To provide updates from the Freedom to Speak Up Guardian (FTSUG) on speaking up feedback/concerns raised over the last year, overarching themes to be learnt from, progress with initiatives in relation to improving the speaking up culture of the Trust, and updated recommendations in relation to each of these points.

2. Background

2.1 The 2015 Francis Review recommended that all NHS Trusts should appoint FTSUGs as an additional, confidential person available for staff to turn to if they wanted to raise feedback/concerns about anything that gets in the way of providing high-quality effective care, or that affects their working life. The current FTSUG has allocated time of 7.5 hours per week at 8C equivalent; more resource (Deputy Guardian, and Ambassadors to support with culture change) approved and due to be recruited and trained in near future.

2.2 The Trust has made an ongoing commitment to speaking up, with the goal that all staff feel free to speak up, and that their feedback/concerns will be listened to with care, and followed-up on promptly. Ongoing initiatives around culture change, training, transparency, increased FTSU resource, and procedural efficiency are necessary to fulfil this commitment.

3. Concerns Raised with Freedom to Speak Up Guardian April 2022 to March 2023

3.1. The number of cases raised with the FTSUG has continued to increase over time and since last year (see Figure 1), from 44 cases (April 2021 to March 2022) to 107 cases (April 2022 to March 2023). There continue to be no anonymous concerns raised with the FTSUG since December 2020.

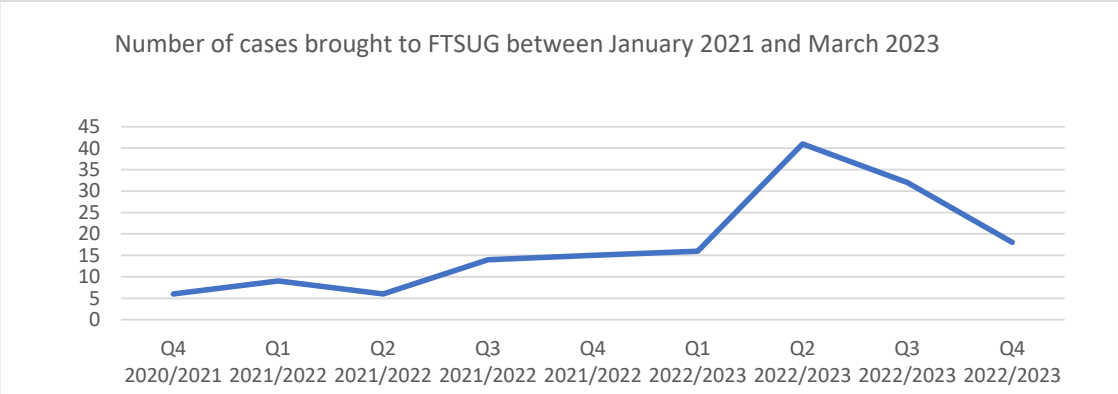


Figure 1

3.2. A breakdown of themes (Figure 2) and numbers of cases (Figure 3) brought to FTSUG between April 2022 and March 2023 is seen below; the Trust aim is to have 0% detriment cases.

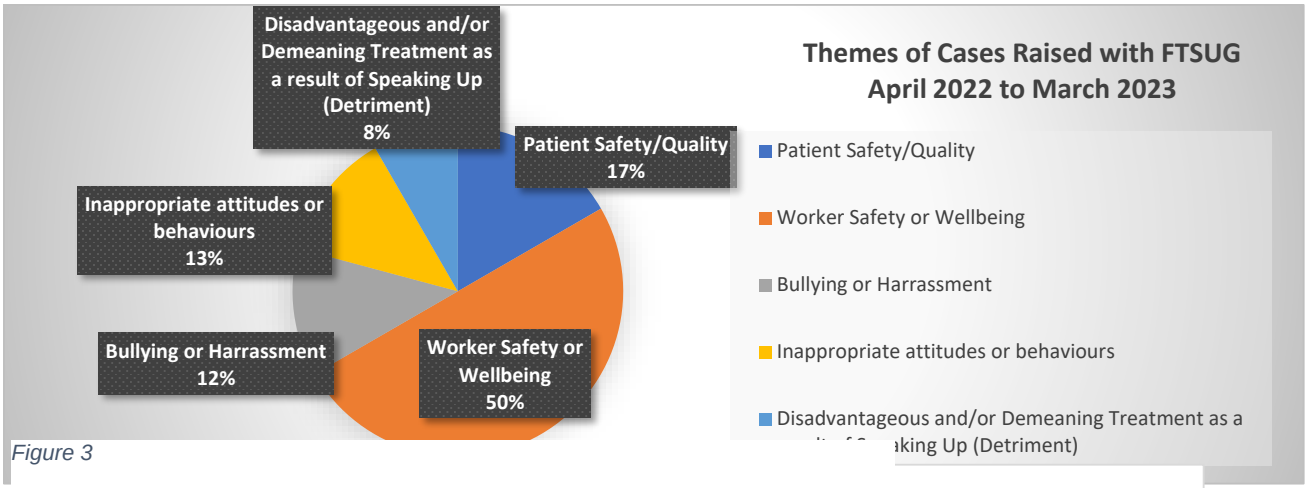


Figure 3

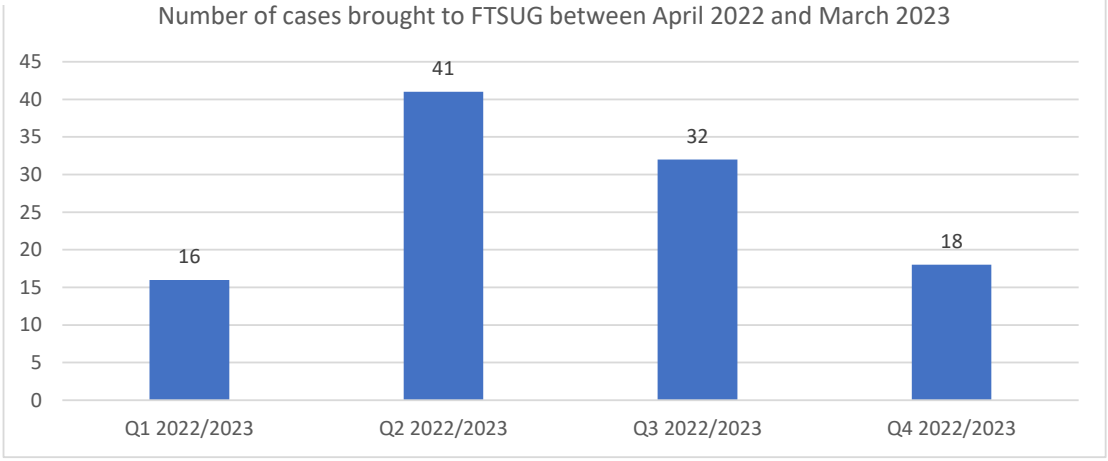


Figure 2

3.1 **Additional themes from April 2022 to March 2023:**

3.1.1 Ongoing problems with equality, diversity and inclusion (EDI), including slow progress with the race action plan, discrimination within the strategic review process, and the lack of proactive training on EDI for all staff.

3.1.2 Formal investigations (for all relevant Trust policies) creating distress and detriment due to significant delays in completion and limited communication to those involved whilst awaiting outcomes. This is combined with staff continuing to report that feedback/concerns raise informally often don't receive effective listening and following up, leading to important feedback/concerns not being addressed, less speaking up, and more formal investigations than necessary. This will inevitably have an impact on the quality and safety of patient care.

3.1.3 Recruitment delays and limited responses to managers and staff members when following up on these, with managers reporting that they felt disempowered by this and staff members reporting that they had a negative start with the Trust as a result.

3.1.4 Limited access to or investment in career progression opportunities for staff members in administrative roles.

3.1.5 GIDS service changes and transfer arrangements – long waits for updates from Trust and NHSE with regards to changes, and limited collaboration with staff - concerns raised about the impact of this on patient and staff safety. NHSE have yet to respond to concerns raised with them in November 2022.

3.1.6 Increased visibility of chief executive (CEO) in weekly communications and attendance at services has been noticed by staff as a positive change.

4. Formal Speaking Up Investigations logged with Executive Director for Speaking Up

4.1 The central register for speaking up concerns that require formal investigation had not been consistently maintained between January 2021 and December 2022. This was a significant issue as it reduced the ability to monitor investigation progress and the implementation of action plans. This has now been addressed and the central register has been monitored and updated regularly since early 2023.

4.2 Since my report in May 2022, there have been 6 cases (involving multiple individuals) entered on the speaking up register. Themes include detriment, bullying and harassment culture, and intersectional discrimination. 1 case is closed; 5 are ongoing. The oldest ongoing case was raised in November 2022 but incorporates concerns raised and unresolved since 2021.

5. Staff Survey Results 2022

5.1 The 2022 Staff Survey results highlight ongoing decline with regards to speaking up culture, EDI, staff satisfaction and safety within the Trust. The four questions on raising concerns have continued to decline and/or remained declined as compared to previous years, with all four scores ranked as the worst score when compared to other organisations.

5.1.1 Q19a “I would feel secure raising concerns about unsafe clinical practice”: the 2022 score is 62.5%, consistently declining from 71.2% in 2018.

5.1.2 Q19b “I am confident that my organisation would address my concerns”: the 2022 score is 38.9%, consistently declining from 64.4% in 2018.

5.1.3 Q23e “I feel safe to speak up about anything that concerns me in this organisation”: there has been a slight improvement since last year (47.7% in 2021 to 50.5% in 2022) but overall drop from 60.3% in 2020 (first time recorded).

5.1.4 Q23f “If I spoke up about something that concerned me I am confident my organisation would address my concern”: the score has declined from 34.2% in 2021 (first time recorded) to 31.1% in 2022.

5.1.5 The 2022 NHS Staff Survey also indicates consistently increasing bullying and harassment experiences from managers and colleagues, worsening and/or high levels of discrimination with regards to protected characteristics and significantly higher rates of harassment and bullying experienced by staff from minoritised groups (WRES & WDES), and increasing reports of staff intending to leave the organisation.

5.2 These scores reflect concerns raised with the FTSUG frequently about the lack of outcomes or feedback after people have spoken up to their local managers, systemic institutionalised issues with regards to EDI, delayed investigation outcomes, the ongoing impact of staff

members having experienced detriment in relation to speaking up, and problematic leadership and management practices due to lack of training and support.

6. Speaking Up Initiatives within the Trust

6.1 Initiatives completed with regards to speaking up over the last year: mandatory e-learning and staff induction on speaking up is ongoing; monthly meetings with CEO and executive director for speaking up (ED for SU), and FTSUG occurring; updated FTSU policy, procedure and flowchart launched in September 2022 with drop-in events during Speak Up Month October 2022 to support with questions and concerns related to the launch; central register for formal investigations up to date and actively monitored by ED for SU; FTSUG now sitting on the Race Equality Assurance Group in order to offer relevant staff feedback.

6.2 Ongoing initiatives: additional resource for FTSUG (additional part-time Guardian and recruitment of Ambassadors) agreed; plan to relaunch FTSU steering group in order to progress on FTSU project plan (implementation of reporting framework for speaking up, development of communications strategy for sharing outcomes of FTSU across organisation, listening up and following up training for managers/leaders).

7. Previous Recommendations (all approved by Board)

7.1 Financial resource requested for leadership and management training and new reporting framework for speaking up. Leadership and management training has been funded and is due to be implemented for Band 5 to 8b from September 2023; training from 8c to Board level not yet introduced.

7.2 Ring-fenced time included in a people directorate colleague's job plan to support with speaking up project plan progress. The speaking up steering group has not yet been re-launched due to significant staffing and structural changes since last report; this should be a priority for the year ahead.

7.3 Trust-wide mandatory management and leadership training, including listening up and following training. This is in progress but has yet to happen; there has not yet been a clear communication to all staff about the strategy, rationale, or mandatory nature of this training.

8. Recommendations & Conclusion

8.1 Over the last year there have been significant staffing and structural changes within the Trust; as this stabilises there is an opportunity to refocus and embed the crucial changes necessary to create a psychologically safe and open learning culture within the Trust that is detriment and discrimination free. Increased FTSU resource will support with this, and has already been agreed. The re-launching of the FTSU steering group and project plan has also been agreed, which will require ring-fenced time from a range of colleagues from across the organisation. Additional recommendations are listed below to ensure that effective culture change occurs at pace.

8.2 **Recommendation 1:** Trust-wide mandatory leadership and management training – recommended by staff side and POD EDI committee in addition to the previous FTSUG report – starts in September 2023 but the strategy and rationale behind it has not yet been communicated to all staff, which is necessary for effective and expedient roll-out of training. This should be communicated to all staff, including a clear indication that senior Trust leadership (including Executive Board) will receive equivalent training (with timescales).

8.3 **Recommendation 2:** A reporting framework (e.g. Datix) needs introducing that allows for confidential and anonymous reporting of speaking up concerns throughout the organisation. This was previously agreed at the last board meeting.

8.4 **Recommendation 3:** Closer and more transparent monitoring of all formal investigations – with regards to completion of investigations and implementation/review of action plans – should be regularly reported on, including monitoring of communication to staff involved about time scales.

8.5 **Recommendation 4:** If not yet occurred: an internal review of career progression opportunities within the Trust, and plan to address inequities in relation to this.

8.6 **Recommendation 5:** Ensure proactive reviewing of GIDS staff and patient communications and staff wellbeing with regards to transfer arrangements.

MEETING OF THE BOARD OF DIRECTORS PART II - PUBLIC – Thursday, 27 July 2023			
Report Title: Public Board of Directors Forward Planner 2023/24			**Agenda No.:** 19
Report Author and Job Title:	Dorothy Otite, Governance Consultant	**Lead Director:**	John Lawlor, Trust Chair
Appendices:	Appendix 1: Board of Directors (Public) Forward Planner 2023/24		
Executive Summary:			
Action Required:	Approval ☐ Discussion ☐ Information ☒ Assurance ☐		
Situation:	This report provides the Board with the Public Board of Directors Forward Planner for 2023/24 (attached as Appendix 1) for information.		
Background:	It is good corporate governance practice for the Board to agree a forward plan of its activities and be apprised of any changes to the planner during the year. The Public Board Forward Planner for 2023/24 was approved at the June 2023 meeting and is being presented to each meeting of the Public Board for information (highlighting any changes).		
Assessment:	The Governance Manager administers the Board Forward Planner and there have been no updates to the planner since the last Public meeting of the Board.		
Key recommendation(s):	The Board is asked to **NOTE** the Public Board of Directors Forward Planner for 2023/24.		

Implications:				
Strategic Objectives:				
☐ Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	☐ Be a great & safe place to work, train & learn for everyone. A place where we can all thrive and feel proud in a culture of inclusivity, compassion & collaboration.	☐ Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	☐ Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	☒ Ensure we are well-led & effectively governed.

Relevant CQC Domain:	Safe ☐	Effective ☐	Caring ☐	Responsive ☐	Well-led ☒
Link to the Risk Register:	BAF ☒	CRR ☐	ORR ☐		
	This report does not specifically mitigate any linked risk on the BAF or Trust Risk Register. However, the BAF is a standing item on the Board Forward Planner.				
Legal and Regulatory Implications:	Yes ☒	No ☐			
	The Board Forward Planner includes Statutory items for oversight by the Board.				

Resource Implications:	Yes ☐		No ☒	
	There are no additional resource implications associated with this report.			
Equality, Diversity, and Inclusion (EDI) implications:	Yes ☐		No ☒	
	There are no EDI implications associated with this report.			
Freedom of Information (FOI) status:	☒ This report is disclosable under the FOI Act.		☐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:	☐ Limited Assurance: There are significant gaps in assurance or action plans	☐ Partial Assurance: There are gaps in assurance	☒ Adequate Assurance: There are no gaps in assurance	☐ Not applicable: No assurance is required

The Tavistock and Portman NHS Foundation Trust

Key: ▼ - indicates drop down on template; P - planned, D - Deferred, M - Missed, X - discontinued, R - received

			2023					2024			Board / Committee / Meeting				
Agenda Item	**Category ▼**	**Sponsor / Lead ▼**	**Apr ▼**	**Jun▼**	**Jul▼**	**Oct ▼**	**Dec ▼**	**Feb▼**	**Previous committee/group ▼**	**Onward approval ▼**	**Agenda Section ▼**	**Frequency ▼**	**Purpose** Matches the purpose on the request sent to the report owner and author following agenda setting.	**Author(s)**	**Delivery ▼**
Date of Meeting			19 Apr	14 Jun	27 Jul	11 Oct	13 Dec	21 Feb							
Paper Deadline			29 Mar	xxx	14 Jul	xxx	xxx	xxx							
Standard monthly meeting requirements															
Opening / Standing Items (every meeting)															
Chair's Welcome and Apologies for Absence	Information	Chair	P	P	P	P	P	P			Opening / Standing Items	Bi-monthly			Verbal
Confirmation of Quoracy	Information	Chair	P	P	P	P	P	P			Opening / Standing Items	Bi-monthly			Verbal
Declarations of Interest	Information	Chair	P	P	P	P	P	P			Opening / Standing Items	Bi-monthly			Enclosure
Patient/ Service User / Staff Story / Student Story	Discussion	CNO / CPO/ (	P	P	P	P	P	P			Opening / Standing Items	Bi-monthly			Enclosure
Minutes of the Previous Meeting	Approval	Chair	P	P	P	P	P	P			Opening / Standing Items	Bi-monthly			Enclosure
Matters arising from the minutes and Action Log Review	Approval	Chair	P	P	P	P	P	P			Opening / Standing Items	Bi-monthly			Enclosure
Chair's Report	Information	Chair	P	P	P	P	P	P			Opening / Standing Items	Bi-monthly			Enclosure
Chief Executive Officer's report	Information	CEO	P	P	P	P	P	P			Opening / Standing Items	Bi-monthly			Enclosure
Closing Matters (every meeting)															
Annual Board Forward Planner (For approval in Apr 23 and Feb 24)	Information	Chair	P	P	P	P	P	P			Closing Matters	Bi-monthly			Enclosure
Any other business (including any new risks arising during the meeting)	Discussion	Chair	P	P	P	P	P	P			Closing Matters	Bi-monthly			Verbal
Questions from the Public	Discussion	Chair	P	P	P	P	P	P			Closing Matters	Bi-monthly			Verbal
Reflection and Feedback from the meeting	Discussion	Chair	P	P	P	P	P	P			Closing Matters	Bi-monthly			Verbal
Date and Venue of Next meeting	Information	Chair	P	P	P	P	P	P			Closing Matters	Bi-monthly			Verbal
Bi-monthly (6)															
Integrated Quality Performance Report (IQPR)	Discussion	CCOO	P	P	P	P	P	P			Corporate Reporting	Bi-monthly			Enclosure (inc.FS)
Our Future Direction – Update & Next Steps	Discussion	CEO	P	P	P	P	P	P			Corporate Reporting	Bi-monthly			Enclosure (inc.FS)
Quality Committee Chair's Assurance Report	Assurance	NED	P	P	P	P	P	P			High Quality Clinical Services	Bi-monthly			Enclosure (inc.FS)
Performance, Finance & Resources Committee Chair's Assurance Report	Assurance	NED	P	P	P	P	P	P			Develop & Deliver a Strategy & Financial Plan	Bi-monthly			Enclosure (inc.FS)
Finance Report - Month (insert)	Assurance	CFO	P	P	P	P	P	P	Performance, Finance & Resources Committee		Develop & Deliver a Strategy & Financial Plan	Bi-monthly			Enclosure (inc.FS)
People, Organisational Development, Equality, Diversity & Inclusion Committee Chair's Assurance Report	Assurance	NED	P	P	P	P	P	P			Great & Safe Place to Work, Train & learn	Bi-monthly			Enclosure (inc.FS)
Education & Training Committee Chair's Assurance Report	Assurance	NED	P	P	P	P	P	P			Great & Safe Place to Work, Train & learn	Bi-monthly			Enclosure (inc.FS)
Integrated Governance Action Plan Report	Assurance	CEO		P	P	P	P	P	Audit Committee		Well-led & Effectively Governed	Bi-monthly	Review progress of governance recommendations and seek assurance of embedding required improvements. Board to receive updates bi-monthly from the Audit Committee	Dorothy Otite, Governance Consultant	Enclosure (inc.FS)
Quarterly (3 - 4)															
Board Assurance Framework (BAF) and Trust Risk Registers (TRR)	Discussion	IDOCG	P			P	P	P			Well-led & Effectively Governed	Quarterly		Frazer Tams, Interim Risk & Assurance	Enclosure (inc.FS)
Audit Committee Chair's Assurance Report	Assurance	NED		P			P	P			Well-led & Effectively Governed	Quarterly			Enclosure (inc.FS)
Executive Appointment and Remuneration Committee Chair's Assurance Report (as required)	Assurance	NED			P	P	P	P			Great & Safe Place to Work, Train & learn	Quarterly			Enclosure (inc.FS)
Guardian of Safer Working Report	Information	ICMO			P		P	P			High Quality Clinical Services	Quarterly			Enclosure (inc.FS)
Six-monthly (2)															
Mortality / Learning from Deaths	Assurance	ICMO			P			P			High Quality Clinical Services	6 monthly			Enclosure (inc.FS)
Annual (1)															
Annual Self Assessment of Committee's Effectiveness and Committee Annual Reports (Audit; POD EDI; ETC; PFR; Quality; EA&R)	Discussion	Chair		P							Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
Review of Committee Terms of Reference	Approval	Chair					P				Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
Medical Revalidation	Discussion	ICMO				P					Great & Safe Place to Work, Train & learn	Annual			Enclosure (inc.FS)
Freedom to Speak Up Guardian Annual report	Discussion	CPO				P			POD EDI		Great & Safe Place to Work, Train & learn	Annual			Enclosure (inc.FS)
Emergency Planning Annual Report, Letter of Declaration and Self Assessment against Core NHS Standards for Emergency Prepardness, Resilence and Response (EPRR)	Discussion	ICNO					P		Audit Committee		Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
Quality Priorities 2023-2024	Discussion	ICNO	P						Quality Committee		High Quality Clinical Services	Annual			Enclosure (inc.FS)
Staff Survey Results and Action Plan	Discussion	CPO					P		POD EDI		Great & Safe Place to Work, Train & learn	Annual			Enclosure (inc.FS)
Workforce Disability Equality Standard (WDES)	Approval	CPO					P		POD EDI		Great & Safe Place to Work, Train & learn	Annual			Enclosure (inc.FS)

The Tavistock and Portman NHS Foundation Trust

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Agenda Item	**Category ▼**	**Sponsor / Lead ▼**	**Apr ▼**	**Jun▼**	**Jul▼**	**Oct ▼**	**Dec ▼**	**Feb▼**	**Previous committee/group ▼**	**Onward approval ▼**	**Agenda Section ▼**	**Frequency ▼**	**Purpose** Matches the purpose on the request sent to the report owner and author following agenda setting.	**Author(s)**	**Delivery ▼**
Date of Meeting			**19 Apr**	**14 Jun**	**27 Jul**	**11 Oct**	**13 Dec**	**21 Feb**							
Workforce Race Equality Standard (WRES)	Approval	CPO					P		POD EDI		Great & Safe Place to Work, Train & learn	Annual			Enclosure (inc.FS)
Gender and Race Pay Gap	Approval	CPO		P					POD EDI		Great & Safe Place to Work, Train & learn	Annual			Enclosure (inc.FS)
Equality, Diversity and Inclusion Annual Report 2022/23 (including Department of Education & Training)	Approval	CPO		P					POD EDI		Great & Safe Place to Work, Train & learn	Annual			Enclosure (inc.FS)
Research and Development Annual Report	Discussion	ICMO	P								High Quality Clinical Services	Annual		Director of Research and Development	Enclosure (inc.FS)
Annual Infection Prevention and Control Plan and Statement	Discussion	ICNO		P					Quality Committee		High Quality Clinical Services	Annual			Enclosure (inc.FS)
Annual Objectives and Strategic Priorities (Final)	Approval	CEO				P					Corporate Reporting	Annual			Enclosure (inc.FS)
Compliance Against Provider Licence	Approval	IDOCG		P					Audit Committee		Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
Budget 2023/24	Approval	CFO		P							Develop & Deliver a Strategy & Financial Plan	Annual			Enclosure (inc.FS)
UCL Alliance Business plan	Approval	CFO		P							Effective, Integrated Partner within the ICS & Nationally	Annual			Enclosure (inc.FS)
Non-Executive Director Commitments 2024/25 (including Champions and Committee Membership)	Approval	Chair						P			Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
Board and Board Committee Meeting Dates 2024/25	Approval	IDOCG					P				Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
Honorary Doctorate Nominations	Approval	ICETO					P		Education & Training Committee		Great & Safe Place to Work, Train & learn	Annual			Enclosure (inc.FS)
National Annual Patient Survey report (when available)	Discussion	ICNO							Quality Committee		High Quality Clinical Services	Annual			Enclosure (inc.FS)
Board Skills Review	Discussion	Chair							RemCo		Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
Fit & Proper Persons Test	Discussion	Chair		P					RemCo		Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
Board Development Programme	Discussion	Chair			P				RemCo		Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
Financial Recovery Plan	Approval	CFO							Performance, Finance & Resources Committee		Develop & Deliver a Strategy & Financial Plan	Annual			Enclosure (inc.FS)
Strategy / Policy Approval/Ratification (usually every 3 years)															
Year 1 (2023/24)															
Modern Slavery Statement	Approval	ICNO									Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
Scheme of Delegation	Approval	CFO					P		Audit Committee		Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
Standing Financial Instructions	Approval	CFO					P		Audit Committee		Well-led & Effectively Governed	Annual			Enclosure (inc.FS)
People Strategy and Plan	Approval	CPO							POD EDI		Great & Safe Place to Work, Train & learn	Annual			Enclosure (inc.FS)
Staff Engagement Strategy (Internal Communications Strategy)	Approval	CPO	P						POD EDI		Great & Safe Place to Work, Train & learn	Annual			Enclosure (inc.FS)
Year 2 (2024/25)															
Estates Strategy	Approval	CFO							Performance, Finance & Resources Committee		Develop & Deliver a Strategy & Financial Plan	3 yearly			Enclosure (inc.FS)
Green Plan/ Sustainability Strategy	Approval	CFO							Performance, Finance & Resources Committee		Develop & Deliver a Strategy & Financial Plan	3 yearly			Enclosure (inc.FS)
External Board Review (once every three years) Report	Discussion	Chair							RemCo		Well-led & Effectively Governed	3 yearly			Enclosure (inc.FS)
Year 3 (2025/26)															
Ad hoc/ As Appropriate															