



The Tavistock and Portman
NHS Foundation Trust

Board of Directors Part One

Agenda and papers of a meeting to be held in public

**Tuesday 29th
November
2022**

**Lecture Theatre
Tavistock Clinic
and Virtual**

**Please refer to
the agenda for
timings.**

BOARD OF DIRECTORS – PART ONE
MEETING HELD IN PUBLIC
TUESDAY, 29th November 2022 at 2.00pm-4.05pm, Lecture Theatre, Tavistock Clinic

#	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome, introductions, apologies and confirmation of quorum	Inform	Chair	Verbal	2.00 (5)
2.	Student Story	Inform	Director of Education and Training	Verbal	2.05 (20)
3.	Declarations of interest				
4.	Minutes of last meeting: • 27 September 2022	Approve	Chair	Enc.1a	2.25 (5)
5.	Matters arising and action log	Review	Chair	Enc. 1b	
6.	Chairs Update	Inform	Chair	Verbal	2.30 (10)
7.	Chief Executive's Report	Inform	Chief Executive Officer	Enc. 2	2.40 (10)
Deliver High Quality Clinical Services					
8.	Quality Committee Highlight Report • 16 November 2022	Assurance	Committee Chair	Enc. 3a	2.50 (5)
9.	Guardian of Safer Working Report	Inform	Guardian of Safer Working	Enc. 4	2.55 (10)
Deliver High Quality Educational services					
10.	Education and Training Committee Highlight report • 29 September 2022	Assurance	Committee Chair	Enc. 5	3.05 (5)
Comfort Break: 3.10 – 3.15 pm (5 mins)					
Improve the efficiency of what we do and deliver value for money					
11.	Performance, Finance and Resources Committee Highlight Report • 29 November 2022	Assurance	Committee Chair	Verbal	3.15 (5)
12.	Finance Report	Inform	Chief Financial Officer	Enc. 6	3.20 (10)
13.	Performance Report – Month 7	Inform	Clinical Chief Operating Officer/ Chief Financial Officer	Enc. 7	3.30 (10)
14.	Audit Committee Highlight Report • 13 October 20	Assurance	Committee Chair	Enc. 8 (to follow)	3.40 (5)

Meet our ambitions to become a diverse, inclusive and anti-racist organisation					
15.	People, Organisational Development, Equality, Inclusion and Diversity Committee Highlight report • 10 November 2022	Assurance	Committee Chair	Verbal	3.45 (5)
Governance					
16.	Strategic Objectives 2022/23 Refresh and Board Assurance Framework Development Update	Assurance	Interim Director of Strategy & Transformation Interim Director of Governance	Verbal	3.50 (10)
CLOSING ITEMS					
17.	Any other business:	Note	Chair	Verbal	4.00 (5)
18.	Reflections and feedback from the meeting	Discuss	Chair	Verbal	
19.	Questions from the Public	Discuss	Chair	Verbal	
DATE AND TIME OF NEXT MEETING(S)					
<ul style="list-style-type: none"> Thursday 15th December, 12.00 – 5.30 - Board Development Seminar (date tbc) January 2023 – Board Development Seminar Tuesday 7th February 2023, 2.00 – 5.30 – Formal Board Tuesday 7th March 2023 at 1.00 – 5.00 - Board Development Seminar 					
EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC					
Exclusion to the Public – To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).					
Close					4.05

UNCONFIRMED MINUTES OF A MEETING OF THE BOARD OF DIRECTORS

PART ONE: MEETING HELD IN PUBLIC

TUESDAY, 27TH SEPTEMBER 2022
Lecture Theatre, Tavistock Clinic
and via Zoom

Present

Members

Mr John Lawlor	(Chair) Chair of the Trust
Dr Deborah Colson	Non-Executive Director
Ms Helen Farrow	Non-Executive Director
Dr Sally Hodges	Clinical Chief Operating Officer
Mr Paul Jenkins	Chief Executive
Dr Caroline McKenna	Interim Chief Medical Officer
Ms Aruna Mehta	Non-Executive Director, and Chair of Performance, Finance and Resources Committee
Mr Terry Noys	Deputy Chief Executive, and Director of Finance
Ms Elisa Reyes-Simpson	Interim Director of Education and Training
Ms Shalini Sequeira	Non-Executive Director, and Chair of the POD EDI Committee

In attendance:

Dr Hector Bayayi	Divisional Director Gender Services
Ms Julie Dawes	Interim Director of Corporate Governance
Ms Kathy Elliot	Lead Governor
Ms Helen Farrington	Interim Director of Human Resources
Mr Alastair Hughes	Interim Director of Strategy and Transformation
Dr Rachel James	Divisional Director CYAF
Mr Tim Kent	Divisional Director AFS
Mr Jon Rex	Interim IMT Consultant
Ms Laure Thomas	Director of Marketing and Communications
Dr Alastair Dickins	Minute taker

Apologies for absence

Ms Jenny Goodridge	Chief Nursing Officer
Mr David Holt	Non-Executive Director, and Chair of the Audit Committee
Mr David Levenson	Non-Executive Director, and Chair of the Education and Training Committee

	Governance Matters
1	Chair's welcome, apologies, and confirmation of quorum
	Mr Lawlor welcomed those attending and, after introductions, the meeting was noted to be quorate.
2	Declarations of Interest
	None.
3	Minutes of last meeting held 26 July 2022
	Approved with these changes: 1) Item 5: insert 'who': "...a lot of staff who now have clarity..." 2) Item 11: change 6.5% to 10%: "The budget includes a 10% vacancy rate."
4	Matters arising and action log
	Item AP1 (Information briefing session on the ICS) is rescheduled for November, so as to include Michael Holland (incoming CEO).
5	Chair's Update
	Mr Lawlor reported: 1) Michael Holland is the new CEO, starting 14 November. 2) A NED with an education background, and a NED with a Clinical background have been appointed subject to approval by the relevant Committees. 3) He will seek approval from the Council of Governors to appoint a seventh NED. 4) He is negotiating the appointment of one of the NED candidates as an Associate NED.
6	Non-Executive Director Update
	None.
7	Service User Story
	A former user of the adult complex needs psychotherapy service shared details of her life before therapy, and the changes brought about in her life through the treatment she received here. She expressed profound thanks, although she noted that the Board would benefit from being more diverse.
8	Chief Executive's Report
	Mr Jenkins spoke to his report. Cyber attack Mr Rex said he has been told no data have been compromised. In

	<p>November-December he will be appending the temporary patient notes to Care Notes. He will review the attack and, if needed, make changes to our cyber approach and how we use cloud-based system.</p> <p>Dr McKenna said members of staff appointed after the cyber attack cannot access Care Notes. Mr Rex replied he will be able to report next week on a solution to this problem and also the difficulty of making notes for new patients.</p> <p>She asked if we were joining the class action against the suppliers. Mr Rex does not currently support that move.</p> <p>Ms Farrow asked if the cyber incident causes any patient-safety issues. Mr Rex said there may have been some initially, however we quickly implemented a means to access patient data which were recorded before the incident.</p> <p>Mr Lawlor asked if the response by NHSE had impeded recovery. Mr Rex replied that the supplier has asserted that it has.</p> <p>Dr Colson said the Quality Committee evaluates this as a significant risk for the Trust, and also acknowledges the work the Trust has done and the impressive speed with which it provided a work-around.</p> <p>Student recruitment</p> <p>Mr Jenkins said recruitment was positive for the academic year 2022-23, with about 600 students. He thanked Ms Thomas and Ms Reyes-Simpson for their efforts which have overcome the negative publicity the Trust received in the summer, and for creating a slick process for recruitment.</p>
	<p>Deliver High Quality Clinical Services</p>
<p>9</p>	<p>Committee Highlight Report: 21 September 2022</p>
	<p>Dr Colson said external consultants Dr Emma Whicher and Mr Michael Fairburn are helping the Committee. She thanked Ms Goodridge for the large amount of work she has contributed. The Committee's current work includes:</p> <ol style="list-style-type: none"> 1) Refining the reports it receives, to be better suited for assurance. 2) Further improvements to the Quality Report. 3) Eliminating gaps and overlaps in the work of those Committees providing assurance. 4) Improving the communications between sub-committees and the Board. 5) Long waiting lists. 6) The new framework for incident reporting. 7) Safeguarding: our annual reports, and an independent audit of our safeguarding. Supporting the provision of additional resources for safeguarding. 8) The cyber incident. 9) The BAF and the two risks the Committee holds.

	Improve the efficiency of what we do, and deliver value for money
10	Audit Committee Highlight Report: 22 August 2022
	Mr Noys confirmed that Committee had considered and approved the recommendation to submit the Annual Report and accounts, the letter of representation, and other documents for the required formal approval by the Board of Directors.
11	Performance, Finance and Resources Committee Highlight Report: 27 September 2022
	<p>Ms Mehta reported:</p> <ol style="list-style-type: none"> 1) Infrastructure and data will be critical for the Committee, which has made big progress in these matters. 2) It is planned that by the November meeting, we will have a report combining data from finance and the Electronic Staff Record, helping our understanding of staff and agency costs, and vacancies. It will enable the stress-points resulting from staff vacancies to be identified. 3) There has been great progress on performance, since the previous meeting. 4) The Committee has received reports on the cyber incident, and an excellent report on estates compliance. 5) The BAF will be given proper scrutiny in the November meeting.
12	Finance Report
	<p>Mr Noys spoke to his report.</p> <p>He said the agency overspend comes from not recruiting substantively because we wanted to keep posts open after the Strategic Review, so we could move people into them rather than make them redundant. We have also had problems recruiting certain areas. Ms Farrington said another reason was the delay from Shared Services processing appointments.</p>
13	Performance Report
	<p>Dr Hodges spoke to her report.</p> <p>Action 15/22: Dr Hodges to report whether we have written confirmation from NHS England that we are handling the GIDS open cases in the way they want.</p> <p>Action 16/22: Dr Hodges to re-word her report to reflect that staff turnover is relatively stable for classroom staff.</p> <p>Ms Mehta said it is important that the proper governance be in place, and that all contracts have the correct details and be signed.</p>

	Meet our ambitions to become a diverse, inclusive and anti-racist organisation
14	People, Organisational Development, Equality, Inclusion and Diversity Committee Highlight report: 8 Sept 2022
	<p>Ms Sequeira reported that:</p> <ol style="list-style-type: none"> 1) The quality of papers and data continues to rise. Problems with the Electronic Staff Record are limiting the usefulness of data extracted. 2) Non-compliance with mandatory training on Information Governance is a concern. 3) There is huge pressure on the HR team. This is not good for their wellbeing and they need our support in this. 4) The Committee was assured by the progress on the People Plan and Race Action Plan. 5) The Committee was shocked by the level of bullying and harassment. 6) The Committee will monitor the situation with staff in the migration of GIDS.
15	Workforce Race Equality Standard and Workforce Disability Equality Standard: 2021/22 Submission and Action Plan
	Ms Farrington spoke to her reports, and Dr Mhlanga provided a more detailed presentation on them. Various members expressed their concern that so many staff are experiencing discrimination, bullying or harassment from other staff.
	Deliver High Quality Educational Services
16	Education and Training Committee Highlight report
	<p>It was confirmed that no meetings had been held since the previous Board meeting.</p> <p>Ms Reyes-Simpson reported that the new term has started well. Students are attending the building for the first time in two years. Some key staff roles are vacant, and the recruitment process for those roles has begun.</p>
17	Board Strategic Objectives 2022/23
	<p>Mr Hughes spoke to his paper. The current version includes the suggestions made earlier.</p> <p>The Board formally agreed the strategic objectives for 2022/23 as detailed enclosures 9 and 9a. It was noted that these would inform the required development of the Board Assurance Framework.</p>
	Closing Items
18	Any other business
	On behalf of the Board, Mr Jenkins placed on record his appreciation to

	Ms Farrow and Mr Holt, on the occasion of their retirement as NEDs. Mr Lawlor gave a vote of thanks to Mr Jenkins, on the occasion of his retirement as CEO.
19	Reflections and feedback from the meeting
	Dr Colson thanked Mr Kent and the service user for allowing the Board to know her experience here.
20	Questions from the Public
	None.
	Date And Time of Next Meetings
	<ul style="list-style-type: none"> Tuesday 25th October 2022, 2.00–5.00 pm (Seminar session/Board Away Day) Tuesday 29th November 2022, 2.00–4.00 pm

Draft

Board of Directors Part 1 Action Log

Ref	Meeting Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
AP1	30 Nov 2021	2.1.2	Information briefing session to be arranged for the whole Board on the relationship with the ICS	CEO	Nov 2022 Sept 2022	Following the arrival Chief Executive on 14 Nov, discussions are currently underway with the Chair and Lead Governor to arrange a joint development session with the Board of Directors and Council of Governors in Jan/Feb 2023. Whilst this is still work in progress it is considered to be a key priority. RECOMMENDATION: Remain Open	Overdue
AP3	25 Jan 2022	2.4.6	Outcome measures to be discussed at the May Board	Medical Director	May 2022	Outcome measures and performance management will be taken forward by the Performance, Finance and Resource Committee RECOMMENDATION: CLOSE	Completed
3/22	29 Mar 2022	6/22	CEO to include items agreed in the meeting to the objectives.	CEO	April 2022	Item considered at July and September board meetings. RECOMMENDATION: CLOSE	Completed
4/22	24 May 2022	4	Patient and Student stories to be arranged for all future board meetings	Corporate Governance Team	None stated	Patient story included on Sept agenda. RECOMMENDATION: CLOSE	Completed

Ref	Meeting Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
13/22	24 May 2022	13	Terms of Reference for the People, Organisational Development, Equality, Diversity and Inclusion Committee to be ratified	Board	July 2022	An additional meeting was held on 5 th July to agree and approve all the Board committees Terms of Reference RECOMMENDATION: CLOSE	Completed
14/22	5 Jul 2022		Present a diagram showing the committee and sub-committee structures	Corporate Governance Team	Sept 2022	This action point was missed out from the July meeting. Committee structure chart updated and will be circulated to board members for information. RECOMMENDATION: CLOSE	Completed
15/22	27 Sep 2022	13 Performance Report	Dr Hodges to report whether we have written confirmation from NHS England that we are handling the GIDS open cases in the way they want.	Dr Hodges	November 2022	Yes this is in the minutes of the governance board for the transition of the service to the new providers RECOMMENDATION: CLOSE	Completed
16/22	27 Sep 2022	13 Performance Report	Dr Hodges to re-word her report to reflect that staff turnover is relatively stable for classroom staff.	Dr Hodges	November 2022	This will be reflected in the local performance reports to the CLOC RECOMMENDATION: CLOSE	Completed

Chief Executive's Report

I am delighted to be at my first Board. In my first two weeks I have been learning a huge amount about the organisation and have met many fabulous clinicians and spent some time clinical teams and heard about some of the fabulous work that is being delivered here. I don't underestimate the challenges we face in the coming months that we need to get on top of and look forward to learning more in the coming weeks.

The purpose of my report is to keep the Board abreast of key issues and developments.

Changes to the Board

Welcome to our four new Non-Executive Directors, Claire Johnston, Dr Sal Jarvis, Prof. Janusz Jankowski and Sabrina Phillips.

Last week was Helen Farrington's last week with the Trust as interim Chief People Officer. Helen's contribution was extremely significant in her short time with us, reviewing all of HR functions, developing a robust People Strategy for the organisation and building the foundations for an effective and solid people function. I would like to formally note our gratitude to Helen for all her hard work and initiative.

GIDS

As you are aware, NHSE have signalled their intention to decommission the childrens Gender Identity Development Service from us, replacing it with a Paediatric led service that spans several bases, initially in London and the North. The ultimate aim is to have a service based on the findings of the review by Hilary Cass and her team, and to significantly increase access to tackle the waiting times currently faced by young people due to the limited capacity. We are working closely with NHSE and the phase one services to ensure that there is a seamless transfer, a number of workstreams have been stood up and we are well represented in the process.

Cost of Living Crisis

We have stood up a dedicated group, working closely with other providers in the ICS, to ensure that we are able to provide as much support and assistance that we can to our staff who have been affected. This group has staff side and HR representation. We have committed to paying the living London wage and we do not have any staff employed on less than this level, in line with the ICS commitment.

Potential Industrial Action

A number of unions that represent NHS staff are currently balloting their members with a view to undertaking national industrial action.

The government's 4% pay award for most NHS staff in England and Wales is below the rate of inflation, which currently sits at around 10%.

Unions have suggested that this is a 'real terms' pay cut and are asking members to vote on whether to take industrial action in relation to pay and conditions.

As of 18 November 2022, the Royal College of Nursing's (RCN) ballot has completed, with the result being that nursing staff at the Tavistock and Portman are in favour of industrial action. Unison's ballot ends on 25 November 2022 and Unite's ballot ends on 30 November 2022.

The potential actions that may be taken if members vote in favour of industrial action:

- Official strike action – this involves a complete withdrawal of labour from the workplace. This could be for half a day, a day or even longer. Notice will be given, allowing time to mitigate any risks
- Action short of strike, also known as 'Work to rule' – this means staff will work strictly to the terms of their contract of employment. This includes taking all contractual breaks and/or starting/finishing shifts strictly on time and/or refusing to undertake paid or unpaid overtime

It is unclear whether the different unions, whose members vote in favour of industrial action, will co-ordinate their action so it occurs at the same time or will plan separate action, occurring on different dates.

Quality and Safety of Mental Health, Learning Disability and Autism Inpatient services

In September 2022, Claire Murdoch (National Director, Mental Health) wrote to Chief Executives of Mental Health, Learning Disability and Autism Trusts following a Panorama investigation into alleged abuse at an inpatient Mental Health Trust in Greater Manchester. The Panorama programme is available on BBC iPlayer and YouTube and shows a harrowing account of patients being abused by staff.

The letter from Claire Murdoch asks Trust's to review arrangements for the following:

- freedom to speak up arrangements,
- advocacy provision,
- complaints,
- Care Education and Treatment Reviews (CETRs) and Independent Care Education and Treatment Reviews (ICETRs),
- other feedback on services

There was also a requirement for Trust's to ask themselves:

- could this happen here?
- how would we know?
- how robust is the assessment of services and the culture of services?
- are we visible enough and do we hear enough from patients, their families and all staff on a ward e.g. the porter, cleaner, Health Care As?

Although the Tavistock and Portman does not provide inpatient services, it is good practice to learn from what happened in Manchester and assure ourselves that we have mechanisms in place to identify and manage allegations of patient abuse.

It has been identified that we could make improvements in some of our patient feedback mechanisms, such as complaints management and increasing Friends and Family Test (FFT) responses and these are included on our Quality Framework Improvement Plan. Our Freedom to Speak Up function has seen great improvement over the past year and is still developing.

The patient voice could be strengthened at Board and Committee level through the introduction of patient stories or patient representative at the meetings.

Discussions have taken place with clinical leads and the nursing workforce at the Tavistock and Portman and a working group is being established to fully explore gaps and how we can make improvements to hearing the voice of patients.

Initial discussions also took place at the November quality committee and a full update will be presented at the January meeting.

New NHS England Operating Framework

On 12 October 2022, NHS England published a new operating framework which sets out how the NHS will operate in the new structure created by the 2022 Health and Care Act.

The Health and Care Act formally established integrated care systems (ICSs) on a statutory basis, enabling local systems to plan and deliver health and care services more effectively. The new operating framework sets out the roles that NHS England, ICSs and providers will now play in the new structure. It describes how we would like to work together and shows how accountabilities and responsibilities will work. Integrated care boards (ICBs) will provide effective system leadership which balances immediate and longer-term priorities. They will work with providers, local authorities and other partners to create local integrated care strategies, and deliver joint five-year forward plans for their system

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS			
Tuesday 29 November 2022			
Quality Committee Highlight Report			AGENDA ITEM: 3
Report Author and Job Title:	Jenny Goodridge, Chief Nursing Officer	Responsible Director:	Jenny Goodridge, Chief Nursing Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This paper is to provide a high-level summary of the Quality Committee that was held on Wednesday 16 November 2022.		
Background	<p>The Quality Committee is a sub-committee of the Board of Directors and therefore has delegated function to gain assurance that the services we deliver are safe, effective and of high quality.</p> <p>Any key risks/issues/concerns, where the Quality Committee assesses the need for Board oversight/awareness/decision, will be escalated to the Board</p>		
Assessment	<p>Items for escalation from the Quality Committee to the Board are:</p> <ul style="list-style-type: none"> • Gender Identity Development Service (GIDS). – On agenda for part II of Board • Greater Manchester: Learning from the BBC Panorama Investigation – Included in the Chief Executive Officer's report • Potential NHS National Industrial Action – Included in the Chief Executive Officer's report 		
Recommendation	<p>Members of the Board are asked to:</p> <p>note the summary of the Quality Committee</p>		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report provides assurance that there is robust oversight of Quality and that risks are highlighted, and mitigation/plans put in place to address them.		
Legal and Equality and Diversity implications	Some of the actions identified, that are already being monitored by the Quality Committee, will assist the Trust in meeting it's legal and statutory functions e.g. complaints handling, safeguarding.		
Strategic Objectives	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>	

	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>
	Develop clinical and commercial strategies <input type="checkbox"/>	

Quality Committee Report (meeting held on 16 November 2022)

1.0 Summary of meeting

1.1 Gender Identity Development Service (GIDS) Demobilisation Update

- 1.1.1 The Director of Clinical Operations provided a verbal update in relation to the progress of the demobilisation of the GIDS.
- 1.1.2 Concerns were raised around the current workforce, both in terms of morale and retention.
- 1.1.3 Further discussion of the risks and issues has been escalated to Board (part II) from Quality Committee

1.2 Quality Report

- 1.1.2 The second iteration of the new style quality report was presented to the quality committee
- 1.1.3 The report was significantly impacted by the CareNotes outage that occurred in August 2022 (to date). This meant that we were not able to report on Quarter 2 (Q2) data for many elements of the report
- 1.1.4 Trust 'must do' CQC and 'should do' actions should good progress since the last quality committee
- 1.1.5 The number of complaints responded to within twenty-five days has increased to 33%, from 22% in Q1. Although an improvement, further work is required in this area
- 1.1.6 Central Alerting System (CAS) alerts have not been responded to in a timely way, however, implementation has been more timely. A new process to respond to, and manage, CAS alerts has been put in place and we fully expect to see improvements in this area going forward
- 1.1.7 Child safeguarding supervision data was not available due to the CareNotes outage. The last data set we have is for Q4 and was recorded at 45%. The new Trust-wide supervision policy is in the process of being implemented and an audit will be undertaken in January 2023 to test its effectiveness

1.3 Quality Framework Improvement Plan

- 1.3.1. The Quality Committee was presented with an improvement plan, developed in response to gaps identified as part of an internal review of quality governance, function, systems and processes.
- 1.3.2 The improvement plan, along with the new style quality report, aims to provide the Trust with assurance that we provide high quality, safe services to our population.

1.4 Patient Safety Incident Response Framework (PSIRF)

- 1.4.1 The Chief Medical gave a presentation to the Quality Committee on progress in terms of readiness to adopt the new PSIRF by Autumn 2023
- 1.4.2 It was recognised that there would need to be significant training considering the changes to Serious Incident (SI) management
- 1.4.3 A review of our current incident management system is underway, with a view to understanding if it is compatible with the reporting requirements of the NHS England system
- 1.4.4 Additional resource may be required to support the implementation of the PSIRF, and this is currently being scoped out
- 1.4.5 Further updates will be presented to the Quality Committee to provide assurance of safe implementation of the PSIRF

1.5 Care Quality Commission (CQC) Compliance and Update on Preparedness for Inspection

- 1.5.1 A programme of internal CQC 'mock inspections' have been planned as part of the Trust's ongoing work with regards to quality improvement and in response to the CQC action plan delivery
- 1.5.2 The 'inspection' teams consist of a mixture of senior clinical leads, service staff, experts by experience, Non-Executive Directors, and Integrated Care Board (ICB) quality leads
- 1.5.3 The 'inspections' follow Key Lines of Enquiries (KLoEs) using the five CQC domains as a framework (Safe, Effective, Caring, Well-Led, Responsive)
- 1.5.4 The first 'inspection' written report was presented to the Quality Committee, detailing the findings from the visit to the Adult Complex Needs Service
- 1.5.5 A verbal report, highlighting initial findings was presented relating to the Gender Identity Clinic
- 1.5.6 The mock 'Inspections' are intended to prepare the Trust and local services for an actual CQC inspection; support services to identify gaps in service delivery and develop realistic and sustainable improvement plans; share learning from across the Trust that demonstrates collaborative and cohesive joined up working across service lines; and enable services to showcase their excellent work
- 1.5.7 The 'inspection' reports will continue to be presented to the Quality Committee going forward

1.6 Greater Manchester: Learning from the BBC Panorama Investigation

- 1.7.1 A paper was presented to the Quality Committee to provide information on actions underway to address issues raised within a letter from Clare Murdoch, National Director – Mental Health

- 1.7.2 The letter was in response to BBC Panorama investigation into alleged abuse at an inpatient facility in Manchester
- 1.7.3 Committee members agreed to escalate to the Board, due to the serious nature of the issues identified in the documentary and the opportunity to ask ourselves if we have confidence in the systems/processes in place to prevent similar issues occurring here
- 1.7.4 Further information has been included in the Chief Executive Officer's report

1.8 CareNotes Update

- 1.8.1 A verbal update was provided to the Quality Committee in relation to the CareNotes outage update
- 1.8.2 Timelines for the gradual rebuilding and reinstating of the CareNotes system was shared with the Quality Committee and regular updates will be provided until CareNotes is fully functional again
- 1.8.3 The issue is still being managed under the Emergency Preparedness, Resilience and Response (EPRR) framework

1.9 Potential NHS National Industrial Action

- 1.9.1 The Chief Nursing Officer provided an update to the Quality Committee in relation to the current position of the Royal College of Nursing (RCN) ballot to take industrial action
- 1.9.2 The Tavistock and Portman was one of four North Central London Integrated Care System's (NCL ICS) organisations who voted in favour of industrial action
- 1.9.3 The Quality Committee agreed to escalate this issue to the Board and further information can be found in the CEO's report

Report to	Date
Trust Board	12/10/22

Guardian of Safer Working Hours Q2 2022	Agenda Item 9
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Executive Summary

This is the report for Q2 period.
The report details the issue of DRS login, new fine rates introduced from July 2022.

Recommendation to the [Board / Council]

Members of Board are asked to note this paper.

Trust strategic objectives supported by this paper

Author	Responsible Executive Director
Gurleen Bhatia (GOSWH)	Caroline McKenna

Guardian of Safe working hours Q2 report

1. Introduction

- 1.1. The Guardian of safer working hours provides a report for the trust board on a quarterly and annual basis. This is the report for Q2 (July- September 2022)

2. Exception reports (with regard to working hours)

Total exception reports: 5

Month	Total reports	Toil	Fine	NFA
July	1	-	1	0
August	3	2	3	0
September	1	0	1	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 has no vacancies.

2.4 Locum

The NROC is currently being staffed by Trainees and occasionally an external locum.

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

2.5 Fines- as per new penalty rate guidance circulated by BMA and GOSWH regional meeting

	Extra hours worked		Total fine £	Amount paid to trainees £	Fine Remaining £
	Normal hrs	Enhanced hrs			
July	0	5	755.70	280.40	475.30
August	0	8	1511.40	560.80	950.60
September	0	5	755.70	280.40	475.30
Total					

Junior Doctors Forum (JDF)

New Trainee representatives in post. Last JDF meeting on 10th October 2022 attended by trainees and Adam Harrison BMA/ IRO for the trust.

3. Local Negotiating Committee (LNC)

This report will be shared with the LNC chair Dr Sheva Habel for meeting on 17th October 2022.

Conclusions and Recommendations

- 3.1.** Members of the Board are asked to note the report
- 3.2.** We continue monitoring the impact of the post -COVID climate on the exception reports.

Dr Gurleen Bhatia
Guardian of Safer Working Hours

Report to	Date
Board of Directors	29 November 2022

Committee Chair Report:
 Education and Training Committee (ETC)

Executive Summary

The Education and Training Committee (ETC) met on 29th September 2022 conducting its normal business obtaining assurance and updates in relation to various workstreams.

- **Welcome Week and a Return to Face-to-Face teaching:** The Committee was pleased to receive an update on the return of education and training activity to in person face-to-face delivery, the success of Welcome Week, and the commitment of staff to delivering business as usual activities through the implementation of the strategic review and the associated uncertainties. The Committee commended the new Student In Mind magazine, launched to coincide with Welcome Week. The Committee was assured by the ongoing liaison between Education and Training and the Director of Infection Prevention and Control.
- **GlobalPay:** The Committee noted the issues with the GlobalPay system, and the impact on students trying to complete enrolment. These difficulties have particularly impacted returning students. The Committee was assured that students have not been hampered in being able to access resources for their course where they have provisionally enrolled but not been able to pay fees. Every effort was made to ensure as minimal impact as possible on student experience.
- **Strategic Review Implementation:** The Committee discussed the implementation of the strategic review and concerns around communication, both in relation to staff receiving formal letters from HR, and in relation to the management of expectations in relation to redundancy and requests to leave early. The Committee noted concerns from senior management in relation to HR support and inconsistency in advice, and in terms of outstanding job descriptions. The Committee received assurance of steps being taken to augment the operational support for the HR SR team and immediate priorities.
- **Student Recruitment:** The Committee noted that recruitment was on track to deliver similar numbers to last year (around 600 new students) and noted that it would receive a full report following the recruitment wash-ups held over the autumn term.

- **EDI Bursary Programme:** The Committee reviewed the progress of the DET EDI Bursary programme for under-represented students, specifically from Black, Asian and Ethnic Minority backgrounds, implemented last year following a bequest. The Committee noted the positive impact the bursary has had in increasing access to the Trust's programmes. The Committee was concerned to note that future funding needs to be secured to enable this key programme to continue and to support the Trust's objective to become a more inclusive education provider. The Committee noted possible sources of funding for bursaries.
- **Annual Student Survey Summary Report:** The Committee received the Annual Student Survey Summary Report and noted the drop in overall satisfaction to 76%. There was also a drop in the survey completion rate to 23%. The Trust has consistently performed higher when benchmarked against national surveys. This outcome is on a par with the national survey outcomes. The Committee discussed feedback in relation to the speed at which education and training returned to face-to-face delivery and the impact this may have had on student satisfaction. The committee noted the difficulty in drawing generalisable conclusions from incomplete data, and agreed the following recommendations:
 1. To delete the partial responses, to align with the sector and operate within clear ethical boundaries.
 2. That a minimum requirement is set of at least 5 responses to share survey data with individual courses and require those courses to elicit further feedback from their students for their ARC report.
- **Digital Academy Performance:** The Committee was updated on a review of the Digital Academy over its first 2 academic years of operation. The Digital Academy is performing well, meeting its strategic objectives and in most cases its Key Performance Indicator targets. Based on the review and early indications, the Digital Academy plans to review prices and develop a coherent pricing strategy. Although the committee considered the need to adjust DA targets, the Committee concluded that it was not the time to reset targets, but that pricing should be reviewed alongside a further market potential analysis and profitability analysis. The Committee discussed the long lead time for developing long courses, and the potential opportunities around modular courses and credit accumulation.
- **Risk Management in DET:** The Committee received an update on the work in engaging staff in risk management, and changes to reporting to ensure that there is clarity and consistency in reporting, aligned to Trust governance. The Committee considered the need to ensure reporting is aligned across the Trust. Concerns were noted around the use of the Quality Portal (QP) in the reporting and recording of risk. Staff find the QP system unhelpful, and this may deter accurate recording.

- **Library Policy-Annual Review:** The Committee received an update on the review of library acquisitions from the Education and Training Executive, which provided assurance on due process. The committee noted the changes to the policy that make the route to appeal more accessible, and proposed minor amendments to the policy.
- **Reflection:** The Committee considered the need to allow time to reflect in meetings. The Committee reflected on the risks around the availability of funding for student bursaries, and in relation to the library and the risk of censorship.
- **Next meeting:** At the next meeting the Committee will consider the following topics:

Executive

1. *Directors Report*
2. *Strategic Review Implementation*

Students & Faculty

3. *Annual Student Survey Overview Report*
4. *Annual Student Complaints Report*
5. *Academic Outcomes from previous A/Y (continuation and completion, and OfS B3 metrics)*
6. *Honorary Doctorate nominations for Graduation 2024*

Course and Business Development

7. *Nursing Portfolio Update*

Assurance

8. *Risk Management in DET*
9. *DET Governance review update*
10. *ETC annual performance self-assessment*
11. *Agenda for next ETC meeting*
12. *Matters to be brought to the attention of the Board of Directors*
13. *Reflections on meeting and new BAF risks identified*

Recommendation to the committee/board

The Board of Directors are asked to:

- **Note the following:**
 - The successful return of education and training activity to in-person in the Trust.
 - The assurance received in relation to student recruitment and discussions around the possible impact of the cost-of-living crisis on conversion rates.
 - The significant risk around securing future funding to continue with the EDI Bursary programme and the impact on the Trust's objective to become a more inclusive education provider.

- The agreement to the recommendations to delete the partial responses in the annual student survey, and that a minimum requirement of at least 5 responses before survey data is shared with individual courses.
- The identification of risks related to the depletion of funds for student bursaries, and in relation to the risk of censorship in relation to library acquisitions.
- The need to align the reporting and monitoring of risk across the Trust.
- The assurance received in relation to the Digital Academy and proposed pricing review.
- **Confirm:**
 - It's agreement to the Committee's proposed amendments to the Library Acquisitions Policy.

Trust strategic objectives supported by this paper

(2021/2022) Corporate Objective/Associated BAF risks:
 Obj 1,/ Risk ref 189(7) Obj 6,/Risk Ref 189(7), Risk Ref 108(6) Obj 11,/Risk Ref 187(4)

Author	Responsible Executive Director
David Levenson Elisa Reyes-Simpson	Chair ET Committee Interim Chief Education & Training Officer/ Dean of Postgraduate Studies

BOARD of DIRECTORS: 29 November 2022			
Finance Report: Seven months ended 31 October 2022			AGENDA ITEM: 12
Report Author and Job Title:	Udey Chowdhury, Deputy CFO	Responsible Director:	Terry Noys, Chief Financial Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	<p>Attached is the Month 7 (period to October 22) Finance Report.</p> <p>Income & Expenditure This shows that the Trust has incurred a net deficit of £2.5m. This is on Plan / Budget position of a deficit of £2.5m. Cost pressures – notably CQC, SR and HR- are being offset by savings on staffing. A reforecast is underway and will show a revised outturn – in line with new SR structures.</p> <p>Capital Expenditure At £859k Capex is significantly behind Plan, reflecting late agreement of Plan and thus late starting of procurements. The situation has also been adversely affected by the situation with CareNotes. However, this is now being caught up. The current forecast assumes an underspend of £150k – which has been communicated to the ICB.</p> <p>Cash Cash is £13.7m versus a Plan figure of £8.9m. The positive variance reflects the lower Capex to date plus positive (to Plan) movements in working capital – largely income received but deferred.</p>		
Background	The Trust has a Plan for a revenue deficit for 2022/23 of £3.8m and for Capex of £3.4m with a year-end cash position of £6.2m		
Assessment	<p>Income & Expenditure The Trust faces cost pressures in a number of areas, but most notably in GIDS, the Strategic Review and in HR, however, the Trust has sufficient balance sheet flexibility to cope with these. The key potential risk currently facing the Trust on the delivery of its Plan deficit figure of £3.8m is the potential need to provide redundancies relating to the GIDS service.</p> <p>Capital Expenditure The Trust has revised its full year plan down slightly, to £3.3m.</p> <p>Cash Cash is expected to be ahead of the Plan figure at around £8m</p>		
Recommendation	<p>The Board of Directors is asked to:</p> <ol style="list-style-type: none"> I. Note the position outlined above 		

<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<p>Report provides assurance against financial sustainability</p>	
<p>Legal and Equality and Diversity implications</p>	<p>There are no legal or equality & diversity implications associated with this paper</p>	
<p>Strategic Objectives</p>	<p>High quality clinical and educational services <input type="checkbox"/></p>	<p>Excellence in employee experience <input type="checkbox"/></p>
	<p>Organisational effectiveness <input checked="" type="checkbox"/></p>	<p>Long Term Financial sustainability <input checked="" type="checkbox"/></p>
	<p>Data quality / Decision making <input type="checkbox"/></p>	

FINANCE REPORT – MONTH 7: PERIOD ENDED 31 OCTOBER 2022

1. OVERVIEW

- 1.1 For the period ended 31 October 2022, the Trust recorded a deficit of £2.5m, compared with a Planned / Budgeted deficit of £2.5m.
- 1.2 A full year reforecast is currently being prepared, however, it is expected that the Trust will meet or improve upon its year end Plan figure.
- 1.3 This is because, despite ongoing cost pressures – notably around GIDS, the Strategic Review and HR – the level of vacancy factor is expected to be higher than Plan.

2. INCOME

- 2.1 Income was £36.4m, £1.6m adverse to Plan income of £38.0m.
- 2.2 This is due to DET income being £0.9m lower than Plan, CYAF income being £0.4m lower than Plan, and Clinical Support being £0.5m lower than Plan.
- 2.3 DET income shortfall is largely a phasing issue and is expected to be recovered later in the financial year.
- 2.4 The shortfall on CYAF reflects £0.3m of unidentified new income that was Budgeted within CYAF and deferred block income relating to Eating Disorders and Crisis Hubs, where under-recruitment has led to reduced activity.
- 2.5 The shortfall on Clinical Support is research income deferred to a later period.

3. STAFFING COSTS

- 3.1 Staff costs of £28.3m are £0.8m lower than Plan. This is after factoring in a year to date Plan vacancy factor of £3.4m.
- 3.2 Lower than Plan staff costs reflect vacancies across all elements of the Trust.
- 3.3 Agency costs in the period total £2m (against an annual nominal agency cap of £683k).

4. OPERATING NON-PAY COSTS

- 4.1 Operating non pay costs of £9.4m are £0.5m lower than Plan of £9.8m.
- 4.2 This is primarily due to lower DET costs (reflecting the timing of activity noted in 2.3 above).

5. OTHER COSTS (Depreciation, Interest, PDC)

- 5.1 Non-operating costs are £169k lower than Plan, due primarily to lower depreciation (reflecting the delay in the capital expenditure programme).

6 BALANCE SHEET / CASH FLOW / CAPITAL EXPENDITURE

- 6.1 Debtors overdue by 90 days has reduced to £0.55m. The Trust has a bad det provision of £0.3m which is considered adequate for the purpose.
- 6.2 Cash as of 30 September 2022 was £13.7m, compared with a Plan figure of £8.9m.
- 6.3 The £4.8m improvement reflects:
- | | |
|-------------------------------------|-------|
| Lower than Plan capital expenditure | £1.2m |
| Changes in working capital | £3.6m |
| | £4.8m |
- 6.4 Capital expenditure is behind Plan; however, this slippage is still expected to be largely caught up during the year.

7 FULL YEAR OUTLOOK

- 7.1 As previously indicated, based on the position to date it is expected that the Trust will meet or improve upon its Planned full year deficit of £3.8m.
- 7.2 Emerging cost pressures arising from delays in strategic review, CQC review and utilities will likely be offset by continuing vacancies, and in-year revenue allocation, together with possible releases of balance sheet provisions.



The Tavistock and Portman
NHS Foundation Trust

MONTHLY FINANCE REPORT

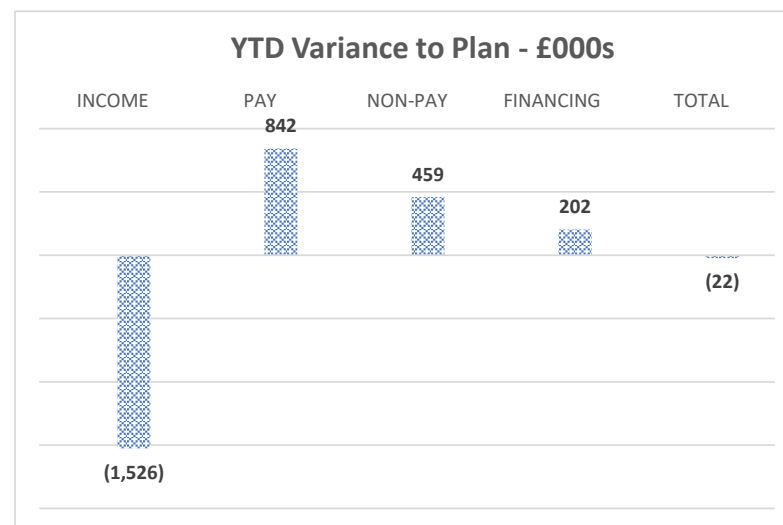
Period 7 7 Oct-22

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I & E Summary	2
Balance Sheet Trend	3
Funds - Cash Flow	4
Capital Expenditure	5

FINANCE REPORT
Period 7
Oct-22

I & E Summary

£000	Plan	Actual	Variance	Var %
INCOME	37,962	36,437	(1,526)	(4%)
PAY	(29,190)	(28,348)	842	(3%)
NON-PAY	(9,829)	(9,370)	459	(5%)
EBITA	(1,057)	(1,282)	(224)	21%
Interest receivable	7	58	51	
Interest payable	(15)	(10)	5	
Depreciation	(1,343)	(1,146)	197	
Dividend	(126)	(126)	0	
Net Surplus /(Deficit)	(2,534)	(2,505)	29	(1%)



	Plan	Act	Var
Cash	8,933	13,702	4,769
YTD Cash in/(out) flow - £000s	(5,883)	(1,114)	4,769
due to :-			
<i>Operating flows - accrued costs and deferred income</i>			3,597
<i>Capital slippage</i>			1,171
			(0)
Capital Expenditure - £000s	(2,030)	(859)	1,171
Debtors > 90 days	Aug-22	Sep-22	Oct-22
	£'000	£'000	£'000
NHS	242	215	142
Non-NHS	113	139	116
Student	303	299	298
Total	659	653	556

FINANCE REPORT
Period 7
Oct-22

Balance Sheet

Commercial: In Confidence

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	Prior Year End £'000	Apr-22 £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000	Mar-23 £'000
Intangible assets	92	92	92	85	82	80	77	75					
Land and buildings	25,150	24,368	25,388	24,323	24,810	24,748	24,675	24,880					
IT equipment	0	0	0	0	0	0	0	0					
Property, Plant & Equipment	25,150	24,368	25,388	24,323	24,810	24,748	24,675	24,880	0	0	0	0	0
Total non-current assets	25,242	24,460	25,480	24,407	24,892	24,828	24,752	24,955	0	0	0	0	0
NHS Receivables	2,410	1,491	1,183	729	315	303	955	726					
Non-NHS Receivables	5,245	5,633	5,048	4,242	5,149	6,403	7,115	7,461					
Cash / equivalents	9,043	6,531	7,821	7,181	8,140	6,157	5,375	6,883					
Other cash balances	5,773	5,737	5,786	5,986	6,090	6,274	6,523	6,819					
Total current assets	22,471	19,392	19,838	18,138	19,693	19,136	19,969	21,889	0	0	0	0	0
Trade and other payables	(5,671)	(5,491)	(4,623)	(4,636)	(4,148)	(4,028)	(5,371)	(5,060)					
Accruals	(7,861)	(7,019)	(7,174)	(4,735)	(7,847)	(8,319)	(8,331)	(10,860)					
Deferred income	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)					
Long term loans < 1 year	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)					
Provisions	(4,322)	(4,336)	(4,305)	(4,218)	(3,936)	(3,922)	(3,921)	(3,791)					
Other		0	0	(1)	(1)	(1)	(1)	(1)					
Total current liabilities	(26,148)	(25,140)	(24,397)	(21,884)	(24,225)	(24,564)	(25,919)	(28,007)	0	0	0	0	0
Total assets less current liabilities	21,565	18,712	20,921	20,661	20,360	19,401	18,801	18,837	0	0	0	0	0
Non-current provisions	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)					
Long term loans > 1 year	(2,221)	(2,221)	(2,221)	(2,221)	(2,221)	(1,998)	(1,998)	(1,998)					
Total assets employed	19,312	16,460	18,668	18,408	18,107	17,370	16,771	16,807	0	0	0	0	0
Public dividend capital	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)					
Revaluation reserve	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)					
I&E reserve	470	3,323	1,114	1,373	1,675	2,412	3,011	2,975					
Total taxpayers equity	(19,312)	(16,460)	(18,668)	(18,408)	(18,107)	(17,370)	(16,771)	(16,807)	0	0	0	0	0

FINANCE REPORT

Period 7

Oct-22

FUNDS FLOW

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	April Act £'000	May Act £'000	June Act £'000	July Act £'000	Aug Act £'000	Sept Act £'000	Oct Act £'000	Nov Act £'000	Dec Act £'000	Jan Act £'000	Feb Act £'000	Mar Act £'000	YTD Act £'000
Net Surplus/(Deficit)	(2,853)	2,208	(259)	(301)	(737)	(599)	36	0	0	0	0	0	(2,505)
Depreciation / amortisation	0	384	107	164	164	164	164	0	0	0	0	0	1,146
PDC dividend paid	0	36	18	18	18	18	18	0	0	0	0	0	126
Net Interest paid	(2)	4	2	2	4	0	0	0	0	0	0	0	10
(Increase) / Decrease in receivables	531	893	1,260	(493)	(1,242)	(1,364)	(117)						(532)
Increase / (Decrease) in liabilities	(1,021)	(713)	(2,427)	2,624	352	1,356	2,218						2,390
Increase / (Decrease) in provisions	14	(30)	(88)	(282)	(14)	(0)	(131)						(531)
Non operational accrual movement	851	(1,272)	966	(623)	(10)	198	(18)						92
Net operating cash flow	(2,481)	1,510	(420)	1,109	(1,465)	(228)	2,169	0	0	0	0	0	195
Interest received													0
Interest paid					(12)								(12)
PDC dividend paid						(216)							(216)
PDC Funding received													0
Cash flow available for investment	(2,481)	1,510	(420)	1,109	(1,477)	(444)	2,169	0	0	0	0	0	(33)
Purchase of property, plant & equipment	125	20	86	118	64	76	(203)						287
Depreciation	(192)	(192)	(107)	(164)	(164)	(164)	(164)						(1,146)
Capital purchases - cash	(67)	(172)	(21)	(45)	(99)	(88)	(366)	0	0	0	0	0	(859)
Net cash flow before financing	(2,547)	1,339	(441)	1,064	(1,577)	(532)	1,803	0	0	0	0	0	(892)
Repayment of debt facilities	0	0	0	0	(222)								(222)
Net increase / (decrease) in cash	(2,547)	1,339	(441)	1,064	(1,799)	(532)	1,803	0	0	0	0	0	(1,114)
Opening Cash	14,816	12,268	13,607	13,167	14,230	12,430	11,899						14,816
Closing cash	12,268	13,607	13,166	14,231	12,430	11,899	13,702	0	0	0	0	0	13,702

FINANCE REPORT
Period 7

Capital Expenditure

REPORTING MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Oct-22	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 F/C	£000 F/C	£000 F/C	£000 F/C	£000 F/C
PROJECT												
Endpoint Procure/Config/Compliance/Monitor	7	21	0	1	-	-	-					
Tavistock Centre Data Centres Power Provision	10	3	-	-	-	-	105					
Health Information Exchange	(1)	-	-	-	-	-	-					
Scheduling & Robotic Process Automation	-	-	-	-	-	-	(0)					
Core Infrastructure Update	(1)	-	-	-	-	-	-					
Network - Upgrade (Wireless)	4	(0)	0	5	(5)	5	(4)					
Endpoint Replacement 2021/22	-	21	-	-	76	(76)	2					
ICT Cyber Security Compliance 2021/22	4	7	-	-	-	-	-	(10)	(10)	(10)	(10)	(10)
API for CareNotes Integration	(1)	-	-	-	-	-	-					
Audio Video Upgrade for Remote Working	(2)	41	-	5	-	4	9					
Connectivity Upgrade	(0)	6	(0)	-	-	-	-					
Data Warehouse	(7)	9	-	1	-	11	6					
Virtual Desktop Interface	(1)	-	-	-	-	-	-					
60 PCs and 1 server	-	-	-	(0)	0	(0)	(2)					
Endpoint Replacement Programme 2022/23	-	-	-	-	-	87	-	-	-	-	-	13
Windows 10 Trust-Wide Rollout - Phase 2	-	-	-	-	-	-	-	7	8	8	8	6
Online Outcome Monitoring Phase I & 2	-	-	-	-	-	-	6	1	13	13	13	13
Health & Social Care Network Phase II (Internet Connectivity)	-	-	-	-	-	-	-	6	7	7	7	-
Remote Monitoring Tools	-	-	-	-	-	-	-	8	9	4	1	-
Digital Care Platform Phase I (Patient portal/personal health record)	-	-	-	-	-	-	7	4	19	19	19	18
Cloud Transformation Phase 2-3 (21/22)	-	-	-	-	-	-	-	4	26	26	26	28
Cyber Security Compliance (CE, CE+)	-	-	-	-	-	-	-	4	10	10	10	10
Data Warehouse for data services 2nd Phase	-	-	-	-	-	-	6	1	1	1	1	1
Integration Engine / Platform	-	-	-	-	-	-	-	7	46	42	12	7
Core Infrastructure Hardware/Licence Compliance	-	-	-	-	-	-	-	3	61	11	61	41
Student Data Reporting - Phase 2	-	-	-	-	-	-	-	22	18	18	18	18
IT	12	107	0	11	71	31	134	57	208	149	165	144

ANNUAL			Y.T.D		
£000 F/C	£000 Budget	£000 Delta Fav (Adv)	£000 Actual	£000 Budget	£000 Delta Fav (Adv)
29	28	(1)	29	28	(1)
118	13	(105)	118	13	(105)
(1)	(1)	-	(1)	(1)	-
(0)	-	0	(0)	-	0
(1)	(1)	-	(1)	(1)	-
5	4	(1)	5	4	(1)
23	21	(2)	23	21	(2)
(40)	11	51	11	11	-
(1)	(1)	-	(1)	(1)	-
58	39	(19)	58	39	(19)
6	6	-	6	6	-
20	2	(17)	20	2	(17)
(1)	(1)	-	(1)	(1)	-
(2)	-	2	(2)	-	2
100	100	(0)	87	30	(57)
36	50	15	-	10	10
57	72	15	6	-	(6)
28	32	4	-	24	24
23	26	2	-	10	10
86	113	26	7	32	25
110	161	51	-	-	-
44	60	17	-	23	23
12	152	139	6	40	34
113	158	45	-	50	50
178	227	50	-	100	100
93	123	30	-	20	20
1,091	1,393	302	368	457	90

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FINANCE REPORT
Period 7

Capital Expenditure

REPORTING MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Oct-22	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 F/C	£000 F/C	£000 F/C	£000 F/C	£000 F/C
PROJECT												
LED Lighting	13	-	-	-	-	-	-	-	-	-	-	-
Electrics	(1)	22	5	-	14	0	-	7	-	-	-	-
TC Compliance	(0)	11	(11)	-	-	-	(0)	-	-	-	-	-
Tavistock Reconfiguration	(14)	-	17	-	-	-	-	-	-	-	-	-
Little Hands	-	-	-	-	-	-	(0)	-	-	-	-	-
Finchley Road	-	(0)	-	-	-	-	(1)	-	-	-	-	-
Fire Safety & Compliance	10	10	7	15	10	(12)	8	-	-	-	-	-
TC - Monroe Service Desk & Furniture	10	1	5	1	-	40	63	-	-	-	-	-
TC - Kitchen & Breakout Space	13	-	-	(0)	-	1	7	50	38	-	-	-
Gender Neutral Toilets	8	-	1	2	-	1	41	-	-	-	-	-
Touchless Entry & Access Control	4	7	13	23	4	15	15	23	10	10	10	10
Lockers - hybrid working / space utilisation	-	-	-	-	-	-	-	-	30	-	-	-
Fire doors GH and glazing (compliance)	-	-	-	-	-	1	19	72	37	-	-	-
Tavistock fire doors (compliance) & fire stopping (compliance)	-	-	-	-	-	10	11	99	109	99	109	125
Portman fire doors (compliance & compartmentation)	-	-	-	-	-	-	-	-	23	23	-	-
Portman flexihoses / water (compliance)	-	-	-	-	-	-	-	-	-	5	5	5
Water - hot and cold dead legs / sink removal over 2 years (compliance)	-	-	-	-	-	-	-	-	-	18	32	35
Wave on taps (compliance)	-	-	-	-	-	-	-	-	-	31	34	25
Project Management for 22/23 projects - to be allocated across all projects	-	-	-	-	-	-	-	-	-	-	-	-
Backlog - Physical / Statutory & Quality / Function	-	-	-	-	-	-	-	-	-	25	30	54
DET space	-	-	-	-	-	-	-	-	-	40	40	40
AV Enabling works	-	-	-	-	-	0	61	11	48	-	-	-
Wifi enabling works	-	-	-	-	-	-	-	-	30	-	-	-
CAFM - Computer aided facilities management	-	-	-	-	-	-	-	-	18	20	23	-
4th Floor - LED Lighting / Waiting Rooms / standardise Clinic & Hot desk rooms	-	-	-	-	-	-	-	-	-	44	47	52
3rd Floor - LED lighting / Waiting Rooms / standardise Clinic rooms	-	-	-	-	-	-	-	-	-	-	-	-
2nd Floor - LED lighting / Waiting rooms / standardise clinic rooms	-	-	-	-	-	-	-	-	-	-	-	-
1st Floor - Clinical furniture / Waiting Rooms / standardise Clinic rooms	-	-	-	-	-	-	-	45	-	55	-	-
ESTATES	44	52	38	41	28	57	223	337	313	370	331	346
RELOCATION - Cost	11	13	(17)	(7)	0	-	8	-	-	-	-	-
RELOCATION	11	13	(17)	(7)	0	-	8	-	-	-	-	-
D.E.T	-	-	-	-	-	-	-	-	-	-	-	-
SUB-TOTAL	67	172	21	45	99	88	359	549	539	425	431	311
Contingency / Future Projects for Approval												224
TOTAL	67	172	21	45	99	88	359	549	539	425	431	535

Check -NCL Budget

ANNUAL			Y.T.D		
£000 F/C	£000 Budget	£000 Delta Fav (Adv)	£000 Actual	£000 Budget	£000 Delta Fav (Adv)
13	13	-	13	13	-
48	57	8	42	57	15
(0)	(0)	0	(0)	(0)	0
3	3	-	3	3	-
(0)	-	0	(0)	-	0
(1)	(0)	1	(1)	(0)	1
48	27	(21)	48	27	(21)
120	121	1	120	121	1
110	113	4	22	113	92
53	54	1	53	54	1
147	89	(57)	81	59	(22)
30	30	-	-	30	30
129	102	(27)	19	102	83
563	250	(313)	21	50	29
45	45	-	-	45	45
15	15	-	-	-	-
84	115	31	-	-	-
90	90	(0)	-	90	90
-	100	100	-	-	-
109	-	(109)	-	-	-
120	120	-	-	60	60
120	120	(0)	61	120	59
30	30	-	-	30	30
60	65	5	-	15	15
144	70	(74)	-	70	70
-	30	30	-	15	15
-	40	40	-	20	20
100	40	(60)	-	20	20
2,179	1,739	(440)	482	1,114	632
8	-	(8)	8	-	(8)
8	-	(8)	8	-	(8)
-	-	-	-	-	-
-	-	-	-	-	-
3,106	3,132	26	859	1,160	668
224	350	126	-	-	-
3,330	3,482	152	859	1,160	668

Page 6

MEETING OF THE BOARD OF DIRECTORS: 29 November 2022			
Performance Report – Month 7			AGENDA ITEM: 13
Report Author and Job Title:	Amy Le Good, Acting Director of Commercial	Responsible Director(s):	Terry Noys, Chief Financial Officer Dr Sally Hodges, Chief Chief Clinical Operating Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Update on current contracting, performance and business development		
Background	There are a number of contracts currently at risk, outside of GIDS, within the context of SOF3 and low staffing to support income generation and additional reporting to highlight good practice		
Assessment			
Recommendation	The Board is asked to: discuss which areas of risk they would like prioritise first due to the high number of risks and the phasing required		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	No		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives	High quality clinical and educational services <input checked="" type="checkbox"/>	EDI <input type="checkbox"/>	
	Organisational effectiveness <input checked="" type="checkbox"/>	Financial sustainability <input checked="" type="checkbox"/>	
	Data quality / Decision making <input checked="" type="checkbox"/>	Staff morale / well being <input type="checkbox"/>	

Performance Report November 22/23

Internal

Positive Developments

- Clinical Leadership Meetings (CLM) implemented with regular service line reports and ability to review services in a more granular manner.
- Clinical Action Plans developed from CLM and included in new monthly internal monitoring report.
- Clinical dashboard is now live and informatics are rolling out a training programme. Several services already using the dashboard to inform/support decision making for service developments.
- DET HEE contract successfully novated to NHSEI

Key Performance Issues

- SR Implementation not complete and impacting on Delivery of clinical services
- Carenotes outage impacting on recording and full understanding of current performance is not possible. Although carenotes mini was made available, appointments for patients who were already on the system have not been added still.
- Staffing data not yet complete
- Budgets and infrastructure in relation to the new structure not yet in place which is impacting ability to understand recruitment needs
- HEE annual report not delivered by agreed time, however Interim Chief Education and Training Officer stepped in to ensure delivery by end of the month and commissioner agreed to delay report.

Action Plans

- Further to the development of the new structures and oversight, action plans have been developed and are being monitored alongside the data in the internal monitoring dashboard.
- Each general Manager has their own action plan
- The layout of the action plans will be harmonized before next PFRC.

Complex Mental Health – All Age

- What the data told us:
 - Waiting Lists are growing
 - Activity was lower than expected levels
 - Active caseload for AYAS dropped significantly
 - Trauma service patients looking at 2+year wait to be assessed
 - Some patients were open to us for longer than would be expected
 - Pathways were not always clear
 - Outcome Monitoring was not at an expected standard
- Action Plans (at Appendix 1) developed covering:
 - Intake Redesign / Activity Monitoring / Waiting Times Reduction / Pathway Mapping and Monitoring / Outcome Measures

Community and Integrated

- What the data told us:
 - Reduction in waiting times within NCL
 - Dormant Cases and Cancellation and DNA rates need to be reviewed
 - Reduction in active caseloads and activity for most teams
 - Average attendance rate for PCPCS 70% for first 4 months of the year
 - Outcome measures below expected levels
 - Gloucester House sustainability assessment required
- Action Plans (at Appendix 2) developed covering:
 - Intake Redesign / Activity Monitoring / Waiting Times Reduction / Pathway Mapping and Monitoring / Outcome Measures

GIC

- What the data told us:
 - Caseloads too high for number of staff in the service
 - Keeping patients open while they have surgery increases the load on clinicians and extends waiting times for new patients
 - High Dormant cases
 - Some key staff working above expected levels and some well below
 - Cancellations and DNAs high for a service that is so in demand
 - Transformation programme required to look at full service
- Appendix 3 shows the new structure for transformation within GIC and then the initial action plan for Job planning and pathway development

GIDS

- The service is currently implementing an exit strategy with NHSE and new pilot sites to ensure smooth handover in 2023.
- The data in this service is not going to provide the full picture and work being undertaken due to the pre-notification by NHSE of closure.
- High level initial Actions Plans are being developed further in line with Exit Strategy.

Appendix 1

- Complex Mental Health Action Plan

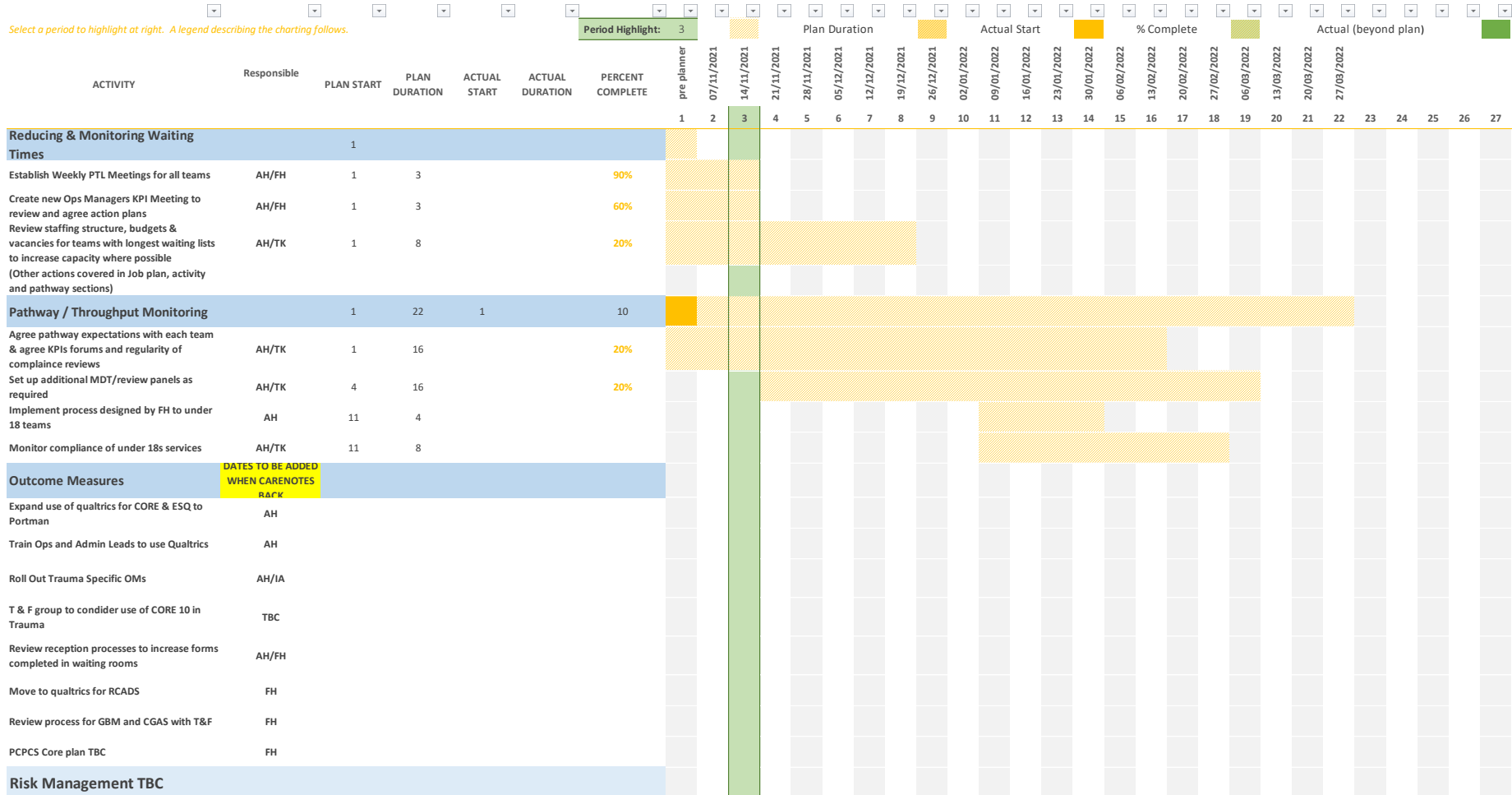
Complex Mental Health Action Plan

Select a period to highlight at right. A legend describing the charting follows.

Period Highlight: 3

ACTIVITY	Responsible	PLAN START	PLAN DURATION	ACTUAL START	ACTUAL DURATION	PERCENT COMPLETE	Timeline																										
							pre planner	07/11/2021	14/11/2021	21/11/2021	28/11/2021	05/12/2021	12/12/2021	19/12/2021	26/12/2021	02/01/2022	09/01/2022	16/01/2022	23/01/2022	30/01/2022	06/02/2022	13/02/2022	20/02/2022	27/02/2022	06/03/2022	13/03/2022	20/03/2022	27/03/2022	Actual (beyond plan)				
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
Job Plans		1	13	1		50																											
Complete first draft of job plans	AH	1	1	1		80%																											
Review all job plans to ensure follow supervision policy	AH	1	1	1		50%																											
Agree new meeting schedule	AH/TK	1	4	1		70%																											
Inform team of new schedule and give 6 weeks to adjust their schedules	AH/TK	4	6																														
Update all job plans with new meeting schedule and send	AH	5	5																														
Activity Monitoring	DATES TO BE ADDED WHEN CARENOTES BACK	1																															
Use job plan data to create activity targets for each team	AH/ALG	1	4																														
Create report on reporting services/clinical dashboard to allow line managers to accurately review activity for clinicians (including groups)	AH	1	4																														
Communicate guidance to team and line managers about activity monitoring expectation in line management 1:1s	AH/TK	4	2																														
Review activity at team business meetings and ops meetings and agree actions to address any issues	AH + Ops Managers	6	46																														
Treatment Waiting Lists on Carenotes	DATES TO BE ADDED WHEN CARENOTES BACK	1																															
Agree process with pilot teams	FH/AH	1	3	1	1	50%																											
Undertake pilot in FMH & Adult Complex	FH/AH																																
Expand pilot to include AYAS & Portman	FH/AH																																
Review pilots, make adjustments and roll out to all teams	FH/AH																																
Review how working in practice and adjust action plan if necessary	FH/AH																																

Complex Mental Health Action Plan

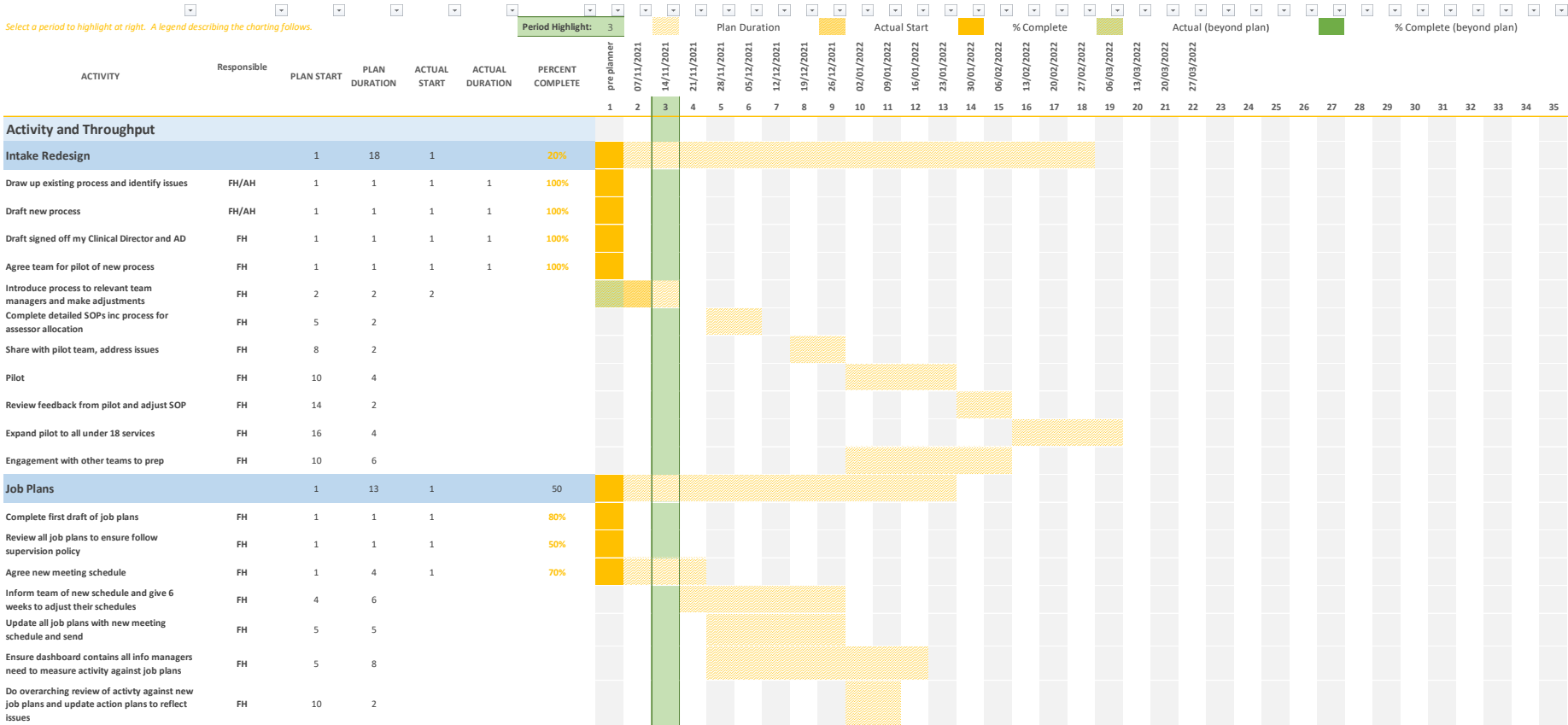


Appendix 2

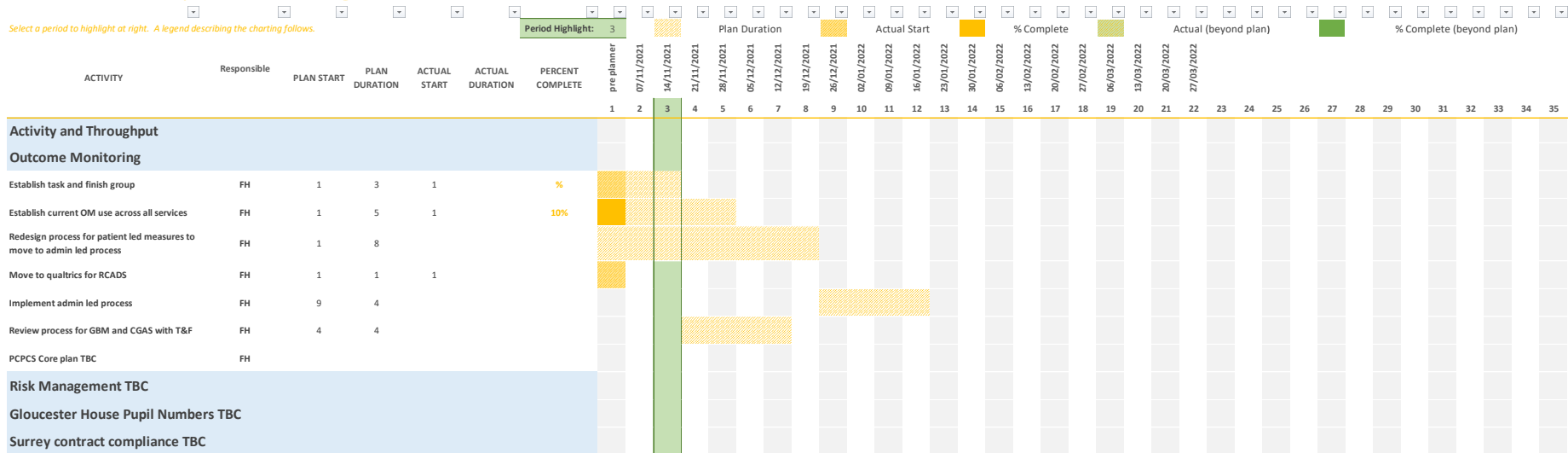
- Community and Integrated Action Plan

Community and Integrated Services Action Plan

Select a period to highlight at right. A legend describing the charting follows.



Community and Integrated Services Action Plan



Appendix 3

- GIC Action Planning

Transformation Programme Team Accountability Structure

Key	06/06/22
Strategic Steer	
Programme Oversight and Steer	

