NHS
The Tavistock and Portman
NHS Foundation Trust

Board of Directors

Agenda and papers of a meeting to be held in public

**Wednesday
14th June 2023**

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

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

NHS
The Tavistock and Portman
NHS Foundation Trust

BOARD OF DIRECTORS – Part 2
MEETING HELD IN PUBLIC
WEDNESDAY, 14th June 2023 - 2.00pm- 4.40pm, Tavistock Centre, Lecture Theatre

#	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome; apologies and confirmation of quorum	Inform	Chair	Verbal	2:00
2.	Declarations of Interest	Inform	Chair	Verbal	
3.	Patient/Service User Story GIDS Patient Josh Goulding-Talbot	Inform	Executive Lead	Verbal	2.05 (15)
4.	Minutes of the last meeting • 19th April 2023	Approve	Chair	Enc. 1a	2.20
5.	Matters arising and action log	Review	Chair	Enc.1b	2.25
6.	Chair's Update	Inform	Chair	Verbal	2:30
7.	Chief Executive's Report	Inform	Chief Executive Officer	Enc. 2	2.35
CORPORATE REPORTING					
8.	Integrated Performance and Quality Report	Discussion	Chief Clinical Operating Officer, Chief Medical Officer, Chief Nursing Officer	Enc 3	2.40
DELIVER HIGH QUALITY CLINICAL SERVICES					
9.	Quality Committee Chairs Assurance Report	Assurance	Committee Chair	Enc. 4	2.50
DEVELOP & DELIVER A STRATEGY & FINANCIAL PLAN					
10.	Performance, Finance & Resources Committee Chair's Assurance Report	Assurance	Committee Chair	Enc. 5	3.00
11.	Finance Report – Month 12	Assurance	Chief Financial Officer	Enc 6	3.10
12.	Annual Review and Capital Plan Update 2023/24	Approval	Chief Financial Officer	Enc 7	3.15
GREAT & SAFE PLACE TO WORK, TRAIN & LEARN					
13.	People, Organisational Development, Equality, Diversity & Inclusion, Committee Chair's Assurance Report	Assurance	Committee Chair	Enc. 8	3.20
14.	Education & Training Committee Chair's Assurance Report	Assurance	Committee Chair	Enc 9	3.30
	Comfort Break (5 minutes): 3.40 – 3.45pm				
WELL-LED & EFFECTIVELY GOVERNED					
15.	Audit Committee Chair's Assurance Report	Assurance	Committee Chair	Enc. 11	3.50
16.	Annual Self Assessment of Committee's Effectiveness and Committee Annual Reports	Approval	Chair	Enc. 12	4.00

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Last updated: 12/06/2023

17.	Research and Development Report	Inform	Chief Medical Officer	Enc. 13	4.20
CLOSING ITEMS					
18.	Forward Planner	Approval	Chair	Enc 14	4.30
19.	Any other business: *Limited to urgent business notified to the Chair and/or the Trust Secretary in advance of the meeting.*	Noting	Chair	Verbal	
20.	Reflections and Feedback form the meeting	Discuss	Chair	Verbal	
21.	Questions from the Public	Discuss	Chair	Verbal	4.35
DATE AND TIME OF NEXT MEETING					
22.	• Thursday 27th July 2023 at 10 am to 12 noon: Board Development Session • Thursday 27th July 2023 at 2.00 to 4.30: Board Meeting in public • 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				

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Last updated: 12/06/2023

NHS
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NHS Foundation Trust

UNCONFIRMED MINUTES

OF A MEETING OF THE
BOARD OF DIRECTORS

PART TWO: MEETING HELD IN PUBLIC

WEDNESDAY, 19th April 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

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
Kathy Elliott (KE)	Lead Governor
Sebastian Kraemer (SK)	Governor
Natalia Barry (NB)	Governor
Michael Rustin (MR)	Governor
Frazer Tams (FT)	Interim Risk and Assurance Manager
Amanda Hawke (AH)	Corporate Governance Manager (Minutes)

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Patricia Pemberton (PP)	Service Manager, CAMHS Looked After Children and Refugee Team
Zoe Given-Wilson (ZG-W)	Team Manager, CAMHS Looked After Children and Refugee Team

Apologies for absence

Jenny Goodridge (JG)	Interim Chief Nursing Officer
Sabrina Phillips (SP)	Associate Non-Executive Director

	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.	**Patient/Service Users Story**
	Patricia Pemberton (PP) and Zoe Given-Wilson (ZG-W) from the CAMHS Looked After Children and Refugee Team attended. They began their presentation with a short video about the service that had been made with the help of the young service users. This video has been funded by a grant from the Tavistock and Portman Charity. PP and ZG-W went on to give details of the service which provides assistance to young people in Camden. They are able to react quickly to the needs of young people and do not have a waiting list. JL thanked PP and ZG-W for an excellent presentation. He noted that this service is seen in other parts of the NHS as an exemplary service. PP advised that many young people were affected by the COVID lockdown and now find socialising difficult, the service is able to help them with this. SH noted that this is a service we are very proud of and that is uses the i-Thrive model. She asked how outcomes are measured. PP advised that reports are given to social workers and focus groups are held to ask the young people about their experience of the service.
3.	**Declarations of Interest**
	SM advised that this will be presented at each meeting and will also be available on the Trust Website.
4.	**Minutes of last meeting held 29 November 2022**
	The minutes were agreed, subject to the changes discussed at the meeting. It was agreed that titles (Mr, Ms etc) will not be used in the minutes.
5.	**Matters arising and action log**
	The Action Log was noted.

6.	**Chair's Update**
	JL gave a brief update and highlighted the following points:- • He recently attended a dinner with Julian Hartley, Chair of NHS Providers. He discussed how NHSP may be able to provide us with assistance. • He will be attending the Mental Health Network Conference tomorrow. The Mental Health Network is a part of the NHS Confederation of which the NHS is a part. NH Providers is solely for NHS Trusts.
7.	**Chief Executive's Report**
	The report was taken as read. MH highlighted the following points:- • Laure Thomas, Communications Director is to go on secondment to the ICS, Jane Meggitt will cover this post for the next six months. • Three appointments have been made, Chief Nursing Officer, Director of Corporate Governance and Director of Strategy, Transformation and Business Development. The interviews for the Chief Medical Office will be held next week and the interviews for the Chief Education and Training Officer will be held next month. Announcements will be made in due course once all HR procedures have been completed. JL noted that despite the negative publicity received by the Tavistock we had a very strong field of candidates for each post. • We are planning for strike action by nurses on 9th and 10th May. We will be notified if Junior Doctors will also be taking strike action. • We are working with the ICS on our financial planning. Scrutiny from the ICS is expected, but it was noted that other NHS Trusts within the ICS are in deficit and do not comply with the requirement to have a balanced financial report.
	Deliver High Quality Clinical Services
8.	**Quality Committee Highlight Report: 19 January 2023**
	Emma Casey (EC) attended the meeting to speak to this report. She advised that the 2022/23 Quality Accounts are a regulatory requirement for the Trust. It looks at the quality of services that we have provided and sets out the quality priorities for the coming year. These will be shared with our stakeholders for comment. A seminar was held last week to agree the quality priorities. Six were agreed. The report will go to the Committee in May, the Board of Directors in June and will be submitted by the end of June. The framework will be set out for our Quality Reports for the year. Our stakeholders will be involved in this process. MH noted that we have a target of 25% improvement in outcome monitoring. EC advised that we will be checking the data to ensure that it

	is achievable. CJ advised that the planning for the quality priorities is underway, a meeting was held in September 2022 so the process started well in advance.
9.	**Quality Committee Highlight Report**
	CJ presented this report which was taken as read. She highlighted the following points:- • Complaints will move from the Chief Executive portfolio to the Quality Portfolio. An improvement plan is being worked on. • Quality governance work is contributing to the SOF 3 position • A Board Development Session on Well-Led Inspection will be held. An update on the Well-Led Inspection was given to the Quality Committee by SM. • It was noted that the Quality Portal (the system used to manage complaints, PALS and incidents) is not fit for purpose and work is underway to replace this. It was noted that the Quality Portal has also been discussed at the Performance, Finances and Resources Committee.
10	**Integrated Quality and Performance Report**
	JL advised that this report is being worked on as more information was requested. It was noted that this report is also discussed at the Quality Committee and the Performance, Finance and Resources Committee. Until this work is fully integrated there will be some duplication. DC noted the reference to IG incidents in the Gender Identity Clinic and and asked if assurances can be given that the training given to staff on information governance is sufficient to ensure that such IG incidents do not reoccur in any service in the Trust. CMcK advised that such incidents are discussed at the Incident Panel on a monthly basis. SH advised that IG incidents are being looked into so that we can understand the problems. She went onto advise that each service line is focussing on wait times and performance. Each service has been asked to select a team within which to make improvements on performance. This is part of the strategic priorities and is to help understand the key issues. This information will be reported through the Executive Leadership Team and then to the Board. Other points discussed include: • Work is being done on Carenotes to ensure all activity is recorded • Recording of compliments is being looked into as we currently have no system for this • Sickness absence rates seem to be good but are perhaps not accurate. We are expecting to record these through the Electronic Staff Record • Low rates of supervision are of concern however we believe that

	not all supervision is recorded so the data we have is not accurate. Issues around recording of supervision is related to job planning. Work around the changing structure is continuing.
	• It was noted that with a CQC inspection expected this year we need to be able to provide data to demonstrate that supervision and other activities are being carried out.
	Deliver High Quality Educational Services
11.	**Education and Training Committee Highlight Report: 1 February 2023**
	The report was taken as read. ER-S highlighted the following points:- • Impact of the strategic review on both staff and students. This was stressful, but is now improving • Student Experience Survey and how we can respond to students was discussed. • Improvements to education and business as usual was discussed taking into account compliance on reporting requirements, growth, data quality, KPIs financial planning and work placements. • Areas of potential growth are Digital, Research and International The discussion on the work of DET included the following points:- • Student experience is key. This is measured using KPIs. A dashboard for this is being developed. • High amount of student debt, a budget is needed to help with forward planning on this. An additional member of staff has been engaged to support on this work. • Could consider more partnership working, this could be achieved through i-Thrive and the National Workforce Skills Development Unit. It was noted that there are some challenges in working with NHSE and HEE. JL suggested that Navina Evans is invited to a future Board meeting to help these discussions. • It is hoped that working with i-Thrive will be beneficial and lead to other contacts eg Tavistock Consulting. AHu advised that work is going on to support DET to develop their services as part of the Integrated Performance and Quality work
	Improve the efficiency of what we do, and deliver value for money
12.	**Finance, Performance and Resources Committee (FPR) Highlight Report: 24 January 2023**
	The report was noted, AM looked for assurance for each item. On performance we have limited assurance as the data is not reliable

following the CareNotes issues. We have an action plan for improvement of this and progress is being made. GIDS work on CareNotes is now complete. IT and Estates reported only partial compliance, this relates to Fire Doors. TN advised that we meet the regulatory compliance.

On finance there is assurance that we will reach our control targets for the year. The budget for next year is being worked on. Our capital budget will be significantly lower that this year.

Under strategic governance and well-led we are making good progress on the BAF and risks.

SOF 3 was discussed at the Board Development Session this morning. The Quality Metrics were provided by Emma Casey. It was noted that the 40% underperformance is a weakness for us, although it was noted that we may be performing better, but do not have the data to provide assurance on this. Questions were asked as to what is being done to improve the mechanisms for collecting the data and consequently provide assurances to the Board.

Claire Johnston (CJ) asked that some funding be made available to improve the external appearance of the Tavistock Building.

Action Point: Estates will be asked to take on this work.

JL noted that no money has been made available to the Tavistock for capital schemes.

13.	**Audit Committee Highlight Report: 19 January 2023**

The Report was noted. Terry Noys (TN) highlighted the following points:-
- The draft opinion from the internal audit is at level three out of four. This rating is due to outstanding issues around payroll.
- Regular meeting with our External Auditors, Mazars has been held to ensure delays do not occur in the production of the annual report and accounts.
- Counter Fraud – the report is being signed off, all areas are rated green
- A verbal update was received on the Freedom to Speak Up Guardian – there are some areas for improvement.

TN advised that the possibility of a £2million cash loan will be discussed at the Performance, Finance and Resources Committee. We may also approach NHSE for on -going funding.

Aruna Mehta (AM) noted that Single Tender Waivers need to be recorded at Audit. She went on to suggested that if we make sufficient progress on payroll and if the BAF and waiting lists audits are satisfactory we may be abele to challenge the level 3 rating that the internal audit has

given.

Gem (GD) gave an update on the progress of the payroll issues. We have started looking at overpayment reports. Dayo Ajibola, Associate Director of HR Operations, is challenging the Auditors on some issues. John Lawlor (JL) asked when the payroll system is likely to be fit for purpose. GD advised that we are working on identifying what needs to be changed to ensure this.

14.	**Finance Report – Month 11**
	The report was taken as read. It was noted that we are ahead of plan for income and expenditure and expect to be on plan for Capex and cash.
15.	**2023/24 Annual Revenue and Capital Plan**
	TN advised that the Annual Revenue and Capital Plan has been submitted. He highlighted the following points:- • Deficit of £3.1 Million • Cost Improvement Plan of £3 Million – the vacancy factor will be key • Income for GIDS for the full year is included, but this is a risk • Payment of redundancy if TUPE for GIDS staff does not apply is a risk • There is potential for additional income There were questions over the agency spend and vacancy factor, TN advised that in 2022/23 we received income for activities that we delivered in 2023/24. This money has been deferred and released in 2023/24. It was noted that we need to look at agency costs and vacancy factor together as they are linked. JL asked what is being done to address the underlying deficit and allocated departments with budgets. It was noted that the Electronic Staff Record (ESR) is key in providing the right information to allocate budgets. GD advised that work with Finance colleagues to reconcile data on ESR is almost complete. TN advised that a meeting has been scheduled to progress this work. DL asked what savings can be expected in relation to the Cost Improvement Plan (CIP). JL advised that for 2023/24 this is expected to be £1million. SH advised that we allocate part of the CIP to each service. JL advised that once the CIP has been submitted to the Integrated Care Board it cannot be withdrawn.

	Meet our ambitions to become a diverse, inclusive and anti-racist organisation
16.	**Staff Engagement Strategy**
	The report was taken as read. GD) advised that the results of the staff survey 2022 were presented at a Leadership Forum in February 2023 and some of the work on staff engagement has has already been commenced. A Staff Engagement Group has been set up to co-design this work and is aiming to ensure that they engage all groups of staff. GD went over the key themes that are to be included in the work. The discussion on the Staff Engagement Strategy noted the following points:- • An Administration Network is to be established and coaching will be made available to these staff • We should have a network of Freedom to Speak Up Guardians, not just one • Improved communications with HR staff and longer 'drop-in' hours • Rewritten Standard Operating Procedures for HR processes to ensure consistent information • Learning from others and bringing in outside help from other organisations that are performing well on staff engagement • Sharing good practices within the Chief People Officer Network and the NCL HR Director Networks including the Anti-Racist programme • Senior Leadership Team visit programme to all services which will be expanded to Non-Executive Directors and Governors • Improvements to the disciplinary process and following an informal approach initially • Looking at capability issues and how BAME staff are represented • Leadership and management training is to be offered to managers and it is expected that there may be an increase in informal cases as staff become more familiar with how to manage situations GD concluded with advising that we are expecting to reach a level of maturity as staff understand that we cannot continue not engaging with each other and begin to engage with management.
17	**People, Organisational Development, Equality, Inclusion and Diversity Committee Highlight Report**
	The report was taken as read. SS advised that the meeting began with a staff story about the experience of a student with a disability and how she was treated. It was a difficult and shocking story, but Thanda Mhlanga, Director of Equality Diversity and Inclusion is working with the individual.

	Governance and Well Led
18	**Board Assurance Framework**
	Frazer Tams attended to speak to this item. The Board Assurance Framework (BAF) was introduced at the last meeting with a view to developing it further. The work that has been done on this has shown where there are gaps and discussions are taking place with staff to address these gaps. Changes and improvements are expected to continue on the BAF. It was noted that good progress has been made on the BAF. Some of the ratings may need to be looked at again as they may need adjusting. Work will continue on the BAF at Committee Level so that each committee understands the BAF risks. **Action Point: It was suggested that Business Objectives should be part of the BAF.** RSM will review the BAF. A draft Annual Report has been prepared and our Internal Auditors are looking at the last 12 months.
19	**Research and Development Report**
	Item deferred.
	Closing Items
20	**Board Forward Planner**
	It was suggested that the Board should discuss what items they would like to have on the forward planner that require an in dept discussion. Currently Governors are invited to the Private Board meeting, some thought will be given as to whether this should continue. The forward planner was noted.
21	**Any other business**
	None.
22	**Reflections and feedback from the meeting**
	JL advised that meetings will be held by the Chairs of the Board Committees so that they are aware of where issues are being duplicated. DL went on to say that these meetings could also be used to ensure that gaps at committees are noted and addressed. Chairs of committees can highlight where they want assurance from each committee. The first of these meetings will be held on Monday, it was noted that these meetings do not have any powers to make decisions.

	JL felt that there are too many items on the agendas however more in-depth conversations can be held at the Board Seminars.
	It was noted that the Chairs Highlight reports to the Board should be kept brief, no more than 2 sides and concentrate on issues that need to be raised to the whole Board. SS asked that these reports be taken earlier in the meeting.
	It was noted that the new coversheets are making a difference and that meetings have become more interactive and transparent.
23	**Questions from the Public**
	None received.
	Date And Time of Next Meetings
	- Wednesday 10th May 2023, 10.00 – 16.00: Board Seminar - Wednesday 14th June 2023, 10.00 – 12.00: Board Development Session - Wednesday 14th June 2023, 14.00 – 16.30, Board Meeting in Public

Board of Directors Part 2 Action Log (Public Meeting)

Ref	Meeting Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
1/23	19 April 23	9	A Board Development Session on Well-Led Inspection is to be arranged	Interim Director of Corporate Governance	TBC	To take place on 14 June 2023 RECOMMENDATION: CLOSE	CLOSE
2/23	19 April 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	Interim Director of Corporate Governance	TBC	Verbal update to be given at Board	IN HAND
3/23	19 April 23	12	Project for improvements to the outside of the Tavistock Clinic to be made, general cleaning and maintenance.	Chief Financial Officer/ Estates Manager	June 23	Area outside the clinic has ben cleaned, markings have been painted in advance of new barriers being installed and some new plants have been put in the planters. RECOMMENDATION: CLOSE	CLOSE
4/23	19 April 23	18	All Board Committees should consider BAF risks	Executive Leads	June 23	All committees consider their BAF risks at each meeting; Audit Committee receives whole BAF for consideration. RECOMMENDATION: CLOSE	CLOSE

Chief Executive's Report 14 June 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 our 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.

3.2.   Rod Booth will commence as Director of Strategy, Transformation and Business Development at the end of June.

3.3.   Clare Scott will commence as Chief Nursing Officer at the end of July.

3.4.   Adewale Kadiri will commence as Director of Corporate Governance at the beginning of August.

3.5.   A start date is pending for Chris Abbott, who was successfully appointed to the Chief Medical Officer post.

3.6.   The interviews and stakeholder panels for the Chief Education and Training Officer are being held in June. Successful appointment to this post will complete the executive team.

NHS Staff Survey 2022 / Staff Engagement

3.7.   The CPO and HR Business Partners are currently presenting team level staff survey results department, 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.

3.8.   A staff engagement group is in the process of being set up, as well as an admin forum, in order to broaden the scope of staff engagement within the organisation.

3.9.   The various staff networks are also currently in the process of nominating and electing new chairs.

Industrial Action Update

3.10   In my last CEO report to Board, the British Medical Association (BMA) had announced 96 hours of continuous strike action, scheduled to occur directly after the Easter Bank Holidays, on 10 - 13 April. A further 72 hours BMA walkout is scheduled to take place from 0700 on 14 June to 0700 on 17 June. On this occasion the Hospital Consultants and Specialists Association (HCSA) has announced they will be aligning their action with the BMA. It is anticipated the strike will particularly impact the NCL CAMHS out of hours rota but contingency plans similar to previous strikes will be in place.

3.10.   The new junior doctor strike action will again have an impact on our on call rota arrangements and we will be seeking cover from agency, our internal consultant body, and consultants from the other trusts included within the rota. We will be applying cover rates in line with NCL agreed caps.

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

3.12.   We are aware that the Royal College of Nursing are currently in the process of balloting their members asking them if they wish to take strike action in response to the government's pay offer. The previous ballot covered a period of six months and has now expired. The ballot commenced on 23 May and will run until 23rd June.

3.13.   The RCN is seeking to achieve a country-wide mandate which means if the union achieves the mandate to take action, all organisations will be included (similar to current BMA action).

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.

4.2   A Financial Plan for 2023/24 has been ultimately agreed with the Integrated Care

System (ICS) as a deficit of £2.5m. This is an update from the initial draft submitted to the ICS, that showed a deficit of £3.1m. The updated plan is contingent (net of) the delivery of an in-year efficiency program of £3m. The capital spend envelope set by the ICS is £2.4m, a reduction of £0.9m from last year.

4.3   The updated Financial Plan is included in the Board papers for approval and includes
the breakdown of the expected delivery of the efficiency target (£3m) on a non-recurrent basis and the approach for developing a recurrent program going forward.

4.4   The process of implementing post strategic review (SR) structures in Employee Service Record (ESR) is nearing completion. This will enable Finance to produce an initial set service line budgets which reflect the new structures and being a key part in enabling financial accountability at service line / team level.

4.5   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
4.6   In summary, the Trust is on track to develop a draft strategy by the end of July with continued engagement with staff, patients, students and wider stakeholders continuing beyond this period. We expect that new Executive Directors will be substantially in place from early August and are expected to own and finalise this strategy.

Highlights from the Joint Board and Council of Governors workshop on 3 May

Mission, Vision and Values

4.6.1 I presented my summary assessment of the current situation of the Trust together with an initial draft vision statement and the key factors to consider as we develop these together.

We spent some time in groups gathering views on these along with thoughts on the development of our values. These views, along with wider engagement plans with staff, patients, student and wider stakeholders will help shape the direction of the Trust.

Our Strategic Ambitions

4.6.2   Our Executive Leadership Team collectively outlined initial views regarding our strategic ambitions – according to the summary shown below.


Each Executive Director outlined initial views of our high level strategy in each of the above areas and we gathered views from the wider group for each Director to consider in the next stages of development. These initial views presented are shown below.

We also shared initial Executive views of the strategy across Trust enablers and gathered initial comments. The initial views presented are shown below.

Finally, we had a brief presentation from Kelly Archer from Valcon, our consultancy partner, regarding our potential commercial strategy.

Views gathered from this group fed in to a subsequent longer Board discussion on this topic. The output from the Valcon work has now been finalised, shared with our Executive Team for comment and is now being translated in to a draft commercial strategy for the Trust.

Timetable for Strategy Development

4.6.3   The remaining timetable for strategy development agreed with the Executive Team is shown below.

Key Points of Note

1. Once our strategy is developed, we expect to set out a revised set of strategic priorities for delivery for the remainder of this financial year (2023/24) through to the end of 2025/26 – i.e. the next three years.

2. We are expecting our Trust strategy to be underpinned by a coherent and aligned series of service plans and (corporate) function plans. These planning processes are underway and must align with wider Trust strategy – in particular with our plans for growth and services development set out in our commercial strategy, and our plans for improvement across services and functions (included within the enablers above).

3. Our plans for improvement must include plans for cost improvement through identification and delivery of efficiencies, and these will form part of a refreshed developed medium-term financial plan.

4. We are currently developing a plan for engagement with staff, patients, students and wider stakeholders – delivery of which is expected to continue throughout the summer (beyond the end July) and when newly appointed Executive Directors are in place.

4.7   Service and Functions Planning

Service planning is an important part of our strategy development.

- Our method is an engaged approach, to tap in to the collective service leadership across the Trust, and to re-establish effective relationships as we develop service priorities and plans.

- We have a two-phase approach. The first phase (completed) is to engage effectively, understand the strategic dynamics facing each service and its initial leadership response to these. The second phase is to align service plans with wider Trust strategies for commercial growth and service improvement (and efficiencies) through effective alignment and dialogue with service and Clinical / DET leadership teams.

Corporate functions planning is an important part of our Trust strategy (enablers) and must enable delivery of our wider strategy for sustainability, improvement and development across all services. All corporate functions are engaged and the next step is a workshop on June 7 with the leadership of all functions (People, Finance, IM&T etc) to share and develop initial plans for delivery (BAU) and improvement (processes, systems, people).

5. **Partnership – Within the ICS and Nationally**

System Oversight Arrangements

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5.1   On 16 March the CEO of the North Central London Integrated Care Board (NHC ICB) wrote to confirm changes to our system oversight arrangements. While we remain in segment 3 of the System Oversight Framework (SOF3), the oversight arrangements are splitting in to two parts. The first is a monthly **SOF Performance and Improvement Group,** which will focus on aspects of operational and clinical performance and risk. This group will feed in to (for assurance purposes) a monthly

SOF Oversight Board which will focus on emerging options for the Trust's strategy and support development of these with system partners.

We are currently seeking to further develop the SOF3 framework, recognising improvements made and developments in the Trust's situation.

The first meeting of the **SOF Performance and Improvement Group** was held on the 31 May and we shared our May Board IQPR Report along with a brief discussion paper, shown below, to facilitate a collective conversation on development of the Performance and Improvement framework to be covered by this group along with its terms of reference.

The second meeting of the **SOF Oversight Board** was held on the 26 May and we discussed the following:

4   Appraisal criteria development, to evaluate the high-level future options for the Trust, as set out in the Independent Review of Financial Resilience (conducted by PwC). The ICB had also developed a set of principles to guide options assessment.

5   A timeline and 3 initial phases of work leading to (1) our July Board, (2) our September Board (seminar) and (3) our November Board.

6   Agreement to our proposed requirements for support to these 3 initial phases of work.

6. **Well-led and Effective Governance**

6.1   The Integrated Governance Action Plan continues to be progressed. It is anticipated that it will be utilised going forward to support Well-Led governance arrangements.

6.2   Recruitment and an appointment has successfully taken place to secure support to prepare for a Well-Led inspection preparation.

MEETING OF THE BOARD May 2023			
Report Title: Integrated Performance and Quality Report		**Agenda No.:** **8**	
Report Author and Job Title:	Amy Le Good, Acting Commercial Director	**Responsible Director:**	Terry Noys, Chief Financial Officer and Sally Hodges, Chief Clinical Operating Officer Elisa Reyes-Simpson, Interim Chief Education and Training Officer
Appendices:			
Executive Summary:			
Action Required:	Approval ☐ Discussion ☒ Information ☒ Assurance ☒		
Situation:	This paper seeks to Board on the current clinical and DET performance, trustwide contractual risks and commercial pipeline overview. The format of this paper is under review and will be iteratively changing as we get systems in place to support better reporting functionality. The paper was reviewed at PFRC with further amendments and additions to be made for the next meeting.		
Background:	This performance report has gathered essential information relating to the performance of clinical and educational services. The key risks and issues have been identified and highlighted by the report. The new governance structures put in place within Clinical and DET service Lines have ensured a more robust assurance process.		
Assessment:	Key progress has been made on the delivery of improvements previously identified to improve our clinical performance (Pathway Mapping, activity management, performance outcomes, intake and booking processes and monitoring and implementation of Integrated Quality and Performance). The implementation of job planning has started to improve our performance and will be further developed as a supportive process to our clinical staff. This will also support our ability to meet our contractual requirements while also allowing us to be able to monitor the capacity of our clinicians to be able to proactively manage risks before they occur. Our current data systems do not provide information easily and reporting at team/service/board level is still being collated manually and provided to each team. The online dashboard does have full dataset information from clinician up to directorate level, however it is still in the old T&P structures which hinders clinical team use. The IQPR project has been agreed through the Change Board with the timeline of completion for end of this financial year (23/24), which is likely to impact the full delivery and oversight of all other clinical and DET projects. We are also working on how to		

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incorporate the people and quality information more effectively to enable a rounded view of performance overall.

DET Short courses delivered a lower number of courses than expected so a clear marketing and engagement strategy will be further refined.

A clear process is required for the governance and development of the commercial pipeline to support proactive growth.

The committee is asked to note the contents of the report and the key risks identified. Clear governance and oversight is being managed across the services to address any previous gaps in delivery.

Key recommendation(s):	Members of the Committee / Board are asked to: - Agree any further changes required to provide assurance

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 ☐
	Sustainability and quality of services				

Legal and Regulatory Implications:	Yes ☒	No ☐

Resource Implications:	Yes ☐	No ☒
	There are / no resource implications associated with this report.	

Diversity, Equality and Inclusion (DEI) implications:	Yes ☒	No ☐
	Effective monitoring of our services will allow for better understanding of access across our local populations.	

Freedom of Information (FOI) status:	☒ This report is disclosable under the FOI Act.	☐

Assurance:

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Assurance Route - Previously Considered by:	Clinical Leadership Meetings, DET Executive Meetings, Clinical IQPR Meetings the Performance, Finance and Resources Committee.			
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 Performance and Quality Report

1

Contents

2

1. Clinical Successes, Challenges and Next Steps

3

Successes

Safe	Community and Integrated	We are working with Fitzrovia Youth Action on a step down programme to support young people leaving CAMHS. This will support more timely discharge.
	Complex Mental Health	We are providing Neuro Divergence Training - Collaboration with Autism Hub, GP and internal & external specialists towards co-produced training & consultation.
	GIDS	We have continued to respond to the needs of young people on our caseloads. All patients are being RAG rated to assess risk on the caseload and capacity.
	GIC	We have started implementation of the Electronic Record System (ERS) referral system which enables the service to robustly monitor and action all referrals.
Effective	Community and Integrated	We are progressing a number of projects aimed at improving performance including: • Updating the intake process. • Running a Quality Improvement project on performance in PCPCS. • Running a project to address gaps in AIS data.
	Complex Mental Health	New outcome monitoring processes for Adult Complex & Portman have been implemented.
	GIDS	We have launched the new activity management framework. We have developed a new pathway for 18+ young people to improve patient safety and flow to Adult Services.
	GIC	Adherence to Trust DNA policy and GIC procedures was re-enacted following the restoration the Care Notes functionality.

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Caring	Community and Integrated	Haringey commissioners are planning to expand First Step because of its good outcomes and reach.
	Complex Mental Health	At the Camden mental health forum we received positive patient feedback on our trauma service AYAS & Adult waiting areas updated for better patient experience
	GIDS	We are continuing to offer support to the A&G Waiting List (clinical enquiries). Active and exemplary GIDS PPI Group (described as Gold Standard by NHSE).
	GIC	We have received positive feedback from patients regarding the care they receive including feeling supported and listened to.
Responsive	Community and Integrated	Job plans are now in place for almost all staff.
	Complex Mental Health	We received a formal thank you to RFU and contracts team from Home Office for handling of the service and a request for the Trust to consult with another high risk service.
	GIDS	We continue to provide a timely and flexible response to changing multiple demands. We have introduced a new referral to Adult Services template in partnership with NHSE. We continue to respond actively to meeting requests from NHSE, CASS Review and Early Adopters.
	GIC	We have revised the GIC Welcome Pack to ensure up to date and valid consent forms for patients with first appointments due within six months. 99% completion of Job Plans

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Well-led	Community and Integrated	We have appointed an admin lead for PCPCS, they have been short staffed for some time and this appointment will release the Ops Manager for other tasks.
	Complex Mental Health	Child Complex Clinical Service Lead and Adult Psychotherapy Team Manager appointed. The recovery of appointments, notes and attachments is almost complete.
	GIDS	We have sought to provide consistent leaderships support (e.g. Staff Drop-In Sessions, attending to training needs, timely clear and effective communication).
	GIC	Consistent and visible Leadership support (e.g. weekly admin team meetings). The Administration team have produced an action plan to address areas that require improvement e.g. creating a rota to address historical backlog of letters and emails using Office 365 supported and led by the two GIC Operational Managers and Team Leaders.

6

Community and Integrated Challenges (plans to mitigate in next steps section below)

Staff wellbeing has been raised due to teams reporting a feeling of increased pressure

Challenges with meeting job plan expectations as the plans settle in

We are aware of some gaps in clinical knowledge of and use of carenotes

7

Community and Integrated Next Steps

Intake Redesign project team has been established. Delivery Approach and timelines agreed at IQPR meeting in April

Treatment waiting list pilot started, pilot to be reviewed and modelled wider in June 23.

Review of pathways and monitoring project started, due for completion summer 23, oversight at team and IQPR meetings

'Transformation Partners in Health and Care' requested alignment of reporting across all NCL ICB providers, project team to be identified for delivery. Delivery by March 2024

Complex Mental Health Challenges (mitigation plans below)

Staff wellbeing

The teams are unsettled due to the stepping down of Adult Complex Lead

Challenges with meeting job plan expectations

Impact of external comms on staff morale
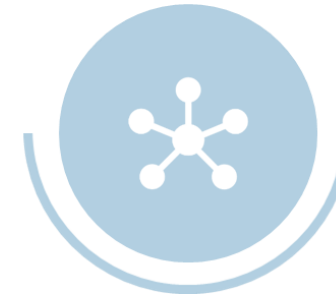
Improvement required to ensure decision making is collaborative with corporate services

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Complex Mental Health Next Steps

Reviewing Trainee and Honorary feedback following the strategic review to support better engagement and wellbeing

Outcome monitoring project underway and monitored at team and IQPR monthly meetings. Due for completion summer 2023

Review of pathways and monitoring project started, due for completion summer 23, oversight at team and IQPR meetings

PTL and activity Management Project underway and managed across all clinical service lines. Oversight and management held at IQPR and Clinical Leadership Meetings

GIDS Challenges 1/2

Staff wellbeing

Uncertainty about the future

Staffing levels

Loss of organisational knowledge and expertise across the service

Clinical recruitment

Multiple demands on a diminishing clinical staff group impacting on ability to implement new and updated frameworks

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GIDS Challenges 2/2

Endocrine Pathway

- New safeguarding leads are attending the Gender Endocrine meetings in UCLH. At this point there is not a shared understanding of pathways. There is a process to meet with new safeguarding representatives attending the UCLH MDT to address concerns raised and discuss the service model.

- It has been agreed that we will review the work together to discuss and review endocrine referrals & role of GIDS clinicians.

- There has been an increase in media and targeted harassment including naming of GIDS clinicians in the public domain. We have notified the police regarding all incidents.

Internal Only

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GIDS Next Steps

26% of waiting list to transfer to Adult GICs (or discharge) to be achieved by 31 May 23.

GIDS agreed eight week (up to 15 May 2023) continuation of support for clinical enquiries covering the waiting list held by Arden and Gem (A&G).

Piloting "booking system light" in one of the regions to commence in May 23. This will inform implementation across the other regions.

Ongoing active monitoring of critical staffing levels to ensure safe service delivery.

GIC Challenges

Administrative issues dealing with historic backlog of letters.

Administrative staff sickness.

Clinical Note and Record Keeping compliance

(*refer to Section on "Quality and Patient Safety ")

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GIC Next steps - Strategy Development and Service Planning

Service development delivery approach and framework to be ratified at the Clinical Leadership Group in May 23.

Learning from trust deaths and incidents has been shared with senior clinicians and the Exec Group. This has informed development of a clinical risk stratification and assessment tool due to be ratified in May 23 and led by Clinical Director.

In Q4 the service focused on reviewing increasing clinical capacity and activity. 99% of the job plans have been completed.

Active clinical recruitment we currently have two vacancies and recruited to a post for May Start

Discharge Report- Design a new report on care notes that enable service to provide accurate discharge figures to NHSE and external stakeholders when required.

Waiting list management and data cleansing – Compiling lists of patients that needs to be discharged from various resources (i.e., East of England and Dean street) which service weren't able to action due to CN outage –Approx- 2000 pts.

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2. DET Overview

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DET Successes

BPS reaccreditation of M4 doctorate in educational psychology. 4 outstanding commendations and minimal recommendations	Increase in geographic reach, with 71% of our short course students now coming from outside of London	Increase in geographic reach, with 71% of our short course students now coming from outside of London	Generated in excess of £1.5m income from CPD courses in 22/23 FY for the first time	Student Disability workshop held in March to streamline process and enhance service. No. of steps reduced!

DET Operational Improvements programme drawn up and approved by ELT	PowerBI project allowing enhanced reporting on student admissions	New student spaces coming on board for summer term	Preparation for HESA Data Futures going ahead of schedule with positive feedback from Essex

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HEE Long Courses 22/23 Q4 overview

At this point in the academic year, overall student enrolments are standing at 1,241, thereby exceeding the target of 1,175 by 6 per cent. Numbers of new students have also exceeded the target. Since the Q3 report, we have been able to include new intake students enrolled on our M23 course, run jointly with UEL.

We have had notification of 64 student withdrawals from HEE-funded students so far this academic year, along with a total of 57 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.

22/23 Total Plan vs Total Actual

DEMOGRAPHICS

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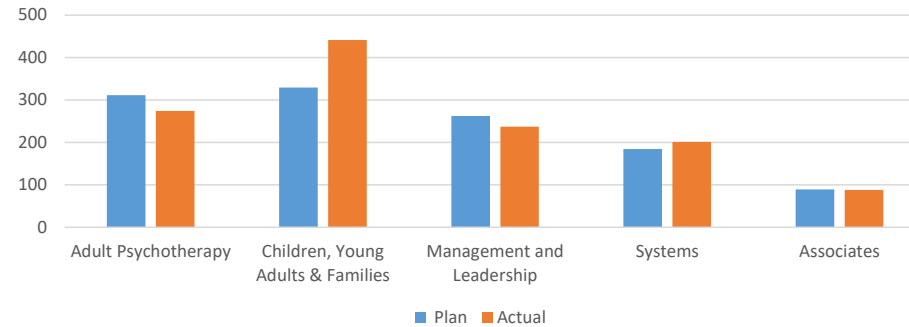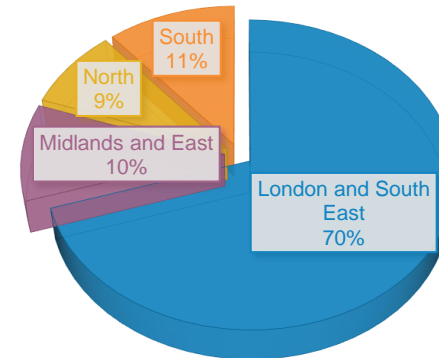
HEE Short Courses 22/23 Q4 overview

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.

22-23 Plan vs Actual

SC Students by HEE Geographical Region
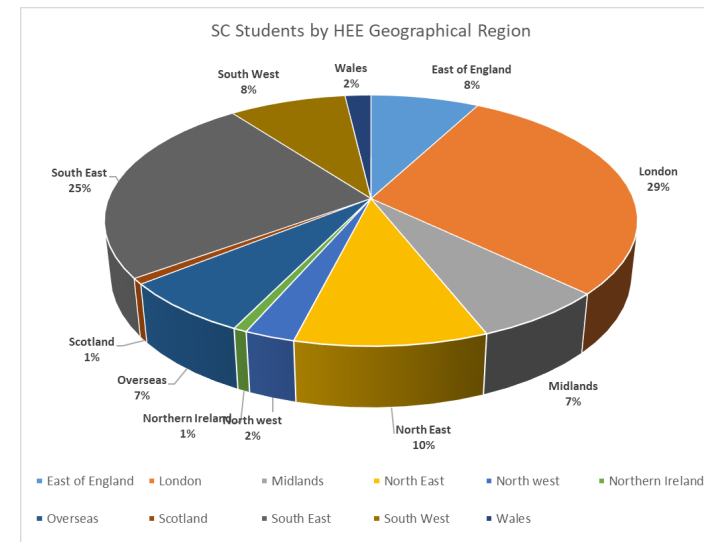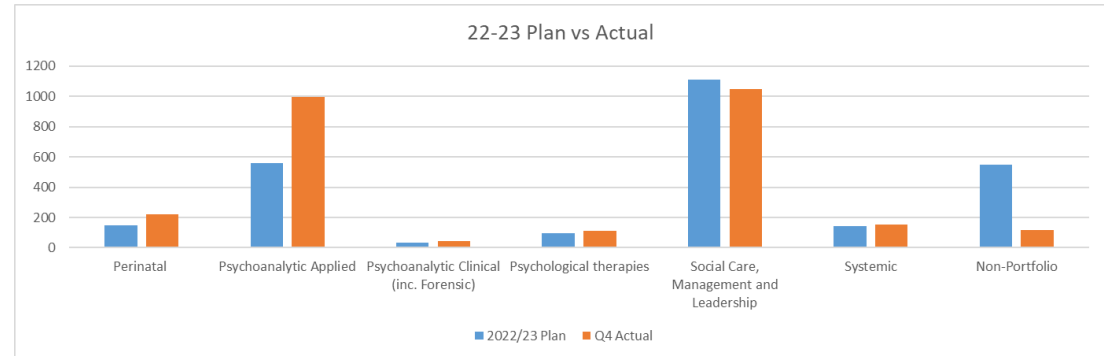
Digital and Short Course Feedback

2022-23 AY to date

73.5% all courses

78% Bespoke courses

68% Portfolio CPD courses

% scoring our training as "Highly Relevant"
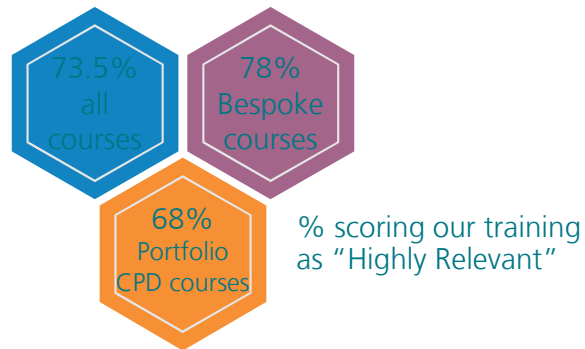
Valued by delegates:

- Immediate applicability of tools / ideas
- Presenter knowledge, approachability, skill, engagement with group
- Effective and responsive admin

Return Rate

SmartSurvey

Portfolio – 18%

Bespoke - 59%
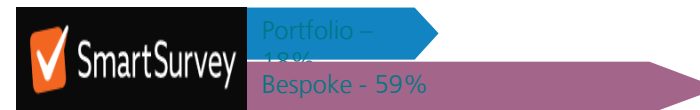
* 1. How would you rate the training or event overall?

○ 1   ○ 2   ○ 3   ○ 4   ○ 5   ○ 6   ○ 7   ○ 8   ○ 9   ○ 10

Very unsatisfied

Very satisfied

The average score across all training activity for 2022/23AY to date is 8.9 / 10

20
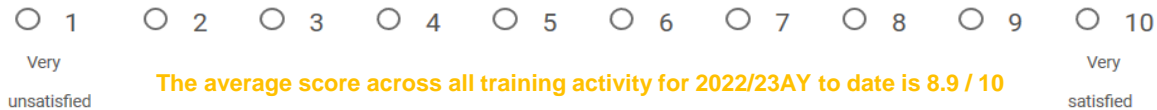
3. Clinical Job Plan Analysis

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Community and Integrated Initial Job Plan Analysis

- Initial 12 month review of job planned activity shows that for NCL Community, there are enough staff to deliver the required activity levels to meet contractual obligations if the job plans could be met.

- There is some additional activity that needs to be reflected in the more detailed analysis to include additional job planned activity.

- Further monitoring and a more in-depth review will be undertaken throughout May and action plans drawn up with Team Managers to help support them with the management of their teams.

- Since implementing the Job Plans, we have seen an improvement in activity and we will continue to monitor rates of improvement.

	Booking Expectation	Attendance Expected	M11	Appt Variation	% Appt Variation	M12	Appt Variation	% Appt Variation	Improvement
CAISS	338	271	113	-158	-58%	147	-124	-46%	13%
CWP	279	223	158	-65	-29%	254	31	14%	43%
LAC	263	210	147	-63	-30%	129	-81	-39%	-9%
MHST North	471	377	138	-239	-63%	149	-228	-60%	3%
MHST South	488	391	37	-354	-91%	79	-312	-80%	11%
North	729	584	393	-191	-33%	480	-104	-18%	15%
South	834	667	363	-304	-46%	395	-272	-41%	5%
WFT and P	840	672	292	-380	-57%	384	-288	-43%	14%
PCPCS	455	364	293	-71	-19%	281	-83	-23%	-3%
Totals	4697	3758	1934	-1824	-49%	2298	-1460	-39%	10%

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Complex Mental Health Initial Job Plan Analysis

- Initial 12 month review of job planned activity shows that for Complex Mental Health, some teams do not have enough staff to deliver the activity required to meet contractual obligations and bring down the waiting lists whereas other teams have over capacity but are not meeting required level of activity.

- Further analysis is going to be looked at for FMH to understand their over-performance against job plans. There are approximately 10 trainees and associated activity to add.

- Further monitoring and a more in-depth review will be undertaken throughout May and action plans drawn up with Team Managers to help support them with the management of their teams.

- Since implementing the Job Plans, we have seen an improvement in activity and we will continue to monitor rates of improvement.

- EDAS lost 2 staff from a small team, when staffed they will be able to deliver against contractual expectation.

	Booking Expectation	Attendance Expected	M11	Appt Variation	% Appt Variation	M12	Appt Variation	% Appt Variation		Improvement
FMH	374	299	363	64	21%	396	97	32%		11%
FAKT	573	459	189	-270	-59%	283	-176	-38%		20%
Trauma	762	610	427	-183	-30%	512	-98	-16%		14%
Portman**	589	471	399	-72	-15%	464	-7	-2%		14%
AYAS	951	761	291	-470	-62%	341	-420	-55%		7%
Psychotherapy	843	674	558	-116	-17%	770	96	14%		31%
EDAS	183	146	158	12	8%	113	-33	-23%		-31%
Totals	4275	3420	2576	-844	-25%	3166	-254	-7%		17%

** Family Mental Health and Portman job planning is not complete, trainee numbers have not yet been included which lowers their current compliance

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4. Clinical Performance

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Community and Integrated Referrals

NCL Community Referrals

PCPCS Referrals
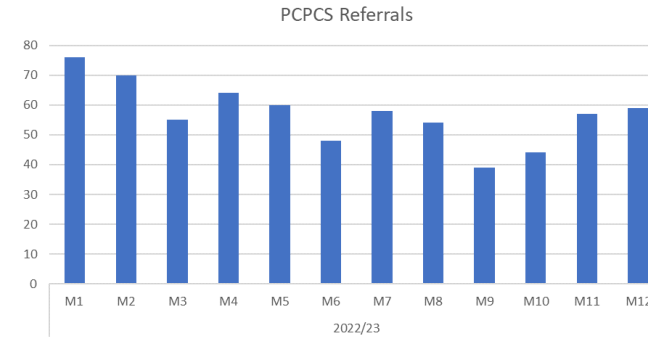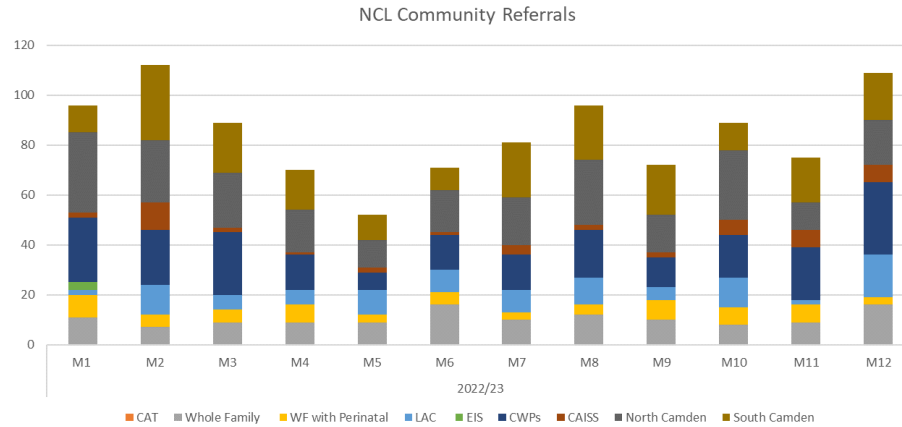
MHST Referrals

% Increase/decrease in Referrals from 21/22	
PCPCS	-6%
MHST	-21%
NCL Community	-8%

Data taken from internal monitoring dashboard

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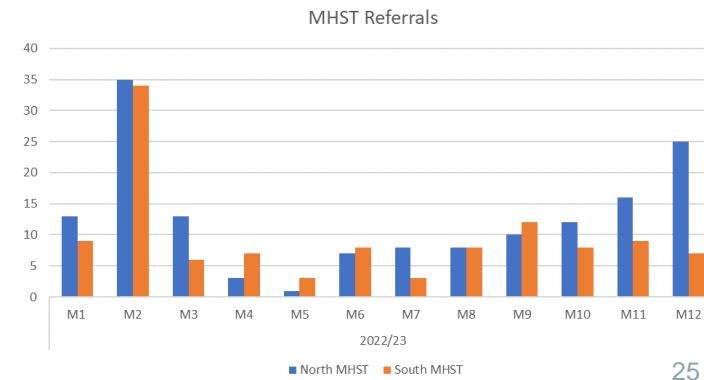
Community and Integrated Appointments

NCL Community - Total Appointments - YTD
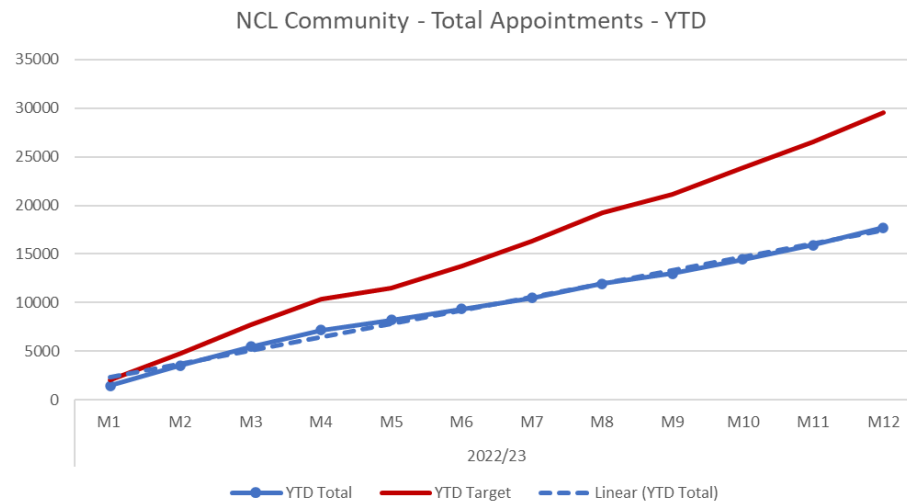
- Activity in 22/23 was significantly below target.

- Service Improvement Plans have been put in place including the Job Planning process. Activity has improved over the past 2 months and teams performing below 90% of job planned activity are being taken through a supportive change process to improve activity levels.

- Team level targets are in the process of being agreed for 2022/23 which will be adjusted to consider previous activity, job planned capacity, budgets and backlogs

Data taken from internal monitoring & power BI dashboard

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Community and Integrated First Appointment Waits at end of each month

NCL Community Waiting Times (Waiting List)

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

2022/23

Legend: 0-4 Weeks · 4-8 Weeks · 8-18 Weeks · 18-52 Weeks · 52+ Weeks · Average WT (weeks)
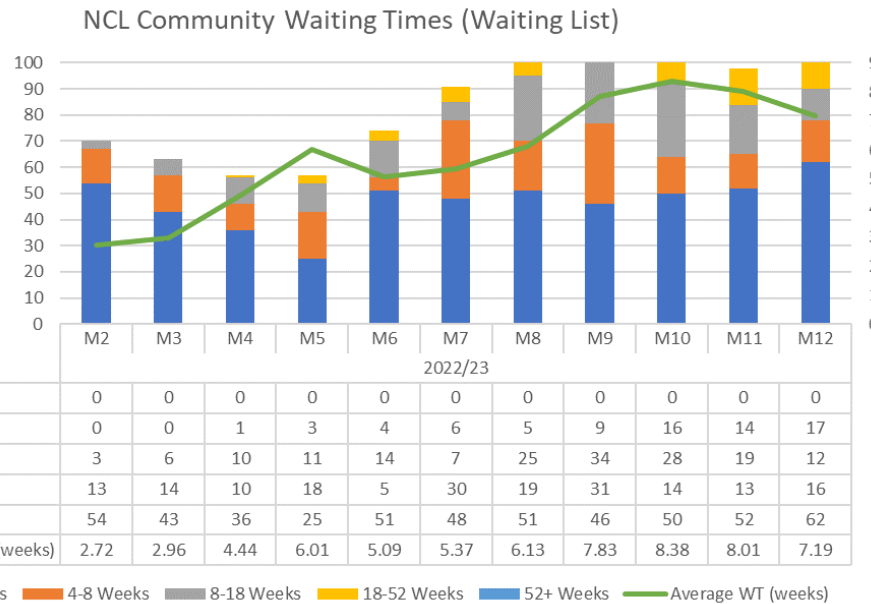
- Waiting times have increased with reduced activity.

- Work is underway with all services to review intake and booking processes to ensure improvement in patient flow.

- Intake redesign has started with a completion date of end July 2023. North and South Camden start the pilot phase end of May 2023. The admin team will be responsible for booking all assessment appointments.

- If successful the model will be rolled out for all other appropriate services by end of July 2023.

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Community and Integrated First and Second Appointment Waits for Patients Seen

NCL CommunityWaiting Times 1st Appointment (Patients Seen)
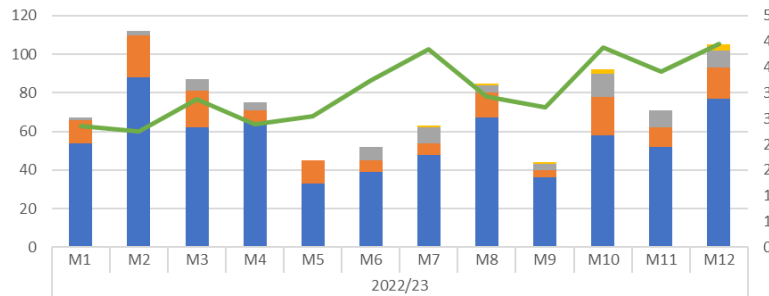
2022/23	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
52+ Weeks	0	0	0	0	0	0	0	0	0	0	0	0
18-52 Weeks	0	0	0	0	0	0	1	1	1	2	0	3
8-18 Weeks	1	2	6	4	0	7	8	4	3	12	9	9
4-8 Weeks	12	22	19	6	12	6	6	13	4	20	10	16
0-4 Weeks	54	88	62	65	33	39	48	67	36	58	52	77
Average WT (weeks)	2.36	2.25	2.88	2.38	2.55	3.23	3.84	2.93	2.72	3.88	3.42	3.95

NCL Community Waiting Times 2nd Appointment (Patients Seen)
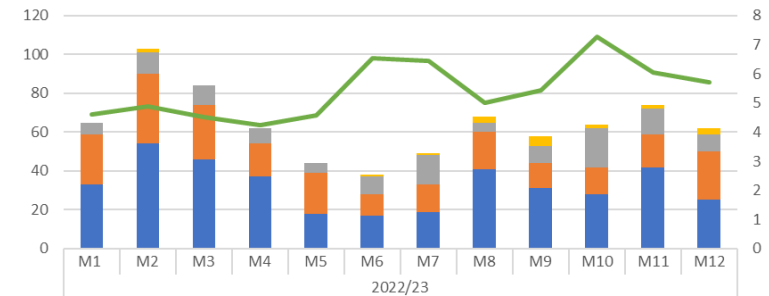
2022/23	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
52+ Weeks	0	0	0	0	0	0	0	0	0	0	0	0
18-52 Weeks	0	2	0	0	0	1	1	3	5	2	2	3
8-18 Weeks	6	11	10	8	5	9	15	5	9	20	13	9
4-8 Weeks	26	36	28	17	21	11	14	19	13	14	17	25
0-4 Weeks	33	54	46	37	18	17	19	41	31	28	42	25
Average WT (weeks)	4.61	4.87	4.52	4.23	4.56	6.53	6.45	5.01	5.45	7.29	6.04	5.71

- Waiting times for 1st and second appointments have increased over 22/23

- PTL meetings are now started and are focussed on the pathways and first and second appointments and length of treatment

28

Complex Mental Health Referrals

Adult Complex Referrals

Child Complex Referrals

The Portman Referals

Data taken from internal monitoring dashboard
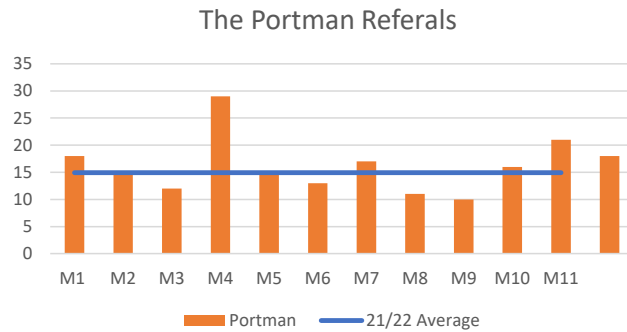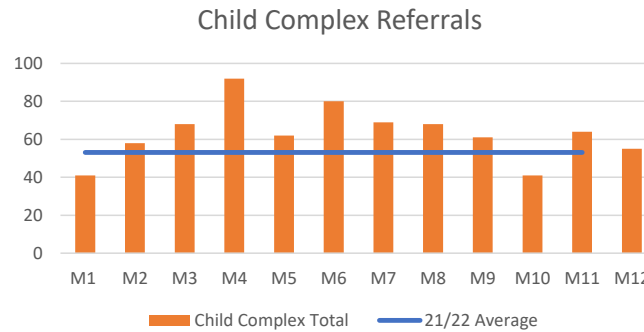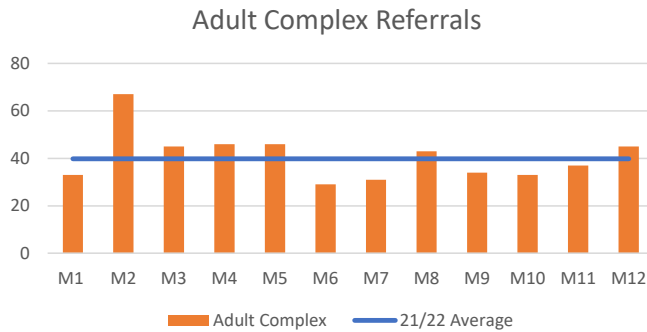
% Increase in Referrals from 21/22	
Trauma	9%
Psychotherapy	-2%
Portman	9%
FCAMHS	
FDAC	
Returning Families	
AYAS	-10%
ASC & LD	38%
FMHT	68%
FAKCT	-32%
Total	**12%**

29

Complex Mental Health Appointments

Adult Complex Attended Appointments

Attended — 21/22 Average

Child Complex Attended Appointments

Attended — 21/22 Average

Portman Attended Appointments

Attended — 21/22 Average
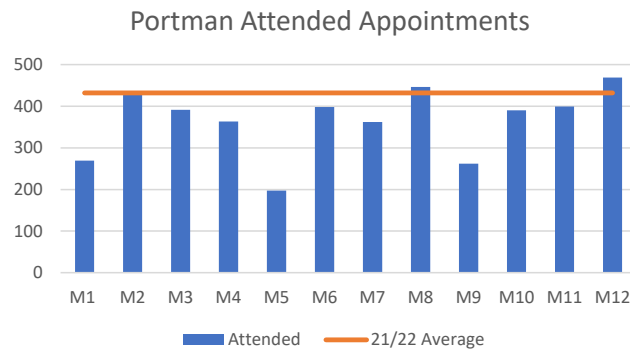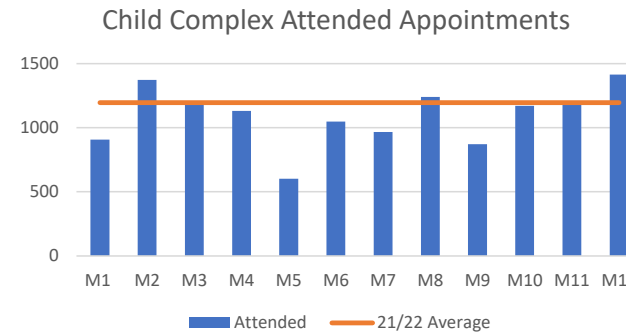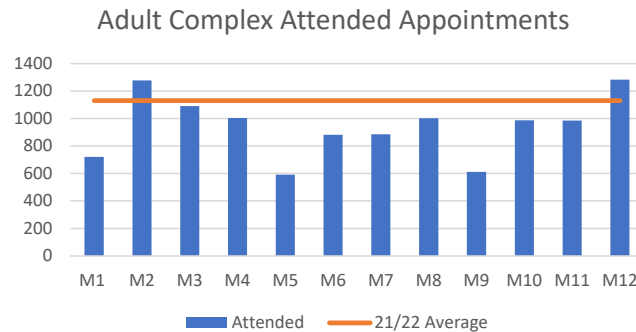
Data taken from internal monitoring & power BI dashboard

- Activity is down by 9% for Child Complex, 16% for Portman and 17% for Adult Complex compared to last years activity

- Targets for this year were significant above last years activity, so the shortfall is greater than shown.

- Team level targets are in the process of being agreed for 2022/23 which will be adjusted to consider previous activity, job planned capacity, budgets and backlogs

30

Complex Mental Health First Appointment Waits

Waiting List for 1st Appt

— Adult Complex — Child Complex — Portman

% Seen on Time for 1st Appt

— Adult Complex — Child Complex — Portman
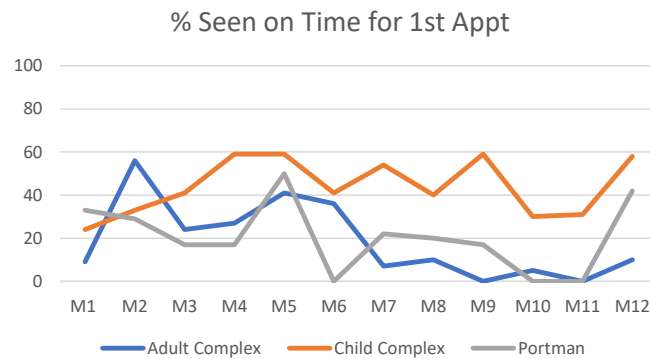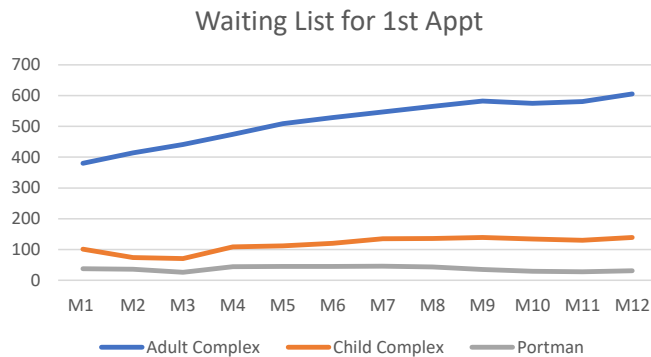
Data taken from power BI dashboard

- Both Child Complex and Portman have seen improvements in the % seen on time. Adult Complex waits have continued to increase.

- Work is underway with all services to review intake and booking processes to continue this improvement

- Portman delays had been due to intake processes and capacity during staffing shortages. New processes have been established, including detailed review in PTL meetings weekly

- The Family Mental Health team are going to reinstate 2x weekly assessment clinics with fixed days and times in all job plans and stop triage calls to reduce delays and maximise capacity. The admin team will be responsible for booking all appointments

- If successful, a similar model will be proposed for all other appropriate services

31

Complex Mental Health Second Appointment Waits

Waiting List for 2nd Appt

% Seen on Time for 2nd Appt
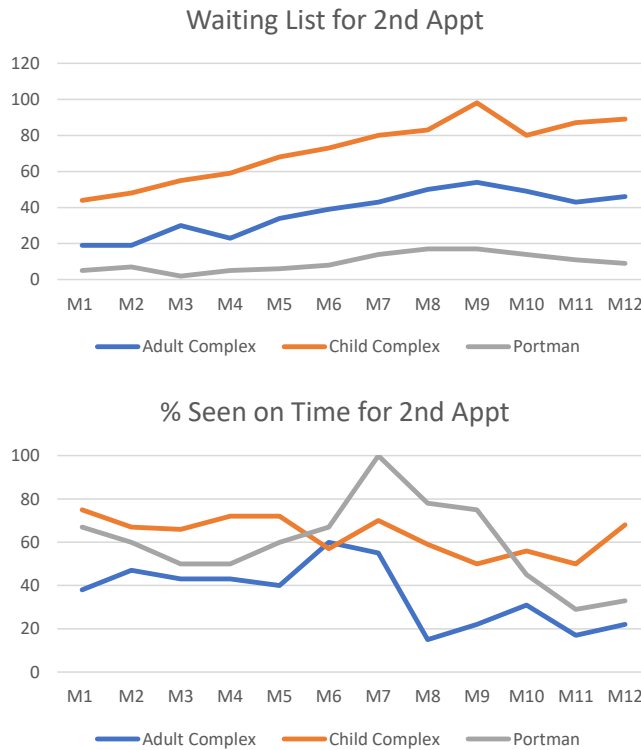
Data taken from power BI dashboard

- The numbers waiting for 2nd appointment are lower than 1st as most are booked as part of a series of 2-4 assessment appointments (depending on the team)

- The increase in patients waiting for Adult Complex is likely due to the new Trauma pathway (introductory & stabilisation meetings)

- The Child Complex PTL meetings focus next month will include to waits for 2nd appointment. The priority has been 1st appt waits until now

- The Portman cases are a mix of consultations that need a letter before discharge and patients mid assessment

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Complex Mental Health Intervention Waits

Intervention Waiting Lists

Team	Weeks Wait					
	0-4	5 to 8	9 to 18	19 to 52	52+	Grand Total
ACS & LD	1	1	4	1	1	8
AYAS	3	2	6	6	1	18
FAKT	5	2	2	13	1	23
FMH	5	1	3	11	2	22
Grand Total	14	6	15	31	5	71
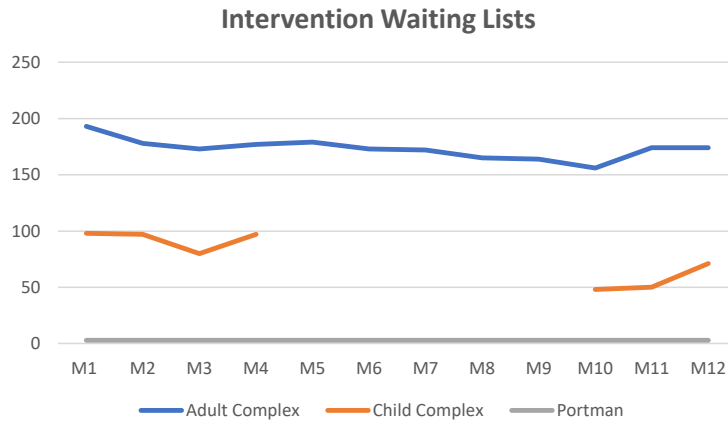
- Adult complex average wait for intervention was 81 weeks from referral for those seen in March. For Portman it was 22 weeks (1 patient)

- The number on Child Complex waiting list had halved since the Carenotes outage but has now increased again, which also needs reviewing as part of the PTL work

- We are engaging with each team manager to review the longest waiting patients, starting with those waiting 52+ weeks

33

GIDS Appointments

GIDS has experienced approximately 8% reduction in the number of attended appointments between Q3 to Q4.

Contributing factors include:

- A steady decline in the number of clinical staff able to assess and diagnose independently due to resignations following the NHSE announcement.

- Vacant posts not being recruited to.

GIDS: Quarterly Activity Outcomes

Number of Appointments (y-axis: 0, 500, 1000, 1500, 2000, 2500, 3000)

Q1, Q2, Q3, Q4 — 2022/23

Legend: Attended — DNA — Cancelled by Client — Cancelled by Trust

34
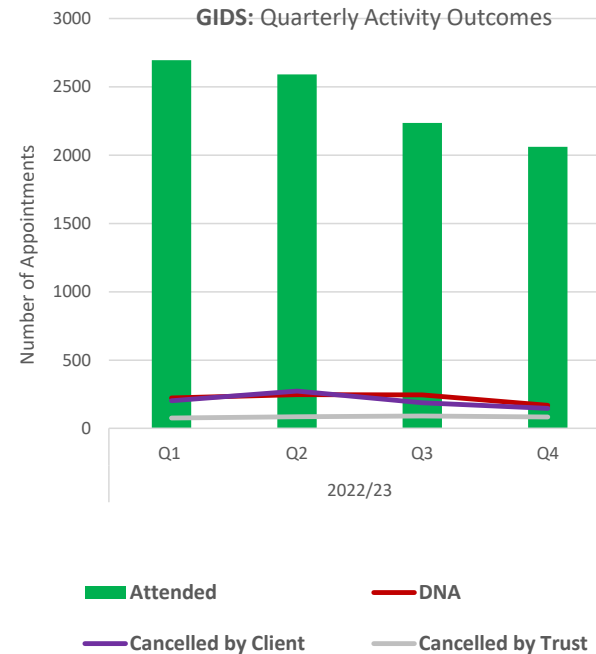
GIDS Appointments

DNA's

- DNA increased by approx. 1% between Q3 and Q4 GIDS. However the DNA rate remains below the NHS 10% DNA rate target. This has been achieved by improvement in administrative processes and communication with CYP.

- GIDS will continue to monitor DNA's to ensure that low DNA rates are maintained and remains under the national target.

Cancellations

- Appointments Cancelled by Patient in Q4 has reduced by 22.3% compared to Q3. This significant reduction is a direct result of the improved communication process to directly contact patients ahead of their planned appointment.

- There has been a reduction in the number of Appointments Cancelled by Trust. The operational team will continue to monitor clinical staffing levels to ensure critical mass to meet appointment requirements.

| GIDS	2022/23			
	Q1 Activity	Q2 Activity	Q3 Activity	Q4 Activity
Attended	2695	2591	2237	2061
Did Not Attend	223 (6.8%)	248 (7.6%)	245 (8.8%)	169 (9.8%)
Cancelled by Client	203 (6.3%)	274 (8.6%)	188 (6.8%)	146 (5.9%)
Cancelled by Trust	77 (2.4%)	85 (2.7%)	91 (3.3%)	83 (3.4%)

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.

35

GIDS Second Appointment Waits

GIDS: Quarterly Waiting Times for 2nd Appointments
Waits in Weeks from 1st Appointment to 2nd Appointment

Legend: ☐ 2022/23 Q1 ☐ 2022/23 Q2 ■ 2022/23 Q3 ■ **2022/23 Q4**
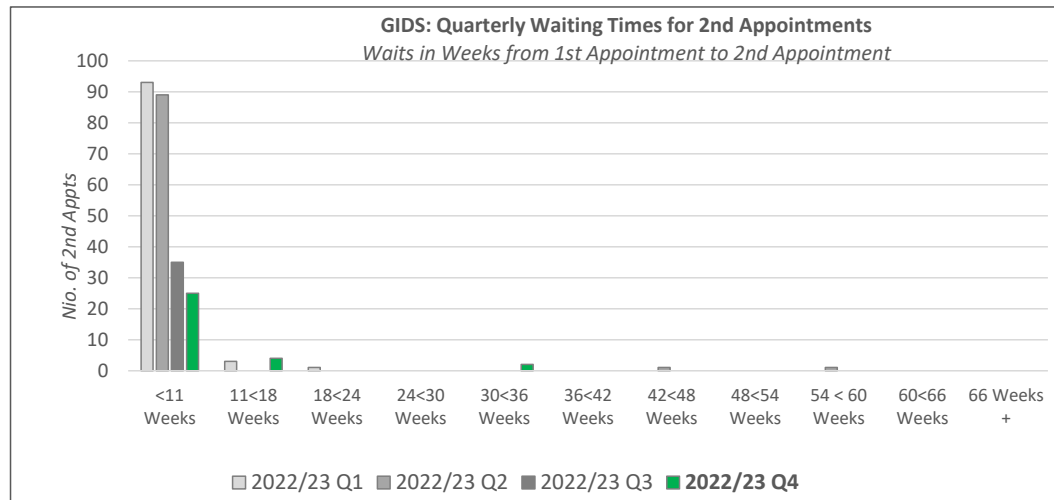
Waiting Times for 1st Appointments:

No new patients were taken off the Waiting List from October 2022 from when all new referrals were diverted to Arden and GEM.

The service continues to offer appointments to young people on the rapid re-referral pathway.

GIDS will continue the transfer of 17.5+ to the adult GICs across the UK.

	<11 Weeks	11<18 Weeks	18<24 Weeks	24<30 Weeks	30<36 Weeks	36<42 Weeks	42<48 Weeks	48<54 Weeks	54 < 60 Weeks	60<66 Weeks	66 Weeks +	TOTAL
GIDS Waits for 2nd Appointments *(measured in weeks from date of 1st appointment)*												
2021/22 Q4	93	3	1	0	0	0	0	0	0	0	0	97
2022/23 Q1	89	0	0	0	0	0	1	0	1	0	0	91
2022/23 Q2	35	0	0	0	0	0	0	0	0	0	0	35
2022/23 Q3	25	4	0	0	2	0	0	0	0	0	0	31

Data taken from power BI dashboard

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GIC Appointments

GIC: Quarterly Activity Outcomes
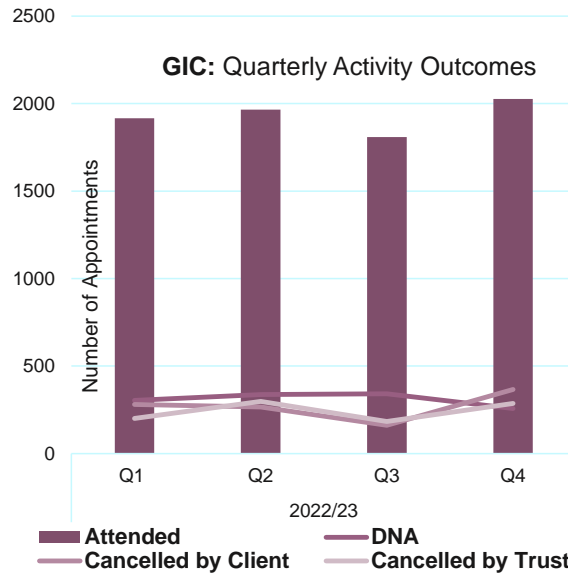
Attended Appointments

GIC have reviewed and implemented some job plans and clinical schedules with the aim of increasing the direct clinical activity. This may account for the increased activity in March 2023, Q4. Further analysis of activity against job plans and workforce sickness is indicated and will be presented next quarter.

DNA's

The services DNA rate has decreased by approximately 4% since Q3. Although this is significant progress, it still sits a percentage above the national target of 10%. This can be attributed to Carenotes reminders being reinstated following the outage as well as improved admin communication with the patients that are due an appointment. GIC will continue to actively monitor DNA's and apply the principles in the service DNA policy.

Cancellations

There has been an increase in cancellations by appointments as there is no scheduling functionality within CareNotes. We have escalated this as a query to IT for review.

GIC	2022/23			
	Q1 Activity	Q2 Activity	Q3 Activity	Q4 Activity
Attended	1916	1966	1808	2026
Did Not Attend	304 *(13.7%)*	337 *(14.6%)*	342 *(15.9%)*	257 *(11.3%)*
Cancelled by Client	281 *(10.4%)*	266 *(9.3%)*	161 *(6.5%)*	366 *(12.5%)*
Cancelled by Trust	201 *(7.4%)*	298 *(10.4%)*	183 *(7.3%)*	286 *(9.7%)*

Data taken from internal monitoring & power BI dashboard

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GIC First Appointment Waits

GIC: Quarterly Waiting Times for 1st Appointments
Waits in Weeks from Referral Received to 1st Appointment

☐ 2022/23 Q1   ☐ 2022/23 Q2   ☐ 2022/23 Q3   ■ **2022/23 Q4**
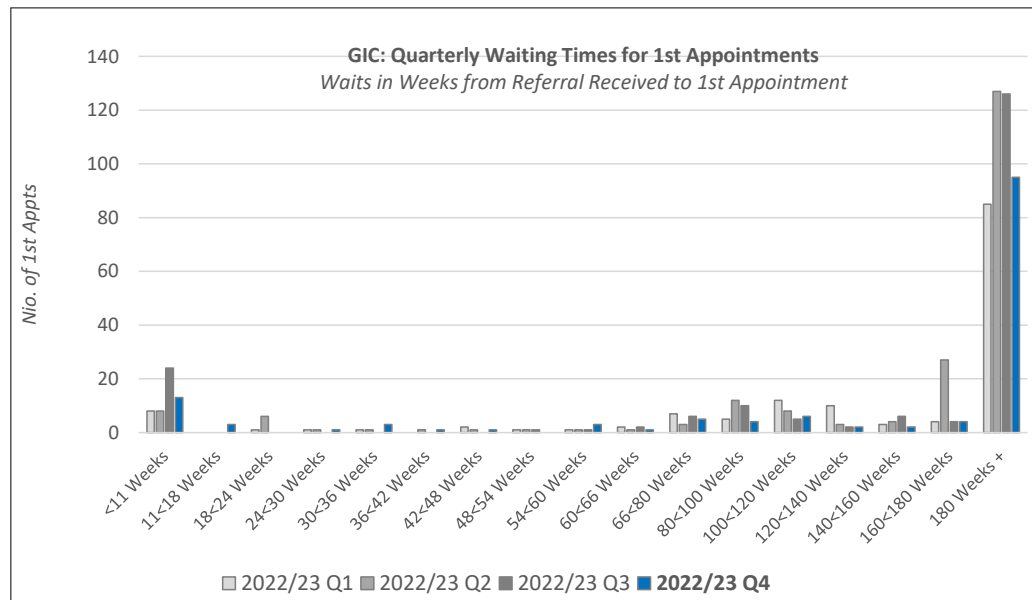
There has been a significantly high level of appointment cancellations from Q3 to Q4 (32%) which has reflected in longer waits to 1st appointments.

	GIC Waits for 1st Appointments *(measured in weeks from referral date)*																	
	<11 Weeks	11<18 Weeks	18<24 Weeks	24<30 Weeks	30<36 Weeks	36<42 Weeks	42<48 Weeks	48<54 Weeks	54<60 Weeks	60<66 Weeks	66<80 Weeks	80<100 Weeks	100<120 Weeks	120<140 Weeks	140<160 Weeks	160<180 Weeks	>180 Weeks	**TOTAL**
2022/23 Q1	8	0	1	1	1	0	2	1	1	2	7	5	12	10	3	4	85	**143**
2022/23 Q2	8	0	6	1	1	1	1	1	1	1	3	12	8	3	4	27	127	**205**
2022/23 Q3	24	0	0	0	0	0	0	1	1	2	6	10	5	2	6	4	126	**187**
2022/23 Q4	13	3	0	1	3	1	1	0	3	1	5	4	6	2	2	4	95	**144**

Data taken from power BI dashboard

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GIC Second Appointment Waits
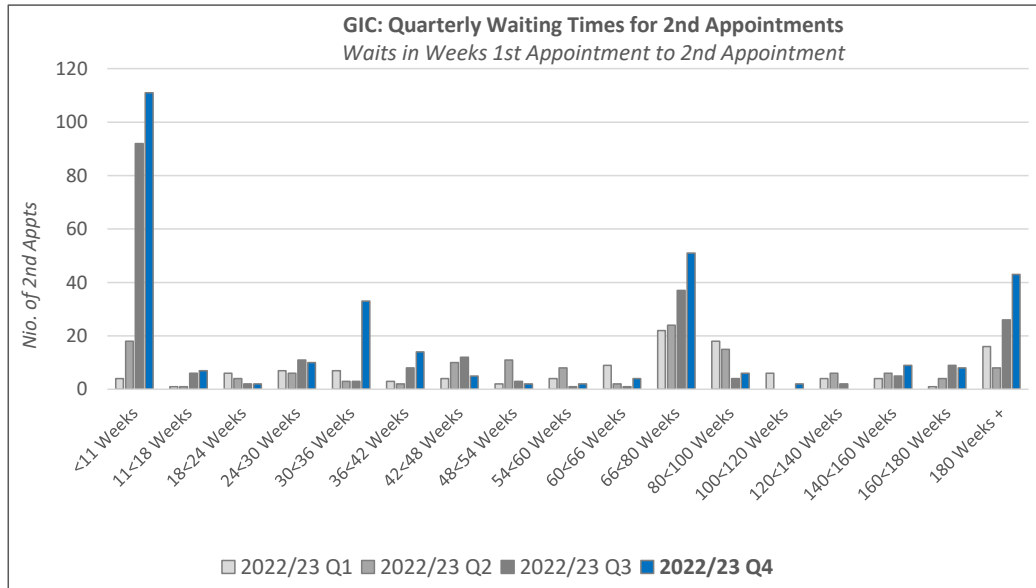
First and second appointments are booked in tandem.

Delays in 1st appointments causes delays in booking 2nd appointments.

GIC Waits for 2nd Appointments *(measured in weeks from date of 1st appointment)*																	
	<11 Weeks	11<18 Weeks	18<24 Weeks	24<30 Weeks	30<36 Weeks	36<42 Weeks	42<48 Weeks	48<54 Weeks	54<60 Weeks	60<66 Weeks	66<80 Weeks	80<100 Weeks	100<120 Weeks	120<140 Weeks	140<160 Weeks	160<180 Weeks	> 180 Weeks	TOTAL
2021/22 Q4	4	1	6	7	7	3	4	2	4	9	22	18	6	4	4	1	16	118
2022/23 Q1	18	1	4	6	3	2	10	11	8	2	24	15	0	6	6	4	8	128
2022/23 Q2	92	6	2	11	3	8	12	3	1	1	37	4	0	2	5	9	26	222
2022/23 Q3	111	7	2	10	33	14	5	2	2	4	51	6	2	0	9	8	43	309

Data taken from power BI dashboard

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GIC Waiting List

2022/23			
Q1	**Q2**	**Q3**	**Q4**

	Q1	Q2	Q3	Q4
Number of patients on GIC waiting list	**11479** *(5.35% increase from Q4)*	**11806** *(2.85% increase from Q1)*	**12370** *(4.78% increase from Q2)*	**12542** *(1.39% increase from Q3)*

981 cases transferred to Adult GICs – this is currently not reflected on Care Notes due to the outage.
This will be prioritised to ensure that data for Q1 is accurately reflected.

Gender Services Waiting Lists
Patients Waiting to be Seen at End of Quarter

40

GIC Referrals

GIC: Quarterly Referrals

Total Received During Quarter ■   Total Pending at End of Quarter ▢
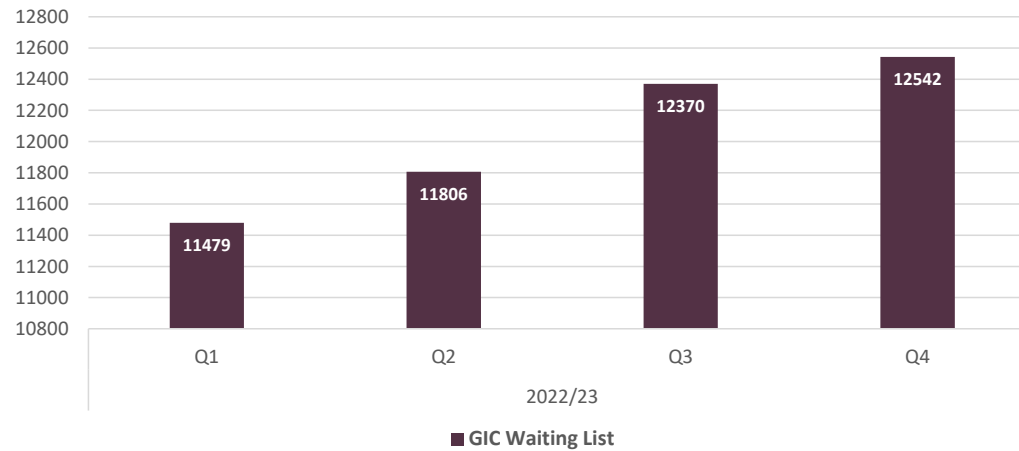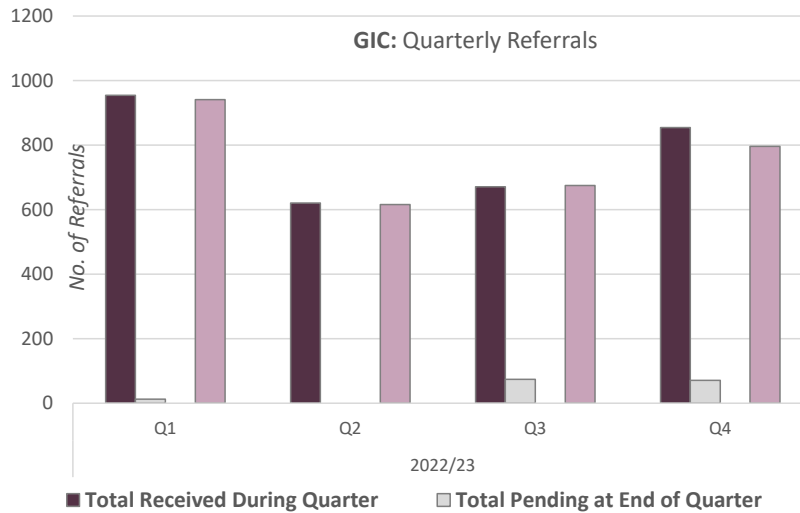
- The number of referrals received increased in Q4 compared to the previous quarter.

- There are no pending referrals at the end of Q4.

- On receipt of referrals, non-complex patients are screened and referred to their local GIC based on geography.

- All patients are given a choice whether they are seen within this or their local service.

	GIC	Referrals **Received** During Quarter	**Pending** Referrals at Quarters End	Referrals **Rejected** During Quarter	Referrals **Accepted** During Quarter
2022/23	**Q1**	**954**	13	0	941
	Q2	**620**	0	0	616
	Q3	**671**	74	0	675
	Q4	**854**	71	0	796

Data taken from internal monitoring dashboard

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5. Quality and Patient Safety

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Community and Integrated Clinical Notes Compliance

% of appointments with an attached clinical note

■ Jan/Feb ■ March
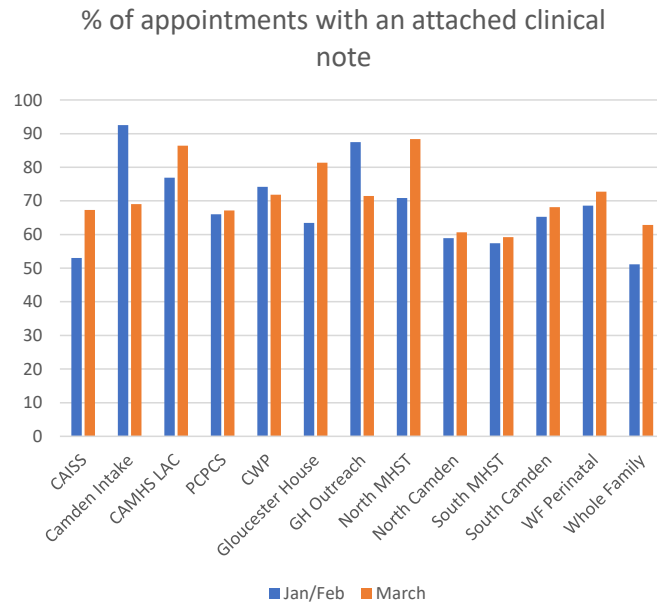
- CAISS will be leading on a QI to improve compliance. Learning will be disseminated to other teams.

- There was feedback that issues occur for part time staff when Carenotes is down and for those teams that work remotely. This is forming part of the QI project.

- Details of missing notes are now sent to teams regularly. This flagged a number of errors indicating a need for further training and improvements to our basic training.

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Community and Integrated Crisis Plans

Care Plan Compliance
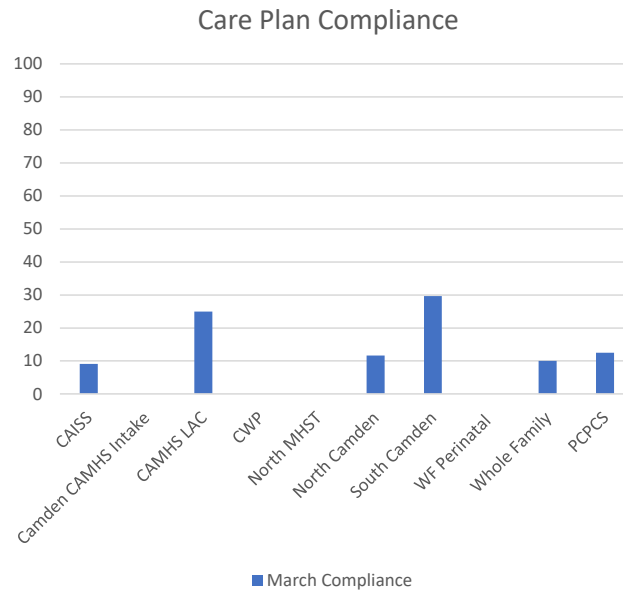
- For Under 18's Cases that are Amber or Red RAG rated are due Crisis Plans. For over 18's cases are due if the clinician indicates a plan is required.

- Only teams that had plans due are shown

- We are in the process of changing the RAG rating system and when this occurs we will be better able to chase up missing plans.

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Care Plans – Camden Community and MHST

Care Plan Compliance
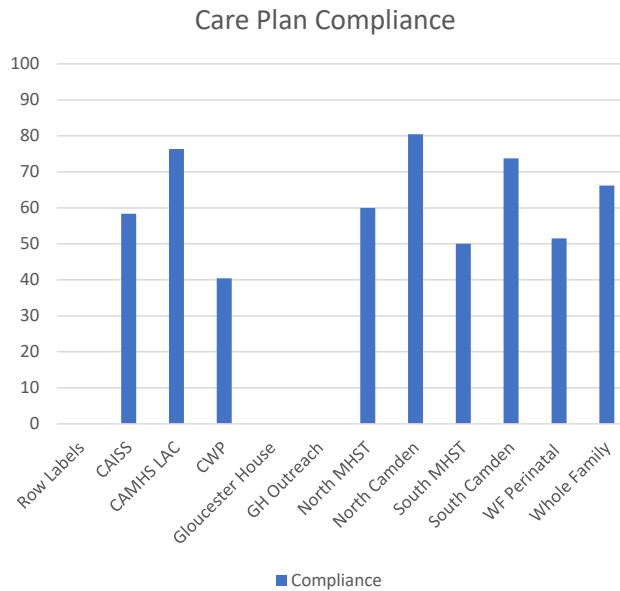
- We have completed this report as all open cases, due an initial or review care plan and the % compliance. We have not accounted for if these were on time.

- We cannot directly compare to last month as the way we run the data has changed. We will do this going forward.

45

Outcomes – Camden Community Unit
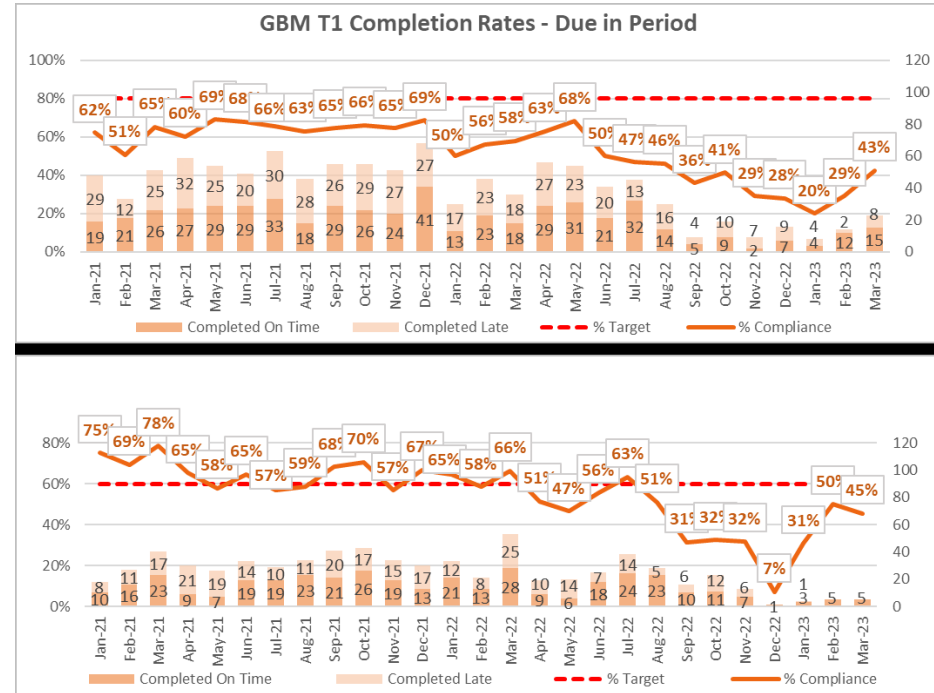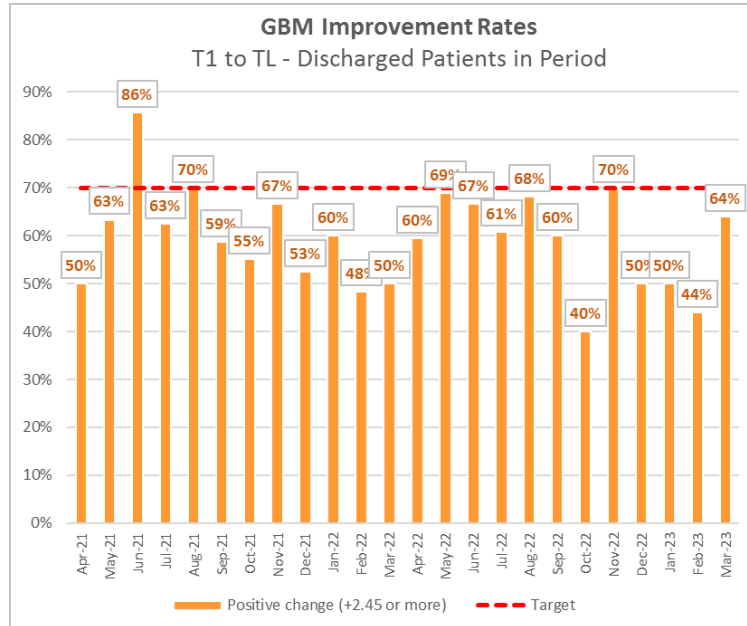
The GBM improvement rates include all patients discharged in the period with a minimum of two completed forms. It compares scores from the first form (T1) completed to the last one (TL).
GBM methodology considers an improvement only those scores that increase by 2.45 points or more an improvement.

Completion rates include forms completed on time and late. As we report 'due in period' the most recent months do not include late forms, as they are not created yet.
-**GBM T1** – Patients under Thriving, Getting Help & Getting More Help Thrive categories, with minimum 2 appointments are expected to have a GBM T1 completed. Those completed within 1 month of second appointment are deemed as on time.
-**GBM T2** - expected 3 months after T1, deemed as on time if within 4 months of T1. We exclude discharged patients who were not seen after T1.
PLEASE NOTE – CARENOTES OUTAGE RECOVERY PLAN IS STILL IN PROGRESS.

Community and Integrated AIS

- We have now agreed a process for chasing missing AIS data.

- Carenotes will be updated to support this and then implementation will begin.

- Posters are due to be placed in C&F Reception, asking patients to give us their email address if we do not have it with the aim of being able to contact more people, quickly, about this missing data.

- Compliance will be monitored and reported to IQPR meetings.

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Complex Mental Health CORE OM Completion

Adolescents: CORE OM Form Completion

Portman: CORE OM Form Completion

Adult Complex Needs: CORE OM Form Completion
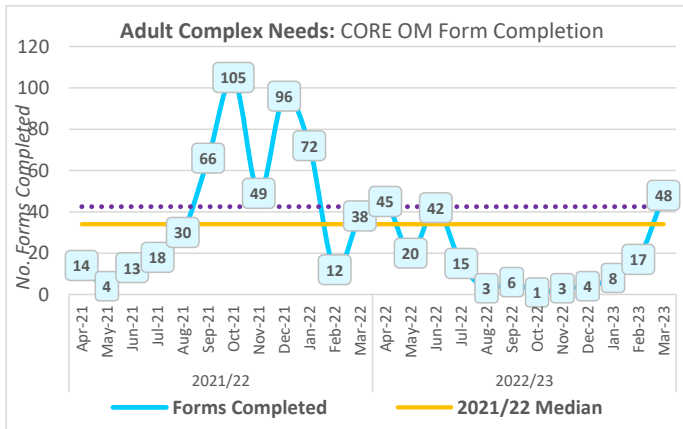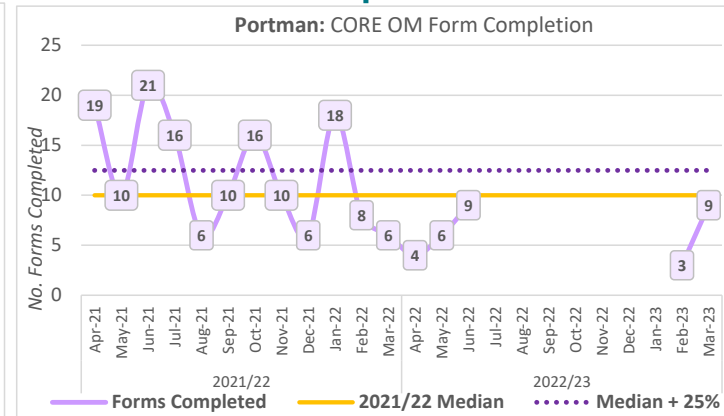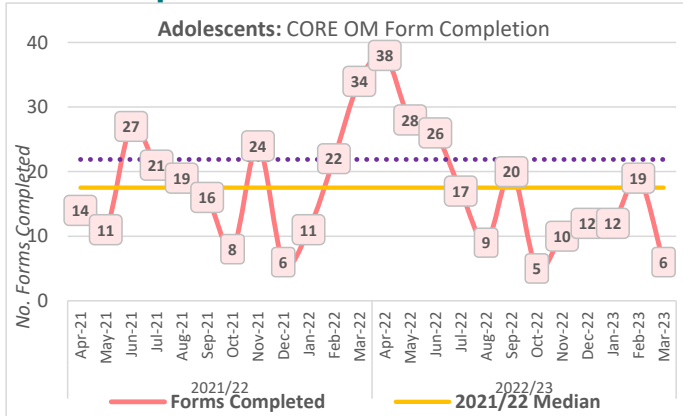
- Portman & Adult Complex started using Qualtrics in early March which resulted in collection rates returning to pre-covid levels

- Portman also started distributing forms at reception in March although adding them to Carenotes was delayed. Adult Complex will start reception distribution from May (when the new reception opens)

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Complex Mental Health CGAS & GBM Completion

Child Complex: CGAS Form Completion
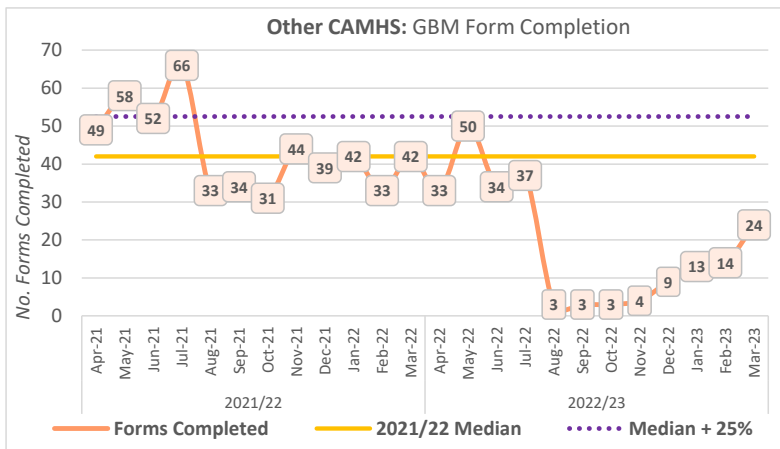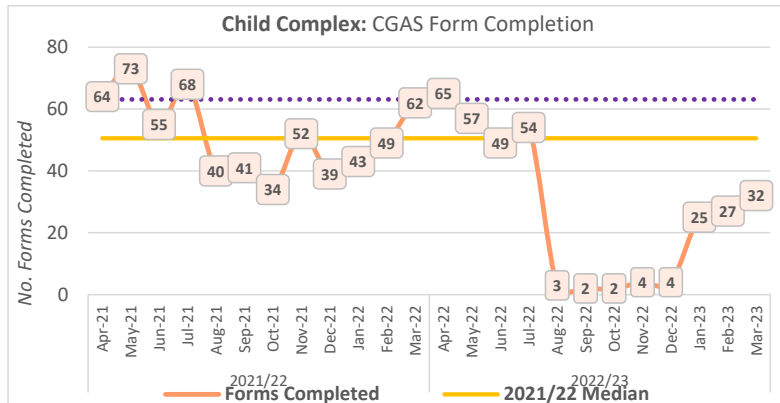
- CGAS & GBM completion was poor during Carenotes outage and has only partially picked up since

- Monthly reminders to clinicals started again in late March & team managers will be asked to discuss in team meetings and 1:1s

- Data on OM performance (% improved) will be provided in future reports

Other CAMHS: GBM Form Completion

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Complex Mental Health ESQ Completion

Adolescents: ESQ Form Completion

Other CAMHS: ESQ Form Completion

Portman: ESQ Form Completion

A.C.N: ESQ Form Completion
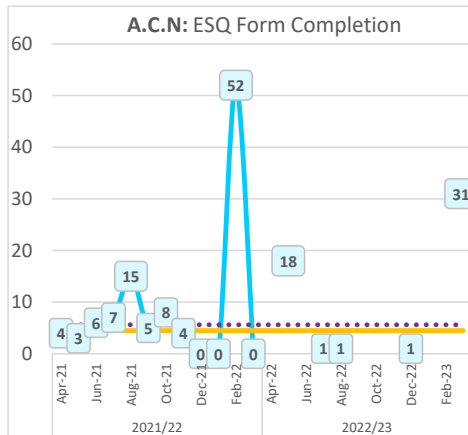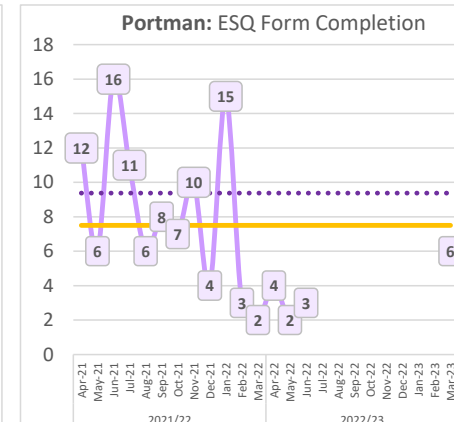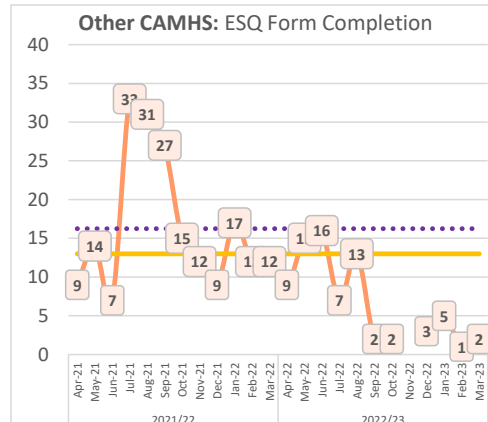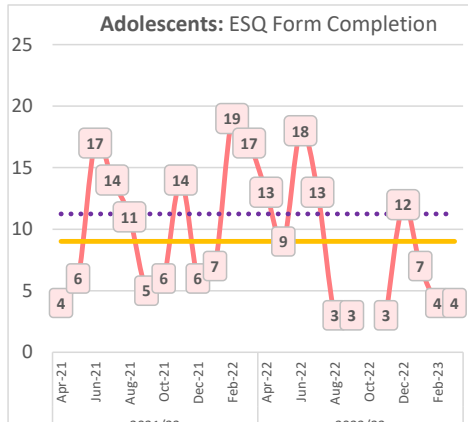
- ESQ OM completion was also poor during the Carenotes outage

- Adult Complex and Portman both used Qualtrics to distribute ESQ in March but they hadnt all been added to Carenotes when this data was run (33 & 9 respectively)

- The Portman also had some paper forms to process collected at reception which weren't processed in time

- Data on ESQ performance will be included going forward

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Complex Mental Health Clinical Notes & Crisis Plans

Completion Rates	Jan	Feb	Mar
Adolescent	84%	82%	83%
Other CAMHS	57%	53%	59%
Adults	70%	72%	71%
Portman	64%	64%	57%
FCAMHS	81%	71%	84%
Mental Health	**67%**	**69%**	**70%**

- Clinical notes completion for all Mental Health has slightly increased from January to March. However its variable by team and still needs improvement.

- As the most challenged, the Portman was focused on in April for intervention – we are awaiting updated March data to see what improvements were made

- Crisis plan data is unavailable for March – a request has been made to the quality team to start providing this again

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Complex Mental Health Assessment & Review Summaries

Assessment Summary - % Completed

Review Summary - % Complaince
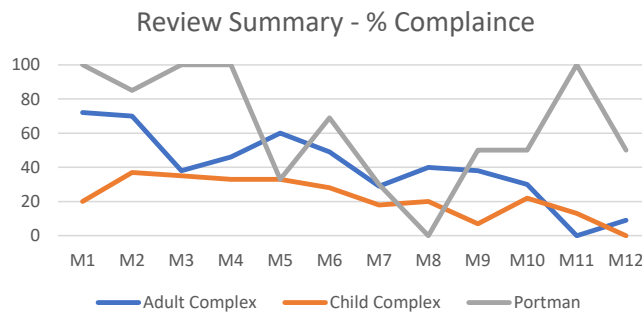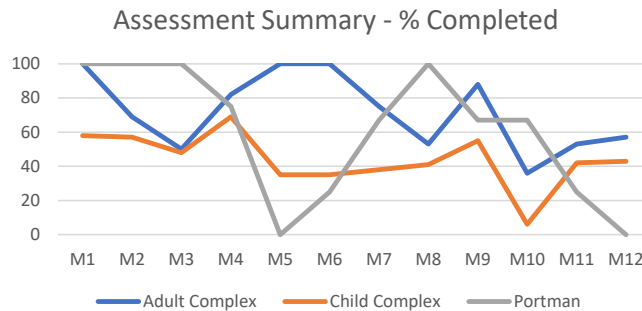
- Assessment and review summary completion was a focus pre Carenotes outage and many of the patients showing as missing have draft forms completed that just need a completed date adding

- During the Carenotes outage forms were completed on word/paper and now need to be uploaded by the clinicians who completed them.

- We don't have oversight of how many were completed during the outage but reminders re-started again in March to help increase compliance

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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%*

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GIDS Clinical Notes

Monthly Clinical Notes Compliance
GIDS

100%
90%
80%   70%   69%   73%
70%
60%
50%
40%
30%
20%
10%
0%
      Jan   Feb   Mar

— Gender Identity Development Service

Monthly Missing Clinical Notes
GIDS

250
      217
200   199   185
150
100
50
0
      Jan   Feb   Mar

■ Gender Identity Development Service
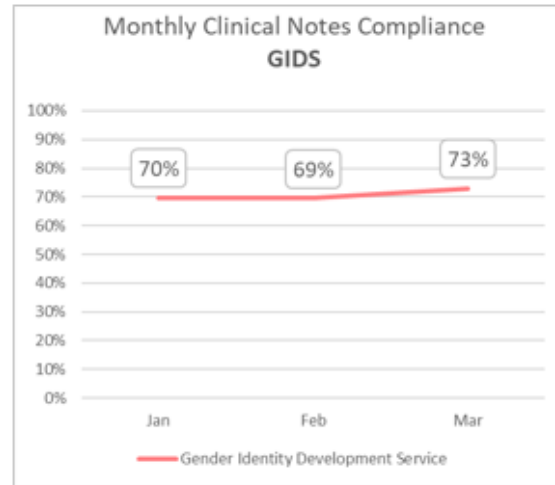
There was slight increase in Clinical Notes Compliance from Feb to Mar 23 indicating a move in the right direction. Reporting starts from outcome appointments that took place from January 2023.
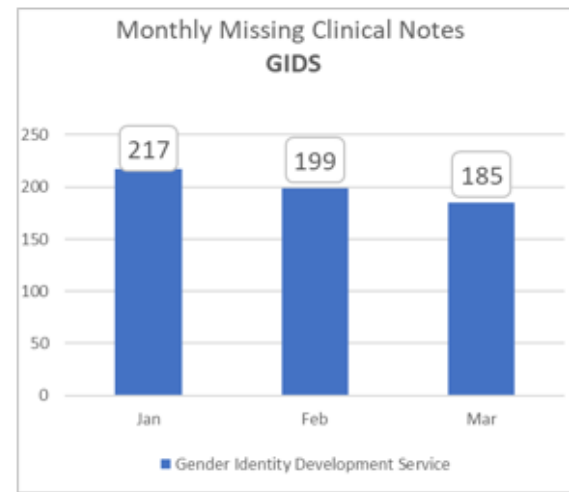
The number of Missing Clinical Notes in March has declined since Feb. This improvement is partly due to the team gaining awareness of how to attach valid clinical notes.

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GIDS Assessment & Review Summaries

Missing Assessment and Review Summaries - Mini
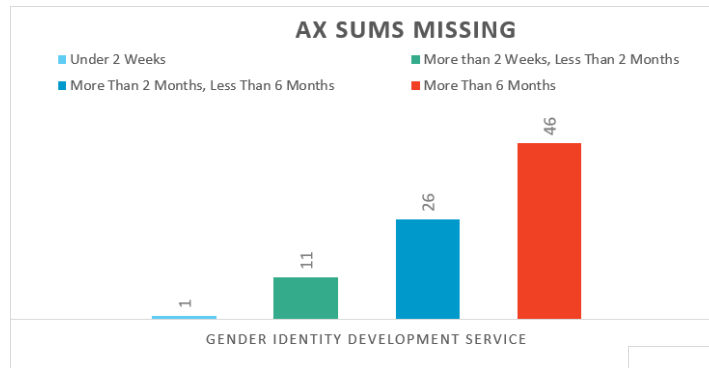
There has been an increase on the Assessment and Review Summaries Missing report. This is expected as Clinicians are still updating activity and inputting retrospective forms following the Care Notes outage.

55
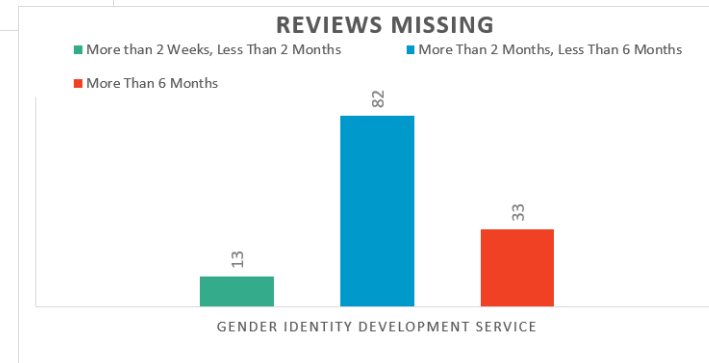
GIDS Report and Care Plan Missing

Assessment Summaries and Review requirements:
GIDS Initial Consultation Report And Care Plan   Due 2 weeks after the 2nd attended assessment appointment
GIDS Updated Report And Care Plan   Due 6 months after 'GIDS Initial Consultation Report And Care Plan'

How to access the Missing Forms Report This report includes missing forms for patient who had 2nd attended Assessment Appointment after 1st June 2022 – if a form is outstanding for longer than two weeks, we consider it is a potential patient risk.
Home > CareNotes Reports > Data Quality Reports > Missing Assessment and Review Summaries – Mini

84 Missing GIDS Initial Consultation Report And Care Plans   **128** Missing GIDS Updated Report And Care Plans

AX SUMS MISSING
- Under 2 Weeks
- More than 2 Weeks, Less Than 2 Months

1
11
26
46

GENDER IDENTITY DEVELOPMENT SERVICE
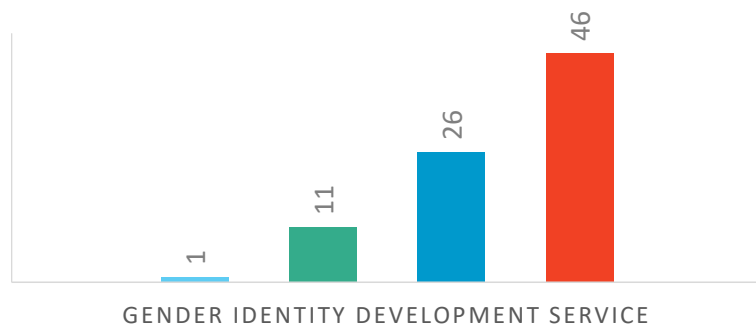
REVIEWS MISSING
- More than 2 Weeks, Less Than 2 Months
- More Than 2 Months, Less Than 6 Months

13
82
33

GENDER IDENTITY DEVELOPMENT SERVICE

56

GIDS Report and Care Plan at draft stage

Assessments Summaries and Clinical reports need to be completed for **15 cases**.
Incomplete forms longer than 2 weeks are a potential risk

How to access At Draft Stage Report
This report includes Assessment Summaries started from May 2022, without a completion date.
Home > CareNotes Reports > Data Quality Reports > At Draft Stage Assessment Summaries and Reviews - Mini Report

14 Incomplete GIDS Initial Consultation Report And Care Plans   **15** Incomplete GIDS Updated Report And Care Plans

AX SUMS AT DRAFT STAGE
■ More than 2 Weeks, Less Than 2 Months
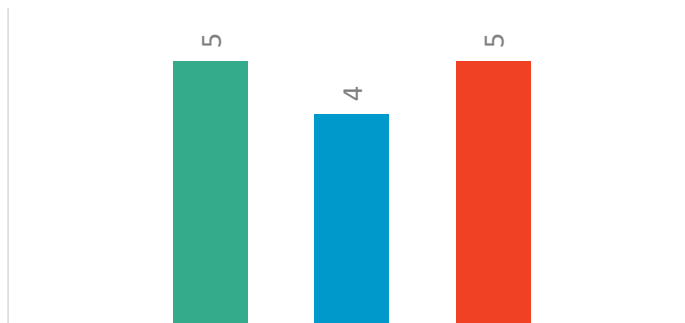
GENDER IDENTITY DEVELOPMENT SERVICE

REVIEWS AT DRAFT STAGE
■ Under 2 Weeks
■ More than 2 Weeks, Less Than 2 Months
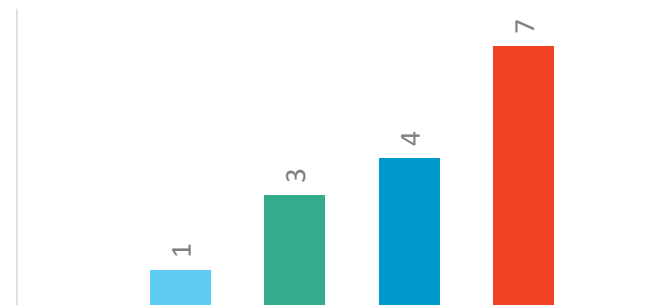
GENDER IDENTITY DEVELOPMENT SERVICE

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GIC Focus for April – June 2023

1. Delays in sending out clinical letters:

Plan

Task & Finish Group to be set up to address systemic issues around dealing with backlog of letters.	Clinicians, operations, clinical admin to develop process map that gives visibility.	Interdependency with delayed letters and backlog in inboxes to be considered as part of the "Task & Finish Group".

Mitigation

Newly recruited admin staff to focus on backlog of letters (Endocrine letters to be prioritized), permanent staff to implement the new BAU function of work.	Newly set up "Task & Finish Group" to develop a framework and action plan that reports weekly progress to the GIC Exec Group.

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GIC Focus for April – June 2023

2. GIC Audits

Audit Topic	Audit area/description	Date Data Collection Started	Priority Rating	Sample Size
Clinical Note - Progress Note	Baseline audit (Q4 - sample from all 1st assessments open Jan- March 2022/23) Cycle 1 (Q1 - sample from all 1st assessments open April - June 2022/23)	01-Apr	🟥	50% of all 1st assessments (min 24 cases)
Consent	Baseline audit (Q4 - sample from all 1st assessments open Jan- March 2022/23) Cycle 1 (Q1 - sample from all 1st assessments open April - June 2022/23)	01-Apr	🟥	50% of all 1st assessments (min 24 cases)
Risk Assessment (part of the Clinical Assessment Form)	Baseline audit (Q4 - sample from all 1st assessments open Jan- March 2022/23) Cycle 1 (Q1 - sample from all 1st assessments open April - June 2022/23)	01-Apr	🟥	50% of all 1st assessments (min 24 cases)
Care Plan	Baseline audit (Q4 - sample from all 1st assessments open Jan- March 2022/23) Cycle 1 (Q1 - sample from all 1st assessments open April - June 2022/23)	01-Apr	🟥	50% of all 1st assessments (min 24 cases)
Risk Rag Rating	Baseline audit (Q4 - sample from all 1st assessments open Jan- March 2022/23) Cycle 1 (Q1 - sample from all 1st assessments open April - June 2022/23)	01-Apr	🟥	50% of all 1st assessments (min 24 cases)
Ethnicity report	Captured in Care Notes data run (report)	01-Apr	🟧	All new 1st assessments
Ethnicity & cultural needs	Baseline audit (Q4 - sample from all 1st assessments open Jan- March 2022/23) Cycle 1 (Q1 - sample from all 1st assessments open April - June 2022/23)	01-Apr	🟥	50% of all 1st assessments (min 24 cases)

Admin audits are not included, these will be reflected in May 2023

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GIC Focus for April – June 2023

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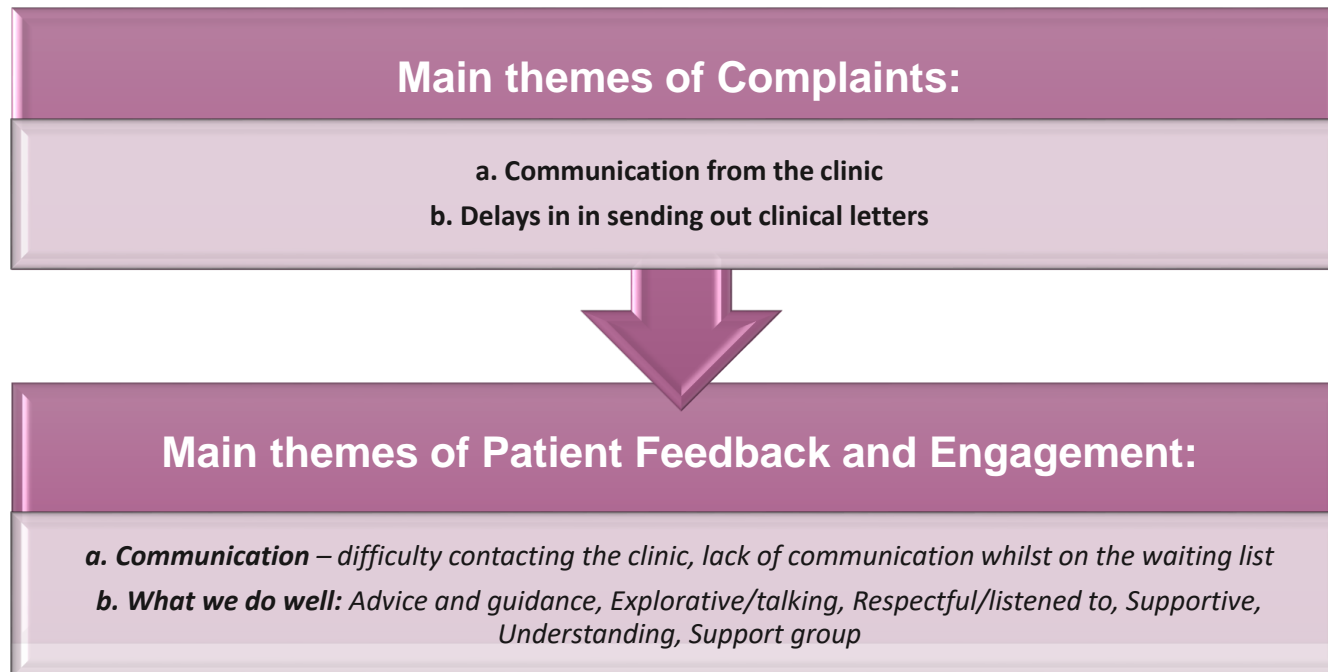
Main themes of Complaints:

a. Communication from the clinic

b. Delays in in sending out clinical letters

Main themes of Patient Feedback and Engagement:

a. Communication – *difficulty contacting the clinic, lack of communication whilst on the waiting list*

b. What we do well: Advice and guidance, Explorative/talking, Respectful/listened to, Supportive, Understanding, Support group

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GIC Focus for April – June 2023
4. Implementation of learning from Care Notes Recovery Project (1/3)

ID	Subject	RAG rating	Description	Recommendations	Next Steps
1	Assessment (Core, Follow Up, Surgical, SLT, Endocrine)	🟧	**Assessment form types:** 4 Types of Assessments forms available on Care Notes: GIC Endocrine Ax, GIC Follow Up Ax, GIC Main Ax, GIC Surgery Ax –GIC Main Assessment and GIC Follow-Up Assessment forms in use	Streamline the use of different Assessment Forms and archive any forms that are not in use.	GIC Assessment forms have been reviewed and recently tested by leads. The next step is decision on implementation of the new forms.
2		🟥	**RAG comments section:** RAG Rating Comments section must be completed for each Assessment Form- important for outcoming sending letters. There is a system in place whereby admin staff approves letter with clinician and prints it out /sends it out to patient/network.	Admin team to complete a backlog of RAG Comments section checks and follow up on outstanding actions for all newly uploaded assessments (approving, printing, and sending out letters).	Simplify the processes behind recording assessments, including reducing number of steps and time frame between actions (for both clinical and admin) where possible.
3		🟥	**Time and date:** Some records were saved using the date the file was uploaded rather than actual assessment date. Actual assessment date was not indicated in the documents provided. Patient diary appointments were not transposed onto CN at the time when manual assessments uploads were made.	Date document created to be changed to reflect actual assessment date rather than upload date and to be linked with diary appointments.	Contact clinician or find the date of assessment based on the clinical entry.
4		🟥	**Clinical documentation author:** Some records were saved using the name of staff that the file was "uploaded by" rather than the actual clinician's that created the record. At times actual assessing clinician's name was not available in the document. Name document "created by" can be changed to the name of actual clinician who completed the ax/created the record.	The name of the clinician who the document was "created by" to be changed to reflect actual assessing clinician rather than uploading staff and to be linked in with clinician's diary.	Contact clinician or find the date of assessment based on the clinical entry.

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GIC Focus for April – June 2023

4. Implementation of learning from Care Notes Recovery Project (2/3)

ID	Subject	RAG rating	Description	Recommendations	Next Steps
5	Clinical/ Progress Notes		Progress notes are currently being saved under Clinical Assessment tab and not the Clinical Note tab. Some clinicians saved the backlog of session notes on the Clinical Notes Tab during the Care Notes Discrepancies in naming entries that led confusion at times. The clinical Notes Tab is used for multiple functions including letters or emails to/from the patients /family (appointments, general correspondence, etc.) that are not clinically relevant.	Ensure consistency in location, format and naming convention for the clinical progress notes	GIC to develop a Care Notes and record keeping guidance and Standard Operating Procedure (SOP) that will enable consistency GIC patient pack guidance to be updated following the division of the patient pack
6	Naming convention		No standardized and consistent approach to naming - names of files and documents. Naming of files was dependent on individual staff members.	Naming convention document was introduced as a guidance for all staff to follow. This is being expanded and will be socialized to all staff	
7	Patient Pack/ Welcome Pack		The date Patient Pack uploaded onto Correspondence and Social Inclusion entry made is inconsistent – it should be adjusted to reflect the date Patient Pack was signed.	Adjust the date Patient Pack was recorded is correct – either by changing a value or by adjusting the title (including date Patient Pack was signed).	The patient pack is now divided into tow parts and named Patient Pack and Consent Form. The forms are sent out in two time point periods in the patient journey.
8			Use of multiple naming conventions – some saved as "PP", some as "Welcome Pack", "Patient Pack" or "Consent Form" Lack of clarity on the completion and recording consent section of the patient pack– in some cases entries were missing and saved in multiple locations on care notes	There needs to be a consistent naming convention taking into consideration first and second reminder updates (including Consent to share information not to be confused with Consent to treatment).	GIC to develop a Care Notes and record keeping guidance and Standard Operating Procedure (SOP) that will enable consistency GIC patient pack guidance to be updated following the division of the patient pack

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GIC Focus for April – June 2023

4. Implementation of learning from Care Notes Recovery project (3/3)

ID	Subject	RAG rating	Description	Recommendations	Next Steps
9	Other	🔴	Unable to identify Case ID or wrong ID	If patient cannot be identified – liaise with clinician	Database of errors
10		🔴	Incorrect dates/times or dates/times missing	Correct if appointment has not been outcomed, contact clinician if outcome or if information missing	Database of errors
11		🔴	Unoutcomed diary appointments: that were not linked to clinical assessment records	To be actioned following bulk migration of diary appointments	Run report to identify unoutcomed appointments. Clinicians to outcome appointments
12		🟠	Clinical Note as attachment	Most uploaded in Clinical Assessment tab instead of Clinical Notes tab.	This will be addressed by the Care Notes and record keeping guidance and Standard Operating Procedure (SOP)
13		🔴	Appointment not linked to the Clinical Progress Note (Clinical Assessment tab)	Diary appointments to be entered via IT bulk transfer	
14		🔴	File corrupted – unable to verify, or no files	Verify with clinicians and IT support to help with recovery of files	
15		🟠	Duplicate files	If certain - remove duplication	
16		🔴	File entered in error	Contact IT to remove duplicates	

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GIC Focus for April – June 2023
4a. Recommendations: Care Notes Recovery Project

Clear and effective communication that includes managing expectations, roles and responsibilities, timeline and timeframes, escalation processes.

Complete a full Admin Records Audit, identify, and review admin processes. Review current administrative forms and remove/archive any duplications.

Complete a full Clinical Records Audit, identify and review clinical processes. Review current clinical forms and remove/archive any duplications.

Escalate Common Discrepancies Found, Lessons Learned, and associated Reference Documents to all appropriate governance groups.

Lessons Learnt from other services (refer to GIDS Recovery Closure Project document) to be used to guide any future CN Recovery projects. This includes the application of clear guidelines of expectations from multiple professionals, including Data Inputter, Data Validator, Project and Audit Teams.

General Manager to review Business Continuity Plan following completion of Care Notes Recovery project.

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6.Incidents, Complaints and Compliments

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Incidents Q4 2022/23

Incidents Reported by Risk Level – Trust wide	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
1-4	101	65	65	60	37	33	32	62	64	40	30	36	26	30	33	43
5-8	28	27	28	30	11	19	30	29	42	69	29	24	35	32	23	39
9-12	3	11	12	18	3	3	12	20	11	5	16	4	16	16	9	17
15+	0	2	0	1	1	2	1	3	1	1	1	2	2	1	3	2
Total	132	105	106	109	52	57	75	114	118	115	76	66	79	79	68	101

1-4 Minor incidents at GH and IG incidents in the Gender services i.e. wrong patient details in letters / appointments.
Trauma service patients requesting a quiet space after appointments – issues of patient safety raised in the Incident Panel.
5-8 i.e. Score of 5 for GIC patients Deaths (17 reported).
9-12 mainly clinical – a patient was mugged just by the carpark , not on CCTV. GIC backlog of appointment letters, raise in complaints , issue on the Risk Register.
15+ Clinical incidents; GIC – incorrect details on letter to GP, and a serious abuse of GIDS staff by parent in session in front of YP, referred to Safeguarding.

Trust Patient Safety Incidents

Gloucester House Patient Safety Incidents

Safeguarding Alerts
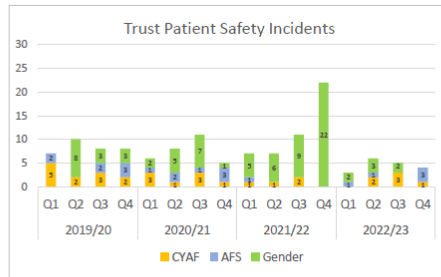
3 x AFS (2 patient in crisis and 1 related to appointments), 1 x CYAF (patient in crisis).
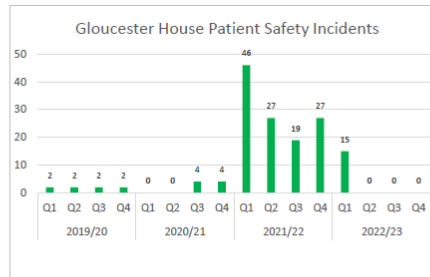
No serious injuries or PSI reportable incidents
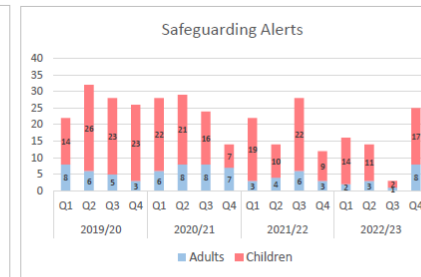
Adult alerts: Self-neglect, sexual, financial and emotional, psychological, discriminatory and physical.
Children alerts: Physical, domestic violence and abuse, neglect, sexual abuse and emotional abuse.

Data & commentary source: Q4 data run by Health & Safety and Safeguarding Departments 17/04/2023.
Previous data as reported in relevant earlier reports.

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Excerpt from Trust Quality Report

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Community and Integrated Incidents, Complaints, Compliments and PALS

- **Compliments from this months ESQ**
  - *Overall the service was excellent and felt my therapist went above and beyond to support me and my child.*
  - *In school so very easy access, set time every week made me feel secure in my treatment.*
- **Complaints**
  - Complaint received from a headteacher regarding factual inaccuracies in a report.
  - Of the 4 complaints received in the 22/23 financial year 2 have received responses, both of which breached the 25 day target. 2 outstanding for a response (mid Feb and late March received dates)
- **Incidents**
  - 6 incidents logged in March
    - 1 regarding a staff members professional registration not being updated
    - 1 assault at Gloucester House
    - 1 phone line down
    - 1 theft of a work phone
    - 1 young person at risk of suicide
    - 1 young person stabbed and seriously wounded

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Complex Mental Health Incidents, Complaints, Compliments, PALS & Deaths/Mortality Reviews.

COMPLAINTS –

New complaints manager EC has taken up the role, helpfully. One major complaint resolved and withdrawn through diplomatic negotiations. Further induction needed.

One external complaint (FAKCT) may need higher/further intervention due to professional standards and system wide safeguarding matter. One internal complaint of bullying and harassment likely to be upheld.

SI & Reviews – significant delay in one coroners case impacting aftercare post suicide.

GOVERNANCE – to further consider the matter of staff using personal emails for contact. One complainant emailed frequently to the detriment of staff wellbeing.

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GIDS Service Complaint Breakdown - 2022/23 Quarter 4

Quarter	Service	Submitted Date	Core Topics
2022/23 Q4	**GIDS**	12/02/2023 14:06	Waiting times to first appointment
2022/23 Q4	**GIDS**	17/02/2023 01:20	Waiting time to first appointment
2022/23 Q4	**GIDS**	27/02/2023 18:07	Lack of support for child, concern about care going forward.
2022/23 Q4	**GIDS**	06/03/2023 18:46	Awaiting form to transfer to adult services
2022/23 Q4	**GIDS**	22/03/2023 17:23	Delays in hearing about transfer to adult services
2022/23 Q4	**GIDS**	27/03/2023 15:03	Waiting times and long wait to assessment

Main themes: waiting time and transfer to Adult GIC.

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GIDS Patient Feedback and Engagement – 1/2

'The attentiveness was really good, I feel like I'm really being listened to and the support I'm being given is great.' – Young Person

'Had lots of time and space to explore and discuss what mattered to me – I never felt judged or pressured to say a certain thing or to act outside my comfort zone.' – Young Person

'Always there for me when I need help. Made me feel welcome and help me become the man I always wanted to be.' – Young Person

'This service has all way been there for 9 years I've been here. Don't know what I would do with out them. This service is like a family all ways welcomed' – Young Person

WHAT WAS GOOD ABOUT YOUR CARE?

C & YP

STAFF
- Easy to talk to
- Helpful
- Available
- Non-judgemental

APPOINTMENTS/SESSIONS
- Felt safe
- Felt welcome
- Enough time
- Explorative

SERVICE
- Great

COMMUNICATION

AMENITIES

C & YP & PARENT

STAFF
- Listened to
- Friendly
- Supportive
- Informative
- Caring
- Kind
- Understanding

APPOINTMENTS/SESSIONS
- Felt comfortable

SERVICE

COMMUNICATION

AMENITIES

PARENT

STAFF
- Good therapeutic relationship
- Personalised care
- Accommodating
- Knowledgeable

APPOINTMENTS/SESSIONS
- Family involvement
- Online

SERVICE
- Supportive
- Helpful
- Respectful
- Appropriate

COMMUNICATION

AMENITIES

The categories included here are the most frequently occurring themes that were recorded from the ESQs.

'Without this service my child would be living a very unhappy life. It has made such a difference to my child's ability to live a normal happy life.' – Caregiver

'We were treated with kindness and understanding' – Caregiver

'The service was helpful, respectful & supported my child + us as parents on what can be a difficult period in my child's life! They were always available when required to' – Caregiver

'The needs and voice of the child are foremost in the service we have received. As parents we are involved, informed, and helped each step of the way.' – Caregiver

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GIDS Patient Feedback and Engagement – 2/2

GIC Complaints, Compliments & PALS

COMPLIMENTS	COMPLAINTS	PALS*
Several GIC clinicians received cards and presents from patients. These have not been formally logged.	Opened (awaiting approval): 46 Report submitted/waiting for approval: 27 Awaiting Investigation: 19 (from 19/04/2022- 20/04/2022)	Received (QP and PPALS): 98 QP: 16 PPALS: 82 Closed: 98 Open: 0
All staff have been reminded to send compliments to PALS.	Clinical, Waiting times, Admin concerns, Delays in clinical letters, Communication, Access to Treatment, Appointments,	Waiting times, Referral Status, Appointment, Change of Details, GRC Query, Transfer of Care Query, Queries from non-GIC.
		* PALS-all responded to within 24 hours and maximum 48 hours

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Next steps (1/2)

In Q4 the service has focused on reviewing increasing clinical capacity and activity. We have also been concentrating on the following:

GIC aims to formally enact the Patient Tracking List (PTL) framework which is due to be ratified by Clinical Leadership Group end of April 23.

GIC are in the process of implementing the PTL framework by improving the visibility of waiting list to ensure timely action. This will include review of dormant Cases, caseload cleansing, validation.

The digital platform project is in train with an anticipated delivery by end of Q2.

Validation of Job planning to be completed 21st April 23.

73
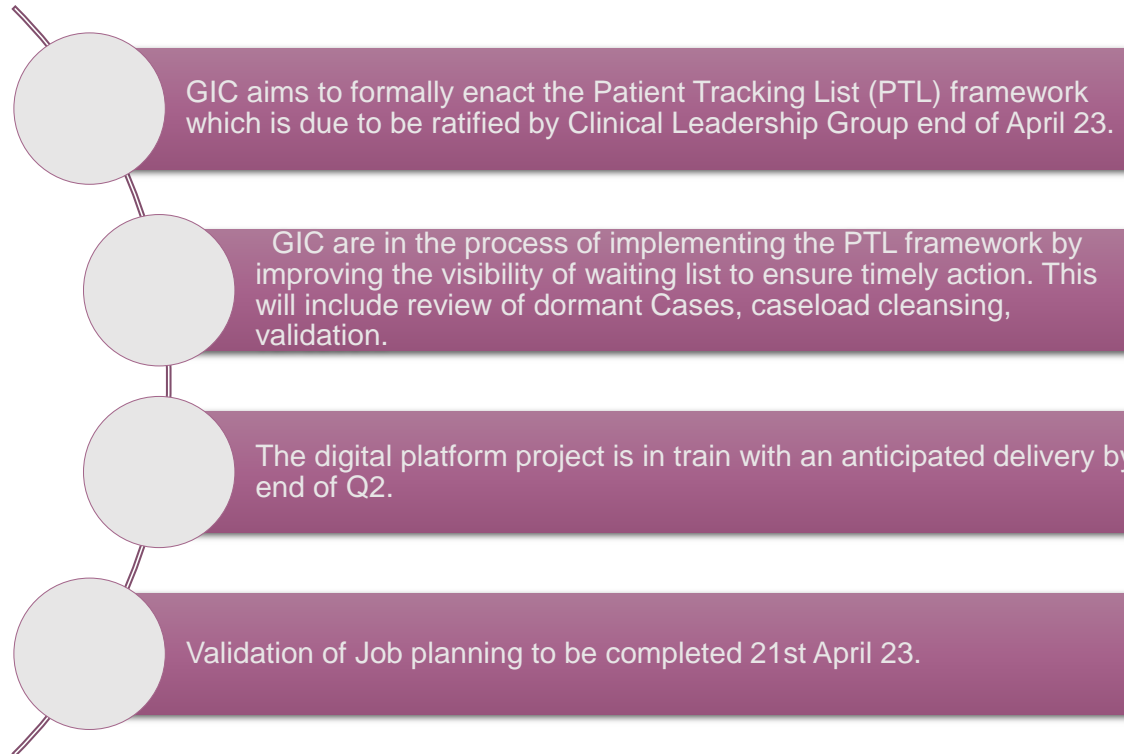
Next steps (2/2)

In Q4 the service has focused on reviewing increasing clinical capacity and activity. We have also been concentrating on the following:

Focusing on productivity and efficiency by monitoring clinic slot utilisation by offering DNA slots to patients on the waiting list.

GIC will focus on prioritising core appointments other than first appointments and implementation of the high impact actions

Ongoing active clinical recruitment.

Two additional GICs sites to be confirmed to enable transfer of patients.

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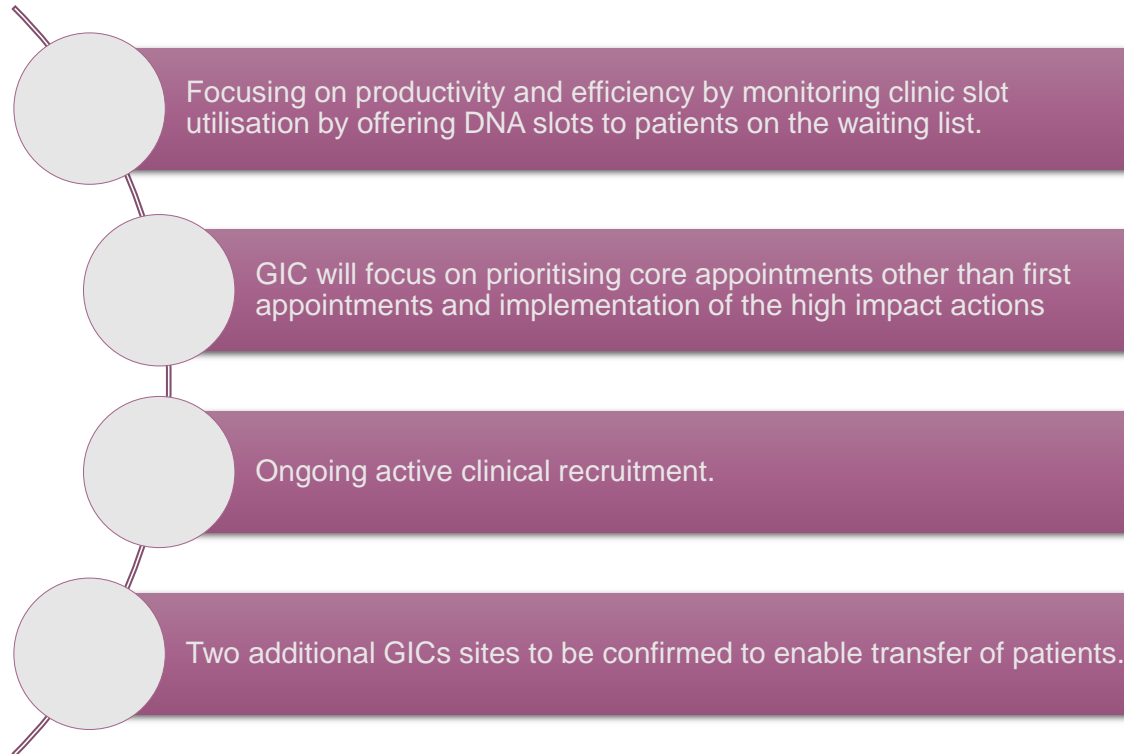
Appendix 1

IQPR Development Plans

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CAPITAL PROJECT - PROPOSAL

PROJECT NAME	Integrated Quality and Performance Reporting Programme
SPONSORING DIRECTORATE	Clinical & DET
EMT SPONSOR	Sally Hodges

DESCRIPTION (Including Expected Benefits)

The primary objective of the overall IQPR programme is to produce an integrated Quality and Performace Report using the "SPC" model. The expected benefit of this is a substantial step forward in reporting for both management information and contractual purposes.

Phase 1
This Capital Project Proposal covers the work required to re-engineer the CareNotes and SITS systems to ensure that they reflect the organisational structure now in place following the Strategic Review.
This enables the creation of SPC reporting, and contractual reporting wihtout significant workarounds/data reorganisation.   It also ensures that the structures are accurate at data source which will enable new reporting structures to be created more easily, and would be a necessary undertaking were the Trust to move to a new product for either function in the future. There is a potential time/effort saving across the contractual/commercial reporting function as this will also negate the need for a significant amount of data reengineering currently undertaken.

RELATIONSHIP TO STRATEGIC PLAN (if any)

 Directly related to the strategic objective of high quality patient and student services

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	Q1 April – June	Q2 July – September	Q3 October – December	Q4 January – March

End to end project management

CareNotes SR update

Staff engagment re SR changes
`Operations`

standardise business practices & contracts
`Operations` `Performance` `Quality`

address interdependencies outside of CN and map to new structure ↗
`IMT` `Operations` `Performance` `Quality`

Consolidate materials (eg letters, emails)
`IMT` `Operations`

Test all interdependencies
`IMT` `Performance` `Quality`

map all changes in detail and produce new structure
`IMT` `Operations` `Performance` `Quality`

Map all reporting requirements through NEXUS/ Power BI
`DET` `IMT` `Performance` `Quality`

SITs SR update

map all changes in detail and produce new structure
`DET` `IMT`

Map all course requirements to new roles and structure
`DET` `IMT`

miro

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1. IQPR cannot be delivered without this stage
2. Time and effort will continue to be wasted on reengineering data outputs
3. Future business will be harder to consolidate into the principal systems

Start Date (Mth&Yr)	
Apr-23	
End Date (Mth&Yr)	
Mar-24	

IMPLICATIONS OF NOT UNDERTAKING PROJECT

Organisation is unable to report efficiently against new (post Startegic Review) structure on all contracts without a significant amount of manual intervention and workarounds. IQPR cannot be delivered

INTERDEPENDENCIES

Resource	FTE	Rate	Cost
CareNotes structure and reporting specialist	0.5	510	£51,000
Project Manager	0.5	450	£43,200
Power Bi Developer	0.5	600	£60,000
SITS development	50 days	700	£35,000
		Total	£189,200

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Appendix 2

Service Improvement Plans

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High Impact Actions - Clinical Services Delivery Approach

	Deliverables	Completion Date	Lead	Ops/ Clinical Support	PM Support (where applicable)	Apr-23	May-23
1	PTL/ Activity Management	30/06/2023	AH	NS	KA	🟩	🟩
2	Pathway Mapping	31/03/2024	FH	TBC	BK	🟩	🟩
3	Clinical Service Delivery Model (priorities: GIC, trauma, autism service and CYP Thrive)	31/03/2024	FH	RJ		🟩	🟩
3.1	Overall Demand and Capacity Management						
3.2	Contractual Leavers to Manage Capacity	31/05/2023	ALG/HB			🟩	🟩
4	Waiting List Management	31/09/23	AH	AH/FH	KA	🟩	🟩
5	Key Performance Outcomes and Measures	TBC	HB ALG	PP	KA		
6	Booking System	31/09/23	MF	AC		🟩	🟩
7	Monitoring management of ESR KPIs	TBC	DA/FH	DA/RF/Sauo	N/a		
8	Integrated Quality and Performance Reporting(IQPR)	TBC	AH/HB	ALG	N/a		

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The Tavistock and Portman
NHS Foundation Trust

CHAIR'S ASSURANCE REPORT TO THE BOARD OF DIRECTORS (BoD)					
Committee:	**Meeting Date**	**Chair**	**Report Author**	**Quorate**	
Quality Committee	4 May 2023	Claire Johnston, Non-Executive Director	Emma Casey, Associate Director of Quality	☒ **Yes**	☐ **No**
Appendices:			**Agenda Item: 10**		

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. Replacement Local Risk Management System (LRMS) system The Trust's preparation for the new Patient Safety Incident Response Framework (PSIRF) is severely compromised by the inadequacy of the existing risk management system, which is incompatible with the new requirements for all Trusts set out in the framework from the Learn from Patient Safety Events (LFPSE) service. The Committee sought assurance about the progress to replace the current internal quality reporting system and learnt that both procurement of a new LRMS and the move to PSIRF had made considerable headway. However, a significant risk remains that the Trust will not meet the mandated timelines for implementing the switch to the Learn from Patient Safety Events (LFPSE) service by September 2023.	Limited ☐ Partial ☒ Adequate ☐ N/A ☐
2. Complaints The Committee expressed concern about the significant complaints backlog, which does not appear to be progressing. It was agreed that a comprehensive report on a recovery trajectory and an improvement plan would be presented to the committee in July 2023.	Limited ☐ Partial ☒ Adequate ☐ N/A ☐
3. Quality Account 2022/23 The Committee reviewed the final draft of the Quality Account 22/23, pending insertion of stakeholder statements and final amendments. A Chair's action to approve the final Quality Account was agreed before final sign off by the Board in June 2023.	Limited ☐ Partial ☐ Adequate ☒ N/A ☐

4. CQC inspections The Committee received updates in relation to the recent focused CQC inspections, as well as preparation underway for future inspections. The focused inspections that took place in January 2023 were to our community forensic services (Portman Clinic) and community CAMHS services (North and South Camden CAMHS) and Camden Adolescent Intensive Support Service (CAISS). At the time of preparing the papers for the Committee, the Trust had been in receipt of the draft reports and had sent their feedback to the CQC accordingly. It was advised during the meeting that the final reports from the CQC, plus embargoed press release, had just been received by the Trust and were in the process of being reviewed. The July meeting of the Quality Committee will receive these reports in full, alongside the Trust's action plan to address the must and should do recommendations issued to us. The inspections identified several areas of good practice, including positive feedback from patients and their families. The reports did not include any overall ratings for the inspected services, nor did it change the Trust's overall rating of Good.	Limited ☐ Partial ☒ Adequate ☐ N/A ☐
5. Summary of National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), Annual Report March 2023 The annual report provides findings relating to people aged 10 and above who died by suicide between 2010 and 2020 across all UK countries. The NCISH database also includes a national case series of suicide by patients under the care of mental health services over more than 25 years. This internationally leading database allows for recommendations to be made relating to clinical practice and policy that will improve safety locally, nationally, and internationally. A Trust-wide learning lessons event to share this information is scheduled for early June 2023. An action plan will be drawn up to ensure the Trust implements the key recommendations that are appropriate for us.	Limited ☐ Partial ☐ Adequate ☒ N/A ☐
6. Quality Improvement Plan The latest update for actions identified in the Trust's Quality Improvement Plan was noted. Several areas were noted to have progressed positively including confirming the forward planner for strengthening the process and recording of Safeguarding supervision, progress with the Duty of Candour audit and confirming the forward planner for highlighting the patient voice at key Trust meetings.	Limited ☐ Partial ☒ Adequate ☐ N/A ☐
7. Resilience Based Clinical Supervision programme The Integrated Care Board (ICB) Director of Quality noted the success of the Trust's leading role in running a Resilience Based Clinical Supervision programme, in partnership with the NCL Integrated Care System and the Foundation of Nursing Studies, for all nurses sector wide. They suggested that the programme be more widely adopted, as a means of strengthening the healthy functioning of front line teams. The Burdett Trust for Nursing shortlisted the Tavistock and Portman in their annual award for this outstanding contribution to supporting clinicians to deliver safe care. It was noted as an excellent piece of work and the Committee asked to be kept informed about future plans on how, if funding is identified by the	Limited ☐ Partial ☐ Adequate ☐ N/A ☒

ICB, additional programmes may benefit our sector's nursing and midwifery workforce.	

Summary of Decisions made by the Committee:

- The Committee AGREED a Chair's action for sign-off of the Trust's Quality Account 2022/23.
- The Committee APPROVED the proposed forward planner of Quality Committee business for the year 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 Committee are seeking further updates regarding the replacement Local Risk Management System (LRMS) system.

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

Item	Purpose	Date
N/A		

MEETING OF The Board Of Directors			
Performance, Finance and Resources Committee Highlight Report		**AGENDA ITEM:** **11**	
Report Author and Job Title:	Sally Hodges, Aruna Mehta Peter ONeill	**Responsible Director:**	Aruna Mehta, Non Executive Director and PFRC Chair
Action Required	Approve ☐ Discuss ☐ Inform ☒		
Situation	Provides a summary of key matters arising at the PFRC meeting held on the 23rd May 2023.		
Background	Committee met and a number of issues where agreed for escalation to Council of Governors and Board, these are documented below.		

Assessment	IQPR: 1. The need to bring together the WTE and activity reporting was identified, to give context to the activity position.
	    2. Discussion about importance of implementing the service improvement program with a significant emphasis on the implementation of job planning.
	    3. Discussion on the importance of ensuring staff understand their local data and impact on their financial performance.
	
	Overall Limited Assurance on IQPR, recognizing improvements are steady
	
	Finance 1. Discussion on the need to control agency spend within agreed ICS targeted limits.
	    2. Procurement paper was referred to the Audit Committee for comment and action.
	
	Carenotes: Recovery work complete. Substantial Assurance given
	
	Change board: It was noted that the TORs have changed to ensure ELT oversight of capital spend, and that the current prioritization process is to be reviewed.
	SOF 3: New structure with a strategic meeting including NHSE regional and a performance meeting that is ICB led.
	
	Relevant BAF risks were reviewed resulting in the agreement to make two changes
	    1. Risk 10 to reflect the financial risk of not achieving contracted activity levels.
	    2. Risk 8 to include the development of a recurrent efficiency program.		

Recommendation	The Council of Governors are asked to note the contents of the report.
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Yes, see BAF section above.
Legal and Equality and Diversity implications	There are no legal or equality and diversity implications associated with this paper.

Strategic Objectives	Excellence in patient outcomes and experience ⊠	Excellence in employee experience ☐
	Drive operational performance ⊠	Long term financial sustainability ⊠
	Develop clinical and commercial strategies ☐	

1 PERFORMANCE

1.1 Progress continues to be made in the development of the IQPR, with meetings having started in May 23.

1.2 The committee reviewed the feedback from one of the early IQPR meetings and identified the issues highlighted above.

1.3 The activity performance was presented and was felt that the context of gaps in current staffing was needed to fully understand the reported position. It was agreed that the reporting would be developed with this in mind for future meetings.

1.4 Job Planning, mapping of SR structures within ESR are being progressed.

1.5 The committee noted that in some cases the staff were struggling to interpret their local data as currently presented and make the link to their financial performance. It was recognised that development work continues in this area and that specific support will continue to be given as required. It is anticipated that this be resolved as the IQPR process is embedded into business as usual.

The committee received LIMITED assurance on this report, as we continue to make progress but recognise that there is more to do, and acknowledge the significant risk we carry with managing our data more efficiently.

2. FINANCE REPORTS

2.1 The Month 12 Finance report was received, showing the Trust delivered better than plan with a deficit of £3.6m, with capital spend being on plan at £3.4m and the cash position being better than anticipated at £8.8m against a plan of £6.2m.

2.2   The Financial Plan for 23.24 has been signed off by the ICS with an agreed deficit target of £2.5m. This is contingent on the delivery of a CIP program of £3m and the need to further develop efficiency gains to bring the Trust back into recurrent financial balance in future periods.

2.3   The Committee received a paper on the agency spend cap for 2023/24.

2.4   The NHS has set a cap of 3.7% of pay spend for NHS organisations. This has been interpreted by the ICS, with individually tailored targets being set.

2.5   The Trust agency cap target for 23/24 has been set by the local ICS at £2.5m, which is above the 3.7% national target.

2.6   Currently the agency run rate is inside of this cap, and the committee will receive regular updates for performance against this target.

2.7   The procurement paper outlining the risk associated with high numbers of single tender waivers has been referred to the Audit Committee for action.

The committee received **PARTIAL** assurance on these reports acknowledging the risks associated with the alignment of budgets and CIPS against new SR structures, and also the stringent agency cap that will need to be monitored

3. CARE NOTES

3.1   A verbal update was provided regarding Carenotes.

3.2   This project is near complete from an IT perspective.

3.3   Next step is to look at any further enhancements that could help with Service Improvement Plan program, and also look at lessons learnt

The committee received **SUBSTANTIAL** assurance on this report, recognising the progress made and plans for completion by end of March 2023.

4. STRATEGY, GOVERNANCE AND WELL LEAD

4.1   The committee received and noted a paper related to Provider Licence Statutory declaration.

4.2   The committee had a robust discussion around the rating of risks. The feedback will be reflected in the wording of the risks for board.

4.3   The committee noted verbal updates and a paper from Change board. In particular the fact that the spend for IQPR development has been approved.

4.4   The committee noted the paper regarding self assessment , most points raised were already in progress.

The committee received **SUBSTANTIAL** assurance, acknowledging that this was a good baseline to continue to refine through the year.

5. FEEDBACK TO BOARD and COMMITTES

5.1   The 23/24 budget to be ratified by board

5.2   Audit committee to be sighted on procurement deep dive

6. SOF 3

6.1   SOF updates were noted

MEETING OF THE BOARD OF DIRECTORS: 14TH June 2023 (Public)			
Report Title: Finance Report: 12 months ended 31 March 2023		**Agenda No :** **12**	
Report Author and Job Title:	Udey Chowdhury, Deputy CFO	**Lead Executive Director:**	Peter O'Neill, Financial Advisor to CEO
Appendices:			
Executive Summary:			
Action Required:	Approval ☐ Discussion ☐ Information ☒ Assurance ☐		
Situation:	Attached is the Month 12 (period to March 23) Finance Report. **Income & Expenditure** This shows that the Trust has incurred a net deficit of £3.6m. This is a £0.2m positive variance against a Plan / Budget position of a deficit of £3.8m. **Capital Expenditure** At £3.3m Capex ended the year on plan. **Cash** Cash is £8.8m versus a Plan figure of £6.2m. The positive variance reflects the lower Capex to date plus positive (to Plan) movements in working capital – largely income received but deferred and accrued costs not paid out.		
Background:	The Trust has a Plan for a revenue deficit for 2022/23 of £3.8m and for Capex of £3.3m with a year-end cash position of £6.2m		
Assessment:	**Income & Expenditure** The Trust has reached plan targets for revenue and capital expenditure due primarily to larger staff vacancies than anticipated. Delayed implementation of the Strategic Review, System-wide difficulties in recruitment and specific Gender issues have impacted on the ability to recruit staff. **Capital Expenditure** The Trust has reached it's expenditure plan of £3.3m. **Cash** Year end cash at £8.8m is £2.6m ahead of a plan target of £6.2m, due mainly to deferred income and accrued costs.		
Key recommendation(s):	Note the position outlined above		
Implications:			
Strategic Objectives:			

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

difference to the lives of the people & communities we serve.	thrive and feel proud in a culture of inclusivity, compassion & collaboration.	organisational sustainability & aligns with the ICS.	improvements in population health & care & reducing health inequalities.	
Relevant CQC Domain:	Safe ☐	Effective ☐	Caring ☐	Responsive ☐	Well-led ☒

Link to the Risk Register:	BAF ☒	CRR ☐	ORR ☐
	Risk Ref and Title: BAF 8 – Delivering financial sustainability targets		

Legal and Regulatory Implications:	Yes ☒	No ☐
	Going Concern judgement forms part of the Annual Accounts	

Resource Implications:	Yes ☐	No ☒

Diversity, Equality and Inclusion (DEI) implications:	Yes ☐	No ☒

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:	

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

FINANCE REPORT – MONTH 12: PERIOD ENDED 31 March 2023

1. OVERVIEW

1.1   For the period ended 31 March 23, the Trust recorded a deficit of £3.6m, compared with a Planned / Budgeted deficit of £3.8m.

1.2   Ongoing cost pressures – notably around GIDS, the Strategic Review and HR, and utilities inflationary increases– were compensated by a higher than Plan vacancy factor.

2   INCOME

2.1   Income was £67.2m, £2.1m positive to Plan income of £65.1m.

2.2   However, £3.4m of income is a notional memo adjustment required to account for central funding of pay awards and additional employers pension contribution, which is not in the plan. This adjustment has an equal and opposite adjustment within staff costs, with nil effect on the deficit.

2.3   Hence after stripping out the notional adjustment the operating income shortfall against plan was £1.3m.

2.4   This is due to DET income being £0.3m lower than Plan, CYAF income being £0.6m lower than Plan, and Clinical Support being £0.8m lower than Plan, offset by £0.7m positive variance on Gender income.

2.5   DET income shortfalls are due to non receipts of OFS grants, offset by additional funds for Trainees and short courses.

2.6   The shortfall on CYAF reflects £0.6m of Trust unidentified new income that was Budgeted within CYAF, reduced levels of income for Gloucester House, deferred income for Surrey, due to reduced levels of expenditure and deferred block income relating to Eating Disorders and Crisis Hubs, where under-recruitment has led to reduced activity.

3   STAFFING COSTS

3.1   Staff costs of £51.5m are £1.5m higher than Plan.

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3.2   However removing memo costs of £3.3m relating to system contributions to pension and pay increases the true operating position shows a £1.8m positive variance against plan.

3.3   This is after factoring in a year-to-date Plan vacancy factor of £5.5m.

3.4   Lower than Plan staff costs reflect vacancies across all elements of the Trust.

3.5   Agency costs in the period total £3.4m.

4   OPERATING NON-PAY COSTS

4.1   Operating non pay costs of £16.8m are £0.1m lower than Plan of £16.7m.

4.2   Underspend in Clinical areas has been offset by costs pressures in Corporate areas.

5   OTHER COSTS (Depreciation, Interest, PDC)

5.1   Non-operating costs were £0.6m higher than plan, reflecting increased depreciation and dividend costs, with a lower than planned provision release.

6   BALANCE SHEET / CASH FLOW / CAPITAL EXPENDITURE

6.1   Debtors overdue by 90 days or more is £678k (compared with £671k in the previous month). The decrease is in NHS, and non-NHS debt.

6.2   The Trust has a bad det provision of £0.3m which is considered adequate for the purpose.

6.3   Cash as of 31 March 2023 was £8.8m, compared with a Plan figure of £6.2m.

6.4   The £2.6m improvement reflects working capital improvements against plan due to increased levels of deferred income and accrued costs and provisions.

6.5   Capital expenditure ended the year on plan; reflecting efforts to deliver major projects by March 23.

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MEETING OF THE BOARD OF DIRECTORS (Open) – 14th June 2023

Report Title: Annual Revenue and Capital Plan Update– 2023/24		Agenda No.: 12	
Report Author and Job Title:	Peter O'Neill, Financial Advisor to CEO	**Lead Executive Director:**	Peter O'Neill, Financial Advisor to CEO
Appendices:			

Executive Summary:	
Action Required:	Approval ☐ Discussion ☐ Information ☒ Assurance ☐
Situation:	The Board of Directors received the Financial Plan for 23.24 at the previous meeting, 19th April 23. The plan at the time showed a deficit of £2.6m on revenue expenditure of £67.3m and a capital plan of £2.4m. A slightly revised version of the plan has been subsequently agreed with the ICS, with a reduced deficit plan of £2.5m finalised 16th May 23.
Background:	Production of an annual Plan for income, revenue expenditure and capital expenditure (often called an annual Budget) is a normal form of financial assurance and control. The Plan has been reviewed at two ICS 'star chamber' meetings, with a final version agreed 16th May 23.
Assessment:	The improvement in the Trusts planned deficit to £2.5m was a consequence of additional ICS income being agreed as part of the resubmission of the overall ICS plan on the 16th of May. The other elements of the financial plan remain unchanged and still 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.
Key recommendation(s):	The Board is asked to note the change to the Financial Plan 23.24.

Implications:				
Strategic Objectives:				
☐ Improve delivery of high-quality clinical services which make a significant	☐ Be a great & safe place to work, train & learn for everyone. A place where we can all	☒ Develop & deliver a strategy & financial plan that supports medium & long-term	☐ Be an effective, integrated partner within the ICS & nationally, supporting	☒ Ensure we are well-led & effectively governed.

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difference to the lives of the people & communities we serve.	thrive and feel proud in a culture of inclusivity, compassion & collaboration.	organisational sustainability & aligns with the ICS.	improvements in population health & care & reducing health inequalities.	
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 the Trust's 2023/24 financial plan and demonstrate a trajectory towards break-even, may result in medium term ICB financial obligations not being met. This will lead to further scrutiny, additional control measures and further restrict investment opportunities required to deliver sustainable services. **BAF 10: Suitable Income Streams** The result of changes in the commissioning environment, alongside the impact of the pandemic on funding and delivery models may 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	

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.	☐

Assurance:	
Assurance Route - Previously Considered by:	ELT – 5th April 2023 (update paper) ICS 'star chamber' meetings (10 February and 16 March 2023) Change Board – 9 March 2023 (for Capital) PFRC – 28 March 2023 (for Capital)

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

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	04 May 2023	Shalini Sequeira, NED	Gem Davies, Chief People Officer	**Yes**	~~**No**~~
Appendices:	None		**Agenda Item:**		

Assurance ratings used in the report are set out below:	
Assurance rating	**Colour to use in 'Assurance rating' colour below**
Limited Assurance	Red: There are significant gaps in assurance or action plans
Partial Assurance	Amber: There are gaps in assurance
Assurance	Green: There are no gaps in assurance
Not Applicable	White: No assurance is required

The key discussion items being highlighted to the Board for Assurance are noted below:	
Key headline	**Assurance rating** (select appropriate colour code as above)
1. Management training and development - Plans are developing well for training managers in a number of areas including career conversations and appraisals, sickness absence, capability management. - As new policies are revised and relaunched, opportunities for training and coaching managers on these policies will also be released.	Red ☐ Amber ☐ Green ☒ White ☐
2. Just and learning culture approach to people relations issues Justice and fairness for all parties is being considered within new policies and addressed within live cases, including providing wellbeing support for those who are the subject of the complaint, rather than focusing support solely on those raising a concern.	Red ☐ Amber ☒ Green ☐ White ☐
3. Equality Diversity and Inclusion interview panel representation There has been mixed feedback from DEI reps on recent interview panels with regards to their experience of the process. Training is being delivered by a third party provider shortly on inclusive recruitment practices and this expertise can be used to aid the improvement of interview processes for all involved.	Red ☐ Amber ☒ Green ☐ White ☐
4. People function activity	Red ☐

• Lots of work has been undertaken following the staff survey, both in seeking to 'get the basics right' and other project work. 1. Improvements continue to be seen in the NLPSS recruitment shared service. 2. A payroll working group and quarterly payroll review meetings are in place to improve our payroll provision and relationship 3. Nominations and appointments Staff survey deep dive/action plan meetings are being held with all team leads throughout May and June 4. Pay progression is being reinstated for those due to progress on or after 1st June 2023 5. Career conversations are being planned to support the turnaround of our appraisal position. 6. Apprenticeships are to be revamped; a proposed timeline for delivery will start from June 2023 with a phased development of apprenticeships over the next 12-18 months.	Amber ☐ Green ☒ White ☐

Decisions made by the Committee:

The Committee approved the Provider License – Annual Statutory Declaration. The committee did not make any other key decisions at this meeting.

Further Risks Identified:

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	N/A	N/A

NHS
The Tavistock and Portman
NHS Foundation Trust

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

Committee:	Meeting Date	Chair	Report Author	Quorate	
Education and Training Committee	18 May 2023	David Levenson, Non-Executive Director	Elisa Reyes-Simpson Interim CETO/Dean of Postgraduate Studies	☒ **Yes**	☐ **No**
Appendices:	None		**Agenda Item:** [PA insert number]		

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** (Chair to select appropriate rating)
1. CETO/Dean's Report: • Recruitment to new staffing structures is nearing completion, though there are now vacancies with the Director of Education (Operations) and Director of Tavistock Consulting departing in the summer. • The Directorate is developing a student engagement strategy and the Annual Student Survey is currently open with an earlier closing date to allow for faster turnaround of feedback and changes. • The reasonable adjustments process for students is being reviewed following a workshop which was well attended by students and staff. Improvements to the use of data and SITS are being proposed and an action plan has emerged. • Recruitment figures are down in comparison to last year, but ahead in terms of incomplete applications and we are actively following these up. • KPIs continue to be developed, and reporting to the PFR Committee on a number of metrics.	Limited ☐ Partial ☐ Adequate ☒ N/A ☐
2. Annual Equality, Diversity and Inclusion (EDI) Report: • EDI data is pointing towards positive progress and there is improvement all round. • We are making steady progress in respect of the variance between applicants from minoritised backgrounds compared to majority applicants' likelihood of being offered a place. • The award gap has fluctuated from year to year, with some overall decrease since 2019 and we are trying to understand what impacts this fluctuation with the aim to continue to reduce it consistently. • Bursaries for students from Black, Asian and Ethnic Minority students will continue at 50% of the course fee.	Limited ☐ Partial ☐ Adequate ☒ N/A ☐

• EDI action plans for portfolios will be developed and combined into a directorate-wide action plan.	
3. Annual Student Retention Report: • There has been an increase of around 5% in the number of withdrawals over the last two years. It is difficult to identify any trends in relation to this.	Limited ☐ Partial ☐ Adequate ☒ N/A ☐
4. Digital and Short Course Portfolio Performance Update: • The move of short courses to online delivery has benefitted the Trust, reducing the cost of delivery and reaching a wider range of students. • The current main challenge is capacity and resources. • Many new ideas for training programmes and bespoke training are being generated. This is a major growth area and work is underway to understand the resource implications. • For example, there is an appetite in certain sectors such as statutory services and local government for whole workforce training in mental health and wellbeing for staff.	Limited ☐ Partial ☒ Adequate ☐ N/A ☐
5. Education and Training Finance and Business Report: • The Directorate year-end position is above plan, impacted by the high vacancy factor that has been carried this financial year. • The high level of performance of short courses has also had a significant impact. • The budget for 23/24 has been delayed due to changes in NCL and NHSE funding streams, and the impact of budgets within the ICS. A 3rd draft of the budget was submitted in May. The delay in the production of the 23/24 budget has impeded the production of service level budgets. • It is anticipated that the 23/24 budget will be challenged by increases in uplift through AFC, and development costs necessary in respect of digital and short courses. • Significant emphasis is being placed on understanding the impact of indirect costs, which in 22/23 were high at 40%. • Fees from UEL have been recuperated, reducing the debt to the Trust.	Limited ☐ Partial ☒ Adequate ☐ N/A ☐
6. DET Development Update: • There is ongoing work to combine the D58 Masters with the D59 clinical qualifications into a single qualifying course. • Time constraints have resulted in a delay in implementing blended delivery of the Integrated Professional Doctorates to AY24-25. • Staff are bringing a wide range of ideas for course development, particularly for short courses and CPD.	Limited ☐ Partial ☐ Adequate ☒ N/A ☐
7. Workforce Innovation Unit Update: • A 3-year Business Plan has been drafted to align to early indication of opportunities identified by consultants, Valcon. • Activity is on track but the lack of a clear budget for 23/24 and lack of clarity in respect of future contracts are hampering growth planning.	Limited ☐ Partial ☐ Adequate ☒ N/A ☐
Summary of Decisions made by the Committee:	

• The Committee **AGREED** the key priority areas for Equalities, Diversity and Inclusion.

• The Committee **APPROVED** the recommendations in relation Student Retention.

- The Committee **AGREED** the strategic direction and objectives for the Digital and Short Course Portfolio.

Risks Identified by the Committee during the meeting:

The Committee identified the following risk for escalation to the Board of Directors:
- The merger between NHSE and HEE may impact on future contracts and the National Training Contract. This may have a significant impact on our financial sustainability.

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
N/A		

MEETING OF THE TRUST BOARD – 8th JUNE 23			
Report Title: Audit Committee Highlight Report			**Agenda No : 16**
Report Author and Job Title:	Peter O'Neill, Financial Advisor	**Lead Executive Director:**	David Levenson, Non Executive Director and PFRC Chair
Appendices:			
Executive Summary:			
Action Required:	Approval ☐ Discussion ☐ Information ☒ Assurance ☐		
Situation:	Provides a summary of key matters arising at the Audit Committee of the 23rd May 23		
Background:			
Assessment:	**Counter Fraud** • The committee received a report from the Internal Auditors that concluded the Trust meets the requirements of the Government Functional Standard as adopted by the NHS. No matters arising. **Procurement** • The number of single tender waivers was discussed and assessed as unacceptable. Action agreed, a detailed analysis of the waivers to be undertaken and assessed against 'normal' NHS protocols. Report to be resubmitted to the next Audit Committee, including mitigating actions. **Internal Audit** • The committee received a report on Risk Management from the Internal Auditors, that concluded that only partial assurance can be taken that adequate controls are in place. • A key improvement identified is the implementation of a new risk management system (DATIX) due to be implemented by September. This will enable the Quality Portal which is no longer fit for purpose to be retired. • While no new risks were identified the Internal Auditors expect to retain their opinion concerning significant weaknesses arising from last year's payroll audit for 2022/23. **Final Accounts** • It was noted that the draft accounts had been produced in line with the national timetable and that no material changes had been made during the subsequent external audit process. • The external auditors raised some minor concerns with the quality of some of the supporting working papers, and it was agreed that this would be investigated further, and mitigations identified to limit future issues.		
Key recommendation(s):	Members of the Trust Board are asked to: Note 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 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 ☐
	Risk Ref and Title: BAF 8. Delivering Financial Stability.		

Legal and Regulatory Implications:	Yes ☐	No ☒

Resource Implications:	Yes ☐	No ☒

Diversity, Equality and Inclusion (DEI) implications:	Yes ☐	No ☒

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:	Audit Committee 23rd May

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 – Wednesday, 14 June 2023			
Report Title: Annual Self-assessment of Committee Effectiveness and Committee Annual Reports for 2022/23		**Agenda No.:** **17**	
Report Author and Job Title:	Dorothy Otite, Governance Consultant	**Lead Director:**	John Lawlor, Trust Chair
Appendices:	None		
Executive Summary:			
Action Required:	Approval ☒ Discussion ☐ Information ☐ Assurance ☐		
Situation:	This report provides the Board with a summarised outcome of the Annual Committee Effectiveness Reviews; and the Committee Annual Reports for 2022/23. The Committees (except one at the time of writing) received and discussed the full reports of the outcome of the effectiveness reviews and annual or interim reports during the May / June 2023 cycle of meetings and recommended the reports to the Board. These reports have formed the basis of this summary report to the Board.		
Background:	The Terms of Reference (ToR) of the Committees requires an annual effectiveness evaluation against its Terms of Reference and Membership to be undertaken and the outcome reported to the Board of Directors within the annual business cycle. A new process was introduced for the Committee Annual Effectiveness evaluation in 2022/23 as the Trust did not previously undertake these assessments for all Committees (except the Audit Committee). A timetable was agreed for the process and an agreement reached on survey respondents with the Committee Chairs and Lead Executives. The surveys were issued during Quarter 4 2022/23 for completion by end March 2023.		
Assessment:	**Annual Committee Effectiveness Survey 2022/23:** **Process** – a robust and comprehensive review was undertaken for each Committee and facilitated by the Governance Consultant in line with the agreed process. **Response rates** – survey response rates although varied by Committee, were adequate across all Committees. Overall, the survey responses received for all Committees were mostly positive. **Annual Report 2022/23:** An annual report was produced for each Committee in Consultation with the Committee Chairs and Lead Executives to demonstrate to the Board the extent to which each Committee had met its Terms of Reference during the financial year 2022/23 including recommendations for improvement in 2023/24.		

Attendance – All Committees were quorate for all meetings during 2022/23 in line with the quorum set within the respective Terms of Reference.

Overall, all Committees were assessed as being compliant with the key areas of their Terms of Reference.

Cross Committee analysis shows that key strengths include:

- Committees effectively contribute to the effectiveness of the Board of Directors and meet their Terms of Reference.
- Frequency of meetings.
- Effective monitoring of action logs to ensure timely delivery against actions.
- Effective Chair leadership.
- Members mostly have open, honest and effective communications with management, each other and others in attendance at meetings.
- Committee actions reflect independence from management, a high standard of ethical behaviour and the best interests of the Trust and stakeholders.
- Effective monitoring of action plans received for scrutiny in line with Committee Terms of Reference.
- Attendance at meetings was good with all meetings quorate.

Cross Committee analysis shows that areas for development include:

- Timeliness of circulation of minutes and actions following meetings; and of issuance of papers for meetings.
- Raising members and attendees' awareness of Committee Terms of Reference and Forward Planner 2023/24.
- Creation of a reading room for members in the Virtual Board Room to include all key documents for the Committee e.g., Terms of Reference; Committee Forward Planner; Membership and Forward Dates for Committee Meetings.
- Producing assurance focused reports to Board.
- Development of an agreed approach to building relationships with other Board Committees.
- Strengthening of the quality of information provided to the Committees.

Conclusion:

Based on the conclusion of the Committee effectiveness reviews and annual reports, a number of recommendations have been identified which have been agreed to by the Committees. It is proposed that the recommendations will form part of the Integrated Governance Action Plan and be taken forward by the Committee Chairs; Lead Executives and the Director of Corporate Governance. The recommendations are noted in Paragraph 5 (Pages 5 to 7) of this report.

Key recommendation(s):	The Board is asked to: - receive **assurance** from the process undertaken and the summary findings; - **ratify** the recommendations for further development of the Committees; and - **agree** that the recommendations for further development are included and tracked on the Integrated Governance Action Plan (IGAP).

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 – as these are assigned to the Committees.				

Legal and Regulatory Implications:	Yes ☒		No ☐	
	NHS Foundation Trust Code of Governance requires that the Board of Directors should state in the annual report how performance evaluation of the Board and its Committees has been conducted.			

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 additional 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:	- Quality Committee – 4 May 2023 - People, Organisational Development, Equality, Diversity and Inclusion Committee – 4 May 2023 - Education and Training Committee – 18 May 2023 - Performance Finance and Resources Committee – 23 May 2023 - Audit Committee – 23 May 2023 - Executive Appointments and Remuneration Committee – 8 June 2023 *(Committee had not met at the time of writing this report).*			
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 Self-assessment of Committee Effectiveness and Committee Annual Reports for 2022/23

1. Purpose of the report

1.1. This report provides the Board with a summary of the outcome of the Annual Committee Effectiveness Reviews; and the Annual Report of the Committees for 2022/23.

2. Background

Constitutional and Regulatory Requirements:

2.1. **Governance review** – During the 2021/22 financial year, the Board commissioned the Office of Modern Governance (OMG) to undertake an external review of the Trust's Governance. The report was issued in December 2021, and it highlighted the value of resetting Board Committees to help address the areas of development set out in the review with the aim of strengthening the Trust's Corporate governance arrangements:

"The Board should more closely align its Committee structure with its strategic priorities, potentially to include a refocused Audit and Governance Committee and a new Quality, Finance and Performance & People Committees".

2.2. In July 2022, the Board approved the Terms of Reference of the Quality Committee (QC); Performance, Finance and Resources Committee (PFRC); and the People, Organisational Development, Equality, Diversity and Inclusion (POD EDI) Committee. The inaugural meetings of the Committees were held in July 2022 (QC and PFRC); and March 2022 (POD EDI).

2.3. Interim reports have been produced for QC and PFRC as they have not been in existence for the full financial year.

2.4. **Terms of Reference (ToR)** – The ToR of the Committees requires an annual effectiveness evaluation against its Terms of Reference and Membership to be undertaken and the outcome reported to the Board of Directors within the annual business cycle.

2.5. **Alignment to Well-led framework** – The Well-led framework for governance reviews for NHS Foundation Trusts requires Boards to routinely assess the effectiveness of their governance arrangements of which the Board Committees form an integral part.

3. Process and Timeline

3.1. A new process was introduced for Committee Annual Effectiveness evaluation in 2022/23 as the Trust did not previously undertake these assessments for all Committees (except the Audit Committee).

3.2. The Governance Consultant developed an electronic survey based on standard Committee Effectiveness survey questions used across the NHS. This was done in consultation with the Committee Chairs and Lead Executives and as far as possible, these comments were incorporated into the final survey questions.

3.3. A timetable was agreed for the process with the Committee Chairs and Lead Executives in addition to an agreement reached on names of survey respondents.

3.4. The survey was issued during Quarter 2022/23 for completion by end March 2023.

4. Summary findings/ conclusions

Annual Committee Effectiveness Survey 2022/23:

4.1. **Process** – a robust and comprehensive review was undertaken for each Committee and facilitated by the Governance Consultant.

4.2. **Response rates** – response rates although varied, were adequate across all Committees.

4.3. Overall, the survey responses received for all Committees were mostly positive.

Annual Report 2022/23:

4.4. An annual report was produced for each Committee to demonstrate to the Board the extent to which each Committee had met its Terms of Reference during the financial year 2022/3 including recommendations for improvement in 2023/24.

4.5. **Attendance** – All Committees were quorate for all meetings during 2022/23 in line with the quorum set within the respective Terms of Reference.

4.6. Overall, all Committees were assessed as being compliant with the key areas of their Terms of Reference.

5. Recommendations

5.1. The Committees agreed the following recommendations for further development:

5.2. **Audit Committee:**

o Producing a revised Terms of Reference for the Committee for agreement by the Committee and approval by the Board.
o Creation of a reading room for members in the Virtual Board Room to include all key documents for the Committee e.g., Terms of Reference; Committee Forward Planner; Membership and Forward Dates for Committee Meetings.
o Timeliness of issuance of papers for meetings.
o Strengthening of the quality of information provided to the Committee.
o Timeliness of circulation of minutes and actions.
o Development of an agreed approach to building relationships with other Board Committees.
o Attendance at Committee meetings to be limited to members and required attendees. Others may attend by invitation of the Committee.

5.3. **Quality Committee:**

o Timeliness of issuance of papers for meetings.
o Strengthening of the quality of information provided to the Committee.
o Timeliness of circulation of minutes and actions.

o Producing assurance focused reports to Board.
o Development of an agreed approach to building relationships with other Board Committees.
o Amendment to Terms of reference: Membership, Quorum and inclusion of Integrated Quality Performance Reporting.
o Creation of a reading room for members in the Virtual Board Room to include all key documents for the Committee e.g., Terms of Reference; Committee Forward Planner; Membership and Forward Dates for Committee Meetings.

5.4. **Education and Training Committee:**

o Producing a revised Terms of Reference for the Committee for agreement by the Committee and approval by the Board.
o Raising members and attendees' awareness of Committee Terms of Reference and Forward Planner 2023/24.
o Creation of a reading room for members in the Virtual Board Room to include all key documents for the Committee e.g., Terms of Reference; Committee Forward Planner; Membership and Forward Dates for Committee Meetings.
o Timeliness of issuance of papers for meetings.
o Strengthening of the quality of information provided to the Committee.
o 'Closing off' agenda items appropriately.
o Keeping to agreed timings on the meeting agenda to ensure sufficient time to reflect at the end of meetings.
o Timeliness of circulation of minutes and actions.
o Development of an agreed approach to building relationships with other Board Committees.
o Strengthening of individual communication styles of members.

5.5. **Performance Finance and Resources Committee:**

o Timeliness of issuance of papers for meetings.
o Strengthening of the quality of information provided to the Committee including acceleration of the development of the Integrated Quality Performance Report (IQPR).
o Timeliness of circulation of minutes and actions.
o 'Closing off' agenda items appropriately.
o Keeping to agreed timings on the meeting agenda to ensure sufficient time to reflect at the end of meetings.
o Producing assurance focused reports to Board.
o Development of an agreed approach to building relationships with other Board Committees.
o Amendment to Terms of reference: Membership; Quorum and Operational Performance.
o Creation of a reading room for members in the Virtual Board Room to include all key documents for the Committee e.g., Terms of Reference; Committee Forward Planner; Membership and Forward Dates for Committee Meetings.

5.6. **People Organisational Development Equality Diversity and Inclusion Committee:**

o Timeliness of issuance of papers for meetings.
o Timeliness of circulation of minutes.
o Development of an agreed approach to building relationships with other Board Committees.
o Strengthening of individual communication styles of members.

- o Raise members and attendees' awareness of Committee Terms of Reference and Forward Planner 2023/24.
- o Creation of a reading room for members in the Virtual Board Room to include all key documents for the Committee e.g., Terms of Reference; Committee Forward Planner; Membership and Forward Dates for Committee Meetings.
- o Amendment to Terms of reference: Membership and Quorum.

5.7. **Executive Appointments and Remuneration Committee** *(The Committee had not met at the time of writing this report – these were the proposed recommendations for discussion and agreement by the Committee):*

- o *Producing a revised Terms of Reference for the Committee for agreement by the Committee and approval by Board.*
- o *Raising members and attendees' awareness of Committee Terms of Reference and Forward Planner 2023/24.*
- o Creation of a reading room for members in the Virtual Board Room to include all key *documents for the Committee e.g., Terms of Reference; Committee Forward Planner; Membership and Forward Dates for Committee Meetings.*
- o *Timeliness of circulation of minutes and actions.*
- o *'Closing off' agenda items appropriately.*
- o *Producing assurance reports to Board.*
- o *Renaming of the Committee as 'Trust' Nominations and Remuneration Committee with a wider remit including responsibility for the identification and nomination of executive directors; holding to account the performance of individual executive directors against agreed performance objectives; and succession planning of executive directors.*

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS

Wednesday 14th June 2023

Research and Development Report		AGENDA ITEM: 18
Report Author and Job Title:	Dr Eilis Kennedy Director of Research and Development	**Responsible Director:** Dr Caroline McKenna Interim Chief Medical Officer
Action Required	Approve ☐ Discuss ☒ Inform ☒	
Situation	Need for Board oversight of Research activities at the Trust for the year 2022/23.	
Background	Report presents an overview of current research activity at the Trust and how this is positioned within the broader tradition of research developed here over many years.	
Assessment	The Trust continues to make a significant contribution to mental health research. The Trust is hosting more research grants now than at any time previously. However there has been limited investment in research infrastructure. This report highlights key current areas of research as well as the need for the Trust to strengthen current research capacity and capability.	
Recommendation	The Board is asked to note the contents of the report, the successes achieved despite the limited infrastructure and to support expansion of research capability in order for the Trust to maintain its national and international reputation for research and innovation.	
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	Excellence in patient outcomes and experience ☒	Excellence in employee experience ☐
	Drive operational performance ☐	Long term financial sustainability ☐
	Develop clinical and commercial strategies ☐	

Research at the Tavistock and Portman NHS Foundation Trust

Introduction

'For decades the Tavistock's work has helped shape how we see ourselves, as persons and as a society. Much thinking that has entered the mainstream emerged from its challenging interdisciplinary research and practice…'

(Hilary Mantel, 2020)

The Trust has a national and international reputation for research and innovation. This report aims to provide an overview of current research activity at the Trust and how that fits within a broader tradition of research developed at the Tavistock over many years.

INTERVENTION STUDIES: INFANTS, CHILDREN and YOUNG PEOPLE

The Trust has been fortunate in being awarded two significant grants in the last year to investigate interventions focused on improving and promoting mental health and wellbeing in children and young people. These two intervention studies will be undertaken in collaboration with University College London and the Clinical Trials Unit at Cardiff University.

The first study, the '*Watch Me Play! Pilot Feasibility Study of a Remotely-delivered Intervention to Promote Mental Health Resilience across UK Early Years and Children's Services*' was funded by What Works for Children's Social Care as part of a themed call on children and young people's mental health. This study will recruit from 16 sites across the UK (London, the Midlands, Norfolk, the North of England and Scotland). The Watch Me Play! intervention was first developed in the Tavistock Haringey First Step Service for children in care and has been manualised and translated into many different languages as well as being taken up and used by an an increasing number of services nationally and internationally (e.g. Japan, Italy, Ukraine, Estonia, Norway, Greece and South Africa).

The second of these studies, '*A feasibility trial of remotely delivered Video Interaction Guidance (VIG) for families of children with a learning disability referred to specialist mental health services'* is funded by the National Institute for Health Research, Research for Patient Benefit programme and is recruiting from a range of sites across England (including Alder Hey Children's, Guy's and St Thomas's and Lancashire and South Cumbria, NHS Foundation Trusts). Video Interaction Guidance is increasingly used by practitioners within the NHS and this is one of only a few studies to evaluate VIG within children's specialist mental health services.

The final stage of the Trust's National Institute for Health Research, Programme Grant for Applied Research, the *'Personalised Programmes for Children'* study is also currently

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underway. Families in child and adolescent mental health services across North and South London are being recruited to a Randomised Controlled Trial undertaken in collaboration with the Clinical Trials Unit at Kings College London. This study will evaluate a newly developed personalised intervention for children aged 4 to 9 years with conduct and oppositional problems who have not been helped by parent training groups or whose parents have declined to participate in groups. The novel personalised approach, developed by the study team, will be compared to facilitated parent-led education with sign-posting to on-line resources and other materials. Both arms of the study are highly innovative and build on feedback from parents. A non-technical summary of the research assessment will be shared with parents. This is an important quality improvement opportunity across North Central London ICS addressing a neglected group of children. It is also a training and education opportunity by informing clinical staff in CAMHS about precision mental health approaches to enhance treatment outcomes. The PPC study has been awarded £1.57 million in NHS excess treatment costs enabling the development of this new specialist treatment pathway

Alongside these new intervention studies the findings from the *'The Tavistock First Time Parent study'* were recently published in the Journal European Child and Adolescent Psychiatry. This study, which recruited couples expecting their first child from maternity services at the Royal Free Hospital, was undertaken in collaboration with the Clinical Trials Unit at the University of Leeds and was funded by the Mental Health Foundation.

The Trust continues to engage in important research collaborations and has been closely involved in a National Institute for Health Research, Health Technology Assessment funded study, *'a feasibility study and pilot trial of a modified video-feedback intervention for children and foster carers to improve mental health outcomes of children with reactive attachment disorder.'* This study led by Professor Pasco Fearon, investigates VIPP (Video-feedback Intervention to Promote Positive Parenting) for children in Foster Care. VIPP, a NICE recommended intervention, was developed by Professor Marinus Van IJzendoorn and colleagues at the University of Leiden and the Tavistock is a national centre for VIPP training https://tavistockandportman.nhs.uk/care-and-treatment/treatments/video-feedback-intervention-promote-positive-parenting-vipp/. A pilot study of VIPP to support adoptive families in the UK, undertaken by VIPP trainers at the Tavistock has been recently published in the Journal Adoption and Fostering.

These intervention studies build on previous important intervention studies that the Trust has either collaborated on (e.g. the National Institute for Health Research, Health Technology Assessment Programme, funded IMPACT (*Improving Mood in Psychoanalytic and Cognitive Therapy)* and SHIFT (*Self-Harm Intervention: Family Therapy*) multi-centre Randomised

Controlled Trials focused on Adolescent Depression and Self-Harm respectively) or led on (e.g. the Tavistock Childhood Depression study and the North London Mothers study).

In addition to undertaking primary research the Trust has made important contributions to evidence reviews in child mental health. Notable recent examples of this include a Cochrane Systematic Review of personalised interventions for children with conduct problems and work on an updated review of the evidence for child psychotherapy (led by Professor Nick Midgley at UCL) which was awarded the European Federation of Psychoanalytic Psychotherapy Research Prize, presented at an award ceremony in Berlin in March 2023.

KEY PUBLICATIONS:

- Children in foster care with symptoms of reactive attachment disorder: feasibility randomised controlled trial of a modified video-feedback parenting intervention. Oliveira P, Barge L, Stevens E, Byford S, Shearer J, Spies R, Comyn J, Langley K, Ramchandani P, Wright B, Woolgar M, Kennedy E, Scott S, Barlow J, Glaser D, Senior R, Fonagy P, Fearon P.BJPsych Open. 2022 Jul 18;8(4):e134. doi: 10.1192/bjo.2022.538.

- A modified video-feedback intervention for carers of foster children aged 6 years and under with reactive attachment disorder: a feasibility study and pilot RCT. Oliveira P, Stevens E, Barge L, Comyn J, Langley K, Ramchandani P, Wright B, Woolgar M, Kennedy E, Byford S, Shearer J, Scott S, Barlow J, Glaser D, Senior R, Fonagy P, Fearon P.Health Technol Assess. 2022 Aug;26(35):1-106. doi: 10.3310/SLIZ1119.

- The Tavistock First-Time Parent Study: a pilot randomised controlled feasibility trial of a brief couple-focused perinatal intervention to reduce inter-parental discord. Kennedy E, O'Nions E, Pulford BD, Bursnall S, Germuska J, Senior R.Eur Child Adolesc Psychiatry. 2021 Sep 21. doi: 10.1007/s00787-021-01862-y. Online ahead of print.PMID: 34546408

- Informing the personalisation of interventions for parents of children with conduct problems: a qualitative study. McKay K, Kennedy E, Senior R, Scott S, Hill J, Doolan M, Woolgar M, Peeren S, Young B.BMC Psychiatry. 2020 Oct 20;20(1):513. doi: 10.1186/s12888-020-02917-1.

- "Sometimes I think my frustration is the real issue": A qualitative study of parents' experiences of transformation after a parenting programme. McKay K, Kennedy E, Young B.PLoS One. 2021 Oct 12;16(10):e0258528. doi: 10.1371/journal.pone.0258528. eCollection 2021.

INTERVENTION STUDIES: ADULTS

3

The Trust is a key partner on a National Institute for Health Research, Health Technology Assessment programme study *'Mentalisation for Offending Adult Males'* (MOAM). This study led by Professor Peter Fonagy at UCL evaluates the effectiveness of Mentalisation Based Treatment (MBT) for individuals currently under the supervision of the National Probation service.

Previously the Trust led on a major intervention study of psychotherapy for treatment resistant depression in adults (the 'Tavistock Adult Depression Study' or 'TADS' study) and a pilot randomised controlled and feasibility trial of 'Dynamic interpersonal therapy' which were also both led by Professor Peter Fonagy at UCL.

KEY PUBLICATIONS

- Mentalization for Offending Adult Males (MOAM): study protocol for a randomized controlled trial to evaluate mentalization-based treatment for antisocial personality disorder in male offenders on community probation. Fonagy P, Yakeley J, Gardner T, Simes E, McMurran M, Moran P, Crawford M, Frater A, Barrett B, Cameron A, Wason J, Pilling S, Butler S, Bateman A.Trials. 2020 Dec 7;21(1):1001. doi: 10.1186/s13063-020-04896-w.

- Personality and outcome in individuals with treatment-resistant depression-Exploring differential treatment effects in the Tavistock Adult Depression Study (TADS). Rost F, Luyten P, Fearon P, Fonagy P.J Consult Clin Psychol. 2019 May;87(5):433-445. doi: 10.1037/ccp0000391.

- Dynamic interpersonal therapy for moderate to severe depression: a pilot randomized controlled and feasibility trial. Fonagy P, Lemma A, Target M, O'Keeffe S, Constantinou MP, Ventura Wurman T, Luyten P, Allison E, Roth A, Cape J, Pilling S.Psychol Med. 2020 Apr;50(6):1010-1019. doi: 10.1017/S0033291719000928.

HEALTH AND WELLBEING ACROSS THE LIFECOURSE: FROM INFANCY TO ADULTHOOD

The Trust was recently successful in an application to extend the National Institute for Health Research, Health Services and Delivery Research programme, funded 'Longitudinal Outcomes of Gender Identity in Children'. This study, which is one of the largest studies of its kind, is undertaken in collaboration with University College London and the Universities of Liverpool and Cambridge. The study was recently included in the UK Research and Innovation, Economic and Social Research Council funded Mental Health Catalogue of UK cohort studies. Findings from the LOGIC study have been presented at national and international meetings including an invited presentation at the European Society of Paediatric Endocrinology meeting in Rome last Autumn.

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Funding has also been awarded by the UK Research and Innovation, Economic and Social Research Council to undertake a sub-study of the LOGIC study focused on Autism within the cohort. This study, the 'MAGIC' study (Markers of Autism and Gender Incongruence in Children: Cognition in Autistic and Non-Autistic Gender Incongruent Children and their Families) is led by Professor David Williams at the University of Kent, with postdoctoral researchers funded by the study based at the Kent Child Development Unit (KCDU; Dr Aimilia Kallitsounaki) and the Tavistock Research Unit (Dr Matt Fysh).

The Trust has a longstanding interest in the early determinants of life-course health and wellbeing from the perinatal period to adulthood. Indeed, research at the Tavistock is arguably most widely recognised for the work undertaken by John Bowlby and Mary Ainsworth on Attachment. The Trust has led on a number of studies focused on the perinatal period (for example the *Tavistock First Time Parent Study* recruited first time parents from maternity services at the Royal Free Hospital and the recently funded *Watch Me Play!* study includes a focus on babies as well as children). The Trust is collaborating on a National Institute for Health Research, Health Service and Delivery Research funded study led by Professor Katie Harron at the Institute of Child Health, UCL on *'Evaluating the real-world Implementation of the Family Nurse Partnership: a data linkage study'.* Family Nurse Partnership is a perinatally delivered intervention for first time teenage mothers. The Family Nurse Partnership National Unit was previously based at the Trust and the Family Nurse Partnership intervention, while primarily developed by Professor David Olds at the University of Colorado, was informed in part, by John Bowlby's work at the Tavistock on Attachment. Further recent research at the Trust, focused early in the life course, has included work highlighting the developmental impact of being born preterm and the emotional impact on parents.

Poverty is increasingly recognised as an important determinant of life course health and wellbeing. A recent systematic review led by Professor Paul Bywaters at the University of Huddersfield and funded by the Nuffield Trust on which the Trust collaborated investigated the relationship between poverty and child abuse and neglect. Emerging from this work is a recent publication in Lancet Child and Adolescent Health on 'The cost-of-living crisis, poverty and child maltreatment'.

The Trust was successfully awarded funding, as a collaborator, in the National Institute for Health Research, invention for innovation (i4i) themed call on children and young people's mental health for: *'OliTool: a 'smart' system to support primary school children develop social and emotional literacy and self-regulation skills for mental health and wellbeing'.* Researchers at the Trust worked with the developers of OliTool to provide user guided feedback on how

primary school children and teachers experienced using OliTool, translating their narratives into practical changes of the tool.

An interdisciplinary perspective has always been central to the work of the Trust. The Trust is participating in *Waiting Times*, a six-year multi-stranded inter-disciplinary project about the temporalities of healthcare, funded by the Wellcome Trust and led by Birkbeck College, University of London and the University of Exeter - see https://waitingtimes.exeter.ac.uk/. The project explores what it means to wait in and for healthcare by examining lived experiences, representations and histories of delayed and impeded time.

The Tavistock is one of the research sites for the study, as part of one of its four strands, the *Psychic Life of Time.* As part of this strand, research fellow Dr Jordan Osserman is currently conducting an ethnographic study, "Taking Time: a psychosocial investigation into the role of temporality and waiting in the care of young people exploring gender identity" within the GIDS service, which he is currently drawing to a close. Senior research fellow Dr Jocelyn Catty, who also holds a substantive role within DET, has also been contributing to this strand. The Waiting Times project is now in its final year and preparing for a closing conference in March 2023, to showcase its work.

An integrative approach to physical and emotional health, has long been a central theme of the work of the Trust. Hugh-Crichton Miller, the founder of the Tavistock Clinic, practiced what he termed a 'binocular vision' attending to both the physical and psychological needs of his patients. This work was further developed by Michael Balint, David Malan and others and has influenced medical practice more broadly within the UK. The *Primary Sclerosing Cholangitis Wellbeing study* was undertaken in collaboration with a national patient support group and UCL Division of Medicine. Findings from the study were presented last June at the International Primary Sclerosing Cholangitis study group meeting hosted by UCL.

Patient and Public Involvement and Lived Experience perspectives are key to all research undertaken at the Trust and inform every stage of the research process from study design to dissemination of study findings. All research studies at the Trust have been greatly enriched by this input. An example of this is the recently awarded National Institute for Health Research, Research for Patient Benefit study on Video Interactive Guidance in specialist CAMHS where a Parent Carer Advisory Group, supported by the Challenging Behaviour Foundation, have put together a video to explain the study to other parents who might be interested in participating:https://www.challengingbehaviour.org.uk/what-we-do/projects-and-research/support-and-services/video-interaction-guidance-vig-ld-study-information/

Researchers at the Trust are keen to explore ways in which lived experience expertise can be further harnessed to improve research. A special issue of the International Journal of Environmental Research and Public Health on 'Lived Experience within Mental Health and Wellbeing Research' is currently being co-edited by researchers at the Tavistock Research Unit and during the pandemic Trust researchers utilized Twitter analytical methodology as a novel way to access lived experience in real time.

KEY PUBLICATIONS

- Longitudinal Outcomes of Gender Identity in Children (LOGIC): study protocol for a retrospective analysis of the characteristics and outcomes of children referred to specialist gender services in the UK and the Netherlands.
  Kennedy E, Lane C, Stynes H, Ranieri V, Spinner L, Carmichael P, Omar R, Vickerstaff V, Hunter R, Senior R, Butler G, Baron-Cohen S, de Graaf N, Steensma TD, de Vries A, Young B, King M.BMJ Open. 2021 Nov 10;11(11):e054895. doi: 10.1136/bmjopen-2021-054895.

- Longitudinal Outcomes of Gender Identity in Children (LOGIC): protocol for a prospective longitudinal cohort study of children referred to the UK gender identity development service.
  Kennedy E, Spinner L, Lane C, Stynes H, Ranieri V, Carmichael P, Omar R, Vickerstaff V, Hunter R, Wright T, Senior R, Butler G, Baron-Cohen S, Young B, King M.BMJ Open. 2021 Sep 7;11(9):e045628. doi: 10.1136/bmjopen-2020-045628.

- Longitudinal outcomes of gender identity in children (LOGIC): a study protocol for a prospective longitudinal qualitative study of the experiences and well-being of families referred to the UK Gender Identity Development Service.
  McKay K, Kennedy E, Lane C, Wright T, Young B.BMJ Open. 2021 Nov 3;11(11):e047875. doi: 10.1136/bmjopen-2020-047875.

- Thinking Time, Shifting Goalposts and Ticking Time Bombs: Experiences of Waiting on the Gender Identity Development Service Waiting List.
  McKay K, Kennedy E, Wright T, Young B.Int J Environ Res Public Health. 2022 Oct 25;19(21):13883. doi: 10.3390/ijerph192113883.

- Evaluating the real-world implementation of the Family Nurse Partnership in England: protocol for a data linkage study.
  Cavallaro FL, Gilbert R, Wijlaars L, Kennedy E, Swarbrick A, van der Meulen J, Harron K.BMJ Open. 2020 May 18;10(5):e038530. doi: 10.1136/bmjopen-2020-038530.

- Characteristics of enrolment in an intensive home-visiting programme among eligible first-time adolescent mothers in England: a linked administrative data cohort study.
  Cavallaro FL, Gilbert R, Wijlaars LP, Kennedy E, Howarth E, Kendall S, van der Meulen J, Calin MA, Reed L, Harron K.J Epidemiol Community Health. 2022 Dec;76(12):991-998. doi: 10.1136/jech-2021-217986. Epub 2022 Oct 5.

- The cost-of-living crisis, poverty, and child maltreatment.

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Skinner G, Bywaters P, Kennedy E.Lancet Child Adolesc Health. 2023 Jan;7(1):5-6. doi: 10.1016/S2352-4642(22)00252-8. Epub 2022 Sep 22.

- Preterm birth: Educational and mental health outcomes.
  O'Nions E, Wolke D, Johnson S, Kennedy E.Clin Child Psychol Psychiatry. 2021 Jul;26(3):750-759. doi: 10.1177/1359104521100754. Epub 2021 Apr 16.

- Waiting in healthcare: the time to act might be later.
  Baraitser L, Catty J, Salisbury L, Anucha K, Davies S, Flexer MJ, Moore MD, Osserman J.BMJ. 2021 Feb 12;372:n429. doi: 10.1136/bmj.n429

- Out of Time: Adolescents and Those Who Wait For Them.
  Catty J.J Child Psychother. 2021 May 4;47(2):188-204. doi: 10.1080/0075417X.2021.1954977

- Lockdown and adolescent mental health: reflections from a child and adolescent psychotherapist.
  Catty J.Wellcome Open Res. 2021 Feb 17;5:132. doi: 10.12688/wellcomeopenres.15961.2. eCollection 2020.

- Primary Sclerosing Cholangitis and Psychological Wellbeing: A Scoping Review.
  Ranieri V, McKay K, Walmsley M, Senior R, Thorburn D, Kennedy E. Semin Liver Dis. 2019 Feb;39(1):104-110. doi: 10.1055/s-0038-1676099. Epub 2018 Nov 22.

- The Primary Sclerosing Cholangitis (PSC) Wellbeing Study: Understanding psychological distress in those living with PSC and those who support them.
  Ranieri V, Kennedy E, Walmsley M, Thorburn D, McKay K.PLoS One. 2020 Jul 6;15(7):e0234624. doi: 10.1371/journal.pone.0234624. eCollection 2020.

- Rare but heard: using asynchronous virtual focus groups, interviews and roundtable discussions to create a personalised psychological intervention for primary sclerosing cholangitis: a protocol.
  Ranieri V, Kennedy E, Walmsley M, Thorburn D, McKay K.BMJ Open. 2019 Oct 2;9(10):e031417. doi: 10.1136/bmjopen-2019-031417.

- Fears, Reassurance, and Milestones: A Twitter Analysis around World Prematurity Day during the COVID-19 Pandemic.
  McKay K, O'Nions E, Wayland S, Ferguson D, Kennedy E.Int J Environ Res Public Health. 2021 Oct 14;18(20):10807. doi: 10.3390/ijerph182010807.

- "At Least until the Second Wave Comes…": A Twitter Analysis of the NHS and COVID-19 between March and June 2020.
  McKay K, Wayland S, Ferguson D, Petty J, Kennedy E.Int J Environ Res Public Health. 2021 Apr 9;18(8):3943. doi: 10.3390/ijerph18083943.

QUALITY IMPROVEMENT AND INNOVATION

The primary focus of this report is on external grant funded research where the Trust is either the lead organisation or a collaborating partner. Important outcome monitoring, quality improvement, service evaluation work or doctoral and other student research within the Department for Education and Training are not included within the scope of this report nor are innovative initiatives such as the iTHRIVE national programme for system change:

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http://implementingthrive.org/about-us/i-thrive-implementing-thrive/. The iTHRIVE programme, developed in collaboration with the Anna Freud National Centre for Children and Families, has been taken up across the UK and is designed to enable a move towards delivery of a population health model of children and young people's mental health.

The full range of scholarly work undertaken by staff and students at the Trust is also not described in this report. Further information regarding staff publications, including doctoral theses and books, can be found on the Trust open access repository here: Staff Publications Online - Tavistock Training (tavistockandportman.ac.uk)

RESEARCH GOVERNANCE AND SUPPORT AT THE TRUST:

The Trust alongside many Mental Health and other Trusts across North Central London is a NOCLOR partner Trust and has a Service Level Agreement with NOCLOR research support services: NOCLOR Research Support. NOCLOR provide an important research support service for the Trust, in particular ensuring that the necessary regulatory compliance and governance checks for research are undertaken. NOCLOR offer advice and guidance for Trust staff and students on every stage of the research process alongside a small support team based at the Trust (https://tavistockandportman.nhs.uk/research-and-innovation/doing-research/). In addition, NOCLOR provide regular research Training for Trust staff and students (https://www.noclor.nhs.uk/training-resources). Research training and development opportunities for staff and students are also provided locally by UCLPartners and the National Institute for Health Research, Applied Research Collaboration, North Thames. The National Institute for Health Research, Incubator for Mental Health Research is another important source of advice and guidance regarding career development and funding opportunities for health care professionals interested in mental health research.

RESEARCH FUNDING:

The Trust has been particularly successful in securing competitive external grant funding for research over recent years. In recognition of this the Trust's annual Research Capability Funding, awarded each year in proportion to National Institute for Health Research grant income in the previous year, compares favourably to other much larger Mental Health and Acute Hospital Trusts, locally and nationally. This is a noteworthy achievement, particularly as the Trust is not the beneficiary of direct NIHR infrastructure support funding e.g. NIHR, Biomedical Research Unit or Centre funding or funding from an NIHR Applied Research Collaboration. Unlike some NHS Trusts the amount of funding from charitable sources is also small. It is hoped going forward it may be possible forward to secure greater amounts of NIHR infrastructure funding for example through a closer relationship with the NIHR North Thames ARC as well as growing income from charitable sources to support research.

The Trust is eligible to receive funding from UK Research and Innovation (UKRI) and is registered on the UKRI Joint Electronic Submission (Je-S) system, enabling the submission of grants in recent years to the UKRI Medical Research Council (MRC), the Economic and Social Research Council and Innovate UK as lead or partner organisation.

While the Trust is always open and keen to support NIHR portfolio studies wherever possible, the small size of the Trust and associated eligible patient population, inevitably means that recruitment to NIHR portfolio studies is constrained (see Appendix 4 for details of NIHR portfolio studies to which the Trust is recruiting). However, the Trust, as noted, leads on several studies recruiting from multiple sites across the UK. In recognition of this, discussions are underway with the Clinical Research Network North Thames, to identify a way of acknowledging the Trust's role as a 'parent site' for NIHR portfolio studies whereby the Trust contributes significantly to patient recruitment elsewhere in the NHS.

TRUST RESEARCH: FUTURE DIRECTIONS

Despite limited infrastructure and investment, research at the Trust has grown significantly over the last seven years to the point where the Trust is likely hosting more research grants now than at any time in its history. Although research remains a small component of overall Trust activity it would seem timely to consider how Trust research could be further developed, not only as valuable in and of itself, but also as a means of supporting innovation in clinical services and contributing to the Trust's profile as a leading national provider of education and training. Research capability and capacity going forward cannot be guaranteed. There has been little investment in research infrastructure over recent years and unlike some Trusts, the Trust currently supports no University linked clinical academic posts. While previously there was a joint Tavistock/UCL funded, John Bowlby Chair in Child and Family Mental Health (originally held by Professor Izzy Kolvin) this position was not replaced, following Professor Alan Stein's departure in 2001, nor was the Joint Tavistock/UCL Chair of Developmental Psychopathology following the departure of Professor Peter Hobson several years ago. This no doubt reflects a general lack of investment in the clinical academic workforce within the NHS over recent years which has now been identified as an 'urgent problem' in the recently published review of the UK's Research, Development and Innovation (RDI) landscape by Sir Paul Nurse. The review strongly recommends that this is rectified by government 'in order to both improve the ability of the NHS to deliver more effective healthcare and to help the UK economy.'

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1140211/rdi-landscape-review.pdf

Some consideration regarding investment in posts and the development of academic partnerships, as well as additional fundraising from charitable and other sources would support the development of a stronger research culture within the Trust and would ensure the Trust is better positioned to avail of future research opportunities. The Trust is fortunate in attracting talented pre and post-doctoral researchers to work on grant funded studies who would benefit from clearer routes for career progression in mental health research at the Trust as would clinical staff, trainees and students who need to be able to identify a supportive research environment in order to apply for competitive fellowship and other funding to support their development as researchers.

Recent years have seen an unprecedented expansion in funding for mental health research, and research focused on children and young people's mental health, in particular. The current priorities of the major research funders resonate with work undertaken over many years at the Trust in relation to developmental and systemic perspectives on mental health and a focus on individual subjectivity, lived experience and personalised approaches to intervention. There is much to be gained therefore, in strengthening current research capability, to ensure that research continues to play a significant role in the future development of the Trust.

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APPENDIX 1.

Research Studies: Tavistock and Portman NHS FT

LOGIC study: 'Longitudinal Outcomes of Gender Identity in Children'

'Outcomes and Predictors of Outcomes for Children and Young People referred to UK Gender Identity Development Services: A Longitudinal Investigation.'

https://logicstudy.uk/

Funder: NIHR Health Services and Delivery Research Programme [17/51/19]

2019-2023. Awarded funding for 2.5 years extension for 2.5 years until 2025.

Lead Investigator: Kennedy, E.

PPC study: 'Personalised Programmes for Children'.

'Personalised assessment and intervention packages for children with conduct problems in child mental health services'

https://tavistockandportman.nhs.uk/research-and-innovation/our-research/research-projects/personalised-programmes-children-ppc/

Funder: NIHR Programme Grant for Applied Research (LTC-RP PG 0814-20001) 2016-2025

Lead Investigator (s): Senior, R, Scott, S.

VIG- LD study: 'A feasibility trial of remotely delivered Video Interaction Guidance [VIG] for families of children with a learning disability referred to specialist mental health services'.

Funder: NIHR Research for Patient Benefit Programme

Lead Investigator: Totsika, V.

	Watch Me Play! Study: 'A Pilot Feasibility study of a Remotely-delivered Intervention to Promote Mental Health Resilience for Children (age 0- 8) across UK Early Years and Children's Services.' https://www.cardiff.ac.uk/centre-for-trials-research/research/studies-and-trials/view/watch-me-play **Funder:** What Works for Children's Social Care **Lead Investigator(s):** Kennedy, E, Totsika, V.
	The Primary Sclerosing Cholangitis (PSC) Wellbeing Study *"Creating a Personalised Psychological Intervention for Primary Sclerosing Cholangitis: Understanding mental health and wellbeing among people with PSC"* https://pscsupport.org.uk/research-weve-funded/the-psc-wellbeing-study/ **Funder:** PSC Support **Lead Investigator:** Kennedy, E.
	i-THRIVE *"A national programme of innovation and improvement in child and adolescent mental health that is being implemented in sites across the country."* http://implementingthrive.org/about-us/i-thrive-implementing-thrive/ **Funder:** Health Foundation Innovating for Improvement Partnership of Anna Freud National Centre for Children and Families, the Tavistock and Portman NHS Foundation Trust, the Dartmouth Institute for Health Policy and Clinical Practice and UCLPartners

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Research Collaborations: Tavistock and Portman NHS FT

	MAGIC study: 'Markers of Autism and Gender Incongruence in Children (MAGIC): Cognition in Autistic and Non-autistic Gender-incongruent Children and Their Families'. **Funder:** UKRI Economic and Social Research Council **Lead organisation**: The University of Kent
	Olitool study: 'Olitool a 'smart' system to support primary school children develop social and emotional literacy and self-regulation skills for mental health and wellbeing'. **Funder**: NIHR Invention for Innovation (i4i) **Lead Organisation**: Olitool Limited
	The Relationship Between Poverty and Child Abuse and Neglect: New Evidence. **Funder:** Nuffield Foundation **Lead Organisation:** The University of Huddersfield
	Waiting Times study: The Psychic Life of Time. https://waitingtimes.exeter.ac.uk/once-upon-a-time/the-psychic-life-of-time/ **Funder:** The Wellcome Trust **Lead Organisation**: The University of Exeter
	MOAM- Mentalization for Offending Adult Males. https://www.ucl.ac.uk/pals/mentalization-offending-adult-males-moam **Funder:** NIHR Health Technology Assessment Programme

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NIHR | National Institute for Health Research	**Lead Organisation***: Department of Clinical, Educational and Health Psychology, UCL
EPICC-ID logo **NIHR** | National Institute for Health Research	**EPICC-ID: Evaluation of a Parent Intervention to reduce Challenging behaviour in Children with moderate to severe Intellectual (learning) Disability.** https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/epicc-id-randomised-controlled-trial/ **Funder**: NIHR Health Technology Assessment Programme **Lead Organisation**: Division of Psychiatry, UCL
NIHR | National Institute for Health Research	**Family Nurse Partnership (FNP): Evaluating the real-world implementation of the Family Nurse Partnership: a data linkage study.** **Funder:** NIHR Health Services Delivery Research Programme **Lead Organisation***: Institute of Child Health, UCL
Nurturing Change logo **NIHR** | National Institute for Health Research	**Nurturing Change (VIPP Foster Care Study**): **Video Feedback for Foster Care.** *A feasibility study and pilot trial of a modified video-feedback intervention for children and foster carers to improve mental health outcomes of children with reactive attachment disorder.* https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/nurturing-change-vipp-foster **Funder:** NIHR Health Technology Assessment Programme **Lead Organisation**: Department of Clinical, Educational and Health Psychology, UCL

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APPENDIX 2. COLLABORATING INSTITUTIONS

CARDIFF UNIVERSITY PRIFYSGOL CAERDYD	**Cardiff University**
KING'S College LONDON	**King's College London**
UCL	**University College London**
UNIVERSITY OF CAMBRIDGE	**University of Cambridge**
University of HUDDERSFIELD	**University of Huddersfield**
University of Kent	**University of Kent**
UNIVERSITY OF LIVERPOOL	**University of Liverpool**
University of Reading	**University of Reading**

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NHS Guy's and St Thomas' NHS Foundation Trust	**Guy's and St Thomas' NHS Foundation Trust**
NHS South London and Maudsley NHS Foundation Trust	**South London and Maudsley NHS Foundation Trust**
NHS University College London Hospitals NHS Foundation Trust	**University College London Hospitals NHS Foundation Trust**

APPENDIX 3. KEY PUBLICATIONS COMPLETED RESEARCH

- The economic cost of treatment-resistant depression in patients referred to a specialist service.
  McCrone P, Rost F, Koeser L, Koutoufa I, Stephanou S, Knapp M, Goldberg D, Taylor D, Fonagy P.J Ment Health. 2018 Dec;27(6):567-573. doi: 10.1080/09638237.2017.1417562. Epub 2017 Dec 23.

- Tavistock Adult Depression Study (TADS): a randomised controlled trial of psychoanalytic psychotherapy for treatment-resistant/treatment-refractory forms of depression.
  Taylor D, Carlyle JA, McPherson S, Rost F, Thomas R, Fonagy P.BMC Psychiatry. 2012 Jun 11;12:60. doi: 10.1186/1471-244X-12-60.

- Pragmatic randomized controlled trial of long-term psychoanalytic psychotherapy for treatment-resistant depression: the Tavistock Adult Depression Study (TADS).
  Fonagy P, Rost F, Carlyle JA, McPherson S, Thomas R, Pasco Fearon RM, Goldberg D, Taylor D.World Psychiatry. 2015 Oct;14(3):312-21. doi: 10.1002/wps.20267.

- Treating disturbances in the relationship between mothers with bulimic eating disorders and their infants: a randomized, controlled trial of video feedback.
  Stein A, Woolley H, Senior R, Hertzmann L, Lovel M, Lee J, Cooper S, Wheatcroft R, Challacombe F, Patel P, Nicol-Harper R, Menzes P, Schmidt A, Juszczak E, Fairburn CG.Am J Psychiatry. 2006 May;163(5):899-906. doi: 10.1176/ajp.2006.163.5.899.PMID: 16648333 Clinical Trial.

- Childhood depression: a place for psychotherapy. An outcome study comparing individual psychodynamic psychotherapy and family therapy.
  Trowell J, Joffe I, Campbell J, Clemente C, Almqvist F, Soininen M, Koskenranta-Aalto U, Weintraub S, Kolaitis G, Tomaras V, Anastasopoulos D, Grayson K, Barnes J, Tsiantis J.Eur Child Adolesc Psychiatry. 2007 Apr;16(3):157-67. doi: 10.1007/s00787-006-0584-x. Epub 2007 Jan 2

- Self-esteem and social adjustment in depressed youths: a randomized trial comparing psychodynamic psychotherapy and family therapy.
  Kolaitis G, Giannakopoulos G, Tomaras V, Christogiorgos S, Pomini V, Layiou-Lignos E, Tzavara C, Rhode M, Miles G, Joffe I, Trowell J, Tsiantis J.Psychother Psychosom. 2014;83(4):249-51. doi: 10.1159/000358289. Epub 2014 Jun 24.

- Cognitive behavioural therapy and short-term psychoanalytical psychotherapy versus a brief psychosocial intervention in adolescents with unipolar major depressive disorder (IMPACT): a multicentre, pragmatic, observer-blind, randomised controlled superiority trial.
  Goodyer IM, Reynolds S, Barrett B, Byford S, Dubicka B, Hill J, Holland F, Kelvin R, Midgley N, Roberts C, Senior R, Target M, Widmer B, Wilkinson P, Fonagy P.Lancet Psychiatry. 2017 Feb;4(2):109-119. doi: 10.1016/S2215-0366(16)30378-9. Epub 2016 Dec

APPENDIX 4. NIHR PORTFOLIO STUDIES: TRUST RECRUITMENT

Study Title	Sponsor	Site type
Narratives of health and illness for Healthtalkonline.org	University of Oxford	PIC site
National Confidential Inquiry into suicide and homicide by people with mental illness	University of Manchester	Research site
Specialist Services Evaluation: A realistic process evaluation of the implementation and impact of Forensic Child and Adolescent Mental Health Services (F-CAMHS) and SECURE STAIRS	University College London	Research site
Should health services be adapted to meet the needs of autistic people with gender dysphoria?	University of Bath	Research site
OPTYC Online PTSD Treatment for Young People and Carers - RCT	King's College Hospital NHS Foundation Trust	Research site
Young people distressed by gender-related dysphoria	University of York	PIC site
The cross-sector pilot implementation of trauma-focused CBT for care-experienced young people with posttraumatic stress disorder	University College London	Research site

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NHS
The Tavistock and Portman
NHS Foundation Trust

MEETING OF THE BOARD OF DIRECTORS PART II - PUBLIC – Wednesday, 14 June 2023			
Report Title: Draft Public Board of Directors Forward Planner 2023/24 (Public)		**Agenda No.:**	
		19	
Report Author and Job Title:	Dorothy Otite, Governance Consultant	**Lead Director:**	John Lawlor, Trust Chair
Appendices:	Appendix 1: Draft Board of Directors (Public) Forward Planner 2023/24		

Executive Summary:	
Action Required:	Approval ☐ Discussion ☐ Information ☒ Assurance ☐
Situation:	This report provides the Draft Public Board of Directors Forward Planner for 2023/24.
Background:	It is good corporate governance practice for the Board and its Committees to agree a forward plan of its activities ahead of a new financial year. **Process undertaken:** The process of producing the Board forward planner is conducted annually (ahead of the March/ April cycle of meetings) and it is facilitated by the Corporate Governance team/ Trust Secretary function in consultation with the Chief Executive and /or the Chair. The agreed final draft of the Board forward planner following this consultation is presented to the Board for approval in advance of the new financial year or the first meeting of a new financial year.
Assessment:	The Chief Executive and Executive Directors have been consulted in putting together the draft Public Board forward planner for 2023/24 (attached as Appendix 1). It covers the period April 2023 to March 2024. The Board is asked to note that the forward planner is a live document, and it may be updated overtime depending on the Trust's priorities and other external/ regulatory factors. The Board forward planner will be presented at each meeting of the Board for information highlighting any changes to the planner. Diary appointments for the 2023/24 meetings have been issued to members. Any future changes to dates will be reflected in the Forward Planner.
Key recommendation(s):	The Board is asked to note the Draft Public Board of Directors Forward Planner for 2023/24.

Implications:				
Strategic Objectives:				
☐ Improve delivery of high-quality clinical services which make a significant	☐ Be a great & safe place to work, train & learn for everyone. A place where we can all	☐ Develop & deliver a strategy & financial plan that supports medium & long-term	☐ Be an effective, integrated partner within the ICS & nationally, supporting	☒ Ensure we are well-led & effectively governed.

difference to the lives of the people & communities we serve.	thrive and feel proud in a culture of inclusivity, compassion & collaboration.	organisational sustainability & aligns with the ICS.	improvements in population health & care & reducing health inequalities.	

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

Public Board Forward Planner 2023/24

NHS The Tavistock and Portman NHS Foundation Trust

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

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	xxx	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)

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Public Board Forward Planner 2023/24

The Tavistock and Portman
NHS Foundation Trust

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

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 ▼
			2023					**2024**			**Board / Committee / Meeting**				
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		D	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		D	P				POD EDI		Great & Safe Place to Work, Train & learn	Annual			Enclosure (inc.FS)
Research and Development Annual Report	Discussion	ICMO	D	P							High Quality Clinical Services	Annual		Director of Research and Development	Enclosure (inc.FS)
Annual Infection Prevention and Control Plan and Statement	Discussion	ICNO		D	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		D	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															