



The Tavistock and Portman
NHS Foundation Trust

Board of Directors

Agenda and papers of a meeting to be held in public

**Wednesday
19th April 2023**

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

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

**BOARD OF DIRECTORS
MEETING HELD IN PUBLIC
WEDNESDAY, 19th April 2023 - 2.00pm- 4.40pm, Tavistock Centre**

00b Agenda Board 19 April 23 Part 2 final

#	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's welcome; apologies and confirmation of quorum	Inform	Chair	Verbal	2:00 (5)
2.	Declarations of Interest	Inform	Chair	Enc. 1	
3.	Service Presentation – CAMHS LAC and Refugee Team	Inform	Executive Lead	Verbal	2.05 (15)
4.	Minutes of the last meeting • 7 February 2023	Approve	Chair	Enc. 1a	2.20 (5)
5.	Matters arising and action log	Review	Chair	Enc.1b	2.25 (5)
6.	Chair's Update	Inform	Chair	Verbal	2:30 (5)
7.	Chief Executive's Report	Inform	Chief Executive Officer	Enc. 2	2.35 (10)
DELIVER HIGH QUALITY CLINICAL SERVICES					
8.	Quality Accounts 2023-2024	Discussion	Chief Nursing Officer	Enc. 3	2.45 (10)
9.	Quality Committee Highlight Report • 02 March 2023	Assurance	Committee Chair	Enc. 4	2.55 (10)
10.	Integrated Quality and Performance Report – Month 10	Inform	Clinical Chief Operating Officer	Enc. 5	3.05 (5)
DELIVER HIGH QUALITY EDUCATION SERVICES					
11.	Education and Training Committee Highlight Report • 23 March 2023	Assurance	Committee Chair	Enc. 6	3.10 (5)
Comfort Break (5 minutes): 3.15 – 3.20pm					
IMPROVE THE EFFICIENCY OF WHAT WE DO AND DELIVER VALUE FOR MONEY					
12.	Performance, Finance and Resources Committee Highlight Report • 28 March 2023	Assurance	Committee Chair	Enc. 7	3.20 (10)
13.	Audit Committee Highlight Report • 27 March 2023	Assurance	Committee Chair	Enc. 8	3.30 (10)
14.	Finance Report – Month 11	Inform	Chief Financial Officer	Enc. 9	3.40 (5)
15.	2023/24 Annual Revenue and Capital Plan	Inform	Chief Financial Officer	Enc 10	3.45 (5)
MEET OUR AMBITIONS TO BECOME A DIVERSE, INCLUSIVE AND ANTI-RACIST ORGANISATION					
16.	• Staff Engagement Strategy	Discuss	Chief People Officer	Enc. 11	3.50 (10)
17.	People, Organisational Development, Equality, Inclusion	Assurance	Committee Chair	Enc. 12	4.00 (10)

	and Diversity Committee Highlight Report				
	• 23 March 2023				

GOVERNANCE AND WELL LED

18.	Board Assurance Framework – Q4 2022/23	Approval	Chief Executive Officer Interim Director of Corporate Governance	Enc. 13	4.10 (10)
19.	Research and Development Report	Inform	Director of Research and Development	Enc. 14	4.20 (10)

CLOSING ITEMS

20.	Board Forward Planner	Approval	Interim Director of Corporate Governance	Enc. 15	4.30 (5)
21.	Any other business: <i>Limited to urgent business notified to the Chair and/or the Trust Secretary in advance of the meeting.</i>	Noting	Chair	Verbal	
22.	Reflections and Feedback form the meeting	Discuss	Chair	Verbal	
23.	Questions from the Public	Discuss	Chair	Verbal	4.35 (5)

DATE AND TIME OF NEXT MEETING

24.	<ul style="list-style-type: none"> • Wednesday 14th June 2023 at 10 am to 12 noon: Board Development Session • Wednesday 14th June 2023 at 2.00 to 4.30: Board Meeting in public • 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 				
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MEETING OF THE BOARD OF DIRECTORS PART II - PUBLIC – Wednesday, 19 April 2023			
Report Title: Register of Directors' Interests 2022/23			Agenda No.: 2
Report Author and Job Title:	Dorothy Otite, Governance Consultant	Lead Executive Director:	Sheila Murphy, Interim Director of Corporate Governance
Appendices:	Appendix 1: Register of Directors' Interests 2022/23		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	This report and accompanying table in Appendix 1 sets out the Register of Directors' Interests at 28 March 2023.		
Background:	<p>The Trust is required to have a formal Register of Directors' Interests under the Constitution and the Health and Social Care Act 2012.</p> <p>In accordance with the Standing Orders provisions relating to the registers in Annex 5 of the Constitution:</p> <ul style="list-style-type: none"> • The Trust shall have and maintain a register of interests of the Board of Directors ("the Register of Directors' Interests") (See Standing Orders 1.2); • The Register of Directors' Interests shall be kept up to date by means of a regular review by the Trust Secretary, during which, any changes of interest declared during the preceding period shall be incorporated (See Standing Orders 8); and • All existing Directors shall declare relevant and material interests forthwith and the Trust shall ensure that those interests are noted in the Register of Directors' Interests. Any Directors appointed subsequently shall declare their relevant and material interests on appointment (See Standing Orders 9.1). <p>In accordance with guidance from NHS England on 'Managing Conflicts of Interest in the NHS'; and the Trust's Gifts, Hospitality, and Interests Policy all decision-making staff (this includes Executive and Non-Executive Directors) are required to complete a declaration of interest form annually. Where there is no declaration to be made, a nil return is required. (See Paragraph 8.8).</p> <p>The Trust is required to disclose in the Annual Report that it has published on its website a register of interests, including gifts and hospitality, for all decision-making staff within the past twelve months as required by the 'Managing Conflicts of Interest in the NHS' guidance.</p>		
Assessment:	<p>Following the Board of Directors meeting, the 2022/23 Registers of Directors' interests will be publicly accessible in a section of the Trust's website for Registers of interests via this link.</p> <p>The Register of Directors' interests will form part of the Public Board papers published on the Trust's website.</p>		

Key recommendation(s):	The Board of Directors is asked to NOTE the information contained in the Register of Board of Directors' Declaration of Interests 2022/23 which was correct at 28 March 2023 in Appendix 1.			
Implications:				
Strategic Objectives:				
<input type="checkbox"/> Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	<input type="checkbox"/> 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.	<input type="checkbox"/> Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	<input type="checkbox"/> Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	<input checked="" type="checkbox"/> Ensure we are well-led & effectively governed.
Relevant CQC Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/> Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>	CRR <input type="checkbox"/>	ORR <input type="checkbox"/>	There are no linked risks on the BAF/ CRR/ ORR associated with this report.
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>		No <input type="checkbox"/>	
	NHS Foundation Trusts are required by statute to prepare annual reports and accounts that comply with the NHS Foundation Trust Annual Reporting Manual on an annual basis. As part of this, it is required to disclose in the Annual Report that it has published on its website a register of interests for all decision-making staff			
Resource Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no resource implications associated with this report.			
Equality, Diversity and Inclusion (EDI) implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
	There are no EDI implications associated with this report.			
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:				
Assurance Route - Previously Considered by:	None			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required

REGISTER OF DIRECTORS' INTERESTS - 2022/23 (LAST UPDATED 28/03/23)						
NAME	POSITION HELD	FIRST APPOINTED	DESCRIPTION OF INTERESTS (INCLUDING DECLARED/CATEGORIES)	RELEVANT DATES		DECLARATION COMMENTARY
				FROM	TO	
NON-EXECUTIVE DIRECTORS						
ARUNA MEHTA	Non-Executive Director	01 November 2021 (1st Term)	Non-Executive Director, Epsom St Helier NHS Trust (1)	01/02/2016	Present	No perceived conflict as its an acute trust in a different area
			Governor, University of Greenwich (4)	01/09/2020	Present	No conflict
			Director, Dr A Mehta Limited (1)	01/04/2012	Present	Personal company – no conflict
			Associate, The Value Circle	01/04/2020	Present	Consultancy work for organisations outside of London- no conflict
			Closed Interests			
Non-Executive Director, Clarion Housing (1)	01/11/2013	19/11/2022	No conflict			
Member, Kemnal Academy Trust	01/01/2020	01/12/2021	No conflict			
CLAIRE JOHNSTON	Non-Executive Director	01 November 2022 (1st Term)	Registrant Council Member, Nursing and Midwifery Council	01/09/2018	Present	
			Chair, Our Time (3)	01/05/2018	Present	Charity supporting families with serious mental illness
			Member IFR panel NCL Intergrated Care Board (3)	05/04/2020	Present	
			Spouse is a journalist specialising in health and social care			
DAVID LEVENSON	Non-Executive Director	01 September 2019 (2nd Term)	NIL RETURN			
DEBORAH COLSON	Non-Executive Director and Vice Chair	01 October 2017 (2nd Term)	Member of the HRA SE Thames Research Ethics Committee (REC) (unpaid)	01/11/2018	22/03/2023	Resigned from being a member HRA SE Thames Research Ethics Committee (REC) on 22/03/23. No conflict
JANUSZ JANKOWSKI	Non-Executive Director	01 November 2022 (1st Term)	Non-Executive Director RDASH NHS Doncaster (1)	01/11/2022	Present	No conflict
			Consultant Advisor University of South Pacific	09/01/2023	Present	No conflict
			Clinical Consultant Placement Agency ad hoc (3)	01/10/2021	Present	No conflict
			Magistrate HMCTS (3)	01/11/2019	Present	No conflict
			Hon Professor University College of London	01/02/2020	Present	No conflict
			Chair EU Translational Cancer Panel (3)	01/08/2022	Present	No conflict
Consultant Industry ad hoc	01/08/2021	Present	No conflict			
JOHN LAWLOR, OBE	Chair	06 June 2022 (1st Term)	Trustee of the national charity, Think Ahead, under contract to DHSC to provide postgraduate education in mental health social work. (3)	01/09/2019	Present	No perceived conflict - Will withdraw from any business in relation to Tavistock and Portman discussed by Think Ahead and vice versa
			Wife is an Associate Director at Cumbria, Northumberland, Tyne & Wear NHS Foundation Trust (CNTW) (1)	07/04/2019	Present	No perceived conflict - Will withdraw from relevant business in relation to CNTW discussed by the Tavistock and Portman
SABRINA PHILLIPS	Associate Non-Executive Director	01 November 2022 (1st Term)	Employed by the Lambeth Living Well Network Alliance as Service Director (The alliance is a partnership of 5 organisations SLaM, SEL ICS (Lambeth),Lambeth ASC,Certitude, Thamesreach)-I am seconded out to the Alliance from SLaM (4)	01/01/2020	Present	Full time employment - No perceived conflict - Will withdraw from any business in relation to Tavistock and Portman discussed by the Alliance.
SAL JARVIS	Non-Executive Director	01 November 2022 (1st Term)	Deputy Vice Chancellor Education, University of Westminster	06/01/2020	23/02/2023	Will withdraw from business decisions in competition with University of Westminster
SHALINI SEQUEIRA	Non-Executive Director	01 November 2021 (1st Term)	NIL RETURN			
EXECUTIVE DIRECTORS						
CAROLINE MCKENNA	Interim Chief Medical Officer	06 June 2022	Partner is a Trust Employee	02/01/2017	Present	

NAME	POSITION HELD	FIRST APPOINTED	DESCRIPTION OF INTERESTS (INCLUDING DECLARED/CATEGORIES)	RELEVANT DATES		DECLARATION COMMENTARY
				FROM	TO	
ELISA REYES-SIMPSON	Interim Chief Education and Training Officer and Dean of Postgraduate Studies	16 June 2022	Company Secretary Simpson Practice Ltd (1)	19/11/2004	Present	No perceived conflict - Small psychotherapy private practice. As there are no direct referrals from the NHS and no link to Tavistock & Portman clinical services.
GEM DAVIES	Chief People Officer	01 February 2022	NIL RETURN			
JENNY GOODRIDGE	Interim Chief Nursing Officer	15 May 2022	NIL RETURN			
MICHAEL HOLLAND	Chief Executive Officer	14 November 2022	Senior Fellow at London School of Economics. Lead and teach module on Quality Management in Healthcare on MSc in Health Economics, Policy and Management. Also occasionally undertake consulting work with LSE Enterprise as part of role.	01/07/2010	Present	No conflict - This is a paid post at £10,375 per year.
			Executive Fellow at King's Business School. Occasional lectures and speaking engagements. Collaborate with KBS faculty to co-create research projects.	01/04/2020	Present	No conflict - This is unpaid
SALLY HODGES	Deputy Chief Executive and Chief Clinical Operating Officer	12 November 2016	NIL RETURN			
TERRY NOYS	Chief Finance Officer	31 October 2016	NIL RETURN			
DIRECTORS						
ALASTAIR HUGHES	Interim Director of Strategy & Transformation	27 June 2022	NIL RETURN			
LAURE THOMAS	Director of Communications & Engagement	23 February 2015	NIL RETURN			

Categories:

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

**UNCONFIRMED MINUTES
OF A MEETING OF THE
BOARD OF DIRECTORS**

PART TWO: MEETING HELD IN PUBLIC

**TUESDAY, 7th February 2023
The Freud Museum, Maresfield Gardens, London NW3
and via Zoom**

Present

Members

Mr John Lawlor	(Chair) Chair of the Trust
Dr Deborah Colson	Vice Chair, Non-Executive Director
Mr David Levenson	Non-Executive Director, Chair of the Education & Training Committee and, Joint Chair of the Audit Committee
Ms Aruna Mehta	Non-Executive Director, Chair of Performance, Finance and Resources Committee and, Joint Chair of the Audit Committee
Mr Shalini Sequeira	Non-Executive Director, Chair of the POD EDI Committee
Ms Claire Johnston	Non-Executive Director, Chair of Quality Committee
Dr Sal Jarvis	Non-Executive Director
Prof Janusz Jankowski	Non-Executive Director
Ms Sabrina Phillips	Associate Non-Executive Director
Dr Michael Holland	Chief Executive Officer
Mr Terry Noys	Chief Financial Officer
Ms Elisa Reyes-Simpson	Interim Chief Education & Training Officer /Dean of Postgraduate Studies
Dr Caroline McKenna	Interim Chief Medical Officer
Ms Gem Davies	Chief People Officer
Ms Jenny Goodridge	Interim Chief Nursing Officer

In attendance:

Ms Laure Thomas	Director of Communications & Marketing
Mr Alastair Hughes	Interim Director of Strategy & Transformation
Ms Julie Dawes	Interim Director of Corporate Governance
Ms Kathy Elliott	Lead Governor
Mr Sebastian Kraemer	Governor
Ms Natalia Barry	Governor
Ms Fiona Fernandes	Corporate Governance Officer
Mr Frazer Tams	Interim Risk and Assurance Manager
Dr Gurleen Bhatia	Consultant Psychiatrist (attended virtually)Guardian of Safer Working
Mrs Amanda Hawke	Corporate Governance Manager (Minutes)

Apologies for absence

Dr Sally Hodges (present for part of the meeting)	Chief Clinical Operating Officer and Deputy Chief Executive

	Governance Matters
1.	Chair's welcome, apologies, and confirmation of quorum
	Mr Lawlor welcomed those attending and, after introductions, the meeting was noted to be quorate.
2.	Patient/Service Users Story
	None available for this meeting.
3.	Declarations of Interest
	No new declarations of interest notified.
4.	Minutes of last meeting held 29 November 2022
	The minutes were agreed, subject to the changes discussed at the meeting.
5.	Matters arising and action log
	Noted.
6.	Chair's Update
	<p>Mr Lawlor noted that the new Chief Executive, Dr Michael Holland, is making an impact and is building relationships with external partners in the wider NHS as well as across the trust. Meetings have been held with colleagues across Camden and the North Central London sector. He has also begun to engage with staff to address staff morale.</p> <p>Following the recent CQC Inspection of CAMHs and the Portman Clinic we have received positive feedback with no areas of concern notified thus far. Our thanks to colleagues who were leading on this work. It was noted that staff engaged positively with the CQC Inspectors.</p> <p>The OFSTED results for Gloucester House are a strong overall good.</p> <p>Our Annual Members Meeting will be held later today. This has been delayed due to staff shortages in finance.</p> <p>Non-Executive Directors will be given specific responsibilities with regard to NHS England Champion roles.</p> <p>The Nominations Committee met yesterday and agreed the following:-</p> <ul style="list-style-type: none"> • Renewal of the contract for David Levenson. • Senior Independent Director to be appointed, this will go to the Council of Governors for approval. • Pay for Non-Executive Directors for specific responsibilities to be

	<p>set at a maximum of £2,000, this will go to the Council of Governors for approval.</p> <ul style="list-style-type: none"> • Deborah Colson will have a role working across the Board Committees. • Sabrina Phillips will join the Education and Training Committee. • Additional NEDs and Governors will join the Gloucester House Steering Group. <p>Ms Johnston asked about publicity for Gloucester House and Ms Thomas advised that an article is planned for the Guardian newspaper.</p>
7.	Chief Executive's Report
	<p>Dr Holland advised that members of the Board will be informed when we have the full CQC report for our CAMHs and Portman Clinic services.</p> <p>Gem Davies, our new Chief People Officer, was welcomed by Dr Holland. He advised that recruitment is underway for the following roles: Chief Medical Officer, Chief Nursing Officer, Director of Corporate Governance and Director of Strategy and Transformation.</p> <p>Ms Julie Dawes, our Interim Director of Corporate Governance, will be leaving the trust later this month. Our thanks to Julie for her considerable contribution over the past months.</p> <p>Industrial action by the Royal College of Nursing took place in January. Further strikes may take place following re-balloting of members.</p> <p>Current strategy work includes working with staff on engagement and with NHS England on the sustainability review. A Task and Finish Group has been meeting to oversee the implementation of the actions following last year's Governance Review.</p>
	Deliver High Quality Clinical Services
8.	Quality Committee Highlight Report: 19 January 2023
	<p>The report was taken as read. Ms Goodridge highlighted the following points:-</p> <ul style="list-style-type: none"> • CQC Inspectors were a little surprised by the work of the Portman, but gave a positive report, particularly about the Portman Staff. Praise was also given to our reception staff. • The Quality Framework Improvement Plan is currently being worked on to address gaps in our services and areas for improvement. This plan is discussed at the Single Oversight Framework (SOF 3) meetings where it has been received positively. Emma Casey will be returning to the Trust to work on our Quality Improvement Plan. The Integrated Care Board (ICB) Director attends our Quality Improvement meetings. The papers we have provided for these meetings have given assurances to the challenges provided by the ICB.

	<p>Ms Johnston now Chairs the Quality Committee. She extended her thanks to Deborah Colson, previous Chair of this Committee for the progress that has been made on quality improvement.</p>
9.	<p>Guardian of Safer Working Hours report</p>
	<p>Dr Gurleen Bhatia, our Guardian of Safer Working Hours, attended for this item. She presented the 3rd quarter report which is based on the Safer Working Hours guidelines.</p> <p>Dr Bhatia advised there is one concern over payments which incurred a fine.</p> <p>Dr Bhatia attended a meeting with other regions. Other Trusts are moving to a new system of reporting so we may also need to move to a new system, this will be discussed with Dr McKenna.</p> <p>Dr Bhatia advised that her 3 year term of office in this role is coming to an end, but she is happy to continue until a replacement is recruited.</p> <p>Ms Sequeira advised that this report had previously come to the POD EDI Committee, however it was noted that it must come to the Board of Directors so going forward need not go to POD EDI as well.</p>
10	<p>Emergency Preparedness, Resilience and Response Report</p>
	<p>Ms Goodridge reported that we are rated as non-compliant in one area and this has been agreed with NHSE&I. NHS England (London) uses an annual EPRR assurance process to assure themselves that all NHS organisations in London are prepared to respond to an emergency and have plans, and the resilience, in place to continue to provide safe patient care during a Major Incident (MI) or Business Continuity (BC) event.</p> <p>As we are a mental health Trust with no in-patient facilities there are several aspects that are not relevant to us e.g. patient transportation, however, we can make further improvements and have action plans in place.</p> <p>Ms Goodridge advised that the Board is only seeing the report now as it had not been signed off by NHS England. We will be required to carry out a deep dive report on a topic requested by NHS England. Ms Goodridge advised that much of the work required for this deep dive is completed, but not necessarily documented.</p>
	<p>Deliver High Quality Educational Services</p>
11.	<p>Education and Training Committee Highlight Report: 1 February 2023</p>
	<p>Ms Reyes-Simpson advised that the Education and Training Committee was held last Thursday so provided a verbal report. The key points are:-</p>

- The Committee received an update on activities in the Department of Education and Training including student support and engagement, staff engagement, bursaries, the development of a DET dashboard, the Tavistock Society of Psychotherapists, research week and the validation of training for blended and online delivery.
- Student support and engagement was identified as a key development area
- Two Dean's Office Forums were held to discuss student experience
- Staff engagement is continuing following the conclusion of the strategic review
- Development of a sustainable plan for student bursaries in conjunction with the Tavistock and Portman Charity
- Work of the Tavistock Society of Psychotherapists was highlighted, with work is required to better engage membership
- Development of a DET Dashboard to ensure accurate data is collected
- Meeting with the University of Essex was held to discuss the proposal for online and blended delivery of education and training. These proposals have been approved subject to conditions.
- Vision and principles for a digital education strategy developed. We expect to submit the 3-year strategy to Essex by the end of March 2023.
- Work on DET governance continues to ensure that reporting is aligned with wider Trust reporting structures so that meaningful reports can be submitted to the Quality Committee
- Full annual student survey overview report has been received. This will be reported on in full at the next Education and Training Committee
- Student recruitment for the academic year 2022-23 has decreased by 8% (586 students recruited), however an additional 111 students were recruited to our perinatal training. Many of our most popular courses continue to grow year on year.
- Financial operations and processes were discussed and there continues to be a workflow, capacity and resource issue. We are hoping to have a customer relationship management system this year.

The following matters are highlighted to the Board;

- Review of risks with the education strategy with Essex required
- Survey and business report has highlighted the need for more robust management information and better flows in process. We need to respond to student feedback in a timely way.
- New business opportunities. Process needs work so that we can innovate and grow.

	Thanks were extended to Sal Jarvis, Sabrina Phillips and Janusz Jankowski who have improved NED representation at the Education and Training Committee. It was noted that Education and Training is an important area for growth.
	Improve the efficiency of what we do, and deliver value for money
12.	Finance, Performance and Resources Committee (FPR) Highlight Report: 24 January 2023
	<p>Ms Mehta spoke to the report. It was noted that it is a high-quality report, however due to the challenges with CareNotes it has not been possible to produce as much data as they would have liked. The Performance report will be improved once CareNotes is up to date, it was acknowledged that the reporting is moving in the right direction.</p> <p>Key points include:-</p> <ul style="list-style-type: none"> • 323 contracts, which is a high number to manage • CAMHs waiting times are the best across the NCL • Gloucester House received a rating from Ofsted of Good with Outstanding characteristics • CareNotes updates remain a challenging operational issue • Good assurances from Estates, however fire doors are a risk to be addressed • Vacancies will need to be filled to cut agency spend • Cost Improvement Plans – Mr Noys is working on a new methodology • An update on SOF 3 was provided • A satisfactory report was given on IM&T <p>Ms Sequeira noted that we can see improved performance reporting at each Committee.</p> <p>Dr Hodges gave details on the Provider Collaborative. It was noted that Camden CAMHs are working to keep young people out of inpatient facilities.</p> <p>Dr Hodges advised the Board on the work that is being done on job planning for clinicians. We are looking at face to face patient contact and other activities, templates are being compiled to reflect the work carried out so that, if possible, more face to face work can be planned. Team Managers and Clinicians have been working on this, some carrying out unpaid work. It may be possible to cut the amount of meetings that staff attend. We are also looking to ensure fair distribution of patient activity.</p>
13.	Audit Committee Highlight Report: 19 January 2023
	Mr Levenson advised that this was his first meeting as co-Chair of Audit Committee. He is the joint Chair of this Committee together with Aruna Mehta. The report was taken as read.

	<p>We are starting to see evidence of improvement of performance data management and, although there is still work to be done, it was good to see clear lines of accountability. Mr Levenson suggested that more Executive Directors attend the Audit Committee to speak to papers.</p> <p>Mr Levenson advised that deep dives should be carried out by other committees. The Audit Committee role is to review risk monitoring and report to the Board on the level of assurance.</p> <p>Key points from the report include:</p> <ul style="list-style-type: none"> • Financial sustainability self-assessment to be undertaken as required by NHS England • RSM, Auditors, have looked at this and highlighted areas for improvement • Cost Improvement Plan (CIP) is needed • On-going issues with payroll • Are our quality deadlines realistic? <p>Ms Mehta advised that we have signed off on the Internal Audit Plan, but this may change and move forward with the future strategy. Other issues may be added as we develop the Board Assurance Framework.</p>
14.	Finance Report – Month 9
	<p>The Finance Report has been reviewed by the Performance, Finance and Resources Committee in January 2023.</p> <p>We are ahead of plan and expect to be on plan by the end of the year. A significant risk to the plan would occur if TUPE does not apply for the Gender Identity Development Service.</p>
15.	Performance Report – Month 9
	<p>The report was taken as read. The report has been discussed at the Performance, Finance and Resources Committee.</p> <p>The Carenotes issues were noted. Dr Hodges advised that the report is based on previous activity and not capacity. We are still in recovery for CareNotes, so additional activity has been included. There are still a large number of appointments that have not been outcomed.</p> <p>It was not possible to confirm if we will achieve all planned activity due to the issues with CareNotes, but it is not thought the gap is as large as previously.</p>

	Meet our ambitions to become a diverse, inclusive and anti-racist organisation
16.	People, Organisational Development, Equality, Inclusion and Diversity Committee Highlight report: 10 November 2022
	<p>Ms Sequeira spoke to this report. She advised that there was no Executive Sponsor for this Committee when the last meeting was held, but Human Resources staff provided the report.</p> <p>The Board Assurance Framework was discussed at the meeting. High level risks have been agreed but not signed off so this will be discussed further. The Equality, Diversity and Inclusion Action Plan needs to be looked at clearly and any assurance issues flagged to the Board.</p> <p>Ms Sequeira noted the importance of advising the Board of progress, or lack of progress, on EDI issues. Ms Johnston noted that it was encouraging to hear that some EDI work is progressing.</p> <p>Shared Services – there continues to be issues with recruitment activities.</p> <p>Appraisal Compliance levels are low at 15%. All Appraisals should be completed by the end of March with a target figure of 85%. The Staff Survey results showed that not all staff feel that appraisals are helpful. It was suggested that job planning and appraisals are undertaken together. This is planned going forward, however some opposition to this was noted from some staff. Appraisals are linked to staff development so it is disappointing to hear that not all staff find the appraisal process of value.</p> <p>The Board was advised that appraisal training is being provided by Human Resources.</p> <p>Action Point: The Board is looking for assurance that the Trust is working to achieve the target figure of 85% in the next 6 weeks.</p>
	Governance and Well Led
17	Board Assurance Framework
	<p>It was acknowledged that a large amount of work has been done on the Board Assurance Framework. The format has been changed and reflects the strategic objectives agreed in December 2022.</p> <p>The Board Assurance Framework will continue to be reviewed at Board Committees on a quarterly basis. Currently the controls and assurances are under development, but these will be strengthened by quarter 4. Details of risks will be included in our Operational Risk Register which will inform our internal auditors. During February 2023 work will continue on the Board Assurance Framework at Executive level. Risk appetite will also be considered.</p>

	<p>Mr Levenson advised that at the Strategy Day in December 2022 it was suggested that non-Executive Directors contribute to the trust’s risks and made the following suggestions for additional risks:</p> <ul style="list-style-type: none"> • Regulatory Compliance particularly Information Governance • Support from the Integrated Care System • HFMA Assessment on Financial controls • Commissioning and losing contracts • The connection between quality, performance and patient outcomes • Listening to patients, students and staff <p>Mr Lawlor suggested that we should look to incorporate these into existing risks as we should seek to not exceed 10 BAF risks.</p> <p>Ms Johnston suggested that the scoring for risks is checked.</p> <p>Ms Colson suggested that risk one which focusses on GIDS should also include GIC. Dr Hodges confirmed that links had been made across both services.</p> <p>Ms Jarvis suggested that work is done to align strategic objectives and our aims.</p> <p>Ms Mehta advised that she will work with Mr Noys and Dr Hodges to ensure that all information for the Board Assurance Framework is captured. Mr Lawlor suggested that risk appetite is looked at annually at a Board Development session and suggested that this could be scheduled for the 19th April 2023.</p> <p>Action Point: The Board Assurance Framework will go to the Audit Committee on 30th March and then come to the April 2023 Board of Directors for approval.</p>
18	Our Future Direction – Update and Next Steps
	<p>Our Future Direction was discussed at this morning’s session. It focussed on a service planning process which is designed to engage staff. We will be working with staff and teams and will be taking into account cost improvement plans. Mr Lawlor noted that we need to be creative and generate ideas for growth and to improve VFM.</p>
19	Board meeting dates 2023/24
	<p>Preliminary dates for 2023/24 have been circulated and will be confirmed in due course.</p>

	Closing Items
10.	Any other business
	<p>Welcome to Gem Davies our new Chief People Officer who has recently joined us.</p> <p>Thanks to Julie Dawes, Interim Director of Corporate Governance, who will be leaving this month.</p>
11.	Reflections and feedback from the meeting
	<p>Prof Jankowski noted the large amount of activity and the importance of communication with staff and patients across our services.</p> <p>Mr Levenson noted that it was good to have a morning Board Development session ahead of the Board meeting.</p>
12.	Questions from the Public
	None.
	Date And Time of Next Meetings
	<ul style="list-style-type: none"> • Tuesday 14th March 2023, 10.00 – 16.00: Board Seminar • Wednesday 19th April 2023, 10.00 – 12.00: Board Development Session • Wednesday 19th April 2023, 14.00 – 16.30, Board Meeting in Public

Board of Directors Part 2 Action Log

Ref	Meeting Date	Agenda Item	Action Notes	Who	Due Date	Progress / Comments	Status
AP1	30 Nov 2021	2.1.2	Information briefing session to be arranged for the whole Board on the relationship with the ICS	CEO	Nov 2022 Sept 2022	<p>Following the arrival Chief Executive on 14 Nov, discussions are currently underway with the Chair and Lead Governor to arrange a joint development session with the Board of Directors and Council of Governors in Jan/Feb 2023. Whilst this is still work in progress it is considered to be a key priority.</p> <p>The joint Board of Directors and Council of Governors meeting has been arranged for 3rd May 2023</p> <p>RECOMMENDATION: Close</p>	Completed
	7 Feb 2023	17	Risk Appetite to be discussed at the Board Development Session in April	Director of Corporate Governance	April 2023	<p>Session on risk appetite to be considered at Board Development Session in April 2023</p> <p>RECOMMENDATION: CLOSE</p>	Completed
	7 Feb 2023	9	Guardian of Safer Working Report should always come to the Board, but it does not need to go to the POD EDI Committee	Guardian of Safer Working (Dr Bhatia)	April 2023	<p>Scheduled as a standing item on the Board of Directors</p> <p>RECOMMENDATION : CLOSE</p>	Completed

Chief Executive's Report 19 April 2023

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 detailed update from our Chief Nursing Officer in the Quality Report therefore I will not go into the detail.

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

Senior management changes

- 3.1. Our new Chief People Officer (CPO) Gem Davies, commenced in post on 1 February, and our new Associate Director for HR Operations, Dayo Ajibola, commenced the same week on 31 January. Both have been busy working to take forward our new People Plan (agreed last year) and will be providing regular updates on progress to the POD EDI Committee and the Board.
- 3.2. The selection process has commenced for the substantive appointments of Chief Medical Director, Chief Nursing Officer, Director of Strategy, Transformation and Business Development, and the Director of Corporate Governance. Final interview and stakeholder panels have been scheduled; NED and Governor colleagues have been invited to participate as well as service users and carers where applicable.
- 3.3. The recruitment process is also underway for the Chief Education and Training Officer. Successful appointment to this post will complete the executive team.

NHS Staff Survey 2022 / Staff Engagement

- 3.4. The embargo has now been lifted on the Staff Survey results. The CPO designed and delivered a leadership forum session for c.40 of our leaders, to take them through the organisations results, give discussion space to consider the implication and how they as leaders can improve our staff experience, and give an indication of the actions we will take going forward.
- 3.5. The CPO also designed and delivered a two-hour board seminar session providing context on participation and perception, a deep dive into the results, the feedback received from a dedicated leadership forum and insights briefing, inviting feedback from all present, and providing an indication of the actions we intend to take to improve the experience of our staff.
- 3.6. The HR Business Partners are currently designing slide decks breaking down the staff survey results to a lower departmental level. The CPO and HR Business Partners will present these to each department, again inviting feedback and input on

how we can support them to improve our staff experience and indicating what actions we will be taking.

- 3.7. A staff engagement strategy paper is included on the agenda for this meeting.

Industrial Action Update

- 3.8. In my last CEO report to Board, several unions had just completed ballots, or were re-balloting their members on whether to take industrial action.

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.

Unison

- 3.9. In February 2022, Unison members at the trust met the threshold to allow them to strike and a day of action was notified for 8 March. Further to the opening of government talks, this day of action was halted, with the proviso that should the talks not prove fruitful the action would instead be enacted on 20 March. This rescheduled day of action was also stood down and Unison members are currently being balloted on whether to accept the new pay agreement proposed by the Government; both MiP (the 'sister union for managers at Bands 8 and above) and Unison are encouraging members to vote yes and accept the offer.

British Medical Association (BMA)

- 3.10. On 13 -16 March, our junior doctors exercised their right to take lawful, continuous, industrial action in response to their concerns around fair remuneration. The organisation fully supported them to do so, requesting early cancellation of patients wherever practicable, and seeking on call rota cover via agency, as well as our own consultant body. We cover the rota in partnership with a number of trusts and are reimbursed for the associated staffing costs.
- 3.11. A further ninety-six hours of continuous strike action are scheduled to occur directly after the Easter Bank Holidays, on 10 - 13 April. This 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.

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

- 4.1 The full year result for 2022/23 is still expected to meet the Plan position, being a deficit of £3.8m. It is also expected that the Trust will deliver its forecast capital expenditure plan of £3.3m.
- 4.2 A financial Plan for 2023/24 has been produced for approval by the Board.
- 4.3 The process of implementing post strategic review (SR) structures in Employee Service Record (ESR) is nearing completion. This will enable Finance to produce service line budgets which reflect the new structures key step in allowing for more accountability at service line / team level.
- 4.4 This will also permit work to start on re-designing the Trust's long term financial plan

model in order that this may then be updated to reflect the commercial strategy and other work currently being undertaken in terms of strategic development.

4.5 **Collective Board and Council of Governors Seminar**

A combined seminar is scheduled for 3 May (2.00 - 5.00pm) at which we are expecting to present, discuss and decide key aspects of our emerging strategy before we seek to finalise this and engage with wider consultation and engagement with system partners and service users.

4.6 **Service Planning**

Service planning is an important part of our strategy development.

- Our method is an engaged approach, to tap into 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 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 growth and improvement through effective alignment and dialogue with service and Clinical / DET leadership teams.

A summary of the highlights from these draft plans is included in the Board papers to provide confidence in the level of engagement and an early sense of the direction that service leaders are considering.

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

5.1 **System Oversight Arrangements**

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.

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

6.1 Recruitment is underway to the permanent position of a Director of Corporate Governance.

6.2 The Integrated Governance Task and Finish Group continues to closely monitor and move forward actions arising from the governance review. By ensuring timely action we are confident that all aspects of the Trust's corporate governance will continue to improve which will support the Trust in all aspects of corporate governance throughout the organisation.

- 6.3 The new NHS Providers' Licence was introduced on 1 April 2023 with NHSE/I guidance awaited regarding some areas such as the requirement for the Trust to make self-declarations against the Provider Licence.

Trust – Events update

7. The first meeting of the staff event and award planning group took place on 31 March. We have had staff volunteer from across our directorates and bands providing a great cross-section of skills and insights and are looking forward to our summer celebration.
8. Staff engagement through team visits and Future Direction session are continuing apace. We are reviewing our team visits to ensure we make them as meaningful as possible and provide genuine and visible leadership. We have also scheduled further Future Direction sessions to run into May.
9. Our next Leadership Forum will focus on our commercial strategy and has been scheduled for 27 April.

National and Political Context

10. Major conditions policy

In January the Secretary of State for Health and Social Care announced that the Department will develop and publish a Major Conditions Strategy. The Strategy will cover five areas – cancer, cardiovascular disease, chronic respiratory disease, dementia, musculoskeletal disorders and mental health. The Secretary of State has said this will set out a 'strong and coherent policy agenda that sets out a shift to integrated, whole-person care'. They have said they will take forward the Suicide Prevention Strategy this year.

MEETING OF THE TRUST BOARD OF DIRECTORS 19 th April 2023			
Report Title: Quality Accounts			Agenda No.: 8
Report Author and Job Title:	Emma Casey, Associate Director of Quality	Lead Executive Director:	Jenny Goodridge, Interim Chief Nursing Officer
Appendices:			
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/>		
Situation:	The following report provides an update and assurance in respect of arrangements in place for completing the Trust's Quality Account 2022/23.		
Background:	<p>Organisations are required under the Health and Social Care Act 2012 to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.</p> <p>There is a core set of information, indicators and statements that must be included in every Quality Account, which are defined by regulations. Requests for return of information have been sent to the associated lead within the Trust with a deadline for the beginning of April 2023.</p> <p>In line with this deadline, a final draft of the Quality Account is on track to be ready by mid-April to be sent to external stakeholders for review and comment via their statement. This process will run alongside the account being agreed via the Trust's internal governance processes including the Quality Committee, Audit Committee and the Board. A detailed action plan to monitor key timelines for producing the account and progress against these is in place and owned by the Associate Director of Quality.</p> <p>Given the prolonged issues related to the cyber incident of 2022, and the ongoing impact on access to internal information systems, it has been challenging to both collect and articulate an accurate picture of progress.</p> <p>NHS England have been contacted for guidance on how this should be articulated – both for the quality priorities progress and also the data requirements, and the potential impact of validity of those, throughout the report. The Tavistock & Portman will not be the only Trust affected by this issue and the impact on their annual reporting requirements.</p> <p>There are currently discussions underway to agree the quality priorities for the coming year. Whilst it is not proposed that the projects listed as quality priorities for 22/23 are lost, it is important</p>		

	<p>that the quality priorities are truly reflective of all of the good work already going on within the Trust, and that they are also truly reflective on improving quality. As previously, all quality priorities will be linked to at least one of the three core domains of quality – patient experience, patient safety and clinical effectiveness.</p>				
Assessment:	<p>As with previous years, the Council of Governors will be asked to provide their statement on the Quality Account 2022/23 in mid-April (the current forecasted timeline is 17 April 2023 with a two week window for return).</p> <p>Forward Planning for 2023/24 The National Quality Board has been undertaking a review of Quality Accounts to determine how they could be improved and updated. This review does not affect the 2022/23 Quality Accounts requirements; however, it is anticipated that changes may come into effect for the 2023/24 requirements.</p> <p>The Associate Director of Quality will be developing a framework and procedure to support how our Quality Account is developed in future years to ensure that the process is transparent and streamlined. This will include how our quality priorities are agreed, including stakeholder engagement, how areas for improvement identified are monitored throughout the year to monitor progress and how Board members can be assured of the internal governance processes in place to ensure validity of the information contained within the account.</p>				
Key recommendation(s):	<p>Members of the Board are asked to:</p> <p>Note this report and receive assurance that there are relevant and timely actions being taken to ensure that the Trust meets its statutory requirements for producing and publishing the Quality Account for 2022/23.</p>				
Implications:					
Strategic Objectives:					
<input checked="" type="checkbox"/> Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	<input type="checkbox"/> Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	<input checked="" type="checkbox"/> Ensure we are well-led & effectively governed.	
Relevant CQC Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>

	R3 - Quality of service provision.			
	R4 - Quality Assurance			
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
	Production of an annual Quality Account is a statutory responsibility as set out in the Health and Social Care Act. Additionally, elements within the account articulate the Trust's commitment to improving equality, diversity and inclusion and what has been put in place to improve our responsibilities in these areas.			
Resource Implications:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Diversity, Equality and Inclusion (DEI) implications:	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
	EDI was identified as a quality priority in the 2022/23 quality accounts.			
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.	<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:				
Assurance Route - Previously Considered by:	Council of Governors 16 March 2023			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required

Quality Account 2022/23 Update

1.0 Introduction

The following report provides an update and assurance in respect of arrangements in place for completing the Trust's Quality Account 2022/23.

Updated guidance for producing a Quality Account was provided by NHS England in January 2023. Guidance issued this year (as with the previous two years) for both the Quality Account and the Annual Report advises the following;

- There is no national mandated requirement for NHS trusts to obtain external auditor assurance on the quality account.
- Quality reports are no longer a required part of an NHS foundation trust's annual report. Instead, the performance section of the annual report should be expanded to include performance against quality priorities and indicators.

Other elements to be included within the Quality Account remains broadly the same as previous years and the deadline continues to be publication by 30 June.

2.0 Update on timelines

The broad content of the Quality Account remains the same as per previous years' guidance. Requests for return of information have been sent to the associated lead within the Trust with a deadline for the beginning of April 2023.

In line with this deadline, a final draft of the Quality Account is on track to be ready by mid-April to be sent to external stakeholders for review and comment via their statement. As with previous years, the stakeholders include NCL Integrated Care Board, Camden Healthwatch, Camden Health & Scrutiny Overview Board and the Trust's Council of Governors.

This process will run alongside the account being agreed via the Trust's internal governance processes including the Quality Committee, Audit Committee and the Board. A seminar for the Quality Committee is to be arranged for April to discuss the content of the report, the proposals for the quality priorities and agree internal signoff processes for the account.

A detailed action plan to monitor key timelines for producing the account and progress against these is in place and owned by the Associate Director of Quality.

3.0 Quality Priorities

The Trust set four quality priorities for the year 2022/23, three of which were carried over from the previous years to further progress made to date. A reminder of these quality priorities is in appendix 1.

Each of the quality priorities was assigned to a director-level lead to ensure senior leadership, accountability and embedding throughout each of the clinical services. However, given the prolonged issues related to the cyber incident of 2022, and the ongoing impact on access to internal information systems, it has been challenging to both collect and articulate an accurate picture of progress.

In respect of this, NHS England have been contacted for guidance on how this should be articulated – both for the quality priorities progress and also the data requirements, and the potential impact of validity of those, throughout the report. The Tavistock & Portman will not be the only Trust affected by this issue and the impact on their annual reporting requirements.

There are currently discussions underway to agree the quality priorities for the coming year. Whilst it is not proposed that the projects listed as quality priorities for 22/23 are lost, it is important that the quality priorities are truly reflective of all of the good work already going on within the Trust, and that they are also truly reflective on improving quality. As previously, all three will be linked to at least one of the three core domains of quality – patient experience, patient safety and clinical effectiveness.

In addition to the quality priorities, the Trust will be looking again to highlight areas which have made quality improvements through the year in the Quality Account, celebrating success stories and improvement projects.

4.0 Forward Planning for 2023/24

The National Quality Board has been undertaking a review of Quality Accounts to determine how they could be improved and updated. This review does not affect the 2022/23 Quality Accounts requirements, however, it is anticipated that changes may come into effect for the 2023/24 requirements.

The Associate Director of Quality will be developing a framework and procedure to support how our Quality Account is developed in future years to ensure that the process is transparent and streamlined. This will include how our quality priorities are agreed including stakeholder engagement, how areas for improvement identified are monitored throughout the year to monitor progress and how Board members can be assured of the internal governance processes in place to ensure validity of the information contained within the account.

5.0 Summary

The Board is asked to note this report and receive assurance that there are relevant and timely actions being taken to ensure that the Trust meets its statutory requirements for producing and publishing the Quality Account for 2022/23.

End of report.

Appendix 1

2022/23 Quality Priorities; section from 2022/23 Quality Account (pages 7-10)

2.2 Our quality priorities for 2022/23

Our priorities for 2022/23 as set out in this Quality Account, have been arranged under the three broad headings which, put together, provide the national definition of quality in NHS services: patient safety, patient experience and clinical effectiveness. Progress on achievement of these priorities will be monitored during the year and reported in next year's Quality Accounts.

Each of the quality priorities is assigned to one of the Trust Divisional Directors (one each for AFS, CYAF and Gender services) to ensure senior leadership, accountability and embedding throughout each of the clinical services. Progress against the priorities is monitored through various forums including our internal Quality Assurance Board.

As outlined in section 2.1 above, all three of our quality priorities have been carried forward from last year and extend on good progress in each area made to date. For 22/23, we have decided to broaden out the headline priorities to capture more roundly what we want to achieve.

We will also add in a fourth quality priority about our GIDS service and how we will implement and embed recommendations from their CQC inspection through our transformation programme.

Clinical Effectiveness / Patient Experience		
Priority 1	Equalities	<i>Builds on a Quality Priority from last year</i>
Clinical Effectiveness / Patient Safety		
Priority 2	Waiting Times	<i>Builds on a Quality Priority from last year</i>
Clinical Effectiveness		
Priority 3	Outcome Measures	<i>Builds on a Quality Priority from last year</i>
Clinical Effectiveness, Patient Experience, Patient Safety		
Priority 4	GIDS improvement plan	<i>New Quality Priority for 2022/23</i>

How we chose our priorities and our targets for success

The priority topics for 2022/23, and 2021/22 before that, were developed following discussions with a number of service users, non-executive directors, staff, management and commissioners. In addition we considered current Trust Quality Priorities, service challenges, key performance issues and quality data reviewed and presented to Board over the past year.

Clinical Effectiveness and Patient Experience

Priority 1: Equalities

The target of this priority is to improve both the collection and processing of data related to protected characteristics but also, more importantly, how we address any identified areas for improvement as a result of that data to ensure we represent the populations we serve in an equitable manner. The actions underpinning this target have been devised building on progress made in relation to the Race Equalities quality priority from last year.

Quality Priority 1: Equalities

Targets for 2022/23

1. Improve Accessible Information Standards (AIS) data recording by 25% compared to 21/22 data
2. Use data collected via Experience of Service Questionnaire (ESQ) by protected characteristics (*list to be defined in line with what is collected*) to understand how experiences of services differ, and devise a plan to address any areas identified for improvement
3. In collaboration with Quality Improvement, seek to understand barriers within the local community to accessing treatment and develop a quality improvement project that will seek to address these barriers
4. Develop guidance regarding the standard processes for ensuring timely and accurate data capture across all clinical services, including a system for their review. (Q3/4)
5. Implement guidance and report again across the directorates to monitor adherence and make adjustments where needed. (Q3/4)

Clinical Effectiveness and Patient Safety

Priority 2: Waiting Times

Waiting times to first and second appointments are a concern across many Trust clinical services. This has an impact on patient care, experience and safety; on staff well-being; on the Trust's contractual and financial position; and on its reputation. Through this quality priority we will seek to recommend, formalise and implement ways of improving waitlist management. Whilst it is not always simple to broadly 'improve' waiting times due to a number of contributing factors, how we support patients whilst they are waiting, and how any measurable clinical harm as a result of extended waiting times can be assessed, is important. This is also explored further in the actions listed below.

Quality Priority 2: Waiting Times

Targets for 2022/23

- Review waiting list initiatives currently being implemented across different service lines to ensure that best-practice is adhered to and embedded across the Trust
- Develop and implement a Trust-wide framework for managing waiting time performance across the Trust and agree an access policy to formalise waiting list management including use of patient tracking lists & meetings (PTLs), DNAs, cancellations and non-responder
- Building on the clinical harm SOP, develop and implement a harm review policy to identify harm in long-waiting patients, recognising learning and any preventative actions

- Improve communications and supportive advice with patients who are on a long waiting list, including further developing digital support

Clinical Effectiveness

Priority 3: Outcome Measures

Building on the developments in 2021/22 and 2020/21 we are looking to further develop the consistent use and analysis of Outcome Measures (OM) across the Trust in parallel with continuing our use of semi-automated data collection software. Outcome Measures have a number of possible uses including the systematic evaluation of clinical progress, as a means of eliciting self-reported feedback on an individual's mental health state and providing data separately to clinical observations or opinion. We will be focusing on improving the consistent collection of OM and having clearly defined mechanisms and accountability for all teams. We also want to ensure that our logic for sending out forms to service users is consistent across service lines and in line with clinical requirements to enable a true and sound reflection of experience and care. Rolling-out the digital provision of the forms will support all of these objectives as currently OM data is manually entered onto CareNotes which is labour intensive, may not be timely and risks data entry errors.

Quality Priority 3: Outcome Measures

Targets for 2022/23

1. To increase OM returns across all services by 25% above baseline by year end
2. Develop an agreed logic for sending and counting outcome measure and ESQ forms (which may differ by individual clinical and service lines) to enable a true reflection of the patient voice (to be able to get an agreed denominator of how many forms were required to be sent out per month vs. a numerator of how many were received back)
3. Roll-out of Qualtrics to other service user completed Outcome Measures across the Trust including all ESQ (12+, Parent/Carer & 9-11), RCADs & SDQ

Clinical Effectiveness, Patient Experience & Patient Safety

Priority 4: To implement and embed recommendations from the CQC inspection of GIDS service

In recognition of the positive work undertaken to date, and in respect of the work still to do, we will also add in a fourth quality priority about our GIDS service and the implementation and embedding of recommendations from their CQC inspection through our transformation programme.

Clinical Effectiveness, Patient Experience, Patient Safety		
Priority 4	To implement and embed recommendations from the CQC inspection of GIDS service	<i>New Quality Priority for 22/23</i>

MEETING OF THE TRUST BOARD OF DIRECTORS 19 th April 2023				
Report Title: Quality Committee Highlight Report			Agenda No.: 9	
Report Author and Job Title:	Jenny Goodridge, Interim Chief Nursing Officer	Lead Executive Director:	Jenny Goodridge, Interim Chief Nursing Officer	
Appendices:				
Executive Summary:				
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/>			
Situation:	This paper provides a high-level summary of the Quality Committee that was held on Thursday 2 March 2023.			
Background:	<p>The Quality Committee is a sub-committee of the Board of Directors and therefore has delegated function to gain assurance that the services we deliver are safe, effective and of high quality.</p> <p>Any key risks/issues/concerns, where the Quality Committee assesses the need for Board oversight/awareness/decision, will be escalated to the Board</p>			
Assessment:	<p>Items for escalation from the Quality Committee to the Board are:</p> <ul style="list-style-type: none"> • Gender Identity Development Service (GIDS) Demobilisation Update– This item has been presented and discussed at Board regularly • Care Quality Commission (CQC) – targeted inspection of Portman, North and South Child and Adolescent Mental Health Service (CAMHS) and the Camden Adolescent Intensive Support Services (CAISS) • NHS National Industrial Action – Update on industrial action taken to date and upcoming planned dates for strikes • Emergency Preparedness, Resilience and Response Annual Assessment – This item went to Board in February 2023 			
Key recommendation(s):	Members of the Board are asked to: note the summary of the Quality Committee			
Implications:				
Strategic Objectives:				
<input checked="" type="checkbox"/> Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	<input checked="" type="checkbox"/> 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,	<input type="checkbox"/> Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	<input type="checkbox"/> Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	<input checked="" type="checkbox"/> Ensure we are well-led & effectively governed.

	compassion & collaboration.				
Relevant CQC Domain:	Safe <input checked="" type="checkbox"/>	Effective <input checked="" type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input checked="" type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	R1 - Delay to treatment, long wait times/demand.				
	R3 - Quality of service provision.				
	R4 - Quality Assurance				
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	Where there are regulatory requirements, e.g. 'must do' actions from a CQC inspection, an action plan has been developed or mitigation put in place.				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
Diversity, Equality and Inclusion (DEI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no equality, diversity and inclusion implications associated with this report.				
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.			<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.	
Assurance:					
Assurance Route - Previously Considered by:	Quality Committee 2 March 2023				
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	

Quality Committee Report (meeting held on 2 March 2023)

1.0 Summary of meeting

The following provides an overview of the Quality Committee meeting held on 19 January 2023.

2.0 Gender Identity Development Service (GIDS) Demobilisation Update

- 2.1 The Chief Operating Officer provided a verbal update in relation to the progress of the demobilisation of the GIDS.
- 2.2 Concerns were raised around the current workforce, both in terms of morale, retention and NHS England's transition timeline.
- 2.3 There were also concerns noted around the distress of staff in not knowing where their future employment lies, as there is a lack of clarity about the Transfer of Undertakings (Protection of Employment) regulations (TUPE).
- 2.4 There was a discussion around waiting list safety and the risks and mitigation associated with it.
- 2.5 Risks and issues are discussed at the NHS England oversight group, set up to oversee the transfer of the service.
- 2.6 Further discussion of the risks and issues were previously escalated to Board (part II) from Quality Committee.

3.0 Quality Report

- 3.1 The fourth iteration of the new style quality report was presented to the quality committee. There had been further changes made to the format of the report, to make it easier to see 'at a glance' where there were concerns about quality indicators and/or lack of assurance (caused by the CareNotes outage in most cases).
- 3.2 The report was still impacted by the CareNotes outage that occurred in August 2022 (to December 2022). This meant that we were not able to report on many elements of the report.
- 3.3 Discussions were had around some of the areas where improvement is required, including staff appraisals, staff survey results and complaints management.
- 3.4 It was noted that the complaints function would be moving across to the Chief Nursing Officer's (CNO) portfolio. The CNO informed the committee that the complaints system and processes needed improvement, along with how we share lessons learned from complaints.
- 3.5 The CNO described the 'After Action Review' (AAR) event that had taken place following the Trust's recent flu campaign; the most recent data indicated that 15% of staff were vaccinated, however, the AAR indicated that there was an issue with capturing and recording data. The full AAR and recommendations for this year's flu campaign will be shared at the Quality Committee in May 2023.
- 3.6 The Chief Operating Officer updated the committee on the new performance and quality framework. Monthly meetings have been established for each of our

clinical service lines where we review quality and performance indicators to better understand our risks and issues in each service.

4.0 Quality Framework Improvement Plan

4.1 The Quality Committee was presented with an improvement plan, developed in response to gaps identified as part of an internal review of quality governance, function, systems and processes.

4.2 The improvement plan, along with the new style quality report, aims to provide the Trust with assurance that we provide high quality, safe services to our population.

4.3 The improvement plan aims to:

- Enhance quality through Improving scrutiny, oversight, improvement and learning
- Ensure patient safety through becoming an organisation that has an open reporting culture
- Ensure patient safety through learning from incidents
- Ensure patient safety through learning from deaths
- Ensure patient safety through the enhancement of safeguarding practice across the Trust
- Ensure patient safety is a priority during commissioning or decommissioning of services
- Ensure patient & staff safety through the establishment & implementation of a safe & robust flu campaign
- Ensure patient safety through the implementation of safety alerts
- Enhance care through Research and Development (R&D) and sharing the learning
- Improve the physical health of patients that use our services
- Improve the experience of patients that use our services
- Ensure patient safety and improving experience through learning from complaints
- Ensure quality of services through strengthened leadership in demonstrating compliance with the CQC well-led domains

4.4 The improvement plan is presented as assurance to the System Oversight Framework (SOF) meetings to aid in moving quality governance out of level 3.

4.5 Since the initial submission of the improvement plan to the September 2022 Quality Committee:

- Thirteen actions have been completed and closed, including the strengthening of the Quality Committee (this includes the quality of the papers, the areas of oversight and the quality of conversation/challenge by members), implementation of Central Alerting System (to implement alerts received from NHS England, National Institute for Health and Care Excellence (NICE) and the Medicines and Healthcare products Regulatory Agency (MHRA), the

increase in safeguarding training and delivery of the flu campaign and subsequent 'After Action Review').

- Six new actions have been added (in relation to the implementing the quality governance structure that feeds into the Quality Committee, complaints function and ensuring compliance with the Care Quality Commission 'well-led' requirements)
- six actions have turned Amber (1 related to developing a quality sub-committee structure and just missed the deadline, but is now complete. Two actions relate to increasing safeguarding supervision rates; anecdotally, it appears to have increased, however, we are unable to fully evidence the increase due to the CareNotes outage. The remaining actions have turned amber due to the CareNotes outage and a vacancy in the Director of Corporate Governance post, which has now been temporarily filled).

4.6 Both the North Central London Integrated Care Board (NCL ICB) Director of Quality and the Clinical Director for Transformation have both expressed how the new reporting and progress of the improvement plan provides strong assurance of performance on critical quality measures.

5.0 NHS National Industrial Action

- 5.1 The Chief Nursing Officer provided an update to the Quality Committee in relation to the current industrial action, which took place on 18 and 19 January 2023.
- 5.2 This trust was not included in the first round of strikes in December 2022 but were included in the second round of strikes in January.
- 5.3 Although some of our nursing staff went out on strike on both days, there was only a picket line at the Belsize Lane site on the second day of strikes.
- 5.4 Intense planning for the strike days ensured that the risk to patient safety was at a minimum.
- 5.5 Further strikes had been announced for Monday 6 and Tuesday 7 February 2023. The Tavistock and Portman were not been included in these strike days.
- 5.6 A further RCN 48-hour strike (covering 1-3 March 2023) was planned but has since been halted due to talks commencing between the union and the English government (the Welsh and Scottish governments were already in talks and strike action was not planned for those countries).
- 5.7 Unison reballoted their members at the Trust, and came back in favour of strike action. This was planned for 8 March, but has also been suspended pending pay talks with the government.

Update (not discussed at the Quality Committee) –

- 5.8 Junior Doctors at the Trust went on strike for 72-hours on 13 March 2023.
- 5.9 Further strike action is planned from 7am on 11 April to 7am on 15 April. The Chief Medical Officer is leading the process of ensuring patient safety during this time.

6.0 CareNotes Update

6.1 Progress on the uploading of patient records continues and is expected to be fully reinstated by the end of April 2023. We are currently above 80% of records now on the system.

7.1 Board Assurance Framework (BAF)

7.1 Three 'quality' BAF risks were presented to the Committee for approval of description and rating. The three risks are:

- Delay to treatment, long wait times/demand.
- Quality of service provision
- Quality Assurance

7.2 The Committee approved the description and rating of the risks and noted the significant amount of work undertaken to identify controls and gaps in assurance and mitigation for each of the BAF risks.

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

8.1 The paper on assurance of the Trust's readiness for a CQC well-led inspection was deferred to the next Quality Committee meeting.

8.2 The Committee noted that it is important that work commences in this area to prepare the Board and the organisation for an inspection.

8.3 The CQC sent three inspection teams to visit the Portman, North and South Camden Child and Adolescent Mental Health Service (CAMHS) and the Camden Adolescent Intensive Support Services (CAISS).

8.4 The CQC have not highlighted any concerns that need an immediate remedy and the limited feedback they have provided had been largely positive, although heavily caveated. They were all quick to point out that staff have been friendly and helpful.

8.5 They understand the issues and impact of the CareNotes outage and will take this into consideration when producing their report.

Update –

8.6 We have received the draft reports, which are embargoed, and are currently checking them for factual accuracy.

9.0 Gloucester House Ofsted Inspection

9.1 The committee was informed of the 'Good' rating from an Ofsted inspection that took place in November 2022. This was shortly after significant changes in senior management within the service and in the absence of the newly appointed head teacher who did not start until January 2023.

10.0 Patient and Public Involvement (PPI) Update Report

10.1 The Quality Committee was provided with an update on the work of the PPI team over the past year in relation to service user engagement and involvement in service design.

10.2 It was noted that some positive work had been undertaken, despite the challenge of vacancies within the team during this period.

10.3 It was also noted that PPI, particularly how we capture the service user voice, has been identified as an action on the quality improvement plan.

10.4 Consideration of how the voice of the child is captured is another area of focus for attention.

11.0 Emergency Preparedness, Resilience and Response (EPRR)

11.1 The committee was informed that we have been assessed as non-compliant with our Emergency Preparedness, Resilience and Response (EPRR).

11.2 The report had been presented to the Board on 7 February 2023 for agreement of non-compliant status.

11.3 It was agreed that the Quality Committee would receive periodic updates on the progress of the associated action plan.

MEETING OF BOARD OF DIRECTORS			
19 TH April 2023			
Integrated Quality and Performance Report			AGENDA ITEM: 10
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
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	This paper seeks to brief the Board on the current clinical performance. The format of this paper is under review and will be iteratively changing as we improve data systems to support better reporting functionality.		
Background	This performance report has gathered essential information relating to the performance of clinical 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 has ensured a more robust assurance process. We are working with DET to ensure fuller reporting is included in this report as we moved forward.		
Assessment	<p>The committee is asked to note the contents of the report and the key risks identified.</p> <p>The current activity levels in the clinical services is below expected levels due to a variety of issues including staff vacancies care notes recovery and staff morale, creating a reputational and financial risk to the Trust. Current systems are not meeting the requirements of operational teams to support rapid organisational change. Members are asked to</p>		

	<p>note this and the current actions being undertaken and to note if there are any further mitigations are required.</p> <p>Members are asked to consider how they require the Performance Report to be further developed in order to provide satisfactory assurance on the performance of services at the Tavistock and Portman NHS Foundation Trust.</p>	
Recommendation	<p>The PFRC reviewed this report on 28th March 2023 and agreed that it provided limited assurance.</p> <p>Recommendations were to agree plan for IQPR and to take this paper to board for sign off, to provide details of capacity from job planning and to demonstrate improvement in metrics. The committee requested details of the impact of the high impact actions outlined.</p>	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	<p>Yes, in relation to BAF risks 1, 2 3 & 4</p>	
Legal and Equality and Diversity implications	<p>There are no legal or equality & diversity implications associated with this paper</p>	
Strategic Objectives	High quality clinical and educational services <input checked="" type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>
	Organisational effectiveness <input checked="" type="checkbox"/>	Long Term Financial sustainability <input checked="" type="checkbox"/>
	Data quality / Decision making <input checked="" type="checkbox"/>	

Performance Report March 22/23

External

Clinical Successes

Positive initial written feedback
CQC inspection of The
Portman and Camden CAMHS

Good Ofsted inspection in
Gloucester House

Improvements to 4th floor –
group & meeting rooms, adult
and adolescent waiting rooms,
supporting patient experience

Successful award of Returning
Families contract

Staff engagement with the new
clinical services dashboard,
allowing for clearer oversight

Service development
opportunities in LAC service
being brought to us by
Camden LA fostering team
and Deputy CEO London
Borough of Camden.

Excellent outcomes in
reducing placement
breakdowns for the most
vulnerable young people in
Haringey

CAISS delivering high quality
support to children's services
and health in reducing
admission to Tier 4

Haringey commissioner
recommending expansion of
First Step service

Completed conversion of
identified Admin posts to
Clinical roles in GIC

GIC Redesigned Pathways to
work on reducing gap between
1st and 2nd appointment to 4-
6 weeks and the surgical hub
processes with the aim of
reducing length of pathway
and maximising capacity

Operational Teams across all
clinical services identified clear
High Impact Actions for
delivery (see next slide)

Clinical Operational Leads High Impact Actions

A PTL / AM
Admin contact for booking appointments
How we manage WLs
Intake redesign
DNA policy
Clinical model/ managed diaries
WL on CN - Specialist Treatment
HLP project - consistent activity recording
Training
Pathways (prioritising - Trauma, Gender, Thrive Model & Pathway, and Hackney Services)
<ul style="list-style-type: none"> • Thrive Implementation • Monitoring Pathway compliance
C Outcomes & Measurement
<ul style="list-style-type: none"> • Outcomes for all Teams • How we embed outcomes & measures not Clinical Practice and share with Service Users? • Quality Practices
D Performance
<ul style="list-style-type: none"> • Monitoring Job Plans (activity s monitored) • Performance management in Teams(KPIs & Action Plans) • how do we get activity targets? • performance measurement • Service active reports
D Data Cleansing
<ul style="list-style-type: none"> • Record Keeping • Waiting List Management • ERS/ Ref

Governance meetings & Support/ Leadership
<ul style="list-style-type: none"> • CN changes/ informatics resource allocation • CN development • PTL Platform • Review Demand & Capacity • Intake/ centralised Booking System
Corporate Services/ HR/ Policies
<ul style="list-style-type: none"> • Clarity on HR and Finance policies and processes • how do we approve new/ replacement posts (RAG and Service-level processes) • Project Management/ accountability process • adherence to policy at all levels • ESR • Policy ad procedures • Quality & Priorities • Supervision policy • Training • Risk Assessment • Clarity of role between Clinical & Ops • Skills & Knowledge • Handbook/ SopS • Language (Patient Comms, accessible, yp) • How to allocate space/ use of rooms

Key Issues Highlighted from Clinical Monthly Service Line Reports

ESR – Community and Integrated were sent a first extract of the updated ESR. Significant number of changes required and a lack of clarity around staff with split posts with a number only showing once (approx. 24 are missing (total staff 195), 3 staff that had left were still on the list and 29 other changes/queries. Two teams were not included at all (CWP and Clinical intake) and 3 senior managers were omitted).

Activity across all service lines is significantly below target (over 40%) and 30% below last years out-turn. Targets were set higher for 22-23 as we had increased funding across all service lines. GIC Activity has remained consistent with last years activity however is still below expected targets.

Waiting times and number of patients actively waiting are increasing across all service lines although Portman Team has reduced their total waiters and average waiting time and GIDS waiting list is transferring externally on 20th March 2023.

Job Planning – initial plans complete however 15% of these are being done without consultation as staff did not engage. Next steps to set up reporting and tracking against these however first review shows significant underperformance.

Treatment waiting lists - these are still being counted manually and teams have not all moved to using the shared approach. Team managers do not consistently submit them even with consistent chasing.

Carenotes recovery – admin entry is largely complete however there is minimal clinical engagement in doing the validation. PCPCS and GIDS are the the only teams where clinical validation has been completed.

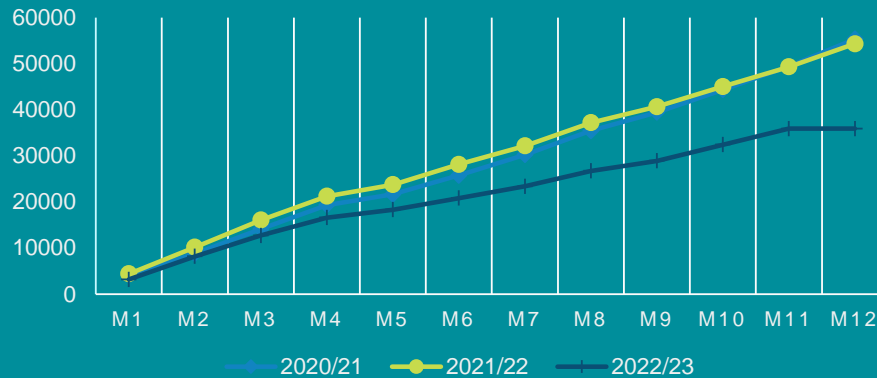
GIDS service is getting closer to being unsafe due to staff leaving. Full report at Appendix 1

During Carenotes Outage, outcome monitoring has not been a priority and that now needs to be addressed

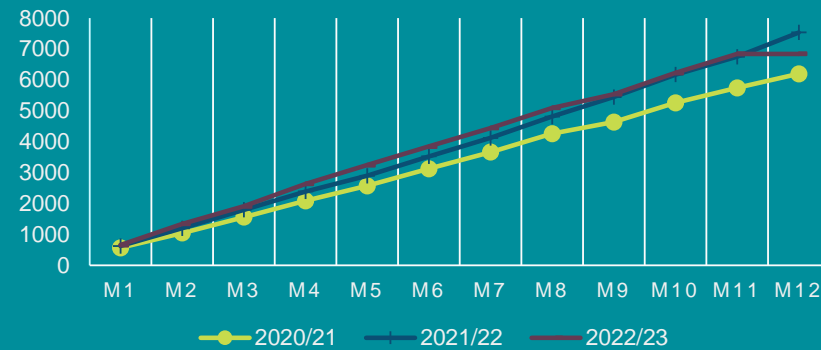
High Vacancy Factor and Staff Morale impacting on all aspects of delivery

Total Appointments across Clinical Services

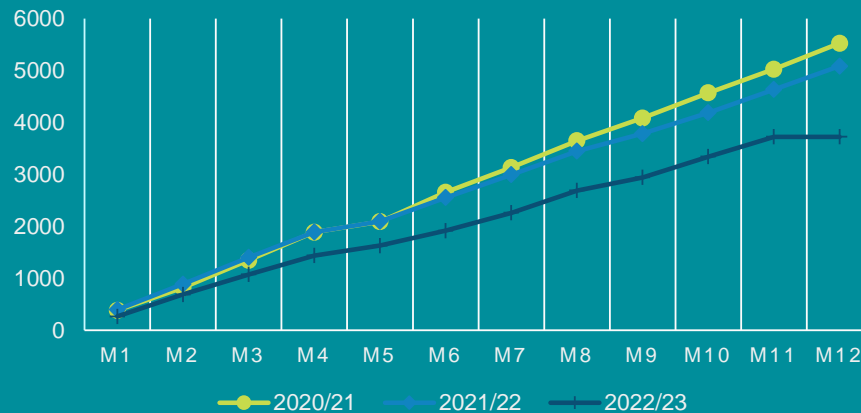
YTD Total Appointments - Mental Health
Excluding Portman and PCPCS



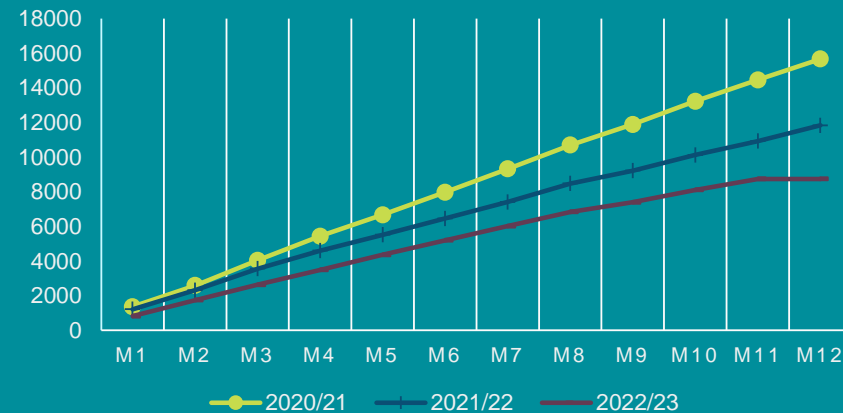
YTD Total Appointments - Adult
GIC



YTD Total Appointments - Portman

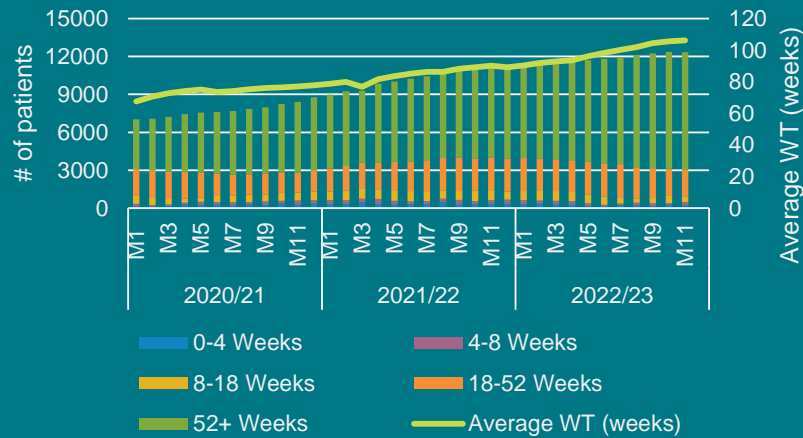


YTD Total Appointments - GIDS

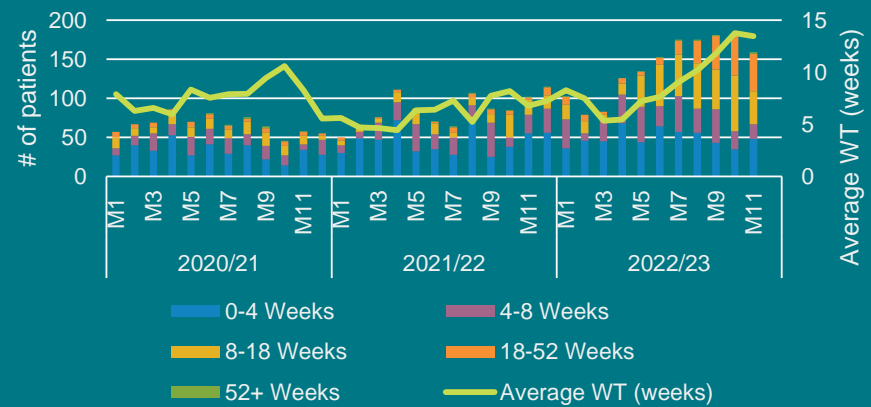


Current Waiters and Average Waits

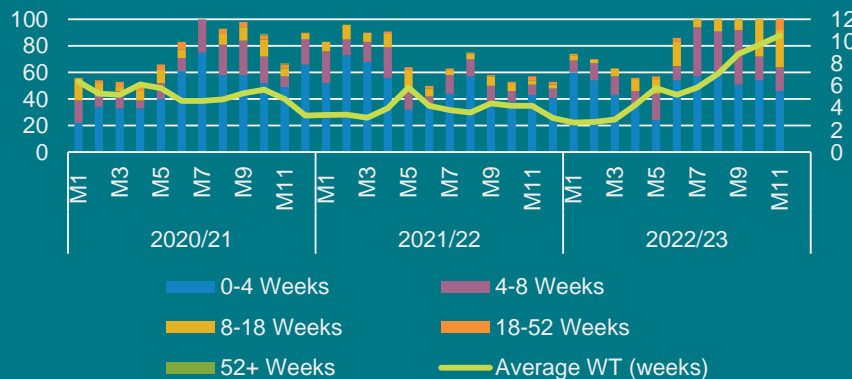
GIC Waiting Time (Waiting List)



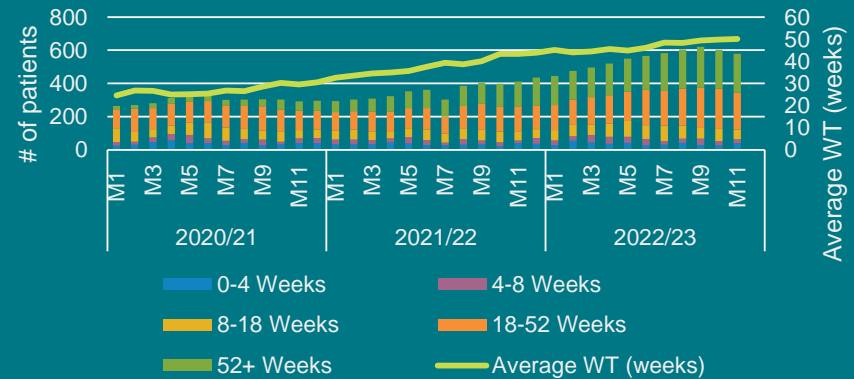
Child Complex Service Waiting Times (Waiting List)



NCL Community Waiting Times (Waiting List)



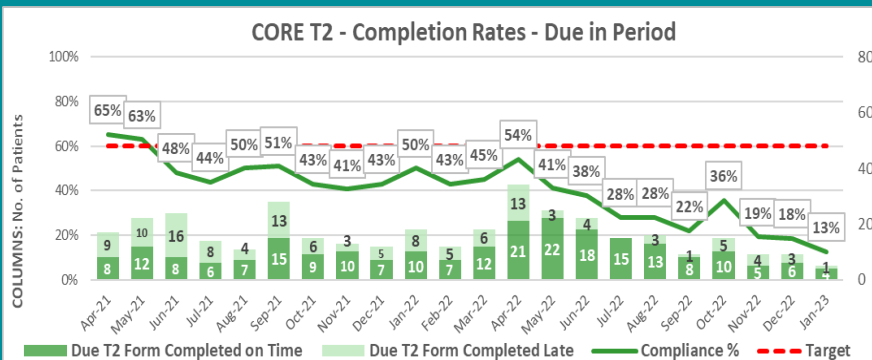
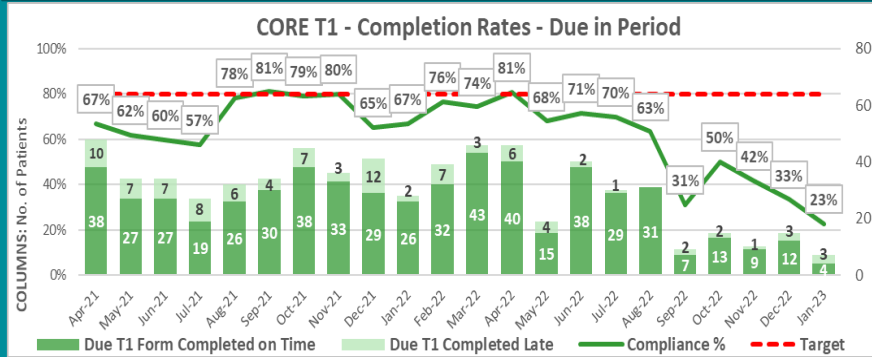
Adult Complex Service Waiting Times (Waiting List)



Outcome Measures Mental Health

CORE OM

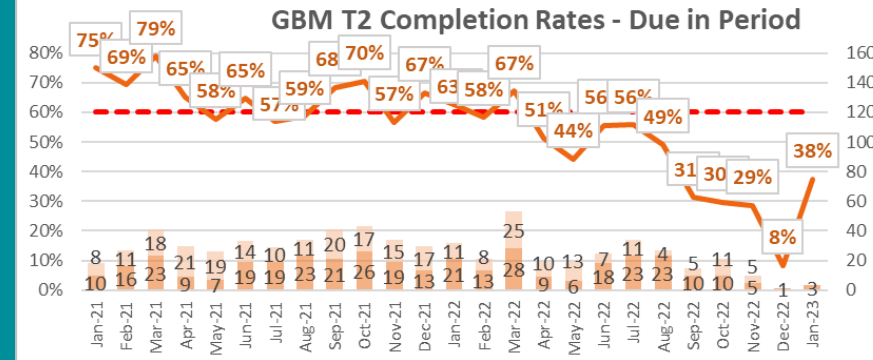
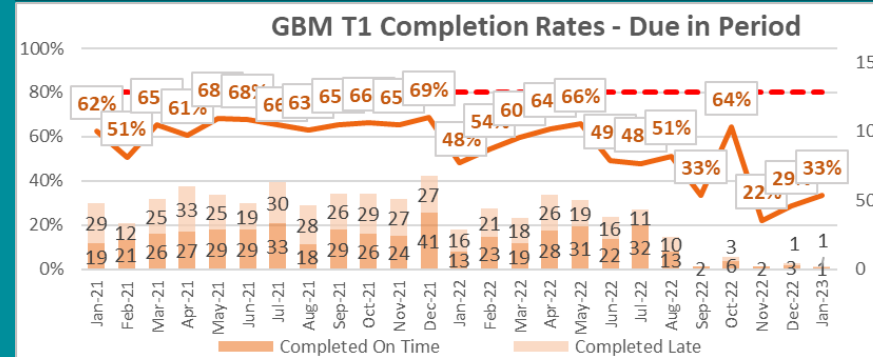
Age range: Over 18s - all contracts



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 are not created yet.
-CORE T1: expected after a second appointment, deemed as on time if within 1 month of that appointment.
-CORE T2: expected 6 months after T1, deemed as on time if within 7 months of T1. T2 forms are particularly challenging for teams that have a long waiting list.

GBM

Age Range: Under 18s - all contracts



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 are not created yet.
-GBM T1: expected after a second appointment, deemed as on time if within 1 month of that appointment.
-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.

Mental Health Incidents, Complaints, Compliments & Risk.

Complaints

- 11 outstanding (8 Adult Complex, 3 Child Complex) - All have been reviewed by complaints manager Amanda Hawke and Tim Kent for actions and initial approach. All are now allocated to senior staff. We have also started a new project of shadowing and support for STs and senior trainees undertaking supervised complaints investigations & response. Amanda needs some time set aside for this task. We note that GIC has a dedicated staff member for complaints responses, possibly something to consider in order to ringfence staff time?
- 1 complaint in community and Integrated, care plan was sent to an old email address that did not belong to the patient.

Incidents

- The QP has some limitations in not having automated reminders, we encourage proactive reporting of incidents. Some staff have taken to reporting incidents as away of recording institutional process issues re HR or Payroll 'incidents'.
- 16 since January 1st, several minor injuries or racist language at Gloucester House, 1 theft, 1 referral seemingly not sent by admin.

Compliments

- The Trust does not have a consistent system for collecting compliments, would like to see this attached to the complaints system.

Risk Register

- QP still in old structures and we haven't created one for the service line – work going on to review process and then create/update the register

Experience of Service Questionnaires (ESQs): Mental Health

- ESQ collection during Carenotes outage will have been considerably reduced due to Qualtrics being unavailable and reminders not being sent however Qualtrics process has started again along with trial with receptions handing these out
- ESQ performance data will be included in all future presentations
- Reports are being changed to provide breakdown by protected characteristics. However a previous review concluded volume of forms completed needs to increase for reliable conclusions to be drawn

GIC Patient Feedback and Engagement – 1/2

- Service User Involvement at the GIC:
- GIC patient experience forum, Thursday 23rd March running online via zoom, for an hour from 12:00 – 13:00.
 - Co producing website updates with Digital Coms, intersectionality project, Trust Wide Forum

What was good about your Care?

Learned some new important health information and options available to me regarding surgery and navigating the NHS system

Informative on treatment, care Everything has been explained to me with great detail, the appointments have helped me understand more that I didn't know before hand. The care I received was very good as one individual to another being listen to and heard out and surgeries.

I was heard and understood. All questions answered clearly with respect and also mutual understanding of one another not too clinical

I was able to see a clinician that I had seen some years ago, he remembered me and was able to advise and assist me

Staff are approachable and I always feel well informed about any decisions I have to make.

Clinicians

- Advice/guidance
- Explorative/Talking
- Respectful / Listened to
- Supportive
- Understanding
- Gave Self Confidence

Appointments/ Sessions

- Informative / Detailed
- Learning
- Support Group

Service

- Good information

at every interaction the compassion and support given has been so beyond and above what i could have expected.

The professionals are well versed and knowledgeable. They also are able to give great advice on top.

They have been really attentive to my needs and concerns they have listened and not made assumptions. they have been non-judgmental about my identity.

I've only had one appointment so far but I feel confident the rest are going to go well, I was met with understanding, care and positivity as well as a professional manner than reassured me in medical aspects and helped me understand any information I needed to know.

Dr XXX herself was thoughtful and the appointment was very detailed.

The zoom appointments were all very informative and gave me the information I needed. Once I had appointments booked they were very clear when they were and what was expected of me in them.

The endocrinology team, SLT and nonbinary support groups have been fantastic.

DRAFT

GIC Patient Feedback and Engagement – 2/2

Waiting times! Bit more notice on appointments, had about 24 hr notice for this one

an acknowledgement of emails sent- I have sent one recently to ensure my GP surgery and address are correct, but I am unsure if this has been acknowledged so far

more communication on waiting times, i know it's long, but suddenly getting a text after 4 and a half years of waiting saying "these are your appointments" was a shock, and I'm lucky i was able to reschedule.

A lot of last minute changes and cancellations, I would have appreciated a bit more notice.

it's been more than a year between this appointment and my last appointment. I felt alone.

Make it easier to contact the clinic about problems or missed calls, and also receive a response. I know everywhere is understaffed and trying their best, though, so I understand that it's difficult to reply and manage the phones well for so many referrals and patients. I hope the clinic can expand a bit to get more helping hands.

What Was Not Good About Your Care?

Service

- Poor Communication / lack of communication whilst on waiting list.
- Difficult to contact the clinic.
- Waiting times

Appointments

- Frequency of appointments
- Lack of communication between appointments
- Not enough notice given.

Overall, I think communication could be better between GIC my GP and me

Make the voicemail or voice-prompt concise loud and clearer!

Other than the waiting times for an initial appointment I think a suggestion for improvement could be to send an email which includes what you should have prepared

the wait times and trouble getting in contact over the years has been very difficult.

DRAFT

GIC Incidents – 1/2

1. Incidents Requiring Reporting

109 incidents logged on the QP from 01/01-22 to 02/03/2023.

Reported Incidents (Deaths)	Q4 – January/February/March 2022	Q3 – April/May/June 2022	Q2 – July/August/September 2022	Q1 – October/November/December 2022	Q4 – January/February/March (to date) 2023
GIC	42	5	11	5	12

DRAFT

GIC Incidents – 2/2

Category	No.	Action / Learning
Access to service	1	
Appointments - patients not able to attend appointments due to an admin error	6	No Further Actions (NFA)
Clinical 4 - Self-harm X3 email expressing distress, letter sent to the wrong patient X1.	3	NFA as advice was provided
Communication •X1 patient appointment sent to the wrong person- •X1 info on Care notes not being sent to clinician in a timely manner endo (urgent letter to GP) •X1 appointment and zoom link sent to another patients email address •X1 letter sent to wrong patient (should be IG) •patient querying welcome pack with wrong patient details	5	Discussed in team meeting and further training provided
Fire • X2 They were all planned evacuations fire drills •X1- Fire panel testing was done at the wrong time	3	Staff to be advised planned drills are not to be reported Staff evacuated the building (Good practice: fire procedure followed)
Information Governance (IG) Patient contacted original owner of patient pack- No disclosure of medical information Sending appointment letters to the wrong patient, sending wrong info to the funding team	9	Discussion with staff members duty of candour to patients GIC follow up with informatics No disclosure of medical information Sending appointment letters to the wrong patient, sending wrong info to the funding team Good practice: correct procedure followed for resolution and repair.
IT failure -admin technical glitch	1	
Other X1 near miss patient letter – not sent X1- lapsed NMC registration	2	Review of current admin processes for sending out letters as applicable to IG and communication incidents Consideration to be given to internal Trust reminder /notification system Consideration of hardship fund
Physical/verbal abuse X1 by non-patient	1	GIC doors have been fixed
Safeguarding X1 act of omission Delayed letter to patient/GP	1	Urgent letter sent out to patient and GP. Safeguarding lead met with incident reporter closed to safeguarding.
Trips/Falls Staff member fell on the floor whilst trying to open a stuck pedestal	1	No further action, no harm sustained, reviewed by a GIC medic

DRAFT

GIDS Patient Feedback and Engagement – 1/2

'They supported me, are working very hard to get me the care I want and listen very well.'
-Young Person

'They listened to everything we said and encouraged important conversations between our family.'
-Young Person

'I was informed of all of my options that I have in my transition and how those options would happen and how they would affect me.'
-Young Person

'Everyone there was very helpful and I think it was an amazing service'
-Young Person

WHAT WAS GOOD ABOUT YOUR CARE?

C & YP	C & YP & PARENT	PARENT
STAFF <ul style="list-style-type: none"> Quality of care Hardworking Encouraging 	STAFF <ul style="list-style-type: none"> Supportive Listened to Helpful Informative 	STAFF <ul style="list-style-type: none"> Friendly Knowledgeable Excellent Respectful Excellent Genuine Non-judgemental Understanding Caring Communicative Wonderful Honest Empathetic Easy to talk to
APPOINTMENTS/SESSIONS	APPOINTMENTS/SESSIONS <ul style="list-style-type: none"> Family involvement 	APPOINTMENTS/SESSIONS <ul style="list-style-type: none"> Gave self-confidence/allowed child to explore their identity Felt comfortable/at ease Child's needs put first Online appointments Amount of sessions Advice/guidance
SERVICE <ul style="list-style-type: none"> Amazing 	SERVICE	SERVICE <ul style="list-style-type: none"> Continuity of Care Essential care for many young people Excellent
COMMUNICATION	COMMUNICATION	COMMUNICATION
AMENITIES	AMENITIES	AMENITIES

'My child and I were able to have any questions answered in an honest and understandable way. The Gids staff all treated my child with empathy and she grew in confidence because of this.'
-Caregiver

'Prompt reply when worried about child. Treated with respect and caring service.'
- Caregiver

'I felt very listened to as a parent. I feel I am benefitting as well as my child.'
-Caregiver

'They really listened. Were very supportive and absolutely felt like they were [?]on our side!'
-Caregiver

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

Based on Patient feedback:

- GIDS staff developed an Endocrine User-friendly Patient leaflets with the PPI group providing feedback
- Endocrinology staff “How to Guide” was produced
- The GIDS Patient Pack was reviewed and amended for use post Care Notes Recovery Project
- Compliments – The Trust does not have a consistent system for collecting compliments, would like to see this attached to the complaints system.

GIDS Patient Feedback and Engagement – 2/2

WHAT WAS NOT GOOD ABOUT YOUR CARE?

'There are no trans people who look after you. The people who call meetings are cisgender, middle class people...'
-Young Person

'The waiting list was extremely long, despite me being in dire need of this kind of help. Because of this, I went on puberty blockers through private healthcare, something not available to all people like me...'
-Young Person

'By the time I was seen I had almost aged out so I didn't receive what I wanted from it'
-Young Person

'I would think that having a psychologist/psychiatrist involved following up would have been a more complete care'
-Caregiver

'The NHS pathway has been long and the process has contributed to a lot of unnecessary anxiety and stress.'
-Caregiver

'Waiting time to access service'
-Caregiver

'Generally my child is on cusp of being an adult so some of info sent before felt less suited'
-Caregiver

C & YP	C & YP & PARENT	PARENT
STAFF <ul style="list-style-type: none"> Knowledge about sexualities Lack of diversity Need to be better informed 	STAFF	STAFF
APPOINTMENTS/SESSIONS <ul style="list-style-type: none"> Appointment timings Session content 	APPOINTMENTS/SESSIONS	APPOINTMENTS/SESSIONS <ul style="list-style-type: none"> Frequency of appointments
SERVICE <ul style="list-style-type: none"> Only received help with waiting after asking directly Travelling to service/Expensive travel 	SERVICE <ul style="list-style-type: none"> Waiting list time Slow process (including access to gender-affirming hormones) 	SERVICE <ul style="list-style-type: none"> Lack of follow up care
COMMUNICATION <ul style="list-style-type: none"> Explaining GIDS process better 	COMMUNICATION	COMMUNICATION <ul style="list-style-type: none"> Information sent beforehand not as suitable for older adolescents
AMENITIES	AMENITIES	AMENITIES <ul style="list-style-type: none"> Parking

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

GIDS Incidents

1. Incidents Requiring Reporting

(Data accurate as of 23/01/2023)

Reported Incidents	2022/23 Q2			Q2 TOTAL	2022/23 Q3			Q3 TOTAL
	Jul	Aug	Sep		Oct	Nov	Dec	
GIDS	4	1	3	8	0	3	0	3

Serious Incidents (SI's)

Serious Incidents	2022/23 Q2			Q2 TOTAL	2022/23 Q3			Q3 TOTAL
	Jul	Aug	Sep		Oct	Nov	Dec	
GIDS	0	0	0	0	0	0	0	0

GIDS Incident Reporting for Q2 & Q3

Service	Incident Ref	Type	Incident Date	Logged Date	Factual Details	Immediate Actions Taken	Outcome Decision
GIDS	22626	Incident	30/08/2022	14/09/2022	Admin sent transfer documents to the wrong GIC. It was supposed to be sent to the Welsh GIC but it was sent to Exeter instead.	Admin reminded to ensure checking recipients and correct email before sending.	Share Lessons
GIDS	22650	Incident	27/09/2022	27/09/2022	Young Person had emailed in a signed CAMHS Referral. It was meant to be forwarded to Clinician in the team, but Outlook auto generated a Parents email of the same name as the Clinician. Did not spot mistake until after sending. CAMHS Referral was not readable however due to error code, only email.	Asked admin to check recipient/s before actually sending email - check if has pulled up similar but incorrect email, Suggested admin delete addresses that save in the 'To:' section to avoid emailing wrong recipient.	No Further Action
GIDS	22736	Incident	03/11/2022	07/11/2022	leak though ceiling into main reception, buckets used to collect water. wall paper (possibly plaster) coming down from the ceiling	2 engineers are coming to look at it this morning (07/11/22)	Further discussion/ Investigation
GIDS	22754	Incident	10/11/2022	14/11/2022	The administrator sent the patient pack for the Adult Gender Identity to the wrong email address. The incident was reported by the administrator to the Admin Lead. The email had not confidential information but only a standard info pack. Only the first name of the YP was mentioned in the email greeting. The administrator contacted the parent to apologise and asked the person they sent the email to delete it.	Admin informed to send info to correct YP, recall or ask for email to be deleted by wrong recipient	No Further Action
GIDS	22779	Incident	20/11/2022	25/11/2022	We received threatening emails from a service user we could not identify based on their email address.	The service user was emailed explaining we would not tolerate abusive emails. They were given full details of how to make a formal complaint. The email recommended the distress caused by long waiting times and gave links to mental health support organisations	No Further Action

GIDS Mortality Reviews

- Mortality Reviews are completed for those that died of natural causes. Concise Reviews are completed for all other deaths
- Five deaths were recorded in GIDS between 01/04/2022- present:
 - Two deaths occurred for those on the GIDS caseload (Concise Review completed)
 - One death occurred for those on the waiting list (Mortality Review Requested)
 - Two deaths that were recorded were closed to GIDS – no further action required from GIDS

Appendix 1 – Relevant Quality Report Slides

Quality dashboard

Indicators for this dashboard will be further developed and populated for future iterations of the Quality Report

* See Clinical Supervision – slide 26

**see NQPS data on slide 27

***See Mortality slide 28

Domain	Indicator	Target	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22		
Safe	Serious incidents reported	N/A											0	0	0	0	1	0	1	0	0	0	
	Serious Incidents - FIR's												0	0	1	0	0	0	0	1	0	0	
	Serious incidents overdue 60 days STEIS	0											2	2	1	1	1	1	0	1	1	1	
	Never Events	0											0	0	0	0	0	0	0	0	0	0	
	Self harm incidents												0	0	0	1	0	0	0	0	0	0	
	Covid outbreaks		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Well Led	Mandatory and statutory Training - All	95%												82.66%	83.14%	83.67%	83.92	84.72	84.63	84.45	80.52%	80.94%	
	Adult Safeguarding M&S training Level 1	80%	75%			77%			86%			88%	-	-	87%	-	-	86%	-	-	82%	-	
	Adult Safeguarding M&S training Level 2	80%	65%			66%			79%			73%	-	-	80%	-	-	80%	-	-	80%	-	
	Adult Safeguarding M&S training Level 3	80%	65%			70%			90%			90%	-	-	91%	-	-	92%	-	-	93%	-	
	Adult Safeguarding M&S training Level 4	80%	100%			100%			100%			100%	-	-	100%	-	-	100%	-	-	100%	-	
	Child Safeguarding training Level 1														86%	-	-	89%	-	-	82%	-	
	Child Safeguarding training Level 2														86%	-	-	86%	-	-	90%	-	
	Child Safeguarding training Level 3														81%	-	-	81%	-	-	84%	-	
	Child Safeguarding training Level 4														100%	-	-	100%	-	-	100%	-	
	Sickness Absence Rate	3.07%												3.57%	2.72%	2.52%	1.65%	1.31%	1.29%	0.80%	1.03%	0.86%	
	Turnover rate	2.0%												0.65%	1.82%	1.11%	2.11%	3.31%	0.34%	1.41%	1.53%	1.83%	
	Clinical supervision %																				*	*	
	Child safeguarding supervision %		67%			83%			60%			45%									N/k		
Staff flu vaccine uptake	80%																			11.9%	12.59%		
Caring	FFT patients' responses % NEGATIVE	7%							0%	8%	5%	9%	7%	5%	14%	-	-	-	-	-	-	-	
	FFT Staff/NQPS staff NOT happy with care	16.4%													23.2%					**			
	Complaints – numbers received	30			15			45			29				29	-	-	15	-	-	13		
	Compliments received																						
Responsive	Complaints responded to within 25 working days	80%													22%	-	-	33%			-	0%	
	Duty of Candour part 1	100%										0	1	0	0	0	0	0	1	1	0		
	No. of Clinical harm reviews completed– e.g. GICs	>=90%													0	0	0	20	-	-	-	-	
	Trust CQC inspection 'must do' actions outstanding (overall number)																	1	-	1	-	1	
Effective	Trust CQC inspection 'should do' actions outstanding (overall number)																	13	-	9	-	7	
	Percentage of Pt Safety Alerts closed to time	100%	100%	100%	66%	100%	0%	100%	-	100%	100%	0%	-	-	-	66%	50%	-	50%	0%	-	100%	
	Mortality – number of deaths reported by month																	7	5	1	5	1	1
	Mortality reviews requested by quarter																	5	0	2	1	0	1
	Staff survey – would be happy with care provided if relative needed treatment								58%	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Clinical audit – number completed by quarter v the number due to be completed by that point															4/6	-	9/13	-	-	2/4	1/2		

Clinical Supervision Community and Integrated

The lack of clinical supervision identified below, represents a risk to quality of care

- The new Trust Supervision policy is being implemented across the Service line
- The policy requires that each staff member has a supervision agreement in place, that the team manager completes a supervision log each month and that a completed supervision record is submitted for every session
- As of 13th February 2022 (Community & Integrated)
 - 39% of clinical staff have a supervision agreement completed (36% in Dec 2022)
 - 5 of the 15 team managers have completed their log (6 in Dec 2022)
 - Compliance with the records cannot be audited until logs are completed
- We continue to chase this with team managers

Please note -Clinical Supervision data for Complex MH, GIDS & GIC will be submitted for the May 2023 Quality Report

Friends and Family Test (FFT)

Patient FFT

The low staff FFT scores represent a significant risk to quality of care

FFT gives patients the opportunity to submit feedback to providers of NHS funded care or treatment, using a simple question which asks people “Overall, how was your experience of our service?”. The data in the table below is published on the NHSE website and differs slightly from the full trust data.

Indicator	Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Oct-22	Nov-22	Dec-22
FFT patients' responses – percentage NEGATIVE	7%	0%	8%	5%	9%	7%	5%	14%	*	-	-	-
FFT patients' responses – percentage POSITIVE	86%	96%	84%	84%	85%	91%	89%	64%	*	-	-	-
Total Responses		49	104	43	34	57	55	28	2	-	-	-

Patient FFT for Jan 22 to June 22, varies from 64% to 96% for 'Percentage POSITIVE' (England average 86%)
Total responses vary from 2 to 104
*-Because only 2 FFT responses were received in total for Aug 22, it is not possible to identify meaningful FFT scores for this month. The low number of FFT responses relates to the CareNotes outage - Because of CareNotes outage no FFT data collected for Oct 22-Dec 22

Staff FFT/NQPS

In April 2021, Staff FFT was replaced with the National Quarterly Pulse Survey (NQPS). This survey includes the nine engagement theme questions from the annual NHS staff survey. Source: Model Health System accessed 04.01.23

NQPS scores	Data period	Provider value	Peer average	National value	National value method	Chart
Employee Engagement score	Q2 2022/23	5.3	7.1	6.5	Provider median	
Advocacy score	Q2 2022/23	4.8	7.3	6.5	Provider median	
Involvement score	Q2 2022/23	5.6	6.7	6.4	Provider median	
Motivation score	Q2 2022/23	5.4	6.9	6.7	Provider median	

For Q2 22/23, the trust is in the lowest quartile for all 4 categories of the NQPS published on the Model Health System

The Employee Engagement score consists of three sub-scores: advocacy, involvement and motivation.

The advocacy score represents the degree to which staff advocate their organisation as a place to work or to be treated.

PLEASE NOTE – Data on NQPS 'Staff NOT happy with care' not available. NQPS 'Advocacy score has been used for the Quality Dashboard, Slide 5. NQPS DATA FROM THE MODEL HOSPITAL SYSTEM IS UPDATED QUARTERLY. AS SUCH, THE TABLE ABOVE HAS NOT BEEN UPDATED SINCE THE LAST QUALITY REPORT IN JANUARY

Mortality

A full set of Mortality slides were presented in the January 2023 Quality Report. A full Mortality update will be presented in the May 2023 Quality Report. Interim February 2023, mortality update as follows:

GIC Mortality Review

Quality Committee has previously been informed that there was a lengthy period during 2021 when there was a network issue accessing the NHS Digital Demographics Batch Service resulting in the Trust coming to know about a large number of deaths after the issue was resolved. All outstanding mortality reviews and concise reports relating to these deaths have been completed. An audit of the findings is currently being written up. This will come to the next QC. Further discussion will take place with NHS E about reporting the deaths on STEIS.

Patient Deaths reported on Quality Dashboard

*Quality Dashboard (Slide 5) shows 11 deaths reported for January 2023. Of the 11 patient deaths logged on the quality portal we requested one mortality review. With regards to three of the patient deaths we requested more information about the circumstances and the cause of death in order to establish the correct type of investigation needed. The rest of the incidents will be discussed at the February incident panel.

Mortality Review templates

At the incident panel we use mortality reviews for patient deaths which seem to be from natural causes. A more in depth review template (concise report) is used for mortality reviews for unexpected deaths.

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS – 19th April 2023			
Education and Training Committee Highlight Report			AGENDA ITEM: 11
Report Author and Job Title:	Elisa Reyes-Simpson Interim Chief Education and Training Officer/ Dean of Postgraduate Studies David Levenson NED and Chair ETC	Responsible Director:	Elisa Reyes-Simpson Interim Chief Education and Training Officer/ Dean of Postgraduate Studies
Action Required	Approve <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Highlight Report from the ETC on 23 rd March 2023		
Background	This Report provides an update on key developments and issues in the Directorate of Education and Training since the last meeting including staffing, the DET Strategy Workshop, student data quality and projects, placements, international developments, recruitment and marketing, annual student survey recommendations, research and innovation, student debtors, finance and business, digital education strategy, Workforce Innovation Unit, and governance arrangements.		
Assessment	<p>The committee identified that the following areas have a marked impact on our performance and potential for growth and require attention:</p> <ul style="list-style-type: none"> • The development of a Trust-wide digital strategy • The need to develop a DET commercial strategy alongside operational improvement plans • The need to strengthen the governance around the I-Thrive programme • The status of student recruitment 		
Recommendation	<p>Members of the Trust Board of Directors are asked to note and discuss:</p> <ul style="list-style-type: none"> • The impact of delays in recruitment processes on student experience and staff experience and morale • The important work being undertaken collaboratively on our overseas offer • The work around the development of a structure and support for placements, both in terms of being able to provide more placements, but also in terms of student experience • The need to reestablish the Trust Research Group • That student experience and what that means should have the same weighting as patient safety in discussions about the BAF and strategy. 		

<p>Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline</p>	<ul style="list-style-type: none"> • Risk around delays in HR/Shared Services processes causing delays in recruiting to vacant posts, resulting in continued under-resource in areas such as Course Administration, Registry and Finance, impacting on student experience, staff morale, and financial position • There is a capacity issue in attending to the debtors position at the risk of re-prioritising other work. • Students may be incorrectly chased for debt when a current query remains unresolved, leading to a higher level of student dissatisfaction. • Our responsiveness to student feedback and enquiries continues to require improvement. This impacts on student engagement and student experience. Action plans are in place. • There are risks in payroll around under- and over-payments. • The ability to meet budget holder expectations regarding timely sharing of monthly financial information. It is hoped that this can be addressed in the first quarter of FY23/24. • The Trust benchmark of 'Contribution to overhead' of 25% of income is not being met by all services within the WIU and the Impact of the SR staff changes have adversely impacted contribution for 22/23 • The NHSEI/HEE merger indicates a change to HEEs national programmes to a smaller number of portfolios this may present a risk or an opportunity for the WIU • The early work on the i-THRIVE partnership arrangements has revealed a significant lack of clarity and purpose in the partner organisations and potential risk of competition and/or requirement for additional resource sharing from national team delivery activity. • A risk has been identified in relation to resourcing the digital strategy enablers, in particular further investment will be needed in our digital learning infrastructure and staffing capacity. 	
<p>Legal and Equality and Diversity implications</p>	<p>EDI is considered as a matter of course in respect of our educational provision, and as appropriate, areas for enhancement are identified. However, there are no legal or equality & diversity implications associated with this paper.</p>	
<p>Strategic Objectives</p>	<p>Excellence in patient outcomes and experience <input type="checkbox"/></p>	<p>Excellence in employee experience <input checked="" type="checkbox"/></p>
	<p>Drive operational performance <input checked="" type="checkbox"/></p>	<p>Long term financial sustainability <input checked="" type="checkbox"/></p>
	<p>Develop clinical and commercial strategies <input checked="" type="checkbox"/></p>	

Committee Chair Report: Education and Training Committee (ETC)

The Education and Training Committee met on 23rd March 2023 receiving an update and assurance on key developments and issues in the Directorate of Education and Training since the last meeting, as follows.

Staffing

The Committee noted the appointment of two Heads of Portfolio, and ongoing issues in relation to vacancies in the Directorate. The Committee noted the impact, in particular on the Course Administration team and Academic Registry, of delays in recruitment processes, impacting on student and staff experience and staff morale. The Committee was updated on action plans in place to ameliorate issues felt in other parts of the organisation such as the General Office due to staffing shortage and communication issues.

The Committee noted the beneficial impact of the recruitment of a new Head of Academic Registry, with the caveat that Academic Registry is still carrying key vacancies in relation to Student Records and Finance.

Student Data Quality and Projects

The Committee was updated on progress to address issues previously identified around student data quality, with a programme of support in place, including support from our university partner. The Committee was assured that the money from the HESA error (£262k this financial year) is not at risk.

Work to develop the dashboard is ongoing, with approval received from the Trust Change Board, and links being maintained with the wider Trust to ensure we are aligned. The Chair requested a distinction between business KPIs which the Committee needs for assurance, and the wider suite of operational and organisational KPIs which must be done in step with the Trust.

DET Strategy

The Committee noted the immediate areas for growth following the DET Strategy Workshop: CPD/ Digital Academy provision, international delivery, and blended and modular forms of delivery. Work is underway to implement the enablers that will allow us to develop these priority areas for growth and a focused approach.

Placements

The Committee received an update on work with Clinical Services and Contracts to put in place a consistent and planned approach to placements and to increase the number of placements we offer, whilst ensuring student experience and complementing clinical services.

International Developments

The Committee discussed international development, and the links with the Department for International Trade which have led to DET securing a place at a trade fair in Brazil in May. This is positive given the interest in psychoanalytic courses in South America.

Recruitment and Marketing

The Committee discussed recruitment and marketing, and the actions underway to convert prospective applicants. It was noted that applications to long courses are down as compared to this time last year. The Committee noted the need for ambitious targets, considering viable numbers and income.

Annual Student Survey Recommendations (AY20-21 and AY21-22)

The Committee received an update on the actions required to meet the recommendations from the Annual Student Survey, and progress against previous recommendations. The Committee noted that with the new student support and engagement team, there is a plan to be more strategic in how we engage with students. Many of the actions consolidate and enhance existing processes and student engagement activities.

Research and Innovation

The Committee noted that DET have been keen to progress links between student research with staff research and to ensure students are linked up in a wider research community. Efforts have been hampered by the departure of the Medical Director who had developed a Trust Research Group and it is recommended that, once the Medical Director role has been permanently recruited to, that the group is re-established and tasked with developing those links and a research community.

The Committee was reminded about the upcoming Research Week to which all NEDs and governors have been invited.

Student Debtors

As requested by the Audit Committee, the Committee received a detailed report on Student Debtors. The Committee was updated that, whilst there is a concern around the level of debt, there have been capacity issues in getting to the bottom of the underlying debt and whether it is the way student records are processed, and/or capacity in processing. The Committee noted that the new Student Records and Finance Lead role is still vacant, and once they are in post it will enable us to review the system and processes for managing student invoicing and debt.

The Committee discussed the use of SITS and the availability of training given the issues around retaining knowledge, and the need to ensure that our fees policy aligns with the needs of our student population.

Education and Training Finance and Business

The Committee noted that the second iteration of the budget is still being finalised, but a methodology has been constructed to allow professional services (operational support) costs to be allocated to courses.

The Committee was informed that, as a Trust, we do not fully allocate income and expenditure from the National Training Contract across service lines, but there is an annual return to HEE in terms of what commissioners require as a workplan ad where we deliver against funding.

Digital Education Strategy 2023-2026

The Committee received the Digital Education Strategy which is an enabling strategy to provide the foundations of our long-term digital education aims, as well as the development of an overarching DET strategy and a broader Trust-wide digital strategy.

The Committee discussed the need to ensure that the Board is sighted on what resource and cost is required to progress our digital offer. A risk has been identified in relation to resourcing the enablers which are (1) digitally fluent staff (2) an inclusive digital environment (3) a course development framework (4) student support services and processes. In particular further investment will be needed in our digital learning infrastructure and staffing capacity.

Workforce Innovation Unit

The Committee received a developing report, ahead of the business plan coming to the Board of Directors in April. The Committee noted that KPIs are being developed in two parts: for the NWSDU around HEE satisfaction, and for Tavistock Consulting around income and client satisfaction.

The Committee noted the ongoing work around integrating the WIU into the wider work of DET. Some initial work has been carried out to ensure committees and governance link up within DET.

The Committee was updated on the effect on contribution of not having accounted for staff from Add Wellbeing who do not provide an income. The proposal is for this to be an offer, rather than a service.

The Committee noted the potential impact of the NHSEI – HEE merger, the ongoing work with contracts, and concerns about historical data.

The Committee was assured by the ongoing work to reduce the risk of continuing to invest in I-Thrive, with Terms of Reference having been developed for the Partnership Board. The Committee noted that we should be capitalising on the relationships across the NHS and country developed through the I-Thrive programme.

ETC Forward Planner and DET Governance

The Committee discussed and approved the ETC Forward Planner, which will be presented at each future meeting for noting.

The Committee noted the ongoing work of the DET Governance Group which has been focusing on streamlining internal governance structures. Future meetings will be dedicated to student voice and engagement, finance, and academic governance and quality assurance.

MEETING OF THE BOARD OF DIRECTORS – 19 April 2023			
Performance, Finance and Resources Committee Highlight Report			AGENDA ITEM: 12
Report Author and Job Title:	Aruna Mehta, Non Executive Director and PFRC Chair	Responsible Director:	Aruna Mehta, Non Executive Director and PFRC Chair
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Provides a summary of key matters arising at the PFRC meeting held on 24 January 2023		
Background			
Assessment	Key (ongoing) challenges around ESR and Carenotes. Need to make CIP a core part of 'business as usual'. Need to develop IQPR		
Recommendation	Members of the Trust Board are asked to: - Note the report		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Provides assurance regarding		
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.		
Strategic Objectives			

1 PERFORMANCE

- 1.1 Progress continues to be made in the development of the IQPR, the expectation is that a pilot version of IQPR will be available by the end of May 2023.
- 1.2 The committee reviewed the clinical successes and challenges – significant successes include CQC visit feedback, OFSTED feedback, improvements to 4th floor estates. However we continue to be challenged in our performance statistics related to waiting times, activity levels, total appointments and outcome measurements.
- 1.3 The committee noted the continued challenges in managing circa 360 contracts, and the need for rationalisation.
- 1.4 The committee noted the Clinical Operational leads action plan items – and asked that these items are presented with dates and RAG ratings going forward to enable the committee to track progress.
- 1.5 Job Planning, mapping of SR structures within ESR are being progressed.
- 1.6 Key concerns remain in GIDS, where there are very high levels of staff attrition.

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. CARE NOTES

- 2.1 An update was provided regarding Carenotes.
- 2.2 Significant progress has been made by the use of external, internal and specialist resourcing.
- 2.3 GIDS transfer was made by end of January, and the rest of gender services is 90% complete.
- 2.4 There are however some departments with higher levels of complexity that have only completed between 20-40% of their upload.
- 2.5 The plan is to have all departments restored by the end of March 2023
- 2.6 There will be a lessons learnt exercise which will be completed by end of May 2023.
- 2.7 There is also legal work being undertaken to assess whether there is a possibility of compensation.

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

3. IT/ ESTATES

- 3.1 The committee received a report on Capital Projects Compliance. The committee noted this report which highlighted RAG status and reasons for

delays where relevant. The committee asked that the next time this report articulates the “so what” or impact of projects that have been delayed.

- 3.2 The committee received a report on Premises Assurance Model (PAM). This is a mandatory compliance report, and part of the NHS constitution. We have been late in its development – the original deadline for this report was September 2022. The committee commended the quality of work done. It does identify 71% of estates being Inadequate. We will be monitoring this going forward.

The committee received PARTIAL assurance as we acknowledged that progress was being made, but significant gaps remain and are being mitigated.

4. FINANCE REPORTS

- 4.1.1 The Month 11 Finance report was received, showing the Trust on Plan for the period and on target to deliver to the agreed deficit £3.8m for the year. The main risk to the full year out-turn is associated with the ongoing uncertainty of whether GIDS staff are – as the Trust believes they should – subject to TUPE. The potential estimate for this is £2.1m
- 4.2 Capital Expenditure remains behind plan at £1.8m however there is an expectation that the £3.3m plan number will be achieved.
- 4.3 Cash is at £10m, ahead of plan of £6.5m, this is due to lower Capex.
- 4.4 A slight increase in debtors over 90 days was noted – with ETC to look at the student debt proportion. And particular attention to those over 365 days, to consider write off.
- 4.5 There was a discussion around budget planning for the next financial year. This will be brought to board.
- 4.6 The committee received a paper on Agency and Consultancy spend. The trust has spent £5.3m on agency and consultants. The plan is to recruit to permanent posts and reduce this to below £2.5m for 23/24.
- 4.7 The committee noted the report regarding capital, £711K for IMT and £535K for Estates will be carried over into 23/24.
- 4.8 There was a request for funding for new IQPR – this is under discussion.
- 4.9 The 23/24 capital budget is £2074K.

The committee received SUBSTANTIAL assurance on these reports acknowledging the risks associated with the forecast for 23/24 budget, and the associated risks regarding GIDS for the 22/23 budget numbers.

5. STRATEGY, GOVERNANCE AND WELL LEAD

- 5.1 The committee acknowledged the significant progress made on the BAF and associated risks.
- 5.2 The committee had a robust discussion around the rating of risks and associated risk appetite. The feedback will be discussed with executives and reported back at next committee.

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

6. SOF 3

- 6.1 SOF updates were noted

7. FEEDBACK TO BOARD and COMMITTEES

- 7.1 The 23/24 budget planning to be brought to board on 19/4/23
- 7.2 Aged Debtors for EMT to be reviewed by E&T committee.
- 7.3 Quality metrics on activity reporting to be reviewed by Quality Committee

MEETING OF THE BOARD OF DIRECTORS – Wednesday, 19 April 2023				
Report Title: Audit Committee – Highlight Report			Agenda No.: 13	
Report Author and Job Title:	Terry Noys, Chief Financial Officer	Responsible Director:	Aruna Mehta – Non Executive Director and Joint Chair of the Audit Committee	
Appendices:				
Executive Summary:				
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/>			
Situation:	This paper is to provide a high-level summary of the key matters arising at the Audit Committee meeting held on Monday 27 March 2023			
Background:	<p>The Audit Committee is a sub-committee of the Board of Directors and has delegated authority to gain assurances that the services delivered by the Trust are safe, effective, of high quality and represent value for money.</p> <p>Any key risks/issues/concerns, where the Audit Committee assesses the need for Board oversight/awareness/decision, will be escalated to the Board</p>			
Assessment:	<p>Key items for the Board to note are:</p> <ul style="list-style-type: none"> • Delays in closing Internal Audit recommendations, notably particularly in Payroll • Timetable for Annual Report • Progress made with regards to the BAF • FTSUG formalization 			
Key recommendation(s):	Members of the Board are asked to: - note the report			
Implications:				
Strategic Objectives:				
<input type="checkbox"/> Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	<input type="checkbox"/> 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.	<input type="checkbox"/> Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	<input type="checkbox"/> Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	<input checked="" type="checkbox"/> Ensure we are well-led & effectively governed.

Relevant CQC Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	BAF 12: Effective Performance and Risk management arrangements If effective performance and risk management processes are not embedded within the Trust it could reduce the effectiveness of senior management decision making whilst also impacting on the level of confidence over our systems of internal control.				
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no resource implications associated with this report.				
Diversity, Equality and Inclusion (DEI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no DEI implications associated with this report.				
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.			<input type="checkbox"/>	
Assurance:					
Assurance Route - Previously Considered by:	Audit Committee – 27 March 2023				
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input checked="" type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	

1. Internal Audit (“IA”)

- 1.1. The IA service provided their progress report and a draft Head of Internal Audit Opinion (“Opinion”).
- 1.2. One audit had been completed during the period – Contract Management – which received a Reasonable Assurance rating. Given previous issues with the completion of agreed actions, the Committee sought assurance from the Executives that the deadlines proposed would be met.
- 1.3. Audits on the BAF and Waiting Lists still need to be completed.
- 1.4. The draft Opinion is a level three (out of four) opinion, being that “There are weaknesses in the framework of governance, risk management and control such that it could become inadequate and ineffective.” This is the same position as was recorded for 2021/22.
- 1.5. The reason given for the rating was the lack of progress made regarding outstanding actions relating to the IA on Payroll and the Trust’s HFMA (Healthcare Financial Management Association) self-assessment. It was noted that seven of the Payroll actions were still incomplete. A written update on this for the Board was requested.
- 1.6. The Committee determined that there was **Limited Assurance** in this area.

2. External Audit

- 2.1. The external auditors gave positive feedback on the progress of the 2022/23 audit, noting the positive co-operation that had received from the Trust’s Finance team.
- 2.2. The Committee noted the importance of Executives keeping on top of the audit process, in order to avoid a repeat of the problems that had affected the production of the 2021/22 annual report and accounts.
- 2.3. It was noted that the audit partner and the Trust CFO had already arranged for weekly catch-up sessions during the audit process.
- 2.4. The meeting also noted the intention of the auditors (Mazars LLP) not to seek re-election. Accordingly, a process for re-tendering the external audit service would now commence.
- 2.5. The Committee determined that there was **Substantial Assurance** in this area.

3. Local Counter Fraud Service (“LCFS”)

- 3.1. The LCFS noted that the annual return was due soon with an initial indication of all areas being Green-rated, with one exception. LCFS were working with the Trust CFO to see if additional work might enable this one item to also become Green.
- 3.2. The Committee determined that there was **Substantial Assurance** in this area.

4. Annual Report and Accounts (“AR&A”)

- 4.1. The Committee discussed the timetable for the production of the AR&A.
- 4.2. It was noted that the timetable, as currently set, was ‘aggressive’, and the Executives were asked to look at it again.
- 4.3. The Committee determined that there was **Limited Assurance** in this area.

5. Board Assurance Framework (“BAF”)

- 5.1. The revised BAF was presented in full for the first time to the Committee.
- 5.2. The Committee discussed the use of the BAF and interrogated the approach used by the Trust in moving from the Inherent Risk Score to the Current (mitigated) Risk Score.
- 5.3. The Committee noted the ongoing work around Risk Appetite.
- 5.4. The Committee determined that there was **Substantial Assurance** in this area.

6. Financial Controls

- 6.1. The Committee received a report on aged debtors and noted the reduction in trend. However, the Committee asked that aged debtors over 365 days be scrutinized further for potential write offs. The Committee heard that a lack of resources – notably in Registry – resulted in many of the issues associated with student debt becoming overdue.
- 6.2. The Committee received a report on Single Tender Waivers and raised concerns regarding the value and number of those which were not on frameworks.

7. Other

- 7.1. The Committee was given a verbal update on FTSUG process. The new Chief People Officer will be looking to formalise this process.
- 7.2. The Committee received a report on Information Governance, providing **Substantial Assurance**.
- 7.3. The committee approved the new forward planner and noted that the Terms of Reference would be reconsidered at the Committee’s October meeting.

MEETING OF THE BOARD OF DIRECTORS		Wednesday 19 April 2023	
Finance Report: 11 months ended 28 February 2023			AGENDA ITEM: 14
Report Author and Job Title:	Udey Chowdhury, Deputy CFO	Responsible Director:	Terry Noys, Chief Financial Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	<p>Attached is the Month 11 (period to February 23) Finance Report.</p> <p>Income & Expenditure This shows that the Trust has incurred a net deficit of £4.1m. This is a positive variance against a Plan / Budget position of a deficit of £4.5m.</p> <p>Capital Expenditure At £1.8m Capex remains behind Plan, however, it is still expected that the revised Plan total of £3.3m will be achieved.</p> <p>Cash Cash is £10.0m versus a Plan figure of £6.5m. 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.</p>		
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	<p>Income & Expenditure The key potential risk currently facing the Trust on the delivery of its Plan deficit figure of £3.8m is the potential need to provide redundancies relating to the GIDS service. These are now estimated at £2.1m and are not included in Trust forecasts.</p>		

	<p>Legal advice received by the Trust is that these liabilities should not accrue as the GIDS staff group should be subject to TUPE, however, this continues to be an area of uncertainty.</p> <p>Capital Expenditure The Trust has revised its full year plan down slightly, to £3.3m. This has been agreed with the ICB.</p> <p>Cash Year end cash is expected to be ahead of Plan.</p>	
Recommendation	<p>The Board is asked to:</p> <ol style="list-style-type: none"> I. Note the position outlined above 	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	Risk 6 – Delivering financial sustainability	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper	
Strategic Objectives	High quality clinical and educational services <input type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>
	Organisational effectiveness <input checked="" type="checkbox"/>	Long Term Financial sustainability <input checked="" type="checkbox"/>
	Data quality / Decision making <input type="checkbox"/>	

FINANCE REPORT – MONTH 11: PERIOD ENDED 28 February 2023

1. OVERVIEW

- 1.1 For the period ended 28 February 23, the Trust recorded a deficit of £4.1m, compared with a Planned / Budgeted deficit of £4.5m.
- 1.2 A full year reforecast shows an unchanged year end position.
- 1.3 Ongoing cost pressures – notably around GIDS, HR and utilities inflationary increases – are expected to be compensated by a higher than Plan vacancy factor.
- 1.4 The key risk to achieving the year end Plan would be if the Trust was required to provide for redundancy costs for GIDS – see Key Risks and Opportunities in section 9.

2 INCOME

- 2.1 Income was £57.5m, £2.1m adverse to Plan income of £59.7m.
- 2.2 This is due to DET income being £0.8m lower than Plan, CYAF income being £0.6m lower than Plan, and Clinical Support being £0.5m lower than Plan.
- 2.3 DET income shortfall is largely a phasing issue and is expected to be recovered later in the financial year.
- 2.4 The shortfall on CYAF reflects £0.5m of Trust unidentified new income that was Budgeted within CYAF and deferred block income relating to Eating Disorders and Crisis Hubs, where under-recruitment has led to reduced activity.

3 STAFFING COSTS

- 3.1 Staff costs of £44.0m are £2.2m lower than Plan. This is after factoring in a year-to-date Plan vacancy factor of £4.7m.
- 3.2 Lower than Plan staff costs reflect vacancies across all elements of the Trust.
- 3.3 Agency costs in the period total £3.2m.

4 OPERATING NON-PAY COSTS

- 4.1 Operating non pay costs of £15.3m are £0.3m lower than Plan of £15.5m.
- 4.2 This is primarily due to lower DET costs (reflecting the timing of activity noted in 2.3 above).

5 OTHER COSTS (Depreciation, Interest, PDC)

- 5.1 Non-operating costs are broadly on plan, with higher interest receivable offsetting higher than Plan depreciation costs.

6 SERVICE LINE PERFORMANCE

- 6.1 All services are ahead of Plan in terms of surplus and margin.

7 BALANCE SHEET / CASH FLOW / CAPITAL EXPENDITURE

- 7.1 Debtors overdue by 90 days or more is £671k (compared with £719k in the previous month). The decrease is in NHS, and non-NHS debt.
- 7.2 The Trust has a bad det provision of £0.3m which is considered adequate for the purpose.
- 7.3 Cash as of 28 February 2023 was £10.0m, compared with a Plan figure of £6.5m.
- 7.4 The £2.4m improvement reflects:
- | | |
|---|-------|
| Lower than Plan capital expenditure | £0.8m |
| Changes in working capital
(deferred income/accrued costs) | £2.7m |
| | ----- |
| | £3.5m |
- 7.5 Capital expenditure is behind Plan; however, this slippage is still expected to be largely caught up during the year.

8 COMPARISON WITH PRIOR YEAR

- 8.1 Compared with the same period in the prior year (2021/22) the Trust deficit is £0.5m better reflecting higher levels of income.
- 8.2 Both pay and non-pay costs are higher than at the same time last year due in part to inflationary increases.

9 FULL YEAR OUTLOOK / KEY RISKS AND OPPORTUNITIES

- 9.1 As previously indicated, based on the position to date, it is expected that the Trust will meet its Planned full year deficit of £3.8m.
- 9.2 Emerging cost pressures arising from delays in strategic review, CQC review and associated GIDS decommissioning planning and utilities inflation, together with retrospective salary payments for increments not paid and the requirement to update Carenotes (following the issue with Advanced Systems) will be offset by higher than Plan staff vacancies and additional in-year revenue allocation.

Run Rate

- 9.3 The Finance Report now includes a section on 'Run Rate'. This uses the ICB methodology of taking the year to date ("YTD") position and extrapolating that for the remainder of the year.
- 9.4 The extrapolated run rate shows that, based on the YTD position, the Trust would incur a full year deficit of £4.5m, against the Plan deficit of £3.8m.
- 9.5 The run rate analysis fails to take into account that, for the Trust, the last quarter tends to be the most 'profitable' quarter for the year.

Key Risks and Opportunities

- 9.6 The key risk facing the Trust in achieving its Plan deficit of £3.8m is the potential need to provide for redundancies for GIDS.
- 9.7 Legal advice received by the Trust states that TUPE should apply and no redundancy provision is, therefore, required. However, as NHSE have yet to finalise the service specification for the new GIDS services, it is possible that this advice may need to be revised.
- 9.8 The ICB are fully aware of this issue.

MONTHLY FINANCE REPORT

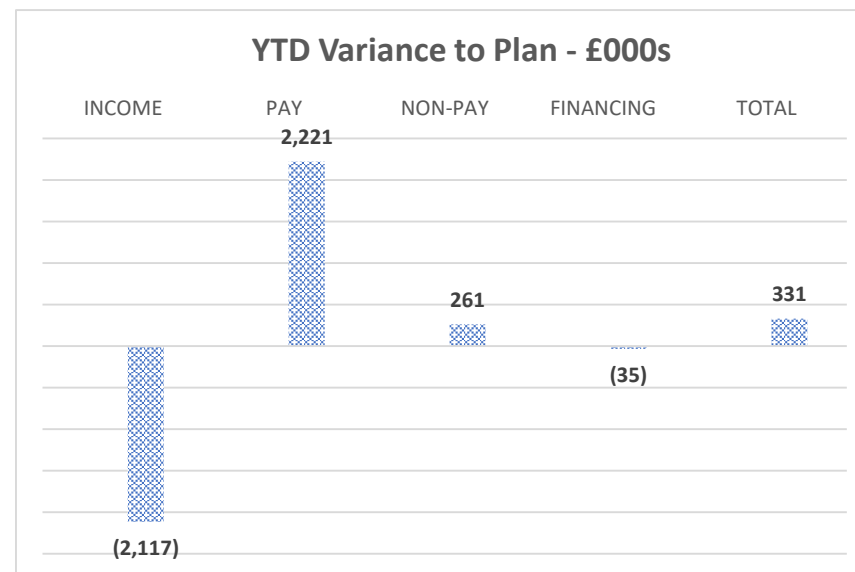
Period 11 11 Feb-23

	Page
I & E Summary	2
I & E Run Rate and Prior Yr Comparison	3
Balance Sheet Trend	4
Funds - Cash Flow	5
Capital Expenditure	6
Workforce analysis	8

Period 11

Feb-23

£000	Plan	Actual	Variance	Var %
INCOME	59,655	57,538	(2,117)	(4%)
PAY	(46,254)	(44,033)	2,221	(5%)
NON-PAY	(15,539)	(15,278)	261	(2%)
EBITA	(2,139)	(1,772)	366	(17%)
Interest receivable	11	119	107	
Interest payable	(24)	(22)	2	
Depreciation	(2,111)	(2,255)	(145)	
Dividend	(198)	(198)	0	
Other non-operating		(0)	(0)	
Net Surplus /(Deficit)	(4,460)	(4,129)	331	(7%)



Debtors > 90 days	Dec-22	Jan-23	Feb-23
	£'000	£'000	£'000
NHS	167	203	103
Non-NHS	230	143	194
Student	366	373	374
Total	762	719	671

	Plan	Act	Var
Projected closing cash	6,503	10,029	3,526
YTD Cash in/(out) flow - £000s	(8,313)	(4,785)	3,529
due to :-			
Operating flows - accrued costs and deferred income			2,727
Capital slippage			801
			(1)
Capital Expenditure - £000s	(2,610)	(1,809)	801
			(1)

Period 11

Feb-23

£000	Current Year Run Rate						Prior Year Comparison		
	Plan	YTD Actual	Full Year Run Rate ¹¹	Adjustments	Full Year Fcst	Variance	YTD Prior Yr	YTD Actual	Variance
INCOME	65,078	57,538	62,769	0	62,769	(2,309)	55,280	57,538	2,258
PAY	(50,036)	(44,048)	(48,052)	350	(47,702)	2,334	(43,107)	(44,048)	(941)
NON-PAY	(16,277)	(15,278)	(16,667)	427	(16,240)	37	(14,750)	(15,278)	(528)
EBITA	(1,235)	(1,787)	(1,950)	777	(1,173)	62	(2,577)	(1,787)	790
Interest receivable	12	119	129		129	117	2	119	116
Interest payable	(26)	(22)	(24)		(24)	2	(28)	(22)	7
Depreciation	(2,302)	(2,255)	(2,460)		(2,460)	(158)	(1,661)	(2,255)	(594)
Dividend	(216)	(198)	(216)		(216)	0	(338)	(198)	140
Other non-operating		0	0		0	0			
Net Surplus /(Deficit)	(3,768)	(4,144)	(4,520)	754	(3,766)	1	(4,603)	(4,144)	459

Income

Revenue contracts deferred

NCL increases and other inflationary increases - less reduction in top-up funding

Pay

£500k Annual leave provision reduction for Mar23, offset by £250k back dated increments provision

inflationary increases less vacancies

Non-Pay

Mar 23 provision release of £690k less £250k Carenotes repair

Inflationary increases - incl Utilities

FINANCE AND PERFORMANCE REPORT
Period 11
Feb-23
Section 6**Balance Sheet**

Page 4

	Prior Year End £'000	Apr-22 £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000	Mar-23 £'000
Intangible assets	92	92	92	85	82	80	77	75	72	70	67	64	
Land and buildings and equipment	25,150 0	24,368 0	25,388 0	24,323 0	24,810 0	24,748 0	24,675 0	24,880 0	25,081 0	24,793 0	24,720 0	24,720 0	
Property, Plant & Equipment	25,150	24,368	25,388	24,323	24,810	24,748	24,675	24,880	25,081	24,793	24,720	24,720	0
Total non-current assets	25,242	24,460	25,480	24,407	24,892	24,828	24,752	24,955	25,153	24,862	24,787	24,784	0
NHS Receivables	2,410	1,491	1,183	729	315	303	955	726	312	(9)	221	228	
Non-NHS Receivables	5,245	5,633	5,048	4,242	5,149	6,403	7,115	7,461	7,382	6,193	6,500	5,194	
Cash / equivalents	9,043	6,531	7,821	7,181	8,140	6,157	5,375	6,883	5,063	3,746	2,290	2,356	
Other cash balances	5,773	5,737	5,786	5,986	6,090	6,274	6,523	6,819	7,007	7,418	7,409	7,673	
Total current assets	22,471	19,392	19,838	18,138	19,693	19,136	19,969	21,889	19,764	17,348	16,421	15,452	0
Trade and other payables	(6,563)	(6,383)	(5,515)	(5,528)	(5,040)	(4,920)	(6,263)	(5,952)	(5,439)	(5,257)	(5,924)	(6,024)	
Accruals	(7,861)	(7,019)	(7,174)	(4,735)	(7,847)	(8,319)	(8,331)	(10,860)	(9,955)	(7,791)	(6,682)	(6,223)	
Deferred income	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	(7,849)	
Long term loans < 1 year	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	
Provisions	(3,430)	(3,444)	(3,413)	(3,326)	(3,044)	(3,030)	(3,029)	(2,899)	(2,861)	(2,861)	(2,806)	(2,703)	
Other													
Total current liabilities	(26,148)	(25,140)	(24,397)	(21,884)	(24,225)	(24,564)	(25,919)	(28,007)	(26,550)	(24,204)	(23,706)	(23,245)	0
Total assets less current liabilities	21,565	18,712	20,921	20,661	20,360	19,401	18,801	18,837	18,367	18,006	17,501	16,991	0
Non-current provisions	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	
Long term loans > 1 year	(2,221)	(2,221)	(2,221)	(2,221)	(2,221)	(1,998)	(1,998)	(1,998)	(1,998)	(1,998)	(1,998)	(1,776)	
Total assets employed	19,312	16,460	18,668	18,408	18,107	17,370	16,771	16,807	16,337	15,975	15,471	15,183	0
Public dividend capital	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	(5,543)	
Revaluation reserve	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	(14,239)	
I&E reserve	470	3,323	1,114	1,373	1,675	2,412	3,011	2,975	3,445	3,807	4,311	4,599	
Total taxpayers equity	(19,312)	(16,460)	(18,668)	(18,408)	(18,107)	(17,370)	(16,771)	(16,807)	(16,337)	(15,975)	(15,471)	(15,183)	0

FINANCE AND PERFORMANCE REPORT
Period 11
Feb-23
Section 7
11
FUNDS FLOW
Page 5

	April Act £'000	May Act £'000	June Act £'000	July Act £'000	Aug Act £'000	Sept Act £'000	Oct Act £'000	Nov Act £'000	Dec Act £'000	Jan Act £'000	Feb Act £'000	Mar Act £'000	YTD Act £'000
Net Surplus/(Deficit)	(2,853)	2,208	(259)	(301)	(737)	(599)	36	(470)	(362)	(504)	(288)	0	(4,129)
Depreciation / amortisation	0	384	107	164	164	164	164	164	418	313	227	0	2,267
PDC dividend paid	0	36	18	18	18	18	18	18	18	18	18	0	198
Net Interest paid	(2)	4	2	2	4	0	0	0	0	10	2	0	22
(Increase) / Decrease in receivables	531	893	1,260	(493)	(1,242)	(1,364)	(117)	493	1,509	(537)	1,298		2,232
Increase / (Decrease) in liabilities	(1,021)	(713)	(2,427)	2,624	352	1,356	2,218	(1,419)	(2,346)	(442)	(359)		(2,176)
Increase / (Decrease) in provisions	14	(30)	(88)	(282)	(14)	(0)	(131)	(38)	0	(55)	(103)		(727)
Non operational accrual movement	851	(1,272)	966	(624)	(10)	198	(17)	(18)	(18)	(28)	(20)		10
Net operating cash flow	(2,481)	1,510	(420)	1,108	(1,465)	(228)	2,170	(1,270)	(780)	(1,225)	776	0	(2,303)
Interest received													0
Interest paid					(12)								(12)
PDC dividend paid						(216)							(216)
PDC Funding received													0
Cash flow available for investment	(2,481)	1,510	(420)	1,108	(1,477)	(444)	2,170	(1,270)	(780)	(1,225)	776	0	(2,531)
Purchase of property, plant & equipment	125	20	86	118	64	76	(203)	(199)	291	75	3		458
Depreciation	(192)	(192)	(107)	(164)	(164)	(164)	(164)	(164)	(418)	(313)	(227)		(2,267)
Capital purchases - cash	(67)	(172)	(21)	(45)	(99)	(88)	(366)	(362)	(126)	(238)	(224)	0	(1,809)
Net cash flow before financing	(2,547)	1,339	(441)	1,063	(1,577)	(532)	1,804	(1,632)	(907)	(1,463)	552	0	(4,340)
Repayment of debt facilities	0	0	0	0	(222)						(222)		(445)
Net increase / (decrease) in cash	(2,547)	1,339	(441)	1,063	(1,799)	(532)	1,804	(1,632)	(907)	(1,463)	329	0	(4,785)
Opening Cash	14,816	12,268	13,607	13,167	14,230	12,430	11,899	13,703	12,070	11,164	9,701		14,816
Closing cash	12,268	13,607	13,166	14,229	12,430	11,899	13,703	12,070	11,164	9,701	10,030	0	10,030

FINANCE AND PERFORMANCE REPORT
Period 11

Section 8 Capital Expenditure

REPORTING MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Feb-23	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Act	£000 Act	£000 Act	£000 Act	£000 F/C

ANNUAL		
£000 F/C	£000 Budget	£000 Delta Fav (Adv)

Y.T.D
£000 Actual 11

PROJECT

Endpoint Procure/Config/Compliance/Monitor	7	21	0	1	-	-	-	30	-	-	1	(1)
Tavistock Centre Data Centres Power Provision	10	3	-	-	-	-	105	7	7	0	-	-
Health Information Exchange	(1)	-	-	-	-	-	-	-	-	-	1	-
Core Infrastructure Update	(1)	-	-	-	-	-	-	15	-	28	-	-
Network - Upgrade (Wireless)	4	(0)	0	5	(5)	5	(4)	12	2	1	(2)	-
Cyber Essentials Plus	-	-	-	-	-	-	-	23	-	-	-	-
Endpoint Replacement 2021/22	-	21	-	-	76	(76)	2	13	-	-	-	-
ICT Cyber Security Compliance 2021/22	4	7	-	-	-	-	-	23	(0)	-	-	-
API for CareNotes Integration	(1)	-	-	-	-	-	-	-	-	-	1	-
Audio Video Upgrade for Remote Working	(2)	41	-	5	-	4	9	20	3	-	4	(4)
Connectivity Upgrade	(0)	6	(0)	-	-	-	-	8	-	-	-	-
Data Warehouse	(7)	9	-	1	-	11	6	30	15	(21)	-	-
Virtual Desktop Interface	(1)	-	-	-	-	-	-	15	-	4	-	-
Endpoint Replacement Programme 2022/23	-	-	-	-	-	87	-	-	-	4	-	37
Windows 10 Trust-Wide Rollout - Phase 2	-	-	-	-	-	-	-	5	6	14	7	27
Online Outcome Monitoring Phase I & 2	-	-	-	-	-	-	6	(3)	3	(5)	(0)	-
Health & Social Care Network Phase II (Internet Connectivity)	-	-	-	-	-	-	-	-	-	-	-	-
Remote Monitoring Tools	-	-	-	-	-	-	-	-	-	1	-	20
Digital Care Platform Phase I (Patient portal/personal health record)	-	-	-	-	-	-	7	(1)	7	(10)	8	9
Cloud Transformation Phase 2-3 (21/22)	-	-	-	-	-	-	-	17	4	(1)	3	10
Cyber Security Compliance (CE, CE+)	-	-	-	-	-	-	-	-	-	12	-	13
Data Warehouse for data services 2nd Phase	-	-	-	-	-	-	6	(3)	3	(5)	(0)	-
Integration Engine / Platform	-	-	-	-	-	-	-	2	3	(3)	(2)	-
Core Infrastructure Hardware/Licence Compliance	-	-	-	-	-	-	-	2	5	5	5	19
Student Data Reporting - Phase 2	-	-	-	-	-	-	-	14	6	8	12	23
IT	12	107	0	11	71	31	134	231	63	32	39	158

59	28	(31)
132	13	(119)
-	(1)	(1)
41	(1)	(43)
18	4	(14)
23	-	(23)
36	21	(15)
34	11	(23)
-	(1)	(1)
81	39	(42)
14	6	(8)
44	2	(41)
18	(1)	(20)
129	100	(29)
59	50	(9)
(0)	72	72
-	32	32
21	26	5
20	113	93
34	161	127
25	60	36
(0)	152	152
-	158	158
37	227	191
64	123	60
852	1,393	541

60
132
-
41
18
23
36
34
-
85
14
44
18
91
32
(0)
-
1
10
24
12
(0)
-
18
40
733

FINANCE AND PERFORMANCE REPORT
Period 11

Section 8 Capital Expenditure

REPORTING MONTH	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Feb-23	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Actual	£000 Act	£000 Act	£000 Act	£000 Act	£000 F/C
PROJECT												
LED Lighting	13	-	-	-	-	-	-	-	-	-	-	-
Electrics	(1)	22	5	-	14	0	-	-	(0)	-	1	-
Tavistock Reconfiguration	(14)	-	17	-	-	-	-	-	-	-	-	-
Fire Safety & Compliance	10	10	7	15	10	(12)	8	2	2	2	2	(2)
TC - Monroe Service Desk & Furniture	10	1	5	1	-	40	63	5	-	-	-	7
TC - Kitchen & Breakout Space	13	-	-	(0)	-	1	7	34	1	43	7	8
Gender Neutral Toilets	8	-	1	2	-	1	41	2	0	-	-	3
Touchless Entry & Access Control	4	7	13	23	4	15	15	16	21	27	21	36
Lockers - hybrid working / space utilisation	-	-	-	-	-	-	-	-	-	0	(0)	(0)
Fire doors GH and glazing (compliance)	-	-	-	-	-	1	19	35	4	38	4	41
Tavistock fire doors (compliance) & fire stopping (compliance)	-	-	-	-	-	10	11	11	21	17	19	657
Portman fire doors (compliance & compartmentation)	-	-	-	-	-	-	-	-	3	1	-	176
Portman flexihoses / water (compliance)	-	-	-	-	-	-	-	-	-	-	-	-
Water - hot and cold dead legs / sink removal over 2 years (compliance)	-	-	-	-	-	-	-	-	-	-	108	(39)
Wave on taps (compliance)	-	-	-	-	-	-	-	-	-	-	4	117
Project Management for 22/23 projects - to be allocated across all projects	-	-	-	-	-	-	-	-	-	-	-	-
Backlog - Physical / Statutory & Quality / Function	-	-	-	-	-	-	-	-	-	-	-	107
DET space	-	-	-	-	-	-	-	-	-	-	-	-
AV Enabling works	-	-	-	-	-	0	61	15	8	2	1	8
Wifi enabling works	-	-	-	-	-	-	-	19	4	-	-	-
CAFM - Computer aided facilities management	-	-	-	-	-	-	-	-	-	-	-	-
4th Floor - LED Lighting / Waiting Rooms / standardise Clinic & Hot desk rooms	-	-	-	-	-	-	-	-	-	-	1	217
3rd Floor - LED lighting / Waiting Rooms / standardise Clinic rooms	-	-	-	-	-	-	-	-	-	-	-	-
2nd Floor - LED lighting / Waiting rooms / standardise clinic rooms	-	-	-	-	-	-	-	-	-	-	-	-
1st Floor - Clinical furniture / Waiting Rooms / standardise Clinic rooms	-	-	-	-	-	-	-	-	-	65	13	45
ESTATES	44	52	38	41	28	57	223	140	64	195	181	1,382
SUB-TOTAL	67	172	21	45	99	88	366	362	126	228	220	1,540

ANNUAL		
£000 F/C	£000 Budget	£000 Delta Fav (Adv)
13	13	-
43	57	14
3	3	-
54	27	(27)
132	121	(11)
115	113	(2)
58	54	(4)
201	89	(112)
-	30	30
142	102	(40)
746	250	(496)
180	45	(135)
-	15	15
69	115	46
121	90	(31)
-	100	100
107	-	(107)
-	120	120
94	120	26
23	30	7
-	65	65
218	70	(148)
-	30	30
-	40	40
123	40	(83)
881	1,739	858
3,335	3,132	(203)

Y.T.D
£000 Actual
11
13
43
3
56
125
107
55
165
0
101
89
4
-
108
4
-
-
87
23
-
1
-
78
1,062
1,795

6,467

	April Act	May Act	June Act	July Act	Aug Act	Sep Act	Oct Act	Nov Act	Dec Act	Jan Act	Feb Act	11 YTD Weighted Ave
Substantive												
Education and Training	135	136	131	134	132	128	131	127	128	130	135	132
CYAF	173	182	172	178	171	167	162	171	169	164	158	170
Gender	125	138	139	135	140	134	127	122	117	118	120	129
AFS	48	45	45	3	43	39	42	42	39	39	36	38
Clinical Support	41	30	49	33	41	44	37	44	45	44	42	41
Trust Management	19	20	19	14	13	12	10	12	12	13	13	14
Corporate	63	62	62	60	63	58	57	61	63	63	64	61
Total	604	615	618	551	602	580	566	580	573	571	568	584
Bank Staff												
Education and Training	6	9	5	7	5	7	7	4	4	4	3	6
CYAF	7	8	7	8	4	3	4	7	7	8	5	6
Gender	9	1	7	10	8	5	4	7	4	5	4	6
AFS	0	1	1	2	3	1	6	5	4	3	2	2
Clinical Support	-	-	0	-	-	-	-	-	-	-	-	0
Trust Management	1	0	0	1	1	1	2	0	0	2	0	1
Corporate	6	7	5	7	6	3	7	4	8	5	2	5
Total	30	27	26	35	27	19	29	27	27	26	16	26
Agency												
Education and Training	2	1	1	1	2	1	2	2	2	-	-	1
CYAF	4	6	6	5	5	6	6	7	5	6	6	6
Gender	6	5	7	4	6	6	11	15	15	12	16	9
AFS	-	-	-	-	-	-	-	-	-	-	-	-
Clinical Support	1	1	1	0	1	0	1	2	2	1	1	1
Trust Management	6	6	8	6	10	8	7	7	4	5	3	6
Corporate	8	11	12	5	10	7	8	9	6	9	10	9
Total	27	31	35	22	33	29	34	42	34	33	35	32
Total												
Education and Training	143	147	138	142	139	136	139	133	134	134	138	138
CYAF	184	197	185	191	179	176	172	186	181	177	169	182
Gender	140	145	153	149	154	145	142	144	136	135	140	144
AFS	48	46	46	1	46	40	47	48	43	42	38	40
Clinical Support	43	31	50	34	41	44	38	45	47	45	43	42
Trust Management	25	26	27	21	24	20	19	19	17	20	16	21
Corporate	77	80	79	72	78	67	72	74	77	76	76	75
Total	661	672	679	608	662	628	629	649	634	630	620	643
-	-	-	-	-	-	-	-	-	-	-	-	-

Notes

Bank and Agency data are estimated as this is not held on ESR

MEETING OF THE BOARD OF DIRECTORS – Wednesday, 19 April 2023			
Report Title: Annual Revenue and Capital Plan – 2023/24			Agenda No.: 15
Report Author and Job Title:	Terry Noys, Chief Financial Officer	Lead Executive Director:	Terry Noys, Chief Financial Officer
Appendices:	1 Monthly Income and Expenditure 2 Monthly Cash Flow 3 Monthly Balance Sheet 4 Capital Expenditure		
Executive Summary:			
Action Required:	Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>		
Situation:	<p>The Trust submitted its initial financial Plan to the Integrated Care System (ICS) on Thursday 30 March.</p> <p>The Plan shows a deficit of £3.1m on revenue of £64.5m and a capital plan of £2.1m. The deficit of £3.1m is an improvement on the initial draft Plan which indicated a deficit of £3.8m.</p> <p>The ‘envelope’ for capital was set by the ICS and – as previously indicated – is significantly smaller than the envelope for 2022/23 (of £3.3m).</p> <p>It is believed – though not confirmed at the time of preparing this paper – that the ICS draft Plan is for an overall deficit.</p> <p>There can be no certainty that NHS England will accept such a position, nor that the Trust may face further pressure from the ICS to improve on the proposed Plan.</p>		
Background:	<p>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.</p> <p>The Plan has been reviewed at two ICS ‘star chamber’ meetings.</p>		
Assessment:	<p>The expectation of NHS England is for trusts to deliver a break-even revenue position. Clearly, the Trust plan of a deficit of £3.1m does not meet this expectation, however, it is considered imprudent to try and deliver a Plan with a smaller deficit given that the Plan deficit of £3.1m is after the assumption of a vacancy factor of £m and an additional CIP of £m.</p> <p>Income and costs assume a full year of GIDS.</p>		
Key recommendation(s):	The Board is asked to approve the Plan presented herein.		
Implications:			

Strategic Objectives:					
<input type="checkbox"/> Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	<input type="checkbox"/> Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	<input checked="" type="checkbox"/> Ensure we are well-led & effectively governed.	
Relevant CQC Domain:	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	<p>BAF 3: Quality of service provision If standards of care to service users and students are not consistently met it could lead to poor clinical and educational outcomes and breaches of statutory and contractual obligations.</p> <p>BAF 6: 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.</p> <p>BAF 7: Maintaining an effective estate function If the Trust fails to deliver affordable and appropriate estates solutions, there may be a significant negative impact on patient, staff and student experience, resulting in the possible need to reduce Trust activities potentially resulting in a loss of organisational autonomy.</p> <p>BAF 9: IT infrastructure and cyber security The failure to implement comprehensive security measure to protect the Trust from Cyber-attack could result in a sustained period where critical IT systems are unavailable, reducing the capacity to provide some services and leaving service users at risk of harm.</p> <p>BAF 12: Effective Performance and Risk management arrangements If effective performance and risk management processes are not embedded within the Trust it could reduce the effectiveness of senior management decision making whilst also impacting on the level of confidence over our systems of internal control.</p>				
Legal and Regulatory Implications:	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	It is a requirement that the Trust submits an annual Plan to the ICS				
Resource Implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no resource implications associated with this report.				
Diversity, Equality and Inclusion (DEI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	There are no DEI implications associated with this report.				
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.			<input type="checkbox"/>	

Assurance:				
Assurance Route - Previously Considered by:	ELT – 3 April 2023 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:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required

ANNUAL BUDGET / PLAN 2023/24

1. INTRODUCTION

- 1.1. This paper provides summary details of the 2023/24 financial Plan submitted to the ICS on 30 March 2023.
- 1.2. The ICS is still finalising its overall Plan submission to NHS England and it is possible that changes may be required to the Plan presented here.
- 1.3. It is worth noting that, for 2022/23, whilst an initial Plan was presented to the Board in March 2023, owing to decisions being made at the level of the ICS, it was not until July 2023 that the Plan was finalised.

2. REVENUE PLAN - OVERVIEW

£m	2022/23 Final Plan	2022/23 Indicative Out-Turn	2023/24 Plan	Change
Income	65.1	62.5	64.5	2.0
Pay costs	(50.0)	(48.0)	(50.0)	(2.0)
Non-pay costs	(16.3)	(15.6)	(15.1)	0.5
	—	—	—	—
Operating deficit	(1.2)	(1.1)	(0.6)	0.5
Other costs	(2.5)	(2.6)	(2.5)	0.1
	—	—	—	—
Net deficit	(3.7)	(3.7)	(3.1)	0.6

- 2.1. The revenue Plan shows the Trust making a deficit of £3.1m on income of £64.5m.

3. INCOME

- 3.1. Assumed income is £42.3m for clinical services (£40.8m in 2022/23), £20.9m for DET (£20.2m in 2022/23) and £1.3m for other - including research (£1.5m in 2022/23).
- 3.2. Clinical income of £42.3m is based on ICS income of £15.0m, income from NHSE for Specialised Commissioning services (GIDS, GIC, Portman and FCAMHS) of £18.6m and other income (primarily FDAC, Gloucester House, City & Hackney and Surrey EWMH) of £8.7m.
- 3.3. Income from the ICS and NHSE assumes inflation of 2.9% less the efficiency factor of 1.1% (that is an overall uplift of 1.8%).

- 3.4. A full year's allocation of income is assumed for GIDS.
- 3.5. DET income is based on HEE income of £10.6m, of which £4.8m is for the main National Training Contract and £1.3m is for NWSDU.
- 3.6. Income from long courses and CPD assumes broadly flat student numbers but an average increase in fees of around 5%. As the financial and academic years are not coterminous the full impact of the increase is not felt in the financial year.
- 3.7. £2m of new (as yet unidentified) income is also included as part of the Trust's CIP (Continuous Improvement Programme) contribution and is included in clinical services.

4. REVENUE EXPENDITURE

Staffing Costs

- 4.1. Pay costs assume a 2% annual inflationary increase plus an element for increments for a total of 3%. Together with the full year effect (of posts recruited part way through 2022/23) and posts assumed to be recruited to in 2023/24, this adds £8.8m to staff costs.
- 4.2. Set against this increase is a vacancy factor of £6.8m (12% of gross staffing costs). At end February 2022, the Trust was running with vacancies equal to around 110 posts, of which approximately 32 are in Gender, with a similar figure for other clinical services, 8 in DET and 38 in corporate areas.
- 4.3. Currently, the Trust is running a high level of vacancies, many of which are filled with agency staff.
- 4.4. The Budget assumes gradual recruitment to vacant posts during the year, with reducing levels of vacancies each quarter.
- 4.5. In addition, cost savings from reduced agency and bank staff is expected, as recruitment proceeds.
- 4.6. For 2023/24 all Integrated Care Systems are expected to keep their agency costs at no more than 3.7% of their staffing costs (as an average across the ICS). The Trust has been given a ceiling of £2.5m, equal to 5% of its Plan staff costs. This should be deliverable as, at end February 2023, agency costs (for the month of February) were around £200k – equal to an annualised rate of £2.4m.
- 4.7. Whilst it has not yet been confirmed, it is expected that if the proposed pay award of 5% to NHS staff is implemented, the additional cost will be funded by NHSE.

Non-Pay Costs

- 4.8. The core assumption is for a 5% increase in non-pay costs.
- 4.9. Despite this, the Plan assumes that non-Pay costs reduce (compared with 2022/23) as it is assumed that 'one-off' costs, notably legal and SR related costs are not replicated.
- 4.10. Energy costs are budgeted at £0.5m, so are not significant in terms of the Trust's cost base.
- 4.11. 'Other' costs represent depreciation and PDC.

5. COST IMPROVEMENT PROGRAMME

- 5.1. For the 2023/24 the Plan includes the following CIPs:
- Surplus, arising from new sources of income, amounting to £2m
 - Reduction in non-pay costs of £1m.
- 5.2. A CIP of £3m equates to 5% of 'influenceable' income, which compares with the CIP percentage of 4.9% for the ICS as a whole.
- 5.3. In addition, as noted above, the Trust has a significant vacancy factor.

6. BALANCE SHEET, CASH FLOW AND CAPITAL EXPENDITURE

- 6.1. Cash is expected to reduce in the period from £8.2m to £2.4m reflecting, principally:
- Deficit for the year of £3.1m
 - Proposed capital expenditure of £2.4m.

Capital Expenditure

- 6.2. The Plan envelope for Capital Expenditure of £2.1m is the level permitted by the ICS.
- 6.3. £0.7m of these monies have been allocated to Estates to deal with compliance and backlog issues, most notably fire doors.
- 6.4. £0.8m has been allocated to IT for software licencing, endpoint replacements and for a range of hardware / system improvements.
- 6.5. After allowing for a contingency of £0.1m, this leaves a balance of £0.8m to be allocated to other expenditure. This balance has not yet been allocated but the expectation is that it will be used in developing the new Quality and Performance reporting suite.
- 6.6. The determination of the capital envelop was made (unanimously) by the Change Board – on which all Directorates are represented – and reported to the PFRC at its meeting in March.
- 6.7. In making their determination, the Change Board utilises the following hierarchy:
- 1) Mandatory Compliance
 - 2) In Flight
 - 3) Replacement / Maintenance
 - 4) Benefits realisation
 - 5) Discretionary.

7. RISKS, OPPORTUNITIES AND SENSITIVITIES

Risks

7.1. There are a number of risks and uncertainties regarding the Plan, most notably:

- Period over which GIDS will be funded
- Ongoing lack of clarity around the application of TUPE (relating to GIDS)
- The level of inflation for non-pay
- Failure to keep agency costs within the NHSE limit.

Sensitivity Analysis

7.2. The financial effect of these scenarios has been modelled, as follows:

- Increase in deficit if GIDS service for only six months: £1.8m
- Requirement to pay redundancy costs if TUPE deemed not to apply: £2.1m
- Inflation on non-pay costs is 10% rather than the Plan 5%: Increase in deficit of £0.9m.

7.3. Failure to keep agency costs under the agency cap would not have direct financial consequences, but could result in restrictions being placed on the Trust in terms of its day to day operations.

7.4. Other key risks centre around delivery of the additional contribution from unidentified new income and in year loss of contracts.

Opportunities

7.5. The main opportunities are:

- Additional new income being achieved
- Lower than Plan non-staff costs.

NEXT STEPS

7.6. The Plan is now being re-cast to provide service line / team budgets using the post-SR structures. These will be used to provide future reporting to the Board (and PFRC).

Statement of comprehensive income	Expected Sign	04FOTPY	04PLANM01	04PLANM02	04PLANM03	04PLANM04	04PLANM05	04PLANM06	04PLANM07	04PLANM08	04PLANM09	04PLANM10	04PLANM11	04PLANM12	04PLANCY	Maincode	
		Forecast Out-turn 31/03/2023 Year Ending £'000	Plan 30/04/2023 Month 1 £'000	Plan 31/05/2023 Month 2 £'000	Plan 30/06/2023 Month 3 £'000	Plan 31/07/2023 Month 4 £'000	Plan 31/08/2023 Month 5 £'000	Plan 30/09/2023 Month 6 £'000	Plan 31/10/2023 Month 7 £'000	Plan 30/11/2023 Month 8 £'000	Plan 31/12/2023 Month 9 £'000	Plan 31/01/2024 Month 10 £'000	Plan 29/02/2024 Month 11 £'000	Plan 31/03/2024 Month 12 £'000	Plan 31/03/2024 Year Ending £'000		
																	Subcode
Operating income from patient care activities	+	40,619	3,389	3,389	3,389	3,389	3,389	3,389	3,389	3,389	3,389	3,389	3,389	3,389	4,389	41,668	SCI0100
Other operating income	+	21,921	1,811	1,811	1,811	1,811	1,811	1,811	1,811	2,011	2,011	2,011	2,011	2,011	2,011	22,732	SCI0110
Employee expenses	-	(47,935)	(3,978)	(3,978)	(3,978)	(4,001)	(4,001)	(4,001)	(4,212)	(4,212)	(4,429)	(4,395)	(4,395)	(4,404)	(49,984)	SCI0120	
Operating expenses excluding employee expenses	-	(18,242)	(1,526)	(1,540)	(1,540)	(1,540)	(1,540)	(1,540)	(1,540)	(1,540)	(1,290)	(1,290)	(1,290)	(1,290)	(17,466)	SCI0130	
OPERATING SURPLUS/(DEFICIT)	+/-	(3,637)	(304)	(318)	(318)	(341)	(341)	(341)	(552)	(352)	(319)	(285)	(285)	706	(3,050)	SCI0140	
FINANCE COSTS																	
Finance income	+	112	12	12	12	12	12	12	12	12	12	12	12	15	147	SCI0150	
Finance expense	+/-	(24)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(24)	SCI0160	
PDC dividends payable/refundable	+/-	(216)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(216)	SCI0170	
NET FINANCE COSTS	+/-	(128)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(5)	(93)	SCI0180	
Other gains/(losses) including disposal of assets	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	SCI0190	
Share of profit/(loss) of associates/joint ventures	+/-														0	SCI0200	
Gains/(losses) from transfers by absorption	+/-														0	SCI0210	
Movements in fair value of investments, investment property and financial liabilities	+/-														0	SCI0220	
Corporation tax expense	-														0	SCI0230	
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	+/-	(3,765)	(312)	(326)	(326)	(349)	(349)	(349)	(560)	(360)	(327)	(293)	(293)	701	(3,143)	SCI0240	

Adjusted financial performance	Expected Sign	04FOTPY	04PLANM01	04PLANM02	04PLANM03	04PLANM04	04PLANM05	04PLANM06	04PLANM07	04PLANM08	04PLANM09	04PLANM10	04PLANM11	04PLANM12	04PLANCY	Maincode
		Forecast Out-turn 31/03/2023 Year Ending £'000	Plan 30/04/2023 Month 1 £'000	Plan 31/05/2023 Month 2 £'000	Plan 30/06/2023 Month 3 £'000	Plan 31/07/2023 Month 4 £'000	Plan 31/08/2023 Month 5 £'000	Plan 30/09/2023 Month 6 £'000	Plan 31/10/2023 Month 7 £'000	Plan 30/11/2023 Month 8 £'000	Plan 31/12/2023 Month 9 £'000	Plan 31/01/2024 Month 10 £'000	Plan 29/02/2024 Month 11 £'000	Plan 31/03/2024 Month 12 £'000	Plan 31/03/2024 Year Ending £'000	
Surplus/(deficit) for the period/year	+/-	(3,765)	(312)	(326)	(326)	(349)	(349)	(349)	(560)	(360)	(327)	(293)	(293)	701	(3,143)	SCI0270
Add back all I&E impairments/(reversals)	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	SCI0280
Adjust (gains)/losses on transfers by absorption	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	SCI0290
Surplus/(deficit) before impairments and transfers	+/-	(3,765)	(312)	(326)	(326)	(349)	(349)	(349)	(560)	(360)	(327)	(293)	(293)	701	(3,143)	SCI0300
Retain impact of DEL I&E (impairments)/reversals	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	SCI0310
Remove capital donations/grants/peppercorn lease I&E impact	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	SCI0320
Prior period adjustments to correct errors and other performance adjustments	+/-														0	SCI0330
Remove net impact of consumables donated from other DHSC bodies	+/-														0	SCI0338
Remove loss recognised on peppercorn lease disposals	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	SCI0341
Adjusted financial performance surplus/(deficit)	+/-	(3,765)	(312)	(326)	(326)	(349)	(349)	(349)	(560)	(360)	(327)	(293)	(293)	701	(3,143)	SCI0340

Earnings before interest, taxation, depreciation and amortisation (EBITDA)	Expected Sign	04FOTPY	04PLANM01	04PLANM02	04PLANM03	04PLANM04	04PLANM05	04PLANM06	04PLANM07	04PLANM08	04PLANM09	04PLANM10	04PLANM11	04PLANM12	04PLANCY	Maincode
		Forecast Out-turn 31/03/2023 Year Ending £'000	Plan 30/04/2023 Month 1 £'000	Plan 31/05/2023 Month 2 £'000	Plan 30/06/2023 Month 3 £'000	Plan 31/07/2023 Month 4 £'000	Plan 31/08/2023 Month 5 £'000	Plan 30/09/2023 Month 6 £'000	Plan 31/10/2023 Month 7 £'000	Plan 30/11/2023 Month 8 £'000	Plan 31/12/2023 Month 9 £'000	Plan 31/01/2024 Month 10 £'000	Plan 29/02/2024 Month 11 £'000	Plan 31/03/2024 Month 12 £'000	Plan 31/03/2024 Year Ending £'000	
Operating surplus/(deficit)	+/-	(3,637)	(304)	(318)	(318)	(341)	(341)	(341)	(552)	(352)	(319)	(285)	(285)	706	(3,050)	SCI0370
Add back depreciation and amortisation	+	0	220	220	220	220	220	220	220	220	220	220	220	220	2,640	SCI0380
Add back all I&E impairments/(reversals)	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	SCI0390
Less donations of physical assets and peppercorn leases (non-cash)	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	SCI0392
Less cash donations / grants for the purchase of capital assets	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	SCI0394
EBITDA	+/-	(3,637)	(84)	(98)	(98)	(121)	(121)	(121)	(332)	(132)	(99)	(65)	(65)	926	(410)	SCI0400
Income relating to EBITDA	+	62,540	5,200	5,200	5,200	5,200	5,200	5,200	5,200	5,400	5,400	5,400	5,400	6,400	64,400	SCI0402
EBITDA percentage	%	(5.8%)	(1.6%)	(1.9%)	(1.9%)	(2.3%)	(2.3%)	(2.3%)	(6.4%)	(2.4%)	(1.8%)	(1.2%)	(1.2%)	14.5%	(0.6%)	SCI0404

Statement of cash flows	Expected Sign	06PLANM01	06PLANM02	06PLANM03	06PLANM04	06PLANM05	06PLANM06	06PLANM07	06PLANM08	06PLANM09	06PLANM10	06PLANM11	06PLANM12	06PLANCY	Malcode
		Plan 30/04/2023 Month 1 £'000	Plan 31/05/2023 Month 2 £'000	Plan 30/06/2023 Month 3 £'000	Plan 31/07/2023 Month 4 £'000	Plan 31/08/2023 Month 5 £'000	Plan 30/09/2023 Month 6 £'000	Plan 31/10/2023 Month 7 £'000	Plan 30/11/2023 Month 8 £'000	Plan 31/12/2023 Month 9 £'000	Plan 31/01/2024 Month 10 £'000	Plan 29/02/2024 Month 11 £'000	Plan 31/03/2024 Month 12 £'000	Plan 31/03/2024 Year Ending £'000	Subcode
Cash flows from operating activities															
Operating surplus/(deficit)	+/	(304)	(318)	(318)	(341)	(341)	(341)	(552)	(352)	(319)	(285)	(285)	706	(3,050)	SCF0100 Flow
Non-cash income and expense:															
Depreciation and amortisation	+	220	220	220	220	220	220	220	220	220	220	220	220	2,640	SCF0105 Flow
Impairments and reversals	+/	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0110 Flow
Income recognised in respect of capital donations (cash and non-cash)	-	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0125 Flow
Amortisation of PFI credit	+/													0	SCF0130 Flow
On SoFP pension liability - employer contributions paid less net charge to the SOCI	+/													0	SCF0135 Flow
(Increase)/decrease in receivables	+/													0	SCF0140 Flow
(Increase)/decrease in other current assets	+/													0	SCF0145 Flow
(Increase)/decrease in other assets	+/													0	SCF0150 Flow
(Increase)/decrease in inventories	+/													0	SCF0155 Flow
Increase/(decrease) in trade and other payables	+/													0	SCF0160 Flow
Increase/(decrease) in other liabilities	+/	4,173	(2,055)	(2,055)	4,170	(2,065)	(2,163)	4,170	(2,055)	(2,055)	4,170	(2,065)	(4,079)	(1,909)	SCF0165 Flow
Increase/(decrease) in provisions	+/													0	SCF0170 Flow
Tax (paid)/received	+/													0	SCF0175 Flow
All other movements in operating cash flows (including working capital movements)	+/	(150)	(47)	(47)	(47)	(37)	61	(47)	(47)	(297)	(297)	(287)	730	(512)	SCF0180 Flow
Net cash generated from/(used in) operations	+/	3,939	(2,200)	(2,200)	4,002	(2,223)	(2,223)	3,791	(2,234)	(2,451)	3,808	(2,417)	(2,423)	(2,831)	SCF0180 Flow
Cash flows from investing activities															
Interest received	+	12	12	12	12	12	12	12	12	12	12	12	12	144	SCF0185 Flow
Purchase of financial assets	-													0	SCF0190 Flow
Proceeds from sales of financial assets	+													0	SCF0195 Flow
Purchase of intangible assets	-													0	SCF0200 Flow
Proceeds from sales of intangible assets	+													0	SCF0205 Flow
Purchase of property, plant and equipment and investment property	-	(130)	(210)	(210)	(210)	(210)	(210)	(210)	(210)	(210)	(210)	(210)	(210)	(2,440)	SCF0210 Flow
Proceeds from sales of property, plant and equipment and investment property	+													0	SCF0215 Flow
Initial direct costs, up-front payments and (lease incentives) in respect of new right of use assets	+/													0	SCF0216 Flow
Receipt of cash donations to purchase capital assets	+													0	SCF0220 Flow
PFI lifecycle prepayments (cash outflow)	-													0	SCF0225 Flow
Prepayment of PFI capital contributions (cash payments)	-													0	SCF0226 Flow
Cash movement from acquisitions of business units and subsidiaries (not absorption transfers)	+/													0	SCF0230 Flow
Cash movement from disposals of business units and subsidiaries (not absorption transfers)	+/													0	SCF0235 Flow
Net cash generated from/(used in) investing activities	+/	(118)	(198)	(198)	(198)	(198)	(198)	(198)	(198)	(198)	(198)	(198)	(198)	(2,296)	SCF0240 Flow
Cash flows from financing activities															
Public dividend capital received	+	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0245 Flow
Public dividend capital repaid	-	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0250 Flow
Loans from Department of Health and Social Care - received	+	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0255 Flow
Loans from Department of Health and Social Care - repaid	-	0	0	0	0	(222)	0	0	0	0	(222)	0	0	(444)	SCF0260 Flow
Other loans received	+	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0265 Flow
Other loans repaid	-	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0270 Flow
Other capital receipts	+													0	SCF0275 Flow
Capital element of lease payments	-													0	SCF0280 Flow
Capital element of PFI, LIFT and other service concession payments	-													0	SCF0285 Flow
Interest paid	-	0	0	0	0	(10)	0	0	0	0	0	(10)	0	(20)	SCF0290 Flow
Interest element of lease payments	-													0	SCF0295 Flow
Interest element of PFI, LIFT and other service concession obligations	-													0	SCF0300 Flow
PDC dividend (paid)/refunded	+/						(108)						(108)	(216)	SCF0305 Flow
Cash flows from (used in) other financing activities	+/													0	SCF0310 Flow
Net cash generated from/(used in) financing activities	+/	0	0	0	0	(232)	(108)	0	0	0	0	(232)	(108)	(680)	SCF0315 Flow
Increase/(decrease) in cash and cash equivalents	+/	3,821	(2,398)	(2,398)	3,804	(2,653)	(2,529)	3,593	(2,432)	(2,649)	3,610	(2,847)	(2,729)	(5,807)	SCF0320 Flow
Cash and cash equivalents at start of period	+/	8,252	12,073	9,675	7,277	11,081	8,428	5,899	9,492	7,060	4,411	8,021	5,174	8,252	SCF0325 Balance
Opening balance adjustment	+/													0	SCF0330 Flow
Restated cash and cash equivalents at start of period	+	8,252	12,073	9,675	7,277	11,081	8,428	5,899	9,492	7,060	4,411	8,021	5,174	8,252	SCF0335 Balance
Cash transferred to NHS foundation trust upon authorisation as FT	-													0	SCF0340 Balance
Cash and cash equivalents at start of period for new FTs	+													0	SCF0345 Balance
Cash and cash equivalents transferred by normal absorption	+/													0	SCF0350 Flow
Unrealised gains/(losses) on foreign exchange	+/													0	SCF0355 Balance
Cash and cash equivalents at end of period	+	12,073	9,675	7,277	11,081	8,428	5,899	9,492	7,060	4,411	8,021	5,174	2,445	2,445	SCF0355 Balance
Cash balance per SoFP	+	12,073	9,675	7,277	11,081	8,428	5,899	9,492	7,060	4,411	8,021	5,174	2,445	2,445	
Check: does closing cash agree to balance sheet?		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	

Analysis of Department of Health and Social Care loan facilities cash flows

	Expected Sign	06PLANM01	06PLANM02	06PLANM03	06PLANM04	06PLANM05	06PLANM06	06PLANM07	06PLANM08	06PLANM09	06PLANM10	06PLANM11	06PLANM12	06PLANCY	Maincode	
		Plan 30/04/2023 Month 1 £'000	Plan 31/05/2023 Month 2 £'000	Plan 30/06/2023 Month 3 £'000	Plan 31/07/2023 Month 4 £'000	Plan 31/08/2023 Month 5 £'000	Plan 30/09/2023 Month 6 £'000	Plan 31/10/2023 Month 7 £'000	Plan 30/11/2023 Month 8 £'000	Plan 31/12/2023 Month 9 £'000	Plan 31/01/2024 Month 10 £'000	Plan 29/02/2024 Month 11 £'000	Plan 31/03/2024 Month 12 £'000	Plan 31/03/2024 Year Ending £'000		
Capital investment loans																
Normal capital investment loan - received	i	+												0	SCF0390	
Normal capital investment loan - repaid		-	0	0	0	0	(222)	0	0	0	0	0	(222)	0	(444)	SCF0395
Revenue support loans																
Normal revenue investment loan - received	i	+												0	SCF0420	
Normal revenue investment loan - repaid		-												0	SCF0425	
Loans from Department of Health and Social Care - received		+	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0440
Loans from Department of Health and Social Care - repaid		-	0	0	0	0	(222)	0	0	0	0	0	(222)	0	(444)	SCF0445
Capital investment loans - Accessed		+	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0660
Capital investment loans - Repaid		-	0	0	0	0	(222)	0	0	0	0	0	(222)	0	(444)	SCF0665
Revenue Support loan - Accessed		+	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0670
Revenue Support loan - Repaid		-	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0675

Analysis of PDC cash flows

	Expected Sign	06PLANM01	06PLANM02	06PLANM03	06PLANM04	06PLANM05	06PLANM06	06PLANM07	06PLANM08	06PLANM09	06PLANM10	06PLANM11	06PLANM12	06PLANCY	Maincode	
		Plan 30/04/2023 Month 1 £'000	Plan 31/05/2023 Month 2 £'000	Plan 30/06/2023 Month 3 £'000	Plan 31/07/2023 Month 4 £'000	Plan 31/08/2023 Month 5 £'000	Plan 30/09/2023 Month 6 £'000	Plan 31/10/2023 Month 7 £'000	Plan 30/11/2023 Month 8 £'000	Plan 31/12/2023 Month 9 £'000	Plan 31/01/2024 Month 10 £'000	Plan 29/02/2024 Month 11 £'000	Plan 31/03/2024 Month 12 £'000	Plan 31/03/2024 Year Ending £'000		
Public dividend capital - capital																
System Capital Support PDC (Pre-committed) received	i	+												0	SCF0450	
System Capital Support PDC (Pre-committed) repaid		-												0	SCF0455	
DHSC capital programme allocation received	i	+												0	SCF0470	
DHSC capital programme allocation repaid	i	-												0	SCF0475	
System Capital Support PDC received		+												0	SCF0506	
System Capital Support PDC repaid		-												0	SCF0507	
Public dividend capital - revenue																
Interim revenue support PDC received	i	+												0	SCF0510	
Interim revenue support PDC repaid		-												0	SCF0515	
Public dividend capital - received		+	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0530
Public dividend capital - repaid		-	0	0	0	0	0	0	0	0	0	0	0	0	0	SCF0535

Other loans received		06PLANM01	06PLANM02	06PLANM03	06PLANM04	06PLANM05	06PLANM06	06PLANM07	06PLANM08	06PLANM09	06PLANM10	06PLANM11	06PLANM12	06PLANCY	06SCF04A	Maincode
Expected Sign	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Desc	
	30/04/2023 Month 1 £'000	31/05/2023 Month 2 £'000	30/06/2023 Month 3 £'000	31/07/2023 Month 4 £'000	31/08/2023 Month 5 £'000	30/09/2023 Month 6 £'000	31/10/2023 Month 7 £'000	30/11/2023 Month 8 £'000	31/12/2023 Month 9 £'000	31/01/2024 Month 10 £'000	29/02/2024 Month 11 £'000	31/03/2024 Month 12 £'000	31/03/2024 Year Ending £'000	31/03/2024 Year Ending FREE TEXT	Subcode	
i	+													0		SCF0565
i	+													0		SCF0570
i	+													0		SCF0575
	+	0	0	0	0	0	0	0	0	0	0	0	0	0		SCF0580
	+													0		SCF0581
Total other loans received														0		
Other loans received - revenue funding source included in total above														0		
Check: Is SCF0581 less than SCF0580		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK		

Other loans repaid		06PLANM01	06PLANM02	06PLANM03	06PLANM04	06PLANM05	06PLANM06	06PLANM07	06PLANM08	06PLANM09	06PLANM10	06PLANM11	06PLANM12	06PLANCY	06SCF04A	Maincode
Expected Sign	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Desc	
	30/04/2023 Month 1 £'000	31/05/2023 Month 2 £'000	30/06/2023 Month 3 £'000	31/07/2023 Month 4 £'000	31/08/2023 Month 5 £'000	30/09/2023 Month 6 £'000	31/10/2023 Month 7 £'000	30/11/2023 Month 8 £'000	31/12/2023 Month 9 £'000	31/01/2024 Month 10 £'000	29/02/2024 Month 11 £'000	31/03/2024 Month 12 £'000	31/03/2024 Year Ending £'000	31/03/2024 Year Ending FREE TEXT	Subcode	
i	-													0		SCF0585
i	-													0		SCF0590
i	-													0		SCF0595
	-	0	0	0	0	0	0	0	0	0	0	0	0	0		SCF0600
	-													0		SCF0601
Total other loans repaid														0		
Other loans repaid - revenue funding source included in total above														0		
Check: Is SCF0601 less than SCF0600		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK		

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023/24
Closing capital loans per SoFP	2,221	2,221	2,221	2,221	1,999	1,999	1,999	1,999	1,999	1,999	1,777	1,777	1,777
Opening capital loans per SoFP	2,221	2,221	2,221	2,221	2,221	1,999	1,999	1,999	1,999	1,999	1,999	1,777	2,221
Movement resulting from absorption transfer													
Movements per SoCF	0	0	0	0	(222)	0	0	0	0	0	(222)	0	(444)
Implied closing capital loans per SoCF	2,221	2,221	2,221	2,221	1,999	1,999	1,999	1,999	1,999	1,999	1,777	1,777	1,777
Check: do loan values agree?	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023/24
Closing revenue loans per SoFP	0	0	0	0	0	0	0	0	0	0	0	0	0
Opening revenue Loans per SoFP	0	0	0	0	0	0	0	0	0	0	0	0	0
Movement resulting from absorption transfer													
Movements per SoCF	0	0	0	0	0	0	0	0	0	0	0	0	0
Implied closing revenue loans per SoCF	0	0	0	0	0	0	0	0	0	0	0	0	0
Check: do loan values agree?	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023/24
Closing other loans per SoFP	0	0	0	0	0	0	0	0	0	0	0	0	0
Opening other Loans per SoFP	0	0	0	0	0	0	0	0	0	0	0	0	0
Movement resulting from absorption transfer													
Movements per SoCF	0	0	0	0	0	0	0	0	0	0	0	0	0
Implied closing other loans per SoCF	0	0	0	0	0	0	0	0	0	0	0	0	0
Check: do loan values agree?	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	2023/24
Closing public dividend capital as per SoFP	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543
Opening PDC per SoFP	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543
Movement resulting from absorption transfer													
Movements per SoCF	0	0	0	0	0	0	0	0	0	0	0	0	0
Implied closing PDC per SoCF	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543
Check: do PDC values agree?	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Tavistock and Portman NHS Foundation Trust (TAVIPORT / RNK)
05. SoFP

Statement of financial position		05FOTPY	05PLANM01	05PLANM02	05PLANM03	05PLANM04	05PLANM05	05PLANM06	05PLANM07	05PLANM08	05PLANM09	05PLANM10	05PLANM11	05PLANM12	05PLANCY	Maincode
		Forecast Out-turn 31/03/2023 Year Ending £'000	Plan 30/04/2023 Month 1 £'000	Plan 31/05/2023 Month 2 £'000	Plan 30/06/2023 Month 3 £'000	Plan 31/07/2023 Month 4 £'000	Plan 31/08/2023 Month 5 £'000	Plan 30/09/2023 Month 6 £'000	Plan 31/10/2023 Month 7 £'000	Plan 30/11/2023 Month 8 £'000	Plan 31/12/2023 Month 9 £'000	Plan 31/01/2024 Month 10 £'000	Plan 29/02/2024 Month 11 £'000	Plan 31/03/2024 Month 12 £'000	Plan 31/03/2024 Year Ending £'000	Subcode
		Expected Sign														
Non-current assets																
Intangible assets		+	67	66	65	64	63	62	61	60	59	58	57	56	55	SFP0100
On-SoFP IFRIC 12 assets	i	+														SFP0110
Interests in off-SoFP PFI/LIFT assets	i	+														SFP0120
Other property, plant and equipment (excludes leases)	i	+	26,074	25,987	25,980	25,973	25,966	25,959	25,952	25,945	25,938	25,931	25,924	25,917	25,910	SFP0130
Right of use assets - leased assets for lessee (excluding PFI/LIFT)	i	+														SFP0886
Investment property	i	+														SFP0140
Investments in associates and joint ventures		+														SFP0150
Other investments/financial assets	i	+														SFP0165
Receivables: due from NHS and DHSC group bodies	i	+/-														SFP0170
Receivables: due from non-NHS/DHSC Group bodies	i	+/-														SFP0180
Other assets	i	+														SFP0200
Total non-current assets		+	26,141	26,053	26,045	26,037	26,029	26,021	26,013	26,005	25,997	25,989	25,981	25,973	25,965	SFP0210
Current assets																
Inventories	i	+	221	221	221	221	221	221	221	221	221	221	221	221	221	SFP0220
Receivables: due from NHS and DHSC group bodies	i	+	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	6,500	SFP0230
Receivables: due from non-NHS/DHSC Group bodies	i	+														SFP0240
Other financial assets	i	+														SFP0250
Other current assets	i	+		125	150	175	200	225	250	275	300	575	850	1,125	400	SFP0260
Assets held for sale and assets in disposal groups		+														SFP0270
Cash and cash equivalents: GBS/NLF		+	2,290	12,073	9,675	7,277	11,081	8,428	5,899	9,492	7,060	4,411	8,021	5,174	2,445	SFP0280
Cash and cash equivalents: commercial/in hand/other		+	5,959													SFP0290
Total current assets		+	14,970	18,919	16,546	14,173	18,002	15,374	12,870	16,488	14,081	11,707	15,592	13,020	9,566	SFP0300
Current liabilities																
Trade and other payables: capital		-														SFP0310
Trade and other payables: non-capital		-	(5,924)	(5,924)	(5,924)	(5,924)	(5,924)	(5,924)	(5,924)	(5,924)	(5,924)	(5,924)	(5,924)	(5,924)	(5,924)	SFP0320
Borrowings		-	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	SFP0330
Other financial liabilities		-	(5,414)	(5,414)	(5,414)	(5,414)	(5,414)	(5,414)	(5,414)	(5,414)	(5,414)	(5,414)	(5,414)	(5,414)	(4,414)	SFP0340
Provisions		-	(2,806)	(2,806)	(2,806)	(2,806)	(2,806)	(2,806)	(2,806)	(2,806)	(2,806)	(2,806)	(2,806)	(2,806)	(2,806)	SFP0350
Other liabilities: deferred income including contract liabilities		-														SFP0360
Other liabilities: other	i	-	(9,117)	(13,290)	(11,235)	(9,180)	(13,350)	(11,285)	(9,122)	(13,292)	(11,237)	(9,182)	(13,352)	(11,287)	(8,124)	SFP0370
Total current liabilities		-	(23,706)	(27,879)	(25,824)	(23,769)	(27,939)	(25,874)	(23,711)	(27,881)	(25,826)	(23,771)	(27,941)	(25,876)	(21,713)	SFP0380
Total assets less current liabilities		+/-	17,405	17,093	16,767	16,441	16,092	15,521	15,172	14,612	14,252	13,925	13,632	13,117	13,818	SFP0390
Non-current liabilities																
Trade and other payables: capital		-														SFP0400
Trade and other payables: non-capital		-														SFP0410
Borrowings		-	(1,776)	(1,776)	(1,776)	(1,776)	(1,776)	(1,554)	(1,554)	(1,554)	(1,554)	(1,554)	(1,332)	(1,332)	(1,332)	SFP0420
Other financial liabilities		-														SFP0430
Provisions		-	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	SFP0440
Other liabilities: deferred income including contract liabilities		-														SFP0450
Other liabilities: other		-														SFP0460
Total non-current liabilities		-	(1,808)	(1,808)	(1,808)	(1,808)	(1,808)	(1,586)	(1,586)	(1,586)	(1,586)	(1,586)	(1,364)	(1,364)	(1,364)	SFP0470
Total net assets employed		+/-	15,597	15,285	14,959	14,633	14,284	13,935	13,586	13,026	12,666	12,339	12,046	11,753	12,454	SFP0480
Financed by																
Public dividend capital		+	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	5,543	SFP0490
Revaluation reserve		+	14,239	14,239	14,239	14,239	14,239	14,239	14,239	14,239	14,239	14,239	14,239	14,239	14,239	SFP0500
Financial assets at FV through OCI reserve		+/-														SFP0510
Other reserves		+/-														SFP0520
Merger reserve		+/-														SFP0530
Income and expenditure reserve		+/-	(4,185)	(4,497)	(4,823)	(5,149)	(5,498)	(5,847)	(6,196)	(6,756)	(7,116)	(7,443)	(7,736)	(8,029)	(7,328)	SFP0540
Non-controlling Interest		+/-														SFP0550
Total taxpayers' and others' equity		+/-	15,597	15,285	14,959	14,633	14,284	13,935	13,586	13,026	12,666	12,339	12,046	11,753	12,454	SFP0560
<i>Check: does the balance sheet balance?</i>																
			OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

Borrowings	Expected Sign	05FOTPY	05PLANM01	05PLANM02	05PLANM03	05PLANM04	05PLANM05	05PLANM06	05PLANM07	05PLANM08	05PLANM09	05PLANM10	05PLANM11	05PLANM12	05PLANCY	Maincode	
		Forecast Out-turn 31/03/2023 Year Ending £'000	Plan 30/04/2023 Month 1 £'000	Plan 31/05/2023 Month 2 £'000	Plan 30/06/2023 Month 3 £'000	Plan 31/07/2023 Month 4 £'000	Plan 31/08/2023 Month 5 £'000	Plan 30/09/2023 Month 6 £'000	Plan 31/10/2023 Month 7 £'000	Plan 30/11/2023 Month 8 £'000	Plan 31/12/2023 Month 9 £'000	Plan 31/01/2024 Month 10 £'000	Plan 29/02/2024 Month 11 £'000	Plan 31/03/2024 Month 12 £'000	Plan 31/03/2024 Year Ending £'000	Subcode	
Current																	
Borrowings: overdraft	+															0	SFP0570
Borrowings: PFI/LIFT/Other service concession arrangement obligations	+															0	SFP0580
Borrowings: leases	+															0	SFP0590
Borrowings: DHSC capital loans (principal only)	+	445	445	445	445	445	445	445	445	445	445	445	445	445	445	445	SFP0600
Borrowings: DHSC working capital/revenue support loans (principal only)	+															0	SFP0610
Accrued interest on DHSC loans	i															0	SFP0625
Borrowings: other (non-DHSC)	+															0	SFP0630
Accrued interest on other (non-DHSC) loans	i															0	SFP0635
Total current borrowings	+	445	445	445	445	445	445	445	445	445	445	445	445	445	445	445	SFP0640
Non-current																	
Borrowings: PFI/LIFT/Other service concession arrangement obligations	+															0	SFP0650
Borrowings: leases	+															0	SFP0660
Borrowings: DHSC capital loans	+	1,776	1,776	1,776	1,776	1,776	1,776	1,554	1,554	1,554	1,554	1,554	1,332	1,332	1,332	1,332	SFP0680
Borrowings: DHSC working capital/revenue support loans	+															0	SFP0680
Borrowings: other (non-DHSC)	+															0	SFP0700
Total non-current borrowings	+	1,776	1,776	1,776	1,776	1,776	1,776	1,554	1,554	1,554	1,554	1,554	1,332	1,332	1,332	1,332	SFP0710

Analysis of cash balances	Expected Sign	05FOTPY	05PLANCY	Maincode	
		Forecast Out-turn 31/03/2023 Year Ending £'000	Plan 31/03/2024 Year Ending £'000		Subcode
Total cash balance	+	8,249	2,445	SFP0750	Balance
Broken down as:					
Cash balance held in GBS	+	2,290	2,445	SFP0760	Balance
Cash balance held on deposit with National Loans Fund (NLF)	+	0	0	SFP0770	Balance
Cash balance held in commercial accounts	+	5,959	0	SFP0780	Balance
Petty cash balances	+	0	0	SFP0790	Balance
Other balances	+	0	0	SFP0800	Balance
Total	+	8,249	2,445	SFP0810	Balance
<i>Check: all cash balances accounted for?</i>		OK	OK		

Validations		
Signage	Blank cells	Internal Consistency check
OK		
OK		
OK		
OK		
0	0	0

Analysis of cash balances: commercial accounts	Expected Sign	05FOTPY	05STC01A	05PLANCY	Maincode
		Forecast Out-turn 31/03/2023 Year Ending £'000	Desc 31/03/2024 Year Ending FREE TEXT	Plan 31/03/2024 Year Ending £'000	Subcode
Values held in each commercial bank:					
Commercial bank 1	+	5,959	Natwest Bank		SFP0820 Balance
Commercial bank 2	+				SFP0830 Balance
Commercial bank 3	+				SFP0840 Balance
Commercial bank 4	+				SFP0850 Balance
Total	+	5,959		0	SFP0860 Balance

Validations	
Signage	Blank cells
OK	OK
OK	OK
OK	OK
OK	OK
0	0

Analysis of cash balances: number of commercial accounts	Expected Sign	05FOTPY	05PLANCY	Maincode
		Forecast Out-turn 31/03/2023 Year Ending Number	Plan 31/03/2024 Year Ending Number	Subcode
Number of commercial bank accounts held	+	1	0	SFP0870 Balance

CAPITAL EXPENDITURE - 23/24

<u>Summary by Category</u>	<u>Change Board</u>	<u>Change Board</u>	<u>Comment</u>
	<u>Project List</u>	<u>Decision</u>	
	<u>Update</u> £000	<u>Decision</u> £000	
Not allocated	-	-	
Mandatory Compliance	370	370	Approved 09/03
In Flight	347	347	Approved 09/03
Replacement / Maintenance	780	780	Approved 09/03
Benefits realisation	-		Not approved
Discretionary	949		Not approved
Contingency	104	104	Contingency still required
TOTAL REQUESTED ABOVE	2,550		
Additional Projects & Costs	see below - IQPR		
TOTAL APPROVED		1,601	
Available		473	
TOTAL ENVELOPE	2,074	2,074	

CAPITAL EXPENDITURE - 23/24

Ranking Category 23/24

Complete 22/23
In Flight
Complete 22/23
Mandatory Compliance
In Flight
Mandatory Compliance
In Flight
In Flight
Replacement / Maint
Replacement / Maint
Replacement / Maint
Replacement / Maint

Complete 22/23
Complete 22/23
Complete 22/23
Complete 22/23
Complete 22/23
Mandatory Compliance
Complete 22/23
Complete 22/23
Complete 22/23
Replacement / Maint
Complete 22/23
Complete 22/23
Complete 22/23
Complete 22/23
Replacement / Maint

	<u>CODE</u>	<u>PROJECT</u>	Feb-23	
			FULL YEAR 22/23	FULL YEAR 23/24
			FORECAST	FORECAST
			£000	£000
	Q0633	Endpoint Replacement Programme 2022/23	129	-
	Q0634	Windows 10 Trust-Wide Rollout - Phase 2	59	20
	Q0637	Remote Monitoring Tools	21	-
	Q0638	Digital Care Platform Phase I (Patient portal/personal health record)	20	78
	Q0639	Cloud Transformation Phase 2-3 (21/22)	34	98
	Q0640	Cyber Security Compliance (CE, CE+)	25	17
	Q0643	Core Infrastructure Hardware/Licence Compliance	37	177
	Q0644	Student Data Reporting - Phase 2	64	52
	2223-18	Telephony system Upgrade/cloud		90
	IMT 1	Endpoint Replacement Programme 2023/24		150
	IMT 3	Local Servers		50
	IMT 4	Mobile / Handheld Devices		50
	Various1	Carry Over from 21/22	501	-
	IT	IT	888	782
	Q0722	TC - Monroe Service Desk & Furniture	132	-
	Q0723	TC - Kitchen & Breakout Space	115	-
	Q0720	Gender Neutral Toilets	58	-
	Q0632	Touchless Entry & Access Control	201	-
	Q0724	Fire doors GH and glazing (compliance)	142	-
	Q0728	Tavistock fire doors (compliance) & fire stopping (compliance)	746	275
	Q0726	Portman fire doors (compliance)	180	-
	Q0732	Water - hot and cold dead legs / sink removal over 2 years (compliance)	69	-
	Q0738	Wave on taps (compliance)	121	-
	2223-10	Project Management - to be allocated across all projects		100
	Q0725	AV Enabling works	94	-
	Q0729	Wifi enabling works	23	-
	Q0735	4th Floor - LED Lighting / Waiting Rooms / standardise Clinic & Hot desk rooms	218	-
	Q0730	1st Floor - Clinical furniture / Waiting Rooms / standardise Clinic rooms	123	-
	Q0717	Backlog & Other	107	340
	Various2	Carry Over from 21/22	112	-
	ESTATES	ESTATES	2,443	715
	Various3	Contingency	0	104
	OTHER	OTHER	0	104
	TOTAL	TOTAL - APPROVED	3,330	1,601
	TOTAL	ICS ENVELOPE - LATEST	3,330	2,074

Available for other projects (see below)

473

MEETING OF THE TRUST BOARD OF DIRECTORS			
19 April 2023			
Report Title: Staff Engagement Strategy			Agenda No.: 16
Report Author and Job Title:	Gem Davies, Chief People Officer (CPO)	Lead Executive Director:	Gem Davies, CPO
Appendices:	None		
Executive Summary:			
Action Required:	Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/>		
Situation:	The organisation is at a key turning point in terms of maturity and staff morale. The NHS People Promise, and our own trust People Plan speak to a need to make significant improvements for the experience of our people. Staff engagement is a cornerstone for employee and student attraction and retention, patient safety, and quality improvement. There is strong consensus from staff and leaders across the organisation that there needs to be a renewed sense of agency and collaboration for staff.		
Background:	The Trust approved a revised set of strategic objectives at the Board development session on 15th December 2022. Subsequent to this, the Executive Leadership Team (ELT) have been working to approve objectives for each Executive Director; the work described in this paper falls within the strategic objective to “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” which is the responsibility of the Chief People Officer (CPO) to lead.		
Assessment:	As described in this report, there is a need to act upon staff feedback to create a just and learning culture, a culture of transparent, two-way engagement, a culture of psychological safety and an environment where staff feel able to thrive, thus encouraging quality improvement to the benefit of patient safety and student and staff experience.		
Key recommendation(s):	Members of the Board are asked to: Consider the contents of the report and its partial assurance of progress towards the revised strategic objective in relation specifically to staff engagement. Further assurance will be provided in subsequent updates throughout the lifecycle of the strategy.		

Implications:					
Strategic Objectives:					
(tick)					
<input type="checkbox"/> Improve delivery of high-quality clinical services which make a significant difference to the lives of the people & communities we serve.	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.	<input type="checkbox"/> Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.	<input checked="" type="checkbox"/> Ensure we are well-led & effectively governed.	
Relevant CQC Domain: (tick)	Safe <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input checked="" type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register: (tick)	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	Risk Ref and Title BAF 5: Workforce development, retention, recruitment and BAF 6: Lack of inclusive and open culture				
Legal and Regulatory Implications: (tick)	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	The people plan priorities serve to enact improvements both in our legal obligations to our staff and the EDI agenda within the organisation. As such, there are no negative legal and/ or regulatory implications associated with this report.				
Resource Implications: (tick)	Yes <input checked="" type="checkbox"/>			No <input type="checkbox"/>	
	There may be resource implications associated with this report in the longer term. The CPO and Associate Director of HR will shortly be reviewing the people function structure to consider whether it is fit for purpose.				
Diversity, Equality and Inclusion (DEI) implications:	Yes <input type="checkbox"/>			No <input checked="" type="checkbox"/>	
	Due regard will be taken to mitigate any equal opportunity issues which arise from this report – ongoing EDI projects across the Trust including those described in the report will assure this.				
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.			<input type="checkbox"/> This paper is exempt from publication under the FOI Act which	

		allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:				
Assurance Route - Previously Considered by:	Executive Leadership Team, 3 April 2023			
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input checked="" type="checkbox"/> Partial Assurance: There are gaps in assurance	<input type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required

Report Title: Staff Engagement Strategy

Contents

1. Purpose of the report	1
2. Background	1
3. Work already completed	2
4. Work already commenced	3
5. Staff Engagement Group (Project team approach)	4
6. What is the shift in focus?	5
7. What else are we going to do?	6
8. What will be different this time next year?	7
9. Recommendations.....	7

1. Purpose of the report

1.1. The purpose of the report is to inform the Trust Board of Directors of the work underway, and planned to occur, in relation to the Trust’s Staff Engagement Strategy (SES).

2. Background

2.1. The Trust approved a revised set of strategic objectives at the Board development session on 15th December 2022. Subsequent to this, the Executive Leadership Team (ELT) have been working to approve objectives for each Executive Director; the work described in this paper falls within the strategic objective to “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” which is the responsibility of the Chief People Officer (CPO) to lead.

2.2. The CPO designed and held a Leadership Forum session on 27 February 2023. The purpose of the session was to inform leaders of the organisation of the Staff Survey 2022 outcomes, the implications of the results including WRES and WDES considerations, and to work collaboratively with them to consider how to best respond as an organisation.

- 2.3. Leaders were invited to hold table discussions on the main themes of the survey (Staff morale and wellbeing; Discrimination, bullying, abuse; Career progression; Reasonable adjustments; Flexible working; Appraisals; Management support; Communications & staff engagement) and to discuss both the learning and change required, and how they as leaders can improve the experience of staff with support from the ELT.
- 2.4. On 14 March 2023, the CPO delivered a dedicated Insights Briefing to all staff on the Staff Survey results; the Head of OD, L&D & Culture provided key input on appraisals. The session was designed to inform staff of the overarching themes arising from the staff survey, indicated what we have done, are doing, and will do, because of the feedback, indicate how staff can help progress this work, and tie in the importance of structured meetings / appraisals with direct managers as a staff engagement tool.
- 2.5. The CPO then used the rich dialogue from both the Leadership Forum and the Insights Briefing to design and deliver a two-hour Board Seminar Session on 14 March 2023. Again, the session was intended to inform the Board of the organisation of the Staff Survey 2022 outcomes, the implications of the results including WRES and WDES considerations, to provide partial assurance of the early work to mitigate concerns and develop work in this area, and to work collaboratively with the Board to consider how to best respond as an organisation.
- 2.6. This report is therefore intended to provide information on the next steps in relation to the SES and to provide partial assurance on the progress already made, currently underway, and planned and yet to be executed.

3. Work already completed

- 3.1. A number of actions have already been completed in the months since the staff survey results were collated. Some of these will be further developed as described later in this report:
 1. Created a reasonable adjustments process which better enables staff to request and receive equipment to help them in their roles. With assistance

from finance colleagues, money has been secured to allow for equipment to be purchased where required (in tandem with Access to Work funding where appropriate); an asset log is being compiled so that as staff leave, their equipment can be repurposed for another employee.

2. Reviewed staff engagement channels. With communications colleagues, we have taken stock of the current staff engagement mechanisms and sought to introduce specific tailored approaches which are fit for purpose for a medium term; Future Direction and Leadership Forum are just two examples of the newer approach and more will be developed in conjunction with the Staff Engagement Group as described later in this report.
3. Reviewed the Freedom to Speak Up process, providing a clear flowchart and more than one route to escalate concerns. The Executive Director FTSU log has also been reopened and will now be kept up to date routinely. We are receiving some initial feedback from various sources that the process is perhaps still not fully understood or utilised; we will further strengthen this over the year.
4. EDI impact box added to all board and committee cover sheets to indicate the specific importance of these concerns and therefore provide dedicated consideration of EDI issues in all board and committee items.
5. Extended opening hours of the people team office. The People Team is now very nearly fully staffed, and after listening to feedback we have extended the main office opening hours from 11am – 3pm to 10am – 4pm, five days a week. Anyone can now drop into the office or contact member of the department via Teams to raise queries or seek advice. Urgent queries will also be picked up outside these hours.

4. Work already commenced

4.1. A number of workstreams are already underway as described below:

1. Reviewing priority policies before launch to ensure they are developed with a just and learning culture approach.

2. Focussed leadership forums on staff engagement related topics.
3. Refreshing the Race Action Plan (RAP) into clear, timed, themes, with realistic short, medium, and long term outcomes as a result.
6. Refreshing and resetting priorities for all our staff networks, including electing network chairs and two-way holding to account via the EDI team.
7. Staff event planning to reconnect to our people via a summer event in person and to be followed by a staff recognition event later in the financial year.
8. Designing and delivering leadership and management training as well as back to basics training to ensure that all leaders and managers in the organisation are equipped with the right skills, demonstrate the right behaviours, and can follow the right processes to encourage staff engagement and development.
9. Increased visibility of the executive leadership team with each executive director undertaking regular team visits; feedback arising from these visits are now shared as a standing item on the weekly ELT meeting agenda every Monday.

5. Staff Engagement Group (Project team approach)

- 5.1. A number of steps are now required to pick up the pace of the staff engagement work and ensure there is a clear programme of work, timetable of completion, and ability to provide assurance on traction.
- 5.2. The future programme of work will be codesigned with the input of a Staff Engagement Group (SEG); this will be a project team pulled together by the CPO, consisting of people representing a range of staff groups, diversity, seniority, and teams (Clinical, operations, FTSU, education & training, corporate) to continue to design and implement staff engagement mechanisms in the trust.

- 5.3. The aim of the group will be to provide accountability, transparency, challenge and pace for the staff engagement activities we need to continue and commence. It is intended to ensure that all staff voices are invited to be heard and the information received both considered and translated into meaningful action.
- 5.4. The project team approach to the SEG will allow us to make evidence-based changes and work via an improvement strategy approach. We will also seek to share and adapt best practice with and from other organisations, where positive improvements have already been made that we can learn from.
- 5.5. Governance will be maintained via the SEG reporting regularly on progress to the POD EDI Committee.
- 5.6. Key themes of the work of the project team will include:
 1. Directly responding to the concerns raised in the 2022 staff survey
Empowerment of our people – local ownership of issues from the bottom up, rather than relying on historical top-down approaches.
 2. Visible leadership – as described elsewhere in this report.
 3. Listening into action, you said; we did, learning case studies
 4. Reviewing and resetting our trust values.
 5. Strong link to staff health and wellbeing approaches.
 6. Strong link to EDI approaches and the RAP objectives.
 7. Improving the mechanisms for and uptake of the FTSU process.
 8. Staff recognition and gratitude mechanisms.
 9. Additional themes will be invited and consulted upon with the project team.

6. What is the shift in focus?

- 6.1 It is not a viable option to not change our current staff engagement strategies; the organisation is at a key turning point in terms of maturity and staff morale. The NHS People Promise, and our own trust People Plan speak to a need to make significant improvements for the experience of our people. The SES is a cornerstone for employee and student attraction and retention, patient safety, and quality improvement.

- 6.2 There is strong consensus from staff and leaders across the organisation that there needs to be a renewed sense of agency and collaboration for staff. By spending any more time in development stage at the exclusion of input and guidance from our staff, we risk devaluing the strategy and further disengaging our people.
- 6.3 We therefore need to implement the next steps described in this report, committing to be held to account by the SEG, ELT colleagues, POD EDI Committee, and the Trust Board. There is a need to act upon staff feedback to create a just and learning culture, a culture of transparent, two-way engagement, a culture of psychological safety and an environment where staff feel able to thrive, thus encouraging quality improvement to the benefit of patient safety and student and staff experience. This is the preferred option and the one we shall now enact.

7. What else are we going to do?

- 7.1 Alongside including our people in our decision making, there are some clear actions we want to take. We will of course inform the SEG of these actions for their input and opinion:
1. Launch reasonable adjustments policy and training. In order for staff to be fully engaged they need to be able to fully participate in their role and their working environment. A reasonable adjustments policy (and associated training) to wrap around the current reasonable adjustment process, will provide rigour and a transparent accountability framework for enabling reasonable adjustments.
 2. Build trust with the people function (HR) via a rebranding and promotion approach, upskilling our people teams, designing and implementing a robust establishment control process, and working as an intelligent customer in our interactions with our third party providers of people processes (such as recruitment and payroll).
 3. Radically redesign our approach to appraisals via the introduction of career progression and wellbeing conversations, using leadership models for staff in higher bands and coaching/mentoring models for our people in developmental

roles. We will discuss options for leadership models (such as the NHS Leadership Academy Scope for Growth) with the SEG.

4. Creating additional spaces for discussion and encouraging manager to release people to participate. Furthering the use of Future Direction sessions, continuing team visits, and expanding these to include leadership walkarounds. We are producing a template feedback document along with an outcome letter / email / communication to teams, to indicate what actions we are taking in response to their feedback and/or explain the reasons where we need to delay taking action.

8. What will be different this time next year?

8.1 As a result, we would expect to see a number of changes:

1. Enthusiasm to participate when we ask for staff input going forward (we have already received 8 people wanting to participate in the staff event planning for instance).
2. An initial increase in reporting of issues, via a number of escalation routes (including leaderships visits, the people function, FTSU guardian, people policies etc.).
3. A return to better staff survey response rates; regardless of whether the feedback is positive or negative we want to counteract survey apathy / fatigue.
4. Increase in staff morale and wellbeing.
5. Increase in informal resolutions of people relations issues and reduction in employment tribunal activity.
6. Positive patient outcomes.

9. Recommendations

- 9.1 Members of the Board are asked to consider the contents of the report and its partial assurance of progress towards the revised strategic objective in relation specifically to staff engagement. Further assurance will be provided in subsequent updates throughout the lifecycle of the strategy.

Report to	Date
Board of Directors	April 2023

CPO Report	Agenda Item 17
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Executive Summary

Purpose:

The purpose of the report is to provide the PODEDI Committee with a summary overview of activity relating the workforce and the People Strategy that are not covered in the papers submitted. Information is presented against each of the four People Strategy priorities.

Valuing Our People

We will ensure our staff are healthy, engaged and able to work flexibly, enabled through an inclusive, compassionate and collaborative culture where all staff feel safe and confident to express their views and feel a sense of belonging.

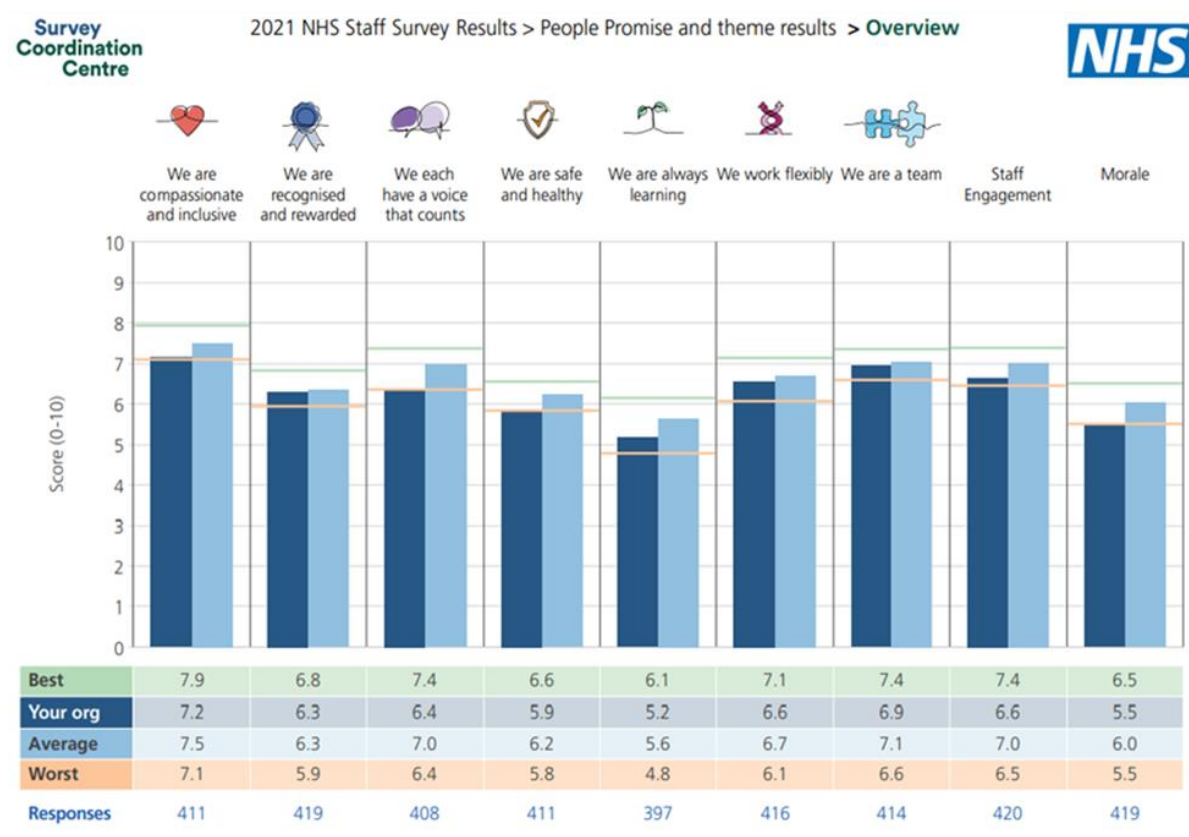
Staff Survey

The 2022-23 National Survey launched in the Trust at the beginning of October 2022 and closed at the end of November 2022. Locally, our response rate is significantly lower at 43% (from 58% last year), and this is echoed across the NHS with a 46% response rate on average nationally and 49% response rate on average across London trusts (down from 52% on average last year). The average response rate for other Mental Health Trusts was 50%.

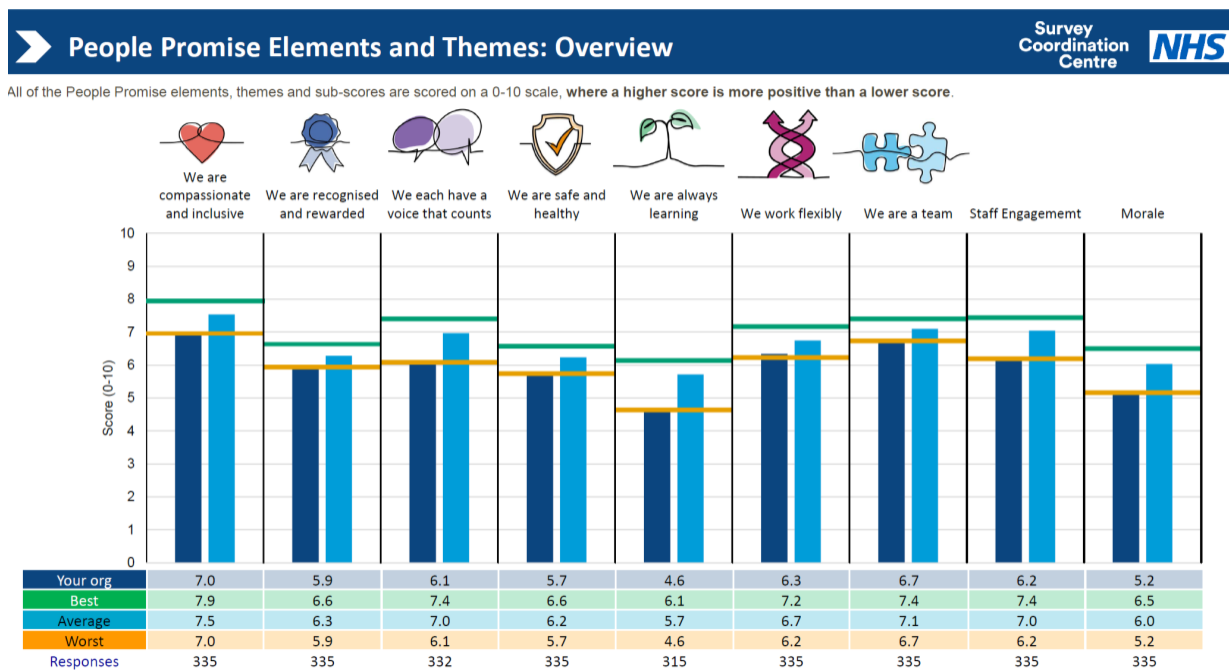
Nationally, this year's results illustrate a decline in certain key markers of staff experience and our results are sadly no different. The national results demonstrate an overall decrease in staff morale and our local results reflect that this resonates with our staff.

There is no doubt that 2022 was a particularly challenging year, it's therefore vitally important that we actively listen to and seek to address concerns, both locally and centrally. This year, for the first time, the survey was also available to bank staff. Our bank staff response rate was 26.67%. The average for all Mental Health Trusts was 24%.

2021 results



2022 results



The overarching themes arising from staff feedback are:

- Staff morale and wellbeing
- Discrimination, bullying, abuse (esp. WRES & WDES)
- Career progression (esp. WRES & WDES)

- Reasonable adjustments (WDES)
- Flexible working
- Appraisals
- Management support
- Communications & staff engagement
- Positive response on areas of team working and effectiveness

We held a leadership forum at the end of February, dedicated to the staff survey results and staff engagement. Leaders from across the organisation were given protected time and discussion space to think about the following questions:

1. What are your initial perceptions of the theme -does the theme resonate in your own team?
2. What are the opportunities for learning and change in relation to these themes?
3. As a leader in the organisation, how would you approach improving the experience of our people?
4. What support would you need, and who from, in order to enact the improvement?
5. The magic wand question – if money and resources were no object, what new initiative would you want commissioned for our people / organisation?

The feedback was taken away and an Insights Briefing held on 13 March for all staff, on the staff survey and appraisals. The focus of the briefing was to give staff and understanding of the survey results, outline we have done, are doing, and will do in response to the results, how they can help, and remind staff of the importance of appraisals and how to carry them out well. Staff were invited to ask questions and feedback observations.

A specific two-hour board seminar session was then held on 14 March 2023 to talk through the survey results, invite discussion from attendees on similar questions to the above, disseminate the feedback from leaders in the organisation, and outline we have done, are doing, and will do in response to the results. The feedback will now be created and reviewed, and communications scheduled to ensure staff are fully aware of how we are responding as an organisation to the value feedback we have received. Further update will be provided at future POD EDI Committee meetings, however a summary of some of the actions follows. We have / are / will:

- Created a reasonable adjustments process which better enables staff to request and receive equipment to help them in their roles. We will also be creating a new policy shortly to ensure transparency and consistency of the process.
- Reviewed staff engagement channels – future direction and leadership forum are two examples, and we will refresh and better publicise routes for engaging.
- Reviewed the Freedom to Speak Up process, providing a clear flowchart and more than one route to escalate concerns. We will further strengthen this over the year.
- Refresh and reset priorities for all our staff networks, including electing chairs.
- Educate people on having difficult conversations and handling difficult situations.
- Implement a no blame culture approach, focusing on just and learning policy base.
- Design and deliver leadership and management training as well as back to basics training.
- Build trust with the people function (HR).
- Be clear about what actions we take and progress we make to improve and communicate the changes.
- Be more visible as leaders and create further spaces for discussion.

- Actively listen and learn.
- Actively encourage and promote meaningful appraisals.

Health and Wellbeing and Occupational Health

Support continues to be signposted to staff in relation to improving Health and Wellbeing and particularly for those staff affected by the Strategic Review and the announced closure of the GIDs service. The Kings Fund are providing specialist support and development for the GIDs team and the Keeping Well NCL Hub have also offered additional support.

The Trust is continuing to work with our current Occupational Health provider TP Health whilst the NCL develop a shared Occupational Health Service. It is unlikely that the transfer of services will be completed until next year.

A cost-of-living group has been set up and the first meeting has been held. This group will be considering how staff can be supported in relation to their health and wellbeing specifically in relation to the challenges staff face as a result of the increase in the cost of living. We have also received some resources via the wellbeing hub relating to financial wellbeing and health and wellbeing in the context of the cost-of-living situation.

Equality Diversity and Inclusion

Update on progress is included in separate report on EDI.

Developing Our Workforce

We will be individually accountable for ensuring we are all able to thrive through inclusive, compassionate and collaborative leadership, outstanding teams, effective performance management and personal and professional development.

Appraisal

This month's workforce performance shows a slight decrease of 0.18% to 84.45% compliance with Statutory and Mandatory Training. Appraisal compliance is now increasing, and we are up 3.29% to 15.23%. We launched an appraisal recovery plan and have delivered a number of training sessions to managers to increase appraisal compliance and quality. We have identified through the responses to the staff survey that employees are not seeing the value in appraisals. We redesigned the appraisal form to ensure that the necessary support is in place to enable our new managers to continue to deliver high quality appraisals. The feedback from the training sessions has been positive and we are now seeing an increase in compliance. We have launched a timeline for appraisals to be completed in a cascade process starting from senior management. This is to ensure that all staff have had their appraisal by the end of March 2023. For an individual to have a successful appraisal they need to be up to date with their mandatory training. Therefore, the focus is on managers to complete their appraisals with their staff. HR Business Partners are sent compliance data to work with their Directorates on the compliance rate.

Leadership and Management Development

The Trust's DET is supporting the design and delivery of the Bands 5-8b development programme and a tender specification has been issued to seek a partner to design and deliver the senior leader's programme. Co-design workshops have been held with managers from across the organisation as well as a questionnaire that has been issued to managers asking for their views and aims of the programme. The Programmes will start at the end of March 2023 and there will be a number of cohorts for the delegates. A Programme Board has been established to provide oversight and delivery of the programme.

Apprenticeship Levy

During Covid there was a decision made to not appoint any apprentices as there was a requirement to have on the job training which was difficult to implement with the uncertainty of the pandemic and remote working. We receive £15K per month towards apprenticeships which expires after 24 months if we have not used the money. At present there is £380K in the apprenticeship levy account. We will review the apprenticeship process and put together a paper for the next PODEDI with recommendations.

Growing Our Workforce

We will grow and shape our workforce so that it is responsive to our immediate and future needs through a focus on planning, transformation, recruitment, retention and working collaboratively across the system.

Strategic Review Implementation Workforce

The final redundancies following the strategic review will take place in March 2023. There are several outstanding queries which are being picked up by the HR business partner team.

The work to align ESR/Oracle is almost completed, which will allow accurate reporting on workforce metrics. There are a number of staff sitting in cost centres which have been disestablished and the HR business partners are working with managers to identify the correct cost centres for the affected individuals (which includes a number of individuals on honorary contracts). TRAC has been aligned to the new structure and work will be required to align the TPHealth portal to the new cost centres.

NLPSS Recruitment Shared Services

As part of the recovery plan for NLPSS, a new operating model was introduced in October 2022. This is based on Trust teams, rather than functional teams as previously, with end-to-end processing of recruitment being done by one team. We are continuing to see improvements in time to hire and the overall recruitment experience for both managers and applicants.

NLPSS is continuing to work on the backlog of checks which built up in the summer of 2023. The "backlog busting" days on Tuesdays and Thursdays where all teams are diverted to clearing the backlog which were introduced in late 2022 are continuing until further notice. As at the end of February 2023, the backlog is below 1,500 candidates.

The average wait time for answering calls to the helpdesk for February 2023 was approximately 0.5 minutes (down from 0.77 minutes in December 2022).

Weekly meetings continue to take place with the Trust's NLPSS account manager and the fortnightly meetings with HRDs/CPOs are also continuing. The Trust's HR team continues to encourage managers to fully utilise the TRAC system to keep themselves updated on their candidates' progress through the pre-employment checking process, as well as advising managers to call the recruitment helpdesk, rather than send emails.

The HR team is in the final stages of developing guidance which will assist recruiting managers upload their vacancies to TRAC. This, together with a crib sheet on common recruitment issues, will be issued in Q1 2023/2024 and training sessions will also be rolled out for recruiting managers.

Delivering Excellent People Services

We will develop a People and OD service that is responsive to current and emerging strategic challenges, is innovative and delivers value.

Policy and Procedure Review

First drafts of the following policies have been prepared by Camburg and are with JSCC members and the EDI team for review. It is planned that these policies will go to the Trust's policy and procedures approval group in mid-April 2023 ahead of being launched across the organisation during week commencing Monday 8 May 2023. As part of the rollout, we will be working with the communications team to ensure clear messaging, as well as rolling out training sessions for managers to develop their skills in dealing with these policies.

- Capability
- Disciplinary
- Resolution (this covers the areas previously covered by the bullying and harassment procedure and the grievance procedure)

First drafts of the following policies are currently being prepared ahead of circulating for comments:

- Sickness absence
- Employment appeals
- Recruitment and selection
- Temporary staffing
- Salary advances and overpayment
- Agile working (this covers the areas previously covered by the flexible working procedure and the working from home guidance)
- Pay progression

Employee Relations and Casework

Below is a summary of employee relations activity as of 28 February 2023:

Case Type	Number of Cases	Change Since 30 November 2022
Employment tribunal	4	+2
Disciplinary	2	-1
Capability	2	+1
Grievance	4	+1
Sickness absence	8	-4

Two employment tribunal claims were received in January/February 2023 and the Trust intends to defend these claims. Initial responses have been submitted on the Trust's behalf by DAC Beachcroft, who are advising on both of these tribunal applications. The other two employment tribunals cases are at appeal stage, and we are awaiting the outcomes of the tribunals' deliberations.

All employee relations casework continues to be reviewed as part of a weekly casework review meeting, led by the head of HR (business partnering and employee relations) and which the HR business partners attend.

The head of HR (business partnering and employee relations) has established a monthly meeting with staff-side chair to discuss employee relations and industrial relations matters.

The sickness absence reporting process is being reviewed in conjunction with the revised sickness absence procedure and the new process will be communicated across the Trust in Q1 2023/2024.

NHS National Industrial Action

The situation continues to be monitored in relation to the ballot outcomes and proposed industrial action by each union.

RCN revoked their strike notice once government talks commenced. No further date of action has been notified.

Unison had notified the Trust of its intention to strike on 8th March. Late minute government talks were convened, and we were further notified on an intention to strike on 20th March if current talks with the government fall through. At the time of writing this report, plans are in place should this action go ahead. In addition, the BMA notified the organisation of a junior doctor strike which was held on 13-15 March 2023.

Recommendation to the People and Organisational Development (Equality, Diversity and Inclusion) Committee

Members of Committee are asked to note the contents of this report.

Trust strategic objectives supported by this paper

People

Author

Responsible Executive Director

Head of HR (OD, culture and engagement)
Head of HR (business partnering and employee relations)

Chief People Officer

MEETING OF THE POD EDI Committee			
Workforce Performance Report			AGENDA ITEM:
			17
Report Author and Job Title:	Dayo Ajibola, Associate Director of HR Operations	Responsible Director:	Gem Davies, Chief People Officer
Action Required	Approve <input type="checkbox"/> Discuss <input type="checkbox"/> Inform <input checked="" type="checkbox"/>		
Situation	Trust Workforce Performance Position – January 2023		
Background	This report intends to provide an overview on key workforce metrics such as: Sickness absence, Mandatory & Statutory Training Compliance, Appraisal, Turnover, Right to Work and DBS.		
Assessment	<p>The ESR Transformation Program to align the hierarchy with SR outcome has not been completed. This will have an impact on the workforce reports until the program has been completed and validated for assurance.</p> <p>Managers will continue to receive support and training in completing high quality appraisals and managing employee related matters – sickness, capability – to facilitate a ‘just culture’ within the organization.</p>		
Recommendation	Members of the Committee are asked to note the contents of the report.		
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	There are no risk implications associated with this report.		
Legal and Equality and Diversity implications	<p>The people plan priorities serve to enact improvements both in our legal obligations to our staff and the EDI agenda within the organisation.</p> <p>Due regard has been taken to mitigate any equal opportunity issues which have arisen from this report – ongoing EDI projects across the Trust.</p>		
Strategic Objectives	Excellence in patient outcomes and experience <input checked="" type="checkbox"/>	Excellence in employee experience <input checked="" type="checkbox"/>	

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

TAVISTOCK & PORTMAN NHS TRUST

WORKFORCE INFORMATION DASHBOARD

JANUARY 2023

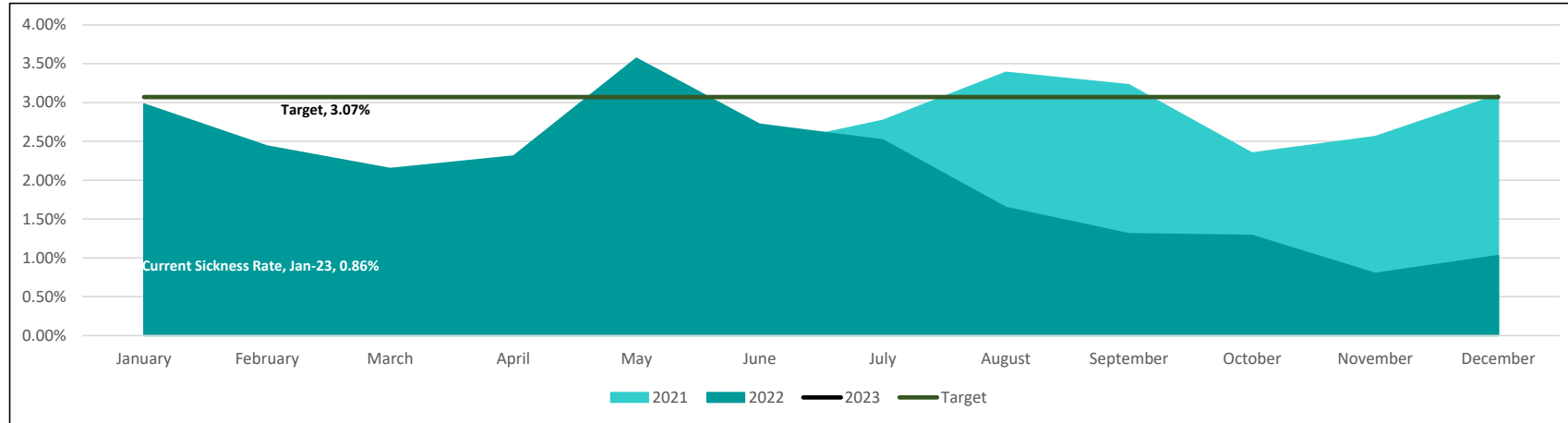
Workforce Information Trust Report - January 2023

Monthly Monitored K.P.I's

Key Performance Indicators	Trust Target	Nov-22	Dec-22	Jan-23	Trend (Against Previous Month)
Sickness Absence	3.07%	0.80%	1.03%	0.86%	↓
Mandatory & Statutory Training Compliance	95.00%	84.45%	80.52%	80.94%	↑
Appraisal (Rolling 12 months)		15.23%	16.18%	17.92%	↑
Turnover	2.20%	1.41%	1.53%	1.83%	↑

Workforce Information Trust Report - January 2023

Sickness Absence Performance Trend



Sickness Absence by Staff Group & Ethnicity

Jan-23 Staff Group	White	BME	Not Stated	Total
Trust	0.50%	0.36%	0.00	0.86%
Add Prof Scientific and Technic	0.63%	0.07%	0.00	0.70%
Administrative and Clerical	0.64%	0.02%	0.00	0.66%
Allied Health Professionals	0.00	0.00	0.00	0.00
Estates and Ancillary	0.00	19.59%	0.00	19.59%
Nursing and Midwifery Registered	0.00	0.00	0.00	0.00
Medical & Dental	0.50%	1.27%	0.00	1.77%
Additional Clinical Services	0.00	0.00	0.00	0.00
Students	0.00	0.00	0.00	0.00

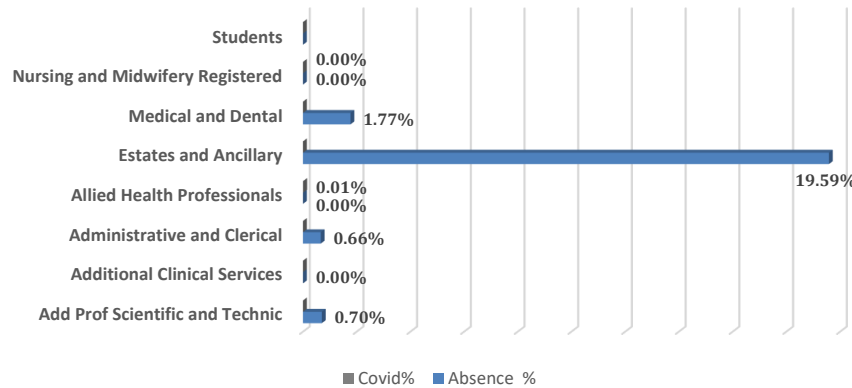
The Estates staff group continues to hold the highest sickness rate in Jan-23, since Jul-22. This has increased by 7.23%. Previous months have indicated BME employees with the highest sickness rate in Estates. This has continued through to Jan-23. BME employees within other professional staff group have relatively stayed the same.

As a Trust overall, white employee's sickness rate has increased by 0.11% and holds the highest sickness rate for this month.

Workforce Information Trust Report - January 2023

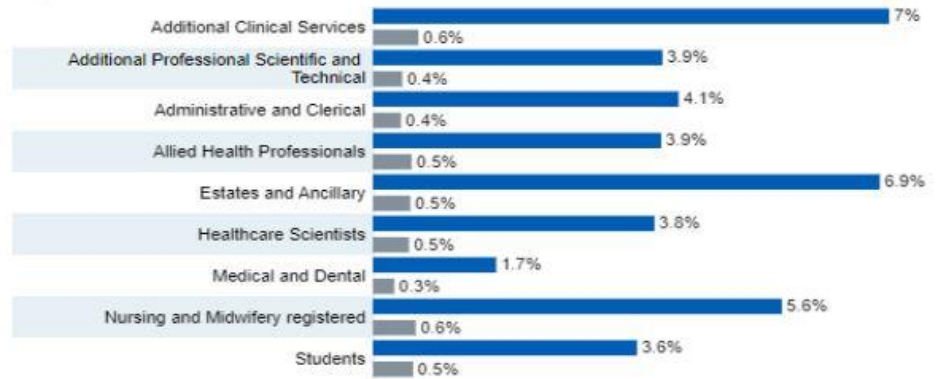
Sickness Absence Staff Group Comparison

Tavistock & Portman
Absences by Staff Group - All absences and Covid-19 related Absences
January 2023



The Tavistock & Portman Trust, Estates staff group holds the highest sickness rate at 19.59%. Follows a similar pattern within London staff groups. Staff group absences is generated by the number of sickness days lost.

Absences by staff group - All absences and COVID-19 related absences
Reported on 22 November 2022











According to London staff absences Nov-22 report, the professional staff groups within London that holds the highest sickness rate is Estates at 6.9% and Additional Clinical Services at 7%. Jan-23 data TBC.

Data Source: London Staff Absence (National Covid-19 Sitrep and NHS Digital)

Workforce Information Trust Report - January 2023

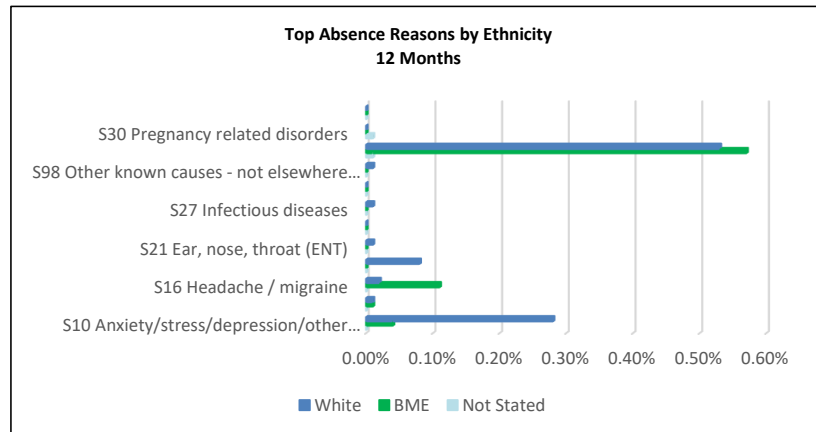
Top Sickness Absence Reasons Year on Year Comparison

Absence Reason	FTE Days Lost				FTE Days Lost			Year On Year Comparison	
	Jan-23		Grand Total	Absence Rate	Jan-22		Absence Rate	Absence Type Rank	Year On Year Difference
Long Term	Short Term	Long Term			Short Term				
Trust Overall Sickness	172.80	1.00	173.80	0.86%	397.00	226.11	2.91%		
S10 Anxiety/stress/depression/other psychiatric illnesses	40.30	0.00	40.30	0.20%	28.93	0.00	0.14%	2	
S13 Cold, Cough, Flu - Influenza	0.00	1.00	1.00	0.00	0.00	0.00	0.00	7	
S19 Heart, cardiac & circulatory problems	31.00	0.00	31.00	0.15%	0.00	0.00	0.00	5	
S23 Eye problems	27.90	0.00	27.90	0.14%	0.00	0.00	0.00	6	
S99 Unknown causes / Not specified	73.60	0.00	73.60	0.36%	368.07	220.48	2.75%	1	
S28 Injury, fracture	0.00	0.00	0.00	0.00	0.00	3.63	0.02%	3	
S98 Other known causes - not elsewhere classified	0.00	0.00	0.00	0.00	0.00	2.00	0.01%	4	

Workforce Information Trust Report - January 2023

Top Absence Reasons – Past 12 Months

Feb-22 – Jan-23	
Trust Sickness	%
S99 Unknown causes / Not specified	1.11%
S10 Anxiety/stress/depression/other psychiatric illnesses	0.32%
S16 Headache / migraine	0.13%
S19 Heart, cardiac & circulatory problems	0.08%
S27 Infectious diseases	0.02%
S15 Chest & respiratory problems	0.01%
S21 Ear, nose, throat (ENT)	0.01%
S30 Pregnancy related disorders	0.01%
S98 Other known causes - not elsewhere classified	0.01%
S13 Cold, Cough, Flu - Influenza	0.00%
S23 Eye problems	0.00%
S25 Gastrointestinal problems	0.00%



Feb-22 – Jan-23	
Trust Sickness by Ethnicity	White
S99 Unknown causes / Not specified	0.53%
S10 Anxiety/stress/depression/other psychiatric illnesses	0.28%
S19 Heart, cardiac & circulatory problems	0.08%
S16 Headache / migraine	0.02%
S15 Chest & respiratory problems	0.01%
S21 Ear, nose, throat (ENT)	0.01%
S27 Infectious diseases	0.01%
S98 Other known causes - not elsewhere classified	0.01%
S23 Eye problems	0.00%
S25 Gastrointestinal problems	0.00%

Feb-22 – Jan-23	
Trust Sickness by Ethnicity	BME
S99 Unknown causes / Not specified	0.57%
S16 Headache / migraine	0.11%
S10 Anxiety/stress/depression/other psychiatric illnesses	0.04%
S15 Chest & respiratory problems	0.01%
S13 Cold, Cough, Flu - Influenza	0.00%
S27 Infectious diseases	0.00%
S98 Other known causes - not elsewhere classified	0.00%

Feb-22 – Jan-23	
Trust Sickness by Ethnicity	Not Stated
S99 Unknown causes / Not specified	0.01%
S30 Pregnancy related disorders	0.01%
S13 Cold, Cough, Flu - Influenza	0.00%

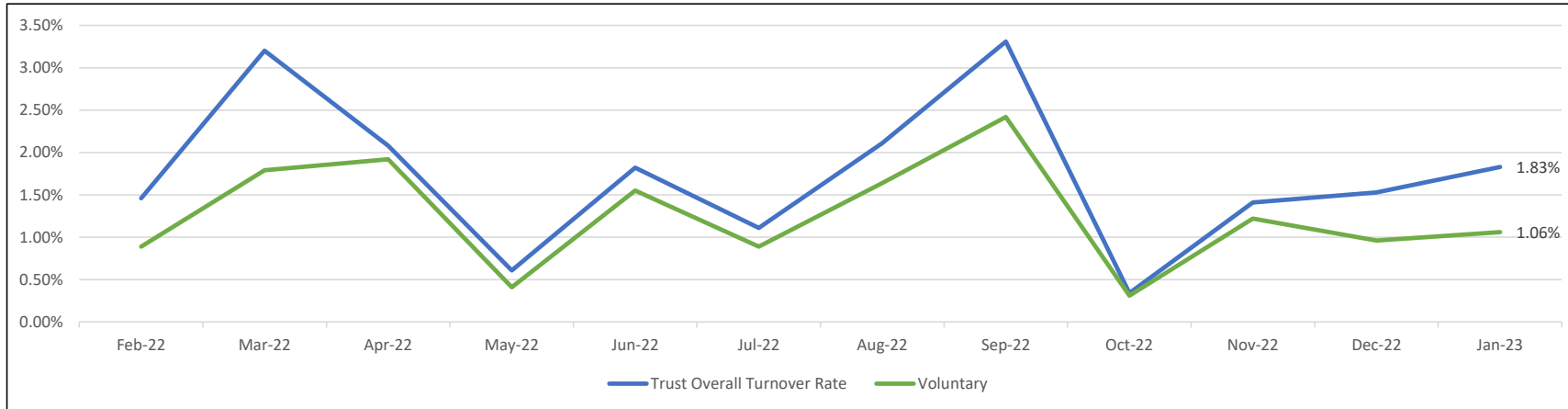
Workforce Information Trust Report - January 2023

Sickness Absence Summary

- London total absences across all Trusts was at 3.7% and Covid related absences was 0.3%, as a percentage of total headcount.
- London remains under the national average. At the same time has the lowest % of total absences and the lowest Covid absences % amongst NHS regions.
- The Tavistock & Portman Trust Sickness rate contributes to the lowest in London, currently at 0.86% at the end of Jan-23.
- NHS E&I reported on Sickness within London Trust's at the end of Nov-22, we submitted a figure of 0.9% absence. 2.98% under London average, including Covid at 0.1%.
- Compared to the average, two out of 34 London Trusts hold a high rate of sickness above 4.9%.
- The T&P Trust sickness absence within unknown/not specified continues to trend in Jan-22 at 1.11%, down by 0.27% from Nov-22. Overall year to date BME employees have held the highest sickness rate within the Trust at 0.57%.
- According to a number of London NHS Trusts, Anxiety/stress/depression/other psychiatric illnesses is one of the leading causes of sickness absence. As a Trust this is our second highest relating to absence at 0.32%, year to date.
- The T&P Trust face a number of challenges over sickness data, such as Managers not reporting & amongst other concerns. In the next few months, the Trust will undergo a review on sickness concerns. Ensuring a new development of our sickness form and policies being created, communicating this to CIVICA and Managers within the Trust. Acknowledging the importance of submitting absence information.
- This will enable us in the future to look at accurate sickness cost within the T&P Trust. Also enable us to correlate our sickness data along side occupational health information and focus on employee health and well being.

Workforce Information Trust Report - January 2023

Turnover Performance Trend

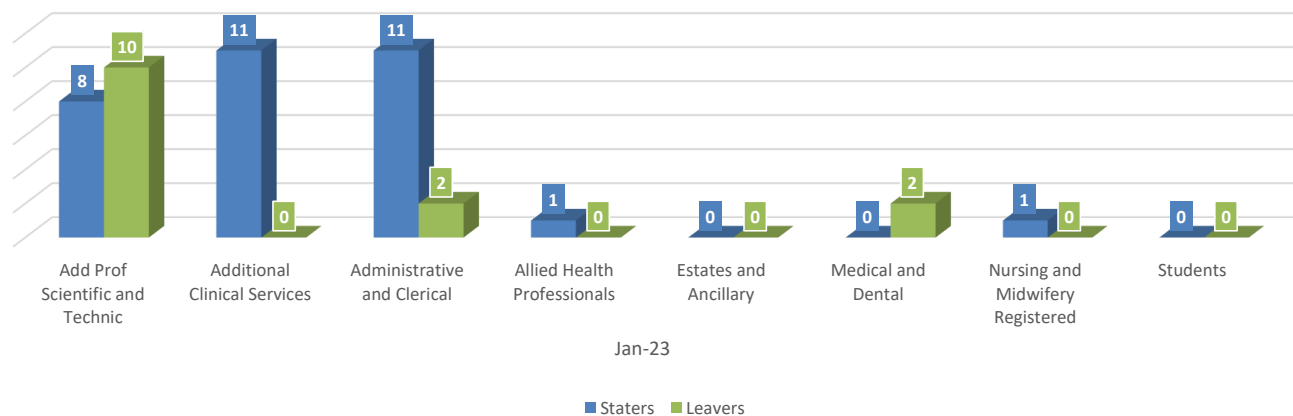


Years Service & Voluntary Turnover Rates by Years Service

Months	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sept-22	Oct-22	Nov-22	Dec-22	Jan-23
Trust Overall Turnover Rate	1.96%	1.46%	3.20%	2.08%	0.61%	1.82%	1.11%	2.11%	3.31%	0.34%	1.41%	1.53%	1.83%
of which are Voluntary	1.30%	0.89%	1.79%	1.92%	0.41%	1.55%	0.89%	1.64%	2.42%	0.31%	1.22%	0.96%	1.06%
<1 Year	0.39%	0.16%	0.00%	0.48%	0.16%	0.35%	0.00%	0.38%	0.49%	0.00%	0.15%	0.47%	0.15%
1 to 2 Years	0.28%	0.48%	0.70%	0.48%	0.00%	0.15%	0.22%	0.27%	0.71%	0.16%	0.15%	0.25%	0.31%
2 to 5 Years	0.46%	0.25%	0.88%	0.57%	0.25%	0.55%	0.29%	0.86%	1.07%	0.15%	0.25%	0.12%	0.37%
5 to 10 Years	0.00%	0.00%	0.00%	0.00%	0.00%	0.46%	0.22%	0.13%	0.16%	0.00%	0.25%	0.00%	0.11%
10 to 15 Years	0.17%	0.00%	0.07%	0.16%	0.00%	0.00%	0.16%	0.00%	0.00%	0.00%	0.27%	0.12%	0.06%
15 to 20 Years	0.00%	0.00%	0.14%	0.00%	0.00%	0.05%	0.00%	0.00%	0.00%	0.00%	0.15%	0.00%	0.06%
20 to 25 Years	0.00%	0.00%	0.00%	0.07%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
25 to 30 Years	0.00%	0.00%	0.00%	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
>=30 Years	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Workforce Information Trust Report - January 2023

Starters & Leavers by Staff Group



Turnover by Staff Group & Years Service Jan-23

Staff Group	Turnover	Of Which are Voluntary	<1 Year	1 to 2 Years	2 to 5 Years	5 to 10 Years	10 to 15 Years	15 to 20 Years	20 to 25 Years	25 to 30 Years	>=30 Years
Trust	1.83%	1.06%	0.15%	0.31%	0.37%	0.11%	0.06%	0.06%	0.00	0.00	0.00
Add Prof Scientific and Technic	3.91%	2.43%	0.15%	0.00	0.37%	0.11%	0.06%	0.06%	0.00	0.00	0.00
Additional Clinical Services	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Administrative and Clerical	0.72%	0.72%	0.00	0.31%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Allied Health Professionals	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Estates and Ancillary	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical and Dental	5.18%	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nursing and Midwifery Registered	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Students	0.00%	0.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

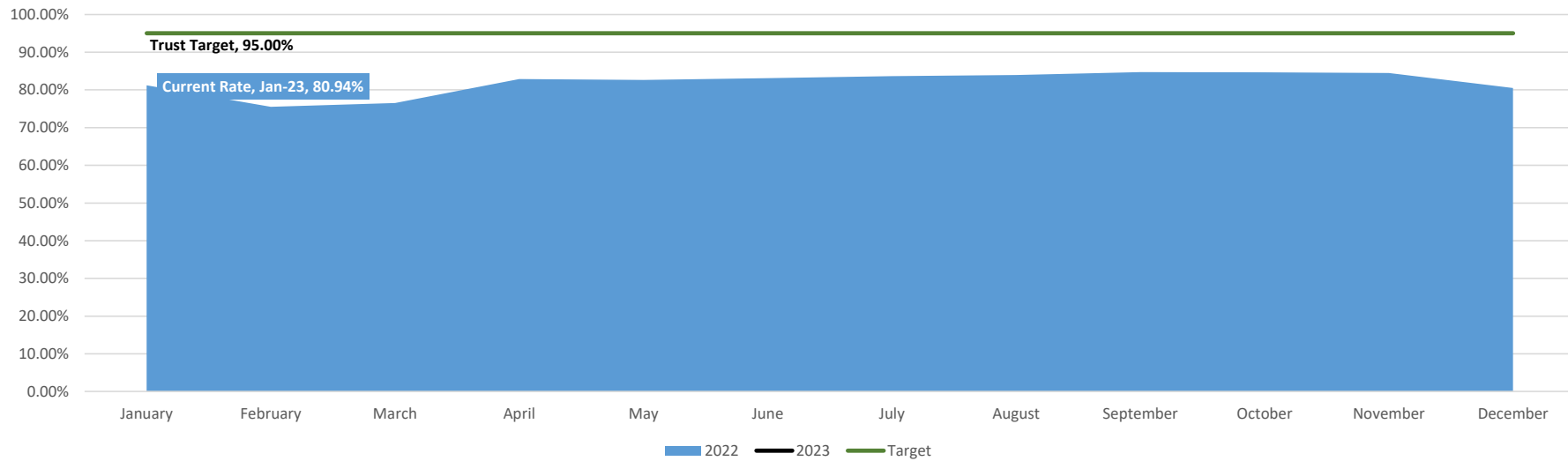
Workforce Information Trust Report - January 2023

Turnover Summary

- The Trust employs a headcount of 832 (664.30 full time equivalent) at the end of Jan-23. A high rate of female employees representing 76% and Male employees at 24%.
- The average Turnover within Mental Health Trusts stands at 2.20% (current information NHS Digital). We currently hold a turnover of 1.83% at the end of Jan-23, up by 0.30% from previous month, under the average by 0.37%.
- Turnover has been broken down by staff group showing areas of where turnover is affected for the month Jan-23.

Workforce Information Trust Report - January 2023

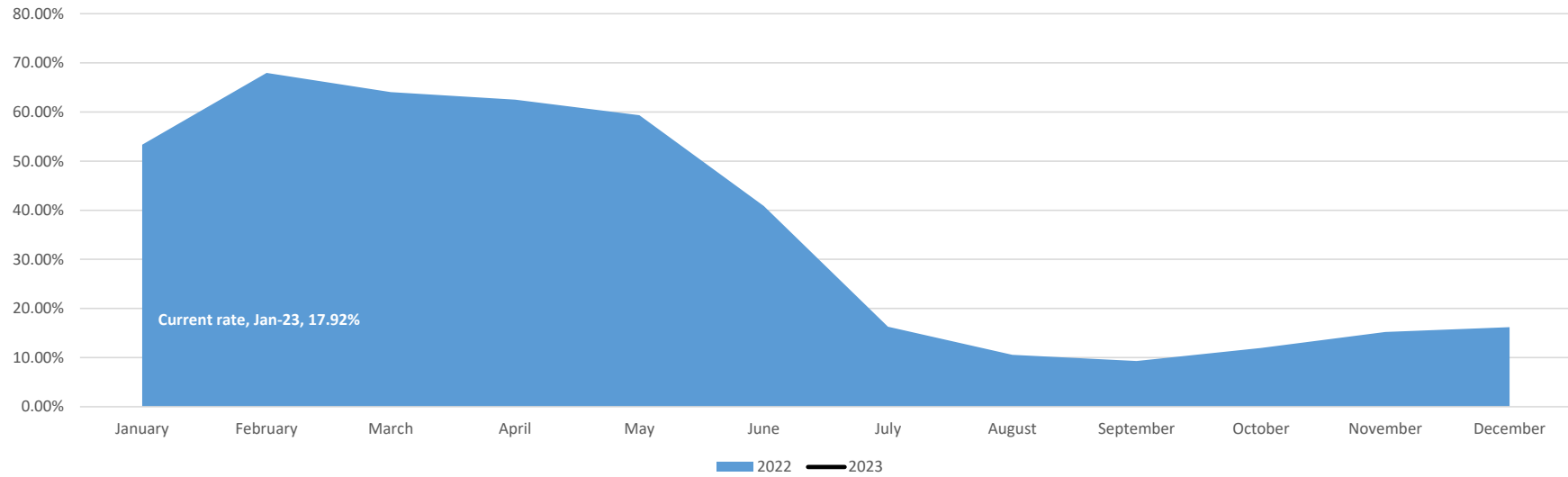
Statutory & Mandatory Training Performance Trend



Directorate Jan-23	Compliance %
Gender Services Division	92.28%
Day Unit	89.86%
Department of Education and Training	83.47%
Children, Young Adults and Families Directorate	81.40%
Adult and Forensic Services Directorate	74.51%
Corporate	73.39%

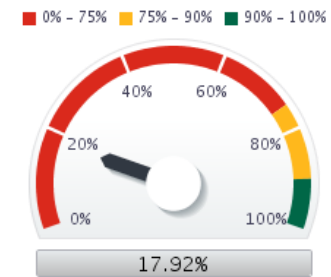
Workforce Information Trust Report - January 2023

Appraisal Performance Trend



Appraisal Review Summary

Directorate	Jan-22 %	Required	Reviews Completed
Day Unit	65.22	23	15
Gender Services Division	31.19	109	34
Children, Young Adults and Families Directorate	23.63	182	43
Department of Education and Training	7.69	130	10
Corporate	7.21	111	8
Adult and Forensic Services Directorate	0.00	58	0



Workforce Information Trust Report - January 2023

Statutory, Mandatory & Appraisal Summary

- Compliance this month stands at 80.94%, up by 0.42%, Jan-23 ending.
- The Trust currently hold a high standard within MaST compliance.
- In order to maintain this, each Directorate will need to achieve 90% above. Only one out of six Directorates (Gender Services) has achieved 92.28%. Corporate have remained the lowest performing since Jul-22, currently at 73.39%. This particular Directorate will need to be reviewed due to lack of compliance performance against five other Directorates.
- Appraisals have continued to increase, currently at 17.92%. Up by 1.74%.
- January comms/intranet have communicated appraisal training for managers. Plus, regular appraisal information now sent to managers to ensure this process is being completed.

Workforce Information Trust Report - January 2023

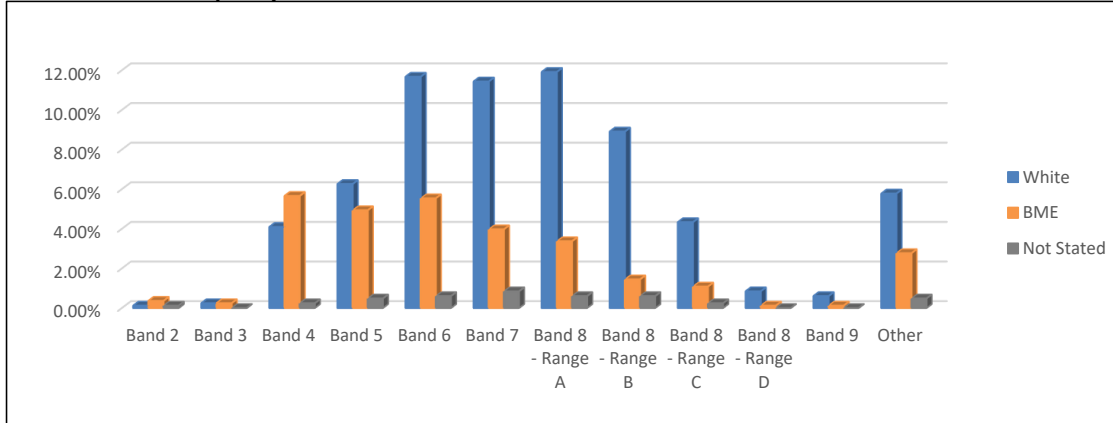
Workforce Race Equality

Directorate	Jan-23			Total of Staff	Current BME
	White Headcount	BME Headcount	Not Stated Headcount		
Trust	550	246	34	830	29.64%
Adult and Forensic Services Directorate	54	19	3	76	25.00%
Children, Young Adults and Families Directorate	162	78	10	250	31.20%
Corporate	74	56	6	136	41.18%
Day Unit	15	11	1	27	40.74%
Department of Education and Training	141	50	6	197	25.38%
Gender Services Division	104	32	8	144	22.22%

Directorate	Q4 Mar - 2021			Total of Staff	Current BME
	White Headcount	BME Headcount	Not Stated Headcount		
Trust	558	236	20	814	28.99%
Adult and Forensic Services Directorate	63	26	4	93	27.95%
Children, Young Adults and Families Directorate	149	59	6	214	27.57%
Corporate	96	65	4	165	39.39%
Day Unit	17	10	1	28	35.71%
Department of Education and Training	119	36	2	157	22.92%
Gender Services Division	114	40	3	157	25.47%

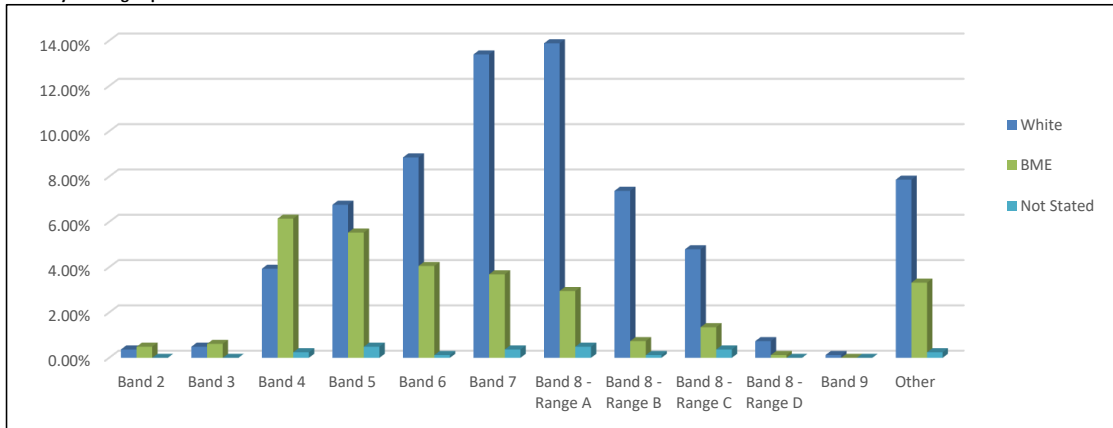
Workforce Information Trust Report - January 2023

Workforce Race Equality



Band Jan-23	White	BME	Not Stated
Band 2	0.12%	0.36% ↓	0.12%
Band 3	0.24%	0.24% ↑	0.00%
Band 4	4.09%	5.66% ↑	0.24%
Band 5	6.26%	4.93% ↓	0.48%
Band 6	11.67%	5.54% ↑	0.60%
Band 7	11.43%	3.97% ↑	0.84%
Band 8 - Range A	11.91%	3.37% ↑	0.60%
Band 8 - Range B	8.90%	1.44% ↓	0.60%
Band 8 - Range C	4.33%	1.08% ↓	0.24%
Band 8 - Range D	0.84%	0.12% ↑	0.00%
Band 9	0.60%	0.12% ↑	0.00%
Other	5.78%	2.77% ↓	0.48%

Ethnicity Banding Representation Jan-23



Band Q4 March-21	White	BME	Not Stated
Band 2	0.37%	0.49%	0.00%
Band 3	0.49%	0.61%	0.00%
Band 4	3.93%	6.14%	0.25%
Band 5	6.76%	5.53%	0.49%
Band 6	8.85%	4.05%	0.12%
Band 7	13.39%	3.69%	0.37%
Band 8 - Range A	13.88%	2.95%	0.49%
Band 8 - Range B	7.37%	0.74%	0.12%
Band 8 - Range C	4.79%	1.35%	0.37%
Band 8 - Range D	0.74%	0.12%	0.00%
Band 9	0.12%	0.00%	0.00%
Other	7.86%	3.32%	0.25%

Ethnicity Banding Representation Q4 Mar-21

Workforce Information Trust Report - January 2023

Workforce Race Equality

Tavistock & Portman Trust WRES Ratio Disparity	Benchmark Value	2020	2021	2022 (TBC)
WRES1a - Clinical Staff lower to middle disparity ratio	0	2.3	3.3	
WRES1a - Clinical Staff lower to upper disparity ratio	0	2.8	4.2	
WRES1a - Clinical Staff middle to upper disparity ratio	0	1.2	1.3	
WRES1a - Non-Clinical Staff lower to middle disparity ratio	0	2.2	1.7	
WRES1a - Non-Clinical Staff lower to upper disparity ratio	0	5.4	6.2	
WRES1a - Non-Clinical Staff middle to upper disparity ratio	0	2.4	3.5	
WRES2 - Recruitment: Relative likelihood of white staff to BME staff	0.8	0.4	0.7	
WRES2 - Recruitment: Shortlisting to recruitment rate; BME staff	0	60.6	24.4	
WRES2 - Recruitment: Shortlisting to recruitment rate; white staff	0	24.5	17.9	
WRES3 - Disciplinary: Formal disciplinary rate; BME staff	0	0.5	0.0	
WRES3 - Disciplinary: Formal disciplinary rate; white staff	0	0.6	0.2	
WRES3 - Disciplinary: Relative likelihood of BME to white staff	0.8	0.8	0.0	
WRES4 - Training: CPD and training rate; BME staff	0	44.4	8.5	
WRES4 - Training: CPD and training rate; white staff	0	55.6	12.7	
WRES4 - Training: Relative likelihood of white staff to BME	0.8	1.3	1.5	
WRES5 - Bullying (Public): Percentage of white staff to BME staff	80	94.0	DQ	
WRES5 - Bullying (Public): Staff experiencing harassment, bullying or abuse; BME staff	0	19.8	DQ	
WRES5 - Bullying (Public): Staff experiencing harassment, bullying or abuse; white staff	0	18.6	DQ	
WRES6 - Bullying (Staff): Percentage of white staff to BME staff	80	91.0	DQ	
WRES6 - Bullying (Staff): Staff experiencing harassment, bullying or abuse; BME staff	0	23.4	DQ	
WRES6 - Bullying (Staff): Staff experiencing harassment, bullying or abuse; white staff	0	21.3	DQ	
WRES7 - Equal Opportunities: Perceived fairness in progression; BME staff	0	29.2	DQ	
WRES7 - Equal Opportunities: Perceived fairness in progression; white staff	0	62.8	DQ	
WRES7 - Equal Opportunities: Percentage of white staff to BME staff	80	214.9	DQ	
WRES8 - Discrimination: Experience of discrimination; BME staff	0	27.6	DQ	
WRES8 - Discrimination: Experience of discrimination; white staff	0	9.7	DQ	
WRES8 - Discrimination: Percentage of white staff to BME staff	80	35.3	DQ	
WRES9 - Board Diversity: BME representation on board compared to all staff	0	-4.8	-10.8	
WRES9 - Board Diversity: Percentage of board who are BME	0	21.4	16.7	
WRES9 - Board Diversity: Percentage of staff who are BME	0	26.2	27.5	

- The Race Disparity Ratio is the difference in proportion of BAME clinical staff at various AfC bands in a Trust compared to proportion of White clinical staff at those bands.
- It is presented at three tiers. Bands 5 and below ('lower'). Bands 6 and 7 ('middle'). Bands 8a and above ('upper'). The disparity ratio is the comparison between the progression ratios for white and BME clinical staff. So, for example, if the disparity ratio is 3.83 then white staff are 3.83 times more likely to progress through the organisation than BME staff.

Workforce Disability Equality

Tavistock & Portman Trust WRES	2020	2021	2022 (TBC)
WDES10 - Board Representation (Disabled %)	7.14%		
WDES1a - Bands 1 to 4 Non-Clinical Staff (Disabled Staff %)	5.75%	8.24%	
WDES1a - Bands 5 to 7 Non-Clinical Staff (Disabled Staff %)	3.38%	6.41%	
WDES1a - Bands 8a to 8b Non-Clinical Staff (Disabled Staff %)	5.88%	8.16%	
WDES1a - Bands 8c to 9 Non-Clinical Staff (Disabled Staff %)	4.76%	8.00%	
WDES1b - Bands 1 to 4 Clinical Staff (Disabled Staff %)	3.70%		
WDES1b - Bands 5 to 7 Clinical Staff (Disabled Staff %)	3.33%	5.48%	
WDES1b - Bands 8a to 8b Clinical Staff (Disabled Staff %)	3.23%	5.00%	
WDES1b - Bands 8c to 9 Clinical Staff (Disabled Staff %)	0		
WDES2 - Likelihood of shortlisting/appointed (Disabled Staff %)	20.31%	29.03%	
WDES2 - Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	1.03%	0.82%	

Workforce Information Trust Report - January 2023

Recruitment

Time to hire \leq 20 days i

Drill Down

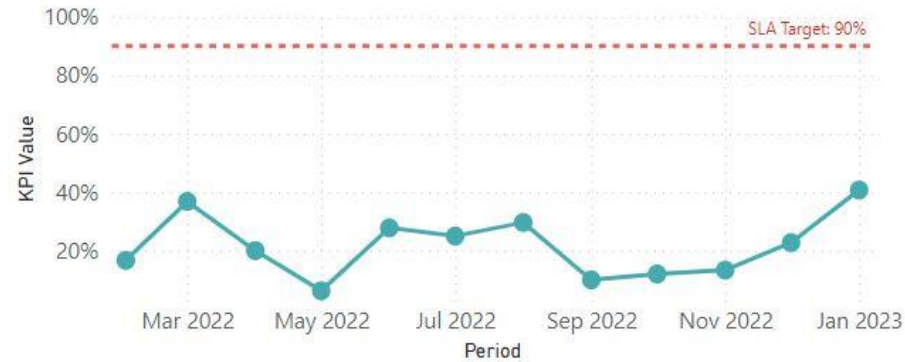
January 2023

40.7% ▲

All checks
completed this
month

27

SLA met?



Measures from conditional offer sent to all employment checks completed. Excludes lapse time where Visa/COS required, honorary, non routine recruitment and outliers where lapse time is < 4 days or > 100 days.

The current KPI value has increased from 22.7% in Dec-22 to 40.7% as of Jan-23.

SLA= Service level agreement

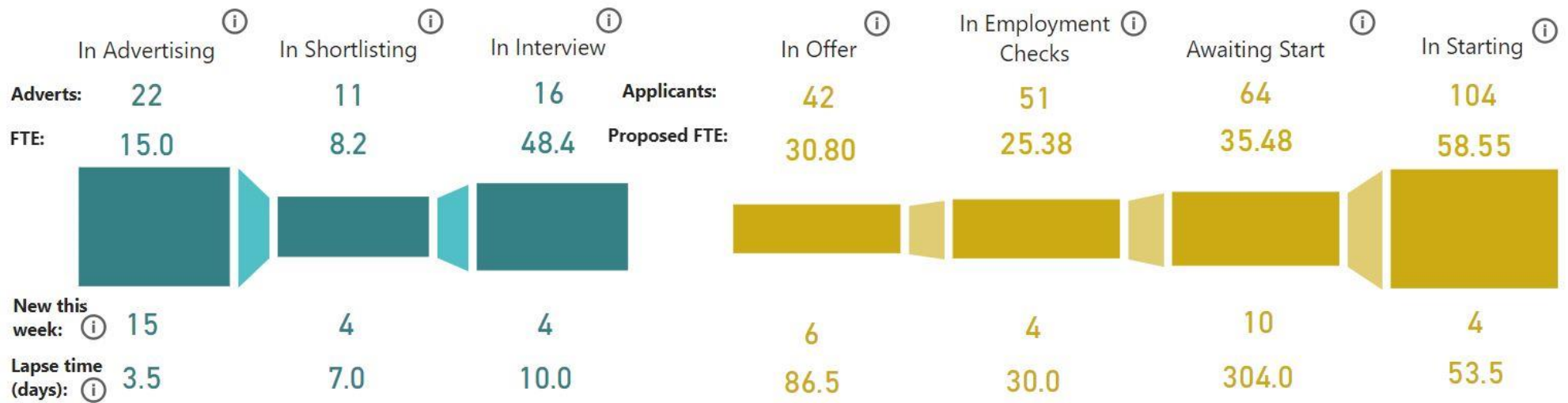
Tavistock and Portman NHS Foundation Trust	Value	Higher / Lower than previous month	SLA	SLA Met?	Metric_Value
Inviting candidates for interview	97.2%	▼	90%	0.07	94.1%
Placing the advertisement	96.0%	▲	90%	0.06	67.9%
Released for shortlisting	92.1%	▲	90%	0.02	79.1%
% of Recruitment episodes achieving a candidate satisfaction score of greater or equal to 4 out of 5	50.0%	▲	90%	-0.40	22.0%
% of recruitment episodes achieving a hiring manager satisfaction score of greater or equal to 4 out of 5	20.0%	-	90%	-0.70	4.8%
Percentage of trainees receiving their offer of employment and work schedule at least 8 weeks prior to start date	0.0%	-	90%	-0.90	66.7%
% of recruitment episodes achieving a HEE trainee satisfaction score of greater or equal to 4 out of 5		-	90%	-0.90	0.0%

Shows the current month KPI performance for the Tavistock Trust.
Total vacancies shortlisted and measures the number of applicants invited to interview within 3 days of being selected for shortlisting.

Data Source: HPS Insights – North London Partners Shared Services

Workforce Information Trust Report - January 2023

Recruitment

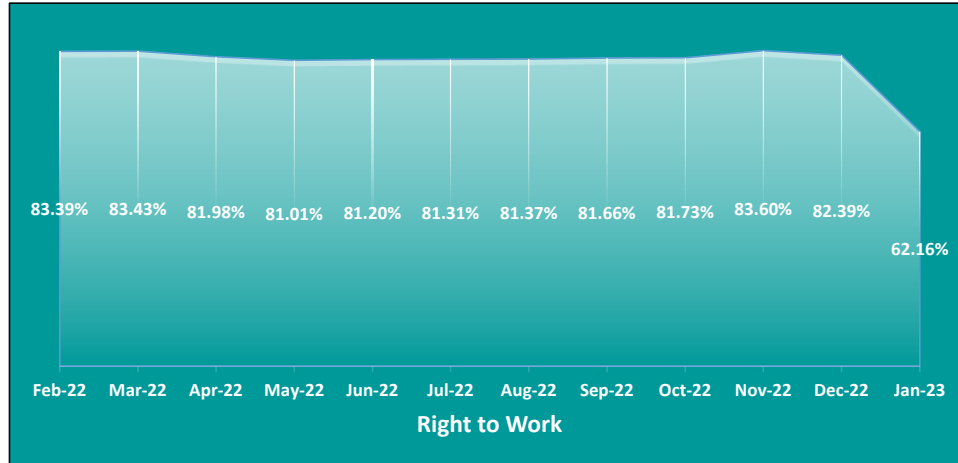


Overview showing the volume of adverts & F.T.E active vacancies and current stage in recruitment pipeline.
 Displays the vacancy/FTE volumes and average lapse times active.

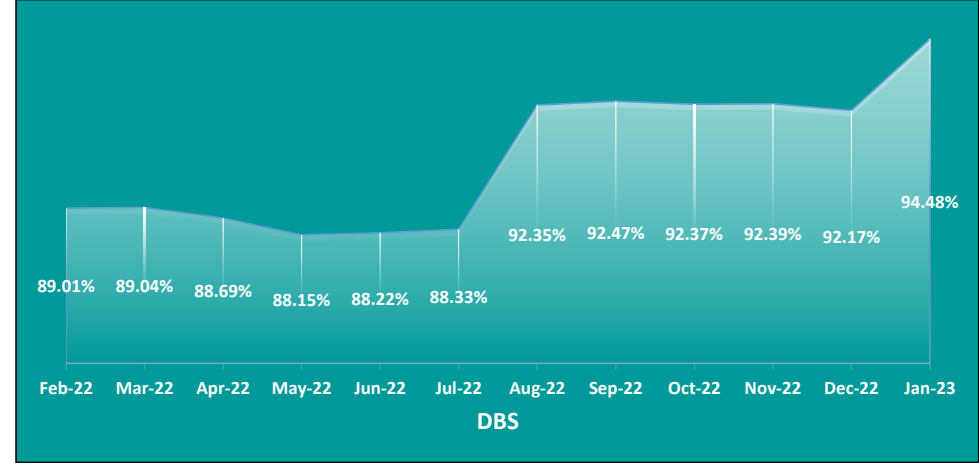
Data Source: HPS Insights – North London Partners Shared Services

Workforce Information Trust Report - January 2023

Right to Work Compliance



DBS Compliance



Staff Group	Employees Requiring Right to Work	Checks Completed	R.T.W %	Trend Against Previous Month
Add Prof Scientific and Technic	304	261	85.86%	↓
Additional Clinical Services	363	75	20.66%	↓
Administrative and Clerical	407	298	73.22%	↓
Allied Health Professionals	24	20	83.33%	↑
Estates and Ancillary	9	6	66.67%	↓
Medical and Dental	65	50	76.92%	↑
Nursing and Midwifery Registered	22	20	90.91%	↑
Students	56	47	83.93%	↓

Staff Group	Headcount	Checked	DBS %	Trend Against Previous Month
Add Prof Scientific and Technic	355	319	89.86%	↓
Additional Clinical Services	374	374	100.00%	↑
Administrative and Clerical	436	416	95.41%	↓
Allied Health Professionals	26	24	92.31%	↑
Estates and Ancillary	13	8	61.54%	↓
Medical and Dental	71	62	87.32%	↓
Nursing and Midwifery Registered	23	22	95.65%	↑
Students	61	59	96.72%	↑

Compliance Summary

- Right to work checks must be completed on all successful applicants. This determines whether an applicant has the legal right and permission to work in the UK.
- The number of employees requiring checks has fallen by 20.23%. As a Trust this will be reviewed to understand the changes that have happened within the past two months.
- Trust staff are required to hold registration with a professional body e.g., GMC (General Medical Council), NMC(Nursing Midwifery Council). The Trust monitors these registrations on a regular basis and engages with staff and managers to ensure that up to date registration is maintained in line with the Trust procedure for Checking Professional Registrations. We hold a standard of 100%.
- DBS checks within our Trust is currently at 94.48%, Up by 2.31%. The need and level of check required depends on the activities and type of patient access an employee will have in any given role. Not all staff will require a DBS check, however such checks are mandatory for all staff who work in regulated and controlled activities and who have contact with vulnerable children & adults. Once an individual is working with the Trust in a position that requires a DBS check, the Trust will undertake re-checks on a rolling three yearly basis.

Workforce Information Trust Report - January 2023

Occupational Health

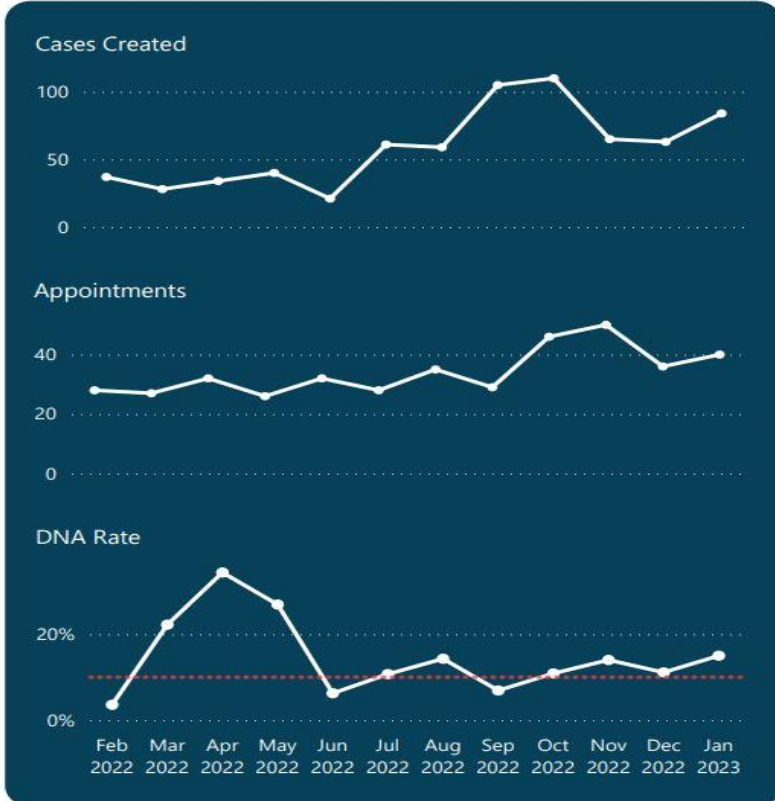
KPI Performance	L12M	LM
Management referrals to be triaged and actioned within 2 working days	97.7%	100.0%
Management referral telephone appointment date offered within 5 working days	98.8%	100.0%
Management referral face to face appointment dates offered within 10 working days		
Pre-placement questionnaires to be triaged and actioned within 2 working days	95.7%	97.6%
Management referral reports sent within 2 working days	100.0%	100.0%
Pre-placement immunisation review date offered within 10 working days	94.5%	100.0%

DNA Rate L12M



	54%	64%
	0%	0%
	46%	36%

Average Working Days Between First Day of Absence and Referral	67	49
Average Working Days Between Initial Appointment and Est Return To Work	18	14

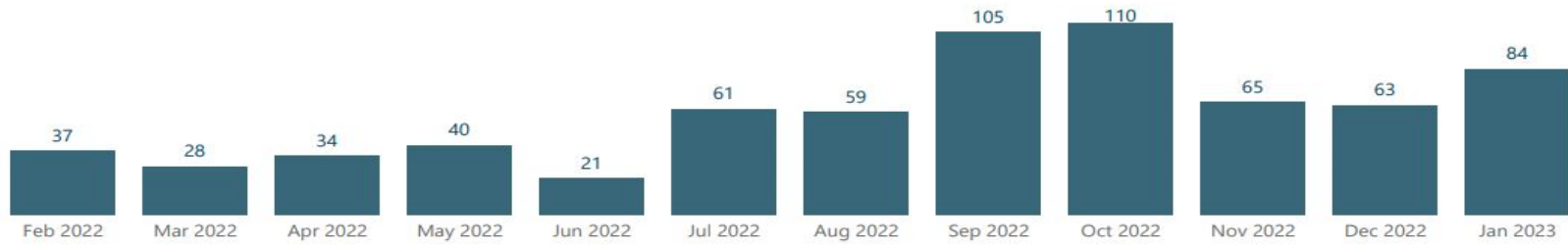


Data Source: T.P Health

Workforce Information Trust Report - January 2023

Occupational Health

Cases Created By Month



Case Type	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023	Total
Generic	0	0	0	0	0	0	0	0	1	0	0	0	1
Immunisation	14	3	11	9	4	22	22	21	64	19	12	34	235
PPQ	19	18	16	19	10	33	29	80	34	36	37	41	372
Referral	4	7	7	12	7	6	8	4	11	10	14	9	99
Total	37	28	34	40	21	61	59	105	110	65	63	84	707

Data Source: T.P Health

BOARD OF DIRECTORS – 19th April 2023			
2022/23 Board Assurance Framework Quarter 4 Review			AGENDA ITEM: 18
Report Author and Job Title:	Sheila Murphy, Interim Director of Corporate Governance Frazer Tams, Interim Risk and Assurance Manager	Responsible Director:	Michael Holland, Chief Executive Officer
Action Required	Approve <input checked="" type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input type="checkbox"/>		
Situation	Following on from the first iteration of the revised BAF format being considered at the February Board meeting the full BAF position for quarter 4 is presented.		
Background	<p>The Trust approved a revised set of strategic objectives at the Board development session on 15th December 2022. These were then used to develop a new refreshed BAF in a revised format that linked principal risks to each strategic objective. The first iteration of the BAF was presented to the February Board meeting.</p> <p>The development process has continued throughout Quarter 4 to further enhance the quality of the controls and assurance data contained within the BAF. Relevant BAF risks have been presented and discussed at the Board sub-committees and the full BAF is now brought back to the Board representing the position at the end of quarter 4.</p> <p>This version of the BAF has been used to inform the Trust’s Annual Governance Statement and the Head of Internal Audit Opinion for 2022/23.</p>		
Assessment	<p>The quarter 4 BAF represents a further step in the development process with enhanced levels of information included across the key controls, gaps in control and more specifically the assurance columns. This has helped to provide a greater overall assessment of the risk status.</p> <p>Additionally, work to populate the strategic deliverable metrics has provided a more complete picture of the work taking place over the coming months and helps to understand what potential concerns and issues may arise as part of delivering these metrics.</p>		
Recommendation	<p>Members of the Board are asked to:</p> <p>1) Consider and agree the quarter 4 iteration of the fully BAF and its coverage of key risks linked to the revised strategic objectives</p>		

	2) Acknowledge the feedback from the sub-committees and provide any further comment on the enhancement of the BAF content going forward.	
Does this report mitigate risk included in the BAF or Trust Risk Registers? please outline	This report includes all risks on the BAF and their current control and assurance status.	
Legal and Equality and Diversity implications	There are no legal or equality & diversity implications associated with this paper.	
Strategic Objectives (highlight which Trust Strategic objective this report aims to support)	Improve delivery of high quality clinical services which make a significant difference to the lives of the people & communities we serve <input checked="" type="checkbox"/>	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. <input checked="" type="checkbox"/>
	Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS. <input checked="" type="checkbox"/>	Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities. <input checked="" type="checkbox"/>
	Ensure we are well-led & effectively governed <input checked="" type="checkbox"/>	

Quarter 4 Board Assurance Framework Review

Overview

The Quarter 4 BAF document shows the status with our principal risks as at the end of the 2022/23 year. This version follows on from the one discussed at the February 2023 Board meeting and represents a significant further development in the process and detail included.

Quarter 4 BAF Development

Since the first iteration of the BAF was presented to the Board in February further work has been undertaken as agreed to enhance to quality and level of detail supporting the key controls, gaps in control and specifically the current available assurances. This has given us a greater platform to assess and analyse the status of these risks.

In addition to the above, we have worked to further populate the strategic deliverable metrics that provide us with a more complete picture of the direction of travel for the risk area and what performance deliverables are required going forward to achieve each strategic objective.

Feedback from Board Sub Committees

During March the relevant sections of the BAF were presented and discussed at their representative Board sub-committee. The feedback on the enhanced risk information was positive and it was felt the increased detail and further information was helpful in gaining an overarching view of the risks and their status. The enhanced discussion around the assurances did though prompt further consideration from committee members as to how to take this to the next level. The main take away from the committees was that the chairs and other non-executive members would give further thought around what they needed to see to be fully assured and would work with the lead Directors in the interim period to further improve this.

The POD EDI Committee made the specific comment that the risk scores for two of the people risks (BAF risk 5 & 6) may need to be reconsidered as the score potentially doesn't reflect the level of available assurance. Additionally, similar comments were made by the PFR Committee relating to how the current risk scores for risks 2 & 11 represented a reduction from the inherent level yet this was not clear based on controls and assurances documented. The Audit Committee added that risk 12 should also be further considered in terms of its current risk level particularly considering its overall importance to the Trust and future direction.

The BAF risks will continue to be presented and discussed at the Board sub-committees throughout the year and the full BAF will be received at each Audit Committee meeting. The full BAF will be received by the Board quarterly, next returning at the September 2023 meeting.

The timeline for the BAF coming to the Board during 2023/24 is as follows:

Date of Meeting
19 th April 2023
13 th September 2023
13 th December 2023
21 st February 2024

BOARD ASSURANCE FRAMEWORK

Likelihood	
1	Very Unlikely to occur
2	Unlikely to occur
3	Could occur
4	Likely to occur
5	Almost certain to occur

Risk Appetite		
1	Negligible	Avoidance of risk and uncertainty
2	Low	Preference for ultra-safe delivery options that have a low degree of inherent risk and limited reward potential
3	Moderate	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
4	High	Willing to consider all potential delivery options and choose while also providing an acceptable level of rewards (and VfM)
5	Significant	Eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk). Confident in setting high levels of risk appetite because controls, forward scanning and responsiveness systems are robust.

*Risk Appetite levels as agreed at November 2021 Board meeting. These are currently under review.

Consequence	
1	Negligible
2	Minor
3	Moderate
4	Severe
5	Extreme

Risk Ref	Risk Title	Risk Description (cause, Event, Consequence)	Inherent Risk LxC (Pre mitigation)	Current Risk LxC (Post mitigation)	Target Risk	Appetite Level
1. Improve delivery of high quality clinical services which make a significant difference to the lives of the people & communities we serve						

Risk Ref	Risk Title	Risk Description (cause, Event, Consequence)	Inherent Risk LxC (Pre mitigation)	Current Risk LxC (Post mitigation)	Target Risk	Appetite Level
1	Delays to treatment, long Wait times/demand	Continued pressures resulting from limitations to Trust capacity and unwarranted variation in care pathways, is resulting in waiting lists and demand for some services continuing to increase. This could result in a deterioration of the quality and safety of services and impact on the service user experience.	20 (4 x 5)	16 (4 x 4)	9 (3 x 3)	L
2	Maturity of Data quality to support transformation	A lack of maturity towards the collection and use of data within the Trust restricts innovation, limits the ability to implement evidence-based improvements and meet the requirements of the transformational information sharing agenda.	16 (4 x 4)	12 (3 x 4)	8 (2 x 4)	M
3	Quality of service provision	If standards of care to service users and students are not consistently met it could lead to poor clinical and educational outcomes and breaches of statutory and contractual obligations.	20 (5 x 4)	12 (3x 4)	8 (2 x 4)	M
4	Quality Assurance	A prolonged inability to have oversight, or understanding, of key quality indicators could lead to the organisation not being aware of patient safety, clinical effectiveness and/or patient experience concerns.	20 (45x 4)	16 (4 x 4)	8 (2 x 4)	M
2. 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.						
5	Workforce development, retention, recruitment	If the Trust is unable to effectively plan and recruit to critical vacancies and improve the resilience of its workforce through its education, training and development plan, the ongoing sustainability of quality services and activity volume will be impacted. This will lead to enhanced levels of turnover, sickness and future recruitment issues as well as potentially leading to reduced contract income for services delivered.	16 (4 x 4)	12 (4 x 3)	6 3 x 2	M
6	Lack of inclusive and open culture	The failure to instil an Inclusive and open organisational culture in line with our priority commitment around EDI, including sufficient staff support and commitment to health and wellbeing, will lead to reduced levels of staff morale and engagement and quality of patient care delivered.	20 (5 x 4)	12 (4 x 3)	9 3 x 3	M

Risk Ref	Risk Title	Risk Description (cause, Event, Consequence)	Inherent Risk LxC (Pre mitigation)	Current Risk LxC (Post mitigation)	Target Risk	Appetite Level
7	Lack of management capability and capacity to manage People issues	If people issues are not managed effectively there is a direct impact on staff morale, engagement, and wellbeing. This impacts the resilience of our workforce and quality of patient care that we can deliver.	20 (4 x 5)	12 (3 x 4)	6 2 x 3	M
3. Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.						
8	Delivering financial sustainability targets	A failure to deliver a medium / long term financial plan that demonstrates 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.	20 (5 x 4)	16 (4 x 4)	8 (2 x 4)	M
9	Maintaining an effective estate function	If the Trust fails to deliver affordable and appropriate estates solutions, there may be a significant negative impact on patient, staff and student experience, resulting in the possible need to reduce Trust activities potentially resulting in a loss of organisational autonomy.	15 (5 x 3)	12 (4 x 3)	8 (2 x 4)	M
10	Sustainable 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. This could render the Trust's service provision unsustainable.	20 (4 x 5)	20 (4 x 5)	8 (4 x 2)	M
11	IT infrastructure and cyber security	The failure to implement comprehensive security measure to protect the Trust from Cyber-attack could result in a sustained period where critical IT systems are unavailable, reducing the capacity to provide some services and leaving service users at risk of harm.	20 (5 x 4)	12 (4 x 3)	9 (3 x 3)	L
4. Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.						

Risk Ref	Risk Title	Risk Description (cause, Event, Consequence)	Inherent Risk LxC (Pre mitigation)	Current Risk LxC (Post mitigation)	Target Risk	Appetite Level
12	Developing Partnerships	A failure to develop and maintain effective system partnerships could prevent a clear understanding of the population health needs, diluting the specialist mental health voice and potentially lead to the Trust missing opportunities to improve patient care within the ICS.	16 (4 x 4)	12 (3 x 4)	9 (3 x 3)	M
5. Ensure we are well-led & effectively governed.						
13	Compliance with Information Governance requirements	A failure to comply with the Data protection and security toolkit could lead to a serious breach of data security resulting in service user harm, a loss of Trust reputation and potential ICO financial penalties.	15 (5 x 3)	9 (3 x 3)	6 (3 x 2)	M
14	Effective Performance and Risk management arrangements	If effective performance and risk management processes are not embedded within the Trust it could reduce the effectiveness of senior management decision making whilst also impacting on the level of confidence over our systems of internal control.	15 (5 x 3)	12 (4 x 3)	6 (3 x 2)	M
15	Effectiveness of senior leadership	A prolonged period of instability across the Trust Executive and senior management could impact on the effectiveness of governance, performance, and engagement across the Trust, resulting in poor outcomes, levels of compliance, and staff performance.	20 (5 x 4)	12 (4 x 3)	6 (2 x 3)	M
16	Reputational Management & Stakeholder Engagement	A failure to demonstrate and effectively communicate strong regulatory performance to the public and engage key stakeholders in Trust development plans, will result in a sustained loss of public confidence and long-term reputational damage to the Trust.	20 (5 x 4)	20 (5 x 4)	8 (2 x 4)	M

Principal Risk 1	Delays to treatment, long Wait times/demand	Strategic Objective	Improve delivery of high quality clinical services which make a significant difference to the lives of the people & communities we serve.
Description	Continued pressures resulting from limitations to Trust capacity and unwarranted variation in care pathways, is resulting in waiting lists and demand for some services continuing to increase. This could result in a deterioration of the quality and safety of services and impact on the service user experience.		

Executive Lead	Sally Hodges Chief Clinical Operating Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	31 st January 2023
Lead Committee	Quality Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	22 nd February 2023
Risk Appetite	Low	5	4	20	4	4	16	3	3	9	Date of Next Review	31 st March 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Activity monitoring across key services (GIDS, Adult services, GIC , Autism assessment)	Carenotes access issues have limited accurate reporting on elements of capacity and wait times.	ELT monthly strategy meeting now to include report by Chief Clinical Operating Officer on wait time management.	Internal	Amber
Integrated Quality and Performance operational meetings for each service area.	First meetings happening in February	Monthly meetings scheduled commencing with four separate meetings w/c 27 th February. Will include a deep dive on progress with operational performance and quality measures.	Internal	Amber
	Current reporting structures are out of date for key systems (Oracle, Carenotes, Quality Portal, ESR)	Existing systems still report around previous monitoring group structures and therefore ownership of key information on finance and activity etc is not available at local level where required.		Red

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Key performance and information reporting systems to be aligned to the new management structure to enable data flow to correct operational monitoring groups.	Hector Bayayi	31 st March 2023	
Ownership and accountability for finance and activity performance to be held at local level once system reporting aligned to new structure.	Sally Hodges	31 st March 2023	
Carenotes system recovery to enable accurate reporting on performance metrics.	Amy Le Good / Terry Noys	31 st March 2023	Initial focus was on GIDs – now done Focus moved to GIC service

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
Review existing clinical pathways and clinical models to ensure they remain fit for purpose	Adult Trauma service review has commenced. Streamlined clinical model for appropriate GIC cases has been devised.	Ongoing service funding concerns impacting on delivery effectiveness and discharge blocks. Staff levels required to deliver waiting lists	

Principal Risk 2	Maturity of Data quality to support transformation	Strategic Objective	Improve delivery of high quality clinical services which make a significant difference to the lives of the people & communities we serve.
Description	A lack of maturity towards the collection and use of data within the Trust restricts innovation, limits the ability to implement evidence-based improvements and meet the requirements of the transformational information sharing agenda.		

Executive Lead	Terry Noys Chief Finance Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	Performance, Finance and Resources Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	3 rd March 2023
Risk Appetite	Moderate	4	4	16	3	4	12	2	4	8	Date of Next Review	3 rd May 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Ensure data is collected at source to consistent quality standards	Specific areas of data collection are not consistently maintained or mature e.g. OM collection	Trust has robust performance and quality teams assessing data and providing assurance.	Internal	Amber
Deliver a comprehensive data warehouse for both clinical and educational purposes	Data warehouses are in place but in early versions and will become more mature with new requirements	Data Warehouse is managed and secured by the trust Informatics team ensuring data is safe.	Internal	Green
Ensure data is uploaded to the data warehouse from core systems such as CareNotes and SITS	Additional data stores should be integrated into the data warehouse	Combination of system and human led checks at multiple levels. Automated processes have been created which monitor both source and destination systems and to a pre-determined schedule update the data warehouse. Further monitoring software is utilised which messages key staff groups in IT on the success / failure of the schedule for remedial action. Periodic "sense" checks are completed via automated reporting to key staff groups. External functions utilise the data warehouse and also run further reports on the data accuracy and raise issues to the Informatics team where required.	Internal	Red
Implement sophisticated tools to analyse the stored data flexibly	Expertise in the analytical tools is increasing but still at early stages of maturity	Assurance will be primarily through the acceptance processes for project phase deliveries ensuring the systems and services delivered have achieved the relevant quality criteria for live operation.	Internal	Red
Create multiple levels of user facing data provision for performance management and proactive operational output	Targeted deliveries have been completed in performance, clinical and educational areas. Further widening on scope is now required.	Multiple reporting options are available both via the data warehouse and the core systems	Internal	Amber

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Improve maturity of infrastructure to support data provision	Director of Infrastructure	FY 23/24	Change requests prepared for agreement at Trust Change Board in March 23
Improve data collection processes where gaps identified	<i>Should be operationally led with IT support</i>	Ongoing	Initial planning meetings held with Clinical and DET senior management.
Analyse and support next phase of data management and create a wider suite of information assets to enable a "data – led" organisation.	Director of Infrastructure		

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
Phase 1a – Implementation of the data warehouse infrastructure	Primarily completed and operational in FY22/23. Last planned phase element in 23/24 (Phase 1b)	None	Internal project team, Change Board and Trust Capital program
Phase 1b - Introduction of the integration service which will enhance data collection and distribution capabilities.	Specification completed and selection of vendors is underway. Will complete in FY23/24	Lack of resources in both funding and personnel. Higher priority work.	Internal project team, Change Board and Trust Capital program
Phase 2 – Commission data reporting system and complete initial data insights for key clinical, educational and corporate areas.	Primarily completed and operational in DET and Corporate FY22/23. Completion delayed in Clinical due to CareNotes outage.	Access to key individuals time in clinical, corporate and DET. Steep learning curve for Informatics team on the new data environment. Resource constraints within Informatics. No further significant issues/outages with core systems.	Internal project team, Change Board and Trust Capital program
Phase 3 – Expand the data provision to all teams based on trust strategic, operational and tactical imperatives. Will potentially require sub phases providing incremental and agile delivery in pre agreed time boxes.	Initial engagement sessions have been held detailing the capabilities of the data infrastructure from a user perspective. New requirements are being gathered for phased delivery.	CareNotes recovery completion Access to key senior resource to set appropriate direction Overall Trust strategic plan to guide the framework for knowledge and insight delivery Resource constraints within Informatics. No Corporate equivalent of Clinical and Educational Boards.	Internal project team, Change Board and Trust Capital program. Clinical and Educational leadership boards

Principal Risk 3	Quality of service provision	Strategic Objective	Improve delivery of high quality clinical services which make a significant difference to the lives of the people & communities we serve.
Description	If standards of care to service users and students are not consistently met it could lead to poor clinical and educational outcomes and breaches of statutory and contractual obligations.		

Executive Lead	Jenny Goodridge Chief Nurse Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	1 st February 2023
Lead Committee	Quality Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	1 st February 2023
Risk Appetite	Moderate	4	5	20	3	4	12	2	4	8	Date of Next Review	1 st March 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)	
Qualified staff structure in place.	Number of current vacancies, levels of sickness and poor staff morale impacting on effectiveness of structure	POD EDI staffing report to each meeting (latest Jan 2023) includes current staff vacancies.	Internal	Amber	
Job planning					
Quality Committee in place with approved terms of reference	Sub structure that feeds the committee lacks structure and co-ordination	Quality Committee terms of reference discussed by Quality committee July 2022 and approved at July 2022 Board meeting.	Internal	Green	
Mandatory training	IG training shortfall still a concern	CQC inspection feedback letters for both Portman clinic (1/2/23) and CAMHS Service (8/2/23) gave overall positive feedback on level of service provision and safety of practices covering all the key controls listed Ofsted inspection report (Gloucester House) outcome positive	Mandatory training compliance reported through the POD EDI Committee bi-monthly	Internal	Amber
Supervision/clinical safeguarding Process	CareNotes access issues has prevented reporting around this				Red
Quality assurance tools and methodology					Green
Quality Framework Improvement Plan in place			Quality Framework monitoring report to Quality Committee	Internal	Green
Strategic review on structures	Professional leadership recruitment				Amber
Learning from deaths process			Highlight report from the Risk and Safety Group presented to Quality Committee	Internal	Green
Senior Clinical Management structure has been agreed	Chief Nurse Officer and Chief Medical Officer posts to be filled substantively				Amber
Clinical Audit Schedule agreed				Internal	Green
Complaints Process	Lessons learnt process from complaints		Report to Quality Committee Jan 2023 stated response rates at 33% against a target of 80% for Q2.	Internal	Amber
Incident reporting process through Quality Portal	Lessons learnt process for SIs, Incidents and never events		Internal	Internal	Amber
Staff sickness and absence reporting		Quality committee receive reports at each meeting (latest Jan 2023) on sickness and absence levels.	Internal	Amber	
CAS Alerts process in place		CAS Alerts reported through Quality Committee at each meeting (Jan 2023 latest)	Internal	Green	

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Review Quality Governance processes including patient safety.	Jenny Goodridge	31 st March 2023	
Review sub structure of Quality Committee to align and co-ordinate reporting	Jenny Goodridge	31 st March 2023	
Complaints turnaround improvement and lessons learnt process	Jenny Goodridge	Trajectory 31 st March 2023 implementation 30 th June 2023	
Develop effective lessons learned process for Sis, Incidents and Never Events	Jenny Goodridge		

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
Implementation of the Quality Improvement Plan based on the 11 defined areas of improvement required	<p>Progress currently in line with anticipated delivery dates with short extension on timescales for the following:</p> <ul style="list-style-type: none"> • Development of Quality Strategy • Duty of Candour audit • Establishment of Morbidity & mortality meetings • Safeguarding capacity business case • Program of learning events sharing findings from R&D • Review how patient voice heard by the organisation 		Internal working document on progress with the plan presented and discussed at the SOF3 meetings and through Quality Committee.

Principal Risk 4	Quality Assurance	Strategic Objective	Improve delivery of high quality clinical services which make a significant difference to the lives of the people & communities we serve.
Description	A prolonged inability to have oversight, or understanding, of key quality indicators could lead to the organisation not being aware of patient safety, clinical effectiveness and/or patient experience concerns.		

Executive Lead	Jenny Goodridge Chief Nurse	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	Quality Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	21 st February 2022
Risk Appetite	Moderate	4	5	20	4	4	16	2	4	8	Date of Next Review	31 st March 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Quality Portal for Incident reporting and Risk Management	Not fit for purpose	Incident reporting data from the Quality Portal is presented to the Quality Committee bi-monthly	Internal	Red
Key quality Policies, Procedures & Guidelines in place for all key aspects of quality governance	Policies not up to date	Policy and Procedures review group now sitting every 3 weeks. Dates agreed for meetings over the next 12 months.	Internal	Amber
Nationally prescribed KPIs along with Locally agreed Quality Indicators	CareNotes access has prevented reporting against some key indicators. Consistency of recording of indicator data requires further control.	Quality committee bi-monthly, quality dashboard (mandatory training) – latest Jan 2023	Internal	Amber
Quality governance structure	Sub structure that feeds the Quality Committee doesn't flow and requires work co-ordination.	Terms of reference approved by Board July 2022 Formal agenda for each meeting minutes from the Quality Committee recorded and signed off.	Internal	Red
Quality improvement Plan		Report on implementation progress presented to SoF3 meetings and through Quality Committee bi monthly	Internal	Amber
SoF3 oversight meetings		SoF3 oversight Meeting minutes and papers	Internal	Amber
Incident reporting process through Quality Portal	Quality Portal not fit for purpose		Internal	Amber
CAS Alert process in place		Reported through the Quality Committee (latest Jan 2023)	Internal	Amber

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Implementation of Quality Improvement Plan actions	Jenny Goodridge, Chief Nurse Officer	31 st March 2023	
Review of key policies	All Executives	Programme for all Trust policies set over next 12 months	Policy review group relaunched now sitting every three weeks to clear backlog of policies requiring refresh.
Upload core records to CareNotes system	Jenny Goodridge, Chief Nurse Officer	31 st January 2023	
Review Quality Portal effectiveness with view to consideration of alternative arrangements	Caroline McKenna, Chief Medical Officer	31 st January 2023	Group formed to scope and commence procurement of replacement system
SoF3 action plan implementation	Jenny Goodridge, Chief Nurse Officer		

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
As recorded under Risk 3 Quality of service provision			

Principal Risk 5	Workforce resilience, retention, recruitment	Strategic Objective	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.
Description	If the Trust is unable to effectively plan and recruit to critical vacancies and improve the resilience of its workforce through its education, training and development plan, the ongoing sustainability of quality services and activity volume will be impacted. This will lead to enhanced levels of turnover, sickness and future recruitment issues as well as potentially leading to reduced contract income for services delivered.		

Executive Lead	Chief People Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	POD EDI Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	15 th March 2023
Risk Appetite	Moderate	4	4	16	4	3	12	3	2	6	Date of Next Review	15 th May 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
People plan includes 5 year action plan for the Trust		POD EDI bi-monthly progress reports including developments with the people plan which covers all areas including recruitment, retention, and resilience.	Internal	Amber
Recruitment and approval group approval of roles for recruitment to be replaced by a more robust establishment control process (ECP)	Currently we don't have a clearly defined and robust ECP	Output spreadsheet for all approved posts from meeting although meetings are not formally minuted. ECP paperwork once created will provide further assurance	Internal	Amber
NLPSS Operations meetings weekly		Verbal feedback only not record of meetings held. Performance report from NLPSS	Internal	Amber
Chief People Officer meeting with NLPSS fortnightly		Chief People Officer meeting pack with update from previous meeting includes plans for recruitment.	Internal	Amber
Trust Recruitment and selection Policy and Procedures	Doesn't reference NLPSS involvement ESR limitations in reporting recruitment data No current performance pack for directorate on compliance	Formal assurance on adherence to procedures from NLPSS performance report and internal workforce dashboard.	Internal	Red
Some KPIs in place for time to hire	Not all recruitment processes have KPIs currently			Red

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
NLPSS workshop to refine end to end process	Head of HR	31 st January 2023	Work by NLPSS is ongoing to ascertain best practice
NLPSS agreeing KPIs across NCL	Chief People Officer	31 st March 2023	KPIs are identified and will be reported on
Camburg updating RAG terms of reference formalising routes for approval/standardised process	Chief People Officer	31 st March 2023	Draft produced which requires significant review. ECP process will supersede this in the coming months.
CPO and Associate Director of HR to design and implement full ECP with support and input from finance colleagues	Chief People Officer	30 th June 2023	ECP brainstorming session diarised for mid-March
Align ESR and Oracle information to improve reporting capability	Associate Director of HR	31 st March 2023	Data cuts have been sent to department heads to review and confirm accuracy. Working with finance colleagues on understanding vacancy position.

Performance pack to be developed	Associate Director of HR	31 st March 2023	February performance report has been received from NLPSS. Initial internal workforce dashboard has been created and will be presented at 23rd March POD EDI Committee
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Strategic Delivery Metrics

Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
Upscaling managers to the recruitment process		Need to roll out further training and guidance to managers on best practice recruitment	February performance report has been received from NLPSS. Initial internal workforce dashboard has been created and will be presented at 23rd March POD EDI Committee
Review of productivity, establishment, finance	Process has started with the Clinical division and will then move to Corporate followed by DET.		

Principal Risk 6	Lack of inclusive and open culture	Strategic Objective	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.
Description	The failure to instil an Inclusive and open organisational culture in line with our priority commitment around EDI, including sufficient staff support and commitment to health and wellbeing, will lead to reduced levels of staff morale and engagement and quality of patient care delivered.		

Executive Lead	Chief People Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	POD EDI Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	15 th March 2023
Risk Appetite	Moderate	5	4	20	4	3	12	3	3	9	Date of Next Review	15 th May 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Engagement sessions hosted by CEO and Director of Strategy		Records of sessions held	Internal	Green
Health & Wellbeing group (includes review of cost of living issues)		Key issues fed back to POD EDI Committee through the Associate Director of EDI	Internal	Amber
Occupational Health and employee assistance programme		Usage reports?	Internal	Green
Action plan in place resulting from external review	Lack of clarity around Recruitment process / internal promotion	POD EDI receive update and feedback on status of delivery against the action.	Internal	Amber
	No central planning process for interview panel involving BAME candidates			Red
Staff Networks feed to EDI team who escalate key outcomes through POD EDI	Lack of clarity around Bullying & harassment process being followed	EDI reporting through the POD EDI includes key outcomes/concerns from network forum meetings.	Internal	Red
	Process to ensure equity for BAME candidates for senior roles (band 8 and above)			Red
	Improved process around recruitment and treatment of disabled candidates.			Red
Chief Clinical Operating Officer sponsoring EDI programme and providing link with the Board		Feedback through EMT	Internal	Amber

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Race Action plan (63 points)	CEO/Execs		Progress to POD EDI

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
Revised, refreshed RAP to be created and presented to POD EDI Committee			New RAP communicated (once complete)

Reasonable adjustments process implemented	This has commenced, with funding secured from finance and reasonable adjustments are being signed off	Reasonable adjustments policy has not yet been created	Reasonable adjustments policy in place (once complete)
Employee relations policies being refreshed with a just and learning culture approach to ensure transparency of policy, fairness and consistency of application, and a starting point of seeking to learn and develop rather than punitive measures	CPO has feedback on first round of policy drafts viewed, and these are going back for amendment		New policies and training (once complete)

Principal Risk 7	Lack of management capability and capacity to manage People issues	Strategic Objective	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.
Description	If people issues are not managed effectively there is a direct impact on staff morale, engagement and wellbeing. This impacts the resilience of our workforce and quality of patient care that we can deliver.		

Executive Lead	Chief People Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	POD EDI Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	15 th March 2023
Risk Appetite	Moderate	4	5	20	3	4	12	2	3	6	Date of Next Review	15 th May 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Full suite of Trust HR policies in place	These policies are currently due for review and some require a refresh	Sickness, Grievance, disciplinary levels reported to the POD EDI through the Chief People Officer report. Bi-monthly	Internal	Amber
Management structure in place with revised job descriptions clarifying line management responsibilities	Manager leadership training required	Strategic review paper to EMT approving structure.	Internal	Green

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Management & Leadership development programme to be rolled out across the Trust. Three separate programmes, one for Bands 5-*b, one for Bands 8c and above and back to basics training on core process and policy.	Head of HR	April 2023	Ongoing, currently on target to meet implementation date.
All HR Policies to be reviewed over next 12 months (priority to be given to Recruitment & Selection, disciplinary, capability, grievance and flexible working policies) with a just and learning culture approach to ensure transparency of policy, fairness and consistency of application, and a starting point of seeking to learn and develop rather than punitive measures	Head of HR	April 2023 (initial top 6) March 2024 completion for all policies	Ongoing, currently on target to meet implementation date.
KPIs to be formalised and reported	Chief People Officer	30th June 2023	In process of being formally agreed.

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
New suite of policies	As above		
Three training programmes	As above		
KPIs and associated dashborad	As above		

Principal Risk 8	Delivering financial sustainability targets	Strategic Objective	Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.
Description	A failure to deliver a medium / long term financial plan that demonstrates 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.		

Executive Lead	Terry Noys Chief Financial Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 December 2022
Lead Committee	Performance, Finance and Resources Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	24 February 2023
Risk Appetite	Moderate	5	4	20	4	4	16	2	4	8	Date of Next Review	24 th April 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Long term financial plan (LTFP)	Requires updating		Internal	RED
2022/23 Annual Plan / Budget		Approved by Board on 6 July 2023	Internal	GREEN
Monthly Finance Reports		Reviewed by ELT, PFRC and Board. Report for 10 months ended January 2023 shows Trust on Plan	Internal	GREEN
In Year Reforecasts		At PFRC in January and Board in February, unchanged full year forecast noted	Internal	GREEN
2023/24 Annual Plan / Budget	Required for 23/24	Initial draft submitted to NCL ICS	External	AMBER
	Detailed CIP programme			RED
	Commercial Strategy			RED

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Updated LTFP	CFO	June 2023	Currently awaiting revised Trust strategy
2023/24 Budget	CFO	March 2023	Planning in progress
Detailed CIP programme	CFO	March 2023	Planning in progress
Commercial Strategy	Director of Strategy and Transformation	June 2023	Under development

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
Develop a medium term financial plan that supports the Trust's strategy & which aligns with ICS plans.	Revision to current LTFP not yet started	Requires finalisation of 23/24 Plan and development of new Trust strategy	n/a
Deliver the 2022/23 Out-Turn within Plan	Report for 10 months ended January 2023 shows Trust on Plan	Plan expected to be delivered, unless GIDS TUPE does not apply and Trust is faced with redundancy costs	January Finance Report (ELT 27 February 2023)
Develop and deliver the Action Plan following the HFMA review	Action plan developed. Delivery against plan on-going	Ability to deliver (particularly on new CIPS process) given other demands on Finance	Self Assessment (October Audit Committee) Internal Audit review (January Audit Committee)
Commercial Strategy			

Principal Risk 9	Maintaining an effective estate function	Strategic Objective	Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.
Description	If the Trust fails to deliver affordable and appropriate estates solutions, there may be a significant negative impact on patient, staff and student experience, resulting in the possible need to reduce Trust activities potentially resulting in a loss of organisational autonomy.		

Executive Lead	Terry Noys Chief Finance Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	Performance, Finance and Resources Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	19 th December 2022
Risk Appetite	Moderate	5	3	15	4	3	12	4	2	8	Date of Next Review	Xx/xxx/23

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Leases in place for Leif house, Birmingham and Leeds- Hard FM providers for London, Leeds and Birmingham, focused on statutory compliance.	PAM – covers policies across the Trust, an assessment has been completed	The PAM assessment and timeline will be shared with PFR in March 23, with peer review through Royal Free Ltd.	Internal	Amber
10 year Capital plan –6 facet survey has provided an asset replacement plan and is reviewed annually	Capital plan is risk based with defined backlog asset replacement, it is manual	This replacement plan is also aligned to the Trust strategies as assets are replaced based on asset failures and the Estates strategy.	Internal	Amber
Current cleaning standards are higher than the NHS national standards, informal arrangement around assurance	NHS National cleanliness standards 2021, assurance model has not been introduced into the Trust, adherence is due by July 23	Training has commenced with staff, and will involve several interventions as a root and branch assessment of what frequency areas are cleaned and an assurance model developed	Internal	Amber

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Detailed Estate revenue model to support finance model	Estates lead	March 2023	Planning in progress

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
Premises Assurance Model assessment- a gap analysis, and timeline	Assessment and timeline will be shared with PFR	The review has highlighted gaps, and an action plan developed in line with operational activities	Report will be shared with PFR and peer review with Royal Free Ltd
Introduction of a CAFM (computer aided facilities management system) in 2023, this will automate the asset failure rates and provide a better understanding of the systems across our estate	Contracts signed and asset hierarchies will commence in March	Asset will be coded, and staff trained over the coming year	Progress will be shared through Change Board
Develop a soft FM and Hard FM strategy	Consolidate fragmented contracts, and staffing model, in line with service operating hours	Ability to deliver as the team are in transition	April Estates report ELT
10 year capital plan based on the 6 facet survey	Requires a more detailed survey of system assets, that have not been upgraded in 22/23 or planned for 23/24	Aging estate, will require upgrades over	April Estates report EMT

Principal Risk 10	Sustainable income streams	Strategic Objective	Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.
Description	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. This could render the Trust's service provision unsustainable.		

Executive Lead	Alastair Hughes Director of Strategy & Transformation	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	Performance, Finance and Resources Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	17 th March 2023
Risk Appetite	Moderate	4	5	20	4	5	20	4	2	8	Date of Next Review	17 th April 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Internal Monitoring Reporting on current clinical services to ensure meeting current contractual objectives	Key HR staffing data	Clinical Leadership Meeting Review, PFRC Oversight	Internal	Amber
Internal Monitoring Reporting on current DET services	Not in place	DET Exec Review, Education & Training Committee Oversight, PFRC Oversight	Internal	Red
External (Commissioner) Reporting on commissioned services in DET and Clinical	Commissioned services do not align with new structures / not all commissioners have maintained contact	Clinical Leadership Meeting Review, DET Exec Review, PFRC Oversight, Commissioner Review Meetings	Internal / External	Green
Alignment of internal services reporting with financial controls	None	External Financial Audit (annual)	External	Green
Attendance at ICB level Meetings to be able to address system needs and address growth areas	Attendees at meetings not scoped and clear	Clinical Leadership Meeting Review	Internal	Amber

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Data between SBS / ESR and Team Managers to be monitored and establish control mechanism to maintain united systems	Deputy CFO / HR AD	March 2023	Scoping started on how to address the gaps
Address service specifications with commissioners during contracting round	Commercial Director	April 2023	Issues discussed with commissioner to align and re-cost services
Development of Internal Reporting for DET Services	Director of Education (Operations)	July 2023 (to be confirmed)	Currently being scoped

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
Deliver Medium and Long-term Commercial Strategy for growth (May 2023)	Initial plan has been developed to review the missed opportunities and the current open opportunities	Need to ensure Commercial Strategy aligns with Trust-wide Strategy	Board approval of Commercial Strategy

Principal Risk 11	IT infrastructure and cyber security	Strategic Objective	Develop & deliver a strategy & financial plan that supports medium & long-term organisational sustainability & aligns with the ICS.
Description	The failure to implement comprehensive security measure to protect the Trust from Cyber-attack could result in a sustained period where critical IT systems are unavailable, reducing the capacity to provide some services and leaving service users at risk of harm.		

Executive Lead	Terry Noys Chief Finance Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	Performance, Finance and Resources Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	3 rd March 2023
Risk Appetite	Moderate	5	4	20	4	3	12	3	3	9	Date of Next Review	3 rd May 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Implementation of security software on all endpoints	None	Usage of leading industry standard products maintained in accordance with best practice	External	Green
Implementation of security software on all servers	None	Usage of leading industry standard products maintained in accordance with best practice	External	Green
Successful completion of IG Toolkit annually	Full compliance with mandatory IG training	NHS IG toolkit annual submission. External validation of submission	External	Amber
Compliance with industry standard Cyber Security Accreditations	None presently. However, each year adds additional controls.	External validation with independent agencies e.g. Cyber Essentials	External	Green
Implementation of email security infrastructure	None	Secure data tools on email send and receive at a trust level e.g Mimecast. Additional individual email security management via Egress email security software.	Internal/External	Green
Subscription to NHSX cyber threat service	None	NHS issues threat warnings and remedial actions with timescales. These are called CareCerts and we comply with the actions required in the timescales advised where appropriate.	Internal/External	Green
Business continuity plans for all relevant trust areas	Continuous assessment of suitability and regular BCP scenario testing.	Regular BCP scenario testing with feedback loops for continuous improvement approach. Note due to the responses to the pandemic and latterly to the CareNotes outage BCP plans have been stress tested	Internal	Amber
Third party system supply cyber assurance	No formal process to ensure suppliers are operating critical systems on the trust's behalf to acknowledged and agree cyber standards.	Regular (suggested annual) update from system suppliers to a structured questionnaire requiring assurances on compliance with evidence. Would be appropriate to engage a 3 rd party assessment service	External	Amber

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Increased communication and monitoring of IG mandatory compliance	Data Protection Officer	By June 2023 and annually thereafter.	In progress
Annual review and implementation of new standards for cyber safety	Director of Infrastructure	Annual submission to Cyber Essentials to achieve ongoing accreditation.	In progress
Review of BCP plans across the trust with recommendations for improvement.		By end of FY 23/24	To be agreed

Note due to the responses to the pandemic and latterly to the CareNotes outage BCP plans have been stress tested twice since 2020 and have successfully managed associated risks and maintained trust effectiveness.			
Review supplier base and engage 3 rd party assessment service	Director of Infrastructure	Q2 FY23/24	To be agreed

Strategic Delivery Metrics

Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
Increase external Cyber Essentials accreditation to plus level	Project is underway and in final stages of delivery before completion of underlying work by end of 22/23 FY. External accreditation process will commence in early 23/24 FY	New requirements added to the standard in mid 22/23 FY for mobile device management necessitated additional software selection and implementation.	External Cyber Essentials accreditation organisation. Trust Audit program
Engage 3 rd party cyber assessment of trust suppliers across all of the infrastructure to ensure compliance to trust / NHS standards	Planning is underway via the recovery of the CareNotes system and will deliver outcome in Q1 FY23/24. Intention is to pilot with Advanced (CareNotes supplier) and then roll out to all other system suppliers	Will require funding of the service to be acquired. Higher priority work impacting internal technical resource	NHS (digital team) 3 rd party assessor Trust audit programme

Principal Risk 12	Developing Partnerships	Strategic Objective	Be an effective, integrated partner within the ICS & nationally, supporting improvements in population health & care & reducing health inequalities.
Description	A failure to develop and maintain effective system partnerships could prevent a clear understanding of the population health needs, diluting the specialist mental health voice and potentially lead to the Trust missing opportunities to improve patient care within the ICS.		

Executive Lead	Sally Hodges , Chief Clinical Operations Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	Trust Board	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	28 th February 2023
Risk Appetite	Moderate	4	4	16	3	4	12	3	3	9	Date of Next Review	31 st April 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Attendance at the following key meetings: 1) ICS partnership meetings 2) Provider Collaborative meetings 3) Place based meetings including Local Authority attendees	Identify key relationships and allocate relationship managers	Record of attendance at ICS, Provider Collaborative meetings and Placed Based meetings including agreed actions and minutes.	Internal	Green
	Understand the gaps in clinical service provision across the ICS where we can add value			Red
	Engage with leading partners over population health needs.			Red
	Lack of presence currently across the other 4 NCL boroughs (Islington, Haringey, Barnet, Enfield)			Red

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Establish a matrix of key relationships across the ICS and allocate individuals to be relationship managers	Sally Hodges, CCOO		
Undertake a clinical led piece of work, actively engaging with leading partners to determine the population health needs for services where T&P can add value.	Michael Holland , CEO		

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
Develop greater presence across the other 4 NCL boroughs (Islington, Haringey, Barnet, Enfield) specifically where not the current primary provider. This to include: <ul style="list-style-type: none"> Mapping across the borough meetings for engagement (specifically including Adult and Physical Health services) Identify contacts for each meeting, allocate who will attend Establish internal communication systems to ensure feedback is received and reported back through the Trust Developing an understanding of where the Trust can be helpful and add value. 			

Principal Risk 13	Compliance with Information Governance requirements	Strategic Objective	Ensure we are well-led & effectively governed.
Description	A failure to comply with the Data protection and security toolkit could lead to a serious breach of data security resulting in service user harm, a loss of Trust reputation and potential ICO financial penalties.		

Executive Lead	Julie Dawes Director of Corporate Governance	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	Audit Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	25 th February 2023
Risk Appetite	Moderate	5	3	15	3	3	9	3	2	6	Date of Next Review	25 th April 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
External Data Protection Officer (DPO) and IG Service appointed from April 2022.		Report to PFRC demonstrate effectiveness of existing arrangements	Internal	Amber
Key policies on Information Security, Information Management, GDPR		IG Progress Report to PFRC provides update on current compliance	Internal	Green
Formal procedures for recording, reporting and responding to GDPR requests (FOI, SARs)	Current compliance is below the 90% set by the ICO for FOI response times (69% Q1)	IG Progress Report to PFRC provides update on current compliance	Internal	Red
DSP Toolkit annual submission	DSPT standard "not met" due to 95% staff mandatory training not achieved	DSPT outcome report from NHS Digital. Internal Audit of DSP Toolkit compliance set for January 2023	External External	Amber
Plan for achieving compliance with DSPT approved by NHS Digital July 2022		IG Progress Report to PFRC provides update on current compliance	Internal	Amber

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Implementation of improvement plan to achieve 95% mandatory training compliance	IG & Data Protection Officer	31 st March 2023	
Work with teams and improve guidance for completion of SARs	IG & Data Protection Officer		
Working with Teams to support and provide guidance to improve compliance with FOI request timeframes.	IG & Data Protection Officer		

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance

Principal Risk 14	Effective Performance and Risk management arrangements	Strategic Objective	Ensure we are well-led & effectively governed.
Description	If effective performance and risk management processes are not embedded within the Trust it could reduce the effectiveness of senior management decision making whilst also impacting on the level of confidence over our systems of internal control.		

Executive Lead	Julie Dawes Director of Corporate Governance	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	Executive Management Team	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	17 th March 2023
Risk Appetite	Moderate	5	3	15	4	3	12	3	2	6	Date of Next Review	17 th May 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Quality Portal system for recording and reporting all risks	Not all risks managed through the Quality Portal Limited reporting capabilities from the Quality Portal system	Quality portal download shows latest risk scores and last review date for each live risk.	Internal	Amber
Approved risk management strategy and policy	Need to update for the BAF process	Compliance with policy will be reported through sub-committees, audit committee and EMT as part of regular reporting once risk policy has been revised. Internal audit annual review of risk	Internal External	Amber
Committee terms of reference include reporting and scrutiny of key risks	Processes for ensuring risks are included on agendas are not robust	Committee papers and minutes will provide confirmation of risk discussions once process relaunched.		Red
Risk reviewed by Board sub-committee	Consistent reporting needs to be reinstated. Only BAF risks at present	Bi-monthly meeting papers and minutes of sub-committees will provide confirmation of agreement and discussion over key risks. Internal audit annual review of risk.	Internal External	Amber
12+risk escalated through EMT	Risk registers not routinely being reviewed by EMT	EMT monthly report of key risks and minutes will provide assurance over the management of key risks once reinstated.	Internal	Red

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
New BAF risks to be agreed with Executives and reported through Audit Committee for discussion/scrutiny.	Risk and Assurance Lead	19 th January 2023	Included in papers for Audit Committee on 19 th January & 27 th March 2023.
Full BAF to be considered by March Board Sub-committees and Audit Committee and fully approved by the Board in April.	Director of Corporate Governance	4 th April 2023	On track to complete
All directorate operational and strategic risks to be reviewed and up to date risk registers produced for reporting through committee framework	Risk and Assurance Lead	End of April 2023	IM&T, Finance and Estates/Facilities reviewed & updated. Mini Workshops / meetings to be held in March /April with Clinical lead officers, HR and Governance leads.

Strategic Delivery Metrics

Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance
Implement a refreshed “fit for purpose” BAF framework based around new Trust strategic objectives	Timetable has been agreed that will see a fully populated BAF signed off by the Board on 4 th April 2023	Challenging timeframe for completion. Risks to be agreed through sub committee and Audit Committee prior to Board.	EMT papers and minutes Audit Committee minutes and papers Sub Committee papers and minutes
Embed risk management within the Directorate structure and committee reporting framework	Ongoing	Work needed to restructure risk in line with new directorate structure and reassign risks from managers who have left.	Risk register reporting through sub-committee meetings from February/March
Instil a Trust wide risk appetite framework	To be drafted for consideration by EMT initially in February	Change in approach may need time to agree	EMT papers and discussions
Deliver risk management awareness training across all levels of the Trust	Programme to be agreed for delivery by end of Q1 2023/24	Scheduling of training g may be difficult in some areas. Requires buy in to ensure well attended.	Record of attendance to be retained and training pack.

Principal Risk 15	Effectiveness of senior leadership	Strategic Objective	Ensure we are well-led & effectively governed.
Description	A prolonged period of instability across the Trust Executive and senior management could impact on the effectiveness of governance, performance and engagement across the Trust, resulting in poor outcomes, levels of compliance, and staff performance.		

Executive Lead	Michael Holland Chief Executive Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	19 th December 2022
Lead Committee	Trust Board	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	19 th December 2022
Risk Appetite	Moderate	5	4	20	4	3	12	2	3	6	Date of Next Review	19 th February 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
Revised organisational structure agreed	Gaps in governance support due to Key Board positions currently without substantive post holder (CPO, CMO,CNO)	Structure agreed at Trust Board July 2022	Internal	Green
New CEO in post		N/A		Green
Revised EMT structure and agenda based on accountability	Structured Board development programme required to improve Board impact	In place from January 2023 meeting agenda and packs	Internal	Amber
OMG Well led Governance review Action Plan and Strategic Oversight Framework (SOF3) actions	Staffing structures below the Executive level may not be adequate to deliver the governance agenda	NHSE regular meetings Updates on progress through EMT and to Board	External Internal	Amber
	Lack of performance reporting and accountability across all levels			Red
	Loss of corporate and organisational knowledge and history when staff leave			Red

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
Implementation of Governance Action Plan	Director of Corporate Governance		
Recruitment to substantive Board level positions	Chief Executive Officer		

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance

Principal Risk 16	Reputational Management & Stakeholder Engagement	Strategic Objective	Ensure we are well-led & effectively governed.
Description	A failure to promote effective performance to the public and engage key stakeholders in Trust development plans, will result in a sustained loss of public confidence and long-term reputational damage to the Trust.		

Executive Lead	Michael Holland Chief Executive Officer	Inherent Risk (Before consideration of controls)			Current Risk (After considering existing controls)			Target Risk (Risk after implementing all agreed action)			Original Assessment Date	27 th January 2023
Lead Committee	Performance, Finance and Resources Committee	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score	Date of Last Review	7 th February 2023
Risk Appetite	Moderate	5	4	20	5	4	20	2	4	8	Date of Next Review	31 st March 2023

Key Risk Controls (1 st line of defence)	Gaps in Control (what are we missing)	Sources of Assurance (2 nd and 3 rd lines of defence)	Type of Assurance (Internal / External)	Assurance Rating (RAG)
New CEO in post and resultant changed culture at the top of the organisation	Create advocates & ambassadors	New Chief People Officer appointed. EMT weekly meeting structure revised from January 2023 to enhance accountability.	Internal	Amber
	Assignment of NEDs as champions for each service area.		Internal	Red
Quarterly campaigns programme for 2023 based on topics of expertise led by the communications team		Detail within Communication and engagement plan to be rolled out from Q1 2023/24	Internal	Amber
Enhanced GIDS website for patient and family facing owned channel		Website in place	Internal	Green
Communications performance reporting	Ongoing issues around the effectiveness of complaints process and delayed responses to complainants.	EMT reports on communication activity and performance	Internal	Red
	Control over the use of different communication channels within the Trust		Internal	Red
	Improved staff engagement required to enhance our external reputation	Existing press coverage around the closure of GIDS and ongoing legal case current impacting on current level of reputational risk.	External	Red

Action to address gap in assurance/control	Lead Officer	Date of implementation	Status
External Communications and Engagement Plan to be approved by Board	Laure Thomas	4 th April 2023	Going to EMT end of February and then April Board
Internal Communications and Engagement Strategy to be approved at POD EDI	Laure Thomas	31 st March 2023	Initial version went to POD EDI in September 2022.
Review of existing complaints process		31 st March 2023	

Strategic Delivery Metrics			
Key Strategic deliverables	Progress to date	What are the current challenges/risks to progress?	Sources of Assurance

MEETING OF THE PUBLIC TRUST BOARD OF DIRECTORS			
Wednesday 19th April 2023			
Research and Development Report			AGENDA ITEM:
			19
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 <input type="checkbox"/> Discuss <input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/>	Excellence in employee experience <input type="checkbox"/>	
	Drive operational performance <input type="checkbox"/>	Long term financial sustainability <input type="checkbox"/>	
	Develop clinical and commercial strategies <input type="checkbox"/>		

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 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

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

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, McMurrin 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.

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 Osseman 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.](#)

- 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: 10.1177/13591045211006754. 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:

<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.

APPENDIX 1.

Research Studies: Tavistock and Portman NHS FT	
 	<p>LOGIC study: 'Longitudinal Outcomes of Gender Identity in Children'</p> <p><i>'Outcomes and Predictors of Outcomes for Children and Young People referred to UK Gender Identity Development Services: A Longitudinal Investigation.'</i></p> <p>https://logicstudy.uk/</p> <p>Funder: NIHR Health Services and Delivery Research Programme [17/51/19]</p> <p>2019-2023. Awarded funding for 2.5 years extension for 2.5 years until 2025.</p> <p>Lead Investigator: Kennedy, E.</p>
 	<p>PPC study: 'Personalised Programmes for Children'.</p> <p><i>'Personalised assessment and intervention packages for children with conduct problems in child mental health services'</i></p> <p>https://tavistockandportman.nhs.uk/research-and-innovation/our-research/research-projects/personalised-programmes-children-ppc/</p> <p>Funder: NIHR Programme Grant for Applied Research (LTC-RP PG 0814-20001) 2016-2025</p> <p>Lead Investigator (s): Senior, R, Scott, S.</p>
 	<p>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'.</p> <p>Funder: NIHR Research for Patient Benefit Programme</p> <p>Lead Investigator: Totsika, V.</p>

Watch Me Play!

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.



What Works for
Children's
Social Care

The PSC Wellbeing Study

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-veve-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

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'.



Economic and Social Research Council

Funder: UKRI Economic and Social Research Council

Lead organisation: The University of Kent



NIHR | National Institute for Health Research

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-psychoic-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



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

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 (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

APPENDIX 2. COLLABORATING INSTITUTIONS

 <p>CARDIFF UNIVERSITY PRIFYSGOL CAERDYDD</p>	<u>Cardiff University</u>
 <p>KING'S <i>College</i> LONDON</p>	<u>King's College London</u>
 <p>UCL</p>	<u>University College London</u>
 <p>UNIVERSITY OF CAMBRIDGE</p>	<u>University of Cambridge</u>
 <p>University of HUDDERSFIELD</p>	<u>University of Huddersfield</u>
 <p>University of Kent</p>	<u>University of Kent</u>
 <p>UNIVERSITY OF LIVERPOOL</p>	<u>University of Liverpool</u>
 <p>University of Reading</p>	<u>University of Reading</u>

 Guy's and St Thomas' NHS Foundation Trust	<u>Guy's and St Thomas' NHS Foundation Trust</u>
 South London and Maudsley NHS Foundation Trust	<u>South London and Maudsley NHS Foundation Trust</u>
 University College London Hospitals NHS Foundation Trust	<u>University College London Hospitals NHS Foundation Trust</u>

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, Almquist 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

MEETING OF THE BOARD OF DIRECTORS PART II - PUBLIC – Wednesday, 19 April 2023				
Report Title: Draft Public Board of Directors Forward Planner 2023/24 (Public)			Agenda No.: 20	
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 <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Information <input type="checkbox"/> Assurance <input type="checkbox"/>			
Situation:	This report provides the Draft Public Board of Directors Forward Planner for 2023/24.			
Background:	<p>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.</p> <p>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.</p> <p>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.</p>			
Assessment:	<p>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.</p> <p>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.</p> <p>The Board forward planner will be presented at each meeting of the Board for information highlighting any changes to the planner.</p> <p>Diary appointments for the 2023/24 meetings have been issued to members. Any future changes to dates will be reflected in the Forward Planner.</p>			
Key recommendation(s):	The Board is asked to APPROVE the Draft Public Board of Directors Forward Planner for 2023/24.			
Implications:				
Strategic Objectives:				
<input type="checkbox"/> Improve delivery of high-quality clinical services which make a significant	<input type="checkbox"/> Be a great & safe place to work, train & learn for everyone. A place where we can all	<input type="checkbox"/> Develop & deliver a strategy & financial plan that supports medium & long-term	<input type="checkbox"/> Be an effective, integrated partner within the ICS & nationally, supporting	<input checked="" type="checkbox"/> 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 <input type="checkbox"/>	Effective <input type="checkbox"/>	Caring <input type="checkbox"/>	Responsive <input type="checkbox"/>	Well-led <input checked="" type="checkbox"/>
Link to the Risk Register:	BAF <input checked="" type="checkbox"/>		CRR <input type="checkbox"/>		ORR <input type="checkbox"/>
	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 <input checked="" type="checkbox"/>		No <input type="checkbox"/>		
	The Board Forward Planner includes Statutory items for oversight by the Board.				
Resource Implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	There are no additional resource implications associated with this report.				
Equality, Diversity, and Inclusion (EDI) implications:	Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>		
	There are no EDI implications associated with this report.				
Freedom of Information (FOI) status:	<input checked="" type="checkbox"/> This report is disclosable under the FOI Act.		<input type="checkbox"/> This paper is exempt from publication under the FOI Act which allows for the application of various exemptions to information where the public authority has applied a valid public interest test.		
Assurance:					
Assurance Route - Previously Considered by:	None				
Reports require an assurance rating to guide the discussion:	<input type="checkbox"/> Limited Assurance: There are significant gaps in assurance or action plans	<input type="checkbox"/> Partial Assurance: There are gaps in assurance	<input checked="" type="checkbox"/> Adequate Assurance: There are no gaps in assurance	<input type="checkbox"/> Not applicable: No assurance is required	

Instructions

General information

The template is aligned to the standard agenda, front sheets and chair report requirements.

A column containing a drop down selection is indicated by ▼ in the column header. All other cells are free text.

Each column can be filtered by selecting the and either selecting the filter(s) required.

The sheets have a set print area and should be pdf'd for inclusion within papers. The planners are formatted to centre horizontally and include headers on page break. It may be helpful to view the sheet in Page Break View prior to pdf'ing in order to ensure page breaks occur in the most appropriate place for ease of review.

The text entry box at the top of the worksheet has intentionally been made quite large to enable notes within the 'Purpose' and 'Admin notes' columns to be viewed in entirety and updated easily. Try not to increase row heights as this will affect printing / pdf presentation. Use the text box at the top of the worksheet to view updates and to copy and paste requirements to agendas.

Rows MUST be inserted within the table boundaries to ensure that formatting / drop downs are copied to the new row. For ease, leave a blank row at the bottom of each section.

Don't delete the grey'd out rows (the count at the bottom will go wrong).

To populate agendas, filter for planned for the relevant month, and then by section of the agenda to identify items required within each section. Then copy requirements from the Purpose box to the agenda.

To share the full worksheet with the NED/Executive Officer(s) - copy the sheet to another MSExcel workbook - to do this create the new workbook (filename of your choice), right click on the worksheet tab that you want to copy, select move or copy, then select the workbook to which you want the sheet copied (e.g. the new workbook you created). Ask them to update in a different colour or add to the notes or send you their changes in an email.

For policies, check with <Name Surname> for the latest updates, as their will be extensions, deferrals and deletions that will need to be updated within the planners.

Note that the count at the bottom of the worksheet is a guide only, as it counts the polices for all three years of the usual policy lifecycle.

Master Template

Key: ▼ - indicates drop down on template; P - planned, D - Deferred, M - Missed, X - discontinued, R - received			2023												2024			Previous committee/group ▼	Onward approval ▼
Agenda Item	Category ▼	Sponsor / Lead ▼	Jan ▼	Feb ▼	Mar ▼	Apr ▼	May ▼	Jun ▼	Jul ▼	Aug ▼	Sep ▼	Oct ▼	Nov ▼	Dec ▼	Jan ▼	Feb ▼	Mar ▼		
(Date)																			
(Time)																			
Standard monthly meeting requirements																			
Opening / Standing Items (every meeting)																			
Chair's Welcome and Apologies for Absence	Information	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Confirmation of Quoracy	Information	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Declarations of Interest	Information	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Minutes of the Previous Meeting	Approval	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Matters arising from the minutes	Approval	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Chair's report (Board only)	Information	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
CEO's report (Board only)	Information	CEO	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Closing Matters (every meeting)																			
Referrals from other Committees / Groups (not included on agenda)	Discussion	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Any other business	Discussion	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Referrals to other Board / Committees / Groups	Discussion	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Summary of Actions	Information	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Feedback to parent meeting (group/committee/board) (not Board)	Discussion	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Annual work plan	Information	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Reflection on effectiveness of meeting	Discussion	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Date and Venue of Next meeting	Information	Chair	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		
Monthly (12)																			
Integrated Performance Report	Discussion	CCOO																	
Quality Committee Chair's Assurance Report	Assurance																		
Performance, Finance and Resources Committee Chair's Assurance Report	Assurance																		
Committee Chair's Assurance Report	Assurance																		
Committee Chair's Assurance Report	Assurance																		
Committee Chair's Assurance Report	Assurance																		
Bi-monthly (6)																			
Quarterly (4)																			
Integrated Governance Plan Tracker review	Discussion				P			P			P			P			RCG		
Audit Committee Chair's Assurance Report	Assurance																		
Six-monthly (2)																			

Master Template

Key: ▼ - indicates drop down on template; P - planned, D - Deferred, M - Missed, X - discontinued, R - received			2023												2024			Previous committee/group ▼	Onward approval ▼	
Agenda Item	Category ▼	Sponsor / Lead ▼	Jan ▼	Feb ▼	Mar ▼	Apr ▼	May ▼	Jun ▼	Jul ▼	Aug ▼	Sep ▼	Oct ▼	Nov ▼	Dec ▼	Jan ▼	Feb ▼	Mar ▼			
(Date)																				
Annual (1)																				
Annual Self Assessment of Committee's Effectiveness	Discussion		P											P	P					
Review of Terms of Reference	Approval			P	P											P	P			
Strategy / Policy Approval/Ratification (usually every 3 years)																				
Year 1 (2023/24)																				
Year 2 (2024/25)																				
Year 3 (2025/26)																				
Ad hoc																				
		Item Count	14	14	15	13	13	14	13	13	14	13	13	15	14	14	15			

Key: ▼ - indicates drop down on template; P - planned, D - Deferred, M - Missed, X - discontinued, R - received										2023	2024	Board / Committee / Meeting	Frequency	Purpose	Author(s)	Delivery
Agenda Item	Category	Sponsor / Lead	Apr	Jun	Jul	Oct	Dec	Feb	Previous committee/group	Onward approval	Agenda Section	Frequency	Purpose	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	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 Preparedness, Resilience 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)	

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

DO NOT INSERT ROWS OR COLUMNS AS THIS WILL AFFECT DROP DOWNS WITHIN

Additional items can be added within grey'd area.

Lists can be sorted individually by highlighting grey'd area and selective sort e.g. can put in alphabetical order or can manually sort as well

Note: if you change an existing drop down e.g. change 'Information' to 'To Note' this will not update on the worksheets - this will need to be

Category	Sponsor / Lead	Tracking	Agenda Section	Frequency
Information	Chair	P	Opening / Standing Items	Monthly
Discussion	CEO	D		Bi-monthly
Assurance	CCOO	M		Quarterly
Decision	ICMO	X		6 monthly
Approval	ICNO	R		Annual
To Note	CPO			One off
	CFO			Variable
	NED			5 monthly
	ICETO			2 yearly
	IDOCG			3 yearly
	CNO / CPO/ CETO			
	DCE			

THE ENTIRE WORKBOOK

to put frequently used at the top for instance.
done manually.

Delivery	Committees / Groups	Random	Strategic Objectives
Verbal	Trust Board	Yes	Corporate Reporting
Enclosure (inc.FS)	Council of Governors	No	High Quality Clinical Services
Presentation (inc.FS)	ELT	N/A	Great & Safe Place to Work, Train & learn
Enclosure	Audit Committee		Develop & Deliver a Strategy & Financial Plan
Business Case (inc.FS)	Quality Committee		Effective, Integrated Partner within the ICS & Nationally
Chair's report	POD EDI		Well-led & Effectively Governed
	Education & Training Committee		
	Performance, Finance & Resources Committee		
	RemCo		