The Tavistock and Portman
NHS Foundation Trust

Board of Directors Part One

Agenda and papers of a meeting to be held in public

Tuesday 30th March 2021

Please refer to the agenda for timings.

Meeting held online

The Tavistock and Portman
NHS Foundation Trust

AGENDA Part 1

AGENDA

BOARD OF DIRECTORS – PART ONE
MEETING HELD IN PUBLIC
TUESDAY, 30th MARCH 2021, 2.00pm – 4.40pm, meeting held online

		Presenter	Timing	Paper No
1 Administrative Matters				
1.1	Chair's opening remarks and apologies	Chair	2.00pm	Verbal
1.2	Board members' declarations of interests	Chair		Verbal
2.3	Minutes of the meeting held on 26th January 2021	Chair		1
2.4	Action log and matters arising	Chair		Verbal
2 Operational Items				
2.1	Chair and Non-Executives' Reports	Chair and Non-Executive Directors	2.10pm	Verbal
2.2	Chief Executive's Report	Chief Executive	2.20pm	2
2.3	Finance and Performance Report	Deputy Chief Executive / Director of Finance	2.30pm	3
3 Items for decision/approval				
3.1	Quality Priorities 2021/22	Associate Director Quality & Governance	2.40pm	4
4 Items for discussion				
4.1	NHS Staff Survey 2020	Interim Director of Human Resources	2.50pm	5
4.2	Board Objectives & Board Assurance Framework (BAF) 2021/22	Chief Executive	3.00pm	6
4.3	Operational Risk Register	Associate Director Quality & Governance	3.20pm	7
4.5	GIDS Transformation Programme	Divisional Director Gender Services	3.30pm	8
4.6	Academic Freedom Policy	Operations Director of Education & Training	3.50pm	9
4.7	Board appointments and roles	Chair	4.05pm	10
5 Items to note				
5.1	Serious Incidents Annual Report	Medical & Quality Director	4.15pm	11
6 Board Committee Reports				
6.1	Integrated Governance Committee	Committee Chair	4.25pm	12

		Presenter	Timing	Paper No
6.2	Training and Education Committee	Committee Chair	4.30pm	13
6.3	Strategic and Commercial Committee	Committee Chair	4.35pm	14
6.4	Audit Committee	Committee Chair	4.40pm	15
7 Any other matters				
7.1	Any other business	All		
8 Date of Next Meeting				
	18th May 2021, 2.00pm – 4.00pm – Online meeting			

Board of Directors Meeting Minutes (Part 1)
26th January 2021, 2.00pm - 4.10pm, via Zoom

Present:			
Paul Burstow Chair	Paul Jenkins Chief Executive	David Holt Senior Independent Director	Deborah Colson Non-Executive Director
Dinesh Bhugra Non-Executive Director	David Levenson Non-Executive Director	Shalini Sequeira Associate Non-Executive Director	Terry Noys Deputy Chief Executive / Finance Director
Sally Hodges Clinical Chief Operating Officer	Dinesh Sinha Medical and Quality Director	Brian Rock Director of Education and Training / Dean of Postgraduate Studies	Ailsa Swarbrick Director of Gender Services
Tim Kent Divisional Director AFS	Rachel James Divisional Director CYAF		
Attendees:			
Helen Robinson Interim Director of Corporate Governance	Fiona Fernandes Business Manager Corporate Governance	George Wilkinson Lead Governor	Noel Hess Governor
Laure Thomas Director of Marketing & Communications			
Apologies:			
Sheila Cunliffe, Interim Director of Human Resources and Helen Farrow, Non-Executive Director			

AP	Item	Action to be taken	Resp	By
1.	1.3.1	Amendments to the minutes of the previous meeting	FF	Immed

1. Administrative matters

1.1 Welcome and apologies

1.1.1 Prof Burstow welcomed all of those present. Apologies were noted, as above.

1.2 Declarations of interest

1.2.1 No declarations of interest were declared.

1.3 Minutes of the previous meeting

1.3.1 The minutes were approved as an accurate record, subject to amendments **[AP1]**.

1.4 Matters arising and action points

1.4.1 All the actions were noted as completed.

2. Operational items

2.1 Chair and Non-Executives' reports

2.1.1 Prof Burstow reported that he had been attending weekly calls with the Director of NHS for London for CEO/NEDs. The discussions have been around the current response phase to the pandemic in the NHS and the acute sector. More attention is to be given to the impact on mental health and the increase in demand.

2.1.2 Prof Burstow noted that the North Central London (NCL) Integrated Care System (ICS) continues to take forward work on the development of the NCL Provider Alliance which has, previously, been discussed at the Board.

2.1.3 Dr Colson noted that she had attended the Camden Health & Wellbeing Board meeting in December and the priority of Camden's Citizens Assembly is focussing on mental health and well-being as a priority in developing their strategy. They will be holding health and well-being workshops and are taking action at neighbourhood level.

2.1.4 Prof Bhugra noted that he had represented Prof Burstow at the meeting of the Chairs in London, and the focus of the discussions/concerns were around the CAMHS waiting times and the pressures. An extraordinary meeting is to be held later in the month to discuss resources, training etc.

2.1.5 The Board of Directors noted the report.

2.2 Chief Executive's report

2.2.1 Mr Jenkins presented the report and highlighted:

Gender Identity Development Service (GIDS) Judicial Review

- The Trust had been granted permission last Monday to pursue the appeal against the Judicial Review judgement. No dates have been set however there is preliminary meeting on Friday to determine the form and which organisations will be allowed to intervene.
- The Trust has responded to the impact of the judicial Review judgement and the change in NHS England's specifications, and a key part of this is the planning for the clinical review of cases of existing patients currently receiving treatment in the endocrine clinics. Work on this will commence by the end of the month.

Covid-19 and Vaccination

- The Trust continues service provision across London and North Central London (NCL) with a blended approach of virtual/face-to-face and is dialling up/down the amount of activity accordingly.
- The Trust level Gold Command Emergency Preparedness, Resilience and Response (EPRR) continues to meet weekly and continues to monitor safety and keep to the Infection Prevention and Control (IPC) requirements in our settings.
- Through this quarter, our educational services delivery has remained primarily remote.

- Across the NHS the pandemic is having an impact of staff well-being and morale. The situation has led to the opening up of the Nightingale facility for both management of cases and vaccinations.
- The Trust has access to the Covid vaccine through partnering with the Royal Free Hospital. So far approximately 400 staff have been vaccinated. A number of colleagues are supporting other parts of the NHS including Mr Rock, Director of Education and Training, who is working a number of shifts at the Royal Free Hospital.

Registration with the Office for Students

- The Trust has become the first NHS trust to be registered as a Higher Education provider by the Office for Students (OfS). This is recognition of the quality of courses that we provide and will give us additional benefits when recruiting international students.
- Mr Jenkins thanked Mr Rock and his team as well as the Finance team for all their hard work in securing this registration.

2.2.2 Responding to Mr Holt, Mr Jenkins noted that overall remote working has been effective and meets the needs of the organisation, however there is a concern about the impact on staff wellbeing as a result of a sustained lack of face to face contact with their colleagues. Longer term, we will be looking at blended working arrangements.

2.2.3 Responding to Ms Sequeira, Dr Sinha noted that there is a significant amount of information on the staff intranet about the vaccination and, to encourage staff especially non-white staff to be vaccinated, both he and Dr Caldwell were planning a Covid specific event for staff to try to encourage them to take up the vaccination. To date, 400 of a total of 1400 have been vaccinated.

2.2.4 Dr Caldwell noted that her role over the past few months has included providing leadership on the vaccination programme across five boroughs. We have a campaign showing non-white people being vaccinated. Work is also being done on the inequality of access to address this.

2.2.5 Responding to Prof Burstow, Dr Caldwell noted that the risk assessments were used for the high risk groups and managers are reviewing this.

2.2.6 Dr Hodges added that the risk assessments were not done with the vaccination in mind however the information was used. The real value of the risk assessments were in facilitating conversations between staff and their managers.

2.2.7 Prof Burstow noted that Prof Bhugra had written a very useful article dispelling some of the myths of the vaccine. Prof Bhugra added that three other trusts were having similar issues concerning take-up by from non-white staff. He noted that he would be doing some media work targeting communities in Southall.

2.2.8 Responding to Dr Colson, Dr Hodges noted that staff at Gloucester House were in the first cohort for being vaccinated since they continue to provide services.

2.2.9 Dr Colson expressed her delight about the OfS registration and acknowledged the amount of work that had been required, and acknowledged the support from the University of Essex support this. Prof Burstow added that The Tavistock and Portman is the first NHS trust to be registered with the OfS.

2.2.10 The Board of Directors noted the report.

2.3 Finance and Performance report

2.3.1 Mr Noys presented the report and highlighted:

- As of December 2020, the Trust is showing a deficit of £951k after £3.6m of top up payments received from the Centre.
- The Trust is showing a £106k positive net deficit variance compared with the plan submitted to North Central London (NCL) Sustainability Transformation Programme (STP) in September.
- Income is higher than plan from DET long courses.
- Expenditure is also above plan reflecting activity in DET, and increase in the accrual of annual leave and provisions for legal costs.
- Cash balances are quite high from NHS England and Improvement (NHSE/I).

2.3.2 The Board of Directors noted the report.

2.4 Quality Dashboard (Q3)

2.4.1 Dr Sinha presented the report and highlighted:

- There was a slight decrease in patients seen.
- There had been a small increase in referrals.
- Waiting times is in a steady position, and referral to treatment has gone down from 85% to 70%. There are a number of pressure points and the issues in GIDS are being responded to as part of our CQC Action Plan.
- The waiting times is the GIDS is concerning and there are plans in place to address this.
- The overall DNA compliance rate is at 7.43% which is the lowest rate for the last eight quarters.
- Outcome measures continue to remain a focus of work as it is important to have an idea of care for our service users. There are a number of challenges and collecting the data has been problematic. The scale of challenge has been two-fold: technical and staff/service user engagement. Among the outcome measures, Time 1 and Time 2 Goal Based Measures (GBM) completion rates have increased slightly but these are based on low response numbers. Work is being done to improve the GBM Carenotes reminders and data completion.
- Mental Health Service Data Set (MHSDS) framework shows that the ethnicity and accommodation status remains challenging.
- There is still a backlog in dealing with complaints which is being addressed.
- Although mandatory training compliance has been challenging, there has been a slight improvement and the deadline for staff to complete has been extended to the end of this month. Appraisals have resumed and will address non-compliance.
- Due to the Judicial Review, there has been a lot of media coverage that has had a negative impact on staff morale.

- Relating to DET, the CEDU numbers reduced this quarter, financially we were doing fairly well overall.

2.4.2 Responding to Dr Colson, Dr Sinha noted that in relation to outcomes measures, there has been a lot of positives that can be implemented going forward.

2.4.3 Responding to Ms Sequeira, Dr Sinha noted that a discussion was held by the Executive Management Team (EMT) about mandatory training, and we will be encouraging staff to undertake such training. If there is a persistence that staff are continuing to disregard this, then it could become a conduct issue.

2.4.4 Responding to Ms Sequeira, Dr Hodges noted that a process is being developed where managers are alerted to staff who have not undertaken their mandatory training. Currently the process is that HR will alert a member of staff of the need to pursue mandatory training through the Electronic Staff Record (ESR). In relation to appraisals, these are conducted on an annual basis with a half-yearly review.

2.4.5 Responding to Mr Levenson, Dr Sinha noted that the MHSDS data is part of the required indicators and that this is a mandatory reporting requirement. This is really important data as it gives us an insight to the service users. The concern is remaining on top of it especially with the length of waiting times.

2.4.6 Responding to Mr Levenson, Dr Hodges noted that a 'deep dive' had identified that the Adult GIC service was not routinely collecting the data. There is a programme in place to change this as the data is very important as it relates to mental health, employment and accommodation.

2.4.7 Mr Rock advised that DET are working closely with the Education and Training Committee and, overall the recruitment of Y1 students is positive, especially in light of the ongoing pandemic.

2.4.8 Dr Sinha updated in relation to slide 26 of the dashboard-Carenotes alerts-that this had now been addressed.

2.4.9 Responding to Dr Colson, Dr Sinha noted that there is progress on the Care Plans. Dr James added that this was a priority area and are working with Team Managers and staff. It will be reviewed in a timely way.

2.4.10 Dr Hodges noted that she has been involved with NCL in relation to Care Plans and Crisis Plans on how to develop Care Plans that are interchangeable by standardising them across all providers in CAMHS/NCL.

2.4.11 The Board of Directors noted the report.

3. Items for decision and approval

3.1 GIDS – Care Quality Commission (CQC) Report

3.1.1 Mr Jenkins presented the report and highlighted:

- The CQC undertook a focussed inspection on GIDS in October 2020 and they published their report on 20th January 2021.

- They rated the GIDS service as ‘Inadequate’ compared to the rating of ‘Good’ following the previous CQC inspection in 2016. This overall rating was driven by the inadequate ratings for the responsiveness and well-led domains. ‘Requiring improvement’ was the rating afforded to the safe and effective domain and, the service was rated ‘Good’ for the caring domain, based on the service users’ positive feedback about the understanding, compassion and kindness of staff.
- There were a number of areas of criticism, the biggest concern was the waiting times which was also one of the key reasons for the inadequate rating for the responsive domain. CQC have issued a notice of enforcement action on the Trust in relation to this and an action plan to address waiting times was submitted to CQC on 17th December 2020.
- The CQC recognise some of the progress made since the GIDS Review but felt that the service had not act quickly enough to make the changes.
- The Trust has asked its commissioner, NHS England, for permission to amend the referral criteria into GIDS from that described in the current service specification. NHS England has said that it wants reassurance that children and young people, and their families, who are referred under these new arrangements will be able to access appropriate support while waiting to be seen by GIDS, and it is considering the request in this context.
- Other areas of criticism within the report are the need for a more standardised approach to assessment and other aspects of the work, record-keeping including the need for improved and more consistent capturing of risk and care plans. Changes are already being made with the introduction of Standard Operating Procedures (SOPs) on safeguarding and consent.
- In total GIDS has been given 10 ‘must do’ and 6 ‘should do’ actions which will be addressed in the action plan that Trust is required to submit to the CQC by February 2021.
- In relation to Care Pathways, the CQC remain very supportive of the review Dr Hilary Cass is undertaking.
- The Trust is taking action to strengthen management arrangements for the service and increase our clinical and operational capacity to delivery change which can be found in Annex C.
- A new Interim GIDS Management Board is to be established which will be chaired by the Divisional Director for Gender and which will replace the current management structures. This Management Board will be accountable to the new GIDS Oversight Committee which will be chaired by the CEO, and clinical governance issues will be overseen by the Integrated Governance Committee (IGC) chaired by the Medical and Quality Director.
- It is planned to expand the existing clinical capacity via temporary staff appointments and to introduce external clinical/operational oversight, blending internal and external expertise.
- The significant mental and emotional impact is noted and we are considering how we can best support staff through this.

3.1.2 Mr Jenkins noted that based on the information provided, we are seeking agreement from the board and have a very clear line of accountability to provide the plan.

3.1.3 Dr Sinha agreed with Mr Jenkins and wanted to highlight to the board the level of stress in the service with the Judicial Review and the CQC report that came at a time that the service was buffeted with extreme public criticism.

3.1.4 Ms Swarbrick agreed and endorsed what Mr Jenkins and Dr Sinha said and noted that she recognised and accepted the issues raised and has responded to them to build on the strengths in the service. We need to ensure that we deliver a good quality service for the patients and also need to ensure that our staff are supported.

3.1.5 Responding to Dr Colson, Mr Jenkins noted that there will be additional resources put in place and this was still being finalised but acknowledged that it needed to be acted on urgently and the costs can be absorbed in the short term.

3.1.6 Responding to Dr Colson, Ms Swarbrick noted that the new management structure will be implemented across the different geographical GIDS however the wider challenge will be consistency.

3.1.7 Prof Burstow noted that over the years the Board has received updates and reviewed the service, including 'deep dives'. He emphasised that the current discussion relates to the CQC report recommendations and is not about the Judicial Review directly.

3.1.8 Responding to Mr Holt, Mr Jenkins noted that there were different aspects of culture, indicating that this is one of the work streams that is to be addressed. He highlighted the importance of data and good record keeping.

3.1.9 Mr Levenson expressed concern as a Non-Executive Director related to the references from a number of Board colleagues as to the emotional well-being of the staff and recognised the considerable anxiety and pain for those who are attending this meeting. He also highlighted the importance of ensuring that there was a tight governance focus on the action required to address the concerns raised by CQC.

3.1.10 Dr Caldwell noted that the GIDS rated good for caring and as the Director of Patient Experience this was really important especially as we are going through a difficult time but it will be done with duty of care to staff and patients. The service will need to work with the service users as well in the designing of the service.

3.1.11 Ms Swarbrick noted that patients have been involved in the heart of designing the service and we will continue to do this as the changes are made involving the appropriate patients in the work both who have been seen and those on the waiting list.

3.1.12 Prof Burstow commented that the Trust accept the findings by the CQC but note the range of good practice described in the report and the patients/families feedback that they were treated with dignity and care.

3.1.13 Prof Burstow noted that regarding the oversight arrangements, he would follow this up after this board meeting and consider nominating a Non-Executive Director to join the oversight.

3.1.14 Prof Burstow noted that the CQC Report will be reported to the Council of Governors.

3.1.15 Prof Burstow noted that the board is being asked to

- Consider the report and accept the findings
- Note the action plan on waiting times and the need to work in lockstep with the Commissioners to address these concerns
- Note the timeframes and actions – 10 'must do' and 6 'should do'
- Governance arrangements (Annex C)
- To have a Non-Executive Director on the oversight group and keep under review other governance.

3.1.16 By virtual voting, all board members were in agreement to the above. Mr Levenson added that he was in agreement with an amendment to the governance arrangement that a Non-Executive Director is part of this.

3.1.17 The Board of Directors noted the report and, agreed to the proposed interim management arrangements for GIDS, the plan for improving waiting times and, the timeframe of the action plan responding to CQC's must do and should do actions.

4. Items for noting

4.1 Guardian of Safer Working Report (Q3)

4.1.1 Dr Sinha presented the report and indicated that this was the second report by Dr Bhatia since she has been in post.

4.1.2 Responding to Prof Bhugra, Dr Sinha noted that there was delivery of well-being intervention across NCL and the other Trusts. Specific groups of staff/teams have been doing different things, for example coffee mornings, huddles, however this remains a challenge. Using Zoom for remote meetings has its own challenges.

4.1.3 Dr Caldwell noted that she was leading the Integrated Care System (ICS) approach on well-being and mental health through a HUB and that there were a wide range of resources available.

4.1.4 Responding to Prof Burstow, Mr Noys noted that the fines can be carried forward.

4.1.5 The Board noted the report.

4.2 Serious Incidents Report (Q3)

4.2.1 Dr Sinha presented the report and noted that there had been 28 clinical incidents which will be taken to the Incident Panel.

4.2.2 The attempted suicides are scored according to the seriousness and are discussed and reviewed.

4.2.3 The thematic case review has not been completed due to the involvement of other organisations.

4.2.4 There had been a 'learning lessons' event to which the Non-Executive Directors had been invited to attend and which had been well received.

4.2.5 Responding to Prof Burstow, Dr Sinha noted that there is a proposal to NHSE/I and the Commissioners that we would undertake this review. Dr McKenna had agreed the new framework and will use this to have a system wide event to learn from lessons.

4.2.6 The Board noted the report.

5. Board Committee Reports

5.1 Education and Training Committee

5.1.1 Prof Burstow noted that there had been a good discussion on the Board strategy and the results of the student survey had been shared. The graduation this year will be an online event.

5.1.2 Mr Rock noted that the Academic Freedom Policy will be presented at the forthcoming meeting of the Education and Training Committee and subsequently to the Board for approval.

5.1.3 The Board of Directors noted the report.

5.2 Audit Committee

5.2.1 Mr Holt noted that the Committee had undertaken a 'deep dive' on relocation highlighting how the risk had increased.

5.2.2 Responding to Prof Burstow in relation to the credit card fraud issue, Mr Holt noted there was enough evidence for prosecution however the debate is if it is the NHS or the police who will pursue this.

5.2.3 The Board noted the report.

6. Any other matters

6.1 Any other business

6.1.1 There was no other business noted.

7. Date of next meeting

7.1 30th March 2021 at 2.00pm

7.1.1 The meeting closed at 4.05pm.

Report to	Date
Board of Directors	30th March 2021

Chief Executive's Report

Executive Summary

This report provides a summary of key issues affecting the Trust including our response to the pandemic

Recommendation to the Board

Members of Board of directors are asked to discuss this paper.

Trust strategic objectives supported by this paper

All

Author	Responsible Executive Director
Chief Executive	Chief Executive

Chief Executive's Report

1. Strategic Review

1.1 The Strategic Review has been a major focus for the organisation. At an all staff meeting on 8th March we launched the Vision and Principles document which sets out: the rationale for the Review, the key challenges facing the Trust and the principles on which any proposals for change will be based.

1.2 Since then, we have held a series of smaller staff engagement events and we will be continuing consultation on the document until April 6th.

1.3 We will be discussing the Strategic Review later in the agenda.

2. Covid19 – March 2021current update

2.1 The Trust proactively responded to the last worsening of Covid leading indicators in Dec 2021, which suggested the possibility of a second wave. In the period since, educational services continued to be delivered remotely, while clinical services continued to deliver a blended model, including the delivery of face-to-face services. Our services continued to operate on SOPs based on relevant aspects of the IPC guidance, as applicable for a community setting.

2.2 Gloucester House continued to operate on the rules applicable for an educational setting within the Trust including face to face, using various innovations. The school was affected by an outbreak in Dec 2020 that meant services had to move to becoming entirely remote for a period before restarting face to face activity.

3. Vaccination

3.1 There have been concerted efforts to promote the highest possible rates of vaccination for Trust staff, using several opportunities for vaccinations with local partners including Royal Free Hospital, Central London Community Healthcare and Camden and Islington. These have ensured that staff had and continue to be able to access a full range of vaccination opportunities. There have also been significant efforts to address vaccination hesitancy, including through information on our intranet pages, discussion at all staff meetings and line manager conversations, to allay concerns and promote take up of vaccination. These have all had positive impact and the current figures for frontline staff vaccination have increased to 77% and these measures will be continued in the coming period.

4. Recovery planning

4.1 We are now preparing for the next phase of the pandemic, where there is the possibility of decreasing social restrictions based on the lower prevalence of Covid infection and higher levels of vaccination.

4.2 Various variables are being considered, including external factors like the recent reopening of schools, especially as some of our services work in such settings. The process of seeking exemptions for mask use has been reviewed and the expectation is that each exemption is an exception, which shall be regularly reviewed and only permitted with all other aspects of IPC. Several individual mask exemptions were agreed by operational leads and the DipC.

4.3 We are preparing plans as below:

- Assessment of need for F2F work in each of our teams
- Teams to meet at regular intervals face to face
- Group work to commence in other settings based on rules in those location
- Group work at Trust sites to commence following the next easing of restrictions in April
- Review of our SOPs and IPC procedures, such as social distancing and/ or PPE ensure service user and staff safety in the upcoming period
- Use of space within our premises especially the use of larger rooms for team meetings

4.4 The Trust EPRR Gold group continues to meet weekly to take stock of the changing situation and modify communications to the Trust using a variety of methods including all staff briefings, communication email and daily digests (issued twice weekly). Any relevant information is also shared with the EMT and will be brought to the Trust Board, as appropriate. We have created a dedicated page on the intranet collating various IPC resources and procedures/ instructions, as issued and do regular messaging to maintain engagement and compliance.

5. Race Equality

5.1 We have now appointed Dr Yvonne Thompson and 7 Traits Leadership Learning Ltd to lead the external review of the Trust's culture in respect of race. This followed a tender exercise in which we received bids from a number of other organisations. The process was led by the Race Equality Strategy Steering Group.

5.2 I am very excited by this piece of work. Yvonne Thompson has brought together an impressive partnership of organisations with expertise around qualitative and quantitative research and policy and process analysis. The work will include:

- A survey of attitudes across the organisation

- A series of in-depth of interviews
- Bespoke recommendations and road map

5.3 We will start the work in earnest in April with an aim of bringing back a report to the Board in July.

5.4 At the same time, we have started consultation across the organisation on the next iteration of our Race Equality Strategy including our public commitment to become anti-racist organisation.

5.5 This started with a well-attended staff meeting on 22nd March at which a number of members of the Steering Group presented on the background and principles of the work. We will follow this up with presentations to other key groups in the organisation including a discussion at the Board seminar on 27th April.

5.6 There is inevitably some overlap between these two strands of work. However, the clear view of the Steering Group was that there was value in doing both elements of work at the same time and bringing them together at the July Board.

6. Staff Survey

6.1 The 2020 staff survey was published on 11th March. The survey raises a number of significant issues for the Trust. A report on the results of the survey are later on the agenda.

7. Centenary Festival events programme

7.1 With attendance of over 7,000 people to date, the centenary festival has inspired, educated and engaged a wide audience about our historical and contemporary clinical work, as well as tackled social justice and race equality issues. This participation indicates a significant interest in our work and a solid reputation with national and international audiences.

7.2 The qualitative feedback from post-event surveys indicates an interest for more events. Building on the success of the centenary, we propose continuing with monthly public talks called 'Tavistock talks'. As well as educating and inspiring new audiences through keynote presentations, the audience participation provides an opportunity to foster a two-way dialogue with students, alumni, academics, public and third sector professionals and members of the public who attend our events. This helps the Tavistock and Portman to shape and be at the heart of public discussion and debate.

7.3 The Trust has different groups involved in organising events, namely the Trust Scientific Meetings and Tavistock Policy Seminars. A new events committee will bring together the aforementioned events and produce a combined and compelling events programme. With membership from different departments and groups of staff, the committee will be a dynamic space and forum for thought-leadership about mental health and wellbeing and public health policy. It will build on the learnings of the centenary project around equality, accessibility and quality. A compelling events programme will provide an opportunity to develop partnerships, raise revenue and raise the profile of the organisation.

8. Cloud Migration

8.1 As part of a wider move to utilise the most up to date IT solutions and services the first stage of implementing Office 365 – the cloud solution for Microsoft products – has been completed successfully with the migration of the trust exchange and email services to the cloud. In doing so the increasingly ageing on premises system has been decommissioned and the service now offered is the current highest standard available. The successful migration of the trusts circa 1500 accounts will be followed in 21/22 with further services being implemented in a cloud architecture continuing the push to ensure the trusts systems are supporting its needs in a rapidly changing environment.

9. 2021 AGM

9.1 The AGM has traditionally been held on the first Wednesday of October, though last year, due to the pandemic, the event was delayed until later in November.

9.2 Given the work we are doing on race equality we are proposing to make this the topic for the 2021 AGM. We are proposing a date of Wednesday 20 October (the week before half term). This will also align with work we will be doing in Black History Month.

Paul Jenkins
Chief Executive
23rd March 2021

Report to	Date
Board of Directors	30 March 2021

RESULTS FOR PERIOD ENDED 31 January 2021

Executive Summary

This paper provides an overview of the results for the Year-To-Date period, January 2021. Key points to note are:

- Trust is showing a £228k positive net deficit variance compared with the plan submitted to NCL STP in September. YTD deficit is £1,218k (after £3.7m of top up payments).
- Income is higher than plan due, primarily, to higher than plan income from DET (notably long and short courses)
- Expenditure is also above plan reflecting higher levels of activity in DET; provisions for legal costs; and an increase in the accrual for annual leave
- Cash balances of £12m are 'inflated' by early receipt of block payments (a month in advance, whereas usually cash would be received in arrears)

Recommendation to the Board

The Board is asked to note the contents of the report

Trust strategic objectives supported by this paper

Finance and Governance

Author	Responsible Executive Director
Terry Noys, Deputy CEO and Director of Finance	Terry Noys, Deputy CEO and Director of Finance

The Tavistock and Portman NHS
NHS Foundation Trust

MONTHLY FINANCE AND PERFORMANCE REPORT

Period 10 **Jan-21**

Section

MONTHLY FINANCE AND PERFORMANCE REPORT

Period 10
Jan-21

	20/21 Actual YTD £'000	20/21 Plan YTD £'000	Variance Actual v Plan £'000	Variance Actual v Budget %
Operating Income	45,462	43,418	2,044	**5%**
Top-up payments	3,725	3,726	(1)	
Total income	**49,187**	**47,144**	**2,043**	
Staff costs	(37,283)	(36,162)	(1,121)	**(3)%**
Non-staff costs	(11,341)	(10,659)	(682)	**6%**
Operational costs	**(48,624)**	**(46,821)**	**(1,803)**	**(4)%**
EBITDA	**563**	**323**	**240**	**43%**
- Margin	**1%**	1%		
Interest receivable	2	2	(0)	(14)%
Interest payable	(26)	(41)	15	(38)%
Depreciation / amortisation	(1,344)	(1,190)	(154)	13%
Public Dividend Capital	(413)	(540)	127	(24)%
Net surplus	**(1,218)**	**(1,446)**	**228**	
- Margin	**(3)%**	(3)%		

COMMENTARY
Revenue is £2m (5%) above the Sep-20 NHSI Plan
This is largely due to DET portfolios and short course income not being impacted by Covid, whilst the Plan assumed large decreases

Staff costs are £1.1m (3%) worse than plan
This is driven by higher Corporate costs, notably in IT and Estates, due to unexpected staff changes, costs not capitalised, Strategic Review costs and an increase in the Annual Leave provision

Non-pay costs are £0.7m (6%) worse than plan, due mainly to higher IT costs (to support remote working) and legal costs

FINANCE AND PERFORMANCE REPORT **Section 2** **BALANCE SHEET**

Period 10

Jan-21

	Prior Year End £'000	YTD Jan-21 £'000
Intangible assets	95	56
Land and buildings	20,755	22,760
IT equipment	2,680	1,815
Property, Plant & Equipment	23,435	24,575
Total non-current assets	23,531	24,631
Trade and other receivables	6,394	5,111
Accrued Income and prepayments	3,177	4,137
Cash / equivalents	9,761	12,156
Total current assets	19,332	21,405
Trade and other payables	(2,867)	(2,126)
Accruals	(3,524)	(5,452)
Deferred income	(5,756)	(8,541)
Long term loans < 1 year	(445)	(445)
Provisions	(72)	(70)
Total current liabilities	(12,664)	(16,634)
Total assets less current liabilities	30,198	29,401
Non-current provisions	(322)	(965)
Long term loans > 1 year	(3,110)	(2,888)
Total assets employed	26,766	25,548
Public dividend capital	(3,724)	(3,724)
Revaluation reserve	(12,171)	(12,171)
I&E reserve	(10,871)	(9,653)
Total taxpayers equity	(26,766)	(25,548)
	(0)	*(0)*

MONTHLY FINANCE AND PERFORMANCE REPORT Period 10 Jan-21	Section 3 Cashflow Actual Jan-21 £'000
Operating cashflows	(3,162)
Top Ups / Covid Payments	3,726
Cash flows from operating activities	**563**
(Increase)/decrease in receivables	1,284
(Increase)/decrease in other current assets	(960)
Increase/(decrease) in trade and other payables	(741)
Increase/(decrease) in other liabilities	4,713
Increase/(decrease) in provisions	641
All other movements in operating cash flows	(173)
Net cash generated from / (used in) operations	**5,327**
Cash flows from investing activities	
Interest received	2
Purchase of property, plant and equipment	(2,484)
Net cash generated from/(used in) investing activities	**(2,482)**
Cash flows from financing activities	
Loans from Department of Health and Social Care - repaid	(222)
PDC Capital receipts	71
Interest paid	(16)
PDC dividend (paid)/refunded	(282)
Net cash generated from/(used in) financing activities	**(449)**
Increase/(decrease) in cash and cash equivalents	**2,396**
Cash and cash equivalents at start of period	9,761
Cash and cash equivalents at end of period	**12,157**

MONTHLY FINANCE AND PERFORMANCE REPORT
Period 10
Jan-21

Section 4
Capital Expenditure Summary

PROJECT	YTD £000 Actual	Feb-Mar £000 Forecast	ANNUAL £000 Forecast
Microsoft Office 365 E-Mail Migration	42		42
Endpoint Replacement	239	20	259
Endpoint Procure/Config/Compliance/Monitor	-	62	62
Tavistock Centre Data Centres Power Provision	17		17
Cyber Essentials	-	12	12
Health Information Exchange	134		134
SITS Project 20/21	98	3	101
Core Infrastructure Update	30	26	56
DET Record Management System	(27)		(27)
Scheduling & Robotic Process Automation	79		79
			-
IT	**612**	**123**	**735**
PC Compliance	-	10	10
TC Compliance	13	145	158
GH Compliance	2	75	77
Finchley Road	870		870
ESTATES	**885**	**230**	**1,115**
RELOCATION - Cost	856	429	1,285
RELOCATION - Expense Transfer	(200)	(116)	(316)
RELOCATION	**656**	**313**	**969**
Digital Academy	**182**	**14**	**196**
Coronavirus	**106**		**106**
TOTAL	**2,441**	**680**	**3,121**

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Board of Directors

Report to	Date
Board of Directors	30 March 2021

Quality Priorities 2021/22

Executive Summary

The purpose of this report is to provide an update on the proposed quality priorities for 2021/22. This information will be included within the Annual Quality Accounts.

The requirements and deadlines for quality accounts are prescribed in regulations. Any revision of the 30th June deadline is yet to be notified and the Trust is working to the June date for completion.

The NHS accounts timetable and year-end arrangements for 2020/21 year end confirm that the revised arrangements put in place last year will continue, that NHS foundation trusts are no longer required to include the quality report in their annual report.

In addition, NHS foundation trusts are not required to commission assurance on their quality report for 2020/21 and from 2021//22 this assurance exercise will be optional for all providers.

National guidance requires at least three priorities to be agreed by the Board of Directors. The priorities have been chosen to reflect the main messages from wide consultation. They have been agreed with operational colleagues and were confirmed with the Executive Management Team in February.

Recommendation to the Board of Directors

The Board of Directors is asked to approve the priorities for 2021/22

Trust strategic objectives supported by this paper

Finance and Governance

Author	Responsible Executive Director
Marion Shipman, Associate Director Quality and Governance	Dr Dinesh Sinha, Director of Quality

1.0 Introduction

'Priorities for Improvement' are included as a section in the annual Quality Accounts. NHS Improvement Guidance has previously confirmed that Trusts are required to include at least three priorities indicating the relationship, if any, between the identification and the reviews of data relating to quality of care.

The rationale for the selection of the priorities and whether / how the views of patients, the wider public and staff were taken into account must be included in the report. In addition, information on how individual priority progress will be monitored, measured and reported must be stated.

The priorities must be agreed by the Board of Directors for NHS Foundation Trusts'.

The Quality Accounts will include progress made against each of our four 2020/21 priorities.

2.0 Current Priorities

There were four priorities agreed for 2020/21 which are reported quarterly to Board in the Quality and Commentary report. These are below. Progress has been made on all.

Patient Safety		
Priority 1	Standardise the use of CareNotes Alerts to enhance patient safety and communications.	This was a new priority for 2020/21 Our ambition in this priority was to include consistent CareNotes Alert information in care plans, letters and crisis plans. This priority has been achieved.
Patient Experience		
Priority 2	Experience of Service Questionnaire (ESQ) Implementation	This built on the 2019/20 Quality priority and included further testing in advance of the implementation of an updated ESQ across the Trust in 2021.
Clinical Effectiveness		
Priority 3	Reduce waiting times across the Trust.	This built on the waiting time priority in 2019/20 undertaken in the Adult and Forensic service and was developed and extended to the other two clinical divisions.
Priority 4	Embed meaningful use of outcome measures in services across the Trust	This priority built on work undertaken in Children, Adults and Young Families (CYAF) during 2019/20 and will also include Adult & Forensic Services and Gender Services.

3.0 Choosing priorities for 2021/22

Priority topics for 2021/22 were developed following discussions with a number of service users, non-executive directors, staff, management and commissioners and a review of current Trust Quality Priorities, service challenges, key performance issues and quality data reviewed and presented to Board over the past year. As a result we have chosen four priorities which reflect the main messages from these consultations.

Clinical Effectiveness		
Priority 1	Embed job planning process within clinical services	A new priority for 2021-22. Our ambition in this priority is to embed the revised job planning process effectively with the aim to improve productivity and therefore access to patients.
Patient Experience		
Priority 2	Improve the collection of race and equality data	A new priority for 2021-22. The target of this priority is to improve both the collection of ethnicity data, and ensure that it is used in a meaningful way for example, ensuring we represent the populations we serve in an equitable manner.
Clinical Effectiveness/Patient Safety		
Priority 3	Improve waiting times across the Trust.	This builds on work of the waiting time priority in 2020-21, existing good practice and external experts. The focus will be on waitlist management to improve waiting times. PPI input will enable patient perspectives and engagement.
Clinical Effectiveness		
Priority 4	Embed meaningful use of outcome measures in services across the Trust	This priority will build on work undertaken in 2020/21 developing the consistent use and analysis of Outcome Measurements across the Trust

4.0 Summary

Detailed measurable targets are attached as an appendix. Where appropriate we will use Quality Improvement methodology as the tool of preference for undertaking the work.

Appendix: Quality Priority Summaries

Clinical Effectiveness

Priority 1: Embed a revised job planning process within clinical services
Lead: Rachel James

Our ambition in this priority is to embed the revised job planning process effectively with the aim to improve productivity and therefore access to patients.

Embed job planning process within clinical services
Targets for 2021/22 **New priority**
1. Clarify parameters for job planning across the directorates (AFS, CYAF and Gender) and the processes for updating job plans when situations change.
2. Ensure all clinical staff across the trust have an initial job plan and review these at a divisional level to identify areas that reduce clinical capacity, e.g., supervision, team meetings.
3. Agree principles across the Trust on the identified areas to ensure staff have sufficient capacity for clinical work as expected for their banding and role.
4. Implement the agreed principles and review job plans accordingly.
5. Agree standard timescales and mechanism for reviewing job plans and monitoring capacity on an ongoing basis.

Measure Overview

Target 1 and 2 to both be completed in Q1.
Target 3 in Q2
Target 4 in Q3
Target 5 in Q4

How we will collect the data for this target

Team managers will be responsible for ensuring there are completed job plans for all staff within teams and services and sharing this with the General Manager.

General Manager will complete capacity modelling aligned with the strategic review guidelines for the operation of clinical services and share with appropriate managers for their oversight and review based on individual clinician activity and contractual expectations.

Monitoring our Progress

We will monitor our progress towards achieving our targets on a monthly basis and will provide quarterly reports to the Integrated Governance Committee, the Board of Directors, and our commissioners.

Patient Experience

Priority 2: Improve the collection of race and equality data
Lead: Rachel James and Irene Henderson

The target of this priority is to improve both the collection of ethnicity data, and ensure that it is used in a meaningful way for example, ensuring we represent the populations we serve in an equitable manner.

Improve the collection of race and equality data
Targets for 2021/22 **New priority**
1. Complete report of ethinicty data completion rates within each of the clinical divisions (AFS, CYAF and Gender).
2. Clarify the current initial data collection methods and processes for updating based on changed situation.
3. Develop guidance regarding the standard processes for ensuring timely and accurate data capture across all clinical services, including a system for their review.
4. Implement guidance and report again across the directorates to monitor adherance and make adjustments where needed.

Measure Overview

Target 1 and 2 will be completed in Q1
Target 3 will be completed in Q2
Target 4 will be completed in Q3 and 4

How we will collect the data for this target

Existing CareNotes data will be used to assess current and future compliance.

Monitoring our Progress

We will monitor our progress towards achieving our targets on a monthly basis and will provide quarterly reports to the Integrated Governance Committee, the Board of Directors, and our commissioners.

Clinical Effectiveness/Patient Safety

Priority 3: Improve waiting times across the Trust
Lead: Ailsa Swarbrick

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 and implement ways of improving waitlist management. The work will build on evidence of existing good practice. It will also be informed by work currently being undertaken to meet the GIDS CQC waitlist action plan and by analysis and recommendations by external experts currently supporting improvements in waitlist management in both the Trust's gender services. It will also support the implementation of recommendations from the Trust's strategic review.

The focus will be on waitlist management to improve waiting times. PPI input will enable patient perspectives and engagement.

Improve waiting times across the Trust
Targets for 2021/22 **Development of 2020/21 priority**
1. Review waiting times across Trust services and identify range, variation and areas of good practice in waitlist management, based on Trust data (Q1).
2. Agree key areas of focus and hold workshops to develop plans and QI projects to address wait times, ensuring that work aligns with strategic review changes (Q2).
3. Implement, monitor and review these plans, based on agreed measures for waitlist reduction. (Q3 and Q4).

Measure Overview

Numbers of patients waiting. Waiting times to first appointment and referral to treatment (RTT) (averages and range). By team/ service/ treatment type where relevant and feasible, as a time series.

How we will collect the data for this target

Routine Trust data.

Monitoring our Progress

We will monitor our progress towards achieving our targets on a monthly basis and provide quarterly reports to the Integrated Governance Committee, the Board of Directors, and Commissioners.

Clinical Effectiveness

Priority 4: Embed meaningful use of outcome measures across the Trust
Lead: Tim Kent

Building on the developments in 2020/21 we will further develop the consistent use and analysis of Outcome Measurements across the trust trust in parallel with the progression 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. Currently OM data is manually entered onto CareNotes which is labour intensive, may not be timely and risks data entry errors.

Embed meaningful use of outcome measures across the Trust
Targets for 2021/22 **Development of 2020/21priority**
1. To complete pilot implement an appropriate software solution for OM data email out and return that is compatible with CareNotes data. To reduce administrative time in manual data input.
2. To increase OM returns across all services by 25% above baseline by year end.
3. To pilot brief and STP wide OM feedback (e.g. dialog) OR for specific clinical services (e.g. Trauma) nationally benchmarked OM.

Measure Overview.

- To monitor the systematic evaluation of clinical progress and report to commissioners.
- To elicit self-reported feedback on mental health state including risk.
- To provide data separately to clinician observations or clinical opinion.

Stakeholders and key partners.

Associate Directors / Service Leads / QP lead for RES / General and service managers /3x AD for clinical governance, AD for quality,

How we will collect the data for this target?

NB This will be quantitative or hard data as well as experiential and qualitative. Both are necessary to triangulate the empirical information and in order to engage with co-design and patient feedback on the priority.

1. To request a standing agenda item for directorate level Clinical Governance Meetings.
2. Feedback from (1) to project group for updates, progress reports and subsequent actions.
3. Consult the Trust Wide Forum (primarily PPI and NEDs) and any standing patient advisory / consultation groups on their views.
4. Apply best practice standards for each discipline /clinical model or approach. Given the relatively specialist nature of some of our clinical services best practice may also mean innovation**.**

Monitoring our Progress

We will monitor our progress towards achieving our targets on a quarterly basis with the service and general managers group, provide quarterly reports to our Operations Board, the Board of Directors and our commissioners.

The project will be reported through the AFS clinical governance meeting and the Trust wide Forum which includes the helpful and necessary lens of wider membership – e.g. Service Users Representatives and Non-Executive Directors of the Trust.

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The NHS staff survey 2020

Ian Tegerdine
Interim director of human resources

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Overview

- 2020 survey took place between September and November.
- All staff who were employed on 1 September 2020 were offered the opportunity to respond.
- Agency, bank, seconded out staff and students on placement are not offered the opportunity to participate (a separate bank staff survey was run in 2020 for the first time).
- Since 2016, the Trust has used Picker Institute to run its NHS Staff Survey.
- In 2020, 26 Mental Health & Learning Disability and Mental Health, Learning Disability & Community trusts used Picker Institute to run their staff survey.
- Trust response rate = 63% (up from 60% in 2019). Median response rate for all MH & LD trusts = 49%.

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Reports

Picker Management Report

- Received in January 2021.
- Raw data and unweighted.
- Benchmarked against 25 other MH & LD trusts who used Picker Institute.

National report

- Weighted in a way that reflects how certain staff groups respond.
- Benchmarked across all 52 MH & LD trusts.
- The national report if the basis of this presentation

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Analysis Summary

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Significance testing – 2019 v 2020 theme results

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**8.7**	428	**8.4**	466	Not significant
Health & wellbeing	**5.7**	434	**6.0**	468	Not significant
Immediate managers †	**7.1**	435	**7.3**	468	Not significant
Morale	**6.2**	423	**6.1**	464	Not significant
Quality of care	**7.4**	343	**7.1**	382	Not significant
Safe environment - Bullying & harassment	**8.3**	432	**8.4**	447	Not significant
Safe environment - Violence	**9.5**	430	**9.8**	465	↑
Safety culture	**6.9**	427	**6.7**	464	Not significant
Staff engagement	**7.3**	439	**7.1**	470	Not significant
Team working	**7.1**	434	**6.9**	464	Not significant

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Highlights – Trust performance compared with self

Very little statistically significant change from 2019.

Trust has improved against its own 2019 figures in 4 of the survey's 10 themes:

- Health and wellbeing
- Immediate managers
- Safe environment - bullying and harassment
- Safe environment – violence

- Looking below the main themes - other highlights:

  - Direct line management interest in health and wellbeing has increased and as now at its highest since 2017.
  - Support from line managers has increased.
  - Satisfaction with flexible working patterns has increased.
  - Number of staff who believe the trust takes action on errors and near misses has increased.

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Highlights: Trust performance compared with other MH Trusts

When measured against our comparator trusts, we were better than average in 3 themes:

- Health and wellbeing
- Bullying and harassment
- Violence against staff

and average for a fourth:

- Immediate managers

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Immediate Managers

- From recent staff surveys, the Trust recognised the need to develop the skills of line managers, with a management development programme being run in 2020. There has been a slight increase (7.3 from 7.1) in staff satisfaction with their immediate managers, although this keeps the Trust in the average category.

- Nationally, 70.3% of staff feel encouraged by their immediate manager and 70.2% were satisfied with the support they get from their immediate manager. The latter measure has been seeing year on year improvement since 2016, but was slightly lower this year (down from 71.0% in 2019).

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Warning signs - Trends

- Trust performance has declined against its own 2019 figures in 6 of the survey's 10 themes:
    - Equality, diversity and inclusion
    - Morale
    - Quality of care
    - Safety culture
    - Staff engagement
    - Team working
- When measured against our comparator trusts, we were below the average in all 6 of these themes.

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Warning signs - Trends

- Morale has declined (internal benchmark).
- Staff engagement has decreased for the third consecutive year (internal benchmark).
- Perception of fairness in career progression and promotion has dropped by 15.7% (internal benchmark) and we are perform less well than our comparator MH Trusts (external benchmark).
- We perform less well than other MH Trusts in relation to staff experiencing discrimination from managers or work colleagues (external benchmark).
- Number of staff who feel that they are involved in changes that impact on their team is decreasing (internal benchmark).

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Safety Culture

- On a positive note, the number of staff who have indicated that they know how to report unsafe clinical practice has increased from 89.3% in 2019 to 93.5%.

- However only 69.1% of staff say they would feel secure raising concerns about unsafe clinical practice (this has shown a steady decline since our high point of 78.0% in 2017).

- At the same time the national trend is showing a steady increase in staff feeling secure about raising concerns (the national 2020 figure is 72.5%, up from 71.7% in 2019).

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‘Friends and Family test’ – Recommendation as a place to work

- The Trust has seen a significant fall in the recommendation as to a place to work, this score has dropped from 2018 at 71.4% to 63% in 2020
- We were one of only two MH Trusts which saw a drop in this score in 2020
- We are in position 45 out of 54 Trusts

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BAME experience – percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

- Year on year (internal benchmark), the percentage of BAME staff experiencing harassment, bullying or abuse from other staff is decreasing, while this is increasing for Non BAME staff

- Year on year (external benchmark) the percentage for BAME staff has fallen is now slightly below average, the percentage for non BAME staff is fairly stable and around average

	2017	2018	2019	2020
White: Your org	15.9%	19.2%	20.5%	21.3%
BME: Your org	31.5%	27.8%	25.7%	23.4%
White: Average	20.4%	21.2%	20.6%	19.6%
BME: Average	23.8%	27.1%	24.8%	25.0%
White: Responses	251	271	297	305
BME: Responses	73	97	101	111

Average calculated as the median for the benchmark group

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BAME experience – percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

- Year on year (internal benchmark), the percentage of BAME staff believing the organisation provides equal opportunities for career progression or promotion has decreased significantly (a drop of 19.9% between 2019 and 2020), there is also a decrease for Non BAME staff.

- When benchmarked externally, the Trust is 43.5% below average for BAME experience and 26.4% below average for Non BAME

	2017	2018	2019	2020
White: Your org	76.3%	81.7%	77.7%	62.8%
BME: Your org	43.1%	60.3%	49.1%	29.2%
White: Average	87.4%	86.9%	87.1%	89.2%
BME: Average	76.6%	72.4%	72.4%	72.7%
White: Responses	177	180	179	164
BME: Responses	51	58	53	65

Average calculated as the median for the benchmark group

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BAME experience - percentage of staff who experienced discrimination at work from manager/team leader or other colleagues in last 12 months

- In 2020 (internal benchmark), the percentage of BAME staff experiencing discrimination has increased sharply (a 10.6% increase) and is almost double the average

- The Non BAME percentage is also almost double the average.

	2017	2018	2019	2020
White: Your org	5.9%	9.2%	7.8%	9.7%
BME: Your org	21.6%	15.3%	17.0%	27.6%
White: Average	6.1%	5.9%	5.8%	5.6%
BME: Average	13.0%	13.6%	13.4%	15.1%
White: Responses	254	272	295	318
BME: Responses	74	98	100	116

Average calculated as the median for the benchmark group

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Disability/long term health conditions experience - percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months

- On our internal benchmark, staff with a long term condition or illness are almost 3 times more likely to experience harassment, bullying or abuse from their manager than those without a long term condition or illness.

- On our external benchmark, staff with a long term condition or illness are twice as likely to experience harassment, bullying or abuse from their manager.

	2018	2019	2020
Staff with a LTC or illness: Your org	21.1%	21.0%	32.1%
Staff without a LTC or illness: Your org	12.3%	12.5%	10.9%
Staff with a LTC or illness: Average	17.6%	16.8%	15.2%
Staff without a LTC or illness: Average	9.4%	9.1%	8.5%
Staff with a LTC or illness: Responses	57	81	84
Staff without a LTC or illness: Responses	309	343	357

Average calculated as the median for the benchmark group

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Disability/long term health conditions experience - percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion

- On our internal benchmark, staff with a long term condition or illness are 15.4% less likely to believe that they have equal opportunities for career progress or promotion.

- On our external benchmark, there is a significant discrepancy in relation to the experience of ALL staff.

	2018	2019	2020
Staff with a LTC or illness: Your org	56.8%	53.1%	40.8%
Staff without a LTC or illness: Your org	78.8%	73.6%	56.2%
Staff with a LTC or illness: Average	78.5%	79.3%	81.6%
Staff without a LTC or illness: Average	86.4%	86.9%	88.5%
Staff with a LTC or illness: Responses	37	49	49
Staff without a LTC or illness: Responses	203	201	201

Average calculated as the median for the benchmark group

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Disability/long term health conditions experience - percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

- On our internal benchmark, there is a significant decline in staff experience since 2018.
- This is particularly relevant given the number of staff who are working remotely in the last 12 months and we can also see an increase in musculoskeletal issues.
- On average, our externally benchmarked organisations have a very positive staff experience in relation to reasonable adjustments.

	2018	2019	2020
Staff with a LTC or illness: Your org	82.4%	61.2%	57.7%
Staff with a LTC or illness: Average	77.3%	76.9%	81.4%
Staff with a LTC or illness: Responses	34	49	52

Average calculated as the median for the benchmark group

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Reflections

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Reflections.

- We have a very high response rate, people have turned out to tell us how they feel, this is positive, they hopefully feel that it's worth telling us how they feel, in the expectation of change.

- Due to the nature of our work our experience of Covid has been different than for other more traditional MH Trusts.

- We have focussed internally on race and diversity and opened up discussion and spaces where people can freely raise issues. We are being open about the issues we face. This may have had a positive impact of increasing willingness to 'speak out' in the survey.

- When the survey was taken in autumn 2020 we were in the early exploratory stages of research in forming the Strategic Review and the financial challenge, operational challenges, system challenges, data and impact challenges and diversity challenges were becoming known and explicit and were causing much rumour and anxiety.

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Reflections.

- Ongoing hostile press and social media linked to wider societal discussions of the care offered to gender diverse young people and GIDS has negatively impacted on the morale of our gender services staff.

- The CQC inspection outcome in Gender Services has dealt a further blow to staff morale since this survey.

- Staff in gender services are very tuned in to the impact of the JR, the CQC result and the press and social media coverage on their client group. Combined with anxiety about the people on their waiting list has led to increasing negative impact on morale.

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Points to note for the future

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Points to note

- The 2021 NHS Staff Survey will launch in September 2021.

- The Trust's strategic review will still be ongoing at this point and this could result in a further dip in our performance rate, depending on staff experience throughout 2021.

- Neither the CQC outcome nor the JR judgment had actually happened at the time of the survey and their full effect may not be fully accounted for here and may be further influenced by the outcome of the JR appeal.

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Next Steps

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Actions

- Focus effort on Trust wide policy and procedure review, change and implementation:
  - Freedom to speak up clarity, processes and protections
  - Recruitment process openness
  - Promotion and re-banding processes
  - Communication and engagement activities
  - Leadership and Management skills development
  - Anti racism actions, implementing findings of race equality review
  - Promoting and supporting diversity, equality and inclusion
- Focus on our values through the strategic review and beyond
- Take the opportunity of the strategic review to engage staff in improving the staff experience
- Use these staff survey results to inform development of the Trust's People Plan to capture these strategic aims and actions
- Accept the risk, but attempt to mitigate the potentially negative impact, of steering the Trust through resolving the challenges of the strategic review

The Tavistock and Portman
NHS Foundation Trust

Report to	Date
Board	30 March 2021

Proposed strategic objectives and risks 2021/22

Executive Summary

Trust strategic objectives and risks have been reviewed as part of the annual review cycle and the following paper provides a summary of proposed strategic objectives and risks for 2021/22. This is a first draft requiring further consideration and development. A fully worked up Strategic Risk Register will be bought to the May Board.

The strategic objectives and risks have been mapped to our **Strategic Aims** and **Challenges** (raised in the strategic review). This provides a coherent way of being able to ensure we have captured essential 'objectives' and linked 'risks'. There are 10 strategic objectives, and 13 risks.

For clarification:

1. In reviewing the **Strategic Aims** a further Aim of **'External system engagement'** is proposed to enable this objective and associated risks to be more easily captured and visibly seen.

2. All new proposed objectives were reviewed against current objectives. Where the current objective has been used it has generally been updated to reflect what was proposed. Where objectives overlapped / duplicated they have been justified.

3. Proposed risks for 2021-22 were reviewed against current strategic risks. Where the current risk has been used it has generally been updated to reflect what was proposed. These have been mapped against the proposed objectives.

4. In addition a decision about any **Risk Appetite statement and assessment matrix** amendments is also due. This is agreed annually by Board and was last confirmed July 2019. Covid-19 has had significant impact on Trust operational priorities and practice and further changes within the Trust and across the health system highlight the importance of ensuring our key risks are consistent with our current Risk Appetite priorities.

Recommendation to the Council

The Board are asked to agree the overarching framework.

Trust strategic objectives supported by this paper

Quality, Risk, Finance and Governance

Author	Responsible Executive Director
Ian Tegerdine, Acting Director HR and Governance / Marion Shipman, Associate Director Quality & Governance	Paul Jenkins, CEO

Proposed strategic objectives and risks 2021-22

Strategic Aims	Challenges (strategic review)	Objectives (2021/22)	Risk 2021/22
Finance & governance	Financial	To identify and implement a set of changes through the Strategic Review which support the financial and operational sustainability of the Trust. In line with Trust's service and financial requirements, progress the Trust's long-term plans for the Tavistock Clinic site. **(2020/21 objective)** To ensure that the Trust manages its cash balances in a robust and effective manner.	If not managed well the strategic review may fail to deliver a sustainable financial and operational model impacting negatively on the safety and effectiveness of our current work. If, in our efforts to modernise our internal processes and address the required culture change we are not able to prioritise attention to the staff who are key to our future success we risk losing them from the organisation and jeopardising our future strategy. If Trust fails to deliver affordable and appropriate Estates solutions there may be a negative impact on patient, staff and student experience. **(2020/21 objective)** If our financial management systems are not robust we risk having inadequate cash balances which will mean that we are unable to meet service requirements in a timely manner and will jeopardise our long-term delivery plans.
Finance & Governance	Data and Impact	To deliver key regulatory and performance requirements within corporate, clinical and education services to deliver sustainability and relevance **(updated 2020/21 objective)** To develop a Green plan for the Trust, with a clear action plan and measurable objectives.	The risk that our data systems and processes do not provide reliable information in a consistent way, making it difficult to track progress and clinical outcomes resulting in poor delivery of regulatory demands, commissioning performance requirements and poor CQC ratings. **(updated 2020/21 risk)** Insufficient management and clinical leadership capacity, along with a focus on internal structural/business process improvements may lead to the inability to meet regulatory requirements resulting in commissioner and regulator sanction and reputational impact. If the Trust fails to deliver its Green plan it will not be addressing the key health crisis facing the planet and our patients, students and staff and could impact on any new healthcare contracts.

Services clinical / education	Operational	To develop and deliver high quality, outcome focused and financially sustainable clinical and educational services which are data informed and responsive to changing requirements. **(updated 2020/21 objectives)**	If as a result of insufficient staff and management capacity we fail to develop and deliver high quality clinical and educational services we risk contract and regulatory sanction and reputational impact.
External system engagement	System	To ensure that the internal process review is aligned with equivalent externally focused activity to enable the Trust to position itself effectively internally and externally for future success.	The risk that changes in the commissioning environment, including funding and delivery models, will mean that the Trust's current service configuration will not be sustainable in the long term.
Growth & Development		To maximise the potential of our historical relevance to current and emerging business pre-occupations for the purpose of business growth and organisation profile	If we fail to adapt the delivery of our services and programmes sufficiently and respond more quickly to new opportunities then we will be at risk of becoming unsustainable and not be in a position to benefit from growth. If we don't adequately resource services we will be unable to take advantage of growth into new areas and territory impacting on service delivery and with adverse financial implications.
People	Diversity	To set a clear direction for the Trust as an anti-racist organisation with key supporting actions Develop a People Strategy for the Trust with a focus on future workforce needs and addressing staff engagement, welfare and morale. **(updated 2020/21 objective)**	The risk that the Trust fails to deliver the commitments of its race equality strategy (RES) and the ambition to become an anti-racist organisation with a negative impact on staff engagement and the quality of its services. **(Updated 2020/21 risk)** The risk that failure to develop a comprehensive and ambitious people strategy will have a negative impact of staff morale and engagement with consequences for the delivery of the Trust's strategic objectives and the quality of its current services. **(Updated 2020/21 risk)**

RISK APPETITE

Risk Appetite Statement:

'*The Trust recognises that its long term sustainability depends on the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners. As such, the Trust will not accept risks that could materially impact on patient or staff safety. It will also not accept any risks that could jeopardise its regulatory compliance or have a significant impact upon its reputation. However, the Trust has a greater appetite to accept risks in relation to its pursuance of innovation and the challenging of current working practices in order to realise positive benefits.*'
Agreed Board, July 2019 and confirmed Board, July 2020

Overarching risk appetite descriptions

Appetite level	Described as:
Negligible (1)	Avoidance of risk and uncertainty
Low (2)	Preference for ultra-safe delivery options that have a low degree of inherent risk and limited reward potential
Moderate (3)	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
High (4)	Willing to consider all potential delivery options and choose while also providing an acceptable level of rewards (and VfM)
Significant (5)	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.

Current Risk Appetite assessment against Strategic Aims with proposed new Aim'

Strategic Aims/ Risk Category	Safety	Financial	Reputation	Compliance/ Regulation	Delivery
People	L	M	M	L	H
Services: Clinical	L	M	H	L	M
Services: Education	L	M	M	L	M
External System Engagement					
Growth and Development	M	S	H	L	H
Finance and Governance	M	M	M	M	H

The Tavistock and Portman NHS Foundation Trust

Report to	Date
Board	30 March 2021

Operational Risk Register

Executive Summary

1. Operational risks graded 15+ and new risks are brought to the attention of the Board. One new risk (Risk ID 155) has been added. No other risks have significantly increased this quarter.

2. There are 77 operational risks which have been migrated to the new electronic risk register with risk training on the new system rolled out to named staff. The final four operational risks on the old excel risk register are being reviewed before closing or migrating. All operational risks will be migrated over by the end of March and strategic risks will be added, once agreed at Board.

3. The following report includes information on four risks:

- **GIDS Risk ID 146**. Concerns staffing. Risk level has increased from 16 to 20 following the Judicial Review and CQC inspection and the risk description has been amended to clarify the new context. The main issue is staff capacity and morale to deliver a challenging agenda. Actions are being monitored by the Gender Oversight Committee.
- **GIDS Risk ID 147**. GIDS waiting times. Risk level 16 unchanged. Focus is on delivering the CQC waitlist action plan. . Waiting list actions being reviewed as part of GIDS Transformation Programme Governance. Actions are being monitored by the Gender Oversight Committee.
- **Trustwide Risk 151**. Concerns the risk of disruption to service delivery from COVID-19 pandemic. Risk level 20 at last board report has reduced to 16. The Trust has ensured a number of continuing changes in practice in the delivery of face to face services and to manage the risk form the ongoing pandemic. This includes a full set of SOPs across our services, which have been adjusted in response to waves of the pandemic and IPC guidance. These include details of applicable measures including PPE, social distancing etc. A number of measures to manage our estates, governance and welfare have been implemented across all Trust sites.
- **GIC Risk ID 155** GIC waiting times. New risk identified 22 March 2021 but waiting list issues were identified when the Trust took on the GIC clinic in April 2017 and are consistent across all national GIC clinics. Current risk

level 16. Work is being done to analyse waitlist data and information and to recommend changes. This is being informed by the GIDS waitlist action plan.

4. Risks 9+ continue to be reviewed via the relevant Integrated Governance Committee sub-committees on a quarterly basis.

5. Operational Risk Register risks 15+ were reviewed by the Executive Management Team on Tuesday 23rd March 2021.

Recommendation to the Board	
The Board are asked to note the Operational Risk updates and actions	
Trust strategic objectives supported by this paper	
Finance and Governance	
Author	**Responsible Executive Director**
Associate Director of Quality and Governance	Deputy Chief Executive / Director of Finance

Risk ID	Date Identified	Risk Statement	Initial Risk Score	Current Risk Score	Risk Appetite	Target Risk Score	All risk categories	Scope (Directorate)	Scope (Service)	Risk owner name(s)	Operational Lead name	Mitigations	Monitoring group name	Latest operational lead update date	Latest operational lead update comments
151	17/03/2020	If COVID-19 pandemic is not appropriately managed, exposure to the virus through contact may also result in staff and patients becoming ill, resulting in disruption to service delivery, non-compliance with contract requirements and possible serious health impacts.	5x4=20	4x4=16	High (9-12)	2x2=4	Delivery (Primary) ,Compliance/ Regulation ,Safety ,	Trust Wide		Sinha, Dinesh	Tucker, Lisa	See Latest operational lead update	Executive Management Team (EMT)	18/03/2021	The Trust has ensured a number of continuing changes in practice in the delivery of face to face services and to manage the risk form the ongoing pandemic. This includes a full set of SOPs across our services, which have been adjusted in response to waves of the pandemic and IPC guidance. These include details of applicable measures including PPE, social distancing etc. A number of measures to manage our estates, governance and welfare have been implemented across all Trust sites.
147	25/07/2019	If delivery against the CQC waitlist action plan is not achieved , there may be an increased chance of a serious incident or increased anxiety and stress for young people on the waiting list, less available staff time to deliver and develop well managed services resulting in loss of service reputation and non compliance with regulatory and contract requirements.	4x4=16	4x4=16	Low (1-4)	2x4=8	Safety (Primary) , Compliance/ Regulation, Reputation	Gender	GIDS	Swarbrick, Ailsa	Hughes, Kathleen	CQC waitlist Action Plan with monthly reporting. This includes 27 actions, which form core activity for a waitlist workstream in the GIDS Transformation Programme. Additional interim staff are also providing expertise to support this work. External monitoring and support by NHS Improvement Focus on recruitment	Gender Oversight Committee	22/3/2021	There remain considerable capacity constraints in this service and until the CQC waitlist action plan work is embedded this risk will remain high.

146	25/07/2019	If, following the judicial review and CQC inspection, there is a sustained significant impact on workload, staff morale and retention, then it will be difficult to deliver required improvement and change needs, resulting in a negative impact on service delivery, reduced ability to meet patient needs and non compliance with regulatory, legal and contractual requirements.	4x4=16	5x4=20	Medium (6-8)	3x3=9	Delivery (Primary),	Gender	GIDS	Swarbrick, Ailsa	Hughes, Kathleen	Addressed through the GIDS transformation programme, particularly the Organsiational Design and Development and the Waitlist workstreams. With close oversight from the GIDS Interim Management Board and the GIDS Oversight Committee. Trust HR colleagues are also engaged.	Gender Oversight Committee	22/3/2021	Risk level has increased from 16 to 20 following the Judicial Review and CQC inspection, and the impact of these on staff capacity and morale to deliver a challenging agenda.
155	22/3/2021	If GIC waitlists continues to grow there may be an increased chance of a serious incident or increased anxiety and stress for patients on the waiting list, less available staff time to deliver and develop well managed services resulting in loss of service reputation and non compliance with regulatory and contract requirements.	4x4=16	4x4=16	Low (1-4)	2x4=8	Safety (Primary), Compliance/ Regulation, Reputation	Gender	GIC	Ailsa Swarbrick	Frances Endres	Work is being done to analyse waitlist data and information and to recommend changes. This is being informed by the GIDS waitlist action plan. Ongoing staff recruitment Improving communications with patients on the waiting list GIC internet waiting list section includes information that signposts patients to support groups and written information resources. Ongoing service developments in progress to create capacity within the system.	Gender Executive	22/03/2021	Waiting list issues identified when the Trust took on the GIC clinic 1 April 2017. This issue is consistent across all national GIC clinics. Risk submitted 22/3/2021

Report to	Date
Board of Directors	30th March 2021

GIDS Transformation Programme: Update

Executive Summary

This report summarises GIDS Transformation Programme progress, following the Judicial Review and CQC focused inspection. It covers:

- Progress
- Forthcoming activity
- Key risks and issues

Recommendation to the Board

Members of Board of directors are asked to note and discuss this paper.

Trust strategic objectives supported by this paper

All

Author	Responsible Executive Director
Divisional Director, Gender Services	Chief Executive

GIDS Transformation Programme: Update

1. Introduction

1.1 As discussed at the Board meeting on 26 January 2021, a programme of work has been established to enable the Gender Identity Development Service (GIDS) to meet the requirements of the Bell v Tavistock Judicial Review ruling in December 2020 and the CQC report of its focused inspection of the service, published on 20th January. This paper provides a progress update.

2. Progress

2.1 The GIDS Transformation Programme is significant and wide ranging. Led by a new Interim Management Board, it encompasses work on a new endocrine pathway to respond to the judicial review; waiting list management; clinical governance, safety and practice; organisational design and development, including staff engagement; and data. Much of the early work is focusing on establishing the programme on a firm footing, including in relation to governance, planning and reporting.

2.2 Progress to date includes:

- Governance: The GIDS Oversight Committee and the GIDS Interim Management Board (IMB) are now meeting fortnightly. The IMB has oversight of GIDS service delivery, the GIDS Transformation Programme, and CQC Action Plan reporting. All the workstreams have also started to meet and to develop their plans.

- Programme progress: Thanks to significant time and a huge effort from all staff, GIDS has:
    - Set up the basis of an interim GIDS governance model, see above.
    - Recruited and mobilised project and programme teams. Workstreams are led by new, interim colleagues, and a core principle is engagement of GIDS staff in developing new ways of working. So far, about one third of GIDS staff are contributing directly to this work.

- Created a framework for defining, leading and managing projects, based on clinical priorities.
- Agreed a CQC Action Plan and submitted a first report against this.
- Continued monthly CQC Wait List Action plan reporting.
- Worked to ensure patient involvement is an integral part of the programme. The GIDS PPI Group is being refreshed to prioritise Patient involvement into the Transformation Programme, and will meet next month, in April 2021.
- Developed and started to pilot multi-disciplinary clinical reviews (MDCRs) of endocrine treatment decisions, following the judicial review and NHSE service specification amendment of December 2020.

2.3 Forthcoming activity includes:

- The first PPI Forum with young people and parents is due to be held next month.
- Completing the initial pilots of MDCRs, to be followed by the roll out of these to all young people who need them.
- Developing communications and PPI strategies, focused on ensuring we communicate and engage well with GIDS staff and also with young people and families.
- Continued development and implementation of actions in the CQC Action plan and the Wait List Action plan, and monthly reporting against these.
- Finalising all Transformation Programme project briefs, risks and timelines, and ensuring they are aligned and interdependencies are being managed.
- Finalising key data, KPIs and reporting requirements across the Programme.
- Preparation for a CQC Quality Summit in the Spring with CQC, PPI representation and key stakeholders.

3. Key risks

3.1 Key risks relate to the waiting list; and staff morale, retention and capacity to deliver against an extremely challenging work programme. These are reported as risks on the Trust's Operational Risk Register.

4. Conclusion

4.1 The Board are asked to consider and note this update.

Ailsa Swarbrick

Divisional Director of Gender Services

24 March 2021

The Tavistock and Portman NHS Foundation Trust

Report to	Date
Trust Board of Directors	March 2021

Policy on Academic Freedom and Freedom of Speech

Executive Summary

The Board is asked to approve a new Trust policy on Academic Freedom and Freedom of Speech. The policy is a requirement of the Office for Students (OfS), of which the Trust is now a registered provider.

The briefing document provides an overview of the requirements for this policy and the key elements and also contains the University of Essex's policy for reference, which we have been using in the interim and also which we have drawn on in the development of the Trust policy presented to the Board for approval. The policy has been approved provisionally by the Education and Training Committee, and has been further discussed by the Trust Clinical Operations Board and the Trust's Executive Management Team.

Once approved, a communications plan will be developed for the policy launch. This will be an opportunity to set out the rights and the responsibilities associated with the policy and the expectations about professional behaviour and respect for others.

Recommendation the Committee

The Board of Directors is asked to approve the Academic Freedom and Freedom of Speech policy.

Trust strategic objectives supported by this paper

7c: Extend existing and develop new services to respond to changing demand / new opportunities, including, where appropriate, the use of technology / 9: Develop the Trust's position in national and transnational education including the launch of a Digital Academy 14: Continue to meet regulatory standards with QAA /

Author	Responsible Executive Director
Operations Director, Education & Training / Head of Academic Governance and Quality Assurance	Director of Education & Training / Dean of Postgraduate Studies

Draft Policy on Academic Freedom and Freedom of Speech

1. Introduction

1.1. The Office for Students (OfS) has conferred status on the Trust as a higher education institution. Under its duties as a regulator, the OfS is required to ensure a provider's governing documents uphold freedom of speech. Currently we are operating with the policy set out by our main university partner (Appendix 1).

1.2. During the application process, the OfS was informed that the Trust was preparing an Academic Freedom policy, which would soon be finalised and published.

2. Context and points of reference

2.1. The OfS requires public interest governance to be visibly applied by all registered providers. Amongst the core principles, it includes **Academic Freedom**, which is defined as:

> "Academic staff at an English higher education provider have freedom within the law: to question and test received wisdom; and to put forward new ideas and controversial or unpopular opinions without placing themselves in jeopardy of losing their jobs or privileges they may have at the provider."

As well as **Freedom of Speech**:

"The governing body takes such steps as are reasonably practicable to ensure that freedom of speech within the law is secured within the provider."

Reference: https://www.officeforstudents.org.uk/advice-and-guidance/regulation/conditions-of-registration/public-interest-governance-principles/

2.2. Additionally, The Trust has statutory obligations as a public body both as a Foundation Trust as well now as a Higher Education Institution. The key Acts and supporting guidance are referenced in the policy and set out below:

Education Reform Act 1998;
Higher Education and Research Act 2017;
Equality Act 2010;
Counter Terrorism and Security Act 2015 and the Prevent Duty Guidance 2015;
Public Sector Equality Duty from the Equality Act 2000.

2.3. Academic freedom and freedom of speech have featured prominently in discussions within Higher Education and public debate within recent years. There have been concerns voiced by the regulator that debate on contentious issues may sometimes be suppressed. At the same time, there is a need to ensure that debate is respectful, and does not adversely affect the status or wellbeing of any groups within an institution or society more generally.

2.4. This policy brings together the requirements for academic freedom and freedom of speech to ensure the obligations are covered but in in a way which is sympathetic to the nature of the Trust. It balances rights with responsibilities to manage risk and to avoid specific groups of staff, students or service users from feeling harassed by others within the Trust.

2.5. Additionally, the policy needs to take into account the Trust's key objectives around the promotion of good mental health and emotional wellbeing. These are specifically mentioned and provide some of the context for the 'responsibilities' section.

2.6. The Trust's clinical activities, and in particular its services on gender identity, have attracted publicity and public debate and focused considerable negativity on the Trust and its GIDS service. This area is

therefore one of significance and rightly concern for the Trust.

2.7. This policy does not include any specific mechanisms for dealing with alleged breaches. As with the policing of other policies, where allegations are made against individuals, relevant existing procedures can be used to investigate and, where appropriate, to bring sanctions. In the case of Trust staff there are HR and employment procedures and for students there are conduct and professional suitability procedures.

2.8. Advice in the drafting of this policy was provided by Independent Higher Education, of which the Trust is a member, and the Trust's Director of Human Resources. In addition, similar policies were reviewed from the Trust's validating partner institution, the University of Essex, as well as a selection of other higher education institutions including independent providers and universities.

2.9. Following discussion at the Trust's Clinical Operations Board, changes were made to expand the scope of the policy, with adaptations being made to ensure the policy covers activities across the Trust including within clinical divisions. Clarification was also provided on the method of confirming any viewpoint as the official view of the Trust (section 5).

3. Further policies

3.1. This policy will be supplemented by Library policy on collection development, acquisition and management which will be presented at the March ETC meeting.

3.2. It is likely that in due course we will need to develop further policies, such as a policy for engaging guest speakers.

Appendix 1
University of Essex Policy on Academic Freedom and Freedom of Speech

Title	Policy on Academic Freedom and Freedom of Speech
Version	1.0
Policy author	Paula Rothero, Academic Registrar's Office
Original policy author	Student Support
Policy owner	Academic Registrar's Office
Approved by	Council (February 2016) Revised by: Safeguarding Advisory Group
Date of approval	16 June 2020
Effective date	1 August 2020
Frequency of review	Annual
Date of last review	June 2020
Date of next review	June 2021
Document status	Published
Document classification	Public
Questions and queries	acadreg@essex.ac.uk
Related policies	External Speaker Code of Practice Equality and Diversity Framework
Supersedes	Policy on Academic Freedom and Freedom of Speech 2016-17
Superseded by	N/A

Policy on Academic Freedom and Freedom of Speech

1. In accordance with the duties imposed upon it by Section 43 of the Education (No 2) Act 1986, the Council of the University has instituted the following Policy to ensure that the University can promote academic freedom and freedom of speech within the law for members of the University (including all staff and students of the University) and for external speakers who are invited to participate in an event of the University, the University of Essex Students' Union or the University of Essex Faith Centre[1].

2. The Policy has been established in order to further meet the following statutory requirements:
   - Education Reform Act 1998, and the Higher Education and Research Act 2017
   - Equality Act 2000 and Equality Act 2010, and the Public Sector Equality Duty
   - Human Rights Act 1998;
   - Counter Terrorism and Security Act 2015, and the Prevent Duty Guidance 2015

3. Universities play an important role in society as places of debate and discussion within the law, where ideas can be tested, where students learn to challenge ideas and think for themselves, and where rationality underpins the pursuit of knowledge. The University of Essex is fully committed to promoting an environment in which intense inquiry and informed argument generates lasting ideas, and where members of its community have a responsibility both to challenge and to listen fully.

4. This commitment is of long standing. The University's *Royal Charter* provides that "*Academic staff shall have freedom within the law to question and test received wisdom, and to put forward new ideas and controversial or unpopular opinions, without placing themselves in jeopardy of losing their jobs or privileges".*

5. In order to give expression to this commitment, so far as is reasonably practicable, access to the premises of the University shall not be denied to any registered student or employee of the University or to any individual or body of persons invited to the premises of the University by a registered student or employee of the University, on any grounds relating to:

   - the beliefs or views of that registered student, employee or person so invited: or
   - the policies or objectives of that body

   except insofar as the expression of such belief, views, policies or objectives shall be unlawful and where it is reasonably anticipated that the unlawful expression of such beliefs, views, policies or objectives might occur on the relevant occasion.

6. However, this commitment to academic freedom and freedom of speech within the law is not absolute. In addition to affirming the University's commitment to promoting academic freedom and freedom of speech within the law, this policy also specifies circumstances in which academic freedom and freedom of speech might properly be restricted. The University may itself apply restrictions in circumstances where they are necessary for the University:

[1] as set out in the University's *External Speaker Code of Practice*

- to discharge its obligations as set out in the aforementioned legislation and those of our regulatory body[2];
- to safeguard the safety, health and welfare of its registered students, employees and other persons lawfully upon the premises or engaged in activities associated with the University; or
- to enable use of the University's premises to be consistent with maintaining and promoting the efficient conduct and administration of the University's functions.

7. Just as the University will not restrict debate or deliberation simply because the views being expressed might be considered unwise or even offensive, it also expects members of the University community to show commitment to this same principle by not obstructing or interfering with the rights of others to express views with which they might disagree profoundly.

[2] the Public Interest Governance Principles (Office for Students)

The Tavistock and Portman NHS
NHS Foundation Trust

Policy on Academic Freedom and Freedom of Speech

Version:	Office use only
Bodies consulted:	Office for Students, University of Essex, Independent Higher Education
Approved by:	Education and Training Committee
Date approved:	4th February 2021
Lead manager:	Head of Academic Governance, Quality Assurance and Registry
Responsible director:	Director of Education and Training
Date issued:	
Review date:	[One year from issue]

Contents

Policy on Academic Freedom and Freedom of Speech

1 Introduction

This Policy has been instituted in recognition of the Trust's role as a higher education institution, however it covers all educational, research, and clinical activities and therefore has implications for all staff.

The Trust's associated education, debate and research activities are informed by the principles outlined in this policy.

The Trust adheres to the principles of academic freedom and recognises the right of its staff and students to test received wisdom and to put forward controversial or unpopular opinions. without jeopardising their privileges or position.

The Trust expects its staff to exercise their freedom of speech in ways which are mindful of the Trust's core values and its wider policies and procedures.

2 Purpose

This Policy has been established to ensure that students and staff involved in educational, research, events, and other activities at the Trust, are aware of their freedoms and responsibilities around their speech and expression.

3 Scope

This policy applies to all Trust staff, students and invited guests involved in the participation and delivery of Trust activities. These activities include meetings, extra-curricular events or related activities delivered away from the Trust's buildings but linked to the organisation by use of its name or funding.

4 Definitions

Academic Freedom

The Trust supports its staff and students to work in ways which are consistent with its published strategies, policies, procedures and terms of employment or study. Scholarly activity which ensures the maintenance of academic standards is supported. Within these contexts, the Trust supports freedom of teaching, discussion, research and expression.

Freedom of Speech

As a national and international thought leader around mental health, the Trust is an institution where, within the law, debate and discussion may occur; where ideas may be tested and where its staff and students may challenge and think for themselves. The Trust is committed to promoting an environment in which intense inquiry and informed argument generates lasting ideas, and where members of its community have a responsibility both to constructively challenge and to listen fully.

5 Policy Statements

Responsibilities

The freedoms recognised by the Trust must co-exist with the organisation's primary purposes: to understand and think about mental distress, mental health and emotional wellbeing. Staff and students must be mindful of the Trust's core values and abide by its policies and procedures. As such they have responsibilities to:

Refrain from all forms of discrimination whether on the grounds of protected characteristics or any other personal attributes. This includes the promotion or groups or individuals who incite hate or discrimination;

To ensure that positions in debate have some grounding in scholarship, demonstrable evidence or a wider context;

To recognise and express where personal belief impinges on debate and judgement;

To debate in a manner which is not injurious to others or the reputation of the Trust or which is not disruptive to teaching or the delivery of clinical services;

To be mindful of the personal beliefs, backgrounds and opinions of others and to avoid unnecessary distress in the expressing contrary ideas or opinions;

To not impose beliefs on others;

To be clear that any opinions are not those of the Trust unless communication has been officially sanctioned, by the Trust's Communications team in liaison with other senior Trust staff as appropriate

To ensure that all research has appropriate ethical approval and is conducted in line with this;

To keep an open mind and to listen to views which may be contrary to one's own.

6 Duties and responsibilities

The ultimate responsibility for oversight of this policy sits with the Chief Executive of the Trust, but in practice the operation and oversight of this policy is delegated to the Director of Education and Training / Dean of Postgraduate Studies.

7 Procedures

Where concerns are raised by Trust staff, students, or other members of the Trust community, an investigation will be initiated using the appropriate procedures, such as the Trust's Disciplinary Policy or the Student Conduct Concerns Procedure.

Concerns may be also raised by students directly with the Director of Training and Education, via the Student Complaints Procedure, through HR using the Trust's Complaints Procedure or using the Trust Freedom to Speak Up Guardian.

8 Training Requirements

This policy is publicly available on the Trust's website. It will be communicated to staff and students registered with the Trust.

9 Process for monitoring compliance with this policy

The Director of Education and Training is responsible for ensuring that the policy is implemented and monitored through the operational structure of DET. Concerns around Academic Freedom will be addressed under their remit and they will report to the Education and Training Committee, which is a specialist interest committee of the board of directors, on this area

10 References

This policy has been created with reference to the Trust's main collaborative partner the University of Essex, and its policy on Academic Freedom and Freedom of Speech, and with reference to the Trust's internal guidelines on Freedom to Speak Up. It also acknowledges the Trust's statutory obligations as set out in the:

Education Reform Act 1998;

Higher Education and Research Act 2017;

Equality Act 2010,

Counter Terrorism and Security Act 2015 and the Prevent Duty Guidance 2015

Public Sector Equality Duty from the Equality Act 2000

11 Associated documents[1]

[1] For the current version of Trust procedures, please refer to the intranet.

12 Equality Analysis

Completed by	**S Carrington**
Position	**Head of Academic Governance and Quality Assurance**
Date	

The following questions determine whether analysis is needed	**Yes**	**No**
Does the policy affect service users, employees or the wider community? The relevance of a policy to equality depends not just on the number of those affected but on the significance of the effect on them.	X	
Is it likely to affect people with particular protected characteristics differently?	X	
Is it a major policy, significantly affecting how Trust services are delivered?		X
Will the policy have a significant effect on how partner organisations operate in terms of equality?		X
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?	X	
Does the policy relate to an area with known inequalities?	X	
Does the policy relate to any equality objectives that have been set by the Trust?	X	
Other?		X

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?	X		There is the potential for continued debate on Trust activities which are controversial, such as our work on gender identity. There is the potential for these discussions to cause offense to some members of the Trust community and the public, if not handled appropriately.
What are the key findings of any engagement you have undertaken?			The policy states that where such discussion is undertaken, it is necessary to do so in a manner which is "not injurious to others or the reputation of the Trust".
If there is a greater effect on one group, is that consistent with the policy aims?	X		
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?			Appropriate promotion of the policy and in particular the need to behave respectfully when challenging beliefs – including those relating to particular characteristics. In addition, debates on controversial topics will need to be

			managed in a way to ensure that any provocative views allow a chance for responses to be given, to ensure appropriate balance, and all those participating have the opportunity to contribute.
Will the policy deliver practical benefits for certain groups?	X		Reassurance that views can be freely expressed, so long as this is done respectfully and professionally and within the law.
Does the policy miss opportunities to advance equality of opportunity and foster good relations?		X	To alter the balance would risk being seen as promoting censorship.
Do other policies need to change to enable this policy to be effective?	X		Further policy work is required: Library Development and Acquisitions Policy (going through committee approval March 2021), Guest Speaker Policy (due for consideration May 2021).
Additional comments			

If one or more answers are yes, then the policy may unlawful under the Equality Act 2010 –seek advice from Human Resources (for staff related policies) or the Trust's Equalities Lead (for all other policies).

Report to	Date
Board of Directors	30th March 2021

Board of Directors NED Appointments

Executive Summary

This report seeks the approval of the Board of Directors to the recommendation which were unanimously approved at the meeting of the Council of Governors held on 18th March 2021.

In view of the pecuniary interest declared by Prof. Burstow, this part of the Council meeting was chaired by George Wilkinson, Lead Governor.

Recommendation to the Council of Governors

Members of the Board are asked to note the update concerning non-executive appointments to the Board and to consider the recommendation detailed in this paper.

Trust strategic objectives supported by this paper

All Trust objectives

Author	Responsible Executive Director
Helen Robinson, Interim Director of Corporate Governance	Paul Burstow, Chair

Board Appointments

1. Extension of Professor Burstow's Term of Office as Trust Chair and Mr. Holt's Term of Office as Non-Executive Director

The Council of Governors unanimously approved the recommendations form the Nominations Committee following its meeting held on 11th March 2021 that Prof. Burstow' second term of office as Trust Chair be extended for a further year and that Mr. Holt's second term of office as NED and Senior Independent Director (SID) be extended for a further year. Both terms of office will now end on 31st October 2022.

2. Appointment of two Non-Executive Directors

It was agreed by the Council of Governors that the recruitment of two NEDs be immediately commenced using the executive search agency, Odgers. One NED is to replace the vacancy created by the end of the term of office of Professor Dinesh Bhugra in October 2021. The second NED appointment was approved for the following reasons:-

- to strengthen the Board during what is anticipated to be a complex 12 to 18 months;
- to allow for appropriate continuity as both Mr Holt and Ms Farrow will reach the end of their terms of office in October 2022, as well as the Trust Chair;
- to allow for greater freedom of decision in considering other non-executive director renewals over the next 12 months and greater scope for selecting the next Senior Independent Director when Mr Holt's extended term ends in October 2022;
- to provide the Trust with greater flexibility in meeting its objectives to secure greater diversity in the membership of the Board.

3. Proposed Constitutional amendment

3.1 Paragraph 20.2 of the Trust's Constitution provides as follows:

20.2 The Board of Directors is to comprise:

20.2.1 a Non-Executive Trust Chair;

20.2.2 up to five other Non-Executive Directors; and

20.2.3 up to five Executive Directors

3.2 The appointment of two new non-executive directors will take the total number of non-executive directors other than the Trust Chair to six. To allow both these appointments to be made, it is necessary to amend the Trust's Constitution. It is proposed to amend sub-paragraph 20.2.2 to read:

"*not less than five nor more than seven other Non-Executive Directors; and"*

3.3 Any amendment of the Constitution requires the approval of the Board of Directors, the Council of Governors, and Members of the Trust. The amendment has to be notified to the Regulator (although there is no requirement for Regulator consent). The amendment would be put to Members at the 2021 Annual General Meeting of the Trust which is scheduled to be held in early October. Once approved by the Members, the amendment will take effect on notification to the Regulator.

Paul Burstow
Chair
March 2021

The Tavistock and Portman NHS Foundation Trust

Report to	Date
Board of Directors	

Serious Incidents – Quarterly Report – Q3 2020-21

Executive Summary

This quarterly serious incident summary report for the Board covers Q3 2020-21.

During Q3 there were 28 clinical incidents reported. These included patient deaths, issues with waiting times, appointments, physical and verbal abuse, safeguarding, communications, IT and IG incidents. There were no serious incidents in relation to non-clinical (IG) incidents during this period.

Clinical Incidents

Of the 28 clinical incidents 12 reached the threshold of escalation to the monthly incident panel including 5 concise reports to enable full incident reviews. Sadly there were three patient deaths identified during Q3 and a further patient death reported just at the beginning of Q4 which will be reviewed at the January incident panel and form part of the Q4 report.

One of the patient deaths, a patient in AFS, was reviewed at the November 2020 incident panel and it was agreed to launch a formal serious investigation which was logged externally on StEIS with the final report due to be completed by 15th February 2021. Learning in these unprecedented circumstances has occurred including the way clinical services can be run when traditional face to face provision cannot be accessed. This service are now able to run group psychotherapy online competently with appropriate support structures in place to minimise technical and administrative errors.

The remaining 2 patient deaths were from the adult gender identity service (GIC) and both were reviewed at the December 2020 incident panel via concise reports, with no further action required on each. In each case, duty of candour has been appropriately followed.

There were also 3 attempted suicides, 1 in the CAISS team and the other 2 from the London GIDS. These incidents were reviewed via concise reports at the November and December incident panels with no further action required from the Trust, however in one incident it was decided that the relevant team would manage the incident closely with the local CAMHS service involved.

Learning from incidents

The Trust continues to provide quarterly lessons learned events which are open to all relevant staff. These events have continued to be well attended during the pandemic with more staff being able to access the events remotely. Please see below list of the Q3 lessons learned topics and events.

Q3 Learning Lessons Events:

- 15 October 2020 - Infection Prevention and Control (IPC)

- 3 November 2020 - Adult Safeguarding / Domestic Abuse
- 2 December 2020 - Suicide risk and suicide prevention during the COVID-19 pandemic – children, young people and adults.

Specific identified learning below relates to the clinical incidents which were reviewed at the monthly Incident Panel during Q3.

October Incident Panel

- A more robust process to be put in place regarding patients returning for a review at TAP
- Referrals team at GIC have a system in place to review and request any information missing from referral forms however careful attention needs to be taken when there is a high number of referrals during a given period.

November Incident Panel

- The importance of keeping the network informed about roles and responsibilities; it is important that all agencies involves in the care of a patient share information
- Relationship with St Mary's liaison A&E Team needs to improve to ensure community follow up care is better and safer.

December Incident Panel

- Improvements at GIC regarding how appointments are booked and documented to Carenotes and clarity on current medications listed in respect to layout of clinical assessments.

As previously noted the Trust agreed to undertake a thematic case review of three of our previous serious incidents which were linked to gang related violence. This review has now been completed and shared with our Camden commissioners.

The annual CQC inspection for 2020 which had specific focus on our Gender Identity Service has now been completed. This staff group are working incredibly hard towards ensuring all report recommendations are being implemented. These annual inspections provide a rolling programme of changes which need to be managed and monitored appropriately, to ensure all changes are correctly embedded into daily clinical practice.

All relevant services continue to feed into the work around the action plans identified in the 2018 CQC inspection, and these action plans are regularly monitored by the Executive Management Team.

Recommendation to the Board
The Board of Directors is asked to note this paper

Trust strategic objectives supported by this paper
Clinical Services

Author	Responsible Executive Director
Clinical Governance and Quality Manager	Medical Director

Report to	Date
Board of Directors	

Integrated Governance Committee Q3 Board Report

Executive Summary

This report provides an executive summary of the 6 below Sub-Committees of the Integrated Governance Committee (IGC) for Q3 2020-21.

Data Security & Protections Sub-committee	
Risk & Safety Sub-committee	
Patient Experience & Quality Care Sub-committee	
Estates & Facilities Compliance Sub-committee	
Research & Development Sub-committee	
Organisational Development & People Sub-committee	

In general the Q3 sub-committee reports all show good improvement in most areas with amber and green ratings for most sub committees. However, in relation to the Estates and Facilities compliance report the trust continues to carry a risk around the electrical installations at the Tavistock Centre meaning that the compliance rating, all other factors accounted for, will not be capable of moving to green until a long term solution is implemented, a fire authorising engineer is appointed and the commencement of the Hard FM contract**.**

There is still work on going to identify a more standardised rag rating system for Trust committees which will be adopted by this committee once agreed.

Recommendation to the Board

The Board of Directors is asked to note this paper

Trust strategic objectives supported by this paper

Governance

Author	Responsible Executive Director
Clinical Governance and Quality Manager	Medical Director

IG & Data Security & Protection Toolkit (DSPT) Sub-committee

New DSPT 20/2021 published. Submission deadline postponed to end June 2021 but likely to be postponed further due to Covid pressures. Work on Cyber Essentials (CE) currently being prioritised over DSPT, though some of the requirements are the same. CE Plus certification removes some of the requirements from the DSPT submission. For this reason, we are only reporting on CE progress this quarter and will report on DSPT progress once CE certification work has been completed.

Cyber Essentials Certification
Capita (Trustmarque) engaged to carry out gap analysis. Current barriers to resolve are unsupported systems (these would require segregating from the network), privileged access management, and lack of documentation (for example, Cyber Security/Resilience Strategy and Data Classification Policy are documents that Trustmarque has raised in particular which we do not currently have). They have also recommended introducing standards instead of policies in areas where we only need to define a mandatory baseline, for example, what hardware or software solutions must be used as a minimum. Certification is aimed for by early spring.

Data Protection complaints (GIC)
Two open complaints from GIC patients (one ex patient and one who has asked to be transferred to Nottingham) complaining about being forced to provide an inordinate amount of evidence for the GIC before the GIC will cease use of deadname. One patient was required to change their name with the Land Registry. Both patients complain about a particular member of staff and the team culture and both patients are extremely distressed about the way in which their complaints were dealt with. As a result of one of the complaints, the ICO has required the Trust to implement processes to ensure that the deadname is no longer processed once the patient has notified us of their new name. It has not been possible to implement the required changes due to continued resistance from some service leadership to the necessary changes to enable compliance with the GDPR and the GRA.

Freedom of Information
Improvements in compliance is hampered by requests for GIC waiting list data. We are required to ask Communications to clear GIC (and GIDS) related responses. Unfortunately, Communications staff have not approved GIC responses with waiting list data due to poor performance and the potential reputational impact. There are currently four such open requests, two of which are overdue, one of which has resulted in a formal complaint. Draft responses are not moving forward and Q3 remained a challenging quarter. Procurement, HR, GIC and GIDs related requests continued to dominate.

IG advice and guidance requests
These are now logged and the IG team (currently two FTE staff) aim to respond fully within 5 working days. Requests are handled via the IG mailbox.

A common request is from staff requesting to work from abroad (temporarily, back and forth or permanently). Requests are dealt with individually, having been agreed in principle by the operational line manager, then HR. Consideration is given to IT security and data protection risks, which may vary depending on the country from where the worker will be working. Requests approved so far have been for temporary relocation.

Policies and procedures
The IG team maintains a register of IG related policies, procedures, guidance, and other documentation. The Acceptable Use Policy and Access Control Procedures are currently in draft and will be implemented by the end of March 2021.

Archived paper records
A project has commenced to ascertain what paper records the Trust holds. It is anticipated that this work will take some months to complete. The AD for IG and Data Security will report back to IGC via the IGC quarterly report process in due course. We are aware that one room in the Tavistock basement containing paper case files was flooded, ultimately causing significant damage to the files, which were rendered illegible and hazardous due to a mould outbreak. They have now been destroyed. This has compounded the problem that we do not know if a paper record exists (Carenotes does not indicate this) or existed (i.e. closed records). The only record the General Office holds is of destroyed files. Currently we have one open incident where we have not been able to find a record requested by a solicitor on behalf of a patient. The pandemic currently prevents staff being onsite, but more detailed analyses will be undertaken when things are back to normal.

Incident Management
IG staff are finding that many reported incidents on the QMP are not IG incidents, are not incidents at all, or do not reach the threshold for reporting. Incidents that are reported are also scant of information, requiring time consuming follow up by IG staff. It is strongly recommended that incidents be reported to the IG mailbox to be triaged and logged on the QMP as appropriate by IG staff. It should also be noted that the IG team receives complaints from staff about difficulties logging incidents on the QMP and we are confident that a triage system would resolve these issues.

There were no exception issues to report in Q3 for this sub-committee.

Risk & Safety Sub-committee

Key activity in relation to patient safety and clinical risk has been maintained during the ongoing Covid-19 pandemic and key areas include:

Service Review update
The GIDS High Court ruling was delivered late in 2020 and the required NHSE amendments to service specification for GIDS, are effective from 1st December 2020. This has meant many changes to current working practices, which must all be monitored and managed to ensure they are embedded in daily clinical practice. This work remains on-going and staff are striving to ensure the required service changes are implemented.

Clinical incidents
The Trust learned of four patient deaths during Q3. Two of these deaths are likely to be suicides including the death of a young person known to GIDS. Duty of candour was considered in relation to 4 clinical incidents. Duty of candour was met in 1 case, not applicable in 1 case as the incident was external to the Trust, and further information is needed in relation to determine if it is required for 2 incidents.

The Trust also undertook one serious clinical incident investigation in Q3; a suspected suicide of a patient attending AFS for which the Trust appointed a lead investigator. This incident was logged externally on STEIS and the report was completed in February 2021. The service is currently developing an action plan based on the report recommendations, which are mainly relating to enabling and managing the moving of specific group clinical services online during an emergency, as was required during the pandemic.

There were 11 clinical incidents which met the “patient safety incident” criteria (Q2 2020/21= 7, Q1 2020/21 = 6, Q4 2019/20 = 11).

Safeguarding Supervision
During Q3 2020/21 61 cases were subject to a Child Protection Plan and of these 43 evidenced safeguarding supervisions (70%). Of the remainder, in 3 cases the Child Protection Plan started towards the end of Q3 and supervision should therefore take place in Q4. By comparison, Q2 2020/21, 50 cases were subject to Child Protection Plans and of these 32 (64%) evidenced safeguarding supervision. Although there was an increase in the number of cases evidencing safeguarding supervision where a child was subject to a Child Protection Plan, this is still not sufficiently robust.

Non-clinical incidents
There were 47 non-clinical incidents in Q3 compared to 34 incidents in Q2 and 57 incidents in Q1. There were no serious non-clinical incidents in Q3 and none which remain open from previous quarters.

There were no exception issues to report in Q3 for this sub-committee.

Patient Experience and Quality Care Sub-committee

The Q3 Sub-group meeting focused in on a deep dive into patient experience at the Trust during the pandemic as well as noting progress with the Quality Priority work.

Key themes emerging from patient experience during the pandemic include:

- The option of space being provided in the Trust for online consultations where the home environment does not provide an option for a private conducive consultation
- Communication, including the use of language (e.g. the term BAME)
- It was noted that disabled patients were reporting an improved experience as a result of the option of remote consultation
- Remote consultation offers the option for separated families to come together in a way that isn't possible with physical consultation
- Occasionally clinicians did not appear on Zoom for the programmed appointment

It was noted that in terms of complaints, PALs and incidents overall there is no evidence of any change in the nature of these comparing pre-and post-pandemic data. The Trust QI project on remote consultations was also discussed.

The group recognized the achievement and thanked the team involved for the success of the QP1 project to standardise the use of Carenotes alerts to enhance patient safety and communication which is now complete and has been rolled out Trust-wide. It is particularly important to note that this project was initiated, in part resulting from a complaint, and emphasized the value of responding, and learning and improvement of patient experience.

The group also reflected on the recent CQC report into GIDS and considered the implications for patient experience. The PPI team are working closely with the GIDS team to offer support so that families and patients are able to be appropriately engaged in the improvement plan.

Whilst we are still experiencing a slight backlog on complaints responses as a result of the halt in work during pandemic Wave 1, good progress is being made. On this basis we have agreed a green rating for the work-stream this quarter.

There were no exception issues to report in Q3 for this sub-committee.

Estates and Facilities Governance and Risk Sub-committee

1. Fire Safety – since the appointment of the fire specialist they are due to issue the fire strategies for Tavistock, Portman and Gloucester House due end of the month, and will lead to reviewing compliance and assurance, also a review of the fire policy, as there is now a plan in place the risk has now moved to amber.
2. Water Safety- as the building is primarily vacant, an enhanced flushing regime has been initiated, along with monitoring as Legionella is present in few (little used) outlets.
3. Gas Safety – testing and certification is planned for this quarter following the appointment of the maintenance contractor. Have identified this system as red and expect it to move to amber over the coming month as there has not been certification for a full system test.
4. Emergency lighting- The electrical is also been reported as a red risk as the testing cannot be validated and is a priority for the maintenance contractor, they intend to complete the emergency testing within 4 weeks.
5. Lease Management – creation and adoption of an effective Terrier, in the first instance, each of the directorates are being asked to populate the existing Terrier with their view of their operating locations, this will be tied into the rents and service charges being paid by the Directorate, thus far there are some arrangements where leases or agreements are not in place.
6. Policies – Control and management of Contractor has been brought forward for approval and will need to develop an engagement plan, to ensure other directorates. A list of policies, procedures and renewal dates will be presented at following meeting as there are some policies / SOPs that are work in progress Car parking, cleaning, working at weekends, building access, Keyholding, security, access etc.
7. Leased sites are also being added to the compliance worksheet to ensure that the respective landlords, provide the necessary evidence.
8. Planned Preventative Maintenance Service (PPM) – The maintenance provider has been appointed – Target, they are currently in the mobilisation phase and have commenced with asset surveys, and are assessing and seeking compliance on our gas and emergency lighting systems to provide necessary certification.
9. Procurement – a review of contracts are being undertaken within Estates, as the Hard FM contract is now underway. The intention is to develop the security, soft FM services and catering contracts during 2021.
10. The final action from the internal audit report remains the adoption of the Estates Strategy – this is currently in draft with further additions as I will be seeking this for the Relocation Outline Business Case

The trust continues to carry a risk around the electrical installations at the Tavistock Centre meaning that the compliance rating, all other factors accounted for, will not be capable of moving to Green until a long term solution is implemented, a fire authorising engineer is appointed and the commencement of the Hard FM contract. There was further discussion and it was noted that previously this sub-committee had given the IGC assurances that now seem to be somewhat inaccurate, in relation to electrical installations. BM confirmed this is now in hand and all future reports will be clearly evidenced.

Research and Development Sub-committee

NIHR Personalised Programmes for Children Study

After some additional delays due to the COVID-19 pandemic, work continues on the RCT phase of this programme grant. The team submitted a report to the NIHR with an amended budget for the second phase. The NIHR have responded suggesting that additional funds

will not be available so a revised version will be resubmitted. The research team are working on the HRA/IRAS approvals with a planned start to recruitment in the spring of 2021.

NIHR LOGIC (Longitudinal Outcomes of Gender Identity in Children) Studies
LOGIC Quant.
Recruitment to the Quant study is still behind schedule (N=488), partly due to the COVID-19 pandemic leading to a significant reduction in referrals to GIDS. We have received approval from NIHR to extend baseline recruitment for an additional six months, until the end of May 2021 to hopefully get to our target sample of 638. We have also appointed additional admin support within the GIDS service to support the push on recruitment in the last few months and were successful in our application to the NIHR CRN North Thames to secure additional funding for this.

2262 families have been invited to join the study, 1229 (54%) have consented to be contacted by the research team and 629 (28% of those invited) have agreed to participate with 488 completing all baseline assessments. T1 follow up assessments are also underway with 82 completed so far with low levels of attrition. 27% of the sample are under 12 (56% assigned male at birth); 73% of the sample are aged 12+ (19% assigned male at birth).

Findings of LOGIC study 2, a retrospective cohort study of clinic databases in the UK and the Netherlands, are being prepared for submission. Protocol papers for the LOGIC studies 2 and 3 are currently under review with BMJ Open and the systematic review (Logic study 1) is close to being accepted for publication.

LOGIC Qual.
Recruitment is on schedule (n=39 at baseline). The study is now actively continuing the second phase of interviews and 23 have been completed so far – altogether, 62 interviews have been conducted to date. Analysis of the baseline data has begun, with papers from this being organised.
The six-month check-ins have continued to be positively received and no one has as yet refused a second interview. Several families have contacted the researcher regarding their concerns about the judicial review. Analysis of the baseline data is underway and the first paper is starting to be drafted regarding experiences of waiting times. The protocol paper for Study 4 has been submitted to BMJ Open and is currently under review.

LOGIC Study Steering Committee
The study steering committee met on 29.01.21. The next PPI group meeting will be in the half-term in February 2021.

Submitted Grant Applications
We resubmitted an updated application to NIHR HS&DR in September and NIHR have been in contact to say they expect to notify us of the outcome by the end of February.

Trust Research Group
The Trust Research Group met on the 03.02.21, and will meet next on 10.03.2021

Joint Tavistock- University of Essex Research Conference
The joint conference “COVID 19: Inequalities, innovations and impact” took place via Zoom on Wed 2nd December and drew an audience of over 100 delegates, some joining from outside the UK. The sessions were very well received.

There were no exception issues to report in Q3 for this sub-committee.

Organisational Development and People Sub-committee

The below update on staffing performance was noted and there were no exception issues to report in Q3 for this sub-committee.

CQC Domain	Reporting Topic	Quarter 3: October – December 2020
Safe	Appraisals	Amber
Safe and well-led	Continuing Professional Development	Amber
Safe	Statutory and Mandatory Training	Amber
Safe	Sickness absence	Green
Well-led	Staff survey	Amber
Safe	Turnover	Amber

The Tavistock and Portman
NHS Foundation Trust

Report to	Board of Directors
Report from	Education and Training Committee – 4th February 2021

Key items to note

The Education and Training Committee met in February conducting its normal business obtaining assurance and updates in relation to various work streams. This meeting was only an hour in light of COVID operational priorities. The committee particularly noted the following;

Recruitment
The committee noted the promising start to the recruitment cycle and the formalisation of the recruitment group, with responsibility for the whole recruitment cycle (planning, cycle and review), to build on the Trust's strength and performance, and a wish to consolidate.

AY20-21
The committee received an update on scenario planning for term 3 and AY202-22. The current arrangements of online teaching will be extended into term 3. We will be working to establish the implications for assessment and progression, as well as considering scenarios for how to bring the academic year to a close, e.g. by bringing in final year students to say farewell, and considering arrangements for AY2021-22.

Academic Freedom Policy
Simon Carrington, Head of Academic Governance & Quality Assurance, attended to discuss the proposed Academic Freedom Policy, which is a requirement of our registration with the Office for Students. The committee noted the research carried out in trying to develop a workable proposal. The committee considered the need for a Trust-wide policy and the amendments necessary.

DET Strategy
The committee noted the ongoing discussions around developing a DET strategy, including the implications of registration with the Office for Students.

Actions required of the Board of Directors

The Board of Directors is asked to note this paper.

Report from	Paul Burstow
Report author	Brian Rock, Director of Education & Training / Dean of Postgraduate Studies
Date of next meeting	04 March 2021

The Tavistock and Portman
NHS Foundation Trust

Report to	Board of Directors
Report from	Education and Training Committee – 4th March 2021

Key items to note

The Education and Training Committee met in March conducting its normal business obtaining assurance and updates in relation to various work streams. The committee particularly noted the following;

Recruitment
The committee noted that there has been a 41% increase in the number of applications received as compared to this time last year, with offers up 106% and offers accepted up by 110%. The Trust is at an early stage of the recruitment cycle, and momentum will build.

Systemic training for NHS staff
The committee received an update on focused funding received from HEE for systemic training for NHS staff from the psychological professions, focused on developing capability and service provision.

Complaint Investigation
The committee received an update on the investigation which is underway into complaints received in relation to a tweet posted from a library Twitter account. The library Team will consider further changes to policy and procedure that could ensure that prospective consideration is giving to acquisitions than simply having a more robust review process, should concerns be raised especially taking account of the rise of vanity publishing. This and the investigation report will be brought back to the committee for a discussion around lessons learned and any necessary changes to policy.

Covid-19 vaccination
The committee noted the work that had gone into offering the vaccine to visiting lecturers.

Office for Students
The committee received an update on the work undertaken since the Trust received confirmation of registration with the Office for Students in December, in particular the initial steps which have been taken to ensure the Trust is fully operational as a registrant. The committee considered and agreed the proposal that it become the forum for receiving formal updates of compliance with OfS requirements moving forward.

Library Acquisitions and Development Policy
Angela Haselton, Deputy Librarian attended to discuss the draft Library Acquisitions and Development Policy. The committee noted the welcome developments to the Library Acquisitions and Development Policy to include a route for members to raise concerns about materials they may find offensive, a procedure for considering any concerns, and a route for appeal, as well as a method to log new materials as they are added to the Library collection, to be reviewed at the Education & Training Executive quarterly.

KPIs and Data Reporting

The committee approved a proposal for reporting to the Board of Directors and KPIs. This framework of reporting will be more dynamic to reflect the different activities occurring at different points through the academic cycle.

Digital Academy Project

The committee noted that the Digital Academy is unlikely to achieve its recruitment target this financial year. This is disappointing but also reflective of the realities of operating in a competitive environment, and still represents a significant achievement for the Trust. The committee received an update on actions being taken to increase recruitment levels, including focusing on engaged B2B approaches, and working with partners to leverage their reach to new students.

The Committee discussed the recently established Development Forum, and the importance of having a space to discuss different modes of delivery and explore synergies, as well as looking at what we can learn, and how we can expand our reach, including through how we market existing courses.

Actions required of the Board of Directors

The Board of Directors is asked to note this paper.

Report from	Paul Burstow
Report author	Brian Rock, Director of Education & Training / Dean of Postgraduate Studies
Date of next meeting	06 May 2021

Report to	Board of Directors
Report from	Strategic and Commercial Committee – 26 January 2021

Key items to note

This paper provides an update to the Board from the Strategic and Commercial Committee on the three areas discussed by the Committee:

1. Business Development
2. Strategic Review
3. Contracts

Actions required of the Board of Directors

For noting

Report from	Helen Farrow
Report author	Julia Stacey, Associate Director of Business Development
Date of next meeting	Strategic and Commercial Committee 27 April 2021

Strategic and Commercial Committee Board Report

1. Business Development update

Julia Stacey, Associate Director of Business Development provided an update on the changeable business development environment and impact on health of the pipeline. The Committee discussed the strategic implications of needing to move from a more reactive approach (predicated on securing new income through tenders) to a more proactive approach (requiring direct approaches to income generation).

The four growth areas of Leadership, Workforce Wellbeing, Schools / Education and Vulnerable Groups were discussed. The Committee considered the risks and issues associated with needing to focus on developmental work, whilst undertaking the Strategic Review. It was agreed that emerging findings and learning from the Strategic Review need to be played into all new business opportunities, to ensure we are not inadvertently undermining the process moving forwards.

2. Strategic Review

Emily Buttrum and Julia Stacey, Programme Leads for the Strategic Review, presented the Committee with all reports that had been compiled for the Strategic Review to date, and an update paper setting out the progress of the Review, emerging themes and next steps to ensure we have in place what is required to manage the programme going forward.

It was recognised this is a complex programme of work, however the emerging themes showed clear areas to address. It was agreed a set of principles for the Review were required, which would be further discussed at the Board Seminar.

Please note: a separate Strategic Review update paper has been provided to the Board.

3. Contracts update

Amy Le Good, Associate Director of Contracts, gave an update on the challenging year 2020/21, which has been amplified by not having core contracts in place. The Committee discussed the potential risk of continuing to not have contracts in place for 2021/22 and how to engage NHS England and CCGs on this matter.

Activity was discussed and the impact of COVID-19 and remote working was acknowledged as a contributing factor, particularly within Gender services, and that structures to address issues may take some time to show meaningful improvements.

Report to	Date
Board of Directors	30 March 2021

Report on Audit Committee Meeting – 18 March 2021

Executive Summary

This paper highlights the key matters arising at a meeting of the Audit Committee held on 18 March 2021.

Recommendation to the Board

The Board is asked to note the report

Trust strategic objectives supported by this paper

Finance and Governance

Author	Responsible Director
Terry Noys, Deputy CEO and Director of Finance	David Holt, Chair of Audit Committee

HIGHLIGHTS OF A MEETING OF THE AUDIT COMMITTEE HELD ON 18 MARCH 2021

1. INTRODUCTION

1.1 A meeting of the Audit Committee ("Committee") was held on 18 March 2021.

1.2 This note highlights matters which the Committee thought should be brought, explicitly, to the attention of the Board of Directors.

2. MINUTES OF THE INTEGRATED GOVERNANCE COMMITTEE ("IGC")

2.1 The Committee noted from the IGC minutes the large amount going on in the Trust in relation to the review of the Trust's clinical services, notably in Gender but also more widely. The huge amount of work in terms of delivering the CQC action plan was highlighted.

2.2 The Committee also noted that there had been extensive discussion again about how the Trust used RAG ratings, triggered by the report from the Estates and Facilities sub-committee ("sub-committee") of the IGC having an overall red rating, due to two areas (Gas and Electrical) moving from Green to Red. The Committee noted that the IGC sub-committee had agreed to document clearly the requirements for an area to be labelled R/A/G as the current system was too influenced by the personal assessment of risk of key individuals. The Committee welcomed this action and hoped it would form part of the first stage of the Trust moving to a consistent Trust-wide use of RAG ratings.

3. TENDER WAIVERS

3.1 The Committee noted the increased use of consultants outside of formal procurement frameworks. Whilst noting that there were instances where frameworks were not appropriate, the Committee commissioned internal audit to formally review the procurement processes of the Trust in this area.

4. ANNUAL REPORT AND ACCOUNTS ("AR&A")

4.1 The Committee noted the intention to suggest to the Board that it delegate authority to the Committee for the final, formal approval of the AR&A.

4.2 It was noted that for the March Board the report of the Chief Executive would include a section on key themes to be addressed by the AR&A.

4.3 In discussing this latter point, the Committee highlighted several themes which it considered should be highlighted being:

- GIDS / Judicial Review / CQC
- Covid 19
- Diversity and Inclusion
- Future strategic direction.

4.4 In terms of the financial statements, it was noted that the Trust was proposing to change the basis on which it valued its property assets, moving from an Existing Use Value ("EUV") basis to one of Depreciated Replacement Cost. The latter is the more common treatment in the NHS. The rationale for the change was the lack of transactions for benchmarking purposes, which is required for EUV. The Trust had engaged the external auditors, Mazars, in a discussion about the proposed change. The impact of the change is not expected to be significant.

4.5 There was also a further discussion around income recognition, given that much of the income for this year was provided to the Trust from the centre and was not formally tied to any particular contract. Mazars noted that their approach would be centred on how the Trust allocated these monies across its various activities.

5. LOCAL COUNTER FRAUD SERVICE

5.1 The annual plan for 2021/22 was approved.

5.2 Progress relating to the credit card fraud perpetuated on the Trust was also noted.

6. INTERNAL AUDIT

6.1 RSM had indicated that their Head of Internal Audit opinion would be the second highest ranking (out of four). This is consistent with prior years and is considered a good outcome for the Trust, given given the significant internal and external pressures that the Trust has faced in the past 12 months.

The Tavistock and Portman
NHS Foundation Trust

AGENDA

BOARD OF DIRECTORS – PART ONE
MEETING HELD IN PUBLIC
TUESDAY, 30th MARCH 2021, 2.00pm – 4.40pm, meeting held online

		Presenter	Timing	Paper No
1 Administrative Matters				
1.1	Chair's opening remarks and apologies	Chair	2.00pm	Verbal
1.2	Board members' declarations of interests	Chair		Verbal
2.3	Minutes of the meeting held on 26th January 2021	Chair		1
2.4	Action log and matters arising	Chair		Verbal
2 Operational Items				
2.1	Chair and Non-Executives' Reports	Chair and Non-Executive Directors	2.10pm	Verbal
2.2	Chief Executive's Report	Chief Executive	2.20pm	2
2.3	Finance and Performance Report	Deputy Chief Executive / Director of Finance	2.30pm	3
3 Items for decision/approval				
3.1	Quality Priorities 2021/22	Associate Director Quality & Governance	2.40pm	4
4 Items for discussion				
4.1	NHS Staff Survey 2020	Interim Director of Human Resources	2.50pm	5
4.2	Board Objectives & Board Assurance Framework (BAF) 2021/22	Chief Executive	3.00pm	6
4.3	Operational Risk Register	Associate Director Quality & Governance	3.20pm	7
4.5	GIDS Transformation Programme	Divisional Director Gender Services	3.30pm	8
4.6	Academic Freedom Policy	Operations Director of Education & Training	3.50pm	9
4.7	Board appointments and roles	Chair	4.05pm	10
5 Items to note				
5.1	Serious Incidents Annual Report	Medical & Quality Director	4.15pm	11
6 Board Committee Reports				
6.1	Integrated Governance Committee	Committee Chair	4.25pm	12

		Presenter	Timing	Paper No
6.2	Training and Education Committee	Committee Chair	4.30pm	13
6.3	Strategic and Commercial Committee	Committee Chair	4.35pm	14
6.4	Audit Committee	Committee Chair	4.40pm	15
7 Any other matters				
7.1	Any other business	All		
8 Date of Next Meeting				
	18th May 2021, 2.00pm – 4.00pm – Online meeting			