



The Tavistock and Portman  
NHS Foundation Trust

## **Council of Governors Part One**

**Agenda and papers of a meeting to be held in public**

**Thursday, 9<sup>th</sup>  
June 2022**

**For timings  
please refer to  
the agenda**

**COUNCIL OF GOVERNORS – PART ONE  
MEETING HELD IN PUBLIC  
9 June 2022, 2.00pm – 3.50pm  
The Tavistock and Portman NHS Foundation Trust  
Online via Zoom**

**AGENDA**

		<b>Presenter</b>	<b>Timing</b>	<b>Paper No</b>
<b>1 Administrative Matters</b>				
1.1	Chair's opening remarks and apologies	Chair	2.00pm	Verbal
1.2	New Governor Introductions	Chair		Verbal
1.3	Council members' declarations of interests	Chair		Verbal
1.4	Draft minutes of the meeting held on 10 March 2022	Chair		1
1.5	Action log and matters arising	Chair		Verbal
<b>2 Operational Items</b>				
2.1	Governor Feedback	All Governors	2.10pm	Verbal
2.2	Chair's Report	Chair	2.20pm	Verbal
2.3	Chief Executive's Report	Chief Executive	2.30pm	2
2.4	Membership	Communications and Engagement Manager	2.50pm	
2.4	Finance and Performance Report	Deputy Chief Executive / Director of Finance	2.55pm	3
<b>3 Items for discussion</b>				
3.1	Governor engagement and support	Chair	3.05pm	Verbal
3.1	Gloucester House	Gloucester House Headteacher	3.20pm	4
<b>4 Any other matters</b>				
4.1	Any other business	Council Members	3.40pm	Verbal
4.2	Questions from the Public	Public	3.45pm	Verbal
<b>5 Date of Next Meeting</b>				
	Thursday, 08 September 2022 – Meeting timings and venue to be confirmed			

COUNCIL OF GOVERNORS

# PART ONE

MEETING HELD IN PUBLIC

10 MARCH 2022, 2.00pm – 4.00pm

The Tavistock and Portman NHS Foundation Trust

Online via Zoom

## DRAFT MINUTES

### Present

Paul Burstow .....	Trust Chair
Jessica Anglin D’Christian .....	Staff Governor
Michael Arhin-Acquaah.....	Public Governor
Sheena Bolland .....	Public Governor
Kathy Elliot .....	Lead/Stakeholder Governor
Badri Houshidar .....	Staff Governor
Julian Lousada .....	Public Governor
Freda McEwan .....	Public Governor
Michelle Morais .....	Public Governor
Kenyah Nyameche .....	Public Governor
David O’Mahony .....	Stakeholder Governor
Richard Murray .....	Public Governor
Michael Rustin .....	Public Governor

### In Attendance

Kate Bermingham .....	Communications & Engagement Manager
Debbie Colson .....	Non-Executive Director
Jenna Davis.....	Interim Head of Corporate Governance
Helen Farrow.....	Non-Executive Director
Fiona Fernandes.....	Business Manager Corporate Governance
Amanda Hawke .....	Business Manager for Chief Executive & Chair
David Holt .....	Non-Executive Director
Paul Jenkins.....	Chief Executive
David Levenson .....	Non-Executive Director
Terry Noys .....	Deputy Chief Executive/Director of Finance
Helen Robinson.....	Interim Director of Corporate Governance
Brian Rock .....	Director Education and Training
Ian Tegerdine .....	Interim Director of Human Resources
Alastair Dickins.....	Minutes

### Apologies

Paru Jeram .....	Staff Governor
Aruna Mehta .....	Non-Executive Director
Jane Perry .....	Stakeholder Governor
Shalini Sequeira.....	Non-Executive Director

**1 Administrative Matters**

**1.1 Chair’s opening remarks and apologies**

Prof Burstow welcomed all those attending the meeting. Apologies were noted as above.

**1.2 Council members’ declarations of interests**

There were none.

**1.3 Draft minutes of the meeting held on 9 December 2021**

Approved with no changes.

**1.4 Action log and matters arising**

AP	Item	Action to be taken	Progress	Resp	By
1	1.3.3	Email accounts to be provided for the governors with the distribution of the policy on email and social media use.”	This is with the IT department	FF	As soon as possible
2	1.4	Arrange a joint meeting for Directors and Governors on the Integrated Care System.	This will be arranged before June. Once the Bill is passed there will be more information.	HR	By June 2022
3	2.3.8 Comment 1	Provide an update to the Council on the Trust’s international teaching programmes.	Completed: on the agenda for this meeting	BR	Next Governors’ meeting
5	2.3.8 Comment 3	Circulate to the Governors: <ol style="list-style-type: none"> <li>1. A paper from the last Board which lists the current priorities and milestones</li> <li>2. Colour Brave Avengers Report</li> </ol>	Completed	PJ	Next Governors’ meeting

AP	Item	Action to be taken	Progress	Resp	By
6	2.3.8 Comment 4	Brian Rock to report to the Council on the benefits of virtual teaching vs in-face teaching.	Completed: on the agenda for this meeting	BR	Subsequent Governors' meeting
7	4.1.6	Consultation document to be circulated to Governors.	Completed	PJ	Launch of consultation

## 2 Operational Items

### 2.1 Governor Feedback

Kathy Elliot said the Governors found it helpful to meet for an hour before this Council meeting. Governors want to raise the following items:

1. **Interim Cass review report:** the Governors request a briefing and time to discuss this in a future meeting.

Paul Burstow replied Paul Jenkins will include this in the Chief Executive's report.

2. **Agendas and papers, Trust email accounts:** Governors experienced problems from errors in the agenda and the late distribution of papers. Some governors have problems using their Trust email account.

Paul Burstow replied this could be included when the Governance Review is discussed today.

3. **Strategic Review:** Governors want to discuss the issue of accountability, when it is the Board's role to make decisions and the Governors' role to evaluate those decisions.

Paul Burstow replied this can be discussed in Part 2.

4. **Relationships and communications with members:** the Governors welcomed the circulation of the first newsletter in some time. They have some questions to raise in the agenda item on membership.

5. **Resignation of John Carrie as Vice Chair of the Council of Governors:** The Governors expressed their thanks for his contributions of John Carrie, who has resigned due to ill health.

Paul Burstow agreed. He has received Dr Carrie's resignation, and had sent him a letter to express thanks for his work and wish him a good recovery.

## 2.2 Chair's Report

Paul Burstow said the Strategic Review and Governance Review have been a focus of his work and the Board's. He is continuing to engage with partners in the ICS, including the Chair and Chief Executive. He has been meeting London Region, who are particularly interested in this Trust's recruitment of a new Chair.

- a) Michael Rustin asked for more details about the conversations with ICS.

Paul Burstow replied that firstly the ICS was asking about our ability to deliver the Strategic Review, and what support the ICS can provide to help a small organisation to fulfil its potential. Secondly, there is an expectation on all NHS provider organisations to work in partnership with one another. There are no definitive proposals on this yet.

- b) Michael Rustin asked if the Vice Chair will be elected from among the existing Governors.

Paul Burstow proposed to hold the election for Vice Chair at the June meeting, to give people time to consider. He said it was the Governors who elect one of their number to be Vice Chair.

## 2.3 Chief Executive's Report

Paul Jenkins said he would take his report as read.

### 2.3.1 Interim Report of the Review by Dr Hilary Cass, and GIDS

Paul Jenkins said Dr Cass has today published her interim review of gender identity services for children and young people, with the final report expected at the end of this year. She is evaluating wider issues of service models, and the challenges around gender services.

Her first main point is that for an area of need where demand has grown so significantly it is not a sustainable model to have a single national provider. Mr Jenkins agrees with this. She recommends that all providers should have a consistent approach, and standard operating procedures. The work to get even basic new services up and running is behind schedule. There are opportunities for our involvement in design, training and development. A big challenge will be where to get a workforce to deliver those services, given the recruiting shortage in this area and the NHS generally.

Her second main point is the importance of further strengthening the decision-making process for young people, to make them more consistent and more transparent. She supports the continuation of multi-disciplinary review group. She suggests some shifts: greater emphasis on differential diagnosis, and much more explicit reasons for recording why people are being prescribed puberty-blockers.

Her interim report includes much re-presentation of the controversy and ebbs and flows of this debate over recent years. She has made no judgements yet about changing frameworks. She is trying to bring a rational scientific basis to the efforts to provide a consistent and standardised approach to a new area of practice, and capture more data, for example asking for prospective consent from patients for their outcome data be used.

The second phase of her work will be more challenging, where she gets close to the core issues of controversy. The Trust supports the general direction of travel.

- a) Kathy Elliot asked if the Governors could be briefed on this before the next meeting.
- Paul Jenkins replied that Dr Cass has so far delivered recommendations not actions, so he is not sure of the value of a session yet, but that can be reviewed. One reason the forthcoming Quality Summit has been postponed is because the CQC recognised that the report brings a lot of new challenges which need to be worked; Paul Burstow added that another reason for the postponement was their acknowledging the progress the Trust has made.
- b) Michael Rustin said one weakness of the GIDS programme is that there are no accompanying validated postgraduate programmes. Those exist in other areas and provide valuable data. Since we are losing work as the sole provider, we could become leading educators and trainers in this sphere. He proposed a validated masters and doctoral programme.
- Paul Jenkins said that was a valid point, and the challenge would be finding capacity. He forecasts we will have a major role in training the wider workforce, some of which is already being identified, and we also should be taking the opportunity to do more academic work. Paul Burstow added that academia has not been immune to the polarisation seen in the public debate on gender issues.

### 2.3.2 Covid

Paul Jenkins said the recent developments are that the news has moved on to other things. New cases are falling off, but the whole system is under pressure. There are some increasing mental health conditions. The Infection Protection Control guidance is still imposing restrictions on what can and can't be done in parts of the building. We do need to find a way to return to teaching at scale on the premises.

In December, the biggest issue facing the NHS was VCOD (Vaccination as a Condition of Deployment). The Government has changed position on that, so the issue of how to redeploy staff who refuse to be vaccinated has gone. There is still a depth of feeling about VCOD. It is still really important to keep a high vaccination rate, which is currently about 90%.

#### (AP2)

- a) Richard Murray noted the strong feelings around VCOD and asked if matters affecting staff morale could be highlighted when they are discussed. Paul Jenkins said it was difficult to disaggregate the issues affecting staff morale. He said the strength of feeling was palpable in that staff meeting, and other colleagues report a similar experience.
- Paul Burstow noted that the Government's change of policy was associated with the lower perceived risk of the current variant, and that the situation might change.

### 2.3.3 DET activity returning to the building

Brian Rock spoke to his report.

In relation to the return to face-to-face, 2020 early on we put all provision online via Zoom. Staff were creative in finding solutions, and students appreciated the continuity of provision.

Students are now giving feedback about some problems. We have been working to do as much in-person as possible taking account of the requirements on us as an NHS body, such as staying two metres apart, and limiting group size to ten. Our experience of bringing students back means that it's

not a full cohort for any activity, so we are planning to improve our hybrid provision across the Trust. People want to exercise their choice over the delivery method, and we have to provide equity of experience and a good service for everyone.

We have created a working group, with representation across the Trust, to build on the work we were doing last year.

Where we can, we aim to shift the balance of provision significantly in the third term, which needs ICS approval because we would be putting in place a set of provisions that are out of step with the rest of the organisation. Proposals to mitigate the risk of infection include using separate entrances, cordoning off areas specifically for teaching, wearing masks in building, Covid testing, submitting an outbreak plan to the Department of Education, and increasing capacity gradually over time.

We have come a significant distance since December. We are not a typical provider. We don't have the space available to a university, so we are looking to use other buildings. We want to have an in-person graduation ceremony on May 7, which is still being explored.

The Council noted the reports.

## **2.4 Finance and Performance Report**

Mr Noys introduced his paper noting that for the 10 months ended 31 January 2021 the Trust recorded a net deficit of £4.9m on income of £48.9m.

The deficit was an improvement on the forecast made in December which had indicated a net deficit of £6.3m.

Mr Noys noted that whilst the improvement in the deficit was welcome, the main driver of the improvement was the ongoing struggle of the Trust to recruit staff – which was not a positive.

Paul Burstow highlighted that the struggle to recruit staff was an NHS-wide issue and not just a problem that affected the Trust.

My Noys continued that for the full year, The Trust was forecasting a deficit of around £6.5m to £7m—an improvement on the figure of £8.8m communicated to the Council in December.

My Noys noted that all of the figures quoted by him excluded any non-recurring items.

My Noys continued that, as a result of the improvement in the actual and forecast deficit, cash balances at the end of January were around £13m and were forecast to be around £10m at the year end.

The report was noted. There were no questions.

## **3 Items for discussion**

### **3.1 Race Equality Strategy**

Ian Tegerdine highlighted from his report:



- 1) Based on our consultants' advice decided not to start the project with a big launch, rather to focus on the plan. The Race Equalities Strategy is a companion to a broader equality plan and a people plan.
  - 2) There is a clear implementation plan with deadlines.
  - 3) We have established a People Organisation Development Equality, Diversity and Inclusion committee which absorbs the existing EDI committee. Under it is a race accountability group. This provides much clearer lines of accountability. We know through our staff survey and other mechanisms that our black, Asian and minority ethnic group staff report having a much worse experience working for the Trust than our majority white staff.
  - 4) Paul Burstow said that while the Trust has a long way to go to become an anti-racist organisation, the data do show improvements in some areas.
- a) Kathy Elliot said we can clearly see the governance, which is reassuring. She asked if it would be appropriate for key actions and data on their impact to be reported routinely at Council meetings.

Paul Burstow replied that it would, through the People Organisation Development Equality, Diversity and Inclusion committee. There will also be a further external assessment of the impact.

**(AP3)**

- b) Kenyah Nyameche asked what data is there relating to race.

Ian Tegerdine replied there is a summary of the data in the early pages of the report, from staff surveys, workforce race equality reports, and from workgroups and questionnaires run by our external consultants. We publish race data every year, and will shortly publish to staff the survey data which analyses staff experience by race.

Paul Burstow added that we use that data as the baseline for judging progress.

- c) Julian Lousada asked if he could be emailed the document because he couldn't access it in the bundle.

**(AP4)**

- d) Jessica Anglin d'Christian said she thought a lot of thought had gone into the strategy. She thanked the Board and SMT for listening and responding to issues as they are raised by minority ethnic staff members.
- e) Richard Murray said it would be helpful if the data were less granular than 'black' and 'Asian', if that can be done without compromising individual identities.

Ian Tegerdine agreed. He acknowledged that the Trust would benefit from improving the quality of data, and said that is one of the Race Equality Strategy objectives.

Paul Burstow said that it was important that the reporting shows areas of under-performance, which might otherwise be obscured if only average values are reported.

The report was noted.

### 3.2 Board Governance Review

Paul Jenkins said the Trust had commissioned an external report into whether its systems of governance are fit for purpose and aligned to the Trust's aims. The report was considered by the Board in January. The consultants did find areas of weakness in our systems and approach, and they

made recommendations which included investing in development work at the Board, and involving the Council to get the right culture in which the Governors both challenge and support the Board. In particular:

1. There has been raggedness around governance system, reflecting the thinness of resource.
2. Because of the number of issues which have had to be looked at in the Strategic Review, I will be looking to strengthen resources later in the year.

I have taken short term steps to increase capacity appointing Jenna Davies as a full time Interim Director of Corporate Governance.

A significant area of development needs to be done around the committee supporting the Board. It does a lot of the work providing detailed scrutiny and assurance. Some parts of our committee structure work well, others not so well. He will update the committee having oversight for quality, patient safety and performance of clinical services. Aruna Mehta will be the new chair, with a Non-Executive Director taking leadership for that area of work.

He aims to create a more unified system, avoid duplication, and have greater consistency in how the work is done, for example risk management and the structure of agendas.

The consultants evaluated that we have the capacity and attitude to make these improvements.

There is a tension in a small organisation between what would be an ideal governance structure, and the relatively small number of people who have to do the work of the committees and the preparation for them. We need to design things sensibly to avoid duplication, and concentrate on what's important for oversight and assurance.

Paul Burstow added that we asked for this review because it's good practice, and in preparation for a review we expect to have by the Care and Quality Commission. The review acknowledges that we were facing a particularly challenging time when they made their observations of us.

Paul Burstow quoted from the consultants: "I think it's worth noting the context in which we undertook the review, which was a time of considerable pressure and external scrutiny for the Trust, who were also pursuing a number of internal and national agendas at the same time. We've been able to make a lot of progress whilst undertaking this review. The thing we observed most often was the energy and positivity and the constancy with which you were attacking the work you had in front of you. It is a sign of the healthy ambition that you have got, to take on board our recommendations, to learn and improve as a Board."

Kathy Elliot welcomed all the work that's being done and said the Governors would be happy to help the process.

PB We are scoping a Board development programme including its relationship with the Council.

Paul Jenkins' report was noted.

### 3.3 DET International Work

Brian Rock spoke to his report.

- a) Michael Rustin offered his appreciation of the report and asked whether there is further potential for development based on the capabilities and interests of staff.

Brian Rock replied that his understanding of working in this area is about size and scale. The economics have always been difficult, for example the cost of managing contracts with other organisations. If there are strategic intention and resources from the Board, then such a meeting would be useful.

Paul Burstow said this report could usefully be considered by the department for education and training, and the Governors might return to Brian's report for future discussion

- b) Kathy Elliot thanked Brian Rock for the report. She valued that it concisely summarised the history and future direction.
- c) Richard Murray asked if are there any further plans for more work with the Moscow Institute Psychoanalysis, considering the embargoes being applied to Russia. Brian Rock replied that we have been asked to consider further work with the Moscow Institute. He will follow due process: if the committee which evaluates new business proposals approves further work, this will be referred upwards in the usual way.

He asked if we are directing sufficient resources to developing overseas markets.

Brian Rock replied that we have used a consultant to help manage the work during the pandemic. If there were a commitment to build in this area, he would consider what resources would be required to achieve that.

- d) Michael Rustin said that online delivery makes things easier and is a potential resource for us. He asked how many of our existing courses are marketable.

Paul Burstow noted the suggestion for future consideration.

### 3.4 Membership

Kate Bermingham said that the Governance Review recommended that the Trust develop a plan for membership engagement. In February she re-launched the quarterly membership newsletter, which can be accessed by signing up at

<https://tavistockandportman.nhs.uk/about-us/get-involved/become-a-member/membership-application-form/>

She will be gathering information from internal stakeholders, and the members via a survey, and possibly focus groups. She aims to have a draft communications plan ready by the summer. The main points will be:

1. Improving member communications
2. Improving membership engagement
3. Representation, including EDI characteristics#
4. Strengthening links between the membership and the Council of Governors

- a) Michael Rustin said this is absolutely terrific, and long needed. What can we offer to the members to give them a flavour of what the Tavistock is about? He was sorry that the members had not been informed of the Strategic Review. He suggested Governors should get involved with this work.

Kate Bermingham replied that there will be a membership committee, and she would welcome the Governors attending that.

- b) Julian Lousada said it was very good initiative, and it was a pity that the Newsletter had not mentioned the Strategic Review.

- c) Kathy thanked the Governors for their feedback to her about wanting to know more about the membership. She thanked Kate for involving her in making this plan.

She will put Kate in contact with person who has just completed the membership strategy for UCLH, and share the mental health review information for members of the mental health Trust.

**(AP5)**

- d) Richard Murray expressed his support and enthusiasm for the plan, and thanked Kate Bermingham for such a succinct and focussed update.

Paul Burstow said that, probably at the June meeting of the Council, the new communications committee should be formalised.

**(AP6)**

## **4 Any other matters**

### **4.1 Any other business**

- 4.1.1 Kathy Elliot thanked Governors for using the chat to remind her of points to raise.

- 4.1.2 Kathy Elliot noted that this is Paul Burstow's last Council of Governors meeting. She thanked him for the respect he has shown to people who are interested in the NHS and Tavistock and Portman is greatly appreciated. The fact that there is discussion, and people are appreciative of the reviews, and how you've wanted to leave the Trust stronger.

Paul Burstow thanked her for her comments.

### **4.2 Questions from the public**

None.

## **5 Time and place of next meeting**

Thursday, 9 June 2022—meeting timings and venue to be confirmed.

The meeting closed at 16:02.

Report to	Date
Council of Governors	9 <sup>th</sup> June 2022

Chief Executive's Report

**Executive Summary**

This report provides a summary of key issues affecting the Trust.

**Recommendation to the Board**

The Council are asked to note and discuss this paper.

**Trust strategic objectives supported by this paper**

All

**Author** **Responsible Executive Director**

Chief Executive Chief Executive

## Chief Executive's Report

### 1. Trust Chair

- 1.1 On May 6<sup>th</sup> the Council of Governors approved the appointment of John Lawlor as the Trust's new Chair. John takes up his role on 6<sup>th</sup> June.

### 2. Executive appointments

- 2.1 There have been a number of recent changes in the Executive Team.
- 2.2 Chris Caldwell has left to take up the role of the Chief Nurse Officer at the North Central London ICS. Jenny Goodridge, the Director of Nursing and Director of Quality at North Central London CCG will be joining the Trust on secondment as Chief Nursing Officer and Director of Quality.
- 2.3 Ian Tegerdine who has been in post since February 2021 as our Interim Director of HR, has now reverted to his substantive role at the end of May. Helen Farrington, formerly Chief People Officer at Lancashire and South Cumbria NHS Trust has joined the Trust as our interim Chief People Officer.
- 2.4 Dinesh Sinha has been appointed as Chief Medical Officer at Sussex ICS. We have appointed Dr Caroline McKenna as interim internal Chief Medical Officer.
- 2.5 Brian Rock will be leaving the Trust at the beginning of July to take up a senior role at Kouth, a digital mental health provider. A process is underway to appoint a successor.
- 2.6 As I have previously notified the Council I have shared with staff my intention to retire from the NHS at the end of September. John Lawlor will be leading a process to appoint a successor.
- 2.7 The Board has recognised that this level of change is unsettling for the organisation and is focused on taking firm action to cover gaps in senior leadership.

### 3. Strategic Review

- 3.1 The Trust has consulted staff on the proposals for change stemming from the Strategic Review. The consultation was open for staff responses for a total of 56 days from 31 January to 28 March 2022. Since then, we have been focusing on reviewing staff responses and considering a range of alternative proposals.
- 3.2 The formal response from Staff Side and regional Union representatives was received on 28 March and discussed in detail during our meeting on 29 March. The Trust submitted a response to Staff Side colleagues on 6 April, for further discussion on 7 April. We are continuing close engagement with Staff Side colleagues during the next stages of the process.

3.3 The Board has now considered and agreed a set of alternative proposals to those which we put out for consultation. These are due to be shared with staff in the week commencing 13<sup>th</sup> June.

3.4 A further item on the review is included in the Part 2 agenda.

#### **4. SOF 3**

4.1 The Trust has now moved formally from segment 1 to segment 3 of the System Oversight Framework (SOF 3). The change reflects that, as relatively small organisation, the Trust is facing a number of challenges relating to:

- Our future strategy including the implementation of the Strategic Review and future options for our estates.
- Our financial performance
- Leadership and Governance including the implementation of the Well
- Quality improvement and performance, including the transformation agenda for GIDS.

4.2 With the move to SOF 3 the Trust is being provided with a package of mandated support to ensure that we have the capacity to address the challenges we are currently facing and are in the process of agreeing with the ICS and other stakeholders a set of exit criteria which, when achieved, will enable the Trust to move back to a higher rating. When agreed we will share this document with the Council.

#### **5. Board Governance Review**

5.1 Work continues with the implementation of the Board Governance Review. In particular action is being taken to mobilise the updated Board Committee structure.

5.2 As part of this the new People Organisational Design Equalities, Diversity and Inclusion Committee (PODEDI) has met on two occasions adding an important new strand of the Trust's Governance with a focus on the oversight of people and workforce issues.

5.3 The Board of Directors will hold an additional meeting at the end of June to sign off formally the terms of reference for all the new and revised committees.

#### **6. UCL Health Alliance**

6.1 We have previously highlighted the creation of a collaborative health alliance between providers in North Central London. The alliance exists to create a structure which will allow the delivery of initiatives agreed across providers in the ICB.

6.2 The Board of Directors considered a paper at its May meeting seeking support to formalise the organisational and governance arrangements for the Alliance. We are exploring areas in relation to training and education, workforce and research where the Trust may have a particular role to contribute to the work of the Alliance.

- 6.3 We are planning to organise an extended session on the ICB and other issues related to the development of integrated care as part of the Council of Governors meeting on 8<sup>th</sup> September.

## **7. Freedom to Speak up Guardian**

- 7.1 As Governors will have seen the Trust's Freedom to Speak up Guardian, Sarah Stenlake, presented her annual report to May meeting of the Board of Directors.
- 7.2 The Board of Directors accepted the recommendations in the report to deliver improvements in the Trust's procedure and practice with a particular focus on ensuring timely feedback and action as a result of the raising of issues.

## **8. GIDS**

- 8.1 Since the last meeting of the Council of Governors there have been a number of important developments relating to GIDS.
- 8.2 The Supreme Court has refused permission for the claimants to appeal the judgment made by the Court of Appeal in September on the Judicial Review about the ability of young people under the age of 18 to consent to treatment with puberty blockers. This marks the end of this legal process.
- 8.3 At the same time a separate Judicial Review brought against NHS England by the Good Law Project and a number of other organisations has been granted permission to be heard. The Trust is named as an interested party but with no obligation for us to be involved actively in the legal process. At present the balance of advice from our lawyers is that we should not do so.
- 8.4 The JR claim relates to the length of time young people are waiting for treatment. It also challenges the MPRG process.
- 8.5 On 23<sup>rd</sup> April there was a front-page story in the Times reporting interest from the Secretary of State for Health and Social Care around gender care. The story referred to the Secretary of State instituting a further inquiry into this area of care. It has been subsequently confirmed that there is no intention to establish a further inquiry beyond the Cass Review.

## **9. Return of students to the building**

- 9.1 Following the easing of the national picture in relation to the pandemic, we have been delighted to welcome many students back to our Trust building for in-person teaching this summer term. With the need to continue applying our infection prevention and control measures, we have needed to plan carefully to ensure we make suitable



arrangements. We have received permission from the CQC to reduce our social distancing requirements from 2 metres to 1 metre, within teaching venues only. This has enabled us to bring more activities back to the building, while retaining the 2-metre distancing regulations for the rest of our building.

- 9.2 We have needed to make allowances for students and teaching staff who have clinical vulnerabilities and are therefore unable to travel to the building. This has meant 'hybrid' delivery on occasion, with a mix of in-person and online attendance. We have been closely monitoring feedback from our students and staff and have been providing extra support for our students to deal with enquiries and resolve teething issues. Initial student feedback shows a very positive response to sessions which are conducted entirely face-to-face or entirely online. Feedback for our hybrid sessions have been more mixed to date, in particular indicating a preference for teachers to be in the room rather than online, when students are in the building.
- 9.3 We are also using the experience of this term's teaching to begin the process of planning for next academic year, to ensure we provide an excellent student experience. With the teaching rooms and their equipment being used regularly for the first time in two years, we have had a number of issues arise. DET is working closely with Estates and Informatics to ensure that we improve our facilities where possible.

## 10. Graduation

- 10.1 Saturday 7<sup>th</sup> May saw our Trust's annual graduation ceremony – the first held in-person since 2019, and the first one to be held at the People's Palace, Mile End.
- 10.2 Graduation is the best day of the academic year, but this year's celebration stood out for all sorts of reasons. We were able to confer awards for more graduands than ever before, including some of those who completed during the previous two years and who had opted to wait for a return to an in-person ceremony. With our normal venue of the Institute of Education being out of action because of refurbishment works, we needed to find a new venue at short notice. The People's Palace worked remarkably well, thanks in no small part to DET's graduations team who were able to ensure the event went very smoothly and was thoroughly enjoyed by all.
- 10.3 Jacqui Dyer, MBE, was awarded an honorary doctorate, and spoke with passion and inspiration about the influences of personal adversity. A posthumous honorary doctorate was awarded to our respected, admired and loved colleague Mike Solomon, with the award so graciously and movingly accepted by his widow, Hilary. It meant so much to see so many key guests and dignitaries, including John Macklin (UEL), Annecy Lax (Essex), Kenyah Nyameche and Freda McEwen (our governors).

## 11. Membership communications update

- 11.1 We published the second Members' Newsletter on Friday 13 May. The lead article was 'John Lawlor to chair the Tavistock and Portman NHS Foundation Trust' and the edition included introductions from several new governors.

- 11.2 The membership survey has now closed, receiving over 130 responses, which will help us shape our upcoming Membership Engagement Strategy. The results of the survey have been separately circulated to members of the Council.
- 11.3 This Strategy will be drafted over the Summer, in consultation with the Council of Governors, and will be submitted for approval at the September Council of Governors meeting.

Paul Jenkins  
Chief Executive  
6<sup>th</sup> June 2022

Report to	Date
Council of Governors	9 June 2022

Finance and Performance Report	
<b>Executive Summary</b>	
<p>This paper summarises the results for the year ended 31 March 2022. The results are still subject to audit.</p>	
<b>Recommendation to the Board</b>	
The Council of Governors is asked to note the report	
<b>Trust strategic objectives supported by this paper</b>	
Services / Growth and Development / Finance and Governance	
<b>Author</b>	<b>Responsible Executive Director</b>
Terry Noys, Deputy CEO and Director of Finance	Terry Noys, Deputy CEO and Director of Finance

## (UNAUDITED) RESULTS FOR THE YEAR ENDED 31 MARCH 2022

### 1. INTRODUCTION

- 1.1 This paper summarises the results for the year ended 31 March 2022.
- 1.2 The results are still subject to audit.

### 2. INCOME AND EXPENDITURE

#### Operating Performance

	Budget	Q3 Forecast	Actual
	£'000	£'000	£'000
Income	57,375	59,546	64,069
Staff costs	(49,186)	(48,128)	(49,321)
Non-staff costs	(13,967)	(16,657)	(18,929)
Operating deficit	(5,778)	(5,239)	(4,181)
Non-operating costs	(2,495)	(2,201)	(2,419)
Deficit before 'non-recurring' costs	(8,273)	(7,440)	(6,600)
'Non-recurring' costs	-	(7,080)	(5,716)
Deficit after 'non-recurring' costs	(8,273)	(14,520)	(12,316)

- 2.1 The draft result for the year is a deficit – before 'non-recurring' costs – of £6.6m, compared with a deficit of £7.4m forecast in December and a Budgeted deficit of £8.3m.
- 2.2 Staff costs are broadly as per Budget, although the actual result includes additional staffing costs, reflecting new Health Education England monies.
- 2.3 Income is higher than Forecast and Budget due to the HEE income and centralised funding for pensions.
- 2.4 Non-staff costs are higher than anticipated due, principally, to the reallocation of Relocation-related expenditure from capital to revenue.

### **Non-Recurring Costs**

2.5 These relate to the write off of the fixed asset relating to Relocation of £3.4m and for other provisions including any potential redundancies as a result of the strategic review.

### **3. BALANCE SHEET AND CASH FLOW**

3.1 Cash balances at 31 March 2022 amount to £14.8m which is significantly ahead of Budget. This reflects the facts that the deficit before non-recurring items is smaller than Budgeted; that any cash payment relating to the non-recurring items will occur post year end; and that the Trust received additional funding for capital expenditure (which was, in any case, lower than Budget).

The Tavistock and Portman   
NHS Foundation Trust

**MONTHLY FINANCE AND PERFORMANCE REPORT**

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Period 12

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£000	Q3 Fcst	Actual	Variance	Var %
INCOME	59,546	64,069	4,523	8%
PAY	(48,128)	(49,321)	(1,193)	2%
NON-PAY	(16,657)	(18,929)	(2,271)	14%
<b>EBITA</b>	<b>(5,240)</b>	<b>(4,181)</b>	<b>1,058</b>	<b>(20%)</b>
Interest receivable	0	5	5	
Interest payable	(32)	(31)	1	(3%)
Depreciation	(1,760)	(1,957)	(197)	11%
Dividend	(409)	(435)	(26)	6%
<b>Net Surplus /(Deficit)</b>	<b>(7,441)</b>	<b>(6,600)</b>	<b>841</b>	<b>(11%)</b>
<b>Exceptional costs</b>				
Relocation impairment	(4,800)	(3,436)	1,364	(28%)
Provisions (redundancy etc)	(2,280)	(2,280)	0	0%
<b>Total Exceptional costs</b>	<b>(7,080)</b>	<b>(5,716)</b>	<b>1,364</b>	<b>(19%)</b>
<b>Deficit</b>	<b>(14,521)</b>	<b>(12,316)</b>	<b>2,205</b>	<b>(15%)</b>

(2,201)

**Income** 4,523 above plan

HEE / NCL late period revenue and funding for Employers' NIC contribution (£1,954k)

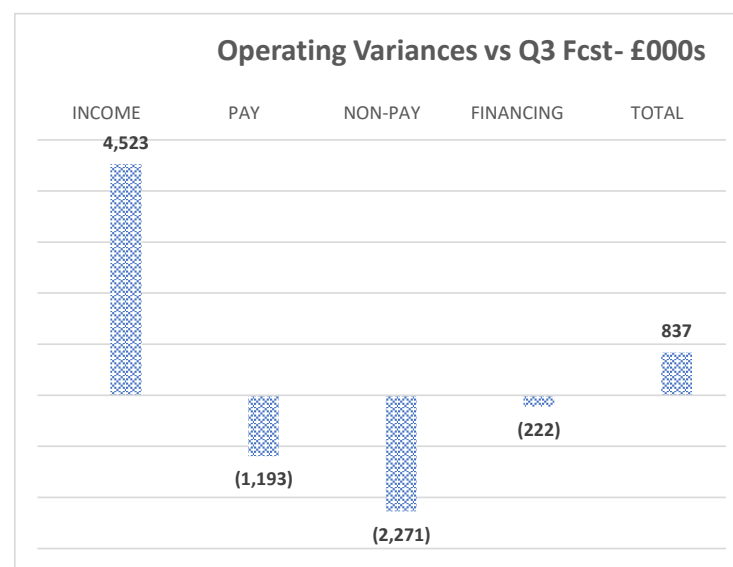
**Pay costs** (1,193) less than plan

Allocation of central funding for 6.3% employer's pension contribution and cost provisions re HEE/NCL funding

**Non-pay costs** (2,271) less than plan

E&T accrued costs and Impairment of relocation AUC

Operating Variances vs Q3 Fcst- £000s



	Q3 FCST	Act	Var
<b>Projected closing cash - Mar 22</b>	<b>9,588</b>	<b>14,816</b>	<b>5,229</b>
<b>YTD Cash in/(out) flow - £000s</b>	<b>(5,188)</b>	<b>40</b>	<b>5,228</b>
due to :-			
Net deficit			2,195
Other working capital			2,019
Capital expenditure			949
other			66

Debtors > 90 days	Jan-22 £'000	Feb-22 £'000	Mar-22 £'000
NHS	56	32	41
Non-NHS	188	172	283
Student	344	385	310
<b>Total</b>	<b>589</b>	<b>589</b>	<b>634</b>

**FINANCE AND PERFORMANCE REPORT**

**Period 12**

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**Balance Sheet**

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	Prior Year End £'000	Apr-21 £'000	May-21 £'000	Mar-22 £'000	Jul-21 £'000	Aug-21 £'000	Sep-21 £'000	Oct-21 £'000	Nov-21 £'000	Dec-21 £'000	Jan-22 £'000	Feb-22 £'000	Mar-22 £'000
Intangible assets	50	46	43	39	36	33	30	27	25	24	23	21	20
Land and buildings	24,045	24,031	24,039	24,046	24,079	24,026	24,072	24,267	24,191	24,467	24,555	24,607	21,803
IT equipment	1,773	1,773	1,773	1,773	1,773	1,773	1,773	1,773	1,773	1,773	1,773	1,773	1,773
<b>Property, Plant &amp; Equipment</b>	<b>25,818</b>	<b>25,804</b>	<b>25,812</b>	<b>25,819</b>	<b>25,852</b>	<b>25,799</b>	<b>25,845</b>	<b>26,040</b>	<b>25,964</b>	<b>26,240</b>	<b>26,328</b>	<b>26,380</b>	<b>23,576</b>
<b>Total non-current assets</b>	<b>25,868</b>	<b>25,850</b>	<b>25,855</b>	<b>25,858</b>	<b>25,887</b>	<b>25,832</b>	<b>25,875</b>	<b>26,067</b>	<b>25,989</b>	<b>26,264</b>	<b>26,351</b>	<b>26,401</b>	<b>23,596</b>
NHS Receivables	6,494	5,331	5,290	5,022	7,458	5,115	5,528	5,310	4,982	4,950	4,505	6,175	7,018
Non-NHS Receivables	3,322	2,475	3,172	3,404	2,946	2,683	4,154	3,722	4,215	3,379	3,284	2,689	1,262
Cash / equivalents	14,775	17,175	15,659	15,228	13,734	14,348	11,846	15,330	13,532	12,086	10,722	11,327	12,224
Other cash balances		(123)	(111)	(167)	(60)	1,130	1,606	1,653	1,744	2,061	2,130	2,099	2,592
<b>Total current assets</b>	<b>24,591</b>	<b>24,858</b>	<b>24,009</b>	<b>23,488</b>	<b>24,078</b>	<b>23,276</b>	<b>23,134</b>	<b>26,015</b>	<b>24,473</b>	<b>22,476</b>	<b>20,641</b>	<b>22,290</b>	<b>23,095</b>
Trade and other payables	(2,660)	(2,936)	(2,247)	(2,496)	(2,586)	(2,653)	(2,591)	(2,353)	(2,738)	(2,675)	(2,816)	(2,655)	(5,123)
Accruals	(8,090)	(8,406)	(8,471)	(8,114)	(9,172)	(8,852)	(9,211)	(12,278)	(12,021)	(10,539)	(9,739)	(11,468)	(11,239)
Deferred income	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)	(6,811)
Long term loans < 1 year	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)	(445)
Provisions	(617)	(617)	(617)	(617)	(617)	(617)	(617)	(617)	(617)	(617)	(617)	(617)	(617)
<b>Total current liabilities</b>	<b>(18,623)</b>	<b>(19,215)</b>	<b>(18,590)</b>	<b>(18,482)</b>	<b>(19,631)</b>	<b>(19,377)</b>	<b>(19,674)</b>	<b>(22,503)</b>	<b>(22,631)</b>	<b>(21,086)</b>	<b>(20,428)</b>	<b>(21,995)</b>	<b>(24,235)</b>
<b>Total assets less current liabilities</b>	<b>31,837</b>	<b>31,493</b>	<b>31,274</b>	<b>30,864</b>	<b>30,335</b>	<b>29,732</b>	<b>29,334</b>	<b>29,578</b>	<b>27,831</b>	<b>27,653</b>	<b>26,564</b>	<b>26,696</b>	<b>22,457</b>
Non-current provisions	(70)	(65)	(65)	(24)	18	18	18	20	20	(53)	22	22	(2,585)
Long term loans > 1 year	(2,666)	(2,666)	(2,666)	(2,666)	(2,666)	(2,443)	(2,443)	(2,443)	(2,443)	(2,443)	(2,443)	(2,221)	(2,221)
<b>Total assets employed</b>	<b>29,101</b>	<b>28,763</b>	<b>28,543</b>	<b>28,175</b>	<b>27,688</b>	<b>27,307</b>	<b>26,910</b>	<b>27,155</b>	<b>25,408</b>	<b>25,157</b>	<b>24,142</b>	<b>24,497</b>	<b>17,651</b>
Public dividend capital	(4,678)	(4,678)	(4,678)	(4,678)	(4,678)	(4,678)	(4,678)	(4,678)	(4,678)	(4,678)	(4,678)	(4,678)	(5,543)
Revaluation reserve	(12,878)	(12,878)	(12,878)	(12,878)	(12,878)	(12,878)	(12,878)	(12,878)	(12,878)	(12,878)	(12,878)	(12,878)	(12,878)
I&E reserve	(11,546)	(11,207)	(10,987)	(10,619)	(10,132)	(9,751)	(9,354)	(9,599)	(7,852)	(7,601)	(6,586)	(6,941)	771
<b>Total taxpayers equity</b>	<b>(29,101)</b>	<b>(28,763)</b>	<b>(28,543)</b>	<b>(28,175)</b>	<b>(27,688)</b>	<b>(27,307)</b>	<b>(26,910)</b>	<b>(27,155)</b>	<b>(25,408)</b>	<b>(25,157)</b>	<b>(24,142)</b>	<b>(24,497)</b>	<b>(17,651)</b>



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	April Act £'000	May Act £'000	June Act £'000	July Act £'000	Aug Act £'000	Sept Act £'000	Oct Act £'000	Nov Act £'000	Dec Act £'000	Jan Act £'000	Feb Act £'000	Mar Act £'000	YTD Act £'000	YTD Q3 Fcst £'000	YTD Var £'000
<b>Net Surplus/(Deficit)</b>	<b>(338)</b>	<b>(220)</b>	<b>(368)</b>	<b>(487)</b>	<b>(381)</b>	<b>(397)</b>	<b>245</b>	<b>(1,747)</b>	<b>(251)</b>	<b>(1,015)</b>	<b>355</b>	<b>(7,711)</b>	<b>(12,316)</b>	<b>(14,511)</b>	<b>2,195</b>
Depreciation / amortisation	135	135	135	135	193	147	146	182	159	145	158	296	1,966	1,832	134
PDC dividend paid	41	23	32	76	43	41	82	0	0	0	0	97	435	338	97
Net Interest paid	2	2	2	2	5	0	5	2	2	2	2	2	31	32	(1)
(Increase) / Decrease in receivables	2,010	(656)	35	(1,978)	2,606	(1,885)	650	(164)	867	540	(1,075)	585	1,537	1,487	50
Increase / (Decrease) in liabilities	592	(625)	(108)	1,148	(254)	297	2,829	128	(1,545)	(659)	1,568	2,206	5,579	2,675	2,904
Increase / (Decrease) in provisions Impairment	(5)	0	(41)	(42)	0	0	(2)	0	73	(75)	(0)	2,607	2,515	2,252	262
												3,436	3,436	4,800	(1,364)
Non operational accrual movement	(44)	(25)	(34)	(78)	(33)	364	(87)	(2)	(2)	(2)	12	(65)	2	66	(64)
<b>Net operating cash flow</b>	<b>2,393</b>	<b>(1,365)</b>	<b>(347)</b>	<b>(1,224)</b>	<b>2,180</b>	<b>(1,433)</b>	<b>3,869</b>	<b>(1,601)</b>	<b>(696)</b>	<b>(1,064)</b>	<b>1,020</b>	<b>1,453</b>	<b>3,184</b>	<b>(1,030)</b>	<b>4,214</b>
Interest received													0	0	0
Interest paid					(15)						(14)		(29)	(30)	1
PDC dividend paid						(405)							(405)	(405)	0
PDC Funding received												865	865	800	65
<b>Cash flow available for investment</b>	<b>2,393</b>	<b>(1,365)</b>	<b>(347)</b>	<b>(1,224)</b>	<b>2,165</b>	<b>(1,838)</b>	<b>3,869</b>	<b>(1,601)</b>	<b>(696)</b>	<b>(1,064)</b>	<b>1,006</b>	<b>2,318</b>	<b>3,615</b>	<b>(665)</b>	<b>4,280</b>
Purchase of property, plant & equipment	18	(4)	(4)	(29)	55	(42)	(192)	77	(275)	(87)	(50)	(631)	(1,164)	(2,247)	1,083
Depreciation	(135)	(135)	(135)	(135)	(193)	(147)	(146)	(182)	(159)	(145)	(158)	(296)	(1,966)	(1,832)	(134)
<b>Capital purchases - cash</b>	<b>(117)</b>	<b>(139)</b>	<b>(139)</b>	<b>(164)</b>	<b>(138)</b>	<b>(189)</b>	<b>(338)</b>	<b>(105)</b>	<b>(434)</b>	<b>(231)</b>	<b>(209)</b>	<b>(927)</b>	<b>(3,130)</b>	<b>(4,079)</b>	<b>949</b>
<b>Net cash flow before financing</b>	<b>2,277</b>	<b>(1,505)</b>	<b>(486)</b>	<b>(1,388)</b>	<b>2,027</b>	<b>(2,027)</b>	<b>3,531</b>	<b>(1,706)</b>	<b>(1,130)</b>	<b>(1,295)</b>	<b>797</b>	<b>1,391</b>	<b>485</b>	<b>(4,743)</b>	<b>5,229</b>
Repayment of debt facilities	0	0	0	0	(222)	0	0	0	0	0	(222)	0	(445)	(444)	(0)
<b>Net increase / (decrease) in cash</b>	<b>2,277</b>	<b>(1,505)</b>	<b>(486)</b>	<b>(1,388)</b>	<b>1,805</b>	<b>(2,027)</b>	<b>3,531</b>	<b>(1,706)</b>	<b>(1,130)</b>	<b>(1,295)</b>	<b>575</b>	<b>1,391</b>	<b>40</b>	<b>(5,188)</b>	<b>5,228</b>
Opening Cash	14,775	17,052	15,547	15,061	13,674	15,478	13,451	16,982	15,276	14,146	12,851	13,425	14,775	14,775	0
<b>Closing cash</b>	<b>17,052</b>	<b>15,547</b>	<b>15,061</b>	<b>13,674</b>	<b>15,478</b>	<b>13,451</b>	<b>16,982</b>	<b>15,276</b>	<b>14,146</b>	<b>12,851</b>	<b>13,425</b>	<b>14,816</b>	<b>14,816</b>	<b>9,588</b>	<b>5,229</b>

## FINANCE AND PERFORMANCE REPORT

## Capital Expenditure

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Mar-22

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Full Yr	20/21
	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	Act	Bud
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
PROJECT														
Microsoft Office 365 E-Mail Migration	260	(252)	4	(4)	12	5	1	0	0	0	0	0	27	0
Endpoint Procure/Config/Compliance/Monitor	0	8	8	17	7	5	9	4	9	5	5	173	249	66
Tavistock Centre Data Centres Power Provision	0	0	0	0	0	0	0	0	2	0	8	258	268	32
Remote Working	(260)	260	0	0	0	0	0	0	0	0	0	(260)	(260)	0
Cyber Essentials	4	1	4	0	0	0	0	0	0	0	0	0	10	5
Health Information Exchange	0	0	0	0	0	0	2	1	3	1	1	1	9	0
MyTap Annual Upgrade 2019/20	3	0	0	0	0	0	0	0	0	0	0	0	3	0
Endpoint Replacement 2018/19	0	0	0	0	0	0	0	(71)	0	0	0	0	(71)	0
DET Record Management System	0	0	0	0	0	0	0	(3)	0	0	0	0	(3)	0
ICT Cyber Security Compliance 2020/21	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Core Infrastructure Update	0	0	8	10	(8)	0	1	1	5	1	1	13	32	63
Network - Upgrade (Wireless)	0	0	0	0	0	0	6	4	34	4	5	150	203	30
Cyber Essentials Plus	0	0	5	4	3	0	7	0	7	0	0	8	33	30
Endpoint Replacement 2021/22	0	0	0	2	34	33	42	0	41	41	84	97	375	200
ICT Cyber Security Compliance 2021/22	0	0	2	5	(4)	0	4	1	79	13	1	77	178	140
API for CareNotes Integration	0	0	0	0	0	0	1	1	1	1	1	97	102	0
Audio Video Upgrade for Remote Working	0	0	0	0	0	0	2	1	2	1	1	303	310	0
Connectivity Upgrade	0	0	0	0	0	0	2	6	3	1	1	37	50	0
Data Warehouse	0	0	0	0	0	0	1	3	15	14	17	86	136	0
Virtual Desktop Interface	0	0	0	0	0	0	1	1	4	2	1	242	251	0
<b>IT</b>	<b>9</b>	<b>18</b>	<b>31</b>	<b>34</b>	<b>43</b>	<b>43</b>	<b>79</b>	<b>(51)</b>	<b>205</b>	<b>85</b>	<b>125</b>	<b>1,281</b>	<b>1,903</b>	<b>566</b>
Ventilation	10	0	0	0	0	0	0	0	0	0	0	0	10	0
Pumps	0	9	2	0	0	0	0	0	0	0	0	0	10	0
Water	0	0	0	0	0	0	0	0	(0)	(0)	0	0	(0)	30
Electrics	8	(3)	3	8	16	13	68	6	16	95	0	0	229	223
PC Compliance	0	7	1	0	0	0	0	0	0	0	0	0	8	0
TC Compliance	1	9	3	6	(3)	(1)	0	19	(21)	0	0	0	11	0
GH Compliance	2	0	0	0	0	0	0	0	0	4	0	0	6	0
Finchley Road	1	0	0	0	0	0	0	0	0	0	0	0	1	0
Fire Safety & Compliance	0	2	2	3	3	13	3	3	1	14	0	0	43	96
Roofing - GH	0	0	0	0	0	22	0	0	23	5	0	0	50	35
Catering Equipment	0	0	0	0	0	0	0	0	0	0	0	0	0	20
Basement Sprinkler System	0	0	0	0	0	0	0	0	19	4	0	0	23	10
Toilets - Anti Ligature / Gender Neutral	0	0	0	0	0	0	0	0	0	0	0	0	0	50
Roofing - TC	0	0	0	0	0	0	0	0	19	0	0	0	19	0
<b>ESTATES</b>	<b>22</b>	<b>23</b>	<b>10</b>	<b>17</b>	<b>15</b>	<b>47</b>	<b>71</b>	<b>27</b>	<b>56</b>	<b>121</b>	<b>0</b>	<b>0</b>	<b>410</b>	<b>464</b>
<b>Relocation</b>	<b>85</b>	<b>99</b>	<b>86</b>	<b>125</b>	<b>80</b>	<b>99</b>	<b>171</b>	<b>104</b>	<b>169</b>	<b>22</b>	<b>60</b>	<b>(1,102)</b>	<b>(0)</b>	
<b>Digital Academy</b>	<b>1</b>	<b>(1)</b>	<b>12</b>	<b>(12)</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>39</b>	<b>122</b>
<b>Projected Underspend / Contingency</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>752</b>
<b>TOTAL</b>	<b>117</b>	<b>139</b>	<b>139</b>	<b>164</b>	<b>138</b>	<b>189</b>	<b>338</b>	<b>102</b>	<b>431</b>	<b>229</b>	<b>186</b>	<b>179</b>	<b>2,351</b>	<b>1,903</b>

Report to	Date
Board of Directors	14 May 2022

Gloucester House – Annual Report

### Executive Summary

The purpose of this report is to monitor quality, safety and progress of Gloucester House and Gloucester House Outreach during the academic years September 2019 – Spring 2022

### Recommendation to the Board

The Board of Directors is asked to note this report

### Trust strategic objectives supported by this paper

All Trust strategic objectives

Author	Responsible Executive Director
Head Teacher & Head of Service	Sally Hodges COO

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# Gloucester House, The Tavistock Children's Day Unit and Gloucester House Outreach

## **1. Introduction**

Gloucester House is a specialist school and outreach service for children with complex social, emotional and mental health needs. The school and outreach service are currently led by the headteacher, clinical lead and the outreach lead. The clinical CAMHS service in the school is led by the clinical lead. We are a multidisciplinary service across mental health and education and offer a CAMHS service embedded within the onsite school model. In the school we work with up to 21 children and their families at any one time. The school works with children of primary and early secondary age.

The outreach service, currently attached to the core provision, offers flexible packages developed in collaboration with staff and networks to support the learning and development of SEMH children in schools and other settings. Gloucester House core service remodeled in 2014 and the Outreach Service has been in formal operation since 2016. See [www.gloucesterhouse.net](http://www.gloucesterhouse.net) for more information.

The workforce of Gloucester House and Gloucester House Outreach are multi-disciplinary and include clinical nursing, psychotherapy, art therapy, psychiatry, speech and language, OT, teachers and progress support workers. We also have a number of trainees including nursing, therapists and CYP-IAPT. We currently have a vacant CAMHS practitioner post.

Our department staffing is of mixed ethnicity with 42 % of staff from black and minoritised ethnic backgrounds across all levels of the organisation. This includes senior teaching and senior leadership. The percentage is notably lower in the clinical team with only 17% of staff from black and minoritised ethnic backgrounds (this figure does not include trainees or students on placement). 60% of our families are from black and minoritised ethnic backgrounds.

Gloucester House is linked to the Child, Young Adult and Family department of the Tavistock Clinic and line managed by the COO (Chief Operating Officer of the Tavistock & Portman NHS Trust). Assurance is provided by a Steering Group that is linked to the Trustboard. The Camden School Improvement Service provides a school Improvement Partner to support the progress and self-evaluation process.

In this paper we outline the current position and provide an update in relation to progress over the last 3 and a half academic years. We also provide an overview of other significant developments, risks and achievements in the Gloucester House and Gloucester House Outreach Service.

Key areas of work during the last 3 academic years have been:

- Ensuring quality, volume and growth of service has been maintained during the global pandemic crisis.
- Continuing to review, refine and develop Gloucester House and Outreach models of delivery.
- Systems and structures to further leadership skills and opportunities for professional development across the service.
- Reviewing and refining policy and practice in relation to staff wellbeing.

## **2. The current context/Recent developments:**

2.1 The school has recently restructured (September 2021) to enable the headteacher to focus on the following areas:

- Supporting the growth and development of the Outreach Service.
- To be assigned to developing work in education for the Tavistock and Portman NHS Trust.
- To strategically lead on considering the options for Gloucester House with the BDU, the Gloucester House Head of Service and the Gloucester House Outreach Lead.

2.2 Due to this development, the leadership and day to day management of the Gloucester House service is held by the clinical lead of the service. Two deputy headteachers have led on education with some combined and some specific tasks. This team is the Operational Management Team. The headteacher still holds overall responsibility for the school and the clinical lead maintains overall responsibility for the clinical and CAMHS aspects of the service. The head teacher maintains oversight and strategic leadership of the outreach service. The day to day leaderships and management is held by the Outreach Lead and the Lead Teacher.

2.3 Plans in relation to the Trust Estate strategy for us to move and Daleham Gardens to be sold continue to be discussed but no concrete plans have come to fruition. The current building has a redecoration, deep cleaning and maintenance cycle which we keep under review. We have had significant work / upgrades to the roof this year. The garden was refurbished (led on by a member of support staff) in September 2020. The building, however, has considerable challenges and inherent risks and its poor state of repair is often commented upon by stakeholders.

2.4 The transition and transformation outlined in 2.1 is the implementation of changes planned pre-pandemic. However, the impact of Covid 19, both in terms of trauma recovery and, on a positive note, learning and unexpected benefits from this period, has also significantly impacted our current context.

## **2.5 Focus of work since September 2021:**

### **2.5a Gloucester House:**

- Changes to the curriculum model and delivery in line with feedback from external reviews, government guidance and directives and learning from the pandemic.
- The class groups have been reconfigured to be more streamlined to their needs – i.e. one class group of children broadly presenting social communication needs; one broadly presenting with attachment and conduct type presentations; the 3<sup>rd</sup> class for pupils who need entirely bespoke 1:1 / small group interventions or are in assessment.
- Workforce development has been used to expand the clinical offer.
- Due to this time of significant transformation and the post pandemic impact, there was an agreement that for Autumn 21 the service was permitted to operate under capacity in terms of pupil numbers.

### **2.5b The Outreach Service:**

- Developing an SLA offer for LAs.
- Refined descriptors for different packages of work/training as identified through analysis of work undertaken.

### **2.5 c Other:**

- The headteacher has worked with the digital academy to support the Senior Mental Health Leads in schools training to pass the requirements of the DFE.
- Planning & preparation for longer term service remodel.
-

## 2.6 Developments as part of the Tavistock and Portman NHS Trust Strategic Review

The structure referred to in 2.2 is under review as part of the Tavistock and Portman NHS Trust Strategic Review process. The consultation process for this restructure closed on 28.3.22. The restructure proposes to:

- Delineate Gloucester House and Gloucester House Outreach as separate but linked services
- Introduce a Service Line – Specialist Schools and Education – which would be led by a Service Manager for Specialist Schools and Education and would include Gloucester House and Gloucester House Outreach. This would be a post for an education professional.
- The posts of Head of Service Gloucester House and Head of Gloucester House Outreach would be clinical roles.
- The roles of head of school and deputy head of school would be introduced for Gloucester House.
- The role of Lead teacher in Outreach would remain.

Members of Gloucester House and Gloucester House Outreach have contributed their views to the consultation.

### **3. Occupancy:**

#### 3.1 Occupancy at Gloucester House 2018 - present:

	2018/2019			2019/2020			2020/2021			2021/2022		
	Autumn	Spring	Summer	Autumn	Spring	Summer	Autumn	Spring	Summer	Autumn	Spring	Summer
Occupancy	18	18	17	18	18	20	19	17	17	14	15	15
Admissions	2	2	1	2	2	2	1	1	0	0	1	0
Discharges	1	1	2	1	1	2	2	1	3	0	0	5 due

3.2 Numbers during 2021-22 - Though the numbers have been 14/15 this academic year, 16 places have been funded due to vacant spots in the Barnet SLA and complications in Barnet referrals becoming admissions.

3.3 - The children came from the following local authorities: Barnet, Hackney, Haringey, Enfield, Ealing, Hounslow, Merton, Waltham Forest, Islington, Brent. Barnet have an SLA for 6 children.

3.4 – Gloucester House currently has 4 children in the assessment phase.

3.5 – The Outreach Service have worked with Islington, Hackney, Enfield, Haringey, Barnet, Bromley, Lambeth, Redbridge, City of London, Waltham Forest, Brent, Hounslow, Harrow, Camden.

### **4. Demand, capacity and financial position:**

4.1 Referrals to Gloucester House:

2019-2020: 31

2020-2021: 6 recorded – possibly due to pandemic so we're not sure if this is accurate

2021-2022: 26

The consistently high number of referrals indicate there is a demand for the service but that our capacity has not been able to meet demand. This is an area for consideration in future planning.

#### 4.2 Referrals to Gloucester House Outreach:

2019-2020: 17

2020-2021: 11

2021-2022: 22

Outreach currently have **13 active cases** and 3 which are pending funding agreements. These are a combination of direct support to pupils and working with schools and other providers. We are usually able to meet need through increasing staffing as work is commissioned. This is not an ideal model and has become increasingly challenging due to factors in the Tavistock HR and finance systems. We are currently reviewing the staffing model alongside referrals and future plans to address this.

#### 4.3 Financial position:

4.3a In 2014 we recovered from a significant decline in numbers by remodeling the service. We remodeled on the basis of breakeven at 14 in 2014-15. Due to increase in capacity this was revised to 17 in the financial year 2015-16. An additional contribution was factored into our breakeven figure. In 2017-18 breakeven was set at 18.

4.3b The price increase in 19/20 was the first price increase for spot purchases since 2014. We have addressed this matter and a price increase is now applied annually. We were concerned that the substantial increase might affect referrals but it hasn't.

4.3c Income, expenditure and contribution, since applying the price increase, are healthy in Gloucester House despite not currently operating at full capacity. Outreach, since its inception, has performed well financially.

### **5. The impact of Covid 19:**

5.1 The context of Covid 19 has significantly affected the service during the last three academic years. Unlike much of the Trust our service has continued largely on site face to face throughout the pandemic, in various configurations. At the start of the pandemic and pre-vaccinations this was a hugely demanding, challenging and anxiety provoking time for our families, staff and for the senior leadership team. We are immensely proud of what our service has achieved during this period. (See Appendix A for full details)

#### 5.2 QI project feedback from a parent during the pandemic period:

What are your views on how responsive we were with therapeutic and educational plans during the pandemic?

*'I am so thankful for the support and fantastic adjustments all of the staff made in response to the pandemic; brilliant work, very well done indeed'*

Is there anything else you would like to add?

*'I would like to take this opportunity to say thank you to all of the staff for continuing to create a safe trusting environment for our children, congratulations on doing an amazing job'*



## **6. Staffing:**

6.1 We have approximately 29 staff in Gloucester House and Gloucester House Outreach. These are a mixture of FT/PT and trainees across a full range of clinical disciplines and education. Our AFC banding scope is from Band 4 – Band 8c.

6.2 Governance arrangements for Gloucester House and Gloucester House Outreach are through The Steering Group. This was previously was chaired by a NED (Debbie Colson) but is now chaired by the COO (Sally Hodges). There are currently vacancies due to members leaving the Trust/Steering Group this year.

6.3 Gaps in the clinical staff team and significant recruitment issues (alongside the pandemic) affected capacity to increase pupil numbers this academic year .After a period of unsuccessful recruitment, the CNS post was finally recruited to in September 2021 and the child psychotherapy post in January 2022. We still have a vacant clinical post for a CAMHS practitioner, across Gloucester House and Gloucester House Outreach that remains vacant despite extensive efforts to recruit.

6.4 The headteacher is leaving the school in July 2022. Though she has been decreasingly involved in the day to day work with the children and families this is a significant change for the institution. She has been in post since September 2005.

6.5 The two current deputy heads are seeking alternative employment but as they have not yet put their notice in we are not in a position to recruit.

6.6 We intend to review our staffing model to see whether there would be alternatives that might improve retention and internal opportunities for career progression.

## **7. Safety and IRFs:**

7.1 Data for 2017 -2019. We are leaving previous data as a reflection of the difference between periods with more pupils on site and more recent years where we have had less pupils on site for some of the time.

<b>2017-18</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Date</b>	<b>April- June</b>	<b>July- Sept</b>	<b>Oct- Dec</b>	<b>Jan- March</b>
<b>Number of children on roll</b>	<b>20</b>	<b>20</b>	<b>18</b>	<b>19</b>
<b>Incidents reported</b>	75	74	61	75
<b>Average per child:</b>	4	4	3	4

<b>2018-19</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
<b>Date</b>	<b>April- June</b>	<b>July- Sept</b>	<b>Oct- Dec</b>	<b>Jan- March</b>
<b>Number of children on roll</b>	<b>18</b>	<b>19</b>	<b>17</b>	<b>18</b>
<b>Incidents reported</b>	66	62	92	57

<b>Average per child:</b>	4	3	5	3
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<b>Academic year 2018-19</b>	<b>Summer term</b>		
<b>Date</b>	<b>23/4 – 23/7</b>		
<b>Number of children on roll</b>	<b>18</b>		
<b>Incidents reported</b>	59		
<b>Average per child:</b>	3		

Numbers of incidents proportional to the number of children in Gloucester House remain broadly consistent and fluctuations have been analysed and understood

#### 7.2 – Data from 2019-2022

<b>Academic year 2019-2020</b>	<b>Autumn Term</b>	<b>Spring Term</b>	<b>Summer Term</b>
<b>Date</b>	September - December	January - March	April - July
<b>Number of children on roll</b>	<b>18</b>	<b>18</b>	<b>20</b>
<b>Incidents reported</b>	56	39	9
<b>Average number per child:</b>	3	2	0.5

In Summer 2020 there were only 9 reported incidents. We had approximately half the cohort on site and the other half learning remotely. Of these 5 of the incidents were the same pupil.

<b>Academic year 2020-2021</b>	<b>Autumn Term</b>	<b>Spring Term</b>	<b>Summer Term</b>
<b>Date</b>	September - December	January - March	April - July
<b>Number of children on roll</b>	<b>19</b>	<b>17</b>	<b>17</b>
<b>Incidents reported</b>	32	39	65
<b>Average number per child:</b>	2	2	4

In Autumn 2020 and for some of Spring 2021 pupils were on a blended timetable but all pupils coming in for at least part of their week, but two Covid outbreaks meant fully remote timetable during these periods. In summer 2021 all pupils were back on site full time.

<b>Academic year 2021-2022</b>	<b>Autumn Term</b>	<b>Spring Term</b>	<b>Summer Term</b>
<b>Date</b>	September - December	January - March	April – present (May)
<b>Number of children on roll</b>	<b>14</b>	<b>15</b>	<b>15</b>
<b>Incidents reported</b>	29	29	3
<b>Average number per child:</b>	2	2	0.2

## **8. Areas of Risk and/or Concern:**

### 8.1 Key staff changes/challenges including:

- The headteacher leaving her role in the school.
- The two deputies highly likely to leave but unable to be certain of appropriate replacements due to teacher notice periods.
- The experienced admin manager leaving.
- Support staff overpayment.
- The clinical lead/Head of Service caseload

8.2 A high number of children leaving and a high number of new children coming into the service in a relatively short period

### 8.3 The impact of the Strategic Review:

- E.g. separation of Gloucester House and Gloucester House Outreach runs a risk of duplicate roles or duplicate demands on clinical time for attendance at meetings, e.g. governance, incidents, management, safeguarding etc.

8.4 Tavistock HR issues

8.5 Potential relocation and uncertainty around relocation.

### 8.5 External:

- Social care threshold appearing to be increased for CIN and CP.
- High pressure on the infra structure and retention of staff in our partner agencies – Community CAMHS, social care and SEN.
- Further future complexities of Covid rules as different in NHS & education having a considerable impact on Gloucester House.

## **9. Outcomes 2019-22:**

9.1 Gloucester House and Gloucester house Outreach continues to positively impact behaviour, mental health, attendance, academic progress and stability in future placements for pupils. Feedback from stakeholders (parents/carers and Local Authorities is very positive) and Gloucester house has a good track record of supporting children to return to mainstream schools or provisions that focus on learning.

Parents/Carers and LAs were also very appreciative of the work we did with the pupils and families in Covid.

### **9.2 Education progress and Outcomes Gloucester House**

9.2a Educational progress data has been gathered during most of this period but it is not entirely reliable due to the profound impact of the pandemic on education. We are currently analysing our academic data to identify the gaps in children's knowledge and skills and where data is unreliable due to the issues of data gathering and monitoring.

**9.2 b 2019 – 2020** – there were some very significant improvements in reading ages between January 2019 and September 2020 (1 pupil 6 years, 1 pupil 4 years, 2 pupils 3 years between March 19- Sep 20 & 1 pupil 3 years between June 19 & Sep 20). This is consistent with the pre pandemic data on reading at Gloucester House in which pupils often make remarkable progress in this area.

Progress across the curriculum using our academic assessment system was variable for individual pupils and groups of pupils depending on:

- Levels of engagement in face to face and/or remote learning.
- What was provided by the teachers. During this period teachers did not have to teach new knowledge (Government directive) which meant that the input received was not consistent for all pupils.

Pupils who engaged in face to face/remote or a combination made good progress in many areas of the curriculum, but for pupils who we were not able to engage (despite persistent ongoing attempts) progress stalled and for some of those has still not recovered to pre pandemic levels.

**2020 – 2021** – data for this academic year remained inconsistent due to ongoing disruption due to covid19, a continuation of a blended timetable and significant staff absence. Pupils did not have a full academic year of face to face teaching and there were changes in class teachers across all the classes, during the year, for a range of reasons. As more pupils returned to onsite learning in September 2020 we focused on a Recovery Curriculum. This involved re-establishing routines and more opportunities for supported social interactions, alongside reengaging pupils in more formal academic lessons.

Data for this academic year continued to show some rapid and sustained progress in reading and spelling (as evidenced through standardised testing). Academic assessment across the curriculum gave a mixed picture and reflected an impact on academic progress/data arising from the Covid disruption.

**2021 – 2022-** Covid disruption has continued to affect the institution and progress for some pupils. Although we continue to see progress across the curriculum, for some this is not yet returned to pre pandemic levels.

Some curriculum areas were particularly impacted by Covid and blended learning. For example, writing but staff CDP around the teaching of writing has enabled progress in this area and engendered more positive attitudes towards writing. This is having a positive impact and pupils are now producing more extended writing and beginning to make more progress, but below the rate we would like or expect for many.

Some pupils are progressing at higher than expected rates of progress (36% in number and writing and 50% in reading) however for others progress is variable. We have identified that some curriculum areas need more attention now, as our recent curriculum has focused on addressing the gaps created by the disrupted curriculum. Due to the varied rates of progress we will be using individual academic target setting for all pupils for next academic year and will be increasing our focus on particular curriculum areas where indicated.

### 9.2c Exit Data

Of the eight pupils that have left during the past 3 years, 3 of them have successfully integrated into mainstream secondary schools (supported by Gloucester House Outreach), 1 moved to residential provision and the other 4 to special day provision.

### 9.3 Mental Health Data (end point 2022)

9.3a There are a significant proportion of our pupils who have been seriously impacted by the pandemic (27%). We are working closely with other services to address this, with varying success. However, for the majority their general functioning and mental wellbeing continues to improve despite the pandemic and families are feeling increasingly equipped to understand and manage their child needs.

#### 9.3b CGAS data:

90% of pupils have increased CGAS scores from baseline and 70 % have increased over the past year. This is a good indicator of our positive impact on mental health and wellbeing and reflects the success of our Covid Recovery Curriculum. Young Minds reports that 80 % of CYP said the pandemic had a detrimental impact on their mental health and the Children's Commissioner reported a 35% increase in CAMHS referrals in 2019/2020 and a 60% increase compared to 2017/2018. These reports highlight the need for, and value of, holistic and joined up approaches and our data goes some way to evidencing its effectiveness.

#### 9.3c SDQ data:

On admission 94 % (n15) of the cohort were in the *possible* or *probable* variable for diagnostic indicators of Conduct Difficulties. Most recent measures indicate that 53 % of these are now in the *unlikely* category. This indicates a significant decrease in oppositional and defiant behaviours with these children now falling within the ordinary range compared with the general population.

The *impact* rating measures the overall day to day distress and impact for the family of the child's needs and difficulties. It is a measure of both how the child is presenting but also how equipped, supported and able the parents and carers feel they are to manage. 63 % of families at Gloucester House reported a decrease in the *impact* score and 25% of families reported it as stable.

The *total difficulties* data evidenced that 69 % of children had a decrease in *total difficulties*.

The *prosocial rating* indicates how well children are able to relate and play with one another without incident. 56 % of pupils at Gloucester House show an increase in pro social functioning and 13 % remained stable.

Overall the data evidences that we continue to make a significant positive impact on some of the most vulnerable and for some 'high risk' CYP within our communities.

We also continue to have an important positive impact on conduct type presentations. This is important as research shows that childhood onset without treatment, for oppositional defiant and or conduct disorder, is a diagnostic category significantly over represented in prison cohorts and therefore should be a public health priority. (*Hofvander et al 2017*)

### 9.3d Mental Health Outcomes/Exit data:

Exit data shows that 80% had significantly reduced *total difficulties* in SDQ data. On entry to Gloucester House 60% were *probable* for conduct difficulties. Upon discharge all of these were *unlikely* which indicates a significant reduction in conduct type behaviours.

100 % were in the probable or *possible* range on entry to meet the diagnostic criteria for either conduct, hyperactivity, or emotional disorders. Of these 80% were *unlikely* in all categories upon discharge. For 100% the *impact* figure had also reduced falling to 0 for 80 % (all above 5 of a maximum score of 10 at baseline).

This data supports that over time our service has a significant and positive impact on the mental health and emotional wellbeing of the children and families that attend our provision. This is likely to progress to improved holistic trajectories in the future.

### 9.4 The Outreach Service Outcomes:

9.4a Academic progress for individual children – e.g. improvement in reading, writing & spoken language levels despite profound resistance to, and anxiety about, academic learning.

9.4b Improvements in CGAS & SDQ data for individual children following intervention with general functioning improving (CGAS) and impact of difficulties lessening (SDQ). 91% of those that completed SDQ's demonstrated overall improvement, with 61% of pupils showing improvement in emotional problems and 46% in conduct and hyperactivity.

9.4c Some of our Outreach cases are out of school. 38% of pupils scored an improvement to the impact their issues have on those around them. Though there were improvements for some in prosocial (23%) and peer problems (15%) we are aware of the social isolation of some of our Outreach pupils. This is an area we are considering and working on.

## **10. Feedback from stakeholders**

### 10.1 Outreach

#### Qualitative Feedback – ESQ & Service Evaluation

- *“Gloucester House have been an amazing support to us. They have given us confidence and excellent advice... We have been able to respond to the child emulating the language that outreach staff uses which has given us confidence and consistency to the child.”* – SENDCO, St. Peter and St. Paul Catholic Primary Academy
- *“GH Outreach input provided a personalised approach to the child and family circumstances which led to a positive impact on the child's social, emotional and mental health needs”* – Hackney Learning Trust
- *“J has made tremendous educational progress... he has gone from being completely out of education to completing qualifications in a vocational setting without staff support.”* – Social Worker, London Borough of Bromley

- *“It has been helpful to have the therapist’s support over the year... it’s also been helpful to trust the GHO team, knowing they are clinically supported”*

## 10.2 Gloucester House

10.2a Exit data – ESQ (Experience of Service Questionnaires) is overwhelmingly positive. See Appendix B

### 10.2b Parent/carer involvement and feedback

The high attendance rate we have for parents/carers at individual meetings, group meetings, celebration days demonstrates their appreciation of our work and their involvement in the life of Gloucester House.

From parent/carer questionnaire responses from July 2021:

- 100% of parents/carers think Gloucester House seeks the views of parents/carers & takes account of their suggestions & concerns.
- 93% think teaching is good
- 93% think GH helps children manage & reflect on their behaviour
- 92% think their child is making good progress
- 92% think their child is treated fairly
- A minority of parents were not sure or said their children did not like coming to school (28%)
- A minority of parents/carers said they did not find the target sheets helpful (21%).

## **11. Retrospective Service Evaluation 2020 (Long Term Outcomes and Impact)**

11.1 20 parents/carers of CYP who had attended and been discharged from our service since 2014 were invited to contribute. 12 agreed to be fully part of this evaluation (60%) and 13 gave feedback on placement stability (65%).

**11.2 Headlines:** The study revealed very positive evidence about the longer term impact of our holistic way of working. This is consistent with the retrospective study we conducted in 2010.

### 11.2a Placement Stability

85% of YP have remained stable in their home placement, and 76% in their school placement. 92% are in fulltime education.

### 11.2b Academic attainment

Of those who are of GCSE age 83% achieved one or more GCSE’s passes and 67 % achieved GCSE passes including English and maths. The number of GCSE passes (4+) including maths and English varied from 2 – 9 GCSE’s, with one YP achieving a level 8 science.

Of those aged 16yrs + 100 % are continuing in their studies through A Levels, BTEC, Apprenticeships, functional skills or sports course.

### 11.2c Multi Agency Support

46 % are open to social care but none of these are on child protection or child in need plans. 61 % are open to CAMHS. 15 % have no additional agency input aside from their EHCP. 0 % are known to YOT.

### 11.3 Themes – What participants viewed as most helpful/ having the greatest impact:

- Thorough assessments
- Supporting pupils/parents to understand self and triggers
- Supporting pupils/parents to be able to verbalise feelings
- Providing space for pupils to 'break down' and 'act out' and the institution being able to see strengths beyond that.
- Supporting pupils to make friends
- Pupils/parents not feeling the only one, less isolated.
- Providing preparation to engage in therapy or therapeutic work during or after GH.
- CYP and parents feeling listened to and understood.
- Families feeling supported and given more tools and support to cope.

11.4 We evaluated and actioned planned on the feedback around what was least helpful or on reflection could have been done differently.

## 12. Significant achievements of 2019- 22

- Maintenance and growth of service throughout Covid despite very significant challenges
- Adapting and responding to need through all phases of the pandemic
- Positive feedback from stakeholders re our Covid response
- Completing the retrospective evaluation
- Maintenance of good and better outcomes for children and families in the service despite very significant internal and external challenges.

## 13. The future:

- Growth/development of Outreach Service including developing and refining the training offer around mental health and SEMH needs in schools and reflective practice; more whole school interventions and focus on staff training and Reflective practice. This will involve a review of workforce skills required.
- Further revision of the staffing model to be considered to facilitate more opportunities for staff to be promoted internally.
- To consider a shorter term assessment model alongside a hub and spoke core service within local communities.
- A book on therapeutic education to be edited by Nell Nicholson and contributed to by Gloucester House staff, pupils and parents/carers as well as other services external to the Trust (there is provisional agreement for this with Routledge).

Nell Nicholson /Kirsty Brant  
May 2022



## **Appendix A – The Gloucester House and Gloucester House Outreach Covid Story**

### 5.2 March to July 2020:

- March 24<sup>th</sup> 2020 we closed the onsite provision for the 8 school days before the Easter holidays due to rising Covid numbers in London. We provided on line learning and mental health support immediately. We continued to provide support to families during the Easter holidays. This included face to face support for one family and high level phone and remote input to another family in collaboration with children’s services where the adoptive placement was breaking down and a residential setting was urgently being sought.
- We reopened the school for face to face provision immediately following the Easter period (Summer Term 2020) and gave families the choice to send their children to school or to participate in online learning. About half of the cohort (6-8) attended with the remainder choosing to participate in the online offer. There were a number of staff who also worked exclusively remotely. The remainder of the staff worked on a two week rotation between onsite and offsite to minimise numbers of people in the building and to ensure that if one staff cohort became infected and unable to attend another cohort was available. There were no outbreaks of Covid 19 in the setting during this period.
- The children onsite and many of the children participating in online learning and therapeutic input made good use of what was offered. This was not, however, consistent as some teachers were not prepared to offer more than revision tasks (supported by Unions and Govt directives). Individual therapies and parent work were offered remotely and within the family home where complex. There were a minority of pupils who did not come to school and who struggled to engage in the online offer despite persistent attempts and strategies to facilitate engagement.
- We did not input academic progress data at the end of Summer 2020 due to the complexities of the different offer/engagement for different children.
- During remote periods we continued to offer staff structures and spaces such as briefing, debrief, reflective practice (group and individual), clinical supervision and our internal CPD programme. We also set up remote social spaces to aid a sense of cohesion and connectedness over this challenging and disparate period.
- We also seized the opportunity of this period to complete an 8 year retrospective evaluation of longer term outcomes. (See section 12)
- Following concerns raised by some support staff about their experiences, in Gloucester House, in relation to management culture (particularly in the pandemic), the impact on staff of violence & abuse by children, lack of clarity around supervision, some concerns about incident reporting and concern about the annual residential to Avon Tyrell, an independent investigation was commissioned. This investigation took place between September and December 2020. A summary report was produced which found the concerns raised to be unsubstantiated however the investigator did make a few recommendations. Many of these recommendations are areas of improvement that the senior leadership team were already aware of and had consulted with the wider Trust and external professionals about. Some of the recommendations are complex and link to wider Trust changes and development.
- There was subsequently an investigation into the investigation and an apology was offered to all involved. The disparity of expectation in Gloucester House and many other parts of the Trust, in terms of working practice,

due to the different expectations and parameters of work across the education and health sector was a contributory factor. The process of the investigation which was extremely stressful for all involved.

### 5.3 September 2020-July 2021:

- Our Recovery Plan and national government expectation was that we would return to the full cohort on site in September 2020. However due to the specific nature of the attachment and other difficulties our children present and the complexities of:
  - Bringing them all back together at the same time
  - Individual complexities for many of them around the changes & disruption to routine
  - Numbers of Covid cases rising in London & the difficulty of maintain small bubbles and social distancing in our building
- We decided to:
  - Expect all pupils to return to school but for some of these this would be on a part time or incrementally increasing timetable
  - Include recovery and social skills activities into the timetable
  - Keep staff on a rotating timetable – but this time within the week supporting children across the onsite and remote parts of their week
- During the autumn Term 2020 we had two further Covid related closures each for a week (before half term and before Christmas)
- In January 2021 we were due to have all the pupils and staff back together, but due to Covid numbers rising nationally and in London, full return was delayed until 8.3.21
- During Spring/Summer 21 we had significant complexities to manage in the dynamics between the pupils. We also had significant staff absences and sudden leavings across the service. This resulted in periods of time which included the HT & the DHTs covering classes for extended periods and the clinical lead holding in excess of 50 % of the clinical cases within the service.
- 4 pupils were assessed and joined during the disrupted period of 2020 (1 in February, 1 in March and two in July), a further 2 pupils joined in 2020-21.
- We reinstated face to face 1:1 therapies and therapeutic interventions at this time.
- There was major staffing disruption during the year to online learning (3 times) due to outbreaks &/or staff shortages. We had extensive sickness absence and staff shielding for extended periods including teachers and managers.
- For children at Gloucester House with considerable disruption in their lives and education, coupled with a cohort of pupils with Attachment difficulties, neurodiversity and SEMH needs it was a significant challenge to retain stability. We also note that we had a group of staff who had worked mainly face to face throughout the pandemic and were themselves processing and recovering from this experience.
- By the summer term 2021 we were returning to Gloucester House ‘normality’

- Academic progress data is potentially unreliable over this period and we have focused on our assessment system and moderation as a priority this year. Mental health data continued to be gathered.

#### 5.4 September 2021- March 2022

Over this period pupils have responded well to the changes in class groupings.

We have been able to re instate cross class group spaces and interventions such as circle times, therapeutic groups and SALT/OT groups (Lego communication, life skills). We have also recommenced assessment of new children and families.

We have continued with Covid recovery plans with a particular focus on engagement and progress in writing, reading for pleasure and purpose and group functioning.

We recruited a number of new staff including two teachers, a Clinical Nurse Specialist, a Consultant Psychiatrist, a psychotherapist, a CYP-IAPT trainee and PSWs.

We have continued to be significantly impacted by Covid due to both outbreaks (we have had three this academic year) and close contact guidance. Due to the relatively small numbers of staff and pupils an outbreak is constituted as 2 or more people in the service testing positive. For a small setting we have a relatively high (20%) number of staff who have chosen not to be vaccinated. This has resulted in numerous periods when staff had to isolate for 10 days due to close contact (teachers – 1 x 40 day, 1 x 20 days; support staff – 1x 20 days & 1 x 30 days). These days are in addition to other periods of absence due to Covid and other illness. This had a significant impact on the DHTs needing to cover teaching in both classes and additional pressures on the remainder of the operational and senior leadership teams. This also, inevitably, impacted the children's sense of consistency and stability.

We had one period (24<sup>th</sup> – 28<sup>th</sup> January 2022) where we had to reduce numbers on site. High numbers of Covid cases in both staff and pupils led to high numbers of staff who had to isolate for 10 days due to close contact and being unvaccinated. Over this period we used risk assessment both around Covid (such as the children who had been absent the previous week due to Covid) and other vulnerabilities (such as if a child was LAC) to prioritise which children came in onsite. In addition to remote learning we offered at least one community visit to all children. We took them out to sites such as their local library, a park for a picnic, or a city farm.

In addition to this one of our class teachers had a serious accident outside of work (in September 2021) leading to a 3 week period off and subsequent regular physio appointments.

Over this period we had 2 pupils who presented with extremely high risk incidents which led to a period of home education, while we assessed risk and linked with the professional network and family to consider whether we remain the most suitable placement. One has gradually returned on site, the other remains under our care whilst a 52 week residential setting is being sought by children's services. We have continued to offer education and CAMHS visits in the community and a high level of network liaison over this period.

#### 5.6 Outreach Service adaptations during Covid

March – April 2020: All sessions remote. Zoom protocols set up.

May – July 2020: Some in person sessions, risk assessed on a case by case basis

#### 5.6a Service user feedback gathered to plan return to face to face offer Summer 2020

Parents/carers:

Question: What do you think works well when conducting outreach sessions remotely?

*'It means that education can continue, it also means that he has some familiarity and structure to his day. I seem a lot more comfortable to learn through Zoom rather than in person. He was not too keen to start education straight away but is now more willing to take part because it is remotely.'*

*'KNOWING THAT THE SESSIONS ARE STILL GOING ON'*

Question: What does not work when working remotely?

*'Overall I think it works really well, I would just say that socially it's nice to have a real person with you'.*

*'It works well'*

*'HAVING THAT HUMAN INTERACTION'*

Question: Would you like outreach sessions to continue to be conducted remotely?

*'Difficult to answer, I know it works well in terms of delivering his education, but I wonder if the therapeutic part of his sessions would get lost.'*

*'Yes- maybe a mixture of Zoom sessions and some face-to-face contact once he's more comfortable and settled.'*

*'DON'T MIND EITHER BUT I KNOW MY SON WOULD PREFER FACE TO FACE.'*

Question: Any other comments

*'THANK YOU FOR CONTINUING THESE SESSIONS IN THESE DIFFICULT TIMES'*

#### Pupils:

1. How have you felt about working with us on Zoom or the phone?

The majority of the pupils stated they preferred face to face.

2. Would you like to continue to have your sessions on Zoom/the phone?

There were mixed responses to this question including yes, not sure & no.

3. Would you like us to start working with you face to face again?

The majority of the pupils wanted to go back to face to face, one pupil wasn't sure.

#### 5.6b - Outreach Service sessions post feedback:

- September – January 2020: Hybrid of remote and in person sessions. No more than one household in a day due to the increased risk due to travel
- January-February 2021- All remote

- February- April 2021- Hybrid remote/ in person. No more than one house hold a day, risk assessed on a case by case basis. Staff testing twice a week.
- April 2021- Present – Return to in person working with no limit on households per day, with some remote work where suitable for child’s needs or timetable. In person protocol followed of calling before visit to check if anyone is isolating or has symptoms, hand washing, social distancing and working in a ventilated room.

## Appendix B -

Experience of Service Feedback (feedback from parents/ carers and children upon discharge)

## What was good about the service? (Parent/ carer feedback)

- *“The team at Gloucester House was especially good. Clinicians very good in communicating between themselves and the parents. The clinicians were very pleasant, accommodating, and easy to work with.”*
- *“Straight forward explaining about grandson and what is expected of him with his learning.”*
- *“GH had really good manners compared to other schools, especially compared to some white teachers from other schools. GH staff have had manners & respect. Out of the schools if my seven children this one has shown manners towards parents. Overall good communication, I was always let know!”*
- *“School to parent liaison is outstanding.”*
- *“The uniqueness of the offer - academic and therapeutic input”*
- *“Qualified and well trained staff”*
- *“Pupils and their needs, drive the service. Not a 'one size fits all provision”*
- *“Staff are exceptional and care towards pupils is outstanding”*
- *“A group led approach to cases. The intermingling of therapeutics”*
- *“Everyone listened to me and my child”*
- *“Gloucester house is full of hard working professionals who do fantastic work with the children - enthusiastic, warm and helpful.”*
- *“Was very fortunate that her child was referred and then she referred herself. She found the initial contact very warm, and hospitable, and welcoming. Even the staff at reception”*
- *“Was difficult at first, I had my doubts but I started to see the progress bit by bit. I can't complain.”*
- *“You are absolutely the best and the care you provide is 10/10. Thank you to everyone”*
- *“Gloucester House is a setting where everyone who works there seems absolutely professional and enthusiastic about the progress of the children. It has been a journey for my son and me and his father. After a few weeks being there they had our absolute trust and throughout the years we got the help we all needed.”*

- *“We have valued the very hard work of the staff. We also liked that children had a short residential trip annually which gave them confidence. But mainly it was the emotional help my child received.”*

#### **Was there anything you didn't like or needs improving?**

- *Don't baby the kids too much- try and make them more mature. Encourage them to be more developed and mature to cope with outside world.*
- *Consider class groupings and whether older pupils who are nearing transition are not in groups with inferior younger pupils*
- *The school desperately needs better accommodation, not only for learning but in order to offer pupils greater access to outside activities. i.e. PE, Horticulture etc*
- *Endeavour to transition pupils sooner.*
- *A difficult option would be to offer after school activities but would be beneficial*
- *My opinion is that the building's interior is not very intuitive and needs updating. However, it must be very hard to keep it up as children break things often in distress or by accident*
- *Sometimes I felt my child was intimidated by the other children but the facilities didn't allow for separation. This was more so at the beginning of his time at GH.*
- *Most children, some teachers and support workers. The pod, study and cove (child feedback)*

#### **What was good about the service (Child/Young person feedback)**

- *Teachers and support workers*
- *The school helped me a lot emotionally/physically to manage my behaviour*