The Tavistock and Portman NHS
NHS Foundation Trust

# Board of Directors

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

2pm – 4pm
Tuesday 26th July 2011

Board Room,
Tavistock Centre,
120 Belsize Lane,
London, NW3 5BA

# Board of Directors

2pm – 4pm, Tuesday 26th July 2011

# Agenda

## *Preliminaries*

1. **Chair's Opening Remarks**
   *Ms Angela Greatley, Trust Chair*

2. **Apologies for Absence**

3. **Minutes of the Previous Meeting** — *(Minutes attached)* *For approval* — *p.1*

4. **Matters Arising**

## *Reports & Finance*

5. **Trust Chair's and Non-Executive Directors' Reports** — *For noting*
   *Non-Executive Directors as appropriate*

6. **Chief Executive's Report** — *(Report attached)* *For discussion* — *p.9*
   *Dr Matthew Patrick, Chief Executive*

7. **Finance & Performance**

   a. **Finance & Performance Report** — *(Report attached)* *For discussion* — *p.13*
      *Mr Simon Young, Director of Finance*

   b. **Quarter One Governance, Quality, and Finance Declarations** — *(Report attached)* *For approval* — *p.23*
      *Mr Simon Young, Director of Finance*

## *Quality & Development*

8. **Education and Training Report** — *(Report attached)* *For discussion* — *p.28*
   *Ms Trudy Klauber, Dean*

9. **Service Line Report – Developmental CAMHS** — *(Report attached)* *For discussion* — *p.38*
   *Dr Sally Hodges, Associate Clinical Director, CAMHS*

10. **Payment by Results** — *(Report attached)* *For discussion* — *p.48*
    *Dr Jessica Yakeley, Associate Medical Director*

## *Conclusion*

### 11. Any other business

### 12. Notice of future meetings

Thursday 15th September 2011: Board of Governors
Tuesday 27th September 2011: Board of Directors
Tuesday 18th October 2011: Directors' Conference (*Strategy*)
Tuesday 25th October 2011: Board of Directors
Tuesday 8th November 2011: Directors' Conference (*Plan Review*)
Tuesday 29th November 2011: Board of Directors
Thursday 1st December 2011: Board of Governors
Tuesday 31st January 2012 : Board of Directors
Thursday 2nd February 2012 : Board of Governors
Tuesday 28th February 2012 : Board of Directors
Tuesday 27th March 2012 : Board of Directors
Tuesday 24th April 2012 : Board of Directors
Thursday 3rd May 2012 : Board of Governors
Tuesday 29th May 2012 : Board of Directors
Tuesday 26th June 2012 : Board of Directors
Tuesday 31st July 2012 : Board of Directors
Thursday 13th September 2012 : Board of Governors
Tuesday 25th September 2012 : Board of Directors
Tuesday 30th October 2012 : Board of Directors
Tuesday 27th November 2012 : Board of Directors
Thursday 6th December 2012 : Board of Governors

Meetings of the Board of Directors are from 2.30pm until 5.30pm, and are held in the Board Room.
Meetings of the Board of Governors are from 2pm until 5pm, and are held in the Lecture Theatre.
Directors' Conferences are from 12.30pm until 5pm.

# Board of Directors
# Meeting Minutes

## Part One, 2.30pm – 4.30pm, Tuesday 28th June 2011

| | | | |
|---|---|---|---|
| **Present:** | | | |
| Ms Angela Greatley<br>Trust Chair | Mr Martin Bostock<br>Snr Independent Director | Ms Lis Jones<br>Nurse Director | Ms Trudy Klauber<br>Dean |
| Ms Louise Lyon<br>Trust Director | Ms Joyce Moseley<br>Non-Executive Director | Dr Matthew Patrick<br>Chief Executive | Dr Ian McPherson<br>Non-Executive Director |
| Dr Rob Senior<br>Medical Director | Mr Richard Strang<br>Deputy Trust Chair | Mr Simon Young<br>Director of Finance | |
| **In Attendance:** | | | |
| Miss Louise Carney<br>Trust Secretary (minutes) | Dr Rita Harris<br>CAMHS Director (item 8) | Prof. Andrew Cooper<br>Social Work (item 13) | Dr Richard Graham<br>Clinical Director: Adolescent (item 14) |
| Mr Stan Ruszczynski<br>Clinical Director: Portman (item 15) | Mr Namdi Ngoka<br>Deputy Director of HR (items 16 & 17) | | |
| **Apologies:** | | | |
| Mr Altaf Kara<br>Non-Executive Director | | | |

**Actions**

| AP | Item | Action to be taken | Resp | By |
|---|---|---|---|---|
| 1 | 3 | Miss Carney to amend minutes | LC | Immed |
| 2 | 3 | Miss Carney to amend minutes | LC | Immed |
| 3 | 9 | Miss Carney to update and circulate final version of Board objectives | LC | Immed |
| 4 | 14 | Ms Moseley to forward Loughton Report to Dr Graham | JM | Immed |
| 5 | 16 | Mr Ngoka to investigate whether the Trust can send the Staff Survey to a percentage of staff, rather than all staff | NN | Jul 11 |

**Actions** **Agenda item** **Future Agendas**

## 1. Trust Chair's Opening Remarks

Ms Greatley welcomed everyone to the meeting.

## 2. Apologies for Absence

As above.

## 3. Minutes of the Previous Meeting

***Board of Directors Meeting, 24th May 2011***

**AP1** The minutes were approved subject to some minor typographical amendments.

***Extraordinary Meeting of the Board of Directors, 2nd June 2011***

**AP2** The minutes were approved subject to some minor typographical amendments.

## 4. Matters Arising

Ms Lyon confirmed that there had been no changes to the Quality Report since the Annual Report and Accounts were approved, and would not be submitted an amended version to Monitor.

## 5. Trust Chair's and Non-Executive Directors' Reports

***Angela Greatley, Trust Chair***

Ms Greatley noted that she had attended meetings on competition and co-operation, patient safety, and Mr Lansley's health reforms, the launch event for the Foundation Trust Network, which was now independent of the NHS Confederation, and a meeting of London NHS Chairs.

Ms Greatley reminded Board members of the Department of Health publication *The Month*, which she recommended as a helpful update on the health landscape.

## 6. Chief Executive's Report

The Board discussed the Health & Social Care Bill. It was agreed that Mr Young would present a paper on the introduction of Payment by Results to mental health care. Dr McPherson queried the position of mental health in clinical networks. Dr Patrick and Ms Greatley confirmed that nothing had as yet been mentioned on mental health. It was agreed that it was important to follow these developments and to promote the case for mental health wherever possible.

## 7. Finance & Performance Report

Mr Young noted that the Trust was on target to make a small surplus for Q1 and would achieve a Financial Risk Rating of 3. Mr Young explained that there were some variances in the budget, and income in some areas was below budget. This was being discussed with Service Line Directors. Mr Young noted, however, that it was difficult to review income and identify savings at the same time, and the Executive needed to ensure that Directors have sufficient support to ensure that nothing was overlooked during this difficult time.

Mr Young noted that the Trust's cash balance was slightly below Plan, but he expected to be able to cover this shortfall. The Trust was forecast to achieve its £150k surplus. A significant amount of the Trust's contingency reserve had been used, and the balance of this was now £186k.

Mr Young reported that there had been a delay in chasing student debt, which was in part due to a staffing shortage, which had now been sorted.

Mr Young reported that the Voluntary Redundancy Scheme had produced significant savings, across both clinical and non-clinical Directorates. Plans

had been made for all approved applications but were not yet finalised. Mr Young explained that voluntary redundancies identified in the Monroe Family Assessment Service would not count towards the targeted savings in CAMHS, but towards the MFAS service redesign. Mr Young noted that he would provide a fuller report on the productivity programme in July, as previously agreed.

Mr Strang noted that departmental consultancy was falling below budget, and queried this. Mr Young noted that departmental consultancy is a small part of overall activity, and is largely reliant on staff going out and selling this product, but the priority for the Trust at the moment was identifying savings. Mr Strang queried why this had not been budgeted for. Dr Senior noted that predicting Local Authority spending was very difficult, but agreed that the Trust should have been better at this. Dr Patrick noted that budgets were interrogated by the Trust's Management Committee and were not approved unless they were realistic. Mr Young confirmed that the Trust was concerned about departmental consultancy and was looking into it.

Mr Strang requested more information on the credit note issue highlighted in paragraph 2.2.2. Mr Young explained that the Finance Directorate had received two requests for invoices with different wording, and had assumed they were for different things, so two invoices had been sent. Action was being taken to address this issue and avoid recurrence, but Mr Young confirmed that this did not represent a large part of the Trust's budget.

## 8. Gloucester House Steering Group Annual Report

Dr Harris noted that one of the main challenges for the Day Unit, an independent school, was that Local Authorities want more in-house, locally-delivered services.

Dr Harris noted that commissioners for Gloucester House are education commissioners, not health commissioners, and education budget cuts are significant.

The Board discussed accommodation. Dr Patrick noted that there were several possible options, and Ms Key, Director of Corporate Governance & Facilities was discussing these with Dr Kasinski, Unit Director and Ms Nicholson, Head Teacher.

Ms Jones queried how Learning Support Team would influence Gloucester House. Dr Harris noted that the Team would free up Teachers' time and would bring a difference discipline into the house.

Ms Klauber queried whether people were aware of the significance of developments such as returning to mainstream education. Dr Senior noted that this was a major achievement for the pupils at Gloucester House. Mr Young noted that the Steering Group had seen reports that are sent to commissioners with considerable detail on the outcomes for pupils; it was

agreed that these achievements should be publicised more widely.

## 9. Board of Directors' Objectives

Ms Greatley explained that the Board objectives were derived from the Annual Plan. Board members individual objectives flow from these Board objectives.

Board members suggested the following inclusions / amendments:

- Supporting Governors as their role develops
- The Health & Social Care Bill
- Member engagement being the responsibility of the Trust
- Succession planning
- Engagement should not just be local

**AP3** The objectives were approved subject to the above amendments. Miss Carney to update and circulate final version.

Ms Moseley queried how the Board monitors its performance against these objectives. Miss Carney noted that this forms part of the Annual Review of the Board of Directors, and that there would also be a mini-review of progress against objectives in November 2011.

Ms Lyon noted that monthly reviews will not necessarily take the form of a specific Board report, but things will be reported to the Board in various other reports.

## 10. Clinical Quality, Safety, & Governance Committee Quarter Four Report

Dr Senior explained that the new report format presented a top-line summary of key issues from each workstream that reports to the Clinical Quality, Safety, and Governance Committee. The Board confirmed that they found the format of the report very helpful.

Dr Senior confirmed that at 1.1.4.3 the Trust did want its staff to report incidents, and does not wish to appear complacent about its relatively low rate of incidents.

## 11. Business Development & Investment Committee Terms of Reference

Mr Strang explained that the wording of paragraph 8.7 had been amended to reflect the role of the Business Development Council, which considers all

proposals before they are sent to the Committee.

Mr Strang explained that paragraph 11.1 had been amended to remove the requirement to send minutes to the Audit Committee, as there were no control issues to consider.

## 12. Committee Reports & Minutes

Nothing to report.

## 13. Munro Report

Prof. Cooper highlighted one of the suggestions of the Munro Review was the suggestion of devolvement of child protection to local levels. Prof. Cooper reported on the conference on 24th June, which had been a success. Ms Moseley noted that the Allan Review would link with the Munro Review. Dr McPherson noted that the Trust was good at holding risk, and should make its knowledge and training on child protection available to professionals.

## 14. Service Line Report: Adolescent Directorate

Mr Strang requested more information on paragraph 2.1, which noted that less than half of referrals to the Directorate were accepted. Dr Graham noted that the Directorate struggled with the single point of entry. Agreement had to be sought for each case from the local service, and the level of approval is vastly disproportionate to the level of interest. Dr McPherson queried the proportion of accepted cases of those that get through. Dr Graham noted that most of the cases are accepted. If the level of risk associated with the patient is thought to require inpatient care, the patient will not even be seen for an assessment but will be referred elsewhere.

Ms Moseley noted Tim Loughton MP had recently produced a report on care
**AP4** for 16 – 25 year olds. Ms Moseley to forward to Dr Graham.

Ms Jones queried how work with Mental Health Strategies was being taken forwards. Dr Graham noted that the Directorate was looking at opportunities. Ms Lyon noted that proposals would come as part of the Productivity Programme in July.

## 15. Service Line Report: Portman Clinic

Mr Ruszczynski noted that the Portman Clinic had made £0.25m of savings prior to budget-setting, and was now looking for further savings, but questioned for how long it would be able to continue to make cuts.

Ms Moseley asked for further information on the role referred to in paragraph 3.3 (Assistant Psychologist focusing on audit and research. Mr Ruszczynski noted that this role was not income-generating, but had been

of significant help with providing Commissioners with important information.

Dr McPherson noted that there may be offender health publications with significant opportunities for the Portman Clinic.

Dr Patrick noted that that the Portman Clinic was currently contributing 8% to the Trust's overheads, whilst the average contribution from other Directorates was around 20%, and queried whether it would be possible for the Directorate to bridge the gap without a fundamental review of the model of the clinic.

Mr Young suggested that it should be possible to devise a model that uses staff time more productively. Mr Young noted that this was true of other Directorates as well as the Portman. Mr Ruszczynski noted that a piece of work was underway to identify how clinical staff spent their time and to devise new models of working. Mr Ruszczynski was focusing on how to maintain the core principles of the Directorate whilst adapting to the new environment. Mr Ruszczynski noted the pressure and encouragement from the Board.

Mr Strang queried whether income projections (upper and lower limits) had been calculated for the opportunities listed in paragraph 8.4. Mr Ruszczynski noted that many opportunities were very short-term, and so it was often difficult to predict income, and to identify an adaptable future model.

## 16. Staff Survey Report

Mr Ngoka noted that the question on training asked about training in the last twelve months, whereas the Trust's requirements were for all staff to have training every 24 months.

Mr Bostock queried the response rate, noting that 49% of staff did not take part. Mr Ngoka noted that other Trusts sent the survey to a sample of staff,

**AP5** whereas the Trust sent the survey to all staff. Mr Ngoka to investigate whether the Trust could send the survey to a percentage of staff instead of all staff. It was also noted that the survey was an annual requirement, and many staff who had been at the Trust for many years may well be bored with completing the survey.

Mr Bostock queried what format the survey took. Mr Ngoka noted that it was in a paper format. It was a national survey and the Trust had no say in how the survey was carried out.

Ms Moseley queried how many disabled staff the Trust had. Mr Ngoka noted that 25 staff had identified themselves as disabled in the survey. Last year, the Trust had undertaken an exercise, and had identified eight disabled staff. It had been suggested that staff may be more willing to answer questions anonymously.

Ms Klauber noted that career progression opportunities were significantly smaller for non-clinical staff than clinical. This is not necessarily an easy issue to address.

Ms Greatley congratulated the Trust on its high score in so many areas. Dr Patrick noted that last year the Trust had been identified as having the highest engagement levels of any NHS organisation.

## 17. Workforce Statistics

Mr Ngoka noted that the NHS London received workforce data from NHS trusts from electronic staff databases, which they interrogate and provide monthly benchmarked analysis.

Mr Young noted the equal opportunities statistics for Asian ethnic groups applying for non-clinical posts in the last year. It was agreed that the Trust should investigate the recruitment of ethnic groups through the Equalities Committee's Race and Employment Sub-Group.

Mr Bostock requested that future reports identify trends in data over years.

## 18. Any other Business

None.

## 19. Notice of Future Meetings

Miss Carney noted that the Directors' Conference on 12th September had been cancelled, and was being replaced by an away day to consider strategy on 18th October. Miss Carney informed the Board that the Annual General Meeting would be held on 11th October.

# Outstanding Action Part 1

The Tavistock and Portman NHS
NHS Foundation Trust

| No. | Originating Meeting | Agenda Item | Action Required | Director / Manager | Due Date |
|---|---|---|---|---|---|
| 1 | Apr-11 | 12b. Data Assurance Overview | Ms Lyon to include target date column | Louise Lyon | Apr-11 |
| 2 | Apr-11 | 4. Matters Arising | Dr Senior to liaise with auditors to align terminology | Rob Senior | Jun-11 |
| 3 | Apr-11 | 12a. Quality Report | Ms Lyon to liaise with Dr Hodges on communicating Quality Report to patients and public | Louise Lyon | Jun-11 |
| 4 | May-11 | 16. Annual General Meeting | Board members to provide feedback on AGM plan to Dr Hodges | Board of Directors | Jun-11 |
| 5 | May-11 | 17. Equalities Report | Management to address bullying and harassment in Staff Survey Action Plan | Management Committee | Jun-11 |
| 6 | Apr-11 | 4. Matters Arising | Dr Patrick to update Board of Directors on Big White Wall contract | Matthew Patrick | Jul-11 |
| 7 | Jan-11 | 4. Matters Arising | Dr Senior and Ms Lyon to give further consideration to cavassing GP's knowledge of mental health | Rob Senior / Louise Lyon | Jul-11 |
| 8 | Jan-11 | 7a. Finance & Performance Report | Ms Lyon to report back on structure of consultancy work | Louise Lyon | Jul-11 |
| 9 | Apr-11 | 7c. Operational Risk Register | Mr Young to give consideration to preparing Board paper on performance management | Simon Young | Sep-11 |
| 10 | Mar-11 | 8. Health & Social Care Bill Update: Governance in NHS Foundation Trusts | Miss Carney to investigate insurance policies for Directors | Louise Carney | Sep-11 |
| 11 | May-11 | 8. Board Committee Annual Review: Patient & Public Involvement Committee | Dr Hodges to develop a PPI mission statement | Sally Hodges | Sep-11 |
| 12 | May-11 | 10. Trust Policies: Data Quality Policy | Ms Thomas to give consideration to how responsibilities outside of departments are covered in appraisals | Susan Thomas | Sep-11 |
| 13 | Mar-11 | 8. Health & Social Care Bill Update: Governance in NHS Foundation Trusts | Miss Carney to update Board of Directors on Governors' and Directors' responsibilities as appropriate | Louise Carney | As appropriate |
| 14 | Apr-11 | 5. Trust Chair's and Non-Executive Directors' Reports | Ms Greatley to update Board of Directors on developments with London mental health chairs and CEO's groups | Angela Greatley | As appropriate |
| 15 | Jan-11 | 10. Estates & Facilities Report | Ms Key to investigate whether the Public Services Bill affects the NHS and FTs in particular | Pat Key | As appropriate |
| 16 | Feb-11 | 5. Trust Chair's and Non-Executive Directors' Reports | Ms Greatley to forward any briefings on the changing role of Non-Executive Directors and Governors | Angela Greatley | As appropriate |

**Red denotes actions overdue**
**Amber denotes actions due this month**

# Board of Directors : June 2011

**Item** : 6

**Title** : Chief Executive Report

**Summary :**

The report covers the following items:

1. Introduction
2. Productivity
3. RiO and Trust IT Solutions
4. Communications
5. UCL Partners
6. And Finally...

**For** : Discussion

**From** : Chief Executive

# Chief Executive Report

## 1. Introduction

1.1 July is always a weary time of year within the Trust. This year is no exception. The Voluntary Redundancy Scheme, while successful, does mean that we are saying goodbye to a significant number of colleagues. In addition, very necessary work on service redesign creates an inevitable degree of strain. At the same time we are currently involved in an unusually high amount of tendering work after a noticeably quieter period.

1.2 These factors also illustrate a tension, about which I recently wrote to all staff; namely that between the processing of loss and our enthusiasm for development. Of course loss relates not only to the colleagues to whom we are saying goodbye, but also to the changing and developing nature of the organisation. Making space for thought and discussion about these matters is, I believe, or real importance in support of our more ambitious and outward looking thinking and planning.

## 2. Productivity

2.1 Progress against productivity planning will be reported separately. I will note here, however, that the Voluntary Redundancy Scheme was successful within the Trust in contributing very significantly towards required savings. Work on the service redesign that will allow for staff redeployment to cover work with fewer staff, while maintaining or improving quality of services, is ongoing.

2.2 The Productivity Programme Board, chaired by Simon Young and including Rita Harris, Louise Lyon and Susan Thomas, has overseen and led the process very well. I think it is better to think of these changes as evolutionary, however, as opposed to thinking of them as one off interventions. As such, the demand for time and focus on this area will continue, and whatever changes we make now will need to be kept under review with the possibility of reviewing their effectiveness and the need for further developments.

## 3. RiO

3.1 In October 2015, the contract between Connecting for Health and BT, the local service provider for the RiO solution in London, comes to an end. Between now and 2015, BT are contracted to roll out a further two releases of RiO, R1 and R2. It is important now, however,

that all trusts currently deploying the RiO solution consider their options post-2015.

3.2 The need for trusts to start considering their options early is in part related to the need to ensure IMT and business continuity, and in part related to the management of financial risks. If continuity is not secured then contract extensions beyond 2015 could be costly.

3.3 With these considerations in mind, the London Program for IT (LPfIT) is encouraging organisations to begin an evaluation of options now. This process will be supported by the LPfIT Program Board and by the 2015 strategy sub-committee.

3.4 Within London, as a group of mental health trusts we are considering the merits of a consortium approach to the options appraisal and possible procurement. The matter is complicated, however, by the fact that five of the ten mental health trusts are now also providers of community services, requiring potentially different IT solutions.

3.5 There are a number of key questions that have yet to be answered in relation to the end of the contract: is it necessary or desirable to try and roll out two further RiO releases, or would it be better to establish a stable pre-transition platform on R1; will it be possible to contract for RiO directly with CSE (the software company) following 2015; will financial penalties for early or indeed late departure be borne by individual trusts or supported by the London Program? It is planned that answers to these questions should be available before the end of the year.

3.6 In the meantime, it is important that all trusts continue developing their own local data warehouse solutions that provide easy and flexible reporting and the interrogation of data from a range of sources including but beyond just RiO (e.g. outcome monitoring).

## 4. Communications

4.1 At the last Board of Directors meeting, Julia Smith presented plans for integrating Business Developing and Marketing across the organisation (this was in closed session). Since that time I have decided that we should also integrate the communications function with Business Development and Marketing.

4.2 Communications serves more than just marketing within the Trust. Having said this, our Communications Lead, Sally Hodges, now has increasingly demanding management responsibilities within CAMHS. It is primarily for this reason that I have made the decision, to ensure

that both CAMHS and Communications can both receive the attention and time that they require. Sally, who has done a tremendous job as Communications Lead, will continue as the Trust PPI Lead.

4.3 From a timing point of view, we are currently advertising and appointing to key communications posts, which represents another reason for acting now rather than later.

## 5. UCL Partners

5.1 UCL Partners recently invited the four member mental health trusts to take up a place on the Board of UCLP. The Chief Executives of the four trusts (Barnet, Enfield & Haringey MHT, Camden & Islington FT, North East London FT and Tavistock & Portman FT) met recently to consider the offer and have agreed to take it up. The cost of the place is £50k per year, split between the four organisations. One of us will take up the place for the first year, but it will make sense to have a rotating arrangement.

## 6. And Finally...

6.1 All of you will have seen the article in the Health Service Journal at the beginning of the month, reporting research that identified the Trust as one of 19 lead performers from all NHS organisations.

6.2 Whilst we should always exercise a degree of scientific caution in relation to such data, it is also nice that the strength of our contribution and in particular staff group are recognised. Our staff in particular are both dedicated and talented, and the experience of patients, students and others who come into contact with the Trust owes something to everybody who works here in whatever capacity.

Dr Matthew Patrick
Chief Executive Officer
July 2011

# Board of Directors : June 2011

**Item** : 7a

**Title** : Finance & Performance Report

**Summary :**

After three months a surplus of £63k is reported (before restructuring costs), £18k above the planned surplus of £45k. Income shortfalls on Directorate Consultancy and Productivity schemes have been offset by under spends in Training and Central Functions.

The Trust has approved 24 applications for voluntary redundancy. The one-off costs are expected to be £900k. These staff will in most cases be leaving in the next 3 months, and with the net savings from these posts, together with other changes, we expect to meet our savings targets for the year. While a number of other risks to income and expenditure remain, we expect to meet our overall financial plans for the year.

An update on service line reporting is to be provided separately.

The cash balance at 30 June was £2,536k, £780k below Plan. It is expected that most or all of this shortfall should be recovered over the coming months. Cash will reduce – as planned – due to the payment of redundancy and early retirement costs, but the balance is projected to remain satisfactory.

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance of progress in this key objective; and where not, whether the Board of Directors is satisfied with the action plans that have been put in place.

**This report focuses on the following areas**:

- Finance

**For** : Discussion

**From** : Director of Finance

# Finance & Performance Report

## 1. External Assessments

### 1.1 Monitor

1.1.1 The Annual Plan, as approved by the Board, was submitted to Monitor in May. Following their review, a response is expected in July or August. The Plan should lead to a Financial Risk Rating of 3.

1.1.2 The Quarter 1 results should also lead to a rating of 3; and it is currently expected that the actual rating for the year will remain at 3 in subsequent quarters.

## 2. Finance

### 2.1 Income and Expenditure 2011/12

2.1.1 After three months the trust is reporting a surplus of £63k, £18k above plan. Income is £55k below budget, and expenditure £73k below budget. Some of these variances are due to timing, and the forecast for the year remains in line with Plan.

2.1.2 Consultancy income is £63k under budget; TCS under target by £9k and departmental consultancy under by £54k. Other Income is £50k below target mainly due to under achieved productivity schemes in Adult £45k and Adolescent £22k. Clinical Income is £50k above target: this includes the Day Unit being £21k above Plan, and £50k of one-off items, offsetting other shortfalls. These main income sources and their variances are discussed in sections 3, 4 and 5 below. Income over the first three months will have been affected by the unusual number of holidays in April and by the current work on service redesign.

2.1.3 The cumulative expenditure under spend of £73k is due to £22k on non-pay and £51k on pay across the organisation. The majority of the non-pay under spend is £71k within DET apportioned across the courses and departments; this has been offset by over spends of £30k in IT for Maintenance, £24k in HR due to legal costs and £27k in TCS for consultancy fees.

2.1.4 Although the total pay budget is £51k under spent, CAMHS is currently £155k over spent. This is partially due to the rephasing of the vacancy control factor which had an adverse effect of £84k. The vacancy control factor was rephased to reflect the likely profile of vacancies across the year, with fewer vacancies in the latter part of the year due to the planned restructure and voluntary redundancy scheme.

2.1.5 24 applications for voluntary redundancy have been approved. Some of these staff have already left; and with at most 2 exceptions, the leaving dates are on or before 9 September. Costs will be reduced slightly earlier than expected, and the budget requirement to find an additional £500k savings should be achieved.

2.1.6 The redundancy and early retirement costsfor these 24 staff are

estimated at £900k, and this amount has been accrued in June, though the payments will be made in the coming months. The costs are therefore reported slightly earlier than in the Plan, but the overall forecast for the year is unaffected by this timing change. A small number of further redundancies may be agreed, bringing the total cost up to – or possibly slightly exceeding – the planned figure of £1,000k.

2.1.7 Without effective action and controls, forecast income for the year would be £155k below budget as in Appendices A and B. Larger shortfalls than this should be covered firstly by the under spending discussed above; and then by the budgeted contingency reserve. As work on service redesign progresses, attention also needs to focus on delivery of income against Plan.

## 2.2 Cash Flow (Appendix C)

2.2.1 The actual cash balance at 30June was £2,536k, compared to the revised Plan of £3,316k. Receipts from NHS, General Debtors, SHA and Students are all below Plan; £216k of the General Debtors shortfall is due to a delayed agreement with a partner organisation which is now resolved, so payment should be in August. Payments to Suppliers were also below Plan. Debt recovery is currently being reviewed and action plans are to be agreed: internally for student debt, and with SBS for other sources of income.

| | Cash Flow year-to-date | | |
|---|---|---|---|
| | Actual £000 | Plan £000 | Variance £000 |
| Opening cash balance | 4,712 | 4,712 | 0 |
| Operational income received | | | |
| NHS (excl SHA) | 1,757 | 1,823 | (66) |
| General debtors (incl LAs) | 1,135 | 1,676 | (541) |
| SHA for Training | 2,675 | 2,762 | (87) |
| Students and sponsors | 452 | 600 | (148) |
| Other | 56 | 54 | 2 |
| | 6,075 | 6,915 | (840) |
| Operational expenditure payments | | | |
| Salaries (net) | (3,655) | (3,628) | (27) |
| Tax, NI and Pension | (2,743) | (2,687) | (56) |
| Suppliers | (1,744) | (1,954) | 210 |
| | (8,142) | (8,269) | 127 |
| Capital Expenditure | (112) | 0 | (112) |
| Interest Income | 3 | 3 | 0 |
| Payments from provisions | 0 | (45) | 45 |
| PDC Dividend Payments | 0 | 0 | 0 |
| Closing cash balance | 2,536 | 3,316 | (780) |

2.2.2 The cash forecast allows for some delayed receipts (including the £216k mentioned above) to come in over the next few months, and for other items to be largely in line with Plan. The projections are cautious, and at present the year-end balance is forecast at £528k, lower than Plan; but this will be reviewed further in September, and should increase, subject as always to achieving our income and expenditure plan.

2.3 Training

2.3.1 Training income is £32k above budget in total after the first quarter, with highercourse and fee income; there is a shortfall on Child Psychotherapy Trainees but this is due to slightly lower numbers, and is offset by lower costs.

2.3.2 Income from university partners is expected to be close to budget. Initial indications of student recruitment for the academic year starting in October are reported separately to this meeting. At this stage, there is no reason to expect fee income from students and sponsors to be short of budget; but this will not be known more firmly until October.

2.4 Better Payment Practice Code

2.4.1 The Trust has a target of 95% of invoices to be paid within the terms. Up to 30June, we have achieved 91% for Non NHS invoices and 90% for all invoices.

2.5 Statement of Financial Position (aka Balance Sheet)

2.5.1 Appendix D reports the SoFP at 30 June, compared to Plan and also to the opening balances for the year. As reported above, restructuring costs have been accounted for in June rather than in September and October as assumed in the Plan; this has increased the current liabilities, and is the primary reason that the overall figure for Assets Employed is £948k below Plan. Debtors are also higher than Plan, but this includes £1,047k of accrued income.

2.6 Capital Expenditure

2.6.1 Up to 30 June, expenditure on capital projects was £116k. The majority of which was £78k towards the boiler replacement project. The table below details the 2011/12 annual budget and the current spend to date against each of the individual projects.

**Capital Projects 2011/12**

| | **Budget for full year** | **Actual to June 2011** |
|---|---|---|
| | **£000** | **£000** |
| Day Unit Relocation | 50 | 0 |
| Seminar Room / Common Room | 44 | 3 |
| Toilets | 95 | 0 |
| Electrical Boards | 45 | 0 |
| Boiler Replacement | 175 | 78 |
| **Total Estates** | **409** | **81** |
| **IT** | **250** | **35** |
| **Total Capital Programme** | **659** | **116** |

## 3. Patient Services

### 3.1 Activity and Income

3.1.1 All contract values have now been agreed. Total contracted income for the year is in line with budget. After three months, there is a small favourable variance on cost and volume activity of £14k. However, this includes an under performance of £8k with Haringey. Camden Adults are currently over performing by 42% but the contract only allows for 2.5% to be paid. Part of the budgeted income for the year is dependent on meeting our CQUIN[1] targets agreed with commissioners and achievement is reviewed on a quarterly basis.

3.1.2 Variancesin other elements of clinical income are shown in the next table.

3.1.3 The income for Named Patient Agreements (NPAs) was £44kafter three months which is £13k below budget, with £4k shortfalls in both Adult and the Portman. The forecast for the year without action would be a shortfall of £80k.

3.1.4 Court report income (which is budgeted at £285k for the year, of which £210k is for the Portman) was £1k above budget after three months.

3.1.5 Monroe income is above budget by £5k after 3 months. The annual budget was reduced from £780k to £504k this year.

3.1.6 Day Unit was £21k above target as they had 14 pupils against a budgeted target of 12.5. However, student numbers are likely to decrease over the year.

3.1.7 Project income is £54k above budget year-to-date, including some one-off items (2.1.2 above). The forecast is£50k above budget for the year.

[1] Commissioning for Quality and Innovation

| | Budget | Actual | Variance | Full year | | Comments |
|---|---|---|---|---|---|---|
| | £000 | £000 | % | Variance based on y-t-d | Predicted variance | |
| Contracts - base values | 2,374 | 2,353 | -0.9% | | -33 | Small underacheivement due to CQUIN element plus old year credit note. |
| Cost and vol variances | 2 | 14 | | | 7 | |
| NPAs | 57 | 44 | -21.7% | -50 | -80 | |
| Projects and other | 489 | 543 | | – | 50 | Income matched to costs, so variance is largely offset. |
| Day Unit | 264 | 285 | 8.0% | 84 | 0 | |
| Monroe | 114 | 119 | 4.8% | 24 | 0 | |
| FDAC 2nd phase | 103 | 92 | -10.8% | -42 | -31 | Income matched to costs, so variance is largely offset. |
| Court report | 71 | 72 | 1.5% | 4 | 0 | |
| Total | 3,474 | 3,523 | | 20 | -87 | |

3.2 Clinical performance (provided by the Director of Service Development & Strategy)

3.3 There were a total of 33 waits of 11+ weeks for first attended appointments across the Trust services during Quarter 1. Of these 19 were in GIDS; new staff are now being recruited (slightly later than budgeted) and will increase the capacity of this service.

## 4. Consultancy

4.1 TCS income was £143k up to June, compared to the budget of £152k. Current forecasts for July expect the in-month budget of £51k to be exceeded by £20k. Our forecast for the year assumes at present that budget is achieved for the remaining nine months.

4.2 Departmental consultancy is £55k below budget after three months. The majority of the shortfall is within CAMHS which is currently £50k below target. Actions to recover the shortfall will be required to deliver against Plan.

Mr Simon Young
Director of Finance
15th July2011

**THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST**

**APPENDIX A**

**INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2011-12**

| | | Jun-11 | | | CUMULATIVE | | | FULL YEAR 2011-12 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | BUDGET £000'S | ACTUAL £000'S | VARIANCE £000'S | BUDGET £000'S | ACTUAL £000'S | VARIANCE £000'S | REVISED BUDGET £000 | FORECAST OUTTURN £000 | BUDGET VARIANCE £000 |
| **INCOME** | | | | | | | | | | |
| 1 | CLINICAL | 1,161 | 1,262 | 101 | 3,474 | 3,523 | 50 | 13,899 | 13,803 | (95) |
| 2 | TRAINING | 1,342 | 1,388 | 45 | 3,944 | 3,976 | 32 | 16,544 | 16,598 | 54 |
| 3 | CONSULTANCY | 110 | 99 | (11) | 324 | 261 | (63) | 1,351 | 1,287 | (63) |
| 4 | RESEARCH | 14 | 6 | (8) | 42 | 19 | (23) | 167 | 167 | 0 |
| 5 | OTHER | 68 | 72 | 4 | 204 | 154 | (50) | 818 | 767 | (50) |
| **TOTAL INCOME** | | **2,696** | **2,827** | **131** | **7,988** | **7,933** | **(55)** | **32,778** | **32,623** | **(155)** |
| **OPERATING EXPENDITURE (EXCL. DEPRECIATION)** | | | | | | | | | | |
| 6 | CLINICAL DIRECTORATES | 1,436 | 1,533 | (97) | 4,301 | 4,423 | (122) | 17,303 | 17,391 | (89) |
| 7 | OTHER TRAINING COSTS | 578 | 552 | 26 | 1,652 | 1,492 | 160 | 7,098 | 7,028 | 70 |
| 8 | OTHER CONSULTANCY COSTS | 52 | 67 | (15) | 156 | 158 | (2) | 589 | 553 | 36 |
| 9 | CENTRAL FUNCTIONS | 536 | 565 | (28) | 1,613 | 1,576 | 38 | 6,355 | 6,351 | 4 |
| 10 | TOTAL RESERVES | 0 | 0 | 0 | 0 | 0 | 0 | 399 | 266 | 133 |
| **TOTAL EXPENDITURE** | | **2,603** | **2,716** | **(114)** | **7,723** | **7,649** | **74** | **31,744** | **31,589** | **155** |
| **EBITDA** | | **93** | **111** | **17** | **266** | **284** | **19** | **1,034** | **1,034** | **(0)** |
| | **ADD:-** | | | | | | | | | |
| 12 | BANK INTEREST RECEIVED | 1 | 1 | (0) | 3 | 3 | (0) | 11 | 11 | 0 |
| | **LESS:-** | | | | | | | | | |
| 11 | DEPRECIATION | 42 | 42 | (0) | 127 | 127 | (0) | 509 | 509 | 0 |
| 13 | FINANCE COSTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | DIVIDEND | 32 | 32 | (0) | 96 | 97 | (0) | 386 | 386 | 0 |
| **RETAINED SURPLUS BEFORE RESTRUCTURING** | | **20** | **37** | **17** | **45** | **63** | **19** | **150** | **150** | **(0)** |
| 15 | RESTRUCTURING COSTS | 0 | 901 | (901) | 0 | 901 | (901) | 1,000 | 1,000 | 0 |
| **RETAINED SURPLUS AFTER RESTRUCTURING** | | **20** | **(863)** | **(884)** | **45** | **(837)** | **(882)** | **(850)** | **(850)** | **(0)** |
| **EBITDA AS % OF INCOME** | | 3.5% | 3.9% | | 3.3% | 3.6% | | 3.2% | 3.2% | |

**THE TAVISTOCK AND PORTMAN NHS TRUST** **APPENDIX B**

**INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2011-12**

| | | Jun-11 | | | CUMULATIVE | | | FULL YEAR 2011-12 | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | BUDGET £000'S | ACTUAL £000'S | VARIANCE £000'S | BUDGET £000'S | ACTUAL £000'S | VARIANCE £000'S | REVISED BUDGET £000 | FORECAST £000'S | REVISED BUDGET VARIANCE £000 |
| | **INCOME** | | | | | | | | | |
| 1 | NHS LONDON TRAINING CONTRACT | 605 | 605 | 0 | 1,814 | 1,814 | 0 | 7,254 | 7,254 | 0 |
| 2 | TRAINING FEES & OTHER ACA INC | 480 | 535 | 55 | 1,356 | 1,410 | 54 | 6,028 | 6,081 | 54 |
| 3 | POSTGRADUATE MED & DENT'L EDUC | 24 | 14 | (10) | 35 | 26 | (10) | 141 | 141 | 0 |
| 4 | JUNIOR MEDICAL STAFF | 69 | 77 | 9 | 242 | 256 | 15 | 966 | 966 | 0 |
| 5 | CHILD PSYCHOTHERAPY TRAINEES | 166 | 158 | (8) | 498 | 471 | (27) | 2,155 | 2,155 | 0 |
| 6 | R&D | 14 | 6 | (8) | 42 | 19 | (23) | 167 | 167 | 0 |
| 7 | CLINICAL INCOME | 964 | 1,022 | 57 | 2,900 | 2,931 | 31 | 11,554 | 11,467 | (87) |
| 8 | DAY UNIT | 88 | 89 | 1 | 264 | 285 | 21 | 1,055 | 1,055 | 0 |
| 9 | MONROE | 44 | 47 | 3 | 114 | 119 | 6 | 504 | 504 | 0 |
| 10 | FDAC | 42 | 65 | 24 | 125 | 116 | (9) | 500 | 491 | (9) |
| 11 | TCS INCOME | 47 | 49 | 2 | 152 | 143 | (9) | 613 | 605 | (9) |
| 12 | DEPT CONSULTANCY INCOME | 63 | 50 | (13) | 173 | 118 | (55) | 737 | 682 | (55) |
| 13 | COURT REPORT INCOME | 24 | 40 | 16 | 71 | 72 | 1 | 285 | 286 | 1 |
| 14 | EXCELLENCE AWARDS | 10 | 10 | 0 | 29 | 29 | 0 | 116 | 116 | 0 |
| 15 | OTHER INCOME | 58 | 62 | 4 | 175 | 125 | (50) | 702 | 651 | (50) |
| | **TOTAL INCOME** | **2,696** | **2,827** | **131** | **7,988** | **7,933** | **(55)** | **32,778** | **32,623** | **(155)** |
| | **EXPENDITURE** | | | | | | | | | |
| 16 | EDUCATION & TRAINING | 390 | 365 | 25 | 1,088 | 970 | 119 | 4,679 | 4,620 | 59 |
| 17 | PORTMAN CLINIC | 110 | 129 | (19) | 330 | 342 | (12) | 1,316 | 1,316 | 0 |
| 18 | ADULT DEPT | 259 | 250 | 9 | 778 | 770 | 8 | 3,109 | 3,109 | 0 |
| 19 | MEDNET | 21 | 25 | (5) | 62 | 50 | 11 | 246 | 235 | 11 |
| 20 | ADOLESCENT DEPT | 132 | 163 | (31) | 396 | 427 | (32) | 1,723 | 1,723 | 0 |
| 21 | C & F CENTRAL | 668 | 713 | (46) | 2,016 | 2,161 | (145) | 8,075 | 8,175 | (100) |
| 22 | MONROE & FDAC | 91 | 104 | (13) | 274 | 253 | 20 | 905 | 905 | 0 |
| 23 | DAY UNIT | 64 | 67 | (3) | 192 | 194 | (2) | 751 | 751 | 0 |
| 24 | SPECIALIST SERVICES | 84 | 72 | 12 | 230 | 212 | 18 | 1,083 | 1,083 | 0 |
| 25 | COURT REPORT EXPENDITURE | 8 | 10 | (2) | 24 | 12 | 11 | 95 | 95 | 0 |
| 26 | TRUST BOARD & GOVERNORS | 9 | 10 | (1) | 26 | 28 | (2) | 106 | 106 | 0 |
| 27 | CHIEF EXECUTIVE OFFICE | 26 | 27 | (1) | 78 | 78 | (1) | 311 | 311 | 0 |
| 28 | PERFORMANCE & INFORMATICS | 58 | 58 | (0) | 186 | 180 | 7 | 708 | 701 | 7 |
| 29 | FINANCE & ICT | 101 | 111 | (10) | 304 | 321 | (17) | 1,200 | 1,220 | (20) |
| 30 | CENTRAL SERVICES DEPT | 182 | 178 | 4 | 546 | 535 | 11 | 2,165 | 2,165 | 0 |
| 31 | HUMAN RESOURCES | 55 | 59 | (5) | 169 | 188 | (19) | 646 | 665 | (19) |
| 32 | CLINICAL GOVERNANCE | 35 | 55 | (20) | 102 | 93 | 9 | 409 | 400 | 9 |
| 33 | TRUST DIRECTOR | 37 | 45 | (7) | 101 | 93 | 8 | 403 | 395 | 8 |
| 34 | PPI | 19 | 15 | 4 | 58 | 48 | 10 | 231 | 221 | 10 |
| 35 | SWP & R+D & PERU | 22 | 20 | 2 | 66 | 44 | 22 | 264 | 264 | 0 |
| 36 | R+D PROJECTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 37 | PGMDE | 5 | 8 | (3) | 16 | 13 | 2 | 63 | 63 | 0 |
| 38 | NHS LONDON FUNDED CP TRAINEES | 166 | 165 | 1 | 498 | 471 | 26 | 2,155 | 2,155 | 0 |
| 39 | TAVISTOCK SESSIONAL CP TRAINEES | 7 | 7 | 0 | 22 | 20 | 2 | 88 | 88 | 0 |
| 40 | FLEXIBLE TRAINEE DOCTORS | 9 | 7 | 3 | 28 | 17 | 11 | 113 | 102 | 11 |
| 41 | TCS | 48 | 60 | (12) | 145 | 146 | (1) | 542 | 506 | 36 |
| 42 | DEPARTMENTAL CONSULTANCY | 4 | 7 | (3) | 11 | 12 | (1) | 47 | 47 | 0 |
| 43 | DEPRECIATION | 42 | 42 | (0) | 127 | 127 | (0) | 509 | 509 | 0 |
| 44 | PROJECTS CONTRIBUTION | (7) | (13) | 6 | (22) | (32) | 10 | (87) | (98) | 10 |
| 45 | IFRS HOLIDAY PAY PROV ADJ | 0 | 0 | 0 | 0 | (0) | 0 | 0 | (0) | 0 |
| 46 | CENTRAL RESERVES | 0 | 0 | 0 | 0 | 0 | 0 | 399 | 266 | 133 |
| | **TOTAL EXPENDITURE** | **2,645** | **2,759** | **(114)** | **7,850** | **7,776** | **74** | **32,253** | **32,098** | 155 |
| | **OPERATING SURPLUS/(DEFICIT)** | **51** | **68** | **17** | **138** | **157** | **19** | **525** | **525** | (0) |
| 47 | INTEREST RECEIVABLE | 1 | 1 | 0 | 3 | 3 | 0 | 11 | 11 | 0 |
| 48 | UNWINDING OF DISCOUNT ON PROVISION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 49 | DIVIDEND ON PDC | (32) | (32) | (0) | (96) | (97) | (0) | (386) | (386) | 0 |
| | **SURPLUS/(DEFICIT) BEFORE RESTRUCTURING** | **20** | **37** | **17** | **45** | **63** | **19** | **150** | **150** | **(0)** |
| 50 | RESTRUCTURING COSTS | 0 | 901 | (901) | 0 | 901 | (901) | 1,000 | 1,000 | 0 |
| | **SURPLUS/(DEFICIT) AFTER RESTRUCTURING** | **20** | **(863)** | **(883)** | **45** | **(837)** | **(882)** | **(850)** | **(850)** | **(0)** |

# Cash Flow 2011/12

Appendix C

## *2011/12 Plan*

| | April £000 | May £000 | June £000 | July £000 | August £000 | Sept £000 | Oct £000 | Nov £000 | Dec £000 | Jan £000 | Feb £000 | March £000 | Total £000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Opening cash balance | 4,712 | 4,770 | 4,010 | 3,316 | 2,872 | 2,366 | 1,607 | 1,401 | 1,422 | 1,118 | 1,572 | 1,505 | 4,712 |
| Operational income received | | | | | | | | | | | | | |
| NHS (excl SHA) | 541 | 623 | 659 | 976 | 1,007 | 890 | 877 | 1,008 | 888 | 877 | 1,009 | 888 | 10,243 |
| General debtors (incl LAs) | 742 | 374 | 560 | 519 | 425 | 650 | 533 | 485 | 450 | 839 | 565 | 472 | 6,614 |
| SHA for Training | 914 | 934 | 914 | 914 | 933 | 914 | 914 | 934 | 914 | 914 | 934 | 914 | 11,047 |
| Students and sponsors | 300 | 150 | 150 | 100 | 0 | 200 | 650 | 250 | 100 | 500 | 100 | 100 | 2,600 |
| Other | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 216 |
| | 2,515 | 2,099 | 2,301 | 2,527 | 2,383 | 2,672 | 2,992 | 2,695 | 2,370 | 3,148 | 2,626 | 2,392 | 30,720 |
| Operational expenditure payments | | | | | | | | | | | | | |
| Salaries (net) | (1,209) | (1,210) | (1,209) | (1,210) | (1,209) | (1,710) | (1,661) | (1,162) | (1,161) | (1,162) | (1,161) | (1,161) | (15,225) |
| Tax, NI and Pension | (900) | (894) | (894) | (894) | (894) | (894) | (894) | (858) | (858) | (858) | (858) | (858) | (10,554) |
| Suppliers | (349) | (756) | (849) | (761) | (687) | (576) | (584) | (595) | (605) | (614) | (615) | (613) | (7,604) |
| | (2,458) | (2,860) | (2,952) | (2,865) | (2,790) | (3,180) | (3,139) | (2,615) | (2,624) | (2,634) | (2,634) | (2,632) | (33,383) |
| Capital Expenditure | 0 | 0 | 0 | (100) | (100) | (60) | (60) | (60) | (50) | (60) | (60) | (109) | (659) |
| Interest Income | 1 | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 10 |
| Payments from provisions | 0 | 0 | (45) | (6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (51) |
| PDC Dividend Payments | 0 | 0 | 0 | 0 | 0 | (193) | 0 | 0 | 0 | 0 | 0 | (193) | (386) |
| Closing cash balance | 4,770 | 4,010 | 3,316 | 2,872 | 2,366 | 1,607 | 1,401 | 1,422 | 1,118 | 1,572 | 1,505 | 963 | 963 |

## *2011/12 Actual/Forecast*

| | April £000 | May £000 | June £000 | July £000 | August £000 | Sept £000 | Oct £000 | Nov £000 | Dec £000 | Jan £000 | Feb £000 | March £000 | Total £000 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Opening cash balance | **4,712** | **3,376** | **3,516** | 2,536 | 2,375 | 1,932 | 1,172 | 966 | 987 | 684 | 1,137 | 1,070 | 4,712 |
| Operational income received | | | | | | | | | | | | | |
| NHS (excl SHA) | **691** | **725** | **341** | 1,109 | 1,007 | 890 | 877 | 1,008 | 888 | 877 | 1,009 | 888 | 10,310 |
| General debtors (incl LAs) | **618** | **238** | **279** | 519 | 425 | 650 | 533 | 485 | 450 | 839 | 565 | 472 | 6,073 |
| SHA for Training | **0** | **1,707** | **968** | 914 | 933 | 914 | 914 | 934 | 914 | 914 | 934 | 914 | 10,960 |
| Students and sponsors | **198** | **92** | **162** | 200 | 0 | 200 | 650 | 250 | 100 | 500 | 100 | 100 | 2,552 |
| Other | **4** | **22** | **30** | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 18 | 218 |
| | **1,511** | **2,784** | **1,780** | 2,760 | 2,383 | 2,672 | 2,992 | 2,695 | 2,370 | 3,148 | 2,626 | 2,392 | 30,113 |
| Operational expenditure payments | | | | | | | | | | | | | |
| Salaries (net) | **(1,243)** | **(1,210)** | **(1,202)** | (1,210) | (1,209) | (1,710) | (1,661) | (1,162) | (1,161) | (1,162) | (1,161) | (1,161) | (15,252) |
| Tax, NI and Pension | **(900)** | **(917)** | **(926)** | (894) | (894) | (894) | (894) | (858) | (858) | (858) | (858) | (858) | (10,609) |
| Suppliers | **(705)** | **(497)** | **(542)** | (761) | (687) | (576) | (584) | (595) | (605) | (614) | (615) | (613) | (7,394) |
| | **(2,848)** | **(2,624)** | **(2,670)** | (2,865) | (2,790) | (3,180) | (3,139) | (2,615) | (2,624) | (2,634) | (2,634) | (2,632) | (33,255) |
| Capital Expenditure | **0** | **(21)** | **(91)** | (50) | (38) | (60) | (60) | (60) | (50) | (60) | (60) | (109) | (659) |
| Interest Income | **1** | **1** | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 10 |
| Payments from provisions | **0** | **0** | 0 | (6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (6) |
| PDC Dividend Payments | **0** | **0** | 0 | 0 | 0 | (193) | 0 | 0 | 0 | 0 | 0 | (193) | (386) |
| Closing cash balance | **3,376** | **3,516** | **2,536** | 2,375 | 1,932 | 1,172 | 966 | 987 | 684 | 1,137 | 1,070 | 528 | 528 |

# Appendix D

| STATEMENT OF FINANCIAL POSITION | Plan | Actual | Actual |
|---|---|---|---|
| | 30 June 2011 | 30 June 2011 | 31 March 2011 |
| | £000 | £000 | £000 |
| **Non-current assets** | | | |
| Intangible assets | 105 | 130 | 111 |
| Property, plant and equipment | 12,682 | 12,701 | 12,603 |
| **Total non-current assets** | 12,787 | 12,831 | 12,714 |
| **Current assets** | | | |
| Inventories | 1 | 1 | 1 |
| Trade and other receivables incl. accrued income | 1,533 | 2,808 | 2,422 |
| Cash and cash equivalents | 4,310 | 2,529 | 4,712 |
| **Total current assets** | 5,844 | 5,338 | 7,135 |
| **Current liabilities** | | | |
| Trade and other payables | (1,112) | (461) | (2,031) |
| Provisions | (6) | (31) | (51) |
| Tax payable | (550) | (565) | (558) |
| Other liabilities incl. deferred income | (3,113) | (4,210) | (3,469) |
| **Total current liabilities** | (4,781) | (5,267) | (6,109) |
| **Total assets less current liabilities** | **13,850** | **12,902** | **13,740** |
| **Non-current liabilities** | | | |
| Provisions | (60) | (60) | (60) |
| **Total non-current liabilities** | **(60)** | **(60)** | **(60)** |
| **Total assets employed** | **13,790** | **12,842** | **13,680** |
| **Financed by (taxpayers' equity)** | | | |
| Public Dividend Capital | 3,403 | 3,403 | 3,403 |
| Revaluation reserve | 7,840 | 7,840 | 7,840 |
| Income and expenditure reserve | 2,518 | 1,599 | 2,437 |
| **Total taxpayers' equity** | **13,761** | **12,842** | **13,680** |

# Board of Directors : July 2011

**Item** : 7b

**Title** : Quarter 1 Governance, Quality & Finance Declarations

**Summary**:

The Board is asked to approve three declarations to Monitor for Quarter 1:

- The Board confirms that all targets and indicators have been met (after application of thresholds) over the period and that sufficient plans are in place to ensure that all known targets and indicators which will come into force during 2011/12 will also be met.

- The Board is satisfied that, to the best of its knowledge and using its own processes and having had regard to Monitor's Quality Governance Framework (supported by Care Quality Commission information, its own information on serious incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients.

- The Board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months

This report has been reviewed by the Management Committee on 14 July.

**This report focuses on the following areas**:

- Quality
- Patient / User Safety
- Risk
- Finance

**For** : Approval

**From** : Director of Corporate Governance and Facilities;
Trust Director;
Director of Finance & SIRO

# Quarter 1Governance,Quality and Finance Declarations

## 1. In-year Governance Declaration

1.1 Performance against healthcare targets and indicators

1.1.1 The Monitor template for our quarterly return sets out a list of targets and indicators, in line with the Compliance Framework 2011/12 document. The targets and indicators which apply to this Trust are given in the table below.

1.1.2 All targets and indicators are being met; and plans are sufficient to ensure that they continue to be met. Further details are given below. The Trust should therefore continue to receive a green governance rating.

| Target | Weighting | Quarter 1Result | |
|---|---|---|---|
| Data completeness: 99% completeness on all 6 identifiers | 0.5 | Achieved | |
| Self certification against compliance with requirements regarding access to healthcare for people with a learning disability | 0.5 | Achieved | |
| **Indicator** | **Weighting** | **Quarter 1Result** | |
| Risk of, or actual, failure to deliver mandatory services | 4.0 | No | |
| CQC compliance action outstanding | 2.0 | No | |
| CQC enforcement notice currently in effect | 4.0 | No | |
| Moderate CQC concerns regarding the safety of healthcare provision | 1.0 | No | |
| Major CQC concerns regarding the safety of healthcare provision | 2.0 | No | |
| Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements | 2.0 | No | |
| | | Total score | 0 |
| | | Indicative rating | |

1.2 Care Quality Commission registration

1.2.1 The Trust was registered by the CQC on 1 April 2010 with no restrictions. Actions continue to ensure that this status is retained; assurance is considered at the quarterly meetings of the CQSG Committee.

1.2.2 The Trust remains compliant with the CQC registration requirements.

1.3 Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability

1.3.1 The self-certification was reviewed and approved by the Board in April 2010.

1.4 Data Completeness

1.4.1 As reported previously, this target is now 99% completeness on *six* data identifiers. The Informatics department confirm that we met this target in the first quarter:

| | % Completeness |
|---|---|
| Commissioner Code | 100% |
| Registered GP Practice | 99% |
| Gender | 100% |
| Birth Date | 100% |
| Postcode | 100% |
| NHS Number | 100% |

1.5 Other matters

1.5.1 The Trust is required to report any other risk to compliance with its authorisation. The Compliance Framework gives – on pages 62 and 63 – a non-exhaustive list of examples where such a report would be required, including unplanned significant reduction in income or increase in costs; breach of borrowing limits; removal of a director for abuse of office; or significant non-contractual dispute with an NHS body.

1.5.2 There are no such matters on which the Trust should make an exception report.

## 2. Quality declaration

2.1 At the time of approving the Annual Plan in May, the Board reviewed this declaration in some depth and approved it.The

arrangements are unchanged since then, and no event has occurred to alter our view.

## 3. Finance declaration

3.1 The Annual Plan showed that the Trust expected to retain a Financial Risk Rating of 3 for each quarter of 2011/12 and for both the following years. This month's finance and performance report shows that while risks to this result remain, we expect to achieve it.

## 4. Conclusion

4.1 This report has been compiled in collaboration with the Director of Governance and Facilities, and the Trust Director. We believe that it gives the Board the assurance needed in order to approve all three declarations.

Simon Young
Director of Finance
14 July 2011

# Board of Directors : July 2011

**Item** : 8

**Title** : Education and Training Report

**Summary**:

This report covers the following items:

1. Introduction
2. Financial Position at July 2011
3. Recruitment position at end of June 2011
4. Negotiations on renewal of National Training Contract
5. Update on E-Learning

This report has been reviewed by the Management Committee on 14 July.

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance, and where not, whether the Board of Directors is satisfied with the action plans that have been put in place.

**This report focuses on the following areas**:

- Risk
- Finance

**For** : Discussion

**From** : Dean

# Education & Training Report

## 1. Introduction

1.1 The Government's "pause for reflection" has included education and training commissioning in the NHS. However, we have been told that the NHS London Education commissioning structure and plan have been authorised to continue development and the Trust has been actively involved in all consultations with the current commissioners and working for full compliance with our four current Contract Managers.

1.2 There have been indications that education and training commissioning funding is to be protected in the next financial year, but we fully expect either a further efficiency reduction, or, at best, flat funding for 2012/13.

1.3 Indications are that our reputation for high quality, the buoyancy of our year on year recruitment and our entrepreneurial enthusiasm are understood by the SHA and our National Contract Managers are willing to spend more time in discussion of our plans and how to put our ideas forward, encouraging our e-learning project and supporting our enterprise.

1.4 Reorganisation of courses into clusters in CAMHS and SAMHS is planned and proposed clusters of Tutors and administrators will be asked to comment on how best to deploy fewer resources. Clustering of courses has been widely welcomed and there is broad understanding that high AFC banding will no longer be automatic for Organising Tutors. Cluster or Portfolio Managers are expected to take managerial responsibility for delivery of financial and quality targets and manage tasks and planning of shared modules where practicable.

1.4.1 Course leads and distinctive course identities will be preserved. The plan will be developed in shadow form during the first term of the new academic year.

1.4.2 Savings are not expected immediately except in some visiting lecturer budgets where available time in staff work plans will be used for teaching where possible.

1.5 The post of Dean and Director of Education and Training has been advertised with a view to making a September appointment with an expectation of the new post-holder taking up the role in January 2012.

## 2. Financial Position at July 2011 (Appendix 1)

2.1 Forecasts indicate that we are broadly on plan to deliver on Plan. We are currently showing a small negative variance of £12,602.

2.2 CPD programme and recruitment are set to grow (Appendix 3) in-year as new ideas are developed and we have already delivered some successful conferences and have other major events planned for September.

2.3 HEFCE (higher education funding) will remain broadly the same as last year, but looking forward there will be year on year decreases in M-level funding (levels to be announced this week to universities) and zero funding for M-level courses by 2013/14. We have validated all our professional doctorates as research degrees and, subject to a consultation by HEFCE, there may be a chance of retaining student number funding for around 150 professional doctorate students after that date.

2.4 In view of the above we shall embark on planning for tuition fee increases to replace the declining HEFCE which will need to be linked to sound communication through the website and other channels about the reasons why we, like the universities, will need to raise fees considerably to cover our costs. We shall need to be mindful of the need to manage recruitment levels, in line with the conditions of our National Contract. Students and potential students will be well aware of the rise in all tuition fees and we shall probably be able to keep fees relatively lower than our competitors, while still delivering better student-teacher ratios and small group and individual teaching and supervision where required.

## 3. Recruitment position end of June 2011 (Appendix 2)

3.1 Recruitment for 2011/12 is broadly in line with the position at the end of June 2010. One or two courses are recruiting less well and explanations are offered in the notes to the recruitment table.

3.2 There are one or two courses which are cause for concern – marked red or amber in the Appendix 2, and we have initiated further targeted marketing on the web and using our current students to encourage inquiries from colleagues and friends who are likely to be interested in our approach.

3.3 There is uncertainty about whether all who apply and are offered places taking them up if funding or day release or both are withdrawn so we shall not be confident of the position until we

report to the Management Committee and the Board of Directors with more solid information in October and November 2011. I shall report in September 2011 on the position at that point.

3.4 E-learning developments need to be actively pursued to compensate for any potential recruitment deficit in our existing programmes.

## 4. Negotiations on renewal of National Training Contract

4.1 Two meetings to consider the annual report on 2010/11 and a new National Contract have taken place.

4.2 Renewal of the contract is expected for October 2011, providing continuity.

4.3 Discussions have focused on encouragement for boldness in describing our achievements and our approach and in briefing our Contract Managers about our e-learning strategy and plans so that the Contract Managers can put the Trust's case to its commissioners of non-medical education and training (CNMET) in July, and its Education Commissioning System Management Group in August.

4.4 It is hoped to renew the National Contract for five years, if possible and include clauses about the level of reduction in any given year. We would like to expect level funding for the coming financial year but decisions on levels of efficiency savings will be made nationally.

4.4.1 An indication was provided that we expect to continue to deliver traditional M- and D-level courses and CPD where recruitment appears to be holding up, except in children's social work.

4.4.2 The Trust will seek academic accreditation of some CPD with university partners.

4.4.3 The Trust's relational training model will not be changed by its aims with e- and distance-learning. There will be experimentation with didactic distance learning modules and written assignments, but clinical students will join face to face groups at the Tavistock Centre or other centres supplemented by trying out small group teaching using Skype and Elluminate Live. Synchronous and asynchronous learning will be developed. On-line modules that are self-contained will inevitably be trialled and developed.

4.4.4 The e-learning plan is incremental and not to be delivered at the expense of current delivery.

**5. E-Learning Update** (Appendix 4)

5.1 The E-Learning Unit has accomplished its first phase of establishment and has developed appropriate working practices – in staff training, project development, financial planning, marketing and support for the subject experts. There are promising developments in terms of partnerships particularly with the OU and also with NHS London.

5.2 Priorities have been identified for the next period.

5.3 Initial income targets may be optimistic but longer term forecasts remain promising. An active campaign is launched to encourage staff across the Trust to achieve £30k income from internet video supervision.

Ms Trudy Klauber
Dean
15th July 2011

# Training Fees and Other Academic Income 2010/11

Appendix 1

| **Education and Training** | **July 2011** | **Financial Year 11/12 Plan** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Training fees and other academic income** | | | | | | | | | | | | | |
| | AY 09/10 | AY 10/11 | AY10/11 | AY10/11 | AY11/12 | AY11/12 | FY 10/11 | FY 10/11 | FY 10/11 | FY11/12 | FY11/12 | FY11/12 | Notes |
| *Contract Income* | Actual | Plan | Forecast | Actual | Plan | Forecast | **Plan** | **Actual** | **Variance** | **Plan** | **Forecast** | **Variance** | |
| | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | £ | |
| National training contract | | | | | | | | | | 7,383,980 | 7,383,980 | 0 | (1) |
| Child Psychotherapy trainee salaries | | | | | | | | | | 1,796,758 | 1,769,433 | -27,325 | (2) |
| Child Psychotherapy tuition | 376,896 | 397,264 | 405,381 | 409,992 | 393,992 | 401,992 | 390,925 | 405,139 | 14,214 | 374,925 | 405,325 | 30,400 | |
| LCPPD b/f | | | | | | | 95,000 | 0 | -95,000 | 62,272 | 62,272 | 0 | |
| NHSL CPPD | 233,985 | 220,000 | 266,231 | 266,231 | 240,000 | 233,802 | 225,827 | 210,987 | -14,840 | 250,930 | 247,314 | -3,615 | |
| | 610,881 | 617,264 | 671,612 | 676,223 | 633,992 | 635,794 | 711,752 | 616,126 | -95,626 | 688,127 | 714,911 | 26,785 | |
| **Other Training and Academic Income** | | | | | | | | | | | | | |
| Tuition Fees | 2,208,105 | 2,356,683 | 2,281,127 | 2,361,388 | 2,478,328 | 2,478,328 | 2,299,515 | 2,233,016 | -66,499 | 2,382,643 | 2,356,750 | -25,893 | (3) |
| Partner Centres | 74,130 | 61,295 | 70,429 | 62,400 | 70,000 | 60,000 | 61,295 | 71,971 | 10,676 | 68,971 | 61,000 | -7,971 | (4) |
| Commissioned Income | 363,258 | 394,584 | 366,799 | 347,543 | 409,205 | 402,278 | 381,692 | 354,091 | -27,601 | 356,933 | 379,472 | 22,538 | (5) |
| Fee Income | 2,645,493 | 2,812,562 | 2,718,355 | 2,771,331 | 2,957,533 | 2,940,606 | 2,742,502 | 2,659,078 | -83,424 | 2,808,548 | 2,797,222 | -11,325 | |
| HEFCE | 833,932 | 583,681 | 744,046 | 729,334 | 638,840 | 640,750 | 626,764 | 852,368 | 225,605 | 682,676 | 677,660 | -5,016 | (6) |
| CPD Courses | | | | | | | 233,309 | 397,113 | 163,804 | 362,921 | 352,000 | -10,921 | (7) |
| Research funding | | | | | | | 23,252 | 12,752 | -10,500 | 0 | 10,000 | 10,000 | (8) |
| E-learning | | | | | | | 10,000 | 0 | -10,000 | 30,000 | 30,000 | 0 | (9) |
| Conferences | | | | | | | 137,700 | 76,251 | -61,449 | 84,800 | 90,000 | 5,200 | (10) |
| CWDC Income | | | | | | | 137,059 | 83,226 | -53,834 | 103,770 | 103,770 | 0 | |
| Other Income | | | | | | | 1,168,084 | 1,421,710 | 253,626 | 1,264,166 | 1,263,430 | -737 | |
| | | | | | | | 4,622,337 | 4,696,913 | 74,576 | 4,760,841 | 4,775,563 | 14,723 | |
| | | | | | | | | | | **13,941,579** | **13,928,976** | **-12,602** | |

**Notes**

(1) Reduction of 3% on previous financial year

(2) Payments to be uplifted in Q3 to reflect new starters

(3) AY10/11 credits in new financial year

(4) Budget reflect M7D income in error

(5) Exact fees for 3 cohorts through SEEL updated

(6) Low rates assumed in budget should buffer against PGT, now PGR in AY11/12; HEFCE claim may be lost

(7) Nearing target - will be compensated by conference income

(8) Funds b/f from previous FY

(9) On target

(10) Will exceed target but remaining prudent at Q1

Appendix 2

# Course Recruitment Comparison Data 2010/11

| Course Code | 2010/11 at June 2010 | 2010/11 at June 2011 |
|---|---|---|
| CPD25 | | 3 |
| D1 | 19 | 11 |
| D10 | 2 | 11 |
| D10D | 2 | 2 |
| D11 | 5 | 7 |
| D12 | 24 | 29 |
| D18 | 8 | 6 |
| D1R | | |
| D24 | 15 | 14 |
| D30 | 7 | 11 |
| D32 | 1 | |
| D34 | 1 | |
| D35 | 2 | 1 |
| D35/M35 | 1 | |
| D4 | 27 | 58 |
| D42 | 1 | |
| D4AK | 1 | 3 |
| D4AL | 1 | |
| D4AS | | 1 |
| D4K | 6 | 1 |
| D4S | 1 | 3 |
| D4X | 2 | 2 |
| D58 | 41 | 38 |
| D58L | 8 | 5 |
| D59 | 17 | 12 |
| D60 | 7 | 7 |
| D60M | 3 | 1 |
| D65 | 6 | 12 |
| D67 | 8 | 8 |
| D7 | | 2 |
| D77 | 1 | |

| Course Code | 2010/11 at June 2010 | 2010/11 at June 2011 |
|---|---|---|
| D82 | | |
| D86 | | 7 |
| D9 | 5 | 2 |
| D90 | | 1 |
| M1 | 4 | 6 |
| M10 | 3 | 4 |
| M14 | 3 | |
| M16 | 21 | 18 |
| M21 | 6 | 6 |
| M22 | 4 | 4 |
| M25 | 2 | 3 |
| M26 | 3 | 5 |
| M3 | | |
| M33 | 5 | 1 |
| M34 | | 4 |
| M4 | 1 | |
| M42 | 2 | 1 |
| M5 | 5 | 4 |
| M6 | 1 | 33 |
| M7 | 71 | 67 |
| M7D | 2 | |
| M7K | 1 | |
| M7L | 3 | |
| M7O | | 1 |
| M80 | 2 | |
| M80 As. Centres | 1 | |
| M9 | 10 | 9 |
| P20 | 3 | 6 |
| PC4 | 4 | 7 |
| PC4INT | | 1 |

| | 2010/11 at June 2010 | 2010/11 at June 2011 |
|---|---|---|
| **Total** | **406** | **416** |

| | |
|---|---|
| Difference < 5 | |
| Difference 5 – 10 | |
| Difference > 10 | |

## 1. Course Recruitment

1.1 Recruitment is looking somewhat similar to the situation exactly a year ago which is hopeful.

1.2 Final student numbers for these courses, across all years, were 834.

1.3 We have RAG rated differences year on year and we know that D10 (C*onsultation and the Organisation*) had an anomalous year in 2010-11 – we have speculated this related to redundancies and potential redundancies in the public sector, since D12 also did very well – *Introduction to Counselling and Psychotherapy*. Both courses create the potential for a change of career.

1.4 We have actually recruited many more students to M6 Systemic Psychotherapy training this year, but these have not yet been approved and enrolled. M7 usually recruits 50 or more per year.

1.5 D65 is an Advanced Diploma for mental health nurses and we had no commissions from NHS London Trusts for 2011-12, these went instead to Tavistock Consulting programmes.

1.6 D65 course team is creating an honours degree programme to recruit Project 2000 Nurses who are required to become graduates within a very few years from now. Funding is difficult as is staff release.

1.7 Course D1 is a course for teachers which traditionally recruits 11-18 students in year 1 and it recruits late (August and September).

Appendix 3

# CPD Update July 2011[1]

| INCOME | | | | Predicted[2] |
|---|---|---|---|---|
| **Department** | **2009/10** | **2010/11** | | **2011/12** |
| CAMHS | £116,816 | £180,207 | See Note 1 | £137,000 |
| Adolescent | £136,556 | £107,549 | See Notes 2 & 3 | £105,000 |
| Adult | £17,152 | £50,921 | | £45,000 |
| Portman | £21,838 | £21,648 | | £25,000 |
| TCS | n/a | £26,540 | | £40,000 |
| **Total** | **£292,362** | **£386,865** | | **£352,000** |

| STUDENT NUMBERS | | |
|---|---|---|
| **Department** | **2009/10** | **2010/11** |
| CAMHS | 423 | 498 |
| Adolescent | 282 | 277 |
| Adult | 184 | 345 |
| Portman | 101 | 81 |
| TCS | n/a | 24 |
| **Total** | **990** | **1,225** |

**Notes**

1. CPD58 (c. £50K) only runs every two years, ran in March 11, did not run in FY 2009/10

2. CPD59 income not shown - moved to April (previously held in March) in 2011 so will show up in 2011/12 figures (c. £22K)

3. CPD61 moved from adolescent to Tav.Cons. service line (c. £26K)

4. Income derived from NHS London internal funding not included in these figures

[1] Figures as per financial year 2010/11 (reported by academic year in July 2010). Gross income shown

[2] Predicted income of courses confirmed as of 06/07/2011. More training courses will be planned over the year and this figure will increase

# Appendix 4

# E-Learning Activities

**Table 1: E-learning activities within the project and current status**

| Objectives | Start date | Projected completion date | Status |
|---|---|---|---|
| Establish Unit with regular meetings and method of work | Jan 2011 | May 2011 | Completed |
| Appointment of staff; Project Manager post | Jun 2011 | End of Jun 2011 | In progress |
| Developing partnerships | Jan 2011 | Expected to have draft agreement with OU 24/06/2011 | In progress |
| Staff training first phase: Skype; Elluminate Live; Wimba Create | Feb 2011 | May 2011 | Completed |
| Staff training second phase: Elluminate Live; Wimba Create | Jun 2011 | Jul 2011 | In progress |
| Development of filming skills team to create video content pod and vod | Apr 2011 | First projects filmed Jun 2011 | Completed |
| Delivering Skype supervisions | Feb 2011 | Some initial take-up but short of expected | In progress |
| Developing and producing e-distance learning projects using live and any time methods | Mar 2011 | Initial projects being managed | In progress |
| Identification of core modules for distance learning development through curriculum review | Jun 2011 | Oct 2011 | In progress |

# Board of Directors : July 2011

**Item** : 9

**Title** : Service Line Report: Developmental CAMHS

**Summary**:

CAMHS developmental Service line report, statistics for previous year and proposed changes.

This report has been reviewed by the following Committees:

- Management Group 14th July 2011

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance, and where not, whether the Board of Directors is satisfied with the action plans that have been put in place.

**This report focuses on the following areas**:

- Quality
- Risk
- Finance

**For** : Discussion

**From** : Associate Clinical Director, CAMHS

# Service Line Report – Developmental CAMHS

Executive Summary

## 1. Introduction

1.1 The service line consists of four teams that between them provide a generic CAMH service for 21 contractual areas (currently PCTS), specialist autism and learning and complex disabilities work, and a community based drug and alcohol service for young people in Barnet.

## 2. Areas of Risk and/or Concern

2.1 In the current financial climate all contracts are at risk. Work with commissioners / GPs and local providers are essential to ensure our contracts are maintained and developed.

2.2 The Service Line is undergoing a complete reorganisation. We are introducing 'consultation and review' clinics and clinical clusters. The drivers for this are:

2.2.1 To improve the quality of the service we provide (though better care planning, outcome measurement, linking with research and training)

2.2.2 To make productivity savings (i.e. to reduce our outgoings to be in line with our income)

2.2.3 To develop a better structure for growth (to have clusters that will better support the development of clinical research and specialist trainings / CPD)

2.2.4 To better develop and quantify our unique contribution to CAMHS

2.3 Any significant change process involves risks; to posts, staff morale initially, and coherence.

2.4 A further risk is the need to ensure that we meet the CQUIN targets, as we may be financially penalised if not.

## 3. Proposed Action Plan

3.1 As part of the Trust-wide Productivity Programme, a dedicated working group has been working on developing service models that

will reduce costs. This working group pre-dated the Productivity Programme and had been working on developing service models to improve quality and improve service delivery.

3.2 The working group is now building upon the pre existing work (with the other teams in the Directorate) to develop more efficient and therefore cost effective procedures for managing clinical care. This work has included looking at referral criteria, care plans, developing systematic review procedures and staff work plans. This work also includes developing effective systems for gathering data required for the CQUIN targets.

3.3 The working group has also involved representatives from the currency project and RiO to ensure that any changes implemented are consistent with other current developments and drivers.

3.4 The working group reports to the CAMHS Project Team, which in turn reports to the Trust Productivity Programme Board.

3.5 It is envisaged that through the work above, clinical time will be freed up within the service line. The time generated will be used for the following:

3.5.1 Cost savings through job re-evaluation and redundancy where necessary

3.5.2 Working with commissioners and local providers to ensure contracts are maintained and that the services we provide are complementary and supportive to local services within each contract area

3.5.3 Seizing new opportunities such as working on developing services where new funding streams are possible. This will primarily be on developing the cross trust autism assessment and treatment services, psychotherapy / training within schools service and court work

3.5.4 Developing and shaping clinical services in line with national as well as local initiatives such as Children and Young Peoples IAPT

Main Report

## 4. Overview of the Service

4.1 The Developmental Service Line consists of four clinical teams; two generic CAMHS teams, the Learning and Complex Disabilities Service and Barnet young peoples drug and alcohol service. The Service Line is also holding management of the Fostering and Adoption Team, whilst the management structures are being revised. This Service Line does the majority of work on our main contracts in C&F (excluding Camden) such as Haringey, Barnet, Islington, Enfield as well as other smaller contracts.

4.2 Team Two is a multidisciplinary team that takes its referrals primarily from Barnet. It has 3.6 WTE staff. Referrals come into the team through the central intake system in the department. Barnet is in the process of developing a single point of entry (SPE) system. Fortunately owing to the experience gathered through developing the SPE in Camden and the good working relationship the CAMHS Director has established with the CAMHS commissioner in Barnet, we have been asked to take a central role in developing this SPE.

4.3 Team Three is a multidisciplinary team that takes its referrals primarily from Haringey. It has 4.2 WTE (soon to reduce to 3.2 though redundancy savings) and also houses the trust's autism service for children. Haringey now has a single point of entry, so Haringey referrals go straight into the team from this single point.

4.4 The Learning and Complex Disabilities Service is a multidisciplinary team that takes its referrals directly and is funded through the London Contract for specialist services (a contract shared with the Portman Clinic). It consists of 2.9 WTE (soon to reduce to 2.3 through retirement) and its services are unusual in that they span the full age range.

4.5 Barnet Young Peoples' Drug and Alcohol Service (YPDAS) is a specialist community service that has been commissioned to provide universal, targeted and specialist drug and alcohol education and treatment services in Barnet. It has been commissioned by the Local Authority, and given the likelihood that all children's services will eventually be Local Authority commissioned in part, this is a key development for the Service Line. The Team consists of 4.8 WTE and is currently undergoing a separate review, as its funding is ring-fenced.

4.6 There are a number of smaller service development areas in the Service Line such as the New Rush Hall project and Vernon House (commissioned child psychotherapy clinical and training service in schools) and the link with the Royal National Orthopaedic hospital,

where we employ then second three sessions of psychiatry and five of psychology.

4.7 Another developmental area is court work, which has an intake through a workshop and the numbers of cases coming through are steadily increasing. Some of the resources from the MYFC will be used to pick up some of this work, and they have a separate court work target.

## 5. Activity Data

5.1 The activity data is from 1st April 2009 to 31st March 2010. During this time the following numbers of cases were seen

| Team | Number of New Cases | Number of Appointments |
|---|---|---|
| Team Two | 51 | 38 |
| Team Three | 81 | 55 |
| LCDS | 46 | 21 |

5.2 The referrals coming into the Teams in this Service Line tend to be more specialist in nature (for example complex multigenerational difficulties) in line with the changing requirement of commissioners. This has an impact on our training capacity and business model for future services.

5.3 The Barnet service is commissioned via a block contract, and we have now completed one full year of this contract. The service has met all its targets for engaging with young people over the first year and extending the referral base to include NHS referrals and a wider BME referral rate and the commissioners gave us very positive feedback at the end of year one.

## 6. Follow Up and DNA Statistics

6.1 These statistics cover the period 01.01.10 - 31.12.10 (i.e. the last year.

| | Team Two | Team Three | LCDS |
|---|---|---|---|
| Referrals accepted | 57 | 81 | 46 |
| Attended appointments | 1,668 | 3,434 | 960 |
| DNAs | 128 | 161 | 42 |
| Appointments per case in-year | 29.2 | 21.3 | 20.86 |
| DNA rate | 7.67% | 4.68% | 4.37% |

6.2 In 2010 there were 16 cases that breached the 11 weeks target. These were all owing to the need to get either funding agreed (NPA's) or more information was needed before work could be started.

## 7. Financial Situation

7.1 The service line budget is just under £1.7m. All the contracts have now been agreed for the year and the majority of the contract income is secure for the year (with the CQUIN funding being dependent on achieving specific targets). The service line has additional targets for court work, NPA's and autism diagnosis (ADOS) training. At this point in time we are under performing by about £20k on our NPA target, but over performing on our court work target by £28k.

| | Actuals | Budget | Variance |
|---|---|---|---|
| **INCOME** | | | |
| DIRECT: | | | |
| NPAs | 7,150 | 28,624 | -21,474 |
| Court Work | 58,160 | 29,630 | 28,530 |
| NRHS | 147,215 | 138,500 | 8,715 |
| LCDS | 4,153 | 3,000 | 1,153 |
| RNOH | 83,200 | 78,200 | 5,000 |
| Barnet YP D&A Service | 306,806 | 319,000 | -12,194 |
| Barnet SPE | 6,084 | 5,000 | 1,084 |
| ADOS Training | 13,330 | 28,000 | -14,670 |
| Other | 22,395 | 13,908 | 8,487 |
| CLINICAL: | | | |
| SLA Developmental CAMHS | 531,999 | 534,544 | -2,545 |
| SLA LCDS | 387,079 | 390,971 | -3,892 |
| TRAINING: | | | |
| National Contract | 113,592 | 113,592 | 0 |
| BUILDINGS | | | |
| Buildings | 6,001 | 11,993 | -5,992 |
| | | | |
| | **1,687,163** | **1,694,961** | **-7,798** |
| **OPERATING EXPENDITURE (EXCL. DEPRECIATION)** | | | |
| CLINICAL DIRECTORATES | | | |
| Management Developmental CAMHS | -113,888 | -53,828 | -60,060 |
| LCDS | -224,994 | -223,328 | -1,666 |
| Team 2 | -278,911 | -328,676 | 49,765 |
| Team 3 | -372,807 | -393,356 | 20,548 |
| New Rush Hall School | -66,159 | -73,914 | 7,755 |
| Royal National Orthopaedic Hospital | -68,738 | -71,811 | 3,072 |
| Barnet YP D&A Service | -247,244 | -271,150 | 23,906 |
| PCCS | -10,837 | -8,962 | -1,874 |
| Non Pay Developmental | -21,028 | -15,051 | -5,977 |
| CAMHS Management | -67,341 | -56,162 | -11,179 |
| BUILDINGS | | | |
| Buildings | -293,540 | -292,374 | -1,166 |
| | | | |

| | | | |
|---|---|---|---|
| | **-1,765,488** | **-1,788,612** | **23,123** |
| **CONTRIBUTION** | **-78,325** | **-93,650** | **15,325** |
| CENTRAL FUNCTIONS | | | |
| Income | 28,788 | 21,615 | 7,173 |
| Expenditure | -233,592 | -234,299 | 707 |
| | | | |
| **RETAINED SURPLUS** | **-283,129** | **-306,335** | **23,205** |
| | | | |
| SURPLUS as % of income | -17% | -18% | |
| CONTRIBUTION as % of income | -4% | -5% | |

## 8. Clinical Quality

8.1 High quality supervision of case work is embedded in the culture of the Trust, where reflective practice is a given. The Team Leaders are members of the service redesign group where systems to ensure the quality indicators are met are being developed.

8.2 The Service Line has also been working on ensuring that the systems for obtaining the outcome measures are in place across all of the Teams.

8.3 The Trust PPI Lead manages this Service Line, and therefore patient experience data is regularly reviewed across the Service Line, for example data from the Children's Survey is fed into the service redesign work. The PPI Committee are in the process of developing the range of methods for obtaining feedback from service users, such as extending the work of the Adolescent Directorate in getting the ESQ's completed over the telephone. We are looking at developing visual 'straw polls' and surveys for the computer points.

## 9. Complaints, Compliments and Patient Feedback

9.1 There have been no complaints relating to work undertaken in the Service Line. The Team Leaders have reviewed the feedback from the Patient's Survey and the Children's Survey to ensure that clinicians are aware of the concerns patients have raised generally about clinical practice, so that this can be acted on accordingly.

## 10. Clinical Governance and Audit

10.1 The annual case file audit was conducted across the Directorate, and the Service Lines. Teams participated in this. The concerns raised in the audit have been fed into the service redesign workgroup and are been addressed within the systematic review of clinical work

processes. In the most recent case note audit the LCDS scored 100%, though the other Team's scores have deteriorated.

## 11. Patient Safety Incidents

11.1 There were no recorded patient safety incidents within this Service Line over the last year.

## 12. Service Developments and proposed work plan

12.1 The Trust Wide Autism Service

12.1.1 We have now trained a range of professionals in autism diagnostic assessment tools, and alongside this are developing a more comprehensive assessment service that not only looks at diagnostic issues, but assesses a range of related issues including a person's mental health. The service is able to provide recommendations for treatment, a range of appropriate treatments and consultation to local services where needed. We are developing information on this service and have started to market it with commissioners.

12.2 The Schools Based Psychotherapy and training service

12.2.1 We have a contract with New Rush Hall and Vernon House schools to provide training consultation and psychotherapy within the schools. This is funded from the schools budget. Several other schools have approached us to ask for a similar service, and we are in the process of developing a business plan to extend and promote this work.

12.2.2 Other disabilities services, such as autism trainings and specialist treatments for Tuberous sclerosis are in development. We have recently appointed a new psychiatrist, Dr Petrus DeVries, who has started the process of developing a national Tuberous Sclerosis clinical service with us, and he has negotiated with the TS society to 'pump prime' this development in order to get it off the ground.

12.3 Improving relationships with commissioners and local service providers

12.3.1 Our core contracts are dependent on commissioners seeing the value in continuing to commission our services, and on the local services who gate keep referrals seeing a value in working in partnership with our services. This requires ensuring these relationships are given attention and that we

are responsive to meeting the gaps in local service provision where appropriate.

12.4 Any risk issues not mentioned above e.g. significant additions to the risk register

12.4.1 None to report

Sally Hodges
Associate Clinical Director
15th July 2011

Appendix 1

# Tavistock & Portman NHS Foundation Trust
# LCDS CQUIN Targets 2010/11

| Clinical Quality Performance Indicator | Service | Threshold | Method of Measurement | Existing Data Collection? | Reporting Frequency |
|---|---|---|---|---|---|
| **Improving Patient Experience for people with learning disabilities.**<br><br>To implement actions to improve patient experience, by implementing recommendations from a consultation project with people with learning disabilities.<br><br>To develop leaflets specifically for PWLD based on their feedback (complaints, information for patients, Trust leaflet) so that they are accessible for people with learning disabilities. June 2010<br><br>To develop content for the children's website specifically for children with learning disabilities. July 2010<br><br>To develop an action plan based on Hackney People's First consultation. July 2010 | LCDS | March 2011 | Report at end of period | N | Quarterly |

# Board of Directors : July 2011

**Item** : 10

**Title** : Payment by Results

**Summary**:

This report summarises the Department of Health's introduction of payment by results (PbR) for mental health, and the progress on its implementation within the Trust.

This report has been reviewed by the Management Committee on 14th July 2011.

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance, and where not, whether the Board of Directors is satisfied with the action plans that have been put in place.

**This report focuses on the following areas**:

- Finance

**For** : Discussion

**From** : Associate Medical Director

# Payment by Results

## 1. Introduction

1.1 Payment by Results (PbR) was introduced for the acute sector in 2003/04. At its simplest, PbR is just a list of prices: Price x Activity = Providers' (e.g. hospitals) income. PbR does not affect the total amount of money available, but is meant to provide a clear and transparent method of funding, where the money follows the patient/service user.

1.2 In 2008, *High Quality Care For All* set out the Department of Health's plan to have a national mental health currency available for use in 2010/11. Since then, currencies have been developed for use in the commissioning of mental health services for adults of working age and older people. The White Paper, *Equity and excellence: liberating the NHS,* states that the DoH will "implement a set of currencies for adult mental health services for use from 2012/13, and develop currencies for child and adolescent services." It also committed to "developing payment systems to support the commissioning of talking therapies."

1.3 Currency refers to the unit for which payment is made. The price/tariff refers to the set price for a given currency unit. The Care Pathways and Packages approach, developed initially by six mental health trusts in the North East and Yorkshire and Humber SHAs, is the currency that has been developed. Patients/service users are assessed with a standard assessment tool derived from HoNOS called the Mental Health Clustering Tool (MCHT), and are allocated to empirically derived care clusters/groups. The tool takes into account not only the patient's psychiatric diagnosis, but the severity of their mental disorder and its impact on their functioning in all areas of life. See the example given in Appendix 1. There are 20 different clusters under three main groups: 'non-psychotic', 'psychosis', and 'organic'. These clusters will be the currency unit so that, for example, you would commission for 50 people in cluster one, 20 people in cluster two, etc. Patients should be clustered at designated times: at assessment, and at recommended review periods in treatment, according to their cluster.

## 2. Timescales

2.1 The mental health PbR development national project is now moving into the implementation phase. 2011/12 is a 'preparatory/shadow year'. All service users accessing mental health care (post GP or other referral) that are working age adults and older people's services,

must be allocated to a cluster by 31st December 2011. Providers and commissioners need to be planning for their discussions on mental health service provision and start implementation of currencies with local pricesin 2012/13. The earliest possible date for a national tariff for mental health (if evidence from the use of a national currency presents a compelling case for a national price) is 2013/14.

2.2 The clusters only apply to patients over 18. The Trust has been taking a leading role in early work to develop a currency for CAMHS patients, and we plan to continue this involvement.

## 3. Progress on Payment by Results in the Trust

3.1 **PbR Work Group:** A PbR work group was established last year led by Simon Young, Finance Director, and Jessica Yakeley, Associate Medical Director. The PbR Work Group has met several times and also includes Carl Doherty, Deputy Director of Finance, Julia Smith, Director of Service Development& Strategy, Allan Archibald, Head of Informatics, Robin Bonner, Head of Service Development and Agreements,Michael Mercer, Unit Head of the Adult Department, Limor Abramov, Clinical Governance Lead, Adolescent Department, Stan Ruszczynski, Director Portman Clinic, and Christine Hochleitner, EA to Associate Medical Director.

3.2 **Patient population to be clustered in the Trust:** All patients over 18 in the Adult Department, Adolescent Department, Portman Clinic and LCDS should be clustered. Patients in MedNet may be exempt due to the special commissioning of this service by the London Deanery.

3.3 **Training in the Clustering tool:** JY organised a one-day training on Mental Health PbR and clustering delivered by the Royal College of Psychiatrists in September 2010. This was attended by key clinicians in the above directorates, who have subsequently cascaded training in how to use the clustering tool to all other clinicians in their respective directorates. Clustering is now discussed routinely in Unit and other clinical meetings.

3.4 **Cluster results to date:** The Adult department began routinely clustering patients last year, the Portman and Adolescent Department more recently. The results of preliminary clustering show that the majority of patients in the Trust come into the non-psychotic clusters, specifically clusters three ('non-psychotic, moderate severity'), four ('non-psychotic, severe'), seven ('enduring non-psychotic disorders, high disability') and eight ('non-psychotic chaotic and challenging disorders'). A few patients in the adolescent department have been allocated to clusters in the psychotic group,

but most fall into the non-psychotic. This is markedly different from the clustering profile of the other mental health trusts in London in which many patients are in the psychotic group of clusters, and reflects our particular patient population, many of whom present with personality difficulties and disorders.

3.5 Clinicians are for the most part able to fit their patients into a specific cluster. The Portman originally had concerns that their patients, particularly those diagnosed with paraphilias or gender identity disorders, may not fit into any of the current clusters. However, most clinicians have been able to fit their patients to a cluster, and there does not appear to be an argument for Portman patients to have a different clustering system, for example, that which is being developed for forensic services. As with patients in the other directorates, the majority of Portman patients fall into clusters three, four, seven, and eight.

3.6 In the last two months, clinicians have started to cluster all patients, both those in assessment, and those already in treatment. We are asking clinicians to cluster all patients over 18 by September 2011, in advance of the DoH deadline of December 2011.

3.7 **Recording clustering:** There is on-going discussion as to how to best record the clustering of patients in the Trust. Because the Trust is keeping clinical paper records for the time being, we are recommending that the cluster rating forms are filed in the patient's paper notes. The clinician must also record the cluster number on the relevant assessment, review or end of treatment forms (CPA forms) that are routinely used. These forms have already been adapted to include a 'cluster box' for the cluster number to be recorded. We recommend that the MCHT rating form should also be incorporated into these forms to ensure completion, and summary guidance in how to cluster should be written and made available on the Intranet.

3.8 However, this cluster data also needs to be collected into a central database. Rather than create a separate database, the PbR group recommend that it would be most economical and efficient to input this data into RiO, which already is adapted to record the clustering of patients. Administrative staff in each Directorate would be responsible for inputting each patient's cluster number from the CPA forms into RiO.

3.9 The Portman Clinic has reservations regarding confidentiality and the safety of clinical data in the RiO electronic system given its links to the 'spine', and are therefore putting forward the case for their patients clusters not to be entered onto RiO, but for there to be a separate database for this. This needs further discussion.

3.10 Audit of the recording of cluster information, including the cross checking of cluster numbers between the papernotes and RiO, will need to be included in the annual case note audit, to ensure the accurate transmission of data from the case notes to RiO.

3.11 **Review periods:**The recommended review period for the majority of clusters in the non-psychotic group that our patients fall into is six months. At this point in treatment, patients should be re-clustered, although re-clustering should take place earlier if there is a clinical indication. The PbR Work Group recommend that clinicians in the Trust should routinely re-cluster all patients in treatment at six monthly periods (unless there is a clinical indication to do so earlier), and that this should coincide with the routine treatment reviews of patients, which currently takes place termly. We therefore recommend that treatment review should be changed for all patients over 18 in the Trust to six monthly, to take place at set periods: the end of June and the end of December, rather than the current termly reviews of spring, summer and winter. This will involve somewhat of a culture change for clinicians but should be welcomed as review paperwork will be reduced from three times a year to two.

## 4. Action Plan

4.1 All patients over 18 (except MedNet) to be clustered by 30th September 2011.

4.2 Summary guidance regarding clustering to be written by JY by 30th September 2011.

4.3 CPA forms to be amended to include cluster rating form.

4.4 Further discussion needed regarding the recording of clustering of Portman patients.

4.5 Incorporate cross checking of RiO cluster entries with paper notes cluster records into next year's case note audit.

4.6 Take recommendation to review all patients six monthly to the meeting of clinical governance leads.

Dr Jessica Yakeley
Associate Medical Director
14th July 2011

# Example extract from 2011/12 Mental Health Clustering Booklet

**CARE CLUSTER 7: Enduring Non-psychotic Disorders (High Disability)**

Description:
This group suffers from moderate to severe disorders that are very disabling. They will have received treatment for a number of years and although they may have improvement in positive symptoms considerable disability remains that is likely to affect role functioning in many ways.

Likely diagnoses:
Likely to include: F32 Depressive Episode (Non-Psychotic), F33 Recurrent Depressive Episode (Non-Psychotic), F40 Phobic Anxiety Disorders, F41 Other Anxiety Disorders, F42 Obsessive-Compulsive Disorder, F43 Stress Reaction/Adjustment Disorder, F44 Dissociative Disorder, F45 Somatoform Disorder, F48 Other Neurotic Disorders, F50 Eating Disorder and some F60.

Impairment: Likely to seriously affect activity and role functioning in many ways.

Risk: Unlikely to be a major feature but safeguarding may be an issue if any responsibility for young children or vulnerable dependent adults.

| |
|---|
| **Must score** |
| **Expected to score** |
| **May score** |
| **Unlikely to score** |
| **No data available** |

| No | Item Description | Score | | | | |
|---|---|---|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 |
| 2 | Non-accidental self injury | | | | | |
| 3 | Problem drinking or drug taking | | | | | |
| 4 | Cognitive Problems | | | | | |
| 5 | Physical Illness or disability problems | | | | | |
| 6 | Hallucinations and Delusions | | | | | |
| 7 | Depressed mood * | | | | | |
| 8 | Other mental and behavioural problems * | | | | | |
| 9 | Relationships | | | | | |
| 10 | Activities of daily living | | | | | |
| 11 | Living conditions | | | | | |
| 12 | Occupation & Activities | | | | | |
| 13 | Strong Unreasonable Beliefs | | | | | |
| A | Agitated behaviour/expansive mood | | | | | |
| B | Repeat Self-Harm | | | | | |
| C | Safeguarding other children & vulnerable dependant adults | | | | | |
| D | Engagement | | | | | |
| E | Vulnerability | | | | | |

The Tavistock and Portman NHS
NHS Foundation Trust

# Board of Directors

**Minutes**
of a meeting held

2pm – 4pm
Tuesday 26th July 2011

Board Room,
Tavistock Centre,
120 Belsize Lane,
London, NW3 5BA

# Board of Directors
# Meeting Minutes

## Part One, 2pm – 4pm, Tuesday 26th July 2011

| **Present:** | | | |
|---|---|---|---|
| Ms Angela Greatley<br>Trust Chair | Mr Martin Bostock<br>Snr Independent Director | Ms Lis Jones<br>Nurse Director | Ms Trudy Klauber<br>Dean |
| Ms Louise Lyon<br>Trust Director | Ms Joyce Moseley<br>Non-Executive Director | Dr Matthew Patrick<br>Chief Executive | Dr Ian McPherson<br>Non-Executive Director |
| Dr Rob Senior<br>Medical Director | Mr Richard Strang<br>Deputy Trust Chair | Mr Simon Young<br>Director of Finance | |
| **In Attendance:** | | | |
| Miss Louise Carney<br>Trust Secretary | Dr Rita Harris<br>CAMHS Director (item 9) | Dr Sally Hodges<br>CAMHS Associate Director (item 9) | Dr Jessica Yakeley<br>Associate Medical Director (item 10) |
| **Apologies:** | | | |
| Mr Altaf Kara<br>Non-Executive Director | | | |

**Actions**

| AP | Item | Action to be taken | Resp | By |
|---|---|---|---|---|
| 1 | 3 | Miss Carney to amend minutes | LC | Immed |
| 2 | 4 | Directors to provide briefing notes on progress with Outstanding Actions | All | Sep 11 |
| 3 | 6 | Dr Patrick to update Board on RiO developments | MP | - |
| 4 | 7a | Ms Klauber agreed to review the Trust's policy on chasing student debt and ensure it is well-publicised | TK | Sep 11 |
| 5 | 7b | Ms Lyon and Mr Young to investigate 13 patients with no registered GP | LL/SY | Sep 11 |
| 6 | 9 | All Service Line Reports to start with executive summary | All | - |
| 7 | 10 | Dr Senior to produce materials to send to commissioners on Trust's services | RSe | Aug 11 |
| 8 | 10 | Dr Senior and Ms Lyon to prepare briefing on Any Qualified Provider | RSe/LL | Sep 11 |

**Actions** **Agenda item** **Future Agendas**

### 1. Trust Chair's Opening Remarks

Ms Greatley welcomed everyone to the meeting.

### 2. Apologies for Absence

As above.

### 3. Minutes of the Previous Meeting

**AP1** The minutes were approved subject to some minor typographical amendments.

### 4. Matters Arising

Ms Greatley noted that, in relation to Action Point 5, Mr Ngoka had circulated information that confirmed that the Trust was required to send the staff survey to all staff, due to its size.

**AP2** It was agreed that Directors would provide briefing notes on progress with Outstanding Actions.

## 5. Trust Chair's and Non-Executive Directors' Reports

***Angela Greatley, Trust Chair***
Ms Greatley had attended a meeting of the Foundation Trust Network's mental health group. Ms Greatley noted that implications of the Health & Social Care Bill on Governors were still unclear.

***Martin Bostock, Senior Independent Director***
Mr Bostock noted that in his role as Board lead for security, he had met with the Director of Corporate Governance & Facilities, and an external security expert. A report would be presented to the Clinical Quality, Safety, and Governance Committee.

***Richard Strang, Deputy Trust Chair***
Mr Strang noted that he had asked the Trust's Internal Auditors to prepare a report on the workings of the Audit Committee in the context of the new Audit Handbook. The new Handbook places a great deal of emphasis on aspects other than finance, and the Audit Committee needs to ensure that it is operating appropriately.

## 6. Chief Executive's Report

Dr Patrick noted that RiO was a big issue for all organisations using the software, and continuity plans needed to be developed for post-2015. The taking on of provider arms presented an added complication. The Trust was pushing for users of RiO to form a consortium to address this issue. Mr Strang queried whether this should have been anticipated. Mr Young noted that the Trust may still be using RiO post 2015, and it was just BT's contract to provide RiO that was terminating. There has to be a procurement process at the end of this contract, and these take a significant amount of time, so the Trust needs to be prepared. Dr Patrick noted that there would be two further updates from BT to the software before 2015. Ms Lyon noted that the Trust's requirements of RiO are growing all the time, and are now very different to what they were two years ago. Dr Patrick to update Board on progress as appropriate.

**AP3**

Mr Bostock noted that the Trust has appointed to the Communications Manager role.

The Board noted that the Trust had been listed in the top 19 lead performers from all NHS organisations, as judged by the Health Service Journal.

## 7. Finance & Performance

***7a. Finance & Performance Report***

Mr Young noted that the results at Month Three, before allowing for restructuring costs, showed the Trust slightly ahead of budget. Mr Young explained that this includes some non-recurrent and timing factors, and the Trust would still need to work hard to ensure that the Trust is able to deliver on budget for the whole year. Mr Young was expecting us to receive a Financial Risk Rating of 3 for quarter 1.

Mr Young noted that some restructuring costs had come slightly earlier than expected. Of the 24 staff taking voluntary redundancy, most would be leaving in Quarter Two, and savings would start from then. As the Trust was aware of the costs of the voluntary redundancies, accounting standards required the Trust to report them in quarter 1. This meant that the Trust appeared to have a deficit, but as noted when the Annual Plan was approved, this would not be reflected in its Financial Risk Rating.

Mr Young highlighted two main risk areas: making sure that the Voluntary Redundancy Scheme savings were delivered – there was some risk of erosion, but this was not expected to be significant; and ensure that income-generation continues at the same time as restructuring – the Financial Directorate were working with Service Line Directors to ensure they remained focused on this.

Mr Young noted that the Trust's cash balance was significantly below budget. Mr Young did not expect this to be a problem, but noted that the Trust must keep working on this. The low cash balance was in large part due to general debtors. Mr Young explained that the £216k that was being negotiated had now been agreed and would be paid. Ms Klauber noted that results were being withheld from students who had not yet paid their fees. Mr Strang suggested the Trust develop clear stages and methods for chasing student debt, which are clearly publicised. These stages might include personal letters to students, withholding of results, and legal action.

**AP4** Ms Klauber agreed to review the Trust's policy on this and ensure it is well-publicised. Ms Klauber noted that the Directorate encouraged students to pay before their course begins, or to pay at least half of their fees in the first term. Ms Klauber noted, however, that many students are very naïve about money and underestimate how expensive studying is. Tutors are now having initial meetings with students to gauge whether they have a realistic understanding of their personal finances before they start their course.

Mr Young clarified that the consultancy fees referred to in paragraph 2.1.3 were for external contractors who were helping to deliver a service, not for consultation about Tavistock Consulting.

Ms Moseley noted the over-performance referred to in paragraph 3.1.1 and queried whether this meant that staff were working for nothing effectively, and if so, what controls and monitoring were in place for this. Ms Lyon confirmed that staff were working without charge, but that there was a steady diminution of the number of cases they were taking on, and liaison with commissioners about this matter. Ms Lyon noted, however, that there was an issue of trainees and training opportunities. Dr Patrick noted that in small units the figures could be easily skewed by a small number of patients.

Ms Lyon also noted that some patients taken on had been waiting for treatment for some time, and this was taken into consideration when agreeing to treat them.

***7b. Quarter One Finance, Governance, and Quality Declarations***

Mr Young explained that the Trust had 99% data completeness on GP registration, but highlighted that the Trust was reliant on the NHS spine to provide this information. Mr Young noted that 99% reflected 13 patients for whom no GP information was available. Ms Lyon and Mr Young to investigate. Mr Young suggested that some of these patients may be refugees with unsecured residence status in the UK. Ms Moseley queried whether the Trust may decide not to see patients who are not registered with GPs. Mr Young confirmed this was not the case.

**AP5**

Mr Young highlighted that Monitor expects FTs to aim to comply with all elements of the Compliance Framework; but if in any quarter the Trust could not achieve required levels of data completeness for GP registration, it would only lose ½ mark, and would still achieve a Green Governance Rating.

Mr Strang noted that the Audit Committee was responsible for reviewing the underlying assurances that form the basis of the declarations. The Audit Committee, with the help of the Trust's Internal Auditors, would be looking into what the Committee needs to be in order to be adequately assured. The Board noted that the Audit Committee's relationship with the Clinical Quality, Safety, & Governance Committee was key to understanding assurance.

The Finance, Governance, and Quality Declarations were all approved.

## 8. Education and Training Report

Ms Klauber noted that recruitment for courses highlighted green in Appendix 2 was on track or better than plan. However, Ms Klauber noted that the Trust's statistics were more reliable this year than in previous years, so this may skew results.

Ms Klauber noted that higher education funding for "soft" sciences (which is what the Trust provides) will be removed by 2014. HEFCE is currently reviewing whether the Trust's research is "soft" (the Trust's Professional Doctorates count as research). The Trust will need to raise its fees in order to counter this reduction in funding.

A manager had been appointed to the E-Learning Unit. The Trust was focusing on developing e-learning for the lower end of the health and social care markets. Ms Moseley queried what the take-up of e-learning was amongst Trust staff noting that it was a significant change in style. Ms Klauber noted that it was a steep learning curve, but the some interest had been generated. Ms Lyon noted that as part of the Trust's Productivity Programme, time had been identified that could be dedicated to e-learning.

Mr Strang queried how the Trust was generating interest in e-learning, highlighting that the paper Ms Klauber had prepared was more focussed on supply rather than demand. Ms Klauber explained that the Trust must have products and resources ready and available before it undertakes a large marketing project. The Open University had offered to undertake a market research exercise on behalf of the Trust. Ms Klauber noted that there was enthusiasm for e-learning, but cautioned that this does not always translate into commission.

Ms Jones noted, with regards to recruitment for D65 that this reflects patterns for other training organisations. Ms Klauber noted that the Trust had attempted to counter this with the creation of a BSc.

## 9. Service Line Report – Developmental CAMHS

Dr Hodges noted that there was a large structural reorganisation underway in the CAMHS Directorate. The Trust was identifying growth areas, to ensure that it was able to meet demand. However, Dr Hodges noted that developing in new markets requires a great deal of time dedicated to developing relationships with commissioners, which is time consuming, and particularly difficult at the same time as restructuring.

Mr Strang highlighted paragraph 10.1, which noted a decline in other teams' scores in clinical audit. Dr Hodges noted that there was an action plan in place to address this, but also explained that the case note audit was an audit of case note standards, not outcomes.

Dr Hodges clarified that comments in Appendix 1 relate to all points, and apologised for the unclear structure of this.

Ms Moseley queried the relationship between court work and the Monroe Family Assessment Service. Dr Hodges noted that work was underway to try to bring these together.

Ms Moseley queried whether the Trust had any connections with The Place2Be. Dr Harris noted that there were several staff members across the Trust who had connections to The Place2Be, and she was in the process of pulling them all together in a single corporate approach. Dr Harris noted that the Trust also did a lot of work with many different primary schools across the Sector. Dr McPherson suggested that there may be opportunities to combine the Trust's training expertise with schools to focus on early intervention projects.

**AP6** Mr Strang commended the executive summary, and the Board agreed this should be rolled out to all Service Line Reports.

## 10. Payment by Results Implementation

Dr Yakeley noted that the deadline for clustering patients is 31st December 2011, but the Trust hopes to have this completed by the end of September

2011. Dr Yakeley noted that the patients included in the clustering project were adolescents over 18 years of age, adult patients excluding those in the MedNet service, and Portman Clinic patients. Patients in the Learning and Complex Disability Service would not be included in this project. Mr Young noted that Cluster 7 accounts for 25% of the Trust's patients, whereas in many other mental health trusts, Cluster 7 accounted for 2%.

Dr Yakeley explained that all patients are currently subject to a termly review, but this would now occur every six months to coincide with cluster reviews at the end of June and the end of December.

Dr Yakeley noted that PbR implementation was a large project. Whilst PbR was common for acute services, it had only been trialled once before for mental health services, in Australia, and had failed.

Mr Strang noted that the system appeared to be payment by activity, rather than payment by results. Mr Young explained that tariff-based commissioning was likely to be introduced if PbR is successful. Mr Strang queried the implications on future income for the Trust, noting that tariffs for in-patient mental health services may affect the Trust's specialist status. Dr Patrick explained that the Trust's costs compare favourably with other mental health organisations. Dr Patrick noted that in the acute sector there are adjusted tariffs for specialist services. Ms Moseley queried whether there would be any remuneration difference between psychotic and non-psychotic patients. Dr Yakeley confirmed that there should not be.

Dr McPherson noted the importance of the Trust being proactive in this project because of its a-typical nature.

Non-Executive Directors queried how this related to Any Qualified Provider (AQP). Mr Young noted that AQP may in future be extended into Payment by Results, but this would not happen at this stage. Dr Senior noted that the Trust needed to be talking to clinical commissioners about what the Trust can offer immediately. Dr Senior to develop materials for GP clinical commissioning groups by the end of September. Dr Senior and Ms Lyon to prepare Board briefing for September.

**AP7**
**AP8**

*AQP*

The Board noted that this was an important project and good progress was being made in its implementation.

## 11. Any other Business

None.

## 12. Notice of Future Meetings

Noted.