The Tavistock and Portman NHS
NHS Foundation Trust

Board of Directors Part One

Agenda and papers
of a meeting to be held

2pm – 3pm
Tuesday 31st January 2012

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

Board of Directors

2pm – 3pm, Tuesday 31st January 2012

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*

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*
   Dr Matthew Patrick, Chief Executive

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

8. **Quarterly Declarations** — *(Declarations attached)* *For approval*
   Mr Simon Young, Director of Finance
   Ms Louise Lyon, Trust Director

Quality & Development

9. **UCLP Mental Health & Wellbeing Programme** — *(Report attached)* *For discussion*
   Prof. Peter Fonagy, Chair, UCLP
   Prof. Alessandra Lemma, T&P Psychological Therapies Development Unit Lead

10. **RiO 2015 Outline Business Case** — *(Report attached)* *For approval*
    Mr Allan Archibald, Head of Informatics

Conclusion

11. **Any other business**

12. Notice of future meetings

Thursday 2nd February 2012 : Board of Governors
Tuesday 28th February 2012 : Board of Directors
Wednesday 14th March 2012 : Directors Conference
Tuesday 27th March 2012 : Board of Directors
Tuesday 24th April 2012 : Board of Directors
Tuesday 29th May 2012 : Board of Directors
Wednesday 13th June 2012 : Directors Conference
Thursday 21st June 2012 : Board of Governors
Tuesday 26th June 2012 : Board of Directors
Tuesday 31st July 2012 : Board of Directors
Wednesday 12th September 2012 : Directors Conference, 10am – 5pm
Thursday 13th September 2012 : Board of Governors
Tuesday 25th September 2012 : Board of Directors
Tuesday 30th October 2012 : Board of Directors
Wednesday 21st November 2012 : Directors Conference
Tuesday 27th November 2012 : Board of Directors
Thursday 6th December 2012 : Board of Governors

Meetings of the Board of Directors from 2012 onwards will be from 2pm until 5pm, 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 12noon until 5pm, except where stated

Board of Directors
Meeting Minutes

Part One, 2.30pm – 4.30pm, Tuesday 29th November 2011

Present:			
Ms Angela Greatley Trust Chair	Mr Martin Bostock Snr Independent Director	Ms Lis Jones Nurse Director	Mr Altaf Kara Non-Executive Director
Ms Trudy Klauber Dean	Ms Louise Lyon Trust Director	Ms Joyce Moseley Non-Executive Director	Dr Ian McPherson Non-Executive Director
Dr Matthew Patrick Chief Executive	Dr Rob Senior Medical Director	Mr Richard Strang Deputy Trust Chair	Mr Simon Young Director of Finance
In Attendance:			
Miss Louise Carney Trust Secretary	Dr Jessica Yakeley Associate Medical Director (item 10b)	Dr Andy Wiener Associate Clinical Director (item 13)	Ms Stephanie Cooper Governor (observing)
Ms Brenda Lewin Governor (observing)			
Apologies:			
Dr Rita Harris CAMHS Director			

Actions

AP	Item	Action to be taken	Resp	By
1	7	Mr Young to forward proposed action plan to reduce deficit to Board members	SY	Jan 12
2	8	Future CQSG reports to state Trust's position at Quarter ends and also progress at the date the report is written	RSe	Feb 12
3	10a	Dr Senior to review safeguarding policies for children and vulnerable adults to consider adding a "was not brought" category	RSe	Jan 12
4	10a	Ms Chapman to investigate whether opt-in agreement could be sent via text or e-mail	JC	Jan 12

1. Trust Chair's Opening Remarks

Ms Greatley welcomed everyone to the meeting, including Governors Cooper and Lewin, who were observing.

2. Apologies for Absence

As above.

3. Minutes of the Previous Meeting

Approved.

4. Matters Arising

Action 5: Mr Young to investigate whether the Trust is receiving cash for the Big White Wall

Mr Young was still investigating this matter.

Action 6: Mr Young to speak to Tavistock Consulting about invoicing processes

This had been done.

Action 7: Management Committee to discuss reporting on changes implemented as part of Productivity Programme
Miss Carney explained that this related to how service lines reported to the Board. Dr Patrick explained that the Trust was not yet in a position to do this.

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

Angela Greatley, Trust Chair
Ms Greatley had spoken at the Westminster Forum Conference about commissioning, and had attended a two day conference put on by the New Savoy Partnership, at which many Trust staff, including Board members had been in attendance.

Martin Bostock, Senior Independent Director
Mr Bostock reminded the Board that at the recent Away Day, the Board had discussed the importance of communication and developing central messages. Mr Bostock had met with Dr Patrick and Ms Lyon to develop a strategy.

Joyce Moseley, Non-Executive Director
Outside the Trust, Ms Moseley had attended a meeting of a housing association, and listened to a woman who had been involved in FDAC and noted how it had changed her life. The Board noted the recent success of FDAC.

Ian McPherson, Non-Executive Director
Dr McPherson had attended, on Ms Greatley's behalf, a London mental health Chair and Chief Executive's Forum meeting in London attended by Ruth Carnall, Chief Executive of NHS London. Dr McPherson reported a feeling in the group that mental health provision was not being given adequate consideration by the SHA. Dr McPherson noted that a suggestion had been made to set up a commissioning support group run by providers. Ms Lyon noted that discussions were at a very early stage, and that the idea is currently being taken forward by the Chief Executives.

Richard Strang, Deputy Trust Chair
Mr Strang had attended a seminar run by Capsticks on implementing productivity savings, and had forwarded papers to Mr Young and Ms Thomas in relation to the Productivity Programme Board. Mr Strang noted that a discussion had taken place about getting local MPs on side.

6. Chief Executive's Report

Dr Patrick noted that this was Ms Klauber's last Board meeting, and expressed his thanks for her contribution to the Board, which has been tremendous. Ms Greatley thanked Ms Klauber for the passion and belief she brought to the

Board. The Board agreed and extended their thanks.

Dr Patrick noted that the public sector strike over pensions on Wednesday 30th November was expected to have a significant impact, but that the building would remain open.

Dr Patrick highlighted that the Trust's Family Drug and Alcohol Court (FDAC) had recently won awards from The Guardian and the Royal College of Psychiatrists, and had been nominated for the London Safeguarding Children Award.

Dr Patrick gave an update on the Autumn Budget Statement, announced that day, noting that growth forecasts were down and there was to be a 1% cap on NHS staff pay.

Dr Patrick gave an update on his recent business trip to Australia and New Zealand selling the Big White Wall service. Dr Patrick noted that further work needed to be undertaken on developing the business model to provide services overseas. Mr Kara queried the timeframe for developing the service. Dr Patrick noted that the New Zealand Government was keen to launch in April. Mr Young noted that as with the UK contracts for this service, the Trust was likely to be a sub-contractor, not the main contractor.

7. Finance & Performance Report

Mr Young noted a small deficit in Month 7, which had reduced the Trust's cumulative surplus down to £17k. The forecast for the year had also deteriorated. Mr Young highlighted that this was the preliminary forecast before planned action and before further more detailed investigation. Based on the figures presented, the Trust would need to develop plans to improve the forecasts by £445k. Mr Young felt that the Trust was in a position to develop these plans and was therefore forecasting that the Trust achieve its target surplus of £150k.

Mr Young went into some detail on the Month 7 deficit. Tuition fees for the new academic year were down £84k on Plan. This financial year's portion of that was around £50k. "Departmental consultancy income" and "other income" were also down. These had been down each month throughout the year.

Mr Young reminded the Board that he had reported at the previous meeting that risk areas in the forecast would be subject to detailed reviews with budget holders, and that the Board were expecting some variances in the forecasts as a result of this. Mr Young noted that some of the current forecasts were overly pessimistic, and based on no action. Since writing the report, three areas of income had been reviewed. The Gender Identity Development Service (GIDS) was expecting to over-perform, although this was not reflected in its forecast; staff are now in previously vacant posts and the Trust is still expecting to be able to exceed forecast. The Trust was under-performing significantly on one clinical contract, but an action plan had been developed to reduce this. The Big White Wall (BWW) forecast was likely understated and was being reviewed. Mr Young did not have final figures but estimated that these three areas should improve income by £50k each, representing £150k in total towards the £445k deficit. The Management Committee was meeting specifically to review the budget and Mr

Young expected by that point to have more committed figures.

Mr Strang noted his concern with the Month 7 forecast in comparison with the Month 6 forecast, and highlighted several areas where his view on the issues differed with that of Mr Young. Firstly, Mr Strang noted that the change in the forecast from Month 6 to Month 7 was not £445k but rather £564k. This was because in Month 6 the Trust still had a central reserve of £119k. Secondly, Mr Strang did not consider the deficit in October to be small. In absolute terms, the deficit was £51k, but it represented a variance of £155k from the October forecast. Thirdly, Mr Strang noted that the Board of Directors had been questioning departmental consultancy for many months, but the issue did not seem to have progressed. Fourthly, Mr Strang noted that the forecast in expenses in Tavistock Consulting differed by £109k, and he felt that this should have been forecast before Month 7. Finally, Mr Strang noted that there were four months left in the year, and that he needed to be convinced that the Trust could achieve its cost savings by the end of the financial year. Mr Young noted that it would be tougher to make savings than to increase income in the three areas mentioned before (GIDS, Haringey, BWW), but that it should be achievable, particularly using short-term measures.

Ms Moseley noted that responsibility for forecasting issues could not be placed entirely with the Finance Director, and noted that budget holders and their understanding of their individual budgets and how these related to the Trust as a whole were also important factors. Ms Moseley suggested that the Trust take the opportunity to ensure that this is a key focus in service redesign, new job descriptions, and new posts and post holders. Mr Young and Dr Patrick noted that forecasting could have been better and further work needs to be done to ensure that staff are properly skilled in forecasting.

Mr Kara queried the required run rate reduction to get to the forecast outturn and queried whether a run rate analysis has been undertaken. Mr Young explained that the £445 deficit was based on forecasts in each budget, which were based on current activity.

Dr Patrick emphasised that the Trust must be confident in the accuracy of its forecasts and put in place action plans to ensure these are met. The Management Committee was meeting to review forecasts, and then to identify any required actions. Dr Patrick also noted that there were clearly lessons to be learnt from the forecasting problems highlighted.

Ms Greatley noted that the report asked the Board to confirm whether the paper was accepted as adequate assurance of progress with financial objectives and where not, whether the Board was satisfied with the action plans put in place. The Board registered its concerns about reducing the deficit, and noted that action plans were due to be finalised that week. **Mr Young to forward action plans to Board members prior to the next meeting.**

AP1

8. Clinical Quality, Safety & Governance Committee Quarter Two Report

Dr Senior explained that this report covered Quarter Two and reflected the

Trust's position at the end of September. A considerable amount of further work had been undertaken since then, so this report did not reflect the Trust's current position. The RAG rating implies that the Trust is in a much worse position than it is, and Dr Senior noted that he fully expected to be on target by year-end. **Future reports to state the Trust's position at Quarter ends but also include an additional column that notes progress at the date the Board report is written.**

AP2

Mr Bostock noted that the system is not perfect, but that CQSG Committee members were getting better at understanding the system.

9. Charitable Fund Annual Report & Accounts 2010/11

Approved.

10. Trust Policies

10a. Consent Policy & Procedure

Dr Senior noted that consent issues in this Trust were not as significant as in acute trusts as the Trust did not issue medications or carry out medical procedures. Ms Greatley noted that for young people or people with reduced capacities, the issue of consent was very important. Dr Senior noted that there was also an issue of choice related to consent.

Dr Senior noted that consent was given de facto by turning up to offered appointments, rather than requiring patients to give written consent. Mr Kara queried how consent was withdrawn. Dr Senior noted that within the Trust's Safeguarding Children Policy, there was a provision for dealing with "Did Not Attends" for young people where there are safeguarding concerns. **Dr Senior to review safeguarding policies for children and vulnerable adults to consider adding a category called "Was Not Brought".**

AP3

Ms Moseley queried whether there was any way that the opt-in agreement, referenced in Appendix Two, could be text or e-mailed to young people, as evidence suggested that they responded more to this form of communication, rather than having to complete a paper form. **Ms Chapman to investigate.**

AP4

Dr McPherson suggested that the footnote under Section Four regarding psychiatrists in the Adolescent Department and CAMHS Directorate would also apply to psychiatrists in the Adult and Portman Departments.

Mr Strang queried whether there was a difference between consent for assessment and consent for treatment.

Mr Strang queried whether the Trust ought to be getting written consent so that giving consent could be evidenced in the event of a complaint or an incident. Dr Senior noted this principle had been very carefully considered. Agreeing treatment plans and future appointments, and indeed attending appointments, was implicit consent, and the Trust felt that this position felt pragmatically right. Dr Senior highlighted that written consent was not required for every GP visit.

The Policy was approved.

10b. Medical Appraisal & Revalidation Policy & Procedure
Dr Yakeley noted the process for revalidation was not yet finalised nationally, but that the Trust was required to have a policy in place, which would be updated as the revalidation process was finalised.

Dr Senior noted that doctors working for in more than one practice would need to identify one Responsible Officer, who must ensure that information is sought from other practices when considering appraisals.

The Policy was approved.

11. Committee Annual Report & Accounts

Nothing to report.

12. Annual Plan

Mr Young noted that Board members had already seen the timetable at the recent Board Away Day. The document outlined how the Plan would be written and outlined stages for discussion.

Mr Strang noted that the Budget would be presented to the Board of Directors for approval at the end of March. Mr Strang queried when the Board would first discuss the detail of the Budget. Mr Young to synthesise Management Committee reports from January and February to the Board of Directors.

Ms Greatley noted that there was a proposal to vary the date of the May meeting of the Board of Governors to 21st June. Mr Young did not expect that to be a problem, as the majority of the consultation takes place in February.

The plan was approved.

13. Service Line Report – Camden CAMHS

Dr Wiener noted that there was a small group of patients with severe needs who required inpatient services and there was an overspend in the budget due to this group. The Service is sending some of their patients to the private sector in order for them to be seen.

The most significant change to happen to the Service was the new contract with Simmons House, which is working well. There are two treatment beds (for six months treatment) and three acute beds, and the staff are actively focused on supporting young people in their own families if at all possible. Dr Wiener noted that the new contract has exposed that the community resources do not necessarily meet the needs of the patient population, and there are too few nurses.

Dr Wiener noted there was to be a change to Tier Four funding, and the Camden

budget is earmarked to go into a national budget for specialist services, and Dr Wiener suggested this could change the dynamics of Tier Four care.

Dr Wiener noted an increase in the level of reporting to Commissioners, and suggested this was a positive move. Every quarter each service produces a Patient Level Report, which had demographic and outcome measure data for each case. A Quality Report for each service is also produced, which addresses, amongst other things, where the service is going, how any difficulties will be address, incidents, staffing problems, as well as clinical vignettes. This process has really engaged staff in discussions about their services. Although this was time consuming, it was hoped it would lead to an improvement in quality. Ms Moseley suggested that this reporting would become easier with time. Dr Wiener noted that the Reports were also helpful in building relationships with Commissioners.

Ms Jones queried the approach to addressing over-performance. Dr Wiener explained the Consultation and Resource Clinics that were being introduced in CAMHS. These Clinics would match patient needs to the Trust's resources. Considered care pathways were being discussed for all patients, with review dates to ensure that all patients were receiving the most appropriate treatment. This means that senior staff take responsibility for ensuring new cases have appropriate mental health needs and that resources are managed better.

Dr McPherson queried whether the loss of the TAMHS service would lead to an increase demand on Tier Three services? Dr Wiener suggested that it could. Dr Senior highlighted, however, that there would be no further money available for this.

Mr Strang queried whether the Trust is delivering the financial results expected then the Trust won the tender for the transfer of Camden PCT's CAMHS service four years ago (which is a large part of this service line). Dr Wiener and Mr Young noted that the transferred service was funded correctly, and the current deficit derives from the previously existing deficit in this service line.

Ms Klauber noted that there are child psychotherapy trainees in the Service Line are funded by the Strategic Health Authority.

14. Education & Training Report

Ms Klauber updated the Board on NHS Health Education Commissioning, noting a meeting with NHS London where they [NHS London] had noted that they will be commissioning and supporting education. At a meeting with NHS London, it had been highlighted that the 2 and a half-year extension to the Trust's National Training Contract would not include any inflationary uplift. Dr Patrick queried whether there was any indication sense of what level of efficiency savings to be applied to the contract. Mr Young noted that NHS London are expecting to receive flat funding, but they may have additional things to fund this year.

Ms Klauber noted that NHS London were likely to retain LCPPD funding and commissioning it themselves, in order to maintain tighter control on spending. Ms Klauber noted that this was likely to have a positive effect on the quality of education and training across London.

Ms Klauber announced the validation of a BSc with Middlesex University in Advanced Mental Health Practice for a multi-professional group, including nurses. Ms Klauber highlighted that the Trust did not know how much release there will be for professionals from the organisations they work for, but the Trust is looking into developing these modules for distance-learning.

Ms Klauber had met with David Fish, Managing Director of UCL Partners. Prof. Fish had discussed many collaborative partnerships that could be fostered, whilst highlighting that there was no additional funding for this.

Ms Klauber noted that some courses were still at risk from reduced student intake, but in general training was doing well, which was a result of a successful marketing campaign.

Ms Klauber highlighted the development of the E-learning Unit. Ms Klauber commended Prof. Stephen Briggs, who was leading the E-learning Unit.

Mr Strang suggested that future Education & Training Reports contain a section on risk.

Ms Klauber thanked all Board members for their support.

15. Any Other Business

None.

16. Notice of Future Meetings

Noted.

Miss Carney noted that all meetings of the Board of Directors would be held from 2pm until 5pm from January 2012 onwards.

Outstanding Action Part 1

The Tavistock and Portman NHS
NHS Foundation Trust

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date	Progress Update / Comment
1	Oct-11	4. Matters Arising	Ms Lyon to update Board of Directors on under-performance	Louise Lyon	Nov-11	This has been covered by subsequent Finance & Performance discussions
2	Oct-11	7. Finance & Performance Report	Mr Young to investigate whether the Trust is receiving cash for Big White Wall	Simon Young	Nov-11	BWW paid promptly the amounts we billed them for Quarters 1 and 2
3	Oct-11	9. Board Paper Review	Management Committee to discuss reporting on changes implemented as part of Productivity Programme	Matthew Patrick	Nov-11	Board will be notified in due course of the structure of service lines and reporting structures
4	Oct-11	7. Finance & Performance Report	Mr Young to produce quarterly F&P reports with more detail	Simon Young	Jan-12	All F&P Reports now contain more detail
5	Oct-11	7. Finance & Performance Report	Mr Young to report on Named Patient Agreements and Haringey Service	Simon Young	Jan-12	Mr Young reported on this via e-mail on 16th December 2011 and further information is included in the January 2012 F&P Report
6	Oct-11	8b. Quarterly Quality Declaration	Ms Lyon to add a comment on the development of the link between the Audit and CQSG Committees	Louise Lyon	Jan-12	This has been included in the Q3 Declaration
7	Oct-11	9. Board Paper Review	Ms Thomas to produce short explanation of staffing grades at the Trust	Susan Thomas	Jan-12	A briefing was e-mailed to Directors in January
8	Oct-11	10. Scheme of Delegation of Powers	Mr Strang and Mr Young to discuss internal controls around the Scheme	Simon Young / Richard Strang	Jan-12	Scheduled for September Audit Committee
9	Nov-11	7. Finance & Performance Report	Mr Young to forward proposed action plan to reduce deficit to Board members	Simon Young	Jan-12	This was e-mailed to Board members on 16th December 2011
10	Nov-11	10a. Consent Policy and Procedure	Ms Chapman to investigate whether opt-in agreement could be sent via text or e-mail	Jane Chapman	Jan-12	The Adolescent Department does already use text messaging to remind young people about their appointments and will be considering introducing earlier text message contact at the opt-in stage if patients have a mobile contact number.
11	Nov-11	10a. Consent Policy and Procedure	Dr Senior to review safeguarding policies for children and vulnerable adults to consider adding a "was not brought" category	Rob Senior	Nov-14	It is important that this policy be issued without further delay. A "was not brought" category will be added when the policy is next reviewed
12	Mar-11	8. Health & Social Care Bill Update: Governance in NHS Foundation Trusts	Miss Carney to investigate insurance policies for Directors	Louise Carney	As appropriate	Waiting for final version of Health & Social Care Bill
13	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	I think we will need advice from the SoS. We can't get guidance until after Royal Assent

Red denotes actions overdue
Amber denotes actions due this month

Board of Directors : January 2012

Item : 6

Title : Chief Executive's Report

Summary :

This paper covers the following items:

1. Introduction
2. Finance
3. Health and Social Care Bill
4. NHS Future Forum
5. UCL Partners
6. Graduation Ceremony
7. And Finally…

For : Discussion

From : Chief Executive

Chief Executive Report

1. Introduction

1.1 I would like to begin this report by welcoming Malcolm Allen, our new Dean, to his first Board Meeting. Malcolm took up his role at the beginning of January and has been working hard since then to begin getting to know us. I was lucky enough to be at Malcolm's first public speaking engagement within the Trust, and to hear his passion and commitment to the quality and creativity of our training and education, and to the potential he saw in its future.

1.2 I would also like to take this opportunity to congratulate Ian McPherson, our own NED, upon his award of an OBE. Ian's award was in relation to his very significant contribution to mental health within the variety of roles that he has held. Ian is currently Chief Executive at the Mental Health Providers Forum, and a previous Director at the National Institute for Mental Health in England and Director at the National Mental Health Development Unit.

2. Finance

2.1 Finances remain very tight within the NHS as the financial year draws to a close. This is the case within the Trust, within the Sector and beyond.

2.2 Within the Trust, changes to the Public Law Outline are already impacting adversely on related areas of our work and associated income. The Public Law Outline is a guide to case management in public law proceedings for courts and parties to such proceedings. The changes cap the rate at which expert witnesses are paid. The consequence is that multi-disciplinary assessments conducted by experts working within an NHS organisational setting (for example our Monroe Family Assessment Service) potentially become unaffordable. The case is similar for assessments involving Doctors working within the NHS. While such assessments are much needed and in demand, there is now real difficulty in securing funding for them.

2.3 Within the North Central London sector there remain significant economic challenges. While the sector is on target to meet its agreed control target for this year, next year is likely to be more problematic. Pundits are predicting that next year (2012/13) will likely be the hardest year, financially and perhaps otherwise, that the NHS has seen since its creation. The challenge for the sector is that by the end of next year, each of the five individual PCTs that

make up the sector has to be in run rate balance. At present only two are (Camden and Islington), with the three PCT in the north of the sector (Barnet, Enfield and Haringey) facing much greater difficulty. 2013 will, of course, see the formal handover of commissioning responsibilities from PCTs to Clinical Commissioning Groups.

2.4 Staff within the Trust are preoccupied with the implementation of service redesigns alongside planning for next year's budget. This combination, set within such a difficult wider context, generates anxiety and uncertainty. I think that clarity of direction and purpose coupled with transparent communication are key to ensuring that everyone feels some degree of control and agency, which is what we should be seeking.

3. Health and Social Care Bill

3.1 The Health and Social Care Bill continues its passage through parliament. It continues, however, to encounter significant challenge. On the 18th January both the Royal College of Nursing and the Royal College of Midwives joined the British Medical Association in announcing their outright opposition to the Bill, arguing that even at this stage progressing with the Bill would cause greater damage then abandoning it altogether.

3.2 It is of course the case that much of the Bill has already been implemented ahead of its passage through parliament. Indeed the Department of Health will be writing to all staff within organisations affected by 'transition', for example PCTs, cluster and SHAs, to provide some information about the likely impact of changes on their functions and of course employment. The letter will also acknowledge the remaining uncertainty around these issues.

4. NHS Future Forum, Summary Report – Phase 2

4.1 The NHS Future Forum was established during the pause in the passage of the Health and Social Care Bill through parliament. The Forum is chaired by Professor Steve Field.

4.2 This week (16th January) Professor Field offered a summary report of Phase 2 of the Forums Work. The report is a detailed document available on the DH website, but focuses attention on four key areas with associated recommendations. I will summarise these below with selected key recommendations:

4.3 The Forum's recommendations on **integration** are that integration should be defined around the patient, not the system, and that outcomes and incentives need to be aligned accordingly; health and wellbeing boards should drive local integration.

4.4 In relation to **information** the Forum recommended that patients have greater access to their records; that the NHS should use its IT systems to share data about individual patients and service users electronically; and that there should be definite movement towards putting information on clinical outcomes in the public domain.

4.5 In relation to **the role of the NHS in the public's health** the Forum recommended that the Service must do more to prevent poor health; that every healthcare professional should use every contact with the public to help them improve their health; and that the NHS must also do more to support the wellbeing of its own staff.

4.6 In relation to **education and training,** the Forum recommended that the new local education and training boards must have strong and effective governance in place; and that quality must be at the heart of education and training, with systems in place to reward high-quality education and training providers.

5. UCL Partners

5.1 The Board will be receiving a report on the work of the Mental Health Theme of UCL Partners. The work of the theme has progressed well under the chairmanship of Professor Fonagy, and the Trust is involved in a number of key areas.

5.2 In particular, the Trust is represented on the executive of the Theme by Alessandra Lemma; Alessandra also co-leads the Psychological Interventions Research Centre (PIRC) located at UCL; the Trust is leading on the establishment of a sector wide mental health quality forum; and the Trust is leading on two projects around a values-based approach to mental health, the first focusing on the co-creation with service users of a set of quality and outcome measures in CAMHS, the second focused on the development of IT and informatics systems around mental health services. I am chairing the work of these latter three project areas.

6. Graduation Ceremony

6.1 On Saturday the 21st of January the Trust held its annual graduation ceremony with the University of East London. The graduation ceremony is always a very moving event, and a poignant reminder of

how much the training and education offered by our staff means to students. On this occasion around 190 students were graduating.

6.2 The Trust also uses this event to award honorary doctorates. This year we awarded doctorates to Dr Nicholas Temple, the last CEO of the Trust, for his contribution to psychological therapies within the NHS; to Nick Benefield, for his contribution to policy and strategic work around forensic and personality disorder services, training and education, and his long term interest in and support of the work of the Portman Clinic; and to Professor Eileen Munro, for her contribution to Social Work and child protection.

6.3 The citations for each of these individuals will be available on the intranet.

7. Any Finally…

7.1 On Tuesday the 17th January I attended the launch of the Trust's e-learning unit, led by Professor Steve Briggs. The event, actually spread over two days, was a real success. It captured some of the excitement of what we might possibly achieve in this domain, and some of the creative ways in which we might add to our core face-to-face models of training and education.

Dr Matthew Patrick
Chief Executive Officer
January 2012

Board of Directors : January 2012

Item : 7

Title : Finance and Performance Report

Summary:

After nine months a surplus of £28k is reported (before restructuring costs). There are income shortfalls on Directorate Consultancy, Clinical and "other", offset by under spends in Training and Central Functions.

The Trust aims to achieve the budgeted £150k surplus for the year (before restructuring costs). Actions are being taken to deliver this result. The current forecast stands at a £117k surplus. An adverse movement since the December forecast is mainly due to difficulties securing income for court work.

An update on service line reporting is provided separately.

The cash balance at 31 December was £1,957k which is above Plan. Cash will reduce as planned, but the balance is projected to remain satisfactory.

This report focuses on the following areas:

- Finance

For : Information.

From : Simon Young, Director of Finance

Finance & Performance Report

1. External Assessments

1.1 Monitor

1.1.1 The Monitor quarter 3 return will be submitted by the end of the month, it is currently expected that the Trust retains its green governance rating and Financial Risk Rating of 3, in line with Plan.

2. Finance

2.1 Income and Expenditure 2011/12

2.1.1 After nine months, the Trust is reporting a surplus of £28k. In December there was a small surplus of £19k after including income for e-learning and the Hertfordshire Red House contract which relate partly to previous months. The "run rate" remains low, due mainly to shortfalls in consultancy and "other" income.

2.1.2 Due to the budgeted reserves being profiled into the final quarter the expenditure budget is understated at month 9. Therefore Appendix A&B indicates a target surplus of £325k which will reduce to £150k at year-end, as the budgeted reserves are released.

2.1.3 Income is £379k below budget, offset by expenditure being £83k below budget. Some of these variances are due to timing, but some significant variances are expected to continue in the remainder of the year: see 2.1.6 to 2.1.8 regarding the full year forecast.

2.1.4 Consultancy income is £171k under budget, with departmental consultancy under by £183k, offset by Tavistock Consulting over target by £12k. Other income is £173k below target mainly due to under achieved productivity schemes in Adult £82k and Adolescent £36k. Clinical Income is £165k below target: this includes PHP income £60k below Plan, Adult productivity schemes £70k below plan and Big White Wall £23k below. These main income sources and their variances are discussed in sections 3, 4 and 5 below.

2.1.5 The cumulative expenditure underspend of £83k includes lower child psychotherapy trainee numbers and the lower than planned staffing in GID. These have been offset by an over spend of £187k in CAMHS, of which £113k relates to the vacancy savings factor which was budgeted (in addition to the savings on specific posts) but has not been achieved. DET is also over spent by £123k due to course and conference costs.

2.1.6 The forecasts for the year have again been fully reviewed; Clinical income forecasts for Monroe, Day Unit and Court Reports have all decreased, with increases for the new Herts contract.

2.1.7 These forecasts are shown in the Full Year columns of Appendix B.

2.1.8 There remain risks to some elements of the forecast. However, management action to secure the forecast income is continuing; and measures are being taken to make further savings, so that staff costs in some areas should be lower than the figures forecast here.

2.2 Cash Flow (Appendix C)

2.2.1 The actual cash balance at 31 December was £1,957k, £839k above the revised Plan of £1,118k. The balance fell in month by £1,542k due to a refund of NHS contract income overpaid to us in previous months (this shows in the small net figure for NHS receipts in December); the final CWDC partner invoice being settled; and further payments relating to the earlier redundancies. The year-to-date receipts and payments are summarised in the table below.

	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)	7,348	7,469	(121)
General debtors (incl LAs)	5,835	4,738	1,097
SHA for Training	8,553	8,285	268
Students and sponsors	1,502	1,900	(398)
Other	335	162	173
	23,573	22,554	1,019
Operational expenditure payments			
Salaries (net)	(11,445)	(11,741)	296
Tax, NI and Pension	(8,147)	(7,979)	(168)
Suppliers	(6,274)	(5,762)	(512)
	(25,866)	(25,482)	(384)
Capital Expenditure	(256)	(430)	174
Interest Income	7	8	(1)
Payments from provisions	(20)	(51)	31
PDC Dividend Payments	(193)	(193)	0
Closing cash balance	1,957	1,118	839

2.2.2 The forecast (Appendix C) shows that cash balances are expected to remain satisfactory for the rest of the year, with the balance on 31 March above Plan. At present, there are no significant revisions to the monthly forecasts for 2012/13, which also remain satisfactory.

2.3 Statement of Financial Position (aka Balance Sheet)

2.3.1 The SOFP table in Appendix D compares the Monitor Plan at 31 December to actuals.

2.3.2 The main variance is that cash and liabilities are both £600k above plan. This suggests that the plan was over-prudent in assuming that

creditors would be paid early.

2.3.3 Fixed assets are also somewhat lower than Plan: see the next section on to capital expenditure.

2.4 Capital Expenditure

2.4.1 Up to 31 December, expenditure on capital projects was £320k. The majority of which was £147k towards the boiler replacement project. The table below details the 2011/12 annual budget and the current spend to date on each of the individual projects.

Capital Projects 2011/12

	Budget for the year	Actual to December 2011
	£'000	**£'000**
Day Unit Relocation	50	0
Seminar Room / Common Room	44	39
Toilets	95	27
Electrical Boards	45	16
Boiler Replacement	175	147
G12 room conversion	9	2
Portman water heating	7	0
Total Estates	**425**	**231**
IT	**250**	**89**
Total Capital Programme	**675**	**320**

2.5 Better Payment Practice Code

2.5.1 The Trust has a target of 95% of invoices to be paid within the terms. Up to 31 December, we achieved 93% (by number) for non-NHS invoices and 92.5% for all invoices.

3. Training

3.1 Training income is now £155k above budget in total. Fee income is £231k above budget, offset by the a shortfall on Child Psychotherapy Trainees but this is due to slightly lower numbers, and is offset by lower costs.

4. Patient Services

4.1 Activity and Income

4.1.1 Total contracted income for the year is in line with budget. After nine months, there is a small adverse variance on cost and volume activity of £39k. However, this includes an under performance of £77k with Haringey. The Camden Adult service is currently over performing by 37% 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† targets agreed with commissioners and achievement is reviewed on a quarterly basis.

4.1.2 Variances in other elements of clinical income are shown in the table below.

	Budget £000	Actual £000	Variance %	Full year Variance based on y-t-d	Full year Predicted variance	Comments
Contracts - base values	7,138	7,098	-0.6%		-33	Small under-achievement due to CQUIN element plus old year credit notes. Offset by £55k Bfwd
Cost and vol variances	5	-40			25	
NPAs	172	163	-5.3%	-12	0	
Projects and other	1,647	1,686		–	5	Income matched to costs, so variance is largely offset.
Day Unit	791	800	1.0%	11	11	
Monroe	361	339	-5.9%	-30	-80	
FDAC 2nd phase	306	309	0.9%	3	0	Income matched to costs, so variance is largely offset.
Court report	214	113	-47.1%	-134	-130	
Total	10,634	10,469		-162	-202	

† Commissioning for Quality and Innovation

4.1.3 The income for named patient agreements (NPAs) was £163k after nine months which is £9k below budget, a significant improvement. The forecast for the year is now expected to be on plan.

4.1.4 Court report income is budgeted at £285k for the year, of which £210k is for the Portman. After nine months, however, we are £101k below budget overall; the Portman is £72k below target and CAMHS are £23k below. Forecast for the year is £110k below budget.

4.1.5 Monroe income is below budget by £21k after nine months, with a shortfall of £10k in December due to difficulty in securing funding for cases. January income is currently forecast at £25k which is £22k below budget and income is likely to continue at this level for the remainder of the financial year. The annual budget was reduced from £780k to £504k this year, with a corresponding reduction in staffing which has now taken place.

4.1.6 Day Unit is £8k above target year-to-date. There are currently 12 pupils this term, against a budgeted target of 12.5. Income remains slightly above budget, due to the contractual arrangements.

4.1.7 Project income is £5k above budget year-to-date, including some one-off items. The forecast is £5k below budget for the year.

4.2 Clinical performance

4.2.1 (provided by the Commercial directorate) There were a total of 51 waits of 11+ weeks for first attended appointments across the Trust services during Quarter 3. Of these, 29 patients were in GIDS, and they waited an average of 15 weeks. With additional staff now in post, increased GIDS activity in the 4th quarter is expected to reduce waiting times and also bring up the income level as planned and agreed with the commissioner.

4.2.2 In the third quarter, the rates of appointments not attended (DNA) were 10.6% of first appointments and 10.2% of subsequent appointments. Both these rates are improvements on earlier in the year.

5. Consultancy

5.1 Tavistock Consulting income was £8k above budget in December, but remains slightly ahead cumulatively: £453k, compared to the budget of £441k. Our forecast for the year assumes the income budget for the year will be achieved, but there may be some risk to this. Expenditure is £56k above budget cumulatively, but is now running at a reduced level. A significant contract which was being delivered by an associate ended in October.

5.2 Departmental consultancy is £183k below budget after nine months. The majority of the shortfall is within CAMHS which is currently £161k below target, partly offset by additional income from conferences and other training activities.

Simon Young
Director of Finance
23 January 2012

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST

APPENDIX A

INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2011-12

		DEC 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	1,269	1,218	(51)	10,634	10,469	(165)	14,398	14,237	(161)
2	TRAINING	1,270	1,334	64	12,992	13,147	155	16,919	17,075	156
3	CONSULTANCY	87	90	3	1,006	835	(171)	1,361	1,161	(199)
4	RESEARCH	14	3	(11)	125	100	(25)	160	160	(0)
5	OTHER	66	51	(15)	571	398	(173)	768	546	(222)
TOTAL INCOME		**2,705**	**2,695**	**(10)**	**25,329**	**24,949**	**(379)**	**33,605**	**33,179**	**(426)**
OPERATING EXPENDITURE (EXCL. DEPRECIATION)										
6	CLINICAL DIRECTORATES	1,537	1,489	49	13,258	13,190	68	17,807	17,714	93
7	OTHER TRAINING COSTS	506	553	(46)	5,733	5,729	4	7,340	7,336	4
8	OTHER CONSULTANCY COSTS	49	44	5	453	517	(64)	599	637	(38)
9	CENTRAL FUNCTIONS	552	513	38	4,896	4,802	94	6,563	6,470	92
10	TOTAL RESERVES	0	0	0	0	0	0	263	0	263
TOTAL EXPENDITURE		**2,644**	**2,598**	**46**	**24,340**	**24,239**	**101**	**32,571**	**32,157**	**414**
EBITDA		**61**	**97**	**36**	**988**	**710**	**(278)**	**1,034**	**1,022**	**(12)**
	ADD:-									
12	BANK INTEREST RECEIVED	1	1	0	8	7	1	11	10	(1)
	LESS:-									
11	DEPRECIATION & AMORTISATION	42	47	(5)	382	400	(18)	509	529	20
13	FINANCE COSTS	0	0	0	0	0	0	0	0	0
14	DIVIDEND	32	32	0	289	290	(0)	386	386	0
SURPLUS BEFORE RESTRUCTURING COSTS		**(12)**	**19**	**31**	**325**	**28**	**(297)**	**150**	**117**	**(33)**
15	RESTRUCTURING COSTS	0	11	(11)	1,000	1,004	(4)	1,000	1,004	4
SURPLUS/(DEFICIT) AFTER RESTRUCTURING		**(12)**	**8**	**20**	**(675)**	**(977)**	**(302)**	**(850)**	**(888)**	**(29)**
EBITDA AS % OF INCOME		2.3%	3.6%		3.9%	2.8%		3.1%	3.1%	

THE TAVISTOCK AND PORTMAN NHS TRUST **APPENDIX B**
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2011-12

No.		DEC-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	5,441	5,449	8	7,254	7,262	8
2	TRAINING FEES & OTHER ACA INC	380	442	62	5,150	5,381	231	6,314	6,540	227
3	POSTGRADUATE MED & DENT'L EDUC	12	7	(5)	106	68	(37)	141	115	(26)
4	JUNIOR MEDICAL STAFF	81	97	16	725	820	96	1,055	1,146	91
5	CHILD PSYCHOTHERAPY TRAINEES	193	184	(10)	1,571	1,428	(143)	2,155	2,012	(143)
6	R&D	14	3	(11)	125	100	(25)	160	160	(0)
7	CLINICAL INCOME	1,077	1,065	(11)	8,893	8,792	(101)	12,054	12,008	(46)
8	DAY UNIT	88	81	(7)	791	800	8	1,055	1,078	23
9	MONROE	39	28	(10)	361	339	(21)	504	424	(80)
10	FDAC	42	35	(6)	375	425	50	500	572	72
11	TCS INCOME	27	34	8	441	453	12	613	613	0
12	DEPT CONSULTANCY INCOME	61	56	(5)	565	382	(183)	747	548	(199)
13	COURT REPORT INCOME	24	8	(16)	214	113	(101)	285	155	(130)
14	EXCELLENCE AWARDS	10	10	0	87	87	0	116	116	0
15	OTHER INCOME	56	41	(15)	484	311	(173)	652	430	(222)
	TOTAL INCOME	**2,705**	**2,695**	**(10)**	**25,329**	**24,949**	**(379)**	**33,605**	**33,179**	**(426)**
	EXPENDITURE									
16	EDUCATION & TRAINING	291	336	(45)	3,964	4,088	(123)	4,832	4,982	(150)
17	PORTMAN CLINIC	115	116	(0)	1,026	1,011	15	1,366	1,351	15
18	ADULT DEPT	248	251	(3)	2,315	2,289	26	3,060	3,033	27
19	MEDNET	21	18	2	185	160	25	246	222	25
20	ADOLESCENT DEPT	147	137	10	1,289	1,265	24	1,729	1,654	76
21	C & F CENTRAL	769	773	(4)	6,301	6,488	(187)	8,557	8,747	(190)
22	MONROE & FDAC	70	72	(2)	695	742	(47)	905	953	(47)
23	DAY UNIT	63	46	17	571	545	26	751	763	(12)
24	SPECIALIST SERVICES	98	68	30	814	650	163	1,108	941	167
25	COURT REPORT EXPENDITURE	7	8	(1)	64	40	24	85	51	34
26	TRUST BOARD & GOVERNORS	9	9	(0)	79	82	(2)	106	108	(2)
27	CHIEF EXECUTIVE OFFICE	26	29	(3)	233	233	(0)	311	311	(0)
28	PERFORMANCE & INFORMATICS	81	72	9	601	546	54	843	783	60
29	FINANCE & ICT	101	101	0	911	974	(62)	1,215	1,278	(62)
30	CENTRAL SERVICES DEPT	182	168	14	1,639	1,673	(34)	2,196	2,225	(29)
31	HUMAN RESOURCES	57	58	(1)	547	513	34	718	684	34
32	CLINICAL GOVERNANCE	36	34	1	332	294	38	439	401	38
33	TRUST DIRECTOR	32	30	2	292	279	13	387	373	13
34	PPI	14	(0)	15	130	118	12	173	173	0
35	SWP & R+D & PERU	22	24	(2)	198	171	26	264	237	26
36	R+D PROJECTS	0	0	0	0	0	0	0	0	0
37	PGMDE	5	4	1	47	35	12	63	51	12
38	NHS LONDON FUNDED CP TRAINEES	193	185	8	1,571	1,439	132	2,155	2,021	134
39	TAVISTOCK SESSIONAL CP TRAINEES	7	4	3	66	57	8	88	79	8
40	FLEXIBLE TRAINEE DOCTORS	9	24	(14)	85	111	(26)	202	203	(0)
41	TCS	44	37	6	411	467	(56)	542	572	(30)
42	DEPARTMENTAL CONSULTANCY	5	6	(1)	43	50	(8)	57	65	(8)
43	DEPRECIATION & AMORTISATION	42	47	(5)	382	400	(18)	509	529	(20)
44	PROJECTS CONTRIBUTION	(7)	(11)	3	(66)	(81)	15	(87)	(103)	15
45	IFRS HOLIDAY PAY PROV ADJ	0	0	0	0	(0)	0	0	(0)	0
46	CENTRAL RESERVES	0	0	0	0	0	0	263	0	263
	TOTAL EXPENDITURE	**2,686**	**2,645**	**41**	**24,722**	**24,639**	**83**	**33,080**	**32,686**	394
	OPERATING SURPLUS/(DEFICIT)	**19**	**50**	**31**	**606**	**310**	**(296)**	**525**	**493**	(32)
47	INTEREST RECEIVABLE	1	1	(0)	8	7	(1)	11	10	(1)
48	UNWINDING OF DISCOUNT ON PROVISION	0	0	0	0	0	0	0	0	0
49	DIVIDEND ON PDC	(32)	(32)	0	(289)	(290)	(0)	(386)	(386)	0
	SURPLUS/(DEFICIT)	**(12)**	**19**	**31**	**325**	**28**	**(297)**	**150**	**117**	**(33)**
50	RESTRUCTURING COSTS	0	11	(11)	1,000	1,004	(4)	1,000	1,004	(4)
	SURPLUS/(DEFICIT) AFTER RESTRUCTURING	**(12)**	**30**	**20**	**(675)**	**(977)**	**(302)**	**(850)**	**(888)**	**(38)**

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**	**2,445**	**2,208**	**2,132**	**2,316**	**3,499**	1,957	2,061	1,843	4,712
Operational income received													
NHS (excl SHA)	**691**	**725**	**341**	**871**	**603**	**1,568**	**1,185**	**1,355**	**9**	877	1,009	888	10,122
General debtors (incl LAs)	**618**	**238**	**279**	**691**	**724**	**350**	**593**	**2,160**	**182**	839	565	472	7,711
SHA for Training	**0**	**1,707**	**968**	**876**	**1,061**	**1,013**	**837**	**1,074**	**1,017**	914	934	914	11,315
Students and sponsors	**198**	**92**	**162**	**39**	**77**	**261**	**379**	**163**	**131**	500	100	100	2,202
Other	**4**	**22**	**30**	**68**	**47**	**40**	**90**	**14**	**20**	18	18	18	389
	1,511	**2,784**	**1,780**	**2,545**	**2,512**	**3,232**	**3,084**	**4,766**	**1,359**	3,148	2,626	2,392	31,739
Operational expenditure payments													
Salaries (net)	**(1,243)**	**(1,210)**	**(1,202)**	**(1,255)**	**(1,355)**	**(1,459)**	**(1,165)**	**(1,246)**	**(1,310)**	(1,362)	(1,161)	(1,161)	(15,129)
Tax, NI and Pension	**(900)**	**(917)**	**(926)**	**(906)**	**(902)**	**(896)**	**(930)**	**(869)**	**(901)**	(858)	(858)	(858)	(10,722)
Suppliers	**(705)**	**(497)**	**(542)**	**(463)**	**(469)**	**(709)**	**(777)**	**(1,433)**	**(679)**	(764)	(765)	(613)	(8,416)
	(2,848)	**(2,624)**	**(2,670)**	**(2,624)**	**(2,726)**	**(3,064)**	**(2,872)**	**(3,548)**	**(2,890)**	(2,984)	(2,784)	(2,632)	(34,267)
Capital Expenditure	**0**	**(21)**	**(91)**	**(13)**	**(23)**	**(51)**	**(29)**	**(16)**	**(12)**	(60)	(60)	(121)	(497)
Interest Income	**1**	**1**	1	**1**	**0**	**0**	**1**	**1**	**1**	0	1	1	9
Payments from provisions	**0**	**0**	0	**0**	**0**	**0**	**0**	**(20)**	**0**	0	0	0	(20)
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**	**2,445**	**2,208**	**2,132**	**2,316**	**3,499**	**1,957**	2,061	1,843	1,290	1,290

STATEMENT OF FINANCIAL POSITION

	Plan	Actual	Variance
	31-Dec-11	31-Dec-11	31-Dec-11
	£000	£000	£000
Non-current assets			
Intangible assets	113	**107**	-6
Property, plant and equipment	12,769	**12,526**	-243
Total non-current assets	12,882	**12,633**	-249
Current assets			
Inventories	1	**1**	0
Trade and other receivables incl. accrued income	3,213	**3,383**	170
Cash and cash equivalents	1,354	**1,957**	603
Total current assets	4,568	**5,341**	773
Current liabilities			
Trade and other payables	-932	**-1,862**	-930
Provisions		**-32**	-32
Tax payable	-500	**-574**	-74
Other liabilities incl. deferred income	-3,149	**-2,744**	405
Total current liabilities	-4,581	**-5,212**	-631
Total assets less current liabilities	**12,869**	**12,762**	**-107**
Non-current liabilities			
Provisions	-60	**-58**	2
Total non-current liabilities	**-60**	**-58**	**2**
Total assets employed	**12,809**	**12,704**	**-105**
Financed by (taxpayers' equity)			
Public Dividend Capital	3,403	**3,403**	0
Revaluation reserve	7,840	**7,704**	-136
Income and expenditure reserve	1,566	**1,597**	31
Total taxpayers' equity	**12,809**	**12,704**	**-105**

Board of Directors : January 2012

Item : 8

Title : Quarter 3 Declarations

Summary:

The Board of Directors is asked to approve three declarations to Monitor for Quarter 3:

- 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 anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months.
- The Board is satisfied that, to the best of its knowledge and using its own processes and having 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.

This report has been reviewed by the Management Committee on 19 January.

This report focuses on the following areas:

- Risk
- Finance
- Quality

For : Approval

From : Deputy Chief Executive

Quarter 3 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 3 result	
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 2 result**	
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. Statistics for the third quarter should be ready in time to be tabled at the meeting, and are expected to confirm that we met this target again.

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. Finance declaration

2.1 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 for 2011/12 remain, we expect to achieve it.

2.2 For 2012/13, the Trust is facing the challenge to develop a budget which meets the annual national efficiency targets and other pressures, and will again deliver a small surplus. Productivity targets have been set and budget-holders are working on plans to achieve these. An assessment is to be presented to the Board in February; and it is expected that a balanced budget will be presented for approval

in March, enabling to the Trust to retain a Financial Risk Rating of 3 for each quarter of 2012/13.

3. Quality

3.1 In support of the quarter 2 quality declaration in October, the Trust Director presented a paper detailing (a) progress against the action plan following the 2010/11 quality report; and (b) examples of good practice which enable the Trust to answer affirmatively all ten questions set out in Monitor's *Quality Governance Framework*.

3.2 Progress has continued since then; and no information has come to light (e.g. from serious incidents or complaints) which brings the declaration into question.

3.3 A mock quality report for 2011/12, based on the first two quarters, is currently being prepared.

3.4 Links between the Clinical Quality, Safety and Governance Committee and the Audit Committee, a matter raised in the October discussion, have been reviewed by internal audit and are to be discussed with members of the CQSG Committee at the Audit Committee on 24 January.

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
Deputy Chief Executive and Director of Finance
20 January 2012

Board of Directors : January 2012

Item : 9

Title : UCLP Mental Health and WellBeing Programme

Purpose:

The purpose of this report is to provide an update on UCLP developments, in particular the institution of a new research centre, the Psychological Interventions Research Unit (PIRC) with which we are now directly involved.

This report has been reviewed by the following Committees:

- Management Committee, 19th January 2012

This report focuses on the following areas:
(delete where not applicable)

- Quality
- Patient / User Experience

For : Discussion

From : Peter Fonagy, Chairman, UCLP
Alessandra Lemma, T&P Psychological Therapies Development Unit Lead

UCLPartners Mental Health & Wellbeing Programme
Programme update for the Tavistock & Portman NHS Foundation Trust Board
January 2012

0. Overview

1. Creating Europe's leading mental health programme
2. Developing a partnership-wide, pathway-specific outcome system to support the delivery of improved value in mental health care
3. Addressing the information challenge in mental health care
4. Revolutionizing the role of IT, information and financial support services to deliver better patient care
5. A cross-AHSS collaboration to improve the cardiovascular health of patients with depression
6. The Psychological Interventions Research Centre (PIRC)
7. Adolescent mental health
8. Improving the care of people with dementia in general hospital beds

1. Creating Europe's leading mental health programme

We have successfully created an MH partnership across north-central and northeast London. The partnership includes five mental health trusts, two acute hospitals, and two universities. Together, we serve a population of over 2 million. Our high-level objectives are to drive quality and value across the partnership by standardizing care pathways, protocols, and outcomes. We also aim to reform and revitalize psychiatric training. Overall success will be demonstrated by improving patient outcomes in the context of ever-increasing resource challenges.

The scale of our partnership gives us unprecedented access to populations, creating extraordinary opportunities to evaluate and deliver care improvements. The cross-disciplinary collaborations that we are forming also have the potential significantly to impact population health. At the same time, we hope to encourage diffusion of our work through local ownership.

Senior representatives from all the partner organizations, along with UCLP directors and UCL researchers, sit on the programme's executive. This group has responsibility for directing and overseeing our work, including the projects below. Another key clinical partner is expected to join the partnership and its executive in 2012. Maintaining partner buy-in and securing further resources for our projects are key measures of success.

2. Developing a partnership-wide, pathway-specific outcome system to support the delivery of improved value in mental health care

Together, the partner trusts identified a need to develop a standard system of patient-centred outcomes. This must support measurement and transparency across two broad domains: quality and cost.

To this end, we have created a multidisciplinary strategic leadership group focusing on value in mental health. This group comprises the clinical leadership of our partner trusts (MDs and CEO); experts in IT, accountancy, health economics, and outcomes measurement; and the chief executive of MIND, the UK's leading mental health charity and user group.

The leadership group has obtained support from The Health Foundation to review and develop care pathways for CAMHS and acute psychosis across the partner mental health trusts. In its first phase, the project is establishing collaborative networks of patients and clinical-team leads to identify meaningful clinical outcomes and measures that can form an outcomes framework for each service.

In addition to these service-specific projects, we are working to spread innovation and best practice through a partnership-wide mental health quality and safety forum, led by one of the Trust CEOs.

3. Addressing the information challenge in mental health care

There is an urgent need to increase mental health professionals', service managers' and new commissioners' awareness of available mental health data in order to enable them to use these data to make step-changes in the quality of patient care and service research. We know a considerable amount of data exists that can directly inform the design and delivery of mental health services for better quality and efficiency. Unfortunately, there is a gap in our capacity to use these data for service improvement. Although services send a great amount of data 'upstream', they are not routinely scrutinizing their own performance in the context of their local and national peers, nor connecting data across silos within the system (e.g., across primary, social, community and mental health providers).

To address this challenge, UCLPartners, together with Geraldine Strathdee (National Mental Health Clinical Advisor to the Care Quality Commission and Associate Medical Director for Mental Health at NHS London), is undertaking a project to create a better path from national mental health data sets to local decision making and routine care delivery. Ultimately, our goal is to drive care-quality improvements and increase the efficiency with which limited mental health resources are deployed.

Our first step is to ensure that our core team, including senior staff from UCLPartners and our partner trusts, has a thorough understanding of the data that are available. To this end, we are holding a one-day workshop on mental health data accessibility and interpretation to co-create solutions together with national MH data experts. We will then work to develop and diffuse these solutions throughout the partnership.

4. Revolutionizing the role of IT, information and financial support services to deliver better patient care

For patients, well informed clinical decision-making and reliable care implementation can be life-or-death matters. Today, however, even basic relevant, timely performance information is not available to NHS decision-makers. Evidence from other health systems shows that care improves when such information (on both quality and cost) is available to clinicians in usable form. Relevant, reliable, timely, well-presented performance information – connected across silos – must therefore guide every care-decision made across UCLP MH. Underpinning this, IT & information service (IT/IS) and finance service (FS) professionals should feel they are core parts of care-delivery teams.

To further these aims, we are establishing a pilot project in Barnet, Enfield & Haringey NHS Mental Health Trust (BEH). Within BEH, IT/IS leads and clinical directors closely collaborate to specify frontline IT system capabilities. Our project will further this, incorporating IT/IS and FS specialists into service-line operational management groups and into clinical teams with significant needs for information and IT solutions (for example, CMHTs, where mobile technology can transform care delivery, and where developing clinical dashboards, covering both whole caseloads and individual patients, can have significant impacts on service reliability and safety).

Successful change must be owned and driven by the frontline. Supported by our multidisciplinary strategic leadership group (see above) and leaders in BEH, frontline professionals – in IT/IS, finance and clinical services – will develop solutions that:
1. Foster mutual understanding (so that, e.g., IT/IS and FS learn how care works and clinicians/managers see the value of performance information and pairing cost to quality)
2. Identify priority areas of intervention (e.g. conditions or service lines) and meaningful outcomes in IoM quality domains
3. Enable information systems to track performance on these outcomes
4. Develop methods for presenting and reviewing performance information, identifying opportunities and making improvements
5. Specify changes needed to align incentives to support quality improvement

Uniquely, a select number of stakeholders from across UCLP MH will aid in designing solutions, significantly improving partnership-wide adoption/adaption in local organisations. BEH will be an action learning system, with two-way idea-flow: solutions generated by the frontline collaboration will spread across partner trusts via the Project Board, with feedback from the network enhancing the solutions. Local communications support services will help develop and cascade the message in their respective trusts.

Success in BEH alone would make information-driven outcome improvements possible for most of the 10,000 referrals received yearly by BEH (from a population-base of ~750,000). Spreading this innovation across UCLP MH would reach the specialist MH

providers for a population of over 2m, and create a step-change in work-satisfaction for hundreds of IT/IS, FS, clinical and managerial professionals.

5. A cross-AHSS collaboration to improve the cardiovascular health of patients with depression

The UCLP MH programme is leading a project to improve the cardiovascular health of patients with depression who enter IAPT services. The project is a collaboration between UCLP and three other national Academic Health Science Systems (Cambridge University Health Partners, King's Health Partners, and Manchester Academic Health Science Centre), and brings MH researchers together with their cardiovascular colleagues.

The project board includes key figures in IAPT, depression and cardiovascular research, and clinical informatics, including: David Clark, National Clinical Advisor for IAPT; Andrew Steptoe, Director of the Institute of Epidemiology and Health Care at UCL, and British Heart Foundation Chair of Psychology; André Tylee, national advisor on long-term conditions to the IAPT programme; and Steve Pilling, Director of the National Collaborating Centre for Mental Health, who helped develop NICE guidelines for depression and depression with chronic physical health problems.

Depression is second only to lifetime smoking in the risk that it confers for cardiovascular disease. Addressing this comorbidity is therefore a high-priority for population health. Over 250,000 people, most of them with depressive symptoms, were referred to the IAPT programme from April to September 2011. This gives our project remarkable scope for developing and evaluating interventions aimed at improving the cardiovascular outcomes of depressed patients.

In addition, the project hopes to demonstrate the power of the AHSS model for delivering patient and population health benefits and value across the system.

6. The Psychological Interventions Research Centre (PIRC)

PIRC aims to implement the 'bench to bedside' translational agenda in psychological therapies. It will have three main areas of activity:

1. **Training:** PIRC will deliver trainings for all IAPT-approved psychological therapies. The goal is to train all IAPT workers across UCLP and beyond.
2. **Service design:** PIRC will work with local commissioning groups to help them design and implement IAPT and other psychological therapies services. The goal is to develop a model that can be replicated across London and the NHS.
3. **Audit and accreditation:** PIRC will serve as a national accrediting body for IAPT-approved psychological therapies practitioners, services and training programmes.

In addition, PIRC has initiated two joint workstreams, focusing on mechanisms and implementation respectively. These workstreams bring together senior clinicians and researchers from across the partnership to explore research opportunities aimed at developing and implementing evidence-based psychological therapies. To support this work, PIRC has developed and will maintain a UCLP-wide database of psychological research. The objective is to identify priority areas for future research (such as mechanisms), build on UCLP's established track record, and generate further research grants.

7. Adolescent mental health

A strategic award from the Wellcome Trust will enable collaboration between UCLP and Cambridge University Health Partners to study brain development in relation to the emergence of major mental health problems during adolescence and early adulthood. This collaborative study will incorporate an accelerated longitudinal study of a large community sample of adolescents and several adolescent clinical samples currently in treatment as part of randomised control trials of psychological therapies (START, IMPACT, REDIT) in both these regions.

There is a strong initiative from the CAMHS community to focus research in child and adolescent mental health around UCLP and a well attended meeting of researchers and clinicians has already taken place. It is our hope that the IAPT initiative, which has recently been extended to children and young people, will be coordinated from within UCLP and provide a focus for further integration around the improvement of quality of care offered to families in the direction of increasing evidence- based, service-user-focused, collaborative delivery of interventions.

8. Improving the care of people with dementia in general hospital beds

By fostering collaboration across UCLP, this initiative aims significantly to improve the diagnosis, management and care of people with dementia. We will achieve this by designing and implementing an agreed programme of quality improvement based on clinical evidence, national standards, and a consensus of good practice.

To this end, we held a one-day conference to agree a UCLP-wide dementia strategy. Over 90 people attended the meeting, including participants from 5 acute NHS Trusts (BHR, UCLH, NMH, RFH, WXUH), 5 mental health/community NHS Trusts (CANDI, ELFT, NEPFT, NELFT, BEHMHT), and primary care including the London areas of Haringey, Havering, Islington, and Enfield. Other participants were from organisations including DeNDRoN, the Royal College of Nursing, and the charities Dementia UK, the Alzheimers Society and Jewish Care. Together, we identified four priorities for improving dementia care:

1. Involving families/carers

2. Managing delirium
3. Education and training
4. Joined-up working

We have subsequently held to steering group meetings to further this agenda. Pilot projects are going forward across the partnership in each of the priority areas. Key challenges are to audit outcomes and to spread innovations across the partnership.

Board of Directors : January 2012

Item : 10

Title : RiO 2015 Outline Business Case

Purpose:

The purpose of this report is to present the outline business case both explaining the concepts of and requesting Trust approval to be part of the London-wide group investigating options for replacing the RiO. This includes a request to approve expenditure over the next three years to support the London initiative

This report has been reviewed by the following Committees:

- Management Committee, 19th January 2012

This report focuses on the following areas:
(delete where not applicable)

- Quality
- Patient / User Safety
- Risk
- Finance
- Productivity

For : Approval

From : Allan Archibald, Head of Informatics

The Tavistock and Portman NHS

NHS Foundation Trust

RiO Replacement Project

Outline Business Case

Outline Business Case
V2.0
Jan 2012

Document Information

Work Area:	Tavistock & Portman NHS Foundation Trust				
Title:	RiO Replacement Outline Business Case				
Ref/Type:	Business Case				
Purpose:	To outline the process and options for provision of a Patient Admin System post October 2015 when the RiO contract with LPfIT and BT expires. To propose that the Trust joins a consortium of London Trusts currently using RiO, who will work together on this project.				
Version:	2.0	Date of Issue:	16/1/12	Status:	Final

Key personnel

Authors:	Allan Archibald	Contributors:	
Reviewer(s):	S. Young, M Patrick		

Document History

Version	Production Date	Version Description	Initials
1.0	5 Jan 12	For review.	AA
1.1	6 Jan 12	Minor editing changes.	AA
1.2	11 Jan 12	Minor editing changes. For review.	SY
2.0	16 Jan 12	For approval by Trust Management Committee and then by the Board of Directors	AA

Approvals

Version	Approved by	Approval Date
2.0	Management Committee	19 Jan 2012

Glossary of Terms

The national Programme and the NHS in general uses a lot of abbreviations and terminology which at best can be confusing and at its worst, misleading. The following list covers those used within this document and also in general conversation regarding this project.

NPfIT — The National Programme for IT sets out the NHS plan for developing a comprehensive solution for integrated patient records and wider use of technology for the benefit of patient care in the NHS.

CFH — Connecting for Health is an agency of the Department of Health tasked with delivering the National Programme infrastructure such as the National Care Record Service (or Spine) and NHS Mail.

LPfIT — The London Programme for IT is hosted by NHS London and is tasked with delivering the local Care Record solution for the London Cluster. LPfIT has contracted BT to Provide RiO as the solution for Mental Health and Community Services in London.

OJEU — This is the Official Journal of the European Union. Published daily it lists all requests to tender for all major public sector procurements by members of the European Union as agreed under European law.

1. Introduction

1.1 Purpose

1.1.1 This Outline Business Case (OBC) sets out the current plans for dealing with the end of the current RiO contract in 2015. The OBC takes a default position that the Trust must have a suitable alternative solution in place by contract end.

1.1.2 The Board of Directors is asked to review and approve this business case and subsequent membership expenditure to be part of the consortium over the next 3 years. It should be noted that participation in the consortium does not preclude the Trust from choosing another direction should it see fit, although the financial commitment may stand.

1.2 Context

1.2.1 The current arrangements with BT (via the LPfIT contract) for the provision of RiO to the Trust will expire in October 2015. This Outline Case sets out the current position and options with regard a successor arrangement.

1.2.2 European Law requires all major Public Sector procurements to go through the OJEU process. Considering this and the lead in times required to produce a requirements document and for actual implementation means that the procurement process for replacing RiO needs to start now.

1.2.3 In light of the tight timescales, the London Community and Mental Health Programme Board (CMHPB) have recommended that all London RiO Trusts start their succession planning now, with Strategic Business Cases to be agreed by December 2011 and Outline Business Cases to be agreed by March 2012

1.2.4 The Programme Board has subsequently set up a RiO 2015 Strategy Group to formally investigate options on behalf of all London RiO Trusts. It is worth noting that retaining RiO, albeit under a separate contractual arrangement, will almost certainly be one of the available options in the Framework agreement. As such, this would likely be one of the cheaper options both in financial terms and in impact on Trust staff.

2. RiO 2015 Project Group & Consortium Approach

2.1 The RiO 2015 Strategy Group is chaired by Peter Gooch, Director Of IM&T at Camden & Islington Foundation Trust with Andrew Freeman of LPfIT as Project Manager, with other members representing Mental Health and Community Trusts respectively.

2.2 The Strategy Group reports to the London Community and Mental Health Programme Board (CMHPB), currently chaired by our own Chief Executive on an interim basis.

2.3 To minimise costs and reduce duplication of effort the Strategy Group recommends that a consortium of London organisations is established next financial year and all RiO organisations in London have been invited to join by the CMHPB Chair. A response is expected by end of Jan 2012 as to which Trusts wish to participate.

2.4 The consortium arrangement would enable a small team, comprising project management, procurement and requirements specialists to engage with the market, develop the required documentation and progress the OJEU procurement with a view to establishing a framework agreement.

2.5 The cost of being part of the consortium is roughly £43,000 over the next 3 years, assuming 90% of Trust sign up to the consortium. The costs would be split as follows:

2012/13 - £20,000

2013/14 - £15,000

2014/15 - £8,000

The funds will be used to provide direct Project Management and Project support, backfill for agreed seconded staff as well as cover legal and professional advice and fees.

2.6 Following the recommendation of the CMHPB to commence succession planning an initial paper was presented to the Management Committee in December outlining the high level options open to the Trust. Initial approval was given to proceed on the principle of participating in the London wide consortium approach, with the proviso that this more detailed paper be submitted for subsequent approval.

3. Framework Agreement

3.1 As above, the Strategy Group has recommended that the consortium look to develop a Framework Agreement for the provision of replacement services with the advantages being:

- a number of suppliers can be selected and incorporated within the agreement from which Trusts can choose their preferred supplier (although a mini procurement might be needed if more than one supplier meets the organisation's requirements);
- the agreement would run for four years, probably from 2013 to 2017 thus giving trusts a more than adequate transition window meeting the needs of organisations wishing for an early transition plus those that may wish to deploy later, including any that wish to take up the optional contract extension with BT;
- trusts may also establish a smaller consortium within the framework agreement to progress to the stage if they wish to maximise cost efficiencies. This would basically mean working with similar minded Trusts to agree a single contract entity for a particular system;
- there is no obligation on any organisation to procure a system through the framework agreement, and any could proceed with their own OJEU procurement if that is their eventual preference

3.2 It has also been recommended that the procurement is undertaken in "lots", e.g. one lot for the application, a second for the hosting arrangements and a third for an integration/interoperability to enable the system to send and receive messages with other systems such as the spine. This will allow organisations to procure just the elements that they require.

3.3 Work needs to progress relatively quickly on defining the requirements. This will enable organisations to specify what's important to them, e.g. interoperability and mobile working requirements

Extensive work has already been undertaken by the southern cluster in gathering cluster requirements in its attempts to procure new software systems for trusts in the South of England using the Additional Supply Capability and Capacity framework (ASCC).

London will look to use this as a baseline document. This will be reviewed over the coming few months with as much clinical input that can be gathered as possible. The final requirements document must be agreed by all participating organisations by the end of March.

4. Future Consortium Benefits

4.1 Aside for the above highlighted benefits/savings, there are additional savings/benefits to be had should sufficient numbers of Trusts work in unison. Economies of scale and bargaining power in terms of licencing and support come into force should any number of Trusts choose the same solution.

4.2 Procuring in lots also maximises the opportunity for consortium working. For example, even if Trusts choose a number of different systems they may still choose a single hosting provider or integration solution or vice versa.

4.3 Collaboration will also help preserve some of the benefits achieved over the last decade of the National Programme where Trusts have worked together to develop standardised practice and processes. Groups such as the RiO Information Managers and RiO User Group have been pivotal to system and service development.

4.4 Other benefits include greater Interchangability of staff across Trusts from having shared systems. This should make moving from Trust to Trust a less onerous task in terms of system familiarity and will have knock on benefits in terms of reduced demand on helpdesk and training. It also raises the prospect for shared training and support functions across a number of Trusts.

5. Possible Future Costs

5.1 Whilst a consortium approach and a framework agreement will almost certainly result in a better end deal I must stress that there will still be a significant cost to the Trust in replacing RiO. These costs will include:

- Possible Rio Contract Extension – One of the challenges, and also why the timelines are so tight, is the task of migrating all trusts ahead of the 2015 contract end. The current contract does have a provision to extend for 1 year but the projected costs per RiO instance are somewhat prohibitive. Even this assumes that all Trusts sign up for the extra year, and would be progressively more expensive the fewer sign up.
- One-Off Implementation – As with RiO and CareNotes before it, there will be sizeable local costs associated with implementing any new system, even should we stay with RiO. This will include initial software & licence purchase, implementation project costs and any associated hardware.

- Support & Maintenance – RiO support & Maintenance is currently paid for centrally as part of the LPfIT contract with BT. Once the contract ends, any subsequent support and maintenance arrangements will have to be funded locally.

6. Timeline

6.1 Although Oct 2015 seems a long way away, the previously described procurement process and implementation timelines mean it is no time at all. A list of key dates in the timeline is listed below:

Complete initial 2015 Readiness Assessment	-	Oct 2011
Strategic Outline Business Case	-	Dec 2011
Production of Requirements Document	-	Mar 2012
Outline Business Case	-	Mar 2012
OJEU	-	Summer 2012
Full Business Case	-	Summer 2012
Award of Contract	-	May – Oct 2013
Transition Commences	-	October 2014

7. Recommendations

7.1 Whilst it does commit the Trust to £43,000 of expenditure over the next 3 years, the benefits of a collective approach and a subsequent Framework agreement would more than offset this cost in the longer term than if we chose to go it alone.

On a wider note, collaboration with our Community and Metal Health partners can only be beneficial to the Trust, both in terms of shared expertise and also in sharing the burden of responsibility and workload for the procurement.

It is my recommendation that we agree to participate in the Consortium approach. Indeed we should also try and promote as much clinical input to the process from this Trust as possible to ensure that any resultant solutions better reflect our clinical needs.

The Tavistock and Portman NHS
NHS Foundation Trust

Board of Directors

Minutes
of a meeting held

2pm – 3pm
Tuesday 31st January 2012

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

Board of Directors

Meeting Minutes (Part One)

2pm – 3pm, Tuesday 31st January 2012

Present:			
Ms Angela Greatley Trust Chair	Mr Malcolm Allen (part) Dean	Mr Martin Bostock Snr Independent Director	Ms Lis Jones Nurse Director
Mr Altaf Kara Non-Executive Director	Ms Louise Lyon Trust Director	Ms Joyce Moseley Non-Executive Director	Dr Ian McPherson Non-Executive Director
Dr Matthew Patrick (part) Chief Executive	Dr Rob Senior Medical Director	Mr Richard Strang Deputy Trust Chair	Mr Simon Young Director of Finance
In Attendance:			
Miss Louise Carney Trust Secretary	Dr Rita Harris CAMHS Director	Prof. Alessandra Lemma UCLP (item 9)	Prof. Peter Fonagy UCLP (item 9)
Apologies:			
Dr Matthew Patrick (part) Chief Executive	Mr Malcolm Allen (part) Dean		

AP	Item	Action to be taken	Resp	By
1	**5**	Mr Allen to produce briefing for Board members on commissioning for education and training	**MA**	**Feb 12**
2	**6**	Prof. Briggs to give presentation on e-learning to Board lunch	**SB**	**Jun 12**
3	**7**	Mr Young to produce more detailed Finance & Performance Report	**SY**	**Feb 12**
4	**7**	Mr Young to present forecasting review for Board	**SY**	**Mar 12**
5	**9**	Profs. Fonagy and Lemma to present report on Programme workstream	**UCLP**	**Mar 13**

1. Trust Chair's Opening Remarks

Ms Greatley welcomed everyone to the meeting, including Dr Harris, who was taking part in the Board meeting.

2. Apologies for Absence

As above. Ms Greatley explained that Dr Patrick had been called away unexpectedly, but would join the meeting as soon as possible (Dr Patrick arrived for item 7). Mr Allan had been called into the Trust's Quality Assurance Audit run by the University of East London and would join the meeting as soon as possible (Mr Allan arrived for item 10).

3. Minutes of the Previous Meeting

Approved.

4. Matters Arising

None.

Outstanding Action
The outstanding action table was noted.

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

Angela Greatley, Trust Chair
Ms Greatley noted that there were a number of changes regarding the commissioning for education and training resulting from the second stage Future Forum reports. **Malcolm Allen was producing a briefing for Board members, to be circulated via e-mail.**

AP1

Richard Strang, Deputy Trust Chair
Mr Strang notified the Board that he was acting as a Board advisor to the Devon Partnership Trust. This had been entered onto the Register of Directors' Interests.

Joyce Moseley, Non-Executive Director
Ms Moseley had attended a King's Fund event at which the Chief Executive of Croydon Council had given a presentation. Ms Moseley had circulated his presentation.

6. Chief Executive's Report

Mr Young spoke to this report. Mr Young reported that the Trust had had an unexpected visit from the Care Quality Commission on 20th January. The Trust was well-prepared for such a visit. The inspectors had been introduced to a patient, and had also visited the Day Unit and met some of the pupils. The Board thanked all staff involved in the inspection on the day and also all those staff who had ensured that the Trust was prepared for the inspection. The Trust was awaiting its final written report with feedback.

AP2 **The Board noted the launch of the Trust's e-learning unit, and asked that Prof. Briggs attend a Board lunch to give a presentation on the work of the unit.**

Ms Moseley requested more information about the impact changes to the Public Law Outline were having on the Trust. Dr Harris noted that the Outline was starting to have an adverse effect on the court system, and there was a great deal of case backlog. Dr Harris noted that there were some pilot programmes, and the Trust would try to join these. It was also noted that the system was worse in London, as the cap was higher outside of London, and that the Trust was still getting court report requests from outside of London. Dr Harris noted that she was wary of closing services and losing the valuable workforce skills that had been developed. Dr McPherson noted that the Outline would also have an impact on the Portman Clinic. The Board noted the importance of communicating the importance of the Trust's work to those with responsibility for funding, such as Government Ministers. Dr Harris noted the Trust was already doing this.

Board members congratulated Dr McPherson on his OBE.

7. Finance & Performance Report

Mr Young reminded the Board that he had e-mailed details of actions management was planning of taking to reduce the Trust's income deficit. Mr Young circulated an updated version of this action plan, which summarised the changes in the forecast between Mr Young's e-mail of 16th December and the January Board report, and highlighted the main areas of risk to the forecast. Mr Young noted the following:

- The forecast surplus in December was £164k, but was now £117k
- Income showed £47 adverse variance from the December forecast, which was mostly related to court report work
- Expenditure had been reviewed in all areas, but was there was a £20k adverse variance in the Adolescent Department
- Overall, there was a £5k saving, but the forecast had not yet taken into account the effects of the vacancy freeze announced by Dr Patrick in January. In addition to this, there may also be some further small savings from a bank and agency staff review currently underway. There was also an opportunity to redeploy staff to cover maternity vacancies.

Mr Young noted that much work had been done in Haringey, the Gender Identity Development Service, and Tavistock Consulting, but there was still some way to go

- Haringey Referrals: Activity levels had not increased by enough in December. January figures were more promising, and Mr Young was waiting for further analysis
- GIDS: Activity levels had not increased by enough. Mr Young was waiting for further analysis
- Tavistock Consulting: Activity levels had not increased by enough. Mr Young feared that the final forecast would be lower than that shown

Management action continues to ensure the achievement of the actions, but Mr Young recognised that this would be tight.

Mr Strang noted that there had been more detail in the original version of the action plan e-mailed in December, and noted that he did not feel that he fully understood what action had been taken already and what was still to be done.

Mr Kara noted it would be helpful to be reminded of the threshold for dropping a Financial Risk Rating. Mr Young explained that there was approximately £80k margin for this.

Mr Strang noted that it would be helpful to know the expectation for capital expenditure for year-end. Mr Young expected expenditure to be largely on Plan, with the exception of the Day Unit relocation, which had not yet gone ahead. Mr Young was anticipating around £520k capital expenditure.

Dr Patrick outlined the four key areas of management activity:

- Cost: Management has implemented a vacancy freeze, and is undertaking a review of bank and agency staff expenditure across the Trust
- MFAS: Funding for court work for complex multi-disciplinary assessments has abruptly ceased. There are specific plans in place to address this
- Haringey under-performance: The Trust is engagement with commissioners and with the single points of entry. CAMHS and Adult clinicans have been located within Haringey to address this.
- Gender Identity Development Service: Ms Lyon is actively addressing this with GIDS clinicians
- Tavistock Consulting: Income for this is volatile, and management are working closely to ensure delivery

Board noted the report, but expressed their concerns in relation to the achievability of the action plan by the end of the year. **Mr Strang requested a more detailed report to the February Board meeting.**

AP3

AP4 **Mr Strang also requested a review of forecasting process, in particular outlining key indicators that the Board should focus on when reviewing forecasts.**

8. Quarterly Declarations

In-Year Governance Declaration
Approved

Finance Declaration
Approved

Quality Declaration
Approved

9. UCL Partners Mental Health and Wellbeing Programme

Profs. Fonagy and Lemma introduced themselves to the Board. Prof. Fonagy is Director of Mental Health & Wellbeing Programme at UCLP, and is Head of the Research Department for Clinical Education and Health Psychology at University College London. Prof. Lemma is the Unit Director for the Trust's Psychological Therapies Development Unit, represents the Trust on the UCLP Executive, and is Clinical Lead of UCLP's Psychological Interventions Research Centre (PIRC).

Prof. Fonagy noted that Dr Patrick had been influential in shaping the UCLP Mental Health and Wellbeing Programme.

Ms Greatley noted that the population size that UCLP covered was vast and very diverse. Ms Greatley also noted her interest in the concept of "bench to bedside", which linked pure academic science research with healthcare work out in communities. Improving the speed of this link would be a substantial achievement.

Dr McPherson noted that one of the challenges facing the health system was the interface between clinical work and research, and queried whether there were ways to influence the next generation of clinicians to have more engaged view towards research. Prof. Lemma referred to concept of fellows to PIRC. Prof. Fonagy noted that Academic Health Science Systems will become responsible for much post-graduate medical education.

Mr Bostock noted that it would be a great help to all in the field of mental health to have properly researched common bases upon which to compare themselves.

Ms Moseley noted that implementation into the systems in which practitioners operate is often very difficult. Prof. Lemma recognised this issue and noted that projects were chosen very carefully.

Dr Patrick noted that Academic Health Science Systems marked a major development for healthcare, and it was very important for the Trust to be involved.

AP5 **Ms Greatley requested that Profs. Fonagy and Lemma return and report on one workstream in more detail in a year's time.**

10. Rio 2015 Outline Business Case

Dr Patrick noted that he chairs the London Group and RiO Community Board.

Dr Patrick explained that the current contract with RiO is provided through BT. Contract extension prices beyond were very high. One option would be for the Trust to contract directly with the software developer.

Ms Moseley queried how many trusts were signed up to RiO. Dr Patrick explained that all mental health trusts with the exception of South London and Maudsley were signed up, as were the majority of acute trusts in London.

Mr Strang queried whether there would be a review of the performance of RiO. Dr Patrick confirmed that there would be.

11. Any Other Business

None.

12. Notice of Future Meetings

Noted.