The Tavistock and Portman NHS
NHS Foundation Trust

Board of Directors Part One

Agenda and papers
of a meeting to be held

2pm – 3.30pm
Tuesday 27th March 2012

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

The Tavistock and Portman NHS
NHS Foundation Trust

Board of Directors

2pm – 4pm, Tuesday 27th March 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** — *For noting*

Reports & Finance

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

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

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

8. **Budget** — *(Report attached)* *For approval*
   Mr Simon Young, Director of Finance & Deputy CEO

9. **Capital Budget** — *(Report attached*
   Mr Simon Young, Director of Finance & Deputy CEO — *For approval*

Corporate Governance

10. **Committee Reports & Minutes**
    Committee Chairs — *For noting*

Quality & Development

11. Service Line Report – Adult Progress Report *(Report attached)*
Ms Louise Lyon, Trust Director *For discussion*

12. Equalities Report *(Report attached)*
Ms Trudy Klauber, Equalities Committee Chair *For discussion*

Conclusion

13. Any other business

14. Notice of future meetings

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)

2pm – 3.30pm, Tuesday 28th February 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	Ms Karen Tanner Associate Dean (item 14)	

AP	Item	Action to be taken	Resp	By
1	3	Miss Carney to amend minutes	LC	Immed
2	12	Mr Young to add an additional paragraph to section 6.2 to reflect this	SY	Immed

1. Trust Chair's Opening Remarks

Ms Greatley welcomed everyone to the meeting.

2. Apologies for Absence

None.

3. Minutes of the Previous Meeting

AP1 **The minutes were approved subject to a minor amendment.**

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 she had been attending meetings of the Audit and Clinical Quality, Safety, & Governance Committee, to observe. Ms Greatley had

also been visiting various Trust services, which was both interesting and helpful to the role of Trust Chair.

6. Chief Executive's Report

Dr Patrick noted that the Health & Social Care Bill was still being driven forwards and was likely to be passed by April 2012.

Dr Patrick noted that he had been invited to join the Local Education and Training Board (LETB), representing mental health.

The Trust's annual Staff Survey results had been published. Responses were generally positive, and were similar to the previous year.

Recent education audits and academic reviews had excellent results. The Board recognised the role of the previous Dean, Trudy Klauber in this.

7. Finance & Performance Report

Mr Young reported a small deficit of £16k in Month 10, reducing the year-to-date surplus to £12k. The Trust was operating with less of a margin, and achieving the surplus would be tight. Mr Young noted that some of the initiatives taken by the Trust in late 2011 / early 2012 had been successful, such as the Gender Identity Development Service, but others less so. There had been difficulty in securing consulting activity.

Mr Young noted that he was due to meet with Mr Bambrough, Ms Thomas, and Dr Harris to think about how to respond to the change in funding for the Monroe Family Assessment Service.

Mr Bostock queried whether the Trust was able to carry forwards any capital expenditure not spent in-year. Mr Young confirmed that there was no limit on this.

Mr Strang noted that the summary on the cover sheet of the report referred to additional expenditure which had contributed towards the reduction in surplus, and queried whether the Procurement Officer was referring all unexpected procurement to the Deputy Director of Finance. Mr Young confirmed that this was happening.

Mr Strang noted, with regards to paragraph 4.1, that at a time when the Trust was reducing its capacity in line with productivity savings, over-performance was extremely damaging to the Trust. Ms Lyon noted that there were complexities around over-performance, and that the Trust needed to ensure there were sufficient cases for trainees to see, but agreed that over-performance needed to be reduced. Dr Patrick highlighted, with regards to reducing over-performance, that referral pathways were easily damaged and difficult to re-build. Mr Young

explained that monthly reports were being sent to each Service Line Director drawing attention to over-performance and requesting action to address this.

Mr Strang queried whether the Trust was engaging Commissioners in conversations about providing mental health services to a population in need. Mr Young confirmed that this was happening on a frequent basis.

8. CQSG Quarter Three Report

Dr Senior explained that the Appendix had been redesigned and now included a column for predicted position at year end.

Mr Young noted that it was expected that all IG requirements would be met by year-end.

Mr Strang queried whether monitoring activity under the Information Governance Work Stream was sufficient. Mr Young explained that definitive action plans was in place and the SIRO was monitoring this and ensuring this was met. These action plans were presented in more detail to the Management Committee. Dr Senior noted that the CQSG Committee had reviewed the work of each Work Stream in more detail and was satisfied with the work being undertaken.

9. Charitable Fund Committee Annual Review

The Review was noted.

10. Corporate Governance Report

Miss Carney reminded all Directors to complete their mandatory Information Governance training.

Miss Carney presented an updated Register of Directors' Interests. Ms Moseley noted that she was no longer Chief Executive of Catch22. Miss Carney reminded all Directors that they would be required to complete a new declaration for 2012/13 in April.

Miss Carney invited Directors to send in any responses to the Council for Healthcare Regulatory Excellence's *Standards for members of NHS boards and governing bodies in England* and a single response would be sent from the Trust.

11. Standing Financial Instructions

The Instructions were approved.

12. Anti-Bribery Policy

Mr Young explained that the Policy was based on new legislation. The Trust's Local Counter Fraud Specialist had provided relevant training to the Board in 2011, and the Trust was already doing what was required by the Policy.

Mr Strang noted that a breach of Section 6.2 of the Policy was in fact a breach of the Bribery Act. **Mr Young to add an additional paragraph to section 6.2 to reflect this.**

AP2

The Policy was approved subject to the above amendment.

13. Committee Reports & Minutes

Nothing to report.

14. Service Line Report – CAMHS Training

Mr Tanner noted that the Trust was running two international conferences a year, which generated significant income.

Ms Tanner explained that the new structure of education and training meant that training courses had been clustered, and there were now seven clusters, each with a Cluster Lead, instead of 17 Organising Tutors.

Ms Tanner noted that Service Line was £35k off Plan. This was largely due to difficulty with the consultancy target. Mr Bostock highlighted the importance of the 2012/13 Budget reflecting the fall in demand for consultancy services. Ms Tanner noted that a year experiencing success with large contracts had distorted the Trust's view of market demand and what the Trust can deliver, and this needs to be recalibrated. Mr Young noted that removing reducing or removing this budget would affect the overall productivity targets for the next three years.

The Trust was becoming more proactive, developing links with academies, private schools and special schools, and trying to take its successful products into new markets. Responding swiftly to market opportunities was a challenge for the Trust. Ms Moseley queried what systems were in place to enable this. Ms Tanner noted that CAMHS Management were reviewing session allocation for all CAMHS staff and were meeting on a weekly basis. Mr Kara queried how percentage of CAMHS staff were involved in training. In terms of Whole Time Equivalents, it was about 50%, with most staff having on average two sessions per week. Ms Tanner explained that the clinician-trainer model the Trust used meant that all "teachers" also undertook clinical work. Ms Tanner explained that the Trust does not have enough staff to deliver the curriculum, and runs many of its courses using Visiting Lecturers.

Ms Tanner noted that the Trust had received positive feedback from two recent audits; a third was due to take place in the Autumn.

Ms Tanner noted that a major challenge for the Trust was remaining competitive, whilst having to raise its fees to remain in business.

Ms Moseley queried the cost implications of the Student Advice and Consultation Service. Ms Tanner explained that no additional staff had been taken on to provide this service. At present, take up of this service was not significant, but this year-end would be the first full year in which the service had been running, so it was difficult to get an accurate picture of demand. Current demand levels were manageable, but the Trust will do a cost-benefit analysis if take-up increases significantly.

Mr Strang queried the level of engagement with e-learning. Ms Tanner noted that the appointment of the E-Learning Unit Manager was helping to engage staff. Mr Allan noted that e-learning development was driven and led by the Unit, not the training service lines.

Dr Patrick queried at what rate training courses were being decommissioned to devote resources to those courses that were most profitable. To date, two courses had been decommissioned. This may become a more pertinent question in the near future. An alternative may be to try converting a course to a single-year e-learning module. Dr McPherson noted the importance of staying in tune with the market, and noted that the things the Trust values may not necessarily be valued out in the wider market.

Ms Tanner noted that the Trust wanted to reach potential students at an earlier stage in their careers. Ms Greatley suggested that changing the methods of delivery may help with this.

15. Quality Report Quarter Three Review

Ms Lyon noted that the guidance for the current year had just been received.

The review was noted.

16. Any Other Business

None.

17. Notice of Future Meetings

Noted.

Outstanding Action Part 1

The Tavistock and Portman NHS
NHS Foundation Trust

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date
1	Feb-12	12. Anti-Bribery Policy	Mr Young to add an additional paragraph to section 6.2 to reflect the fact that a breach of the Policy was a breach of the Bribery Act	Simon Young	Feb-12
2	Jan-12	7. Finance & Performance Report	Mr Young to present forecasting review for Board	Simon Young	Mar-12
3	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
4	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

Red denotes actions overdue
Amber denotes actions due this month

Board of Directors : March 2012

Item : 6

Title : Chief Executive's Report

Summary :

This paper covers the following items:

1. Introduction
2. Children and Young People's IAPT extension
3. UCL Partners
4. E-Mental Health Strategy
5. Institute of Psychiatry Debate
6. And Finally…

For : Discussion

From : Matthew Patrick, Chief Executive

Chief Executive Report

1. Introduction

1.1 Much attention in March has been focused, quite understandably, on the delivery of end of year targets, coupled with the work necessary to construct next year's budget and a secure financial plan for the coming three years.

1.2 Alongside this, as a management group we have been trying to ensure that all staff are properly informed of what this is likely to entail, in terms of changes to both the shape of our workforce and the ways in which we work going forward.

1.3 There is always a tension between giving people as much information as early as possible, and the inevitability that the information given will be incomplete, simply because no more is known with any certainty at that point in time. While incompleteness can in itself be difficult, I think that it is, in general, much better to ensure that people are provided with information, notwithstanding its limitations.

1.4 By the time we meet as a Board, we will have circulated to all staff links to key documents that set out some of the principles which will govern our productivity work, along with the time line for this work across the Trust. We will also have provided details of the Voluntary Redundancy Scheme (VRS) that will be run in parallel to the productivity programme.

1.5 This work generates a tremendous amount of anxiety, not least because of concerns around security of individual employment. It is impossible to avoid this completely, but transparency and openness of communication, both up and down the organisation, is one thing that can at least moderate some concerns.

1.6 Lastly, getting the balance right between thoughtfulness and action is also critical. It is important that we are thoughtful in planning, but equally important that we are decisive and do not allow for protracted delays that compound uncertainty and anxiety.

2. Children and Young Peoples IAPT extension

2.1 On 24th February Health Minister, Paul Burstow, announced a further investment of up to £22m, on top of the existing £32m, over the next three years in the Children and Young People's Improving

Access to Psychological Therapies (CYP IAPT) project. This money is aimed at:

- making treatment available to more young people with mental health problems
- providing access to a wider range of therapies
- extending the skills of professionals who work with young people

2.2 It is of note that the range of new therapies within the programme will now include Family Therapy, a discipline in which we are particularly strong.

2.3 Our own engagement with this project is led by Rita Harris, CAMHS Director, who has been actively involved in the development and delivery of training modules associated with the first phase of the CYP IAPT programme.

3. UCL Partners

3.1 The Executive Board of UCL Partners met on Monday 12th March. At that meeting mental health was one of the two themes presented and discussed.

3.2 Two important outcomes resulted from that meeting. Firstly, the Board agreed that a second place on the executive should be allocated to mental health – at present the five mental health trusts are represented by one place on the Board.

3.3 Secondly, the Board agreed that the integration of mental health with physical health should become a major commitment, not just for mental health but for UCL Partners in general. It is unclear exactly how this commitment will be expressed, but my own view is that it is absolutely a direction of travel that we should support.

3.4 Finally, I have agreed to take up a place, representing mental health, on the Transitional Board for the Local Education and Training Board (LETB) associated with UCL Partners. This Board will meet over the next six months and will be responsible for the establishment of the substantive North and East London LETB. With so much uncertainty still remaining around the commissioning of training and education, it is important that we are both involved and through that informed about developments.

4. E-mental health strategy

4.1 On Friday 24th February, I attended a meeting hosted at the Department of Health, focused on the possible development of a national e-mental health strategy. Our own involvement in this area is through our work in delivering online clinical services (Big White Wall); through our CAMHS work including Camsden; and through our development of e- and blended-learning.

4.2 In many respects the United Kingdom is behind other countries in this broad area, with Australia probably leading internationally in terms of the range of services provided online, and in the support and coordination offered by national government.

4.3 There is, however, now significant interest in this work here. It potentially dovetails well with the NHS Information Strategy soon to be published, and there is increasing recognition that these approaches could contribute to the delivery of our national mental health strategy, 'No Health Without Mental Health'.

4.4 I have agreed to coordinate a follow up meeting, following which another meeting will be hosted at the Department of Health to consider the value of taking this work forward.

5. Institute of Psychiatry Debate

5.1 On 7th March, an important debate was held at the Institute of Psychiatry in South London on the place of psychoanalysis within a modern health services. Speaking for psychoanalysis were Professors Peter Fonagy and Alessandra Lemma. Speaking against were Professors Paul Salkovskis and Lewis Wolpert.

5.2 The event was so well attended that around 50-60 attendees could not get in to the Lecture Theatre (including myself and the Trust Chair, Angela Greatley). In the event the vote went in favour of there being a real and relevant place for psychoanalysis within a modern health service by around 250 to 50.

5.3 A podcast of the event is available at the following URL:

http://www.kcl.ac.uk/iop/news/Podcasts.aspx

5.4 The debate also sparked a very lively and thoughtful correspondence in the British Medical Journal online, where the papers are published. This correspondence can be accessed at the following URL:

http://www.bmj.com/search/psychoanalysis

6. Any Finally…

6.1 On Friday 2nd March, the Mental Health and Learning Disability Nurse Directors and Leads Forum held their regular conference at the Trust. The focus of the day was 'Improving Quality by Learning for Experience'

6.2 Lis Jones, our own Director of Nursing, was one of the founding members of the forum and instrumental in bringing the meeting to the Trust. I had the privilege of chairing the day.

6.3 The event was very well attended with nurses from across the country. All of the presentations were of a high quality, but what I felt was most striking was the quality of discourse around the presentations. In particular, those here on the day were absolutely focused on the quality of patient care, and generous in their sharing of ideas and approaches. In many respects it exemplified the very best of what the NHS can offer in terms of collaborative approaches focus around the primary task, continually striving to improve service delivery.

Dr Matthew Patrick
Chief Executive Officer
March 2012

Board of Directors : March 2012

Item : 7

Title : Finance and Performance Report

Summary:

After eleven months a surplus of £16k is reported (before restructuring costs). There are income shortfalls on Directorate Consultancy, Clinical and "other", offset by a gain on Training income and under-spends in Clinical and Central Functions.

The forecast for the year is now a surplus of £38k (before restructuring costs), compared to the budgeted £150k. Actions are being taken to deliver an improvement on this forecast.

An update on service line reporting is provided here.

The cash balance at 29 February was £2,508k, £1,003k above plan. The cash balance is projected to remain satisfactory; projections will be included in the budget papers to be presented separately to this meeting.

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 Monitor has written to confirm that the Trust retained its green governance rating and Financial Risk Rating of 3 on the basis of our quarter 3 return, submitted at the end of January. This is in line with Plan.

1.1.2 The Trust expects to retain the Financial Risk Rating of 3 at year-end.

2. Finance

2.1 Income and Expenditure 2011/12 (Appendices A and B)

2.1.1 After eleven months, the Trust is reporting a surplus of £16k (before restructuring costs). In February there was a small surplus of £4k.

2.1.2 The forecast for the year shows a surplus (before restructuring costs) of £38k. Action is being taken to ensure achievement of this, and a slight improvement on it.

2.1.3 Income year-to-date is £480k below budget, offset by expenditure being £62k below budget. However, £264k remains in the contingency reserve and will cover a large part of this variance.

2.1.4 Detailed analysis is given in Appendices A and B.

2.2 Service Line Analysis (Appendix C)

2.2.1 The analysis this month shows income and expenditure divided between Child and Adolescent services (including Children's Workforce education and training) and Specialist and Adult services (also including education and training). The variances are in line with the trends reported previously.

2.2.2 With some service line re-configuration already implemented and further changes imminent, the breakdown below this level is no longer applicable and is not given, as agreed at previous meetings.

2.3 Cash Flow

2.3.1 The cash balance at 29 February was £2,508k, £1,003k above the revised Plan of £1,505k. The balance rose in month by £298k. The detailed analysis has not yet been completed. Balances for the coming months are expected to remain satisfactory.

2.3.2 The budget papers, to be presented separately, are due to include cash forecasts for the next two years, allowing for potential redundancy costs in 2012 as well as other factors.

3. Training

3.1 Training income is now £207k above budget in total. Fee income is £250k above budget, offset by 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 Clinical income is £257k below budget. Total contracted income for the year is in line with budget, but the previous trends in other elements have continued, with the main shortfalls being in court report income and the Monroe.

5. Consultancy

5.1 Tavistock Consulting income was £34k below budget in February and is also £34k behind cumulatively. Expenditure was above budget in February and is £46k above budget cumulatively.

5.2 Departmental consultancy is £240k below budget after eleven months.

Simon Young
Director of Finance
20 March 2012

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST

APPENDIX A

INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2011-12

		FEBRUARY 2012			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	1,259	1,240	(19)	13,144	12,887	(257)	14,398	14,146	(252)
2	TRAINING	1,276	1,318	43	15,557	15,763	207	16,830	17,080	250
3	CONSULTANCY	121	58	(63)	1,235	961	(274)	1,361	1,050	(311)
4	RESEARCH	14	41	27	153	169	16	160	181	21
5	OTHER	66	75	10	702	531	(171)	768	591	(177)
TOTAL INCOME		**2,735**	**2,733**	**(3)**	**30,792**	**30,312**	**(480)**	**33,516**	**33,047**	**(470)**
OPERATING EXPENDITURE (EXCL. DEPRECIATION)										
6	CLINICAL DIRECTORATES	1,517	1,564	(47)	16,270	16,207	64	17,788	17,713	75
7	OTHER TRAINING COSTS	504	502	2	6,763	6,794	(31)	7,287	7,313	(26)
8	OTHER CONSULTANCY COSTS	49	56	(8)	533	589	(57)	582	639	(57)
9	CENTRAL FUNCTIONS	556	540	16	6,003	5,901	102	6,561	6,465	96
10	TOTAL RESERVES	0	0	0	0	0	0	264	0	264
TOTAL EXPENDITURE		**2,626**	**2,663**	**(37)**	**29,569**	**29,491**	**78**	**32,482**	**32,129**	**353**
EBITDA		**109**	**70**	**(39)**	**1,223**	**821**	**(402)**	**1,034**	**917**	**(117)**
	ADD:-									
12	BANK INTEREST RECEIVED	1	0	1	10	8	2	11	9	(2)
	LESS:-									
11	DEPRECIATION & AMORTISATION	42	36	6	467	483	(17)	509	529	20
13	FINANCE COSTS	0	0	0	0	0	0	0	0	0
14	DIVIDEND	32	30	2	354	330	24	386	360	(26)
SURPLUS BEFORE RESTRUCTURING COSTS		**36**	**4**	**(30)**	**413**	**16**	**(396)**	**150**	**38**	**(113)**
15	RESTRUCTURING COSTS	0	49	(49)	1,000	1,131	(131)	1,000	1,131	(131)
SURPLUS/(DEFICIT) AFTER RESTRUCTURING		**36**	**(44)**	**(79)**	**(587)**	**(1,115)**	**(528)**	**(850)**	**(1,094)**	**(244)**
EBITDA AS % OF INCOME		4.0%	2.6%		4.0%	2.7%		3.1%	2.8%	

Page 15

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

	FEBRUARY 2012			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									
NHS LONDON TRAINING CONTRACT	605	605	0	6,650	6,658	8	7,254	7,262	8
TRAINING FEES & OTHER ACA INC	386	384	(1)	5,931	6,180	250	6,314	6,580	267
POSTGRADUATE MED & DENT'L EDUC	12	12	1	129	87	(42)	141	99	(42)
JUNIOR MEDICAL STAFF	81	111	30	886	1,024	138	966	1,124	158
CHILD PSYCHOTHERAPY TRAINEES	193	206	13	1,961	1,814	(147)	2,155	2,014	(141)
R&D	14	41	27	153	169	16	160	181	21
CLINICAL INCOME	1,057	1,090	32	11,001	10,906	(95)	12,054	11,999	(55)
DAY UNIT	88	84	(4)	967	965	(3)	1,055	1,050	(5)
MONROE	48	21	(27)	456	384	(72)	504	408	(96)
FDAC	42	32	(10)	458	495	37	500	525	25
TCS INCOME	61	27	(34)	549	515	(34)	613	567	(47)
DEPT CONSULTANCY INCOME	61	31	(30)	686	447	(240)	747	483	(264)
COURT REPORT INCOME	24	13	(11)	261	137	(124)	285	163	(122)
EXCELLENCE AWARDS	10	11	1	106	107	1	116	117	1
OTHER INCOME	56	65	9	596	424	(172)	652	474	(178)
TOTAL INCOME	**2,735**	**2,733**	**(3)**	**30,792**	**30,312**	**(480)**	**33,516**	**33,047**	**(470)**
EXPENDITURE									
EDUCATION & TRAINING	289	296	(7)	4,560	4,737	(178)	4,868	5,052	(184)
PORTMAN CLINIC	115	123	(7)	1,259	1,244	15	1,375	1,358	16
ADULT DEPT	247	237	10	2,803	2,775	28	3,051	3,022	29
MEDNET	21	14	6	226	192	34	246	213	33
ADOLESCENT DEPT	147	140	7	1,582	1,542	40	1,729	1,674	55
C & F CENTRAL	752	815	(63)	7,787	8,031	(245)	8,538	8,789	(251)
MONROE & FDAC	70	67	3	835	882	(47)	905	952	(47)
DAY UNIT	60	64	(4)	691	670	20	751	736	15
SPECIALIST SERVICES	98	76	22	1,010	801	208	1,108	887	221
COURT REPORT EXPENDITURE	7	28	(21)	78	68	10	85	80	5
TRUST BOARD & GOVERNORS	9	9	(1)	97	99	(2)	106	108	(2)
CHIEF EXECUTIVE OFFICE	26	27	(1)	285	284	1	311	310	1
PERFORMANCE & INFORMATICS	81	70	11	762	687	75	843	762	81
FINANCE & ICT	101	107	(5)	1,114	1,191	(77)	1,215	1,310	(94)
CENTRAL SERVICES DEPT	182	156	26	2,004	2,033	(29)	2,187	2,214	(27)
HUMAN RESOURCES	56	54	2	653	613	40	710	666	44
CLINICAL GOVERNANCE	38	50	(12)	408	375	32	446	414	32
TRUST DIRECTOR	34	39	(4)	360	355	5	395	389	5
PPI	14	9	6	159	142	16	173	153	20
SWP & R+D & PERU	22	27	(5)	242	220	22	264	246	18
R+D PROJECTS	0	0	0	0	0	0	0	0	0
PGMDE	5	8	(3)	58	46	11	63	53	10
NHS LONDON FUNDED CP TRAINEES	193	171	23	1,961	1,787	174	2,155	1,968	187
TAVISTOCK SESSIONAL CP TRAINEES	7	4	3	80	66	14	88	73	14
FLEXIBLE TRAINEE DOCTORS	9	22	(13)	104	157	(53)	113	166	(53)
TCS	44	50	(6)	481	526	(46)	525	571	(47)
DEPARTMENTAL CONSULTANCY	5	6	(2)	52	63	(11)	57	68	(11)
DEPRECIATION & AMORTISATION	42	36	6	467	483	(17)	509	529	(20)
PROJECTS CONTRIBUTION	(7)	(8)	0	(80)	(99)	19	(87)	(106)	19
IFRS HOLIDAY PAY PROV ADJ	0	0	0	0	(0)	0	0	(0)	0
CENTRAL RESERVES	0	0	0	0	0	0	264	0	264
TOTAL EXPENDITURE	**2,668**	**2,699**	**(30)**	**30,036**	**29,974**	**62**	**32,991**	**32,658**	333
OPERATING SURPLUS/(DEFICIT)	**67**	**34**	**(33)**	**756**	**338**	**(418)**	**525**	**388**	(137)
INTEREST RECEIVABLE	1	0	(1)	10	8	(2)	11	9	(2)
UNWINDING OF DISCOUNT ON PROVISION	0	0	0	0	0	0	0	0	0
DIVIDEND ON PDC	(32)	(30)	2	(354)	(330)	24	(386)	(360)	26
SURPLUS/(DEFICIT)	**36**	**4**	**(31)**	**413**	**16**	**(396)**	**150**	**38**	**(113)**
RESTRUCTURING COSTS	0	49	(49)	1,000	1,131	(131)	1,000	1,131	(131)
SURPLUS/(DEFICIT) AFTER RESTRUCTURING	**36**	**53**	**(80)**	**(587)**	**(1,115)**	**(528)**	**(850)**	**(1,094)**	**(244)**

Service Line Analysis

Appendix C

2011/12 Mth 11 SLR Report	Trust Total		CAMHS		Specialist and Adult Services	
	Actual £000	Budget £000	Actual £000	Budget £000	Actual £000	Budget £000
Clinical Income	13,139	13,634	7,768	7,847	5,371	5,787
Training course fees and other acad income	7,228	7,201	4,703	4,590	2,525	2,611
National Training Contract	6,659	6,649	4,203	4,197	2,456	2,452
Total Training Income	13,887	13,850	8,906	8,787	4,981	5,063
Consultancy Income	659	932	8	110	651	822
Research and Other Income (incl Interest)	291	331	132	152	159	179
Total Income	27,976	28,747	16,814	16,896	11,162	11,851
Clinical Directorates and Consultancy	16,796	16,804	9,774	9,507	7,022	7,297
Other Training Costs (in DET budget)	3,187	3,206	2,289	2,302	898	904
Research Costs	220	242	134	147	86	95
Accommodation	2,685	2,686	1,409	1,409	1,276	1,277
Total Direct Costs	22,888	22,938	13,606	13,365	9,282	9,573
Contribution	5,088	5,809	3,208	3,531	1,880	2,278
Central Overheads (excl Buildings)	7,515	7,533	4,512	4,530	3,003	3,003
Central Income	2,446	2,134	1,481	1,299	965	836
Surplus	19	410	177	300	-158	111
Surplus as % of Income	0%	1%	1%	2%	-1%	1%
Contribution as % of Income	18%	20%	19%	21%	17%	19%

Board of Directors : March 2012

Item : 8

Title : 2012/13 Budget

Summary:

The 2012/13 budget is presented for approval.

The Capital Budget is presented separately, but this paper includes an assessment of the Trust's cash flow.

This report focuses on the following areas:

- Finance

For : Approval

From : Simon Young, Director of Finance

2012/13 Budget

1. Introduction

1.1 The revenue budget for 2012/13 is presented here for approval.

1.2 Key factors affecting the budget are summarised in section 2. The Trust's actions to ensure that we meet our financial targets are set out in section 3.

1.3 The proposed budget is summarised below and in Appendix A.

		2011-12 ORIGINAL BUDGET £000	2011-12 FORECAST £000	2012-13 PROPOSED BUDGET £000	MOVEMENT IN BUDGET £000
INCOME					
1	CLINICAL	13,777	14,145	14,454	677
2	TRAINING	16,228	17,079	16,956	728
3	CONSULTANCY	1,508	1,050	1,494	(14)
4	RESEARCH	167	181	159	(8)
5	OTHER	558	591	877	319
TOTAL INCOME		**32,238**	**33,046**	**33,940**	**1,702**
OPERATING EXPENDITURE (EXCL. DEPRECIATION)					
6	CLINICAL DIRECTORATES	17,573	17,711	17,710	(137)
7	OTHER TRAINING COSTS	6,902	7,312	7,455	(553)
8	OTHER CONSULTANCY COSTS	571	639	951	(380)
9	CENTRAL FUNCTIONS	6,228	6,466	6,929	(701)
10	PRODUCTIVITY SAVINGS	(500)	0	(850)	350
11	INVESTMENT RESERVE	80	0	100	(20)
12	CONTINGENCY RESERVE	350	0	600	(250)
TOTAL EXPENDITURE		**31,204**	**32,128**	**32,895**	**(1,691)**
EBITDA		**1,034**	**918**	**1,045**	**11**
	ADD:-				
13	BANK INTEREST RECEIVED	11	9	11	0
	LESS:-				
14	DEPRECIATION	509	529	520	(11)
15	FINANCE COSTS	0	0	0	0
16	DIVIDEND	386	360	386	0
RETAINED SURPLUS BEFORE RESTRUCTURING		**150**	**38**	**150**	**(0)**
EBITDA AS % OF INCOME		3.2%	2.8%	3.1%	

Note: This table excludes restructuring costs

1.4 The proposed target surplus is again £150k. This represents just under 0.5% of total income; and will ensure that the Trust retains a Financial Risk Rating of 3. The safety margin for a Rating of 3 is relatively small, but this is covered by the contingency reserve (see 1.5 below), not in the target surplus.

1.5 The proposed budget includes reserves of £100k – intended for potential investment in developments, primarily expected to be in e-learning – and £600k to cover contingencies.

2. Key factors

2.1 There will be no cost-of-living increase to NHS pay scales this year. However, pay increments will be due as usual, and these have been built into the detailed expenditure budgets.

2.2 The national efficiency target this year has been set at 4%. This means that while costs overall are expected to rise by 2.2%, the prices or tariffs paid by commissioners will be reduced by 1.8%. This applies to most but not all of our income.

2.3 There have been reductions in some contract values. Other income budgets (notably for departmental consultancy and for court work) have also been reduced significantly for 2012/13 in the light of experience and the likely market conditions.

2.4 Savings from the 2011/12 productivity improvements, including those achieved by the voluntary redundancy scheme, were included in base budget. Offsetting this, a smaller amount of savings in 2011/12 were non-recurrent.

2.5 Training course fees for the next academic year have been increased in most cases. Income budgets have been developed and agreed in detail for each course and each CPD programme.

2.6 Research income remains lower than in the past, but the budget of £159k is believed to be largely secure.

2.7 The Tavistock Consulting budget is based on the new model presented to the Board, with a smaller core team and a larger amount of work secured and delivered by associates. One large contract has already been secured, and should contribute a significant part of the £1,000k income budget. The expenditure budget of £863k includes £505k for Associates costs, which will of course not be incurred if the work does not take place. It also includes £64k for training work which is shown in a separate income budget; we are seeking to clarify the reporting in future, as part of the current re-organisation of Service Lines.

2.8 As a footnote to Appendix A shows, the increased budget for "other" income includes £350k for a DH project for which we are the

lead organisation. All of this will be used on additional expenditure, mostly on recharges from partners.

3. Trust actions and plans

3.1 The Trust set productivity targets for all Service Lines and central directorates, totalling £1,867k. These were designed to meet the national efficiency target and also the reductions in income.

3.2 The table below shows that £826k savings have so far been identified as secure, and are in the budget that is now presented.

	SAMHS £000	CAMHS £000	Central £000	Total £000
Target	743	705	419	1,867
In this draft budget	379	306	141	826
Balance of target	364	399	278	1,041

3.3 This leaves a balance of £1,041k to be found. Thanks to other improvements in the projections, however, the balance actually needed in the budget on page 2 and in Appendix A is £850k, i.e. some £190k less than shown here.

3.4 The action plan and timetable for the Productivity Programme has been discussed at the February Board meeting and in separate meetings earlier this month. Proposals for re-structuring and service redesign will be presented to the 24th April Board meeting, to deliver the additional savings needed. The aim and expectation is that we can reduce the numbers of staff and also the bandings of some posts.

3.5 Staff have been advised that redundancies are likely to be necessary, both voluntary and compulsory. A Voluntary Redundancy Scheme was announced on 19th March, with expressions of interest invited by 2nd April. It is expected that a significant part of the savings needed for 2012/13 and for the future can be delivered through this means.

4. Key Risks and Risk Management

4.1 As noted above, we have aimed to ensure that all income budgets are prudent. Almost all our contracts are secured, but one service has recently been tendered. In common with most organisations, some elements of income are variable and are not all secured at this stage. There are particular risks for the Monroe (though with a much

reduced scope), Tavistock Consulting (but see 2.7 above), and the BWW developments.

4.2 The other main risk is to identifying the productivity savings, and delivering them in the timescales planned.

4.3 For these reasons, the budget includes a significantly larger contingency reserve than before, at £600k.

4.4 Management responsibilities for all areas of the budget, and for the productivity targets, are clear.

4.5 After recent discussions, it has been agreed that we will conduct a full forecast of all risk areas quarterly, with budget holder involvement. These will be reported to the Board. In the intermediate months, forecasts will be updated on an exception basis.

4.6 We need to ensure that we deliver at least a small surplus in Quarter 1, and retain our Financial Risk Rating of 3. Excluding both the further productivity savings and the reserves, the budget shows a break-even for 2012/13. There are no major phasing differences, so we would expect approximately a break even in Quarter 1 if the current budgets are achieved (though some of the risks listed above will apply). Further productivity savings are unlikely to have an impact in Quarter 1; but other steps are being taken in the short term, to meet our targets: a small number of vacant posts or sessions have been agreed not to be filled initially.

5. Cash Flow

5.1 The proposed initial capital budget of £392k can be funded from the depreciation charge of £520k for the year. Debtors and creditors are expected to remain largely unchanged except for a reduction in the deferred income balance.

5.2 Allowing for these factors, the Trust could fund up to £1m of redundancy costs from existing cash resources.

5.3 As shown in the capital budget paper, significant expenditure on a new building proposal may also be required during 2012/13. The project is not ready to be included in the capital budget at this stage. The costs would be recovered in due course by the sale of the present accommodation, but interim funding would be needed to bridge.

5.4 The Trust may therefore need additional cash in 2012/13, to fund the possible building project and/or to cover redundancy costs above £1m. It has been established that this could be achieved through an open bridging loan, secured on the property at Daleham Gardens. With an initial loan period of two years, the borrowing should not count against the Trust's liquidity calculation until there is less than a

year to run; the aim would be to secure the sale by then. A possible alternative would be an advance sale of the property.

6. Conclusion

6.1 The Board is invited to approve the income and expenditure budget for 2012/13.

Simon Young
Director of Finance
23 March 2012

APPENDIX A

	2011-12 ORIGINAL BUDGET £000	2011-12 FORECAST £000	2012-13 PROPOSED BUDGET £000	MOVEMENT BUDGET £000
INCOME				
NHS LONDON TRAINING CONTRACT	7,254	7,262	7,254	0
TRAINING FEES & OTHER ACA INC	6,028	6,580	6,680	652
POSTGRADUATE MED & DENT'L EDUC	70	99	74	4
JUNIOR MEDICAL STAFF	1,013	1,124	942	(71)
CHILD PSYCHOTHERAPY TRAINEES	1,863	2,014	2,005	142
R&D	167	181	159	(8)
CLINICAL INCOME	11,470	11,999	12,392	922
DAY UNIT	1,060	1,050	1,007	(53)
MONROE	504	408	211	(293)
FDAC	458	525	595	137
TCS INCOME	613	567	1,000	387
DEPT CONSULTANCY INCOME	895	483	494	(401)
COURT REPORT INCOME	285	163	250	(35)
EXCELLENCE AWARDS	116	117	116	0
OTHER INCOME †	442	474	761	319
TOTAL INCOME	**32,238**	**33,046**	**33,940**	**1,702**
EXPENDITURE				
EDUCATION & TRAINING	4,730	5,052	5,172	(442)
PORTMAN CLINIC	1,455	1,438	1,401	54
ADULT DEPT	3,100	3,022	2,949	151
MEDNET	226	213	210	16
ADOLESCENT DEPT	1,798	1,674	1,462	336
C & F CENTRAL	8,271	8,789	9,056	(785)
MONROE & FDAC	905	952	762	143
DAY UNIT	768	736	743	25
SPECIALIST SERVICES	1,050	887	1,127	(77)
TRUST BOARD & GOVERNORS	112	108	101	11
CHIEF EXECUTIVE OFFICE	311	310	344	(33)
PERFORMANCE & INFORMATICS *	705	762	911	(206)
FINANCE & ICT * †	1,180	1,310	1,600	(420)
CENTRAL SERVICES DEPT	2,157	2,214	2,245	(88)
HUMAN RESOURCES	650	666	630	20
CLINICAL GOVERNANCE	403	414	440	(37)
TRUST DIRECTOR	387	389	359	28
PPI	143	153	108	35
SWP & R+D & PERU	267	246	291	(24)
PGMDE	123	53	66	57
NHS LONDON FUNDED CP TRAINEES	1,863	1,968	2,005	(142)
TAVISTOCK SESSIONAL CP TRAINEES	113	73	89	24
FLEXIBLE TRAINEE DOCTORS	73	166	123	(50)
TCS	525	571	863	(338)
DEPARTMENTAL CONSULTANCY	46	68	88	(42)
DEPRECIATION	509	529	520	(11)
PROJECTS CONTRIBUTION	(87)	(106)	(100)	13
PRODUCTIVITY SAVINGS	(500)	0	(850)	350
INVESTMENT RESERVE	80	0	100	(20)
CONTINGENCY RESERVE	350	0	600	(250)
TOTAL EXPENDITURE	**31,713**	**32,657**	**33,415**	**(1,702)**
OPERATING SURPLUS/(DEFICIT)	**525**	**389**	**525**	**(0)**
INTEREST RECEIVABLE	11	9	11	0
DIVIDEND ON PDC	(386)	(360)	(386)	0
SURPLUS/(DEFICIT) BEFORE RESTRUCTURING	**150**	**38**	**150**	**(57)**

* restructuring moves of Informatics. Marketing and Communications will be reflected in 2012/13 reporting
† on these lines, the 2012/13 budget includes £350k income and expenditure for an externally funded project

Board of Directors : March 2012

Item : 9

Title : 2012/13 Capital Budget

Summary:

The 2012/13 capital budget is presented for approval.

This report focuses on the following areas:

- Finance

For : Approval

From : Simon Young, Director of Finance

2012/13 Capital Budget

1. Introduction

1.1 The capital budget for 2012/13 is presented here for approval.

1.2 In March 2011, the Board approved the 2011/12 capital budget in the context of a three year capital plan:

	Capital Plan March 2011		
	2011/12 budget	2012/13	2013/14
	£000	£000	£000
Day Unit Relocation	50	-	-
Seminar Room / Common Room	44	-	-
Toilets	95	95	95
Electrical Boards	45	-	-
Boiler Replacement	175	-	-
Lecture Theatre	-	80	-
Roof Insulation	-	94	-
Building Management System	-	25	
Goods Lift	-	112	
Replacement Windows	-	-	330
Garden Office Space	-	-	44
TOTAL ESTATES	409	406	469
IT	250	250	250
TOTAL CAPITAL PROGRAMME	659	656	719

* additional budgets subsequently approved by CEO

1.3 As reported to recent meetings, expenditure is now forecast at £490k in 2011/12; £320k was spent in the first nine months. All the projects have taken place, except that the preliminary work on Day Unit relocation has been delayed. Two small additional projects (£9k and £7k) have been approved by the Chief Executive. IT spend has been less than budget.

1.4 The forecast at £490k is close to the forecast depreciation charge of £529k, so fixed assets will have had a negligible net effect on the Trust's cash flow in 2011/12.

2. Proposed Capital Budget

2.1 As the table above shows, in the March 2011 plan, expenditure of £656k was projected for 2012/13, on five estates projects and IT.

2.2 The budget for these projects is now to be reduced to £392k, mainly by deferring work on the roof insulation (to 2013/14) and on further toilet improvements.

	Previous Plan	Proposed Budget	
	£000	£000	
Toilets	95	0	
Lecture Theatre	80	80	
Roof Insulation	94	0	†
Building Management System	25	0	†
Goods Lift	112	112	
TOTAL ESTATES	406	192	
IT	250	200	
TOTAL CAPITAL EXPENDITURE 2012/13	656	392	

† deferred to 2013/14

2.3 A proposal for a new building for the Day Unit (and other services) is being developed. If this is successful in obtaining planning consent and if the business case is approved by the Board, significant expenditure may be required during 2012/13. This would be recovered in due course by the sale of the present accommodation at 33 Daleham Gardens, but interim funding would be needed to bridge (see main Budget paper). The project is not ready to be included in the capital budget at this stage.

3. Conclusion

3.1 The Board is invited to approve the capital budget for 2012/13, totalling £392k.

3.2 In addition to this initial budget, a proposal for a new building for the Day Unit is being developed, and may be presented during the year.

Simon Young
Director of Finance
23 March 2012

Board of Directors : March 2012

Item : 11

Title : **Specialist and Adult Mental Health Services: Adult Department**

Purpose:
The purpose of this report is to update the Board on the progress of the Adult Department restructuring and service redesign. This project is currently on-going as part of the Productivity Programme.

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

This report focuses on the following areas:

- Productivity

For : Discussion

From : Louise Lyon, Interim Director, Specialist and Adult Services

Specialist and Adult Mental Health Services: Adult Department

1. Introduction

1.1 The Adult Department was due to provide a service line report to the Board however as we are in the process of restructuring our specialist and adult services, it seemed more appropriate at this juncture to provide the Board with a brief report and an update on progress in relation to restructuring and service redesign.

2. Adult Department Clinical Services: performance headlines

2.1 The Adult Department has achieved an increase in performance on our contract with Haringey through posting staff in local facilities and working closely with local providers. The local providers have been assured that any over performance on our contract will not have an adverse impact on them which has led to an increased flow of referrals to our services.

2.2 In Camden, we continue to tackle over performance with some reduction in the rate of over performance although this has been slow to turn round as some of the cases have been referred for long term intensive treatment.

2.3 Waiting times have been held at under 26 weeks for treatment for the majority of cases. Those waiting for treatment have been offered where appropriate regular holding appointments. Because of staff sickness, patients waiting for couples therapy have had longer than usual waits for this treatment.

2.4 CORE return rates have been consistently high; for 2011-12 the return rate of for Time 1 was 62.9% and for Time 2 was 58%. A first analysis of the results gives percentage of patients showing improvement of around 60% from Time 1 to Time 2 with a higher rate of improvement between Time 1 and treatment end, but this is based on a small sample collected to date.

2.5 The collection rate for the Experience of Service Questionnaire was 71.3% for 2011-12 and responses show a generally positive experience of our services. For example, 81% of those responded agreed that it was 'certainly true' that 'my views and worries were taken seriously' and 85% that 'I feel that the people who saw me listened to me'.

2.6 Although there has been considerable pressure on all our services with the demands of productivity, these results go some way to demonstrating that the quality of our services is maintained.

3. Education and Training

3.1 Prof Stephen Briggs will be stepping down as Associate Dean at the end of March 2012 in order to focus on e-learning which is a major area of development for the Trust. His role was a strategy development role which he has successfully accomplished. A new job description is in the process of development which will include strategic leadership, within the context of trust strategy and direct management responsibility for staff and delivery of education and training across the specialist and adult directorate. We aim to advertise as soon as possible and make an appointment shortly after Easter.

3.2 Cluster leads have been identified for all 4 training and education clusters and new courses are in development as well work directed at the efficient delivery and successful marketing of existing courses and CPD. Sessions contributing to training have been identified from each current directorate and a draft version of the Education and Training combined expenditure and income is available now for us to continue to fine tune.

3.3 The Adult Department's major contribution to date is a range of adult psychotherapy trainings from introductory to advanced levels.

4 Productivity and service redesign

4.1 The Adult Department has been very actively engaged in the productivity programme and the department has responded very constructively to the need to redesign services so that they can be delivered with a slightly smaller staff group, some at lower bands. As part of this work, the relationship between training and clinical services has been examined and the role of trainees clarified.

4.2 Work with colleagues from across the Adult Department, the Adolescent Department and the Portman Clinic has led to the development of a set of proposals for our clinical services, mirroring the work already underway in the education and training business line. This restructuring aims to bring our services more in line with current markets to streamline the infra structure of management, clinical governance and outcome monitoring.

4.3 These proposals have been circulated for consultation with a closing date of April 16th. A staff meeting has been arranged for March 27th to provide an opportunity to discuss these proposals and offer suggestions for improvement.

4.4 Meanwhile detailed work has been underway on service redesign. A meeting is scheduled for March 22nd at which the first outline of the new service proposals will be pieced together across clinical, consultancy and education and training services in order to assess equity and viability across the directorate as a whole and in relation to similar redesign proposals in CAMHS.
This work has received vital leadership and support from the Director of HR, Susan Thomas and Louise Carney from the Productivity Programme Board team.

Louise Lyon
Interim Director, Specialist and Adult Services

Board of Directors : March 2012

Item : 12

Title : Equalities Report

Summary :

This paper sets out the requirements of the general and specific equality duties for public bodies in the Equality Act 2010.

The Trust's original Single Equalities Scheme (SES), with its action plan is very large. The Act does not require us to cover all Equalities, but rather we should look at existing data within the Trust and from other sources, consult as necessary and agree our small number Equalities Objective to publish by 6th April 2012.

In terms of 2012/13 there is no need any longer to publish an Equalities Report although we shall do so, as well as publishing an update on progress on the SES. We shall also ensure that the website includes the most up to date workforce data and patient and student in relation to some protected groups. The Trust is particularly concerned to ensure that all protected groups and others feel welcome and encouraged to make use of the Trust's services and to apply for employment with us.

The priorities of the Equalities Committee are:

1. To ensure that our website includes strong messages of commitment to the aims and objectives of the Equality Act and that we take our general and specific duties very seriously. We shall continue to ensure that this is so in relation to all ethnicities, to disabled and able people and that the Trust particularly notes a plan of work with staff clinical and education and training service users of LBGT sexual orientation.

2. The Trust will work closely with PPI and seek updates on work for the new (November 2011) BME engagement strategy. This work could involve asking different protected groups to help us compare their experience as patients or students compared with white counterparts.

3. There is a need to improve data gathering on the ethnicity of clinical service users. There has been marked improvement in this data for Trust Students and clinical trainees.

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance that Trust is developing its equalities work in line with legal and NHS requirements, and where not, whether the Board of Directors is satisfied with the action plans that have been put in place.

This report has been reviewed by the following Committees:

- Management Committee, 15th March 2012
- Equalities Committee, 27th February 2012 (draft)

This report focuses on the following areas:

- Quality
- Patient / User / Staff Experience
- Equality
- Risk
- Communications

For : Discussion

From : Trudy Klauber, Chair of Equalities Committee

Equalities Report

1. Introduction

1.1 The new Equality Act 2010 and general and specific duty for public bodies has changed the landscape since our Single Equalities Scheme (SES) was drawn up, approved and monitored by its action plan. The Trust needs to review mandatory requirements for compliance, and to set its objectives SMARTly at a time of reducing resources and bearing in mind it is the smallest Foundation Trust in the UK. There is clarity that we should act proportionately to the size of the Trust and to review our priorities setting manageable objectives and those which will have most impact according to information which is already available to the Trust or to the North Central Sector.

2. Requirements of the Act for NHS organisations

2.1 We are required to publish equality information which demonstrates compliance with the Equality Act 2010 (replaces all previous separate legislation on race, disability etc.) in relation to the general and specific duties required of a public body.

2.2 The general duty is:

2.2.1 To eliminate unlawful discrimination, harassment and victimisation;

2.2.2 To advance equality of opportunity for groups with legally "protected characteristics"; and

2.2.3 To foster good relations between "protected" groups and others.

2.3 There are nine protected characteristics of employees, of which eight are also protected for service provision (marriage or civil partnership is not included):

- Disability
- Gender reassignment
- Marriage or civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sexual orientation
- Sex (gender)
- Age (under discussion in terms of service provision)

2.4 We are to aim at changing culture and attitudes, tackling the causes of inequality and building a stronger fairer and more cohesive society where equality is everyone's responsibility.

2.5 For NHS organisations the aim is

2.5.1 to reduce health inequalities;

2.5.2 to integrate equality & good relations into core business and cost effectiveness (annual plan, design of policies and commissioning);

2.5.3 increase productivity by building a more supportive working environment; and

2.5.4 draw on a wider range of talent & be more representative.

3. Equality Duty

3.1 Publish relevant proportionate information to demonstrate our compliance

3.1.1 Self-set specific, measurable equality objectives (to be published every four years) to ensure transparency in decision-making and accountability to our service users, and to ensure the public (including members of the FT) can hold us to account.

3.1.2 Our published information should include information relating to our employees who share protected characteristics, information relating to those affected by our policies and practices, who share protected characteristics – our service users in clinical and education and training as well as consultancy and research. We can decide what we publish and this is dependent on the size of our organisation, our functions and how far they could affect equality.

3.1.3 A key question for the Trust is whether, in addition to the major projected groups, BME groups, people with disability, and LBGT groups, whether we need to be proactive about gender reassignment in view of the recent media interest in the Gender Identity Development Service.

3.2 We do not have to publish equality schemes, action plans or equality impact assessments, or separate annual reports.

3.2.1 We are advised to start by using the equality information we already publish (e.g. see Equality Report May 201, the Staff Survey, PPI BME Strategy of November 2011 and the SES action plan on the Web and intranet) in order to make better informed decisions, and policy (improving policy outcomes & satisfaction with services).

3.3 Information on Tavistock and Portman staff and Equalities

3.3.1 We have information from 2011 Equalities Report on our staff, by ethnicity, age, disability and gender. We have fewer staff from BME staff in leadership positions and at higher salary grades which is not significantly different from other mental health trusts.

3.3.2 Staff feedback at INSET days was that that the Trust's aim should not be simply to increase diversity in the workforce but to counteract any harmful discrimination where there is evidence that that exists.

3.3.3 There is evidence that BME staff have achieved career development and promotion. And that they have made use of in service training opportunities and education bursaries.

3.3.4 We now have a Staff Side representative from JSCC on the Equalities Committee. Staff are currently satisfied that BME staff feel there is a greater openness and satisfaction with information provided by Human Resources on, for example, training opportunities, complaints and opportunities for development. Staff feel that a Trust with a larger proportion of older staff could impact on career development for younger staff. They also feel that work on sexual orientation should be a priority. Gender is not itself an issue – the Trust like most mental health trusts has a lower proportion of male staff; 27% with 73% female in a staff group of 548.

3.4 **Staff Disability**

3.4.1 In relation to staff disability, progress has been made under the SES to create an environment where disabled employees are able to engage in a meaningful way and to feel confident when they declare their access needs or seek reasonable adjustments.

3.4.2 The Equalities Committee has discussed the use of Occupational Health Services for assessment, information or to access treatment for staff with mental health difficulties. Services available to medically qualified staff but not offered

in the same way to others. The Trust Director, HR Director, HR Manager will meet with the Trust Chair who has a particular interest in supporting staff with mental health difficulties. **AP**

3.4.3 The Trust is compliant with the ''Two Ticks'' scheme. Meetings are now made available to staff who have declared a disability or that they have access needs, additionally to meetings with line managers, and there has been a Trust-wide campaign to encourage staff with disabilities to declare them; there have been INSET day presentations, and further specific staff meetings organised by HR. Members of staff have been made aware of the current support systems, facilities & provisions for reasonable adjustment by email and through special meetings. Information is published on the intranet. This work will continue in the coming year. **AP**

3.5 Monitoring staff profile.

3.5.1 The Equalities Committee proposes to continue to monitor the overall staff profile and recruitment and retention rates of staff with different protected characteristics where these are declared. Additionally the Committee will look at the race and ethnicity of the staff who apply for learning and development opportunities, and in relation to grievances and formal performance management and to publish this information.

3.5.2 It will continue to monitor the annual Staff Survey as it has since 2008.

3.5.3 The Trust is not obliged to ask very member of staff about age, sexual orientation, religious belief and is free to which information is necessary to demonstrate compliance with the Equality Duty and Equality Objectives.

4. Equalities, Policies, and Services

4.1 Current information

4.1.1 Information on service user ethnicity has been monitored since 2004/05 for patients and 2008, accurately, for students. Updated, detailed information is available on the website.

4.1.2 We have previously monitored percentages from BME groups and have seen greater diversity – 4% fewer white patients. Since 2004/05, the Trust has 4% fewer white patients.

4.1.3 The Equalities Committee will continue to receive data annually on the ethnic profile of patients and of students, and to monitor it in relation to positive changes in increasing diversity.

4.1.4 PPI has written a BME engagement strategy to be published with the agreement of the Committee.

4.1.5 Discussions have begun between the Equalities Lead and PPI about the possibility of setting up sample surveys to compare the quality of patient experience for white and BME patients. This is already monitored to some degree for Education and Training through the Race and Equity student groups led by the Race and Ethnicity Training consultant and specific points are fed back to the Dean and thence to the Training Executive.

4.1.6 The Trust will make a priority to improve reporting of ethnicity from clinical service users as an Equality Objective for 2012/13. The levels of "unknown" (un-reported are unacceptably high at 23.9%. **AP**

DATA TO BE UPDATED BEFORE END OF MARCH 2012 for WEB

		White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Group
Tavistock & Portman	Comparator	71.2%	3.2%	12.1%	10.9%	2.7%
	2004/05	76.0%	7.5%	5.6%	8.1%	2.8%
	2005/06	74.7%	6.9%	6.1%	9.5%	2.8%
	2006/07	74.9%	7.3%	6.1%	9.2%	2.5%
	2007/08	72.1%	8.4%	6.7%	10.1%	2.7%
	2008/09	72.0%	9.5%	6.2%	9.6%	2.8%
	2009/10	72.0%	9.3%	6.8%	9.4%	2.4%
	Average	73.6%	8.2%	6.3%	9.3%	2.7%

Ethnic Analysis 2008/09 - All patients who attended (Ethnicity Not Recorded)

	Adolescent		Adult		Child & Family		Portman		GIDU		N&S Camden		LDS		MYFC		Trust Totals	
Ethnic Category	Nos.	%	Nos.	%	Nos.	%	Nos.	%	Nos.	%							Nos.	%
ETHNIC GROUP UNKNOWN	106	21.7%	155	18.6%	183	24.5%	70	22.1%	37	19.4%	223	28.0%	46	65.7%	8	53.3%	828	23.9%
Not Collected	4	0.8%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	3	0.4%	0	0.0%	0	0.0%	8	0.2%
Not Given	3	0.6%	19	2.3%	22	2.9%	1	0.3%	0	0.0%	25	3.1%	1	1.4%	0	0.0%	71	2.1%
Null (Blank)	98	20.1%	134	16.1%	160	21.4%	61	19.2%	37	19.4%	194	24.3%	45	64.3%	8	53.3%	737	21.3%
Patient Refused	1	0.2%	2	0.2%	0	0.0%	8	2.5%	0	0.0%	1	0.1%	0	0.0%	0	0.0%	12	0.3%
Trust Total (Including Missing)	488		833		747		317		191		797		70		15		3458	

4.1.7 All clinical service lines have a greater than 10% rate of incomplete ethnic coding, with the rate for the Trust overall showing a concerning 23.9%. Although LDS and the Monroe Family Assessment Service show by far the highest percentage their results must be seen in context of the

amount of activity which amounts to less than 3% of Trust total.

4.1.8 The Equalities Committee will discuss a proposal to undertake e-mail or telephone surveys on patient and student satisfaction, comparing BME and white service users and LBGT and heterosexual service users as a starting point for further work.

4.1.9 The Trust should continue to record the ethnicity and any other protected characteristics of service users who complain in order to understand whether an Equalities Objective need be set.

5. Setting equality objectives

5.1 We are required to publish one or more specific and measurable equality objective to further the three aims of the Equality Duty. We must do this by 6th April 2012. Our objectives should be stretching and focus on the biggest equality challenges. They should focus on the most significant equality challenges which face us and will have the greatest impact in furthering the aims of the Equality Duty.

5.2 We must take into account information across all our functions but we can use already published information from NCL, NHS London, the census, local authorities or other sources.

5.3 The number of objectives should be proportional to our size and the extent which our functions affect equality. We need to evidence that our objectives are needed.

5.4 Evidence from both internal and external sources, types of issues raised by staff and service users, evidence of poor equality performance, what could stretch us, whether or not we benchmark the objective, whom we should consult about it, is/.are the objective(s) short, medium or long term and how shall we measure progress.

5.5 We can publish our equality information in other documents or annual report or business plan and we need to place it and format it for easy access externally as well as internally.

5.6 The Equality and Human Rights Commission can take us to court for non-compliance and can apply for an order to make us comply.

6. Where are we now?

6.1 We have published the latest Equality Report to the Board of Directors in May 2011. We have also published the SES and its action plan which demonstrates on-going Equality work and progress since the Board report. These had to be on the Trust website for 31st January 2012. We shall now add updated employment and service user equality information before the end of March 2012. **AP**

6.2 The Equalities Committee has been informed of performance against the SES Action plan set up in 2011. The Committee has decided that the number of areas of work will be reduced considerably, in order to make the Trust's Equalities work meaningful and proportionate.

6.3 Following this Board report we shall publish our Equality Objectives by 6th April 2012.

7. Recommendations

7.1 Equality Objectives for 2012-13

7.1.1 **OBJECTIVE 1** To create and launch a dedicated Equality and Diversity page which will include current published information – Equality report, update on Single Equality Scheme and Equality Objectives.

7.1.2 **OBJECTIVE 2** To ensure that published information on the website and printed leaflets and brochures includes clear positive statements about the Trust's commitment to promoting equality, eliminating discrimination and embedding equality in all aspects of our work.

7.1.3 **OBJECTIVE 3** To prioritise work on sexual orientation with staff, and with users of our clinical and education and training services. We should build on the feedback of staff at INSET days and consider ways of seeking comparative feedback from students and service users on the experience of LGBT and heterosexual groups.

7.1.4 **OBJECTIVE 4** To ensure that essential statements about clinical services are translated into a variety of relevant languages so that those clinical services users who do not read English can contact us about accessing our clinical services and about the availability of interpreters.

7.1.5 **OBJECTIVE 5** to ensure that staff in all parts of the Trust receive training about legal obligations under the Equality Act (2010)

7.2 We should develop plans to incorporate equalities work and objectives into everyday work, planning cycles, the Annual Plan service and business development activity.

Ms Trudy Klauber
Chair of Equalities Committee
March 2012

Appendix 1

External health data published by NCL Sector in relation to health inequalities

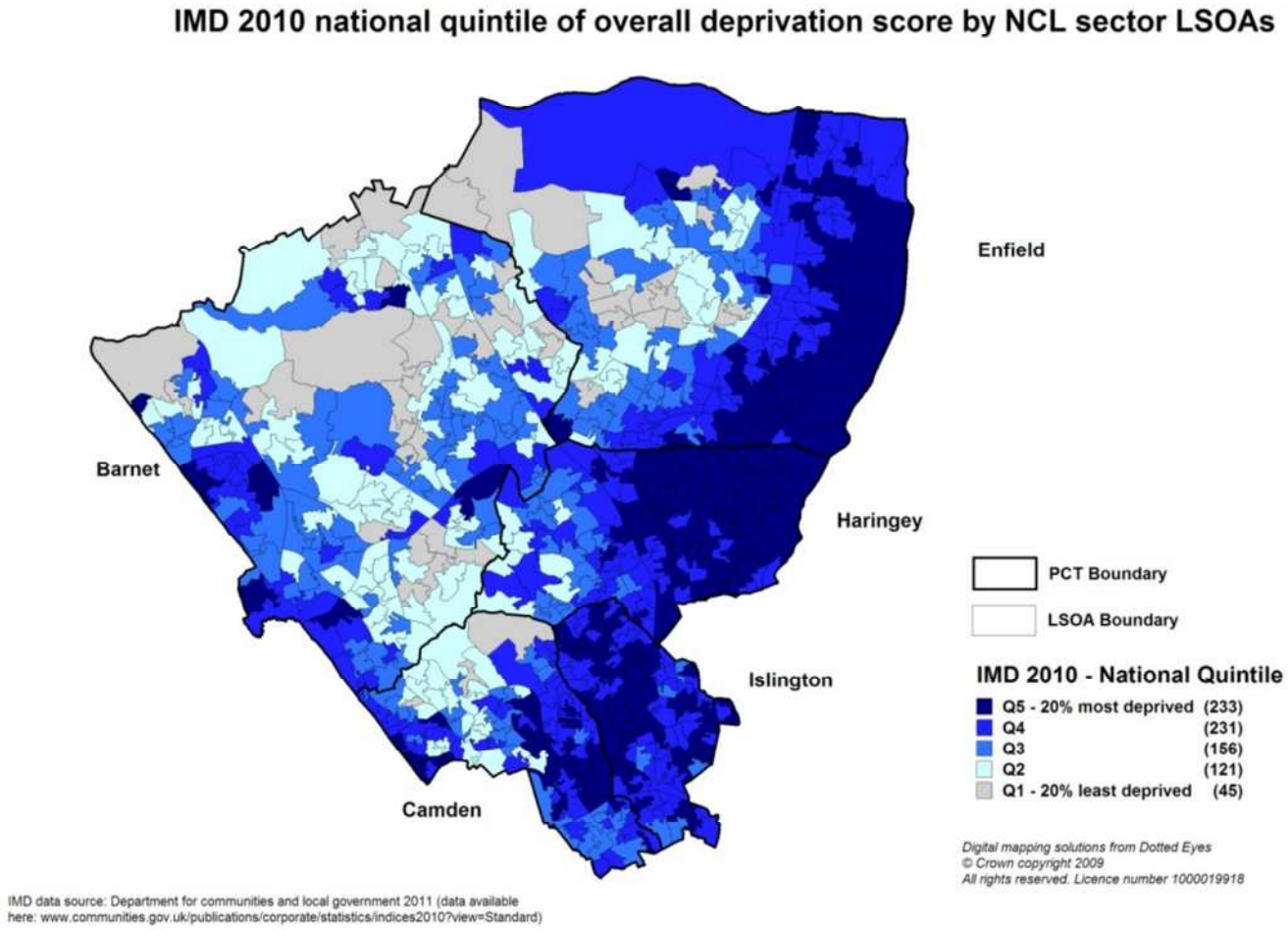
North Central London population facts

- Population is relatively young, deprived and diverse
- 31% of the population are from BME communities
- The population is set to grow by 8.6% over the next decade: 1.34m – 1.45m
- Fastest growth in 85+ (36%), 65-84 (12%) and 0-17 (11%) age groups

North Central London health

- Lifestyle factors, often linked to deprivation, are important sources of inequalities and poorer health outcomes.
- Smoking and obesity are particularly important in long term conditions and premature death; alcohol is particularly important in unscheduled care.
- Children are at particular risk of poverty. Addressing inequalities and ensuring high quality maternity care and improved child health outcomes remain significant challenges.
- There are amongst the highest levels of need for mental health conditions in the country. There are significant changes under way in services. Smoking, obesity and the risk of emotional and material deprivation to children are all linked with poor mental health outcomes.

Index of Multiple Deprivation (IMD)



Tavistock & Portman NHS Foundation Trust & IMD

Analysis of Camden patients in 2010/11, using postcodes to find the Index of Multiple Deprivation (IMD 2007) for each patient's locality, has shown that,

- *53% of our patients are in the 40% most deprived section of the borough's population, whereas only 29% come from the least deprived 40%.*
- For our *child and adolescent services, the difference is even more pronounced, with 69% of patients coming from the most deprived 40%, and only 17% from the least deprived.*
- Similar results are obtained using the Income Deprivation Affecting Children Index (IDACI).

We are very grateful to the NHS Camden Health Intelligence unit for their help with this analysis.