

The Trust's Operational Plan for 2016/17

1. Introduction and Context

- 1.1 The Trust's future plans are being developed in accordance with the guidance entitled "Delivering the Forward View: NHS planning guidance for 2016/17 – 2020/21" published on 22 December by NHS England in conjunction with NHS Improvement, the Care Quality Commission, Public Health England, Health Education England and NICE; and the further detailed guidance issued since then.
- 1.2 This operational plan for one year, 2016/17, was submitted in draft on 8 February. This final version is submitted on 18 April.
- 1.3 The plan is set in the context of the local health and care system for the five boroughs of North Central London, for which a five year Sustainability and Transformation Plan (STP), covering the period October 2016 to March 2021, is being developed. The financial challenge for North Central London over this period is considerable.
- 1.4 As part of the work to develop the STP, a North Central London Mental Health Programme has been established. The programme is developing proposals for five priority workstreams to improve prevention and re-design care in areas where there is potential to strengthen progress across the sector towards achieving the triple aim¹ as set out in the Forward View. As part of this the Trust will work closely with commissioners, partner mental health Trusts and acute and primary care services.
- 1.5 A letter from NHS Improvement on 15 January sets out specific requirements. This Trust is asked to plan for a surplus of £0.3m in 2016/17, or around 0.7% of income.
- 1.6 At the end of January, the Trust had its first inspection under the new CQC regime. The report is expected in May, so we do not yet have the findings and recommendations, and cannot include them in this Plan.
- 1.7 The Trust's national contract with Health Education England (HEE) to provide education and training, which accounts for 17% of income (£7m), is currently under review. It is likely that the programme covered by the contract will both expand and alter over the next few years, but it may also reduce somewhat in value. In addition to our existing wide range of education and training programmes, we will be prioritising in 2016/17 the development and dissemination of our trainings for perinatal mental health awareness (see 5.6 below).
- 1.8 Funding for medical training and child psychotherapy training is also at risk of some diminution in real-terms value, due to pressures on the HEE budget. No major funding changes are currently expected for 2016/17, however.

¹ Better health; transformed quality of care delivery; and sustainable finances

- 1.9 The Relocation project, for which the Outline Business Case was approved in September 2015, will be a significant part of the Trust's work programme during 2016/17.
- 1.10 The Board of Directors approved a comprehensive set of two-year strategic objectives in October 2015, and this plan reflects those objectives.

2. Clinical Service Quality, Safety and Patient Experience

- 2.1 The Board approved the Trust's clinical quality strategy in January 2016. The strategy sets out the Trust's overall clinical quality objectives and the key aims and indicators for the period 2016-17. It describes the governance arrangements and reporting processes which underpin and support the delivery of high quality care for all our service users and carers. The strategy provides for its further development in response to wider consultation with staff and services users and carers and the findings of the CQC following their inspection in January 2016. Next steps include the development of a Trust wide quality improvement plan. Further developments in our use of information are key to this, along with staff training and support in implementing quality improvement initiatives.
- 2.2 CQC, as mentioned, carried out an inspection of the Trust's clinical services during the week beginning 25 January 2016. The report on the inspection is expected in May. The process of preparation for the inspection identified areas for improvement; and the informally conveyed headlines following inspection provided a clearer focus for our continuing quality improvement plans which we are starting work on, pending the final report.
- 2.3 We continue to develop the involvement in the Trust of people with lived experience of mental health issues. During 2016/17, we are developing a community of people connected to our Trust through a range of activities, loosely held together under the 'word of mouth' project. This will include fostering range of creative activities and activities and opportunities which promote mental and physical health and well-being. We will further embed service users and carers at the heart of determining how we shape, deliver and evaluate all our clinical services.
- 2.4 A key area for further development in 2016/17 are our systems for capturing, analysing, reflecting on and acting on qualitative and quantitative data; including a particular focus on data from service users and carers.
- 2.5 Though not all mental health services are yet covered by mandatory targets for the time from referral to treatment (RTT), our quality plans for 2016/17 will include further improvements in waiting times, focussing both on the first appointment and on the beginning of treatment. The Trust has for some time had in place arrangements for interim appointments to support those patients who are waiting between assessment and treatment.

3. Clinical Service Activity and Strategy: Children, Young Adults and Families

- 3.1 This directorate consists of six service lines, all of which have growth potential over the coming year.
- 3.2 The Gender Identity Development service for under-18s, commissioned nationally, has recently moved its Leeds base to larger premises. Overall activity has to be managed at the present contract level, which allows for the rapid growth in access in recent years but not for further growth. The contract is under review, as the only GIDS in the country, demand has been outstripping capacity for the last six months. The service model is under review, partly owing to demand, and partly owing to the changes in specification.
- 3.3 FDAC, our Family Drug and Alcohol court which originated in Camden is facing financial challenge within London owing to the pressure London boroughs are experiencing within social care budgets. Negotiations across London Local Authorities have ensured the London FDAC is sustainable for the next financial year, though at a significantly reduced activity level. Nationally the Department of Education has supported the roll out of the FDAC model across the country, which has resulted in the development of seven new FDAC's led by a national unit which we host. There is widespread support for the FDAC model across government departments, however there is some discussion about how it will continue to be supported in future. Regardless of this, the national FDAC unit has been tasked with working on a range of plans to ensure sustainability.
- 3.4 The national unit for the Family Nurse Partnership (FNP) is also facing financial challenge, as funding for FNP local teams is dependent on local authority funding. There is also a challenge in responding to the recent RCT report on FNP outcomes, which identified some areas where applying FNP to the UK population is not as effective as in the States where the model originated. The FNP unit has negotiated with the US licensors to make UK specific adaptations to the model and the team are working on an adapted logic model which will be rapidly tested in 10 sites across the UK.
- 3.5 We are the main CAMHS provider in Camden, and this has given us the opportunity, in partnership with commissioners and the Local Authority, to roll out the Thrive Model. This model has received national interest, and the roll-out will include thorough evaluation as part of the process.
- 3.6 Services for Vulnerable Children. We have a number of clinical services specialising in working with young people in care and who have experienced abuse and trauma, including FDAC (see 3.3 above), First Step (in Haringey) and our Westminster Family assessment service. We have ambition to be a lead provider in this area, and we are developing a training programme and clinical service that uses VIPP (Video Interaction for Positive Parenting) as a NICE-approved intervention for fostered and adopted children.
- 3.7 Gloucester House School. Our specialist education service has developed significantly with a revised model that ensures children achieve good outcomes in a timely way, while being more affordable financially to

commissioners. The school has been able to open an additional class and the ambition is further develop our educational service, including the development of an outreach service.

4. Clinical Service Activity and Strategy: Adult and Forensic Services

- 4.1 The Portman Clinic holds a national specialist contract for clinical services. Developments include offering further specialised services in response to changing patterns of presenting problems e.g. internet pornography; interventions in prisons; and supporting the roll out of Mentalisation-Based Therapy for Anti-Social Personality Disorder. The Portman Clinic is increasing its contribution to training the wider criminal justice workforce.
- 4.2 The City and Hackney Primary Care Psychotherapy Consultation Service (PCPCS) was set up 2009; further developments linked to the PCPCS have included offering a service to the local A&E and supporting primary care through a Care Planning service for complex cases, often those presenting with mental and physical problems. A new Team Around the Practice (TAP) service was set up in Camden in 2015 which extended the model through working with MIND in Camden to deliver social prescribing; during 2016/17 there will be an initial independent evaluation of its contribution, which will inform our review with the commissioner of how it should develop.
- 4.3 The adult complex needs service provides a range of clinical services for patients presenting with complex and/or long standing problems. Many of our patients are referred to us after a long history of previous interventions which have not succeeded in addressing their difficulties. We work closely with other providers to provide complementary services for patients and consultation to staff. The Choice agenda may offer opportunities for growth in this service. An Adult Services Development Programme, chaired by the CEO, has been set up to clarify where we can most effectively contribute to the care of those with complex, long term conditions and the staff who work with them.

5. Education and Training

- 5.1 Through its education and training portfolio the Trust, as an accredited education provider regulated by the Quality Assurance Agency, has a unique contribution to make in conjunction with its clinical service provision.
- 5.2 The Tavistock & Portman has developed a centre of excellence for training in the mental health professions, social care, education and forensic services across the age range. We have an international reputation for our training, too.
- 5.3 Given the significance and profile of education and training in the Trust's activity and financial performance, we have been engaged in a significant transformation programme to support ambitious strategic objectives for growth. This includes the redesign of our faculty and professional support services and the procurement of a Student Information Management System.

We have also recently changed our primary university partner to support our aspirations in this place.

- 5.4 The Trust is in receipt of a National Training Contract and is committed to developing new training initiatives to meet the workforce development needs of a modern health and social care sector, and to being responsive to national policy and developments.
- 5.5 In this area, sustainability is linked to growth and the extension of our reach and relevance. This means that we have set ambitious targets to increase student numbers, to diversify our training to include people working Bands 1 to 4, and to increase our national reach.
- 5.6 There will be a strong focus in 2016/17 on a key national priority set by NICE and the Chief Medical Officer, the training of all health professionals in contact with pregnant and/or postpartum women. In addition to our existing training portfolio, over the last 18 months the Trust has led a specific programme of multi-disciplinary Perinatal mental health training in North Central London. Training is provided at three levels, in response to the needs of different staff groups. We are now developing plans with HEE for this programme to be delivered around the country from this year.

6. **Research**

- 6.1 The Trust aims to establish stronger relationships with senior academics whose research is linked to our work, and thus develop a faculty of high calibre researchers, building on our existing university partnerships and on the renewed and wider relationship with the University of Essex.
- 6.2 We plan to raise the profile and influence of research in the Trust, and to hold at least two events per year at which invited academics present their work, in addition to an annual research conference with Essex.
- 6.3 We were the lead partner in a successful bid in 2015 for an NIHR programme grant of £2.4m over six years starting in March 2016 looking at personalised approaches to the treatment of conduct problems in children.
- 6.4 Our structure to support further bids will continue to be developed, and we aim always to hold at least one grant as lead. We also aim to be co-applicants in at least two successful bids per year. We are the NHS partner on a new HTA² grant for a randomised controlled trial of Mentalisation-Based Therapy groups for Anti-Social Personality Disorder; and we are joint applicants on a bid to study Reactive Attachment Disorder in children in foster care.

7. **Income and Expenditure 2016/17: External Factors and Requirements**

- 7.1 Costs are projected nationally to rise by 3.1%: this allows for a 3.3% increase in pay costs, mainly due to higher National Insurance contributions, as the

² HTA = Health Technology Assessment, the largest programme of the NIHR (National Institute for Health Research)

rebate for “contracted-out” schemes is abolished by the Pensions Act 2014. The pay settlement of 1% for all staff from April has now been announced and is allowed for in our budget. Taking this into account, the overall effect of inflation for this Trust is similar to the national projection.

- 7.2 The national efficiency target is 2%: a lower figure than in recent years. NHS tariffs and contract values will therefore rise by 1.1%, after two years in which they have fallen. As always, provider organisations have to make up the difference between the 3.1% cost inflation and the 1.1% income uplift.
- 7.3 The Trust has been set a control total of a £0.3m surplus for 2016/17 as our contribution to returning the overall NHS system to balance. The Board of Directors has confirmed that our Plan should aim to achieve this target, which is slightly higher than we would otherwise have planned. We are holding a slightly lower contingency reserve, and the planned surplus is around the midpoint of our expectations, rather than at the lower end (see 8.5 below).
- 7.4 The first allocations from the Sustainability and Transformation (S&T) fund of £1.8 billion in 2016/17 are available only to acute services. So at this stage, the Trust’s plans do not include any funding from the fund. We will however have proposals which could be eligible for the “targeted element” of the fund which is due to be announced later, intended to support trusts drive efficiencies and go further faster, and targeted at leveraging greater than 1:1 benefits from providers. Prevention of ill-health, and the redesign on existing care pathways, are key overall aims.
- 7.5 We believe that the joint work of the North Central London mental health programme can certainly contribute significantly to these aims in the following year 2017/18. The Tavistock and Portman will be a partner in three of the five prioritised workstreams: perinatal mental health (see 5.6 above); children and young people (section 3); and the mental health contribution to acute care (4.2).
- 7.6 “Delivering the Forward View: NHS planning guidance for 2016/17 – 2020/21” mentions (in paragraph 36) that the calculation of PDC dividend is to be revised; but as these changes have not yet been published, the effect is not known and cannot be taken into account in this Plan.

8. Trust Financial Projections 2016/17: Income and Expenditure

- 8.1 To achieve the 2% efficiency requirement for 2016/17, and allowing for additional factors, the Trust set a target of £1.05m to be met through savings and the contribution from growth.
- 8.2 In the Trust’s budget, these targets have been largely achieved; however, a balance of £441k savings remains to be found. This is due partly to the requirement for a £300k surplus; and also to other factors, including the need to invest in certain key service developments.
- 8.3 The budget includes the full-year effects of service growth during 2015/16, notably the Camden TAP service (see 4.2); some further growth in the contract value for the GID service (see 3.2); gains from training developments

(see 5.5); and savings in several areas, which also include some full-year effects. The projections also allow for expected reductions in some existing contracts, including FNP. Income from the national training contract is expected to be unchanged (in cash terms) from 2015/16

- 8.4 The Trust's estate will be revalued in March. Our projections allow for some increase in depreciation and PDC dividend as a result.
- 8.5 At the beginning of any year, a number of elements of the Trust's income (notably training fees for the academic year starting in September; consultancy; and Gloucester House) are unsecured, so there will now be an increased risk of falling behind plan. This will, as always, be closely monitored and reported to the Board.
- 8.6 The savings included in the Plan are not dependent on further restructuring, and no restructuring costs have been allowed for.
- 8.7 As part of the NHS initiative to reduce agency staff expenditure, the Trust has been set a ceiling of £728k for 2016/17. A process to reduce agency costs is already in place, and is being revised to ensure that we are below this limit.

9. Capital Expenditure and Funding 2016/17

- 9.1 A capital budget of £1,290k, covering the essential expenditure on the Trust's estate and technology, was approved by the Board in March. It includes £190k for minor Estates work and £1,100k for IM&T, including £325k for the new Student Information Management System (see 5.3). In addition, some £90k of the IM&T capital budget for 2015/16 is carried over to be spent in the new year.
- 9.2 The total planned expenditure of £1,380k will slightly exceed the Trust's planned surplus and annual depreciation charge, and will therefore reduce cash balances by some £200k, without adversely affecting the Trust's liquidity.
- 9.3 Expenditure on the Relocation project, and the funding for this, are covered separately in the next section.

10. Relocation

- 10.1 The Outline Business Case for relocation from the Trust's existing property to a new site was approved in 2015 by the Trust Board, and reviewed by Monitor and the Council of Governors.
- 10.2 The objective is to provide modern, accessible and sustainable facilities for clinical services, education and training, and central functions. We plan to purchase a site in Camden for a new build or for redevelopment of an existing building, to be ready for us to move in 2019.
- 10.3 The existing properties will then be vacated; and it is anticipated that sale of these sites for residential development will cover the cost of the project.
- 10.4 A Full Business Case is due to be ready in the first half of 2017/18 for approval by the Board and by the Council of Governors, and full assessment by NHS

Improvement. The FBC will include full details of the new site, the design and the funding structure for the project.

- 10.5 The Trust has applied to the Independent Trust Financing Facility (ITFF) for a bridging loan which would be repaid from the sale proceeds. A firm decision may not be possible for some months, and alternative options are also being explored.
- 10.6 The ITFF has now confirmed approval of a more immediate request for funding for the pre-FBC work from April 2016 onwards. In this Plan, we have allowed for all pre-FBC work in 2016/17 to be funded in this way, so as to protect the Trust's liquidity.

11. Financial Sustainability Risk Rating

- 11.1 The planned I&E margin of 0.7% gives a rating of **3** for this metric. Since the Trust's I&E margin for 2015/16 exceeded Plan, there is a rating of **4** for the Variance from Plan metric.
- 11.2 The Liquidity calculation shows around minus 2 days working capital balance, retaining a rating of **3**. The Capital Service Capacity ratio of 3.4 gives a rating of **4** for this metric. The overall rating is therefore 3.5, which is rounded to **4**.
- 11.3 The Liquidity metric could fall below minus 7 days with relatively small variances from Plan, which would reduce this rating to 2; but the overall rating of 3 would remain satisfactory.
- 11.4 With the higher Planned surplus and reduced contingency reserve (see 8 above), there is a somewhat increased risk that the actual surplus falls slightly below Plan. As long as the margin is less than 1% below Plan (i.e. breakeven or very slightly below), the Variance from Plan rating will only reduce from 4 to 3. So with a breakeven, the four ratings should be at least 3, 3, 2 and 3, for an overall rating of 3. The Trust's aim, however, is to achieve or exceed the Plan figures submitted here.

12. Information Management and Technology

- 12.1 The Trust implemented a new patient records system, CareNotes, in 2015. This has a much larger group of users than the previous electronic records which were largely an administrative system for appointments and related matters. CareNotes has also replaced the previous paper files for clinical records; and the Trust's own outcome monitoring tracker. Work to optimise the use of the new system will continue in 2016/17.
- 12.2 A new two-year overall strategy for IM&T, covering the infrastructure, information, and service, was approved by the Board for approval in February; and implementation has begun. It includes significant upgrading of our network, our telephone system, and our capacity for staff to access records at any location. The Trust's in-house e-mail system and partial use of nhs mail will be replaced by a unified system fully compliant with information security requirements.

- 12.3 As noted in earlier sections, we plan to implement a new student records system in 2016. As well as improving the efficiency of administrative processes, this will significantly enhance our communication with both existing and prospective students.
- 12.4 The capital budget for 2016/17 includes additional investment in IM&T, to fund these projects.

13. Workforce

- 13.1 The Trust is working with staff representatives on a staff health and wellbeing strategy. This will build on existing initiatives, which include a long-standing commitment to flexible working and an active response to staff survey results.
- 13.2 Incremental changes in the workforce profile and skill mix are built into our plans for 2016/17 and will continue over the coming years, as the Trust pursues the triple aim of better health, transformed quality of care delivery, and sustainable finances. The well-established programme of mandatory and developmental staff training will also continue to be modified to meet these aims.

14. Organisational Profile and Communications

- 14.1 The Trust and its staff have a good record of engagement with the media and with public policy. The BBC Radio 4 programme "Mending Young Minds" was made and broadcast in 2015, and a 3-part TV series on our work is currently in progress, for transmission in 2016.
- 14.2 Plans for 2016/17 will build on these projects and on the further development of our website; and we will be carrying out a survey of key stakeholders to inform our future strategy.

15. Key Performance Indicators

- 15.1 The Board and management monitor a wide range KPIs covering service activity levels; service quality including patient-reported measures and student satisfaction; workforce; and equality and diversity in all aspects of our work. These include mandatory requirements; and indicators agreed each year with commissioners (not yet determined for 2016/17).
- 15.2 Only a small representative sample of these has been entered on the Plan template.
- 15.3 A current project aims to develop dashboard presentations for the most important indicators at service level, directorate level and for the Trust overall; to be generated promptly and accurately, directly from existing data collections.

18 April 2016