

Board of Directors

Agenda and papers of a meeting to be held

2.30pm – 5pm
Tuesday 26th October 2010

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

Board of Directors
2.30pm – 4.30pm, Tuesday 26th October 2010

Agenda

Preliminaries

- 1. Chair's opening remarks**
Ms Angela Greatley, Trust Chair
- 2. Apologies for absence**
- 3. Minutes of the previous meeting** *(Minutes attached)*
For approval
- 4. Matters arising**

Reports & Finance

- 5. Chair and Non-Executive Directors' Report** *For noting*
- 6. Chief Executive's Report** *(Report attached)*
Dr Matthew Patrick, Chief Executive *For discussion*
- 7. Finance & Performance**
 - a. Finance & Performance Report** *(Report attached)*
Mr Simon Young, Director of Finance *For discussion*
 - b. Q2 Governance Declaration** *(Report attached)*
(Links to all outcomes) *For discussion*
Ms Pat Key, Director of Corporate Governance & Facilities
Mr Simon Young, Director of Finance
- 8. Charitable Fund Annual Report & Accounts** *(Report to follow)*
Mr Simon Young, Director of Finance *For approval*

Corporate Governance

- 9. Corporate Governance Report** *(Report attached)*
Miss Louise Carney, Trust Secretary *For information*
- 10. Information Governance Report** *(Report attached)*
Mr Simon Young, Director of Finance *For discussion*

11. Objectives

a. Board of Directors

Ms Angela Greatley, Trust Chair

(Objectives attached)

For approval

b. Chief Executive

Ms Angela Greatley, Trust Chair

(Objectives attached)

For approval

12. Committee Reports & Minutes

(Minutes to follow)

For noting

Quality & Development

13. Student Feedback Report

Ms Trudy Klauber, Dean

(Report attached)

For discussion

14. Annual Safeguarding Arrangements Review

(Links to outcome 7)

a. Children

Dr Rob Senior, Medical Director

(Report attached)

For discussion

b. Vulnerable Adults

Dr Rob Senior, Medical Director

(Report attached)

For discussion

15. Staff meeting with the Board of Directors

Dr Matthew Patrick, Chief Executive

For discussion

16. 2010/11 Annual Plan and Consultation

(Links to all outcomes)

Mr Simon Young, Director of Finance

(Report attached)

For discussion

17. RiO Project Update

Ms Julia Smith, Director of Service Development & Strategy

(Report attached)

For discussion

Conclusion

18. Any other business

19. Notice of future meetings

Tuesday 9th November : Directors' Conference (Annual Plan)

Tuesday 30th November : Board of Directors

Thursday 9th December : Board of Governors

Tuesday 25th January : Board of Directors

Thursday 3rd February : Board of Governors

Tuesday 22nd February : Board of Directors

Tuesday 7th March : Directors' Conference (Research)

Tuesday 29th March : Board of Directors

Thursday 28th April : Board of Directors

Thursday 5th May : Board of Governors

Tuesday 24th May : Board of Directors

Tuesday 28th June : Board of Directors

Tuesday 26th July : Board of Directors

Thursday 15th September : Board of Governors
Tuesday 27th September : Board of Directors
Tuesday 25th October : Board of Directors
Tuesday 29th November : Board of Directors
Thursday 1st December : Board of Governors

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

Board of Directors Part I

Meeting Minutes, 2.30pm – 4pm, Tuesday 28th September 2010

Present:			
Mr Martin Bostock Non-Executive Director	Ms Angela Greatley Trust Chair	Ms Lis Jones Nurse Director	Mr Altaf Kara Non-Executive Director
Ms Trudy Klauber Dean	Ms Louise Lyon Trust Clinical Director	Ms Joyce Moseley Non-Executive Director	Dr Matthew Patrick Chief Executive
Ms Emma Satyamurti Non-Executive Director	Dr Rob Senior Medical Director	Mr Simon Young Director of Finance	
In Attendance:			
Miss Louise Carney Trust Secretary	Ms Pat Key Director of Corporate Governance & Facilities (13)	Mr Graham Music Service Line Director, CAMHS Looked After Children (12)	Dr Kajetan Kasinski Unit Director, Gloucester House (12)
Apologies:			
Mr Richard Strang Non-Executive Director			

AP	Item	Action to be taken	By	Due
1	3	Miss Carney to amend minutes	LC	Immed
2	4	Dr Patrick to circulate Board of Directors and Chief Executive's Objectives	MP	Immed
3	6	Heather Wood to contact Ms Moseley regarding Ms Moseley's involvement in a Cabinet Office working group	HW	Nov 10
4	7	Mr Young to report in greater detail on data completeness	SY	Oct 10
5	7	Ms Lyon and Mr Bostock to discuss CQUIN income	LL/ MB	Nov 10
6	7	Board discussion on CQUIN to be arranged	LC	Jan 11
7	7	Mr Young to report on action plans for Service Lines	SY	Jan 11
8	8	CQSG Committee to consider whether it's work is sufficient for the Trust's annual planning process	RSe	Jan 11
9	9	Responsible Officer reporting to be added to Board of Directors' annual schedule	LC	Jan 11
10	10	Ms Key to amend Operational Risk Register as agreed	PK	Immed
11	11	Ms Klauber to amend policy as agreed	TK	Immed
12	11	Ms Klauber to audit expenditure on disabled students over time	TK	Sep 11

Actions **Agenda item**

**Future
Agendas**

1. Chair's opening remarks

Ms Greatley welcomed Lis Jones, the Trust's new Nurse Director, to her first Board of Directors' meeting. Ms Greatley also noted that the Trust had appointed Dr Ian McPherson as Non-Executive Director. Dr McPherson would take up post on 1st November 2010.

2. Apologies for absence

As above.

3. Minutes of the previous meeting

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

4. Matters arising

Action points 5 and 6 had been completed.

AP2 Miss Carney explained that Board of Directors' objectives and the RiO Project Update had been deferred until October, to ensure sufficient time in September to discuss the Annual Plan. Dr Patrick to circulate Board objectives prior to October meeting.

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

Ms Angela Greatley, Trust Chair

Ms Greatley had attended a Foundation Trust Network (FTN) meeting, at which she had given a presentation on the issue of open Board meetings. Ms Greatley noted that the Trust was in the minority of Foundation Trusts in having open Board meetings. Steve Bundred (Chair of Monitor) had spoken about Foundation Trust financial pressures, highlighting that many Foundation Trusts had unrealistically optimistic Annual Plans.

Ms Greatley had also attended an FTN Mental Health Network meeting, at which it was explained that the new mental health strategy would include many elements of New Horizons.

Ms Emma Satyamurti, Senior Independent Director

Ms Satyamurti noted that the 2009/10 appraisal for the Trust Chair had begun, and all members of the Board of Directors had been invited to participate in 360 degree feedback as part of the appraisal process. The deadline for completion of feedback was Friday 8th October 2010.

6. Chief Executive's Report

Dr Patrick added his welcome to Ms Jones.

Dr Patrick had attended a mental health strategy meeting with Bruce Calderwood, Department of Health Mental Health Lead. The QUIPP agenda had identified workstreams with three key elements, which presented opportunities for the Trust:

1. Mental health and physical illness, including:
 - Medically unexplained symptoms (MUS)
 - Mental with relating to chronic illness
2. Acute care pathways

3. Out-of-area treatment

Dr Patrick noted that the Big White Wall had been shortlisted for a Guardian award, in addition to the National eWell-Being, and Health Service Journal award nominations.

Ms Greatley noted that criminal justice systems would be expecting to use NHS funding for offender health. Ms Moseley noted that Catch 22 (of which Ms Moseley is CEO) is involved in developing offender health programmes, and that she had been invited to chair a Cabinet Office working group. Ms Lyon suggested Heather Wood, the Trust's Personality Disorder Lead, contact Ms Moseley.

AP3

7. Finance and Performance Report

Mr Young discussed the Trust's governance rating, highlighting that the Trust has not achieved data completeness, but that this has not affected the Trust's governance rating. However, the level of importance given to data completeness had risen since the Trust had received Monitor's letter in response in relation to the Trust's Quarter One submission. The Trust will need to be able to demonstrate to Monitor that it was taking significant interest in data completeness and had realistic plans in place to improve its collection of this data. Mr Young explained that there were seven fields, and Trust was rated worst on collection of marital status of patients; for the other six, we are at or close to the 99% target. Ms Greatley explained that she and Mr Young had discussed this issue and both agreed that whilst the Trust did not feel that collation of marital status data was vital to the work of the Trust, this was not a sufficient reason not to do it. Mr Young to report in greater detail on data completeness in October.

AP4

With regards to the Trust's financial position, Mr Young explained that Trust was slightly behind Plan. However, when the planned contingency, spread across the year, was taken into account, the Trust was actually ahead of Plan. Mr Young was confident that the Trust would achieve its planned surplus of £150k by year-end.

Mr Young noted that adjustments had been made and it was no longer the case that variances were directly related. Mr Young explained that the Management Committee had reviewed Month 4 (this report had been sent to the Board of Directors for information, as there was no meeting in August), and the Committee was reviewing performance against targets. Mr Young noted that the Trust needed to ensure there was sufficient income from Consultancy in all areas, and an action plan was needed for each Service Line.

Mr Young drew attention to the Trust's Financing Facility, explaining that although the Trust had a healthy cash balance, the facility was necessary for liquidity purposes. Mr Young highlighted that the Trust's External Auditors had reviewed the terms and conditions of the Facility, and had raised some concerns over certain clauses. Mr Young asked for the approval of the Board of Directors for the Financing Facility, subject to the satisfaction of the External

Auditors. This was approved.

Mr Young highlighted that in the revised Compliance Framework, Monitor had included provision for mid-year reviews of Trusts they are worried about. Monitor's recently published FT Bulletin¹ stated the criteria for re-forecasting.² Mr Young noted that he did not expect the Trust to be in a position to have to reforecast.

Mr Young also noted that new HM Treasury guidance stated that public bodies have to publish details of any expenditure over £25k, but that Monitor had confirmed that Foundation Trusts were exempt from this.

Mr Bostock asked for further explanation on the shortfall in potential CQUIN income, and queried whether the Board could be assured that it was not a result of productivity savings. Mr Young explained that the shortfall was not directly related to productivity savings. Mr Young highlighted that the £85k shortfall was a forecast for the year, and that the Trust may be able to prevent these losses. Ms Lyon stated she was confident the Trust would be able to get back a significant part of any money lost thus far. Ms Lyon and Mr Bostock to discuss CQUIN income in further detail. Ms Greatley suggested the Board have a wider discussion on CQUINs.

AP5
AP6

Mr Kara noted that departmental consultancy was not tracking in the same way as TCS consultancy, and queried this. Dr Patrick noted that the Adult Department had undertaken a significant amount of consultancy that had not yet been invoiced. Mr Young explained that that departmental consultancy was spread across most of the Service Lines. The biggest amount was around £40k in a Service Line whose total budget was £4m. Mr Kara suggested that there was a risk in this, questioning whether anyone cared about such a small amount in a large budget. It was agreed this was a risk. Mr Young to report on action plans, in particular how they will address particular areas of income, and whether these plans are realistic.

AP7

Ms Satyamurti noted that the Trust was not growing as much as had been budgeted in some areas, and queried whether this was a lack of growth, or whether some areas were actually shrinking. Mr Young confirmed that no areas were shrinking.

8. Clinical Quality, Safety, and Governance Committee Quarter One Report

Dr Senior noted that the CQSG Committee Quarter One Report contained summarised reports from workstream leads, which were RAG (red, amber, green) rated. Dr Senior noted that all areas contained action trackers. Dr Senior explained that there was lots of data behind the reports which is presented to the CQSG Committee.

¹ Monitor, *FT Bulletin*, Issue 37, 24 September 2010

² The bulletin states that the requirement to reforecast would only apply to foundation trusts which reported an adverse variance after the two quarters ending 30 September on at least three of the five metrics which make up the Financial Risk Rating

Dr Senior asked the Board what level of information it needed in order to be assured about the Trust's clinical quality, safety, and governance systems.

Directors recommended the following developments for the report:

- The "Reporting Topic" column to contain more information / full description
- Report to make explicit when requirements are made by external bodies
- Fuller details on action plans, including who is responsible, and completion dates

Mr Bostock requested greater information on action plans, including what is contained in the plans. Dr Senior explained that that information would only be provided in exception reports. Ms Jones explained that action plans went to the CQSG Committee, and the Board gets its assurance from the Committee.

Ms Moseley suggested that the detail in workstream reports reflect organisational resourcing. Dr Patrick also noted that it reflects engagement issues.

AP8 Dr Senior explained that the CQSG Committee would report to the Board of Directors on a quarterly basis, and would also provide an annual report to the Board, which would be a strategic overview of the CQSG Committee's aims and objectives. Mr Kara suggested that the Committee consider whether its work is sufficient for the Trust's annual planning process.

The report was approved.

9. Responsible Officer Nomination

Dr Patrick noted that the full title of the Responsible Officer was Medical Professionals Responsible Officer.

AP9 Dr Senior noted that the Responsible Officer would have to report to the Board annually.

The nomination was approved.

10. Operational Risk Register

Ms Key noted that the Clinical Quality, Safety, and Governance Committee structure was already helping to feed into the Operational Risk Register, and was helping work across Directorates.

Ms Key noted there was a new Information Governance risk. There would be a more detailed Information Governance Report in October.

AP10

Ms Satyamurti noted that the risk toleration column should be toleration of a risk taking into account an action plan. Ms Key to amend column to say "with this action plan, is the risk tolerated", and to amend the entries as appropriate.

Ms Satyamurti queried the mandatory training risks. Ms Key noted that the Trust training records now show who is attending what training and when their training needs to be updated.

The Operational Risk Register was approved, subject to the amendment above.

11. Trust Policies

11a. Student Disabilities Policy

AP11

Ms Klauber noted that amendments to the Policy sent by Ms Satyamurti have all been accepted. Ms Klauber thanked Ms Satyamurti for her careful reading of the Policy. The suggestions make the Policy clear and unambiguous.

Ms Satyamurti praised the Policy, and suggested that other policies could benefit by replicating the tone of this Policy.

AP12

Ms Jones asked what the cost implications of / for disabled students were. Ms Klauber explained that there are some minor costs for the Trust, in terms of producing course materials in specific formats. Higher costs are likely to be in relation to additional supervision or academic support in submitting assessed assignments. Ms Greatley suggested Ms Klauber audit expenditure over time in order to ensure sufficient resources were in place for this. Ms Klauber also noted that students are not able to self-declare, and must provide an assessment by someone qualified to provide a report. Many have to apply to their Local Authority for Disabled Student Allowance for equipment such as digital recorders or laptops. Some students require note-takers and signers and there is often a delay in getting the funding for these people, and, indeed, for equipment.

The Policy was approved.

12. Gloucester House Service Report

Mr Music noted that the Unit was financially successful, seeing a number of children over the minimum requirement for financial viability, and there was a waiting list. However, alongside the increase in children came the potential for increased strain on staff.

Ms Moseley queried why the Unit was suddenly so popular. Dr Kasinski noted that there were a number of hypotheses, such as cut backs in Local Government funding. The fact that the Unit was an alternative solution to residential care may also contribute to its popularity. Dr Kasinski also noted that many alternative solutions were failing to meet the educational criteria, and the Unit had received an excellent Ofsted Report. Mr Music noted that the Unit has a reputation as having a successful model for helping difficult children.

Ms Moseley noted that she sensed a cultural change taking place at the Unit, and queried whether Dr Kasinski felt the end was in sight. Dr Kasinski noted that it was still ongoing, and was often painful.

Ms Moseley queried, with regard to 5.3, whether an additional classroom and additional staff didn't go hand in hand. Dr Kasinski noted that the Unit's staff often work with children prior to their admission into the Unit.

Mr Bostock noted the high turnover of Teaching Assistant staff. Dr Kasinski noted that turnover was higher than when we had first started at the Unit, but he felt it was healthy, as many of the staff had moved on to develop their careers in related fields.

Ms Greatley queried accommodation issues. Dr Patrick noted that the current site was not fit for purpose, and that the Trust was currently undertaking an options appraisal. Dr Kasinski noted that a great deal of work had gone on over the summer, which had made a significant difference, and extended his thanks to Pat Key, Director of Corporate Governance and Facilities and her team.

Ms Moseley queried how the Unit's accommodation fit into the Trust's capital programme. Mr Young noted that the Trust's Annual Plan listed identification of accommodation in 2010/11. Dr Patrick noted that Ms Key had a timetable.

Mr Kara asked Dr Kasinski what the strains and tensions of the Unit are. Dr Kasinski listed having lots of children, and feeling over-full; staff turnover; staffing numbers (not having enough staff for the number of children); accommodation; high demand; high risk patient group; and changing the model of the Unit.

Ms Satyamurti asked how long the average length of stay of pupils were. Dr Kasinski explained it was between 18 months and two years.

Ms Greatley queried whether many of the Unit's pupils entered mainstream education. Dr Kasinski noted that more pupils had last year, but that he did not want to read too much into that. Dr Kasinski noted that he always explains to parents that it is not a failure of the school or the pupil if the pupil does not go back into mainstream education.

Ms Greatley queried how well-publicised the Unit was. Dr Kasinski noted that the Unit was developing its publicity, highlighting in particular that all those who make a referral to the Unit receive a copy of the Unit's Annual Report and that he makes a great effort to develop relationships with commissioners and referrers.

Miss Carney highlighted that the Day Unit was having an Open Day on 4th October. Dr Kasinski offered to meet with any Directors if they wish.

13. White Paper Update

Nothing to report.

14. Academic Health Science Centre, and Health Innovation and Education Cluster Updates

Nothing to report.

15. Any other business

Ms Moseley gave her apologies for the Trust's Annual General Meeting on 14th October 2010.

16. Notice of future meetings

Noted. Miss Carney reminded Directors that Monitor would be meeting with individual Governors as part of their review of the Foundation Trust Annual Plans on Tuesday 5th October.

Outstanding Action Part 1

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date
1	Apr-10	9. Corporate Governance Report	Ms Smith to prepare note on the process of approving contracts	Julia Smith	Oct-10
2	Jun-10	8. Implementation of Clinical Quality, Safety, & Governance Committee Structure	Link to Clinical Quality, Safety, & Governance Committee to be included in Audit Committee Terms of Reference	Richard Strang / Louise Carney	Nov-10
3	Jul-10	10a. Safeguarding Children Policy	Policy to return with additional appendix	Rob Senior	Nov-10
4	May-10	10. Corporate Governance Report	Miss Carney to add evidence of assurance for each pledge / right in NHS Constitution	Louise Carney	Jan-11
5	Jan-09	22. Contingency for IT Failure	Internal Auditors to be asked to review policy to confirm it meets the Trust's requirements	Simon Young	Jan-11
6	May-10	8b. Risk Management Committee Review of Terms of Reference	Dr Patrick to investigate benchmarking for Day Unit incidents	Matthew Patrick	May-11
7	Feb-10	6. Chief Executive's Report	Ms Moseley to update the Board of Directors on Catch 22's discussions with Big White Wall	Joyce Moseley	As appropriate
8	Feb-10	13. Website Analysis	Communications Department to consider the objectives and priorities of the Trust's website, when data becomes available	Sally Hodges	As appropriate
9	Jun-10	11. Patient & Public Involvement Committee Annual Report	Ms Lyon to set up arrangements for monitoring occurrence of conversations around patient choice	Louise Lyon	
10	Jun-10	13. Staff Survey Report	Human Resources Department to return with action plan	Susan Thomas	
11	Jun-10	14. Workforce Statistics	Human Resources Department to return with audit of recruitment data	Susan Thomas	

Board of Directors : October 2010

Item : 6

Title : Chief Executive's Report

Summary :

The report covers the following items:

1. Introduction
2. Big White Wall
3. NHS Finance – Hutton interim pensions report
4. North Central London Sector
5. Annual General Meeting
6. Psychoanalytic Psychotherapy NOW conference
7. And Finally...

For : Discussion

From : Chief Executive

Chief Executive's Report

1. Introduction

- 1.1 I would like to begin this month's report by thanking Emma Satyamurti, whose last Board of Directors' meeting this will be. Emma has been an NED for over seven years. During that time, her contribution has been both generous and of enormous help. Emma has contributed significant expertise from her professional life as an employment lawyer. Beyond this, however, Emma has been an absolute pleasure to work with and I think has contributed tremendously to the development and present culture that characterises the Board of Directors. When Emma joined the Board of Directors it was a more fractious and conflicted group, and I think that her positive and balanced views have been one of the factors that have helped us to develop. She will be greatly missed, by me, and by all Board members I am sure, but also by the staff group with whom she had a substantial amount of contact.
- 1.2 I would also like to note that I am writing this report before announcements concerning the outcome of the Comprehensive Spending Review. I am sure that we will wish to discuss the details of this when we meet.

2. Big White Wall

- 2.1 On Wednesday 6th October, Dr Liam Fox, Secretary for Defence, made an announcement relating to planned improvements in the mental health treatments available for servicemen and veterans. The announcement was based on a report by Andrew Murrison called "Fighting Fit: A mental health plan for servicemen and veterans". The report includes the Trust's partnership with the Big White Wall as one of the four headlined developments.
- 2.2 *"[Fighting Fit] must cast its nets more widely than conventional Service health surveillance. To achieve this it should consider interventions that appeal to the target population. An anonymously administered online early intervention services has been pioneered by the award winning social enterprise company Big White Wall (BWW) in partnership with the Tavistock and Portman NHS Foundation Trust (www.bigwhitewall.com). Its potential to engage people who will not access traditional clinical services because of stigma attached to mental illness is apparent from the servicemen and veterans who pay to use BWW."*
- 2.3 *"The case for trialling an online tool-kit and facilitated support network of this sort for serving personnel is compelling. It is*

recommended that the Big White Wall or similar is invited to design, in consultation with DMS mental health professionals, a customised mental wellbeing website and to trial an online support network. It is suggested that this should focus on troops returning from Afghanistan and that the service is evaluated after twelve months."

- 2.4 We are naturally pleased at the announcement, not least because work with the armed forces has played such a key role in this organisation's history. As most of you will be aware, the Tavistock Clinic was founded after the First World War with the aim of bringing learning and experience from work with shell-shocked soldiers to a wider public; the clinic was also involved in the Second World War in relation to models of officer selection, some of which are in use to this day.

3. NHS Finance – Hutton interim pensions report

- 3.1 At the beginning of October, Lord Hutton published an interim report into public sector pensions. The report recommends increasing the retirement age, increasing employee contributions and an end to final-salary schemes. NHS Employers responded positively to the report, describing it as a well-balanced examination of the current situation, but saying that that continued consideration of employers' needs to recruit and retain staff would be needed when responding more formally.
- 3.2 I think it is important to note, however, that uncertainty about remuneration and pensions contributes significantly to the anxiety felt by all NHS and public sector staff at the present time. Such anxiety represents a significant additional burden on staff who are already committing themselves to work more flexibly in relation to the productivity demands that NHS organisations are facing.

4. North Central London Sector

- 4.1 On 29th September, Angela Greatley and I attended a North Central London Sector meeting. At this meeting there was discussion about the five PCTs in the sector moving towards a single management team within a relatively short time frame. This move is, I understand, prompted by the financial challenges facing all PCTs, the financial challenges facing NCL PCTs in particular, but also by the wish to configure resources in a manner that is going to be most supportive and effective in relation to the delivery of the changes outlined in the white paper.

- 4.2 It is important to note, however, that a unitary management team is not the same as PCT merger. Each of the five PCTs would remain and retain functions not taken on by the sector management team.

5. Annual General Meeting

- 5.1 On Thursday 14th October, the Trust held its AGM. At the meeting, Paula Conway, a Trust member of staff currently on career break, presented her project Grow2Grow. Grow2Grow offers therapeutically supported placements for vulnerable or disadvantaged young people aged 16-25 on an organic farm in Kent.
- 5.2 I thought that the meeting was one of the best that I can remember. Not only was Paula's presentation quite inspirational, but the overall tone of the meeting was inquiring, engaged and positive.
- 5.3 Paula's work is also important and relevant to us as a Trust in that it represents in many ways a direction of travel within mental health services, bringing together psychological, social and community approaches to access and engagement. There are indeed a number of projects within urban settings (including within our own locality) that also seek to take this approach. I would like to think that this is work with which we should be actively engaging. It seemed clear from the audience on the evening that this feeling was shared by many of those there.
- 5.4 I would like to thank the Communications Team of Sally Hodges, Georgina Selby, Kate Bermingham, and Joe Taylor, and the Trust Secretary, Louise Carney, for the work they all put in to organising the event.

6. Psychoanalytic Psychotherapy NOW conference.

- 6.1 On Friday 8th and Saturday 9th October, a very significant number of Trust staff took part in this national conference. This year, the theme was on complexity. The conference was well attended and remains an important place for the Trust to be talking about its work and ideas, and contributing and responding to the work and ideas of others.

7. And finally...

- 7.1 On Monday 4th October, I attended the retirement party held for Dr Sue Rendall who has worked in the Trust for over 12 years. In addition to being Director of the Educational Psychology training here, more latterly Sue led the Educational Psychology training consortium. Sue

also worked at the Trust as a clinician and consultant, with 37 years of experience in health and educational contexts. She completed her PhD here – a systemic understanding of school exclusion – and wrote a book based on it. Sue was Vice Dean of Post-graduate Training in the Child & Family Directorate of the Tavistock, for six years; in 2005/06 was seconded to the DfES for two days a week as Professional Advisor for Child & Adolescent Mental Health; and was deputy head of Psychology in the Child and Family Directorate. As you may imagine, she will be much missed.

Dr Matthew Patrick
Chief Executive
18th October 2010

Board of Directors : October 2010

Item : 7a

Title : Finance and Performance Report

Summary:

After six months, a surplus of £111k is reported, £134k below budget. There are cumulative income shortfalls on Consultancy, Training and Clinical, which have been offset by under spends across the organisation. In month 6, the surplus increased by £43k.

For the year as a whole, the net variance is expected to be well within the contingency reserve, and the Trust is expected to achieve its planned £150k surplus.

The cash balance at 30 September was £2,784k, above Plan. Cash is expected to remain close to plan for the rest of the year, subject to achievement of planned income and expenditure.

For : Discussion

From : Director of Finance

Finance and Performance Report

1. External Assessments

1.1 Monitor

- 1.1.1 Having completed their review of our first quarter returns, Monitor have given us a Financial Risk Rating of 3 and a Green Governance Rating. These are both expected to remain unchanged for the second quarter.

2. Finance

2.1 Income and Expenditure 2010/11 (Appendices A & B)

- 2.1.1 After six months, income is £687k below budget, and expenditure £554k below budget. The Trust's surplus of £111k is £134k below budget; but allowing for the contingency reserve, we are still well in line to achieve the year-end budget of £150k.
- 2.1.2 After six months, £169k of the overall adverse income variance is offset by directly related under spends; this is mainly on Child Psychotherapy Trainees, where numbers are slightly lower than Plan. There are some smaller phasing differences both positive and negative in other areas.
- 2.1.3 Apart from these differences, the income shortfall includes £234k for Consultancy, with TCS under target by £41k and departmental consultancy under by £193k. There are also shortfalls in Clinical and Training (see sections 3 and 4 below); and in Other Income, the previously underachieving Adult productivity planned income has reduced its shortfall from £64k in month five to £6k in month six due to the invoicing of backdated PHP income.
- 2.1.4 Research income is below budget by £79k and this trend is expected to continue.
- 2.1.5 There is an under spend of £554k, of which some £148k is directly related to lower activity and income (2.1.2 above). The majority of the remainder can be attributed to vacancies in Child & Family £168k, Portman £82k and Adult £79k. These under spends have been offset by an over spend in TCS of £80k (as reported previously) due to delayed 2009/10 payments for associate consultants and termination costs. The forecast outturn for expenditure is likely to be around £810k favourable; a more robust forecast will be possible in future months.
- 2.1.6 After reviewing the financial position in September, the Management Committee agreed an action plan to ensure that the planned surplus for the year is achieved. The key actions (some of which are covered in the sections below) are:

- Improve performance on CQUIN targets in order to maximise income.
- Increase NPA referrals and income.
- Ensure that department consultancy income is maximised.
- Review income and expenditure projections with each Service Line Director. Where income is lower than budget, agree continuing expenditure savings to offset this; manage staff recruitment in line with these revised expenditure plans.

These reviews have been completed for six of the eight Service Lines so far. The results of the whole review will be reported next month.

2.2 Cash Flow (Appendix C)

- 2.2.1 The actual cash balance at 30 September was £2,784k, compared to the Plan of £2,185k. Receipts from General and NHS Debtors were below Plan as are payments to suppliers and salaries, which reflect the shortfalls on planned income and expenditure reported above.

	Cash Flow year-to-date		
	Actual £000	Plan £000	Variance £000
Opening cash balance	3,645	3,645	0
Operational income received			
NHS (excl SHA)	5,439	5,808	(369)
General debtors (incl LAs)	2,843	3,466	(623)
SHA for Training	5,582	5,405	177
Students and sponsors	1,071	900	171
Other	208	108	100
	15,143	15,687	(544)
Operational expenditure payments			
Salaries (net)	(7,150)	(7,481)	331
Tax, NI and Pension	(5,316)	(5,464)	148
Suppliers	(3,246)	(3,766)	520
	(15,713)	(16,711)	998
Capital Expenditure	(105)	(120)	15
Interest Income	6	10	(4)
Payments from provisions	0	(103)	103
PDC Dividend Payments	(192)	(223)	31
Closing cash balance	2,784	2,185	599

- 2.2.2 The Trust's liquidity, using Monitor's formula and including the £2m financing facility, remains satisfactory. As agreed by the Board of Directors, the facility which expires at the end of October 2010 is being renewed for a further 12 months.

3. **Training**

- 3.1 Training income is £50k below budget in total after six months, mainly due to a shortfall of £124k on Child Psychotherapy Trainees (as above, 2.1.2); this is a result of slightly lower trainee numbers, and is therefore offset by lower costs. This shortfall has been offset by an over performance of other income for the last academic year.
- 3.2 Income from university partners remains under negotiation. A preliminary estimate of the fee income from students and sponsors for the new academic year, the other key area of uncertainty, will be given at the meeting.

4. **Patient Services**

4.1 **Activity and Income**

	Budget £000	Actual £000	Variance %	Full year		
				Variance based on y-t-d	Predicted variance	Comments
Contracts - base values	4,761	4,676	-1.8%	-168	-85	One SLA £30k below budget. CQUIN shortfall now expected to be reduced.
Cost and vol variances	2	18		37	37	
NPAs	120	100	-16.3%	-39	-20	
Projects and other	1,330	1,175		-	-180	Income matched to costs, so variance is largely offset.
Day Unit	507	588	16.0%	162	100	Gain may not be fully sustained.
Monroe	380	319	-16.1%	-126	-60	Monroe predicting higher income in second half.
FDAC	166	185	11.1%	37	18	
Court report	128	106	-17.1%	-26	0	
Total	7,392	7,167		-123	-190	

- 4.1.1 As reported previously, total contract income for the year is below budget. This is due partly to the CQUIN elements and also due to one contract which is expected to be £33k below budget. This has been

offset by a small favourable variance on cost and volume activity. The action plan on CQUIN targets is expected to reduce significantly the shortfall previously expected; an update on this is being included in the review to be reported next month.

- 4.1.2 There are significant variances, both positive and negative, in the other elements of clinical income, as shown in the table on the previous page.
- 4.1.3 After six months, named patient agreements (NPAs) actual income is £20k below budget, which is spread across the Service Lines. If extrapolated for the full year, this would give an adverse variance of £39k, but some improvement on this is expected.
- 4.1.4 Court report income was £22k below budget after six months. The majority of the under performance was from Portman.
- 4.1.5 Monroe income is £61k below budget after six months. There was low activity again during September which resulted in an £18k adverse movement in month.
- 4.1.6 The Day Unit is currently over performing by £81k cumulatively due to high pupil numbers.
- 4.1.7 Project income is forecast to be £180k below budget for the year. When activity and costs are slightly delayed, we defer the release of the income correspondingly.

5. **Consultancy**

- 5.1 TCS income was £49k in September compared to the budget of £58k. After six months, income of £286k is £41k behind budget. Our forecast for the year assumes at present that budget is achieved for the remaining six months.
- 5.2 Departmental consultancy is £193k below budget after six months, with the variances spread across several Service Lines. Directors are being asked to review this, provide forecasts for the year, and develop action plans to secure the budgeted income levels. If part of the shortfall relates to work done but not yet invoiced, information should be provided to allow the income to be accrued.

Simon Young
Director of Finance
18 October 2010

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST

INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2010-11

		Sep-10			CUMULATIVE			FULL YEAR 2010-11		
		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	1,360	1,288	(72)	7,392	7,167	(225)	14,629	14,439	(190)
2	TRAINING	1,941	2,074	132	8,409	8,360	(50)	16,065	15,974	(91)
3	CONSULTANCY	128	51	(77)	775	541	(234)	1,601	1,460	(141)
4	RESEARCH	28	14	(13)	165	86	(79)	331	230	(101)
5	OTHER	(20)	33	53	295	195	(99)	613	514	(99)
TOTAL INCOME		3,437	3,460	23	17,036	16,350	(687)	33,238	32,617	(621)
OPERATING EXPENDITURE (EXCL. DEPRECIATION)										
6	CLINICAL DIRECTORATES	1,563	1,532	31	9,083	8,739	344	18,070	17,533	538
7	OTHER TRAINING COSTS	1,090	1,138	(49)	3,663	3,464	199	6,575	6,343	232
8	OTHER CONSULTANCY COSTS	53	58	(5)	315	398	(82)	630	710	(80)
9	CENTRAL FUNCTIONS	535	605	(71)	3,263	3,169	94	6,467	6,407	60
10	TOTAL RESERVES	0	0	0	0	0	0	410	554	(144)
TOTAL EXPENDITURE		3,240	3,333	(93)	16,324	15,770	554	32,153	31,547	607
EBITDA		198	127	(70)	712	580	(132)	1,085	1,070	(15)
ADD:-										
12	BANK INTEREST RECEIVED	2	1	1	10	7	3	20	17	(3)
LESS:-										
11	DEPRECIATION	42	48	(6)	255	252	2	509	491	(18)
13	FINANCE COSTS	0	0	0	0	0	0	0	0	0
14	DIVIDEND	37	37	(0)	223	223	0	446	446	0
RETAINED SURPLUS		120	43	(76)	245	111	(134)	150	150	(0)
EBITDA AS % OF INCOME		5.8%	3.7%		4.2%	3.5%		3.3%	3.3%	

	Sep-10			CUMULATIVE			FULL YEAR 2010-11		
	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	623	623	(0)	3,739	3,739	(0)	7,479	7,479	(0)
TRAINING FEES & OTHER ACA INC	1,071	1,226	156	3,185	3,267	82	5,616	5,698	82
POSTGRADUATE MED & DENT'L EDUC	6	0	(6)	35	19	(16)	70	60	(10)
JUNIOR MEDICAL STAFF	86	95	9	519	528	9	1,037	1,037	0
CHILD PSYCHOTHERAPY TRAINEES	155	129	(27)	932	807	(124)	1,863	1,700	(163)
R&D	28	14	(13)	165	86	(79)	331	230	(101)
CLINICAL INCOME	1,115	1,089	(26)	6,212	5,971	(241)	12,248	12,000	(248)
DAY UNIT	84	89	4	507	588	81	1,014	1,114	100
MONROE	68	50	(18)	380	319	(61)	780	720	(60)
FDAC	28	34	6	166	185	18	332	351	18
TCS INCOME	58	49	(9)	327	286	(41)	730	689	(41)
DEPT CONSULTANCY INCOME	70	2	(68)	448	256	(193)	871	771	(100)
COURT REPORT INCOME	65	27	(38)	128	105	(22)	255	255	0
EXCELLENCE AWARDS	10	10	(0)	59	58	(1)	118	118	0
RENTAL INCOME	0	0	0	0	0	0	0	0	0
OTHER INCOME	(30)	23	53	236	137	(99)	495	396	(99)
TOTAL INCOME	3,437	3,460	23	17,036	16,350	(687)	33,238	32,617	(621)
EXPENDITURE									
EDUCATION & TRAINING	908	1,000	(92)	2,573	2,515	58	4,395	4,337	58
PORTMAN CLINIC	135	118	17	810	727	82	1,620	1,520	100
ADULT DEPT	280	270	11	1,566	1,487	79	3,112	3,012	100
MEDNET	18	19	(1)	110	115	(4)	221	221	0
ADOLESCENT DEPT	129	127	2	774	749	25	1,546	1,506	40
ADOLESCENT PROJECTS	0	1	(1)	15	29	(14)	15	29	(14)
C & F CENTRAL	590	590	0	3,532	3,443	89	7,070	6,890	180
C&F PROJECTS	165	177	(12)	992	934	58	1,920	1,820	100
MONROE & FDAC	82	82	0	489	466	24	979	959	20
DAY UNIT	64	76	(12)	384	387	(3)	768	768	0
SPECIALIST SERVICES	60	63	(3)	358	362	(4)	716	716	0
COURT REPORT EXPENDITURE	40	9	31	53	41	12	105	93	12
TRUST BOARD	10	8	2	57	50	7	115	115	0
CHIEF EXECUTIVE OFFICE	27	40	(14)	155	159	(4)	308	308	0
PERFORMANCE & INFORMATICS	78	78	1	458	429	29	928	928	0
FINANCE & ICT	91	120	(29)	547	586	(39)	1,093	1,132	(39)
CENTRAL SERVICES DEPT	181	207	(26)	1,110	1,173	(63)	2,197	2,260	(63)
HUMAN RESOURCES	56	53	4	381	329	52	719	667	52
CLINICAL GOVERNANCE	31	33	(1)	188	162	26	374	348	26
TRUST DIRECTOR	28	40	(12)	167	154	13	338	324	13
PPI	11	11	1	74	72	2	141	141	0
SWP & R+D & PERU	31	29	2	187	121	66	375	309	66
R+D PROJECTS	0	0	0	0	(0)	0	0	(0)	0
PGMDE	9	3	6	55	42	13	109	97	13
NHS LONDON FUNDED CP TRAINEES	155	118	37	932	802	130	1,863	1,700	163
TAVISTOCK SESSIONAL CP TRAINEES	9	8	2	55	47	9	111	102	9
FLEXIBLE TRAINEE DOCTORS	8	10	(2)	49	59	(10)	97	107	(10)
TCS	49	54	(5)	294	374	(80)	587	667	(80)
DEPARTMENTAL CONSULTANCY	4	4	(1)	22	24	(2)	43	43	0
DEPRECIATION	42	48	(6)	255	252	2	509	491	18
PROJECTS CONTRIBUTION	(10)	(13)	3	(61)	(65)	4	(121)	(125)	4
IFRS HOLIDAY PAY PROV ADJ	0	0	0	0	0	0	0	0	0
CENTRAL RESERVES	0	0	0	0	0	0	410	554	(144)
TOTAL EXPENDITURE	3,282	3,381	(99)	16,579	16,023	556	32,662	32,038	625
OPERATING SURPLUS/(DEFICIT)	155	79	(76)	458	327	(130)	576	579	3
INTEREST RECEIVABLE	2	1	(1)	10	7	(3)	20	17	(3)
UNWINDING OF DISCOUNT ON PROVISION	0	0	0	0	0	0	0	0	0
DIVIDEND ON PDC	(37)	(37)	(0)	(223)	(223)	0	(446)	(446)	0
SURPLUS/(DEFICIT)	120	43	(77)	245	111	(134)	150	150	(0)

Cash Flow 2010/11

Appendix C

2010/11 Plan		April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance		3,645	4,081	3,704	3,521	3,193	2,776	2,185	2,333	2,250	1,877	2,242	2,126	3,645
Operational income received														
NHS (excl SHA)	5,808	924	1,010	914	1,005	1,038	917	904	1,038	917	905	1,036	917	11,525
General debtors (incl LAs)	3,466	838	417	880	550	402	379	556	474	423	783	591	458	6,751
SHA for Training	5,405	894	914	895	894	914	894	895	914	894	894	915	894	10,811
Students and sponsors	900	300	150	150	100	0	200	650	250	100	500	100	100	2,600
Other	108	18	18	18	18	18	18	18	18	18	18	18	18	216
	15,687	2,974	2,509	2,857	2,567	2,372	2,408	3,023	2,694	2,352	3,100	2,660	2,387	31,903
Operational expenditure payments														
Salaries (net)	(7,481)	(1,247)	(1,247)	(1,247)	(1,246)	(1,247)	(1,247)	(1,247)	(1,247)	(1,247)	(1,246)	(1,247)	(1,247)	(14,962)
Tax, NI and Pension	(5,464)	(859)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(10,990)
Suppliers	(3,766)	(434)	(719)	(784)	(697)	(622)	(510)	(509)	(510)	(509)	(510)	(509)	(510)	(6,823)
	(16,711)	(2,540)	(2,887)	(2,952)	(2,864)	(2,790)	(2,678)	(2,677)	(2,678)	(2,677)	(2,677)	(2,677)	(2,678)	(32,775)
Capital Expenditure	(120)	0	0	0	(20)	0	(100)	(200)	(100)	(50)	(60)	(100)	(90)	(720)
Interest Income	10	2	1	2	2	1	2	2	1	2	2	1	2	20
Payments from provisions	(103)	0	0	(90)	(13)	0	0	0	0	0	0	0	0	(103)
PDC Dividend Payments	(223)	0	0	0	0	0	(223)	0	0	0	0	0	(223)	(446)
Closing cash balance		4,081	3,704	3,521	3,193	2,776	2,185	2,333	2,250	1,877	2,242	2,126	1,524	1,524

2010/11 Actual/Forecast		April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance		3,645	3,787	3,488	3,566	3,504	3,095	2,784	2,970	2,887	2,514	2,879	2,763	3,645
Operational income received														
NHS (excl SHA)	5,439	892	1,017	829	785	805	1,109	904	1,038	917	905	1,036	917	11,156
General debtors (incl LAs)	2,843	709	387	588	610	369	178	556	474	423	783	591	458	6,128
SHA for Training	5,582	874	854	1,015	970	911	959	895	914	894	894	915	894	10,988
Students and sponsors	1,071	277	102	86	126	165	315	650	250	100	500	100	100	2,771
Other	208	24	35	29	35	53	32	18	18	18	18	18	18	316
	15,143	2,776	2,396	2,547	2,526	2,304	2,593	3,023	2,694	2,352	3,100	2,660	2,387	31,359
Operational expenditure payments														
Salaries (net)	(7,150)	(1,206)	(1,192)	(1,198)	(1,184)	(1,198)	(1,173)	(1,220)	(1,247)	(1,247)	(1,246)	(1,247)	(1,247)	(14,604)
Tax, NI and Pension	(5,316)	(859)	(889)	(895)	(905)	(876)	(893)	(910)	(921)	(921)	(921)	(921)	(921)	(10,831)
Suppliers	(3,246)	(570)	(615)	(377)	(502)	(640)	(543)	(509)	(510)	(509)	(510)	(509)	(510)	(6,303)
	(15,713)	(2,635)	(2,695)	(2,470)	(2,591)	(2,713)	(2,608)	(2,639)	(2,678)	(2,677)	(2,677)	(2,677)	(2,678)	(31,739)
Capital Expenditure	(105)	0	0	0	0	0	(105)	(200)	(100)	(50)	(60)	(100)	(90)	(705)
Interest Income	6	1	0	1	3	1	1	2	1	2	2	1	2	16
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments	(192)	0	0	0	0	0	(192)	0	0	0	0	0	(223)	(415)
Closing cash balance		3,787	3,488	3,566	3,504	3,095	2,784	2,970	2,887	2,514	2,879	2,763	2,161	2,161

Board of Directors : October 2010

Item : 7a

Title : Finance and Performance Report - Addendum

Summary:

Two additional topics which are reported quarterly were omitted in error from the report.

They are covered in this addendum:

- Prompt payments to creditors
- Clinical performance indicators: waiting times and DNAs

For : Information

From : Director of Finance

Finance & Performance Report Addendum

2. Finance

2.2 Cash Flow (additional paragraph)

2.2.3 In the first six months, the Trust paid 90% of purchase invoices within 30 days. This is a slight improvement on 89% achieved in 2009/10 (full year) and 88% the previous year, but remains lower than the national target of 95%. By value, 94% was paid within 30 days; the administrative delays are often on lower value invoices. Introduction of the new finance system and service should lead to an improvement in 2011/12.

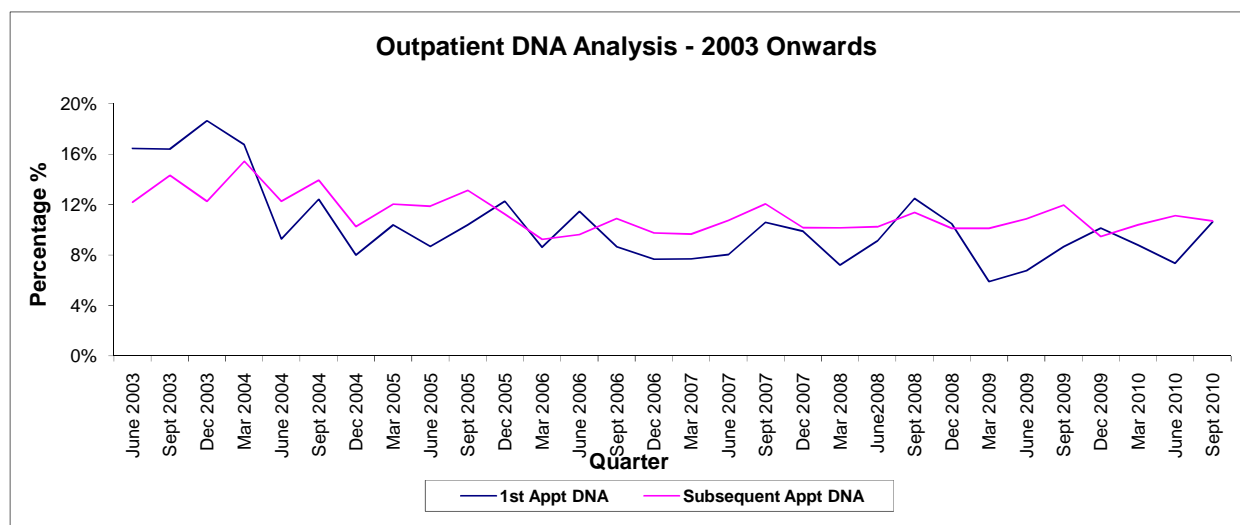
4. Patient Services

4.2 Clinical Performance

4.2.1 This section has been provided by the Head of Informatics and the Director of Service Development.

4.2.2 In the second quarter (July to September), 10.6% patients due to come to a first appointment did not attend (44 DNA out of 414 total). This is a slightly higher percentage than in previous quarters, but within the usual fluctuations.

4.2.3 For the much larger number of subsequent appointments, 10.7% did not attend (1,044 DNA out of 9,756). This is similar to the previous quarters; whereas in other years the summer quarter has generally showed an increase. In fact, 10.7% is lower than any year since 2003 for this quarter.



- 4.2.4 In the second quarter there were a total of 28 patients whose first attended appointment was 11 weeks or more after the referral was received. This is a similar figure to previous quarters.
- 4.2.5 Of these, 12 were in the GID service. The service made an agreement earlier in the year with NCG to increase activity by 22%. However, during August the activity increased by 55% over the same time period last year. The service will shortly be recruiting for more clinical sessions and administrative support. The impact of the extra resources may not be reflected in the waiting time statistics until possibly the beginning of 2011/12
- 4.2.6 None of the long waits was in the Portman Clinic or the LCDS.
- 4.2.7 16 patients in generic services waited 11 weeks or more for their first attended appointment:
- 6 patients waited due to external causes, e.g. liaison with external professionals, waiting for further information from referrer, difficulties arranging meeting dates with external professionals.
 - 3 patients requested the delayed appointments.
 - 2 waits were due to internal administrative processes; systems have now been put into place to prevent recurrence.
 - 2 waits were due to unavailability of clinician over summer break.
 - 1 wait was a complex case requiring liaison between internal services.
 - 2 are not yet explained.

Simon Young
Director of Finance
21 October 2010

Board of Directors : October 2010

Item : 7b

Title : 2010/11 Monitor's Quarter 2 Governance Declaration

Summary:

The Trust continues to meet all of the targets and indicators set out in the 2010/11 Compliance Framework, with one exception which is set out in the attachment to this report. Action plans are in place to ensure that this remains the case.

The overall score remains at 0.5, which should again result in a Green rating for governance. The Board of Directors is asked to approve the following declaration:

For one or more targets the Board cannot make Declaration 1* and has provided relevant details on worksheet "Targets and Indicators" in this return. The Board confirms that all other healthcare targets and indicators have been met over the period (after the application of thresholds) and that sufficient plans are in place to ensure that all known targets and national core standards that will come into force will also be met.

Details of any elections held (including turnout rates) and any changes in the Board or Board of Governors are included on worksheet "Board Changes and Elections" in this return.

* The wording of Declaration 1 is that all healthcare targets and indicators have been met and that sufficient plans are in place to ensure that they will continue to be met.

For : Approval

From : Director of Corporate Governance and Facilities
Director of Finance

2010/11 Monitor's Quarter 2 Governance Declaration

1. Declaration of performance against healthcare targets and indicators

- 1.1 The Monitor template for our quarterly return sets out a list of targets and indicators, in line with the Compliance Framework 2010/11 document. The 7 targets and indicators which apply to this Trust are given in the table below. Our assessment of our result for quarter 2 is unchanged from quarter 1.
- 1.2 One target is not currently being met, leading to a score of 0.5. All other targets and indicators are being met and plans are sufficient to ensure that they continue to be met. Further details are given below.
- 1.3 The Trust should therefore continue to receive a green governance rating.

Target / Indicator	Weighting	Quarter 2 result	
Data completeness: 99% completeness on all 7 identifiers	0.5	Failed to Meet	0.5
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability	0.5	Achieved	
Moderate CQC concerns regarding the safety of healthcare provision	1.0	No	
Major CQC concerns regarding the safety of healthcare provision	2.0	No	
Failure to rectify a compliance or restrictive condition(s) by the date set by CQC within the condition(s) (or as subsequently amended with the CQC's agreement)	4.0	No	
Registration conditions imposed by Care Quality Commission		No conditions	
Restrictive registration conditions imposed by Care Quality Commission		No conditions	
		Total score	0.5
		Indicative rating	

2. Care Quality Commission registration

- 2.1 The Trust was registered by the CQC on 1 April 2010 with no restrictions. Actions continue throughout the year to ensure that this status is retained.
- 2.2 During Quarter 1 and Quarter 2 the Trust has populated a framework document addressing CQC compliance requirements based on the CQC judgement framework. This has been done in consultation with the Directors leading on the different standards, who are required to confirm the accuracy of the report prior to the preparation of a report to the CQSG Committee. The review has not shown any areas of non-compliance and therefore the Trust remains compliant with the CQC registration requirements.

3. Self certification against compliance with requirements regarding access to healthcare for people with a learning disability

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

4. Data Completeness

- 4.1 The targets set for mental health FTs is 99% completeness on seven of the patient identifiers in the Mental Health Minimum Data Set (MHMDS) [†]. A Foundation Trust which does not meet 99% for all seven (see table below) scores 0.5 points. Because this failure is rated 0.5 rather than 1.0, it does not by itself prevent the FT from retaining a green governance rating.[‡]
- 4.2 We submit MHMDS data to the NHS Information Centre quarterly for all patients over 18 who have had at least one contact during the quarter. For this Trust, this is typically around 700 patients. Rounding to the nearest percentage point, 99% completeness means that we must hold valid data for all but 10 current adult patients.
- 4.3 In our Annual Plan submitted in May, we declared that we did not currently meet this requirement; and we stated:








We are currently migrating to a new patient information system, RiO, in 2010/11. This has the priority call on our resources. It should also be noted that moves to new information systems are often accompanied by an initial fall in data quality. We will take some steps to improve data quality in 2010/11, but it will not be

[†] 2010/11 Compliance Framework, Appendix B, table 1 (page 45) and note 15 (page 48).

[‡] 2010/11 Compliance Framework, paragraphs 61 to 64 and Diagram 5 (pages 17 and 18).

until 2011/12 that we will be able to significantly refocus our efforts on data quality and completeness.

- 4.4 Data completeness for the quarter ended 30 September 2010 is given in the table below. The percentages are shown here to one decimal place, so as to be clear whether we met (or missed) the 99% target easily or more marginally.

Valid NHS Number	99.7%	
Valid Commissioner Code	98.4%	
Valid GP Practice Code	100.0%	
Valid Gender	100.0%	
Valid Marital Status	78.5%	
Valid Date Of Birth	100.0%	
Valid Postcode	99.9%	

- 4.5 All these indicators are similar to previous quarters. Completeness on the Commissioner Code, which rounds here to 98%, has been reported as 99% on a slightly different basis of calculation used by the NHS Information Centre.
- 4.6 The main shortfall, clearly, is on the recording of marital status. The available codes allow for a variety of situations to be recorded, including civil partnerships; but for some of our cases, the clinicians have considered that the question is irrelevant and/or unnecessarily intrusive. There is also not usually any legal reason for needing to hold it on record. The codes "not disclosed" and "not known" are both considered "Not valid" by the NHS Information Centre rules, which leads to the 78.5% validity score shown above.
- 4.7 The results for other London mental health trusts in the second quarter of last year 2009/10, as reported by the NHS Information Centre, were in the range 74% to 94%. Three FTs in other parts of the country scored only 46%, 55% and 55%; while one achieved 99%.
- 4.8 We do not intend to make the recording of marital status compulsory, for the reasons stated above. If we take some steps to encourage higher recording, this could improve the score, but it would be very unlikely to reach 99%.
- 4.9 This report (or a summary of it) will be sent to Monitor in response to the enquiry they made after our first quarter declaration.

Board of Directors : October 2010

Item : 8

Title : Charitable Fund Report & Accounts 2009/10

Summary:

The Trust is the corporate trustee for the Tavistock and Portman Charitable Fund.

The Report and Accounts for the Charitable Fund for the year ended 31 March 2010 have been examined by HW Fisher and Company, our Independent Examiner, were presented to the Charitable Fund Committee for review on 21st October 2010. They are now presented to the Board of Directors for approval. Following approval by the Board of Directors, they will be submitted to the Charity Commission.

The Report contains (on Page 4) a brief review of the Fund's finances. Pages 1 and 8 of the accounts give further details of the income and expenditure in 2009/10.

The Report also sets out (on Page 3) the terms of reference of the Charitable Fund Committee. This Committee has recently only been meeting once a year, due to the limited current activity of the Fund. The minutes of the January 2010 meeting will be presented to the Board of Directors in November 2010.

For : Approval

From : Director of Finance

Tavistock & Portman Charitable Fund

Annual Report and Accounts 2009/10

Tavistock & Portman Charitable Fund

Annual Report of the Trustee 2009/10

1. Reference and Administrative Details

The Tavistock and Portman Charitable Fund was established by a Declaration of Trust dated 4 September 1995, to contain all the funds held on trust by the Tavistock and Portman NHS Trust (since 1 November 2006, an NHS Foundation Trust).

Its objects cover any charitable purpose or purposes relating to the National Health Service wholly or mainly for the services provided by the Tavistock and Portman Clinics.

Two legacies are registered as separate charities under the “umbrella” of the Charitable Fund, and are included in its accounts.

Correspondence should be addressed to:

Miss Louise Carney
Trust Secretary
Tavistock and Portman NHS Foundation Trust
120 Belsize Lane
London, NW3 5BA

Independent Examiner:

HW Fisher and Company
The Fisher Organisation
Acre House
11-15 William Road
London, NW1 3ER

Bankers:

National Westminster Bank plc
3rd Floor
Argyll House
246 Regent Street
London, W1R 6PB

Charity registration no. 1049530

2. Structure, Governance and Management

The Tavistock and Portman NHS Foundation Trust is Trustee of the Charitable Fund. The Trust's Board of Directors has appointed a Charitable Fund Committee whose terms of reference are:

- To agree and recommend to the Board of Directors a strategic policy for utilising the assets of the Fund in pursuit of its stated purposes; and to review that policy at least every three years.
- To consider and approve any proposals for expenditure above £20,000 from the Fund, except where these relate to external grants awarded for specific purposes.
- To agree and recommend to the Board of Directors an investment policy for the Fund; and to review that policy at least every three years.
- To review the financial statements of the Fund annually, and more frequently if appropriate.¹

The Directors of the NHS Foundation Trust during 2009/10 were as follows:

Trust Chair	Mr Nicholas Selbie* (until 31 October 2009) Ms Angela Greatley* (from 1 November 2009)
Non-Executive Directors	Mr Altaf Kara Ms Emma Satyamurti Mr. Martin Bostock Ms. Joyce Moseley Mr Richard Strang
Executive Directors	Dr Matthew Patrick – Chief Executive* Dr Neil Brimblecombe – Nurse Director (until 31 January 2010) Ms Trudy Klauber – Dean of Postgraduate Studies Dr Robert Senior – Medical Director Ms. Louise Lyon – Trust Clinical Director Mr Simon Young – Director of Finance*

The Trust Chair and the Non-Executive Directors are appointed by the Board of Governors of the NHS Foundation Trust.

¹ Charitable Fund Committee Terms of Reference, June 2009

* indicates the members of the Board's Charitable Fund Committee

The Chief Executive is appointed by the Trust Chair and the Non-Executive Directors. The other Executive Directors are appointed by the Trust Chair, the Non-Executive Directors, and the Chief Executive.

3. Objectives and Activities

In pursuit of the objects set out on Page 2, the main activities of the Fund in 2009/10 were research relating to the Clinics' services; the Tavistock Society of Psychotherapists; and smaller projects for the welfare of patients, staff and trainees.

4. Achievements and Performance

The Fund does not actively raise funds at present, but will continue to manage grants, donations and legacies towards the important objectives of the Trust, especially its research projects.

5. Financial Review 2009/10²

Income was £158,000 (2008/09 £206,000), and expenditure £144,000 (£126,000).

The Fund received very little (£6,000) in interest on its bank accounts. No new investments were made during the year.

Overall, funds increased by £14,000, compared to a £80,000 increase in 2008/09. The Fund's current policy is not to hold significant general reserves, since the commitments to projects do not exceed the funds specifically held for those projects. The total value of the Fund at 31 March 2010 was £323,000, comprising £250,000 in restricted funds and £73,000 in unrestricted funds.

The Independent Examiner, HW Fisher and Company, has carried out an examination on the 2009/10 Accounts, copies of which can be obtained from the address on Page 2.

6. Plans for Future Periods

Very limited funds remain available for the outcome research project. The Charitable Fund Committee welcomes further donations or legacies,

² 2008/09 figures in brackets for comparison

which are likely to be directed towards this or similar projects as part of the Trust's future research strategy.

External grants and the Tavistock Society of Psychotherapists' funds will continue to be used for their intended purposes.

Signed:

Dr Matthew Patrick
Chief Executive

Mr Simon Young
Director of Finance

Date

Date

Tavistock and Portman Charitable Fund

Accounts for the year ended

31 March 2010

Independent examiner's report to the trustees of the Tavistock and Portman Charitable Fund

I report on the accounts of the Trust for the year ended 5 April 2010, which are set out on pages 1 to 9.

Respective responsibilities of trustees and examiner

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 43(2) of the Charities Act 1993 (the 1993 Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 43 of the 1993 Act;
- to follow the procedures laid down in the general Directions given by the Charity Commission under section 43(7)(b) of the 1993 Act; and
- to state whether particular matters have come to my attention.

Basis of independent examiner's report

My examination was carried out in accordance with the general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and consequently no opinion is given as to whether the accounts present a 'true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

(1) which gives me reasonable cause to believe that in any material respect the requirements:

- to keep accounting records in accordance with section 41 of the 1993 Act; and
- to prepare accounts which accord with the accounting records and comply with the accounting requirements of the 1993 Act have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

A. G. Rich

Chartered Accountant

H.W Fisher & Company

Chartered Accountants

Acre House

11-15 William Road

London

NW1 3ER

Date:

Statement of Financial Activities for the year ended 31 March 2010

	Note	Unrestricted Funds £000	Restricted Funds £000	2009-10 Total Funds £000	2008-09 Total Funds £000
Incoming resources					
Incoming resources from generated funds					
Donations and Gift Aid		3	(4)	(1)	32
Grants receivable:	2.1				
Other grants receivable			25	25	18
Investment income		0	0	0	6
Total Incoming resources from generated funds		3	21	24	56
Operating Activities					
Charitable activities		36	98	134	150
Total Operating Activities		36	98	134	150
Total incoming resources		39	119	158	206
Resources expended					
Charitable expenditure	4.1	12	126	138	121
Governance	4.2	1	5	6	5
Total resources expended		13	131	144	126
Net incoming/(outgoing) resources before Transfers		26	(12)	14	80
Gross transfer between funds		0	0	0	0
Net incoming/(outgoing) resources		26	(12)	14	80
Fund balances brought forward at 31 March 2009		47	262	309	229
Fund balances carried forward at 31 March 2010		73	250	323	309

The notes at pages 3 to 9 form part of this account.

Balance Sheet as at 31 March 2010

	Notes	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2010 £000	Total at 31 March 2009 £000
Current Assets					
Debtors	5	46	69	115	74
Cash at bank and in hand		15	241	256	275
Total Current Assets		<u>61</u>	<u>310</u>	<u>371</u>	<u>349</u>
Creditors: Amounts falling due within one year	6.1	(12)	60	48	40
Net Current Assets		<u>73</u>	<u>250</u>	<u>323</u>	<u>309</u>
Total Assets less Current Liabilities		<u>73</u>	<u>250</u>	<u>323</u>	<u>309</u>
Total Net Assets		<u>73</u>	<u>250</u>	<u>323</u>	<u>309</u>
Funds of the Charity					
Income Funds:					
Restricted	7.2	73		73	262
Unrestricted			250	250	47
Total Funds		<u>73</u>	<u>250</u>	<u>323</u>	<u>309</u>

The notes at pages 3 to 9 form part of this account.

All the above results are derived from continuing operations

Approved and authorised for issue by the Board on and signed on its behalf by

Signed:

Date:

Notes to the Account**Accounting Policies****1****1.1 Accounting Convention**

The financial statements have been prepared under the historic cost convention and in accordance with applicable United Kingdom accounting standards and the Statement of Recommended Practice "Accounting and Reporting by Charities" issued by the Charities Commissioners in 2005.

1.2 Incoming Resources

- a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:
- i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
 - ii) certainty - when there is reasonable certainty that the incoming resource will be received;
 - iii) measurement - when the monetary value of the incoming resources can be measured with sufficient reliability.
- b) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

1.3 Resources Expended

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

The Fund's main expenditure is on research and other activities in furtherance of its objectives. As shown in the Statement of Financial Activities on page 3, a small amount is spent on administration and there has been to date no expenditure on fundraising.

Governance costs include a charge of £5,000 from the Tavistock and Portman NHS Foundation Trust.

1.4 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds.

1.5 Pooling Scheme

An official pooling scheme is operated for investments relating to the following funds:

Tavistock and Portman Charitable Fund
Dean Legacy
Shaw Legacy

The Scheme was registered with the Charity Commission on 17 March 1998.

Material grants received by category	2 2.1		Amount received in aggregate 2010	Amount received in aggregate 2009	
			£000	£000	
		The Charitable Fund gratefully acknowledges receipt of the following grants:-			
		Centre for Family Social Work Research, University of East London	18	0	
		Informa UK (Ltd) - (Taylor & Francis Group)	7	17	
		Total	25	17	

Details of Resources Expended - Grants **3**
3.1 **Grants Payable:**

There were no grants payable in the year 2009/10.

TAVISTOCK AND PORTMAN CHARITABLE FUND ACCOUNTS - 2009/2010

Details of Resources Expended - Other	4	Unrestricted Funds	Restricted Funds	Total 2010 Funds	Total 2009 Funds
	4.1	£000	£000	£000	£000
Other:					
Patients welfare and amenities		0	0	0	0
Staff welfare and amenities		11	48	59	20
Research		0	73	73	101
Governance		1	5	6	5
		12	126	138	126

No staff are employed directly by the Charitable Fund. Instead, they are employed by the Tavistock and Portman NHS Foundation Trust and this is reimbursed as shown in note 10.

Analysis of Governance Costs	4.2	Unrestricted Funds	Restricted Funds	Total 2010 Funds	Total 2009 Funds
		£	£000	£000	£000
Independent examiner's fee		0	1	1	0
Legal and Professional fees		1	4	5	5
		1	5	6	5

TAVISTOCK AND PORTMAN CHARITABLE FUND ACCOUNTS - 2009/2010

Analysis of Debtors	5			31 March 2010	31 March 2009
				£000	£000
	5.1	Amounts falling due within one year:			
		Other debtors		101	57
		Total debtors falling due within one year		101	57
	5.2	Amounts falling due over one year:			
		Other debtors		14	17
		Total debtors falling due after more than one year		14	17
		Total debtors		115	74
<hr/>					
Analysis of Creditors	6			31 March 2010	31 March 2009
				£000	£000
	6.1	Amounts falling due within one year:			
		Other creditors		48	35
		Accruals		0	5
		Total creditors falling due within one year		48	40
		Total creditors		48	40

Analysis of
Funds

7

7.1 Endowment Funds

There are no endowment funds held.

7.2 Restricted Funds

	Balance 31 March 2009 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	Balance 31 March 2010 £000
Material funds						
Outcome Research	18	0	(8)			10
The Unconscious at Work	9	0	0			9
Shaw Legacy	26	0	0			26
Hosp and Hosp Drs Research	10	7	(1)			16
Suicide in adolescents	59	54	(54)	12		71
Journal for Social Work Practice	25	7	(2)	(12)		18
Change in Autism	16	8	(19)			5
Tavistock Soc. of Psychotherapists	47	44	(44)			47
Others (24 funds)	52	(1)	(3)			48
Total	262	119	(131)	0	0	250

Details of
material
funds -
restricted
funds

7.3 Name of fund

Description of the nature and purpose of each fund

Shaw Legacy	Purposes connected with the Tavistock Clinic, namely for research and grants for students.
Outcome Research	This fund was established in 2000, to support the Tavistock Adult Depression Study, a randomised controlled research trial.
Common Investment Fund	Has no funds of its own. Exists as a vehicle for the pooling scheme, to allow the Charitable Fund, the Dean Legacy and the Shaw Legacy to act jointly in investing their funds (ref. Section 24 of the Charities Act 1993).

Contingencies **8** The Directors of the Tavistock and Portman NHS Foundation Trust are not aware of any material contingent liabilities relating to the Charitable Fund.

Commitments, Liabilities and Provisions **9** There were no commitments under capital expenditure contracts or under charitable projects at the balance sheet date.

Trustee and Connected Persons Transactions **10**

10.1 Details of transactions with trustees or connected persons

The Charitable Fund reimburses the Tavistock and Portman NHS Trust for staff and other expenses borne on its account.

2009-10		2008-09	
Total charge for the year	Balance due to the Trust at 31 March (net)	Total charge for the year	Balance due to the Trust at 31 March
£000	£000	£000	£000
5	3	34	16

No trustee received any remuneration during the year and there were no other expenses reimbursed to any trustee other than those shown above.

No staff are employed directly by the Charitable Fund. Instead, they are employed by the Tavistock and Portman NHS Foundation Trust and this is reimbursed as above.

10.2 Trustee Indemnity Insurance

The Charitable Fund provided no indemnity insurance cover during the year.

Loans or Guarantees Secured against assets of the charity **11**

There were no loans or guarantees secured against assets of the charity.

Connected Organisations **12**

There were no transactions with connected bodies, except as disclosed in note 10.1 above.

Related party transactions **13**

Related party transactions

The Charitable Fund has made revenue payments to the Tavistock and Portman NHS Foundation Trust which is the sole trustee of the Fund. Details are given in note 10.1 above.

Board of Directors : October 2010

Item : 9

Title : Corporate Governance Report

Summary:

This paper reports on the following items:

1. Monitor Updates
2. Paths to foundation trust status
3. Foundation Trust Network's Annual Governance Conference
4. White Paper: Foundation Trust Network's response
5. Recent appointments
6. Equality Act 2010
7. Audit Committee membership

For : Noting

From : Trust Secretary

Corporate Governance Report

1. Monitor Updates

1.1 Monitor 2009/10 review of foundation trusts

1.1.1 Monitor have published *NHS foundation trusts: review of three months to 30 June 2010*. There were 130 foundation trusts at the end of Quarter One in 2010/11. Monitor's report is based on the data submitted by FTs on a quarterly basis.

1.1.2 Below are the 2009/10 statistics on foundation trusts. Categories where the Tavistock & Portman NHS Foundation Trust fits are highlighted in red.

Table 1: NHS Foundation Trust Statistics at 31 March 2010¹

Type of FTs		
Total	130	
Acute	74	56.9%
Mental Health	40	30.8%
Specialist	16	12.3%
FTs by Strategic Health Authority		
North West	27	71%
South West	16	62%
Yorkshire & The Humber	16	73%
London	15	39%
East of England	14	54%
West Midlands	12	44%
North East	10	91%
South Central	7	47%
South East Coast	7	41%
East Midlands	6	46%
Governance Risk Ratings		
Green	81	62.3%
Amber-Green	29	22.3%
Amber-Red	7	5.4%
Red	13	10%
Financial Risk Ratings		
5 (lowest risk)	11	8.5%
4	47	36.2%
3	63	48.5%
2	6	4.6%
1	3	2.3%
FTs in significant breach of terms of authorisation		
Total	12	9.2%
Combined actual net surplus 2009/10		
Total	£90m	
EBITDA margin		
Total	6.7%	

¹ University Hospitals of Morecombe Bay was authorised as an NHS Foundation Trust from 1st October 2010. At 18th October, there were 131 Foundation Trusts.

1.1.3 Monitor's document can be found at <http://www.monitor-nhsft.gov.uk/home/our-publications/browse-category/reports-nhs-foundation-trusts/nhs-foundation-trusts-quarterly--26>

1.1.4 In the 2010/11 Compliance Framework², the amber governance rating was separated into amber-green and amber-red to ensure Monitor can more accurately reflect governance risk. Monitor also now includes mandatory services risk in the governance risk rating.

1.2 Changes to the Principles and Rules for Cooperation and Competition

1.2.1 The new Principles and Rules for Cooperation and Competition (PRCC) have been published by Monitor and apply to foundation trusts from 1st October 2010.

2. Paths to Foundation Trust Status

2.1 The Department of Health has published letters from the Secretary of State and the Managing Director of Provider Development on progression to foundation trust status. The letters stress that remaining an NHS trust is not an option and NHS trusts have been asked to write to the Secretary of State by 30th November 2010 to explain what timetable trust boards intend to pursue to meet FT status. The letter from the Secretary of State has stressed that they will not be lowering the bar to help bring trusts to FT status.

3. Foundation Trust Network's Annual Governance Conference

3.1 The presentations from the FTN's Annual Governance Conference, "*Navigating the Storm*", are now available online from <http://www.nhsconfed.org/Events/events-archive/FTN-governance-2010/Pages/FTN-governance-2010.aspx>

4. White Paper: NHS Confederation's Response

4.1 The NHS Confederation submitted its response to the White Paper on Tuesday 5th October. This can be found on the NHS Confederation's Website http://www.nhsconfed.org/Key-Health-Issues/Health-white-paper/Pages/Health-white-paper.aspx?utm_source=Web&utm_medium=Promo&utm_term=270910&utm_campaign=2

² Monitor, *Compliance Framework 2010-11*, March 2010

5. Recent Appointments

5.1 Permanent Secretary for Department of Health

- 5.1.1 Una O'Brien will take up the position of Permanent Secretary at the Department of Health at the end of October 2010. Ms O'Brien is currently a member of the NHS management and Department of Health boards.

5.2 Chair of Care Quality Commission

- 5.2.1 Dame Jo Williams has been appointed as Chair of the Care Quality Commission by Andrew Lansley, Secretary of State for Health. Dame Jo Williams has been the acting Chair of the CQC since February 2010.

5.3 Shadow Health Secretary

- 5.3.1 John Healey, MP, has been appointed shadow health secretary. Mr Healey held several ministerial appointments, most recently Housing Minister

6. Equality Act 2010

- 6.1 The Equality Act 2010 came into force on 1st October 2010, bringing together and strengthening previous equalities legislation. It requires equal treatment for everyone in terms of access to employment as well as access to public and private services.

7. Audit Committee Membership

- 7.1 Ms Emma Satyamurti's retirement at the end of her term of office on 31st October 2010 will mean there is a vacancy on the Audit Committee. Non-Executive Directors are invited to consider who might fill this vacancy.

Board of Directors : October 2010

Item : 10

Title : Information Governance Update

Summary:

The Trust is making a self-assessment against the NHS Information Governance toolkit, version 8. An action plan is being developed, with some actions already being implemented, to ensure that we reach the revised requirements by March 2011.

For : Discussion

From : Director of Finance / Senior Information Risk Owner

Information Governance Update

1. Each year, all NHS organisations are required to make a self-assessment using the "Information Governance toolkit," and make a declaration of their current compliance status with a number of criteria.
2. The toolkit is updated each year. Version 8, which applies for 2010/11, includes some new and revised criteria; and also introduces much more detailed requirements for evidence to be attached to the declaration.
3. The Trust's Information Governance lead has assessed our compliance against each of the criteria and started to develop an action plan for those areas where we do not meet the requirements. All relevant policies and procedures are being reviewed, and will be provided as evidence for our declaration.
4. As an example of the changes in requirements, last year we were able to report a satisfactory level of achievement against criterion 112, IG training. This year, the requirement is specifically that all staff must complete the basic training module provided on-line by NHS Connecting for Health; and pass the test at the end of the module. We have therefore set up sessions for staff to do this.
5. The self-assessment declaration has to be completed by 31 March. At that point, we are expected to have reached at least level 2 (out of 3) on each criterion. A preliminary declaration is to be made on 31 October.
6. Recent guidance may have changed the position. Firstly, 22 of the 45 criteria have been classified as "key" requirements. It seems that reaching level 2 on the other 23 is viewed as less critical. Secondly, the NHS London Programme for IT have drawn our attention to guidance to auditors issued by DH and the Audit Commission, which lists all the detailed requirements (on 114 pages) but prefaces them with the statements that they should look beyond the black and white; work within the spirit of the criteria; and use professional judgement: "Just because an organisation does not comply with one or more items of evidence on the audit requirement, this does not necessarily mean it cannot achieve the indicated attainment level."
7. We are therefore meeting our internal auditors as soon as possible to review a practical and appropriate approach to meeting the standards.
8. We will aim to ensure that the Trust can reach at least level 2 on at least the key criteria by March 2011. It is likely – even allowing for the changes in guidance – that level 2 will not be reached for a number of criteria before the preliminary declaration in October. We have notified Monitor of this.

Simon Young
Director of Finance and SIRO
18 October 2010

Board of Directors : October 2010

Item : 11a

Title : Board of Directors' Objectives

Summary :

Attached are the 2010/11 objectives for the Board of Directors.

For : Approval

From : Trust Chair

Board of Directors' Objectives 2010/11

Overarching Aims

Strategy

- Develop the values and vision in order to create an inspiring strategy that reflects the changing environment in health and social care. This will support the delivery and review of the Annual Plan, which in turn needs to take into account the Trust's scheme of accountability, patient and public needs, quality and growth
- Ensure that the Trust continues to focus on the quality of all its services, on the QIPP (quality, innovation, performance and productivity) agenda more broadly, and reflects this in its quality accounts. Our aim is to measure, communicate and develop the quality of the Trust's services; locating outcomes, customer experience and safety at the heart of our work
- Develop our understanding of the potential impact on the Trust of changes in local, regional and national health, social care and education markets; specifically to ensure we work alongside local developments and reconfigurations including strong engagement with the development of UCL Partners and participation in its mental health board
- Build on the annual review of the Board's own functioning to ensure its maximum performance as a unitary body and to support development opportunities for NEDs

Operations

- Be aware of and develop the skills of the Trust's staff and Governors in support of the Trust's clinical, training, research and consultancy services
- Promote close working with the Trust's customers, purchasers, commissioners, and university partners with the aim of developing and delivering relevant, high quality services that respond to emerging business opportunities. This will take account of the changing landscape for commissioners.

- Assist the Trust in maintaining, developing and publicising the quality and distinctive contribution of its services

Developing People and the Organisation

- Actively seek and engage with the views of staff and ensure these views contribute to the shaping and future development of the organisation and its services
- Support the Trust in renewing its approach to succession planning, including the identification and development of talent within the organisation, whilst promoting a high functioning and motivated executive team capable of managing the Trust effectively

Governance

- Develop the relationship between the Board of Governors and Board of Directors, to ensure that they work well together and are both following objectives that complement each other's work
- Support the Governors in developing their accountability to Members and work with the Board to improve patient and public engagement
- Actively seek and engage with the views of stakeholders and Members and ensure they acted upon where ever possible

Performance and Finance

- Ensure that the Trust retains unqualified registration with the Care Quality Commission (CQC)
- Ensure that the Trust retains a Monitor Financial Risk Rating of 3 or above, and a green rating for governance
- Ensure the Trust delivers its accountability obligations to Parliament through Monitor and to Members through the Board of Governors

Special Emphasis for the Year

Special Emphasis for the year	Aim	Objective	Review Date
White Paper	Ensure that the Trust is optimally positioned in relation to the developments highlighted in the White Paper, effectively managing risks and maximising opportunities, while contributing to the development of high quality mental health services	Review planning in relation to the White Paper in September Board of Directors' meeting, in the context of Annual Plan cycle	September 2010
		Support the development of effective marketing of Trust services. Review planning in November Board of Directors' meeting	November 2010
		Engage actively with local, sector, and pan-London planning around delivery of the White Paper objectives	Ongoing
Performance	Ensure that the Trust delivers on the objectives contained within the Annual Plan according to the timetable set out	CQC Registration without condition	Quarter ends
		Monitor Finance Risk Rating of 3 or better across all 4 quarters	Quarter 4
		Monitor Governance Rating of Green across all 4 quarters	Quarter 4

Special Emphasis for the year	Aim	Objective	Review Date
Performance (cont.)		Ensure that the Annual Plan 2011/12 - 2013/14 encompasses effective longer-term strategy	Annual Plan cycle, starting September 2010
		Implement effective Service Line Management and Reporting	Six monthly
		Use Service Line Reporting data as an integral and effective tool in relation to forward planning	Monthly in relation to all Service Line Reports
Productivity	Ensure that the Trust delivers on the demanding productivity challenges facing all NHS organisations over the coming three years	Agree action plans for delivery of productivity targets for 2011/12 up to 2014	Annual Plan cycle. February 2011
		Ensure Trust is prepared to react to reductions in demand for its services	Quarterly
	Ensure that these action plans will deliver productivity in a way that supports and develops quality and safety	Review issues of quality and safety in relation to all Service Line Reports to the Board of Directors	Monthly at Board of Directors
		Ensure that the newly constituted CQSG Committee delivers effective assurance to the Board of Directors	Review CQSG Committee function January 2011

Special Emphasis for the year	Aim	Objective	Review Date
Customer Relations	Maintain an awareness of the impact on the Trust of changes in the NHS both nationally and locally, and in the Trust's markets more specifically	Ensure that political and local intelligence forms an integral part of Annual Plan development	Annual Plan cycle
	Ensure that staff work alongside local reconfigurations to the sector's best advantage	All members of Board of Directors to take up opportunities for local engagement	Ongoing
Developing a Patient-, Student-, and Customer-Centred Culture	Ensure that the Trust continues to focus on the quality of all its services, locating patient, student, and customer experience and need at the centre of all of our work and developments	Actively support and monitor the development of PPI within the Trust at the CQSG Committee	Quarterly
		Review development of Clinical Outcomes and Patient Reported Outcome Measures (PROMs) at CQSG Committee	Quarterly
		Review patient experience and outcome information as a component of all Service Line Reports	Monthly

Special Emphasis for the year	Aim	Objective	Review Date
Members and Governors	Develop the relationship between the Board of Governors and Board of Directors, to ensure that they work well together and are both following objectives that complement each other's work	Ensure that CEO delivers on objectives around capacity and capability in this area	Ongoing, with reviews November 2010 and April 2012
		All members of the Board of Directors to take up opportunities to engage with individual Governors and the Board of Governors	Ongoing
	Ensure that the views of stakeholders and Members are sought, engaged with, and acted upon where possible and appropriate	Ensure that effective planning is in place in relation to stakeholder and member engagement	November 2010

Board of Directors : October 2010

Item : 11b

Title : Chief Executive's Objectives

Summary :

Attached are the 2010/11 objectives for the Chief Executive.

For : Approval

From : Chief Executive

Chief Executive's Objectives 2010/11

Overarching Aims

Strategy

- Create an inspiring strategic vision through the delivery and ongoing review of the Annual Plan. This should encompass the Trust's scheme of accountability as a membership organisation, patient and public needs, quality, and growth
- Ensure that the Trust takes appropriate steps to continue developing within what is a very difficult public sector funding environment
- Ensure that the impact of growth and development on the core values and quality of the organisation's services are monitored, and use feedback to guide further development

Leadership

- Lead continued change within the organisation, promoting a more outward-looking and responsive attitude, greater customer focus, and a greater sense of commercial awareness
- Develop and lead effective communication within the organisation around key areas of the Annual Plan to ensure that all staff understand the direction of travel and the thinking behind it
- Continue contributing to the development of mental health policy at a local and national level, representing the Trust's perspective and contribution in these areas and supporting the Trust's national profile

Developing People and the Organisation

- Support, motivate and continue developing a high-functioning and motivated executive team capable of managing the Trust effectively, and delivering on key organisational objectives as set out in the Annual Plan
- Create an environment that fosters talent and innovation through personal leadership, development of staff training, and effective communication. In particular:
 - Build on strong and open communications with all staff, encouraging engagement with both vision and strategy
 - Support the development and implementation of the communications strategy linking PPI, communications, and membership and marketing
- Ensure the Trust's most valuable resource, its staff, are supported and encouraged to achieve their maximum potential at a time of considerable stress
- Ensure that effective succession planning is in place, emphasising the need for the Trust to attract the highest possible candidates for all key roles

Interpreting and Influencing the Healthcare Landscape

- Ensure that the Trust is in touch with the rapidly changing external environment, and with associated opportunities and potential threats
- Position the Trust within the wider Mental Health context (e.g. other MH Trusts and providers; NHS London; DH) such that its reputation and brand support its continued development
- Continue partnership work with all key stakeholders, including commissioners and providers, to manage risks and develop opportunities for new service developments

Developing Effective Partnerships

- Further develop the organisation's local and public accountability through the Board of Governors and Membership, promoting a more active Membership and a greater dialogue between Governors and Members
- Ensure that our relationships with NHS London and with our University Partners are aligned in support of our training and education activity

Performance and Finance

- Manage the Trust's activity, development, organisation and economy over the next twelve months in line with the Annual Plan and in a manner that builds a secure platform for future development

Special Emphasis for the Year

Special Emphasis for the year	Aim	Objective	Review Date
White Paper	Ensure that the Trust is optimally positioned in relation to the developments highlighted in the White Paper, effectively managing risks and maximising opportunities, while contributing to the development of high quality mental health services	Present planning in relation to the White Paper to September Board, in the context of Annual Plan cycle	September 2010
		Engage actively with local, sector, and pan-London planning around delivery of the White Paper objectives	Ongoing
Developing People and the Organisation	Ensure the development and implementation of the new Clinical Quality, Safety and Governance Framework	Gain approval for new structure	June 2010
		Ensure first meeting of CQSG Committee held	July 2010
		Appoint a Quality Reports Lead for the Trust, to support the Trust Director in her leadership of this area	September 2010
		Quality to report quarterly to the Board of Directors	Quarterly

Special Emphasis for the year	Aim	Objective	Review Date
Developing People and the Organisation (Cont.)	Encourage the development of a patient-, student-, and customer-centred culture, ensuring that the Trust continues to focus on the quality of all its services locating patient, student, and customer experience and need at the centre of all of our work and developments	Actively support and monitor the development of PPI within the Trust at the CQSG Committee	Quarterly
		Review development of Clinical Outcomes and Patient Reported Outcome Measures (PROMs) at CQSG Committee	Quarterly
		Review patient experience and outcome information as a component of all Service Line reports	Monthly
		Increase establishment of PPI staff through appointing new member of staff	October 2010
	Support effective communication between Governors and Members	Appoint new staff member with dedicated sessions	October 2010
		Review options appraisal for improved solutions	November 2010

Special Emphasis for the year	Aim	Objective	Review Date
Interpreting and Influencing the Healthcare Landscape	Ensure that the Trust engages fully in the NHS London-led review of the North Central Sector, influencing outcomes appropriately	Remain actively engaged with sector work at an individual and Committee level	Ongoing
Developing Effective Partnerships	Pursue and develop our involvement with UCL Partners, establishing the Trust as a key contributor to the mental health theme	Appoint Trust lead to sit on mental health executive of UCL Partners	July 2010
Performance and Finance	Develop an integrated Marketing Department within the organisation, bringing together elements of service development, business development, events management and communications	Agree proposals	September 2010
		Implement proposals	January 2011
	Deliver longer term productivity targets without compromising service	Ensure that action plans to deliver the Annual Plan productivity targets are developed and agreed, contributing to 2011/12 Annual Plan	March 2011
	Retain unqualified Care Quality Commission registration		March 2011

Special Emphasis for the year	Aim	Objective	Review Date
Performance and Finance (Cont.)	Retain a Financial Risk Rating of at least 3 and Green rating for governance from Monitor		Quarterly
	Use Service Line Reporting data as an integral and effective tool in relation to forward planning		Ongoing

Charitable Fund Committee

Meeting Minutes, 11.30am – 12.30pm, Wednesday 13th January 2010

Present:			
Ms Angela Greatley Trust Chair	Dr Matthew Patrick Chief Executive	Mr Simon Young Director of Finance	
In Attendance			
Ms Louise Carney Trust Secretary (minutes)	Ms Marion Carter Financial Controller		

Actions

AP	Item	Action to be taken	By
1	5	Mr Young to present Annual Report & Accounts to Board of Directors for approval	Jan 10
2	5	Mr Young to provide brief summary of issues discussed at Committee to Board of Directors	Jan 10

Actions Agenda item

Future Agendas

1. Chair's Opening Remarks

Ms Greatley welcomed everyone to the meeting, including Ms Marion Carter, Financial Controller.

2. Apologies for absence

None.

3. Minutes of the Previous Meeting, 20 January 2009

These were adopted.

4. Matters Arising

None. Mr Young to provide Ms Greatley an overview of the Charitable Fund Committee and the previous action points under Any Other Business.

5. Charitable Fund Annual Report & Accounts 2008/09

Mr Young gave a brief overview of the Report and Accounts. Mr Young noted that this was the first year that the Trust had used an Independent Examiner.

Mr Young noted that most of the movement of money within the Fund was not controlled by the Trustees, but that the Fund acts as a depository for grants.

Dr Patrick noted that income was significant higher in 2008/09 than in 2007/08, highlighting in particular Donations and Gift Aid, and Charitable Activities. Mr Young highlighted Note 7.2 to the Accounts, which included

£76k for the Suicide in Adolescents project. This was a new project that had not spent a great deal of its funding, which largely accounted for the build-up of income during the year.

Mr Young noted that the Trustees have control over two legacies, both of which have largely been used on the Tavistock Adult Depression Study.

Mr Young also noted that the Trustees had decided to use the Shaw Legacy as a fund for loans for students. Students do not pay any interest on these loans, and repay the Trust in instalments once their training is finished. These loans account for Debtors shown as being due in more than 1 year (note 5.2)

Dr Patrick queried the difference between restricted and unrestricted funds. Mr Young explained this. Mr Young noted that the Trust's unrestricted funds include departments' staff earnings funds; though these are not legally restricted, they are not normally at the discretion of the committee. Ms Carter noted that the Fund's largest unrestricted fund was the Portman Clinic's fund. It was noted that it was useful to have general fund A01, but that there were no income sources for this fund. Once this fund has run out, the Trust will have to use general contract income within the Trust to cover events such as the Christmas party.

- AP1** The Committee approved the Annual Report and Accounts. Mr Young to present to the Board of Directors for approval prior to sending to the Charities Commission.
- AP2** Mr Young to provide a brief summary of the issues discussed at the Committee to the Board of Directors.

6. Any other business

Mr Young noted that in March 2009, the Management Committee agreed that research grants, which had historically been placed into the Charitable Fund, would be placed within the Trust instead. Whilst there had previously been certain benefits to the historical practice, it was a complicated system, and the Trust could show grants as deferred income in the Accounts.

Mr Young also noted that the Trust has two charitable organisations – the Tavistock and Portman Charitable Fund (the Fund) and the Tavistock Clinic Foundation (the Foundation). The Trust had considered the nature of both of these organisations, and considered whether they are best kept separately or merged. In July 2009, Mr Young presented a paper to the Chair, the Chief Executive and the Chair of the Foundation concluding that there was no urgent need to deal with the structures of the two organisations, but that the situation needed to be kept under review.

Dr Patrick noted that the Foundation had recently revised its Constitution, and that this would make the Foundation much more separate from the Trust. Dr Patrick suggested that the Trust should not continue to think of

the Foundation as the Trust's charity, but rather as a separate organisation with a close connection to the Trust.

Mr Young noted that the objectives of the Foundation were important, as if they were the same as the Trust's, the Monitor finance manual would argue that the Foundation's accounts should still be consolidated with those of the Trust.

It was noted that the Foundation was set up to further the aims and objectives of the Tavistock Clinic, and did not include the Portman Clinic at that time. If the Trust were to develop in a significantly different manner to the Foundation, there would be a divergence between the Foundation and the Trust, which may influence the funding the Foundation provided. Mr Young noted that the Foundation's Deed had a remit that was already much wider than the Trust, but in practice had never provided funding elsewhere.

Mr Young highlighted the cost of running two charitable organisations. Dr Patrick noted his preference for seeking to separate the Foundation and the Trust, noting that the Trust should not be paying for the administration of the Foundation. Mr Young noted some potential risks of having a separate organisation that raised funds using the Tavistock Clinic's name without being under the Trust's control. Dr Patrick noted that the Trust did not at present own the Tavistock Clinic name, although Mr Young noted that the Trust should be protected by existing charities legislation and could use this in the unlikely event that any problems arose.

The Committee discussed the use of charitable funds for fundraising purposes. Dr Patrick noted he was reluctant to do this at present. Dr Patrick noted that the Trust should make better use of its alumni in raising charitable funds.

Mr Young highlighted that recent practice had been for the Committee to meet once a year, but that it could meet more frequently if required.

There was no other business.

Board of Directors : October 2010

Item : 13

Title : Student Feedback Report 2009/10

Summary:

This report summarises significant points from the general student feedback exercise carried out in the summer term 2010. Individual courses also gather student feedback on specific aspects of their course directly and through course committees.

Numbers of respondents are again up on last year and positive feedback scores have remained very high and show an improvement in some key areas.

This year the Trust has benchmarked results, where possible against the Higher Education Postgraduate Taught Experience Survey (PTES

For : Discussion

From : Dean

Student Feedback Report 2009/10

1 Introduction

- 1.1 611 students responded across all centres, compared with 567 in 2008/09.
- 1.2 Measures taken to improve the response rate have been successful. This year's response rate was around 52% (including outlying centres). This is a considerable improvement – in 2007 the response rate was 40%, and 35% in 2008.

2 Key questions

- 2.1 We have selected key questions and provided comparative data over three academic years.

2.1.1 Overall, have your expectations of the course and the Tavistock and Portman NHS Foundation Trust been met?

Year	Positive Response	To some extent	No	Total
2007/08	71.1%	27.0%	1.9%	100.0%
2008/09	72.8%	26.0%	1.2%	100.0%
2009/10	86.8%	12.6%	0.6%	100.0%

- 2.1.1.1 In 2009/10, we subdivided positive response into "Definitely" (50.1%) and "To a large extent" (36.7%)

2.1.2 Does the course meet your learning needs?

Year	Positive Response	To some extent	No	Total
2007/08	73.0%	26.6%	0.4%	100.0%
2008/09	76.6%	23.0%	0.4%	100.0%
2009/10	91.0%	9.0%	0.0%	100.0%

- 2.1.2.1 In 2009/10, we divided "Definitely" (58%) and "To a large extent" (33%)

2.1.3 Is the course relevant to your work?

Year	Positive Response	To some extent	No	Total
2007/08	83.2%	15.0%	1.8%	100.0%
2008/09	82.6%	15.8%	1.6%	100.0%
2009/10	87.1%	11.4%	1.5%	100.0%

2.1.3.1 In 2009/10, we subdivided divided "Definitely" (62.1%) and "To a large extent" (25%) = 87.1%

2.1.4 How would you rate the quality of teaching on the course?

Year	Positive Response	Adequate	Poor	Total
2007/08	72.9%	26.7%	0.4%	100.0%
2008/09	74.0%	25.6%	0.4%	100.0%
2009/10	94.0%	5.3%	0.7%	100.0%

2.1.5 Would you recommend a course here to a friend or colleague?

Year	I already have	I definitely would	I might	No	Total
2007/08	51.4%	34.5%	13.1%	1.0%	100.0%
2008/09	46.9%	43.0%	9.3%	0.8%	100.0%
2009/10	44.5%	42.2%	12.7%	0.6%	100.0%

2.1.6 Please rate the following – administration

Year	Positive Response	Adequate	Poor	Total
2007/08	54.5%	42.2%	3.3%	100.0%
2008/09	58.3%	39.4%	2.3%	100.0%
2009/10	82.7%	13.3%	4.0%	100.0%

2.2 For the second time we are conducting a course-by-course quantitative breakdown of the data which will be available to Management Committee and Board of Directors in November 2010 with, if possible, feedback by Service Line. All the qualitative information is being sent to individual Organising Tutors for more detailed analysis. Individual course analysis is essential within contract performance indicators of NHS London and is required because the Trust is responsible for producing data which drives the Review and Enhancement process completed for all courses, but required by the University of East London.

2.2.1 73.8% of our students rated their teaching accommodation as "excellent" or "good" and 15% as "adequate" which suggests that some refurbishment of seminar rooms and the refurbished Tavistock Centre entrance have had a significant impact. In 2008/09, 33.8% of students rated accommodation as excellent.

2.3 How would you rate the Trust's teaching accommodation?

Year	Positive Response	Adequate	Poor	Total
2007/08	31.5%	61.5%	7.0%	100.0%
2008/09	33.8%	58.4%	7.8%	100.0%
2009/10	81.1%	17.3%	1.6%	100.0%

3 Benchmarking student feedback against the national *Postgraduate Taught Experience Survey (PTES)*

3.1 There are some questions on the *Postgraduate Taught Experience Survey* which approximate to those used in the Trust-wide student feedback exercise relatively well for the purposes of comparison. However, the PTES questions are rather too general for our purposes. The Trust's reputation depends on demonstrating the high quality of our services, and, in education, the high quality of teaching, the relevance of programmes and courses to students' ability to do their jobs and to feel they have a deeper understanding of their clients. We do not intend to use the PTES questions rather than our own for these reasons. We can demonstrate on similar questions in each survey that the Trust is doing as well or better than postgraduate education sector as a whole. On the feedback to "My supervisor makes a real effort to understand my difficulties", it is difficult to make comparisons, because there is no individual academic supervision for Trust students who are not at dissertation stage or in doctoral supervision. This question will need to be rephrased for our feedback survey in 2010/11.

3.2 Quality of teaching

3.2.1 Postgraduate Taught Experience Survey

PTES 2009/10		Tavistock & Portman	
"Generally Good"	90%	"Excellent" "Good" "Adequate"	92.6%

3.2.2 Teaching and Tutorial Support

PTES 2009/10		Tavistock & Portman	
"I am happy with it"	71%	"Definitely"	79%
		"To a large extent"	13%

3.2.3 Promptness of feedback on assessed work

PTEs 2009/10		Tavistock & Portman ¹	
"I have received feedback promptly"	57%	"Definitely" "To a large extent"	69.3%

3.2.4 Detail and Quality of Feedback

PTEs 2009/10		Tavistock & Portman	
"I have had detailed written or oral comments"	66%	"Definitely" "To a large extent"	74%
		"To some extent"	20%

3.2.5 Satisfaction with Academic Supervision

PTEs 2009/10		Tavistock & Portman	
"My supervisor makes a real effort to understand my difficulties"	63%	"Definitely" "To a large extent"	61% ²

4 Conclusion

- 4.1 Further analysis and comment from Organising Tutors will be available after we complete our annual Review and Enhancement Process for all full courses in November and December 2010. We also receive feedback in less detail on all our CPD programmes. We use the data for contract performance reporting additionally to NHS London. Our Continuing Professional and Personal Development (CPPD) was rated 100% green (RAG ratings) for 2008/09, and we expect good results on the CPPD and in the wider Training contract in the review of 2009/10.

Trudy Klauber
Dean
October 2010

¹ At the time of the survey, 41% of our students had not yet submitted assessed work during that academic year

² In masters' dissertation year. 21% no response because not relevant pre dissertation

Board of Directors : October 2010

Item : 14a

Title : Annual Safeguarding Arrangement Review – Children

Summary:

This paper provides an update for the Board of Directors about arrangements for assuring the safeguarding of children in the Tavistock & Portman NHS Foundation Trust.

The Board of Directors needs to identify a new Non-Executive Director with responsibility in this area and consider a recommendation arising from a recent NHS London safeguarding inspection team visit.

For : Discussion

From : Medical Director

Annual Safeguarding Arrangement Review Children

1 Introduction

1.1 The Board of Directors will be aware that following the conviction in November 2008 of Baby Peter Connolly's mother and two other men for causing or allowing his death, all NHS Trusts were asked to review their child protection arrangements at a Board level by David Nicholson, NHS Chief Executive. This was followed by a review of safeguarding arrangements in all NHS Trusts by the Care Quality Commission (CQC) and a requirement to make a public declaration of compliance with the essential standard on safeguarding (C2) as part of the annual performance ratings. The Tavistock and Portman declared that it was compliant with this standard. An online questionnaire from the CQC in March 2009 made reference to levels of training in an advisory document which the Trust had not been using, and in August 2009, the CQC wrote to the Trust indicating that in their view, in the light of our responses to the questionnaire, we did not meet this standard. Following challenge from this Trust and others, the CQC accepted that we did meet the requirements in our declaration and we have subsequently achieved registration with the CQC without conditions. Also in August last year, Monitor required Boards to assure themselves that:

- 1.1.1 Their foundation trust meets the statutory requirement with regard to the carrying out of Criminal Records Bureau checks
- 1.1.2 Child protection policies and systems are up-to-date and robust, including a process for following up children who miss outpatient appointments and a system for flagging children for whom there are safeguarding concerns
- 1.1.3 All eligible staff have undertaken and are up to date with safeguarding training at Level One
- 1.1.4 In addition, a review of other training arrangements should be completed within six months, taking account of emerging messages from the national review of safeguarding training
- 1.1.5 Designated and/or Named Professionals are clear about their roles and have sufficient time and support to undertake them. There is a Board-level Executive Director lead for safeguarding
- 1.1.6 The Board of Directors reviews safeguarding across the organisation at least once a year, and has robust audit

programmes to assure it that safeguarding systems and processes are working.

2 Activity in the last year

2.1 Training

- 2.1.1 All staff requiring Level Three training, i.e. those working with children, were identified and training was delivered between September and November 2009. All clinicians and their service managers were informed that failure to attend would lead to their being unable to work with children. A further opportunity to access the training was offered in January 2010, by which point over 300 staff had been trained. Cleaning of the list of those still outstanding, removing those on maternity leave, long term absence or who had left the Trust, identified two individuals one of whom no longer sees children and the other has retired.
- 2.1.2 Level Two training has been delivered in the Adult Directorate and the Portman Clinic with accurate registers of attendance maintained.
- 2.1.3 Level One training has been delivered at the Trust INSET day and clinical induction.
- 2.1.4 Child Protection awareness training was delivered to the Board of Directors in April 2009.
- 2.1.5 A rolling programme of training in Child Protection for all staff has been developed by the Named Doctor and Named Professional and is being delivered.

2.2 Board engagement

- 2.2.1 The Named Doctor and Named Professional have met with Emma Satyamurti, Non-Executive Director with responsibility for safeguarding, termly to review arrangements. The meetings have been helpful in maintaining a clear focus in this challenging area, and I would like to take the opportunity to register my thanks and appreciation for her contribution as she steps down.

2.2.2 Action Point

- 2.2.2.1 A new Non-Executive Director needs to be identified to take over the role of Safeguarding Lead in the context of Ms Satyamurti's stepping down. Deadline: October 2010

2.3 Safeguarding Children Improvement team (SIT) visit

- 2.3.1 A Safeguarding Improvement Team from NHS London visited NHS Camden in July 2010. This was not a regulatory inspection, but a peer review process aimed at supporting and improving safeguarding children in the NHS. It was hosted by NHS Camden and included University College Hospitals NHS FT, The Tavistock and Portman NHS FT, Camden and Islington NHS FT and the Community Health Services hosted by and accountable to NHS Camden.
- 2.3.2 Their report was very positive and they indicated that they found a well-resourced, mature and cohesive service, and good safeguarding arrangements.
- 2.3.3 They singled out for plaudits several of our services and contributions to safeguarding including MOSAIC, our Multi-agency team and the integration of CAMHS across the tiers and with other services, the support groups for named and designated doctors and nurses and the Complexity Forum.
- 2.3.4 They commented on three areas:
 - 2.3.4.1 That the tone of our child protection policy might need to be less discretionary and more clearly instructive about the obligation to refer to social services
 - 2.3.4.2 That we should require clinicians seeing adults to record the presence of dependent children living with them
 - 2.3.4.3 That they did not think that one person being Named Doctor, Safeguarding Executive Lead, and Medical Director had the necessary check and balance. They felt that Named Staff have to be free to challenge the Board of Directors rather than being part of it

2.3.5 These are recommendations to be considered and in contributing to the action plan following the visit, I accepted the second recommendation and made a commitment that the child protection policy, although only recently revised and approved, will be amended with the implementation of RiO so that we can audit recording of dependent children effectively. The first recommendation I have discussed with colleagues and consider that it represents a misunderstanding about the tension between clinical engagement and referral to social services. The third recommendation I agreed to bring to the Board of Directors for consideration.

2.3.6 Action Points

2.3.6.1 Revise child protection procedures to require recording of presence of dependent children for adult patients. Policy to return to Board of Directors in November 2010. Named Doctor and Named Professional.

2.3.6.2 Board of Directors to consider whether the roles of Medical Director and Named Doctor for Child Protection are compatible. Deadline: October 2010.

3 The place of Child Protection in the new structures for Clinical Quality, Safety and Governance

3.1 Both Safeguarding of Children and Safeguarding of Vulnerable Adults sit within the Patient Safety workstream of the Clinical Quality, Safety, and Governance Committee, lead by Dr Jessica Yakeley, Associate Medical Director. CQC reporting requirements in these areas remain essentially unchanged and the Board of Directors will receive quarterly updates on progress with action plans and an action tracker as required.

4 Internal audit of safeguarding arrangements in September 2010

4.1 The scope of the audit was to ensure that all staff within the Trust have received the appropriate Safeguarding Children training, that all staff have been subject to Criminal Records Bureau clearance and that this was received prior to offers of employment being made as per operational policies and procedures.

4.2 The Trust received a high amber rating for assurance regarding risk and controls in this area.

- 4.3 They noted that when, in exceptional circumstances, a Clinical Director agreed that a new member of staff could start work before a CRB check had been completed there was no mechanism in place for recording this decision so that HR could document it. This only happens when a new member of staff is known to the Trust having been a trainee or worked in a neighbouring Trust or partner organisation. An electronic form to rectify this has been designed and implemented.
- 4.4 They noted also that at the time of the audit, the job descriptions for the name roles had not been finalised. These have now been completed.
- 4.5 Although not within the terms of their audit, the Auditors observed that it was not possible to identify all children seen within our services who had been referred to the Local Authority with child protection concerns making it difficult to audit effectively clinicians' compliance with our policy. Implementation of RiO which has a specific form for child protection concerns will make this more possible.

5 Summary of Action Points for the Board of Directors

- 5.1 A new Non-Executive Director needs to be identified to take over the role of Safeguarding Lead.
- 5.2 The Board of Directors must consider whether the roles of Medical Director and Named Doctor for Child Protection are compatible.

Dr Rob Senior
Medical Director
October 2010

Board of Directors : October 2010

Item : 14b

Title : Annual Safeguarding Arrangement Review – Vulnerable Adults

Summary:

This paper provides an update for the Board of Directors of the Safeguarding Vulnerable Adults training and procedures in the Tavistock & Portman NHS Foundation Trust.

For : Discussion

From : Medical Director

Annual Safeguarding Arrangement Review Vulnerable Adults

1 Updating of the Safeguarding Vulnerable Adults procedures for the Trust

- 1.1 The Trust introduced and ratified its Policy and Procedure for the Safeguarding of Vulnerable Adults¹ in September 2008. These were written in keeping with the Department of Health's "No Secrets" guidelines² and the Disability Discrimination Act 2005. The Policy and procedural guidelines are available on the Trust's intranet and its website. The policy provides a coordinated approach to the management of any reported instances or suspicion of abuse against vulnerable adults while in the care of the Trust. The Policy and Procedure for the Safeguarding of Vulnerable Adults is being reviewed by the Policy Approval Sub-Committee in October 2010.
- 1.2 Following the review of the "No Secrets" guidelines in 2009, and the change of emphasis from merely safeguarding to enabling vulnerable adults to develop their own safeguarding capacities, the Trust has responded by focusing on ensuring equity of access to services and a facilitative culture and atmosphere within the Trust. The Trust commissioned Hackney People First to provide a report with recommendations on how to make the Trust's services accessible to vulnerable adults. Some of the recommendations, such as easy read leaflets and webpage, are in the process of being implemented.

2 Care Quality Commission

- 2.1 The Trust made a declaration to the CQC for 2010/11 stating its clear aim and intentions in identifying and safeguarding adults from abuse and abusive practices. The CQC declared that in 2009/10 the Trust had been able to demonstrate that the minimum criteria within the CQC in relation to Learning Disability had been met.
- 2.2 In its performance assessment in relation to access to healthcare for people with a learning disability, the CQC recommended that the Trust should have a formal protocol in place to provide suitable support for family carers who support patients with learning disabilities, including the provision of information regarding

¹ Tavistock & Portman NHS Foundation Trust, *Policy and Procedure for the Safeguarding of Vulnerable Adults*, September 2008

² Department of Health, *No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*, 2000

learning disabilities, relevant legislation, and carers' rights. A protocol has now been submitted to the Trust's Management Committee.

3 Trust Advisor on Vulnerable Adults

- 3.1 The introduction of an Advisor on vulnerable adults has played a significant role in helping to coordinate and put forward the Trust's Policy and Procedure for the Safeguarding of Vulnerable Adults. The Advisor acts as a resource to all staff within the Trust, in terms of identifying vulnerable adults, and in managing and responding to suspected abuse.
- 3.2 The Advisor attends the Clinical Governance Leads meeting and thus ensures that safeguarding concerns remain central to the Trust's clinical governance agenda. The Advisor has also contributed to the Equalities Committee and to discussions on the introduction of RiO.
- 3.3 The Advisor also provides an important link to Social Care Trusts, ensuring inter-agency cooperation.

4 Introduction of all staff to Safeguarding Vulnerable Adults

- 4.1 Safeguarding Vulnerable Adults was included in the introductory event for new clinical staff in September 2009. Safeguarding Vulnerable Adults training was provided in all INSET Days. Between September 2009 and September 2010, there was a 73% attendance by staff to these mandatory events. Training sessions were delivered in September 2009, and in February, June, and September 2010. There are further training sessions planned for November 2010, and January and April 2011.
- 4.2 The Learning and Complex Disabilities Team, holds a bi-monthly workshop, which is open to all clinical staff in the Trust. This workshop provides an opportunity for staff to present any concerns regarding work with vulnerable adults.

5 Audit and Recording

- 5.1 All instances of abuse or suspected abuse are recorded using the Trust's Incident Reporting Form. The reports and conclusions of any investigations are considered by the Patient safety and clinical risk workstream of the Clinical Quality, Safety and Governance Committee and where appropriate recommendations for action may be made.

- 5.2 There have been three clinical incident reports concerned safeguarding vulnerable adults in the period September 2009 and October 2010, and these are in the process of being investigated by the Trust Advisor on Safeguarding Adults.

6 Staff Vetting

- 6.1 On appointment all clinical staff are required to apply for CRB clearance. Appointment to the Trust is not confirmed until clearance has been confirmed to HR. Staff are not able to begin work until CRB clearance has been obtained.

7 Proposals for Development

- 7.1 In order to ensure an increased awareness and sensitivity to the needs of vulnerable adults within the Trust, teaching activities aimed at specific teams within Directorates would be valuable.

8 Areas for development

- 8.1 Since the introduction of the Trust's Policy and Procedure for the Safeguarding of Vulnerable Adults, there has been an increased awareness in the Trust of the needs of this patient group. Resources required to deliver the requirements of this expanding role need to be identified for the continued development of the Trust's safeguarding strategies and in particular the role of the Trust Advisor on Vulnerable Adults.

Elisa Reyes-Simpson
Trust Advisor on Vulnerable Adults
14th October 2010

Board of Directors : October 2010

Item : 16

Title : 2011 Annual Plan and Consultation

Summary:

This paper sets out the proposed process and timetable for developing the 2011 Annual Plan, taking into account the lessons learned in 2010.

For : Approval

From : Director of Finance

2011 Annual Plan and Consultation

1. Introduction

- 1.1 The proposed outline timetable for developing the 2011 Annual Plan, including the 2011/12 Budget, is given on page 4.

2. Lessons learned from the 2010 Plan process

- 2.1 The Board of Directors noted this year that although they were involved in the early stages of the Plan development, this had not allowed sufficient opportunity to contribute. In addition, they had not seen written drafts later in the process, before the final draft was circulated in May, for approval. This was partly due to the unexpected radical change by Monitor in the format for submitting the Plan. A slightly revised approach is now needed, to reflect these points.
- 2.2 Governors' consultation took place at the meeting in February 2010. This session was useful and well-received, but the process was less detailed than in the previous year, when special meetings were set up but poorly attended. The aim this year, with the new Board of Governors now more established, is to provide them with more information to review at their February 2011 meeting. We will also report and consult at the May meeting, before we finalise the Plan.
- 2.3 The Plan approved in May included 20 statements to be confirmed by the Board of Directors, covering clinical quality, targets, governance, compliance, board roles and capacity. It was agreed that in future we would provide cross-references to the assurances which support each of these statements.
- 2.4 It was also requested and agreed by the Board of Directors that the capital budget should be presented in the context of 3 to 5 year planning, not as an isolated year.

3. Proposals for the 2011 Plan

- 3.1 Work has already started in September, with the Directors' Conference and the discussion at the Board of Directors' meeting, which have both provided early input to the thinking.
- 3.2 Monitor has not yet published the format for submitting the Plan in May 2011. Assuming that it is similar to the 2010 templates, the best approach is probably to develop the Plan in Management

Committee and Board of Directors' papers and then put it into the template format at the end. The papers can be considered in Part Two of the Board of Directors meetings if appropriate; their text no longer has to be separated into public and not-for-publication.

3.3 The key elements of the Plan will be:

3.3.1 Vision, mission and values

3.3.2 Market and environmental assessments

3.3.3 Economic strategy and business development strategy

3.3.4 Productivity

3.3.5 Service development strategies. Improving access to our services. Projected changes in activity and income

3.3.6 Quality; patient outcomes and engagement; choice

3.3.7 Membership and Governors

3.3.8 Targets and compliance

3.3.9 Human resources, including pay; staff numbers; recruitment and redeployment; appraisal and validation; and wellbeing

3.3.10 Equalities

3.3.11 Leadership and management

3.3.12 Estates, including sustainability; and any moves to community locations

3.3.13 Financial projections

3.4 The proposed timetable allows for these elements to be covered in separate papers and discussions before the whole plan is brought together.

3.5 Management Committee members are shown as the lead for each action, but the plans will of course need to be developed with Service Line Directors and the Associate Deans, as well as other senior managers.

3.6 The two Board of Governors meetings are shown in italics.

Table 1: Proposed timetable

Task	Indiv.	Board/ Cttee	Date
Directors' Conference including PEST and SWOT analyses	MP	---	Tues 21 Sept
Annual Plan review, including review of growth achieved	MP	BD	Tues 28 Sept
Agree this process and timetable	SY	MC BD	Thurs 14 Oct Tues 26 Oct
Board of Directors conference: review of Annual Plan	MP SY	---	Tues 9 Nov
Report on mid-year review and initial financial assessments for 2011/12, currently in progress for all service lines and directorates	SY	MC BD	Thurs 18 Nov Tues 30 Nov
Assessment of external factors updated. Economic strategy.	MP	MC BD	Thurs 2 Dec Tues 25 Jan
Patient services strategy: review and update of 2010 Plan strategy and projections	JS*	MC BD	Thurs 16 Dec Tues 25 Jan
Education and Training strategy: review and update of 2010 Plan strategy and projections	TK*	MC BD	Thurs 16 Dec Tues 25 Jan
Productivity: review of work done so far; action plans and savings targets.	SY*	MC BD	Thurs 13 Jan Tues 25 Jan
Quality, patient outcomes, PPI, choice: review of 2010 Plan objectives; proposed action plan for 2011.	LL & RS*	MC BD	Thurs 13 Jan Tues 25 Jan
Update and consultation on the above 4 areas, and on the Membership and Governors Strategy (also any key changes already known to be likely in other areas including Estates)	MP SY	BG	Thurs 3 Feb
2011/12 Budget – progress, gap analysis, action plans	SY	MC	29 Jan and 17 Feb
Human Resources: review and update of 2010 Plan strategy	ST	MC BD	Thurs 3 Feb Tues 22 Feb
Research strategy	RS	MC BD	Thurs 10 Feb Tues 22 Feb
2011/12 Budget for approval	SY	MC BD	17 or 24 Mar Tues 29 Mar
Estates strategy update. Capital expenditure plans, including 2011/12 capital budget approval.	PK SY	MC BD	Thurs 17 Mar Tues 29 Mar
Update and further discussion on any area as necessary. Draft financial projections for years 2 and 3	SY	MC BD	14 or 21 Apr Thurs 28 Apr
Update and consultation on all areas, including financial projections	MP SY	BG	Thurs 5 May
Final draft of Plan submission, including other supporting strategies and year 2 and 3 financial projections	---	MC	Thurs 12 May
Approval of Plan, including the Board statements	---	BD	Tues 24 May
Submission of Plan to Monitor	---	---	Fri 27 May

* All these four strategies will build on the work done by service lines, and will be developed with the service line directors, the CAMHS director and the Trust director

Board of Directors : October 2010

Item : 17

Title : RiO Project Update

Summary :

RiO will go live on 1 November 2010 as planned. The one change is that it will be an administrative go-live only, i.e. we will use the system in the same way in which we use our current patient information system CareNotes.

There will be approximately 60 administrative staff who will use the system. There is a very positive mood within this staff group about the move to RiO and the feedback about the training and go-live plans has been excellent.

The Trust now needs to make a decision about whether or not to pursue a clinical go-live, taking into consideration benefits, costs and the ability to deliver in the current challenging climate when there are many pressing priorities.

Attached is an example of a staff briefing (CAMHS) which outlines some of the benefits achieved to date.

The project will also save the Trust £150k over the five year period, as we will no longer have to pay the licence fees for CareNotes.

For : Approval

From : Director of Service Development and Strategy (RiO SRO)

RiO Administrative Go Live in CAMHS 1 November 2010 **Briefing for Team Leads/Administrators RiO Update Training**

1. New Go-Live Plan:

Admin to Go-Live 1st November
Adolescent Department and Developmental CAMHS Service Line Feb 2011
CAMHS Graded Training and Go-Live from Feb- October 2011

2. What will be going live on 1 November ?

This will be an administrative go live. It means administrators will be using RiO in the same way that they use CareNotes, i.e. entering the same information that they enter onto Carenotes. This encompasses

Patient and carers demographic details

Appointments

Clinical information that we are obliged to report externally(Nb when we report this information it is non patient identifiable) this includes

- Presenting problems
- Child protection status
- Special educational needs
- Number of agencies involved.

Letters and reports that are sent to the patient, referrers and GPs.

3. The National Summary Care Record

The move to RiO does NOT mean that people outside the Trust will know a patient has been referred or attend the Trust. NO information about a patient's referral or treatment to the Trust will be sent outside the Trust to the summary care record.

4. What's different ? – Patient Information

We have used the opportunity of RiO implementation to do a number of things which mean that the information we collect from patients and need from clinicians changes in the following ways.

4.1 *The Role of Clinicians:*

Clinicians will need to take lead role in collating information from patients, particularly on their first appointments. When patients arrive it is hoped they will hand their forms over to reception. When you come to collect them the receptionist will then hand the forms over to you so that you can go over the information with them, ensuring that it has been acknowledged and responded to. The forms relating to RiO are listed below.

a) Patient Information Form

We have redesigned the patient information forms we send out with first appointment. These are now shorter. For example we don't need to ask patients who their GP is because we can obtain this from the national demographic record, which holds the address and GP details of 99.9% of the population. We will now be routinely asking about whether a child has special educational needs and the type of need they have, we have to ask this detail as RiO can only collect information using one of these categories, it can't record whether this is a simple yes or no.

Consent to share information is collated on this form. It is now assumed that patients agree for us to contact their GP or referrer unless they state otherwise. Please be aware of this information and consider how it fits clinically in their particular situation. This may form a wider discussion about confidentiality.

b) Disability Form

We will now systematically collect information from all patients about their access needs and there will be an administrator in each department who patients can ring to discuss these e.g. need for larger print, signers etc.

All patients will also be asked whether they have a disability or not and if they have to tick a box of national definitions to identify what kind of disability they have. There will be a box for patients to tick if they prefer not to give this information.

c) Ethnic Monitoring Form

There is now a box patients can tick if they would prefer not to give this information. It is also now clearer that if patients define they are from a black or Asian group that they would tick these boxes if they are British or not. E.g. 'Black or Black British'. Whilst we will continue to ask patients their first language, we will not be asking patient's their second language as we can only record one language on RiO. Similarly we will not be asking what their county of origin is because again we can't record this on RiO.

d) Letters to Patients

There were 600 standard letters on CareNotes. We have reviewed all the standard letters to patients and reduced these in number. These can be altered individually and we can add new standard letters to RiO, but want to keep these to a small number.

We will be inserting a paragraph on the Trust's website in first letters to referrers and patients, so that we can take this opportunity to make people aware of this.

We have also taken the opportunity to see if we can streamline any processes or reduce tasks. As a result we will now not automatically be sending out acknowledgement of receipt to referrers. The reason is that in most cases a decision on whether to accept the referral is made very quickly and therefore the first letter to referrers will contain the decision about whether to accept the referral or not. The exception will be if at intake you believe it will take some time to make a decision e.g. because you have to seek more information from referrers.

5. What's different? - Clinic Types and Appointment Definitions.

On CareNotes, we did not differentiate between types or frequency of treatment for CAMHS. This limited the information that we could pull off in reports for internal use and for commissioners.

A great deal of thought has been given to how to categorise treatment. There is now a list of 10+ types of treatment (known as 'Clinics' in RiO language),

Once you have identified what type or types of treatment you are going to offer you will then need to identify what type of appointment this is e.g. first, consultation etc. You will now be able to record telephone conversations with clients and professionals when this involves significant clinical work on RiO.

6. What's different? - Information we need from clinicians about appointments.

As you know, if appointments are not included on RiO, CAMHS will not receive income for these. We receive income for each appointment, we receive more income if an appointment:

- has more than one person invite to it.(whether these are clients, carers or professionals)
- how many CAMHS clinicians were at the appointment.

Therefore it is essential that clinicians give full details for each appointment i.e.

- Who is invited?
- Which clinicians are holding the appointment
- What type of treatment it is (clinics)
- What type of appointment it is (e.g. first, consultation).

This information has to be given to administrators at least 3 days before the appointment occurs, to give them time to put the appointment onto RiO and for it to appear on reports for our reception staff.

The biggest complaint from administrators is that they do not receive diary sheets from staff and if they do that some of the information is incomplete. We also believe that not all appointments are going onto our systems. We want to take the opportunity of RiO implementation to improve this, to ensure that our information is more complete and that our admin staff are given more support.

6.1 *The New Diary Sheet*

We have designed new forms for each clinician to complete. If this system is to work all columns will need to be completed for each appointment. We need each clinician to complete the form and hand it to team administrator on WEDNESDAY for the next week. If you have appointments which are made after that time, just complete another sheet for each of these. You can complete these forms electronically or on paper. If completed electronically you must save these to your U drive so as not to break our rules on confidentiality (don't save to your computer i.e. your desktop or C drive). Electronic forms can be obtained from your administrator.

The New Diary Sheet will act as a complete diary of your activity so you do not need to fill out a separate sheet. This will inform admin of your activity as well as your whereabouts in an emergency. There will be drop downs that can be added depending on the choices your team makes to specify certain activity that you would like to highlight that does not go onto RiO (such as Supervision or Teaching) but may go onto a separate team database (Brief Consultations).

6.2 *Outcoming of appointments*

Appointments placed on the system will be 'Outcomed' by reception staff when clients attend. If patients do not attend and you do not inform admin you will be sent a 'Pink slip' via your internal mail for you to notify admin of the outcome of the appointment. Please return the completed form to your administrator.

In addition to this you will be given a sheet of your previous months appointments. This will be sent again via internal mail. Please check that the appointments on the form and the outcomes match with the ones that have taken place and return to your administrator.

7. What's different?- Six monthly Reviews

Patient reviews will no longer take place every term. Instead they will take place at a minimum of 6 months after a patients first attendance. This means that reviews are not arbitrarily completed in line with term times and the reduced frequency will save clinical and administrative time.

Reports will be generated from our datawarehouse, using information from RiO, so that administrators can provide you with lists of patients which require a review to be undertaken and an update send to GP/referrer.