

## Board of Directors

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

2.30pm – 5pm  
Tuesday 30<sup>th</sup> November 2010

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



**Board of Directors**  
2.30pm – 4.30pm, Tuesday 30<sup>th</sup> November 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)*

**4. Matters arising**

*For approval*

*(Report attached)*

*For noting*

***Reports & Finance***

**5. Chair and Non-Executive Directors' Report**

*For noting*

**6. Chief Executive's Report**

*Dr Matthew Patrick, Chief Executive*

*(Report attached)*

*For discussion*

**7. Finance & Performance**

*Mr Simon Young, Director of Finance*

*(Report attached)*

*For discussion*

**8. Clinical Quality, Safety, and Governance Committee  
Quarter 2 Report**

*Dr Rob Senior, Medical Director*

*(Links to outcomes 1, 2, 4, 8, 9, 11, 17, 18, 21)*

*(Report attached)*

*For discussion*

***Corporate Governance***

**9. Standing Financial Instructions**

*Miss Louise Carney, Trust Secretary*

*(Report attached)*

*For approval*

**10. Committee Terms of Reference**

**a. Proposed changes to the Terms of Reference of the  
Audit Committee**

*Mr Richard Strang, Committee Chair*

*(Report attached)*

*For approval*

**b. Proposed changes to the Terms of Reference of the  
Charitable Fund Committee**

*Ms Angela Greatley, Committee Chair*

*(Report attached)*

*For approval*

**11. Consideration of nominations to fill interim vacancies to  
Trust Committee positions.**

*Miss Louise Carney, Trust Secretary*

*(Report attached)*

*For approval*

*(Links to outcome 16)*

## ***Quality & Development***

### **12. Membership Report**

*Dr Sally Hodges, Patient & Public Involvement and  
Communications Lead*

*(Report attached)  
For discussion*

### **13. Staff Survey Action Plan Progress Report**

*Ms Susan Thomas, Director of Human Resources*

*(Links to outcome 14)*

*(Report attached)  
For discussion*

### **14. Service Line Report – Camden CAMHS**

*Mr Andy Wiener, Service Line Director*

*(Links to outcomes 4, 6, & 16)*

*(Report attached)  
For discussion*

## ***Conclusion***

### **15. Any other business**

### **16. Notice of future meetings**

Thursday 9<sup>th</sup> December : Board of Governors  
Tuesday 25<sup>th</sup> January : Board of Directors  
Thursday 3<sup>rd</sup> February : Board of Governors  
Tuesday 22<sup>nd</sup> February : Board of Directors  
Tuesday 7<sup>th</sup> March : Directors' Conference (Research)  
Tuesday 29<sup>th</sup> March : Board of Directors  
Thursday 28<sup>th</sup> April : Board of Directors  
Thursday 5<sup>th</sup> May : Board of Governors  
Tuesday 24<sup>th</sup> May : Board of Directors  
Tuesday 28<sup>th</sup> June : Board of Directors  
Tuesday 26<sup>th</sup> July : Board of Directors  
Thursday 15<sup>th</sup> September : Board of Governors  
Tuesday 27<sup>th</sup> September : Board of Directors  
Tuesday 25<sup>th</sup> October : Board of Directors  
Tuesday 29<sup>th</sup> November : Board of Directors  
Thursday 1<sup>st</sup> 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 – 4.30pm, Tuesday 26<sup>th</sup> October 2010

<b>Present:</b>			
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 Richard Strang Non-Executive Director	Mr Simon Young Director of Finance
<b>In Attendance:</b>			
Miss Louise Carney Trust Secretary	Mr Jonathan McKee Governance Project Lead (item 10)	Mr Allan Archibald RiO Project Lead (item 17)	

### Actions

AP	Item	Action to be taken	Resp	By
1	3	Miss Carney to amend minutes	LC	Immed
2	5	Dr Senior to give consideration to conducting survey of GP's knowledge of mental health commissioning	RSe	Nov 10
3	7a	Mr Young to report on CQUIN targets	SY	Nov 10
4	7a	Mr Young to report on Service Line reviews	SY	Nov 10
5	8	Mr Young to ask Independent Examiner to amend report	SY	Immed
6	10	Mr Young to clarify Board of Directors' responsibility and report back	SY	Nov 10
7	11b	Objective 6 under "Developing People and the Organisation" to be moved to "Strategy"	MP	Immed
8	11b	Ms Greatley to discuss timetable for objectives with appraisal committees of the Board of Governors	AG	Jan 11
9	13	Ms Klauber to investigate fluctuations in responses	TK	Nov 10
10	13	Ms Klauber to consider producing summary of student feedback results for publication	TK	Nov 10
11	14a	Dr Senior to write to NHS Camden to explain that the Board has reviewed the role of Named Doctor	RSe	Dec 10
12	14b	Ms Greatley to take up role of NED Lead for safeguarding vulnerable adults	AG	Immed
13	14b	Dr Senior to review role of Trust Advisor on Vulnerable Adults	RSe	Nov 10
14	15	Dr Patrick and Ms Greatley to consider agenda and forward to Board of Directors	MP/ AG	Immed
15	16	Mr Young to prepare Annual Plan report for Board of Governors	SY	Dec 10

### Actions Agenda item

### Future Agendas

#### 1. Trust Chair's Opening Remarks

Ms Greatley welcomed everyone to the meeting, noting that it was Ms Satyamurti's last meeting as a Non-Executive Director.

#### 2. Apologies for absence

None.

### **3. Minutes of the previous meeting**

AP1

The minutes were approved subject to some minor amendments

### **4. Matters Arising**

Miss Carney noted that the note on approving contracts would also include non-clinical contracts.

Actions 1, 2, 3, 4, 10, and 11 had been completed.

Outstanding Action 9 had been completed. Outstanding Action 10 was given a due date of November 2010. Outstanding Action 11 was given a due date of June 2011. Outstanding Action 7 was removed as all Directors are in any case bound to notify the Trust of any conflict of interest (actual or potential).

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

#### ***Angela Greatley, Trust Chair***

Ms Greatley expressed her thanks to Ms Satyamurti, and noted that she had received a great deal of feedback about how valued Ms Satyamurti was by all Trust staff.

#### ***Emma Satyamurti, Senior Independent Director***

Ms Satyamurti noted that it had been a privilege to serve on the Trust's Board of Directors and offered her thanks to those she had worked with in the Trust.

#### ***Richard Strang, Deputy Trust Chair***

Mr Strang had attended a meeting of North Central Sector chairs in Ms Greatley's place, at which Mike Spier, Interim Chair of NHS London, was speaking. Mr Spier had highlighted that Sectors remain important institutions, and that NHS London can only operate if all its Sectors are strong, and noted the importance of Academic Health Science Centres and Health, Innovation, and Education Clusters. Mr Spier had suggested that there was unlikely to be any further clarity on health policy until the Bill was published, and that NHS organisations should lobby the House of Lords, rather than the Commons, as Lords are likely to play an important part in the passage of the health Bill.

Mr Strang referred to a report published by the Chartered Institute of Personnel and Development on the rise of stress and depression in the workplace that had been on BBC Radio 4. Mr Strang suggested that whilst the Trust was now better at being reactive to stories, it ought to be more proactive in ensuring its voice is heard. Mr Bostock noted that the Trust does not have the infrastructure for that at present.

Mr Strang suggested that the Trust conduct an independent survey, possibly in collaboration with other mental health trusts, of GPs, to ascertain what their knowledge of mental health organisations is, and what help they may need in

**AP2** future with regards to commissioning. Dr Senior to give consideration to this.

## **6. Chief Executive's Report**

Dr Patrick added his thanks to Ms Satyamurti for all her work with the Trust over the years.

The Board discussed the spending review, noting that Local Authorities had been hit hard. Dr Patrick highlighted that the spending review had left many worries and concerns for staff, and the Board needed to be visible and to offer support during these uncertain times.

Mr Strang noted that the Annual General Meeting had been an excellent event, but expressed regret that more Governors had not attended, as the AGM was primarily aimed at Members, whom Governors represent.

Mr Bostock queried whether there had been any follow-up to the report mentioning the Big White Wall project. Dr Patrick noted that he had written to the Chief Executive's of all Strategic Health Authorities, and was following this up with requests for individual meetings.

## **7. Finance & Performance**

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

Mr Young clarified that the overspend of £92k in education and training in September shown in Appendix B was largely due to a reporting technicality. £62k of costs previously deducted from income (with an overhead cost added) were now being billed directly, without the overheads. More than offsetting this, income had therefore increased by significantly more than the £62k

Mr Young noted with regard to student fee income, most of the information for the new academic year is now available, much earlier than in previous years. Although things had not yet been finalised, there was good reason to believe income will be very close to budget. Mr Young to provide further information as it becomes available.

**AP3** Mr Young reported activity in all agreed actions for the planned surplus, although could not yet report on outcomes. Mr Young expected to be able to report on CQUIN targets in November 2010. There was not much expected improvement in Named Patient Agreements. Consultancy remained down. Mr  
**AP4** Young would report on Service Line reviews in November. Overall, he expected to achieve the planned surplus of £150k for the year, but the actions need to be continued. There were already downward pressure indications on clinical contracts for 2011/12.

Mr Young noted that Management was initiating a new project to develop productivity savings and would be engaging external consultants with mental health service experience to assist with this project.

Ms Satyamurti noted that paragraph 2.1.1 stated that the surplus was currently

less than half of what it should be at this point in the year, ignoring the contingency reserve. Mr Young highlighted that the surplus the Trust is targeting for Monitor is £150k, so the Trust is ahead of this target.

The Board queried how realistic TCS predictions on achieving budget were. Mr Young noted that TCS had experienced specific difficulties in the early part of the year, but these had now been dealt with. Mr Young also noted that TCS had a staffing shortfall currently, so there was a correlating expenditure fall alongside income.

Mr Strang noted that presenting accruals on a monthly basis for a small trust was very difficult, and queried how confident the Trust could be in its forecasts regarding the budget and the surplus. Mr Young responded that the Trust had systems and people in place to ensure that the figures were as accurate as possible.

Dr Patrick stressed the importance of pushing performance for the remainder of the year, noting that the fact the Trust is currently on target does not mean it should not be aiming to improve on this.

#### ***7b. Quarter Two Governance Declaration***

The Board queried whether other mental health trusts were also struggling to collect data. Mr Young noted that quarterly returns were not published, so it was difficult to know for sure, but Mr Young was confident that very few other trusts had achieved 100% data completeness.

Mr Young noted that the Trust was currently still scoring a green rating for governance, and although the Trust had plans in place to address data completeness, it was likely to remain below 99% for marital status. Ms Greatley explained that failing to meet one of the seven targets for data completeness still allowed the Trust to retain a green governance rating, but if the Trust were to fail on one other area, it would slip to an amber-green rating. Dr Senior highlighted that marital status has no relevance to treatment or outcomes for patients at the Trust, and noted that many patients do not wish to reveal this information.

The governance declaration was approved.

### **8. Charitable Fund Annual Report & Accounts 2009/10**

Mr Strang suggested that the use of the term “trustees” within the draft Independent Examiner’s report was misleading, as the Trust was a corporate trustee, and individual Board members were not trustees. Report to be clarified.

Ms Greatley noted that the Committee had discussed the activity of the Fund, and had been reluctant to commit significant resources at a time when there were more critical projects to fund.

Ms Lyon noted that she would be meeting with Ms Moseley and an external

AP5



consultant to discuss the Tavistock Clinic Foundation.

The Report and Accounts were approved.

## 9. Corporate Governance Report

Miss Carney reported that Dr McPherson, the Trust's new Non-Executive Director, had agreed to fill the Audit Committee vacancy until February, when the links to Trust work will be reviewed. The Board approved this appointment.

Mr Strang reported that he had attended a meeting addressed by Stephen Hay, Chief Operating Officer of Monitor, who reported that Monitor expected the number of foundation trusts in significant breach to reduce to six or seven by year-end.

Ms Satyamurti queried whether there were any implications for the Trust in having mandatory services now included in the Governance Rating. Mr Young confirmed that there were not. All foundation trusts have mandatory services which are services they are not allowed to discontinue, and that this would not affect the Trust's governance rating (it had previously been a separate rating).

Ms Moseley noted that there were a low proportion of foundation trusts in London, and queried whether this implied a significant amount of chaos and NHS trusts were pushed into foundation trust status.

## 10. Information Governance Report

Mr Young noted there was a stronger version of the toolkit this year. Mr Young had discussed this with the Trust's Internal Auditors, who were not expecting any substantial relaxation in IG requirements.

The now-mandatory on-line Information Governance training was underway for all staff. The Trust is taking action to achieve a "2" on at least all the "key" criteria by year-end, but was currently scoring 0 or 1 on many. Mr Young had discussed the Trust's position plan with Monitor, who were satisfied as long as there was an action plan in place to meet the target. Mr McKee explained that he did not believe the Trust's IG is deficient but the Trust needed to prove the position.

Mr Strang queried the Board of Directors' responsibility with regards to IG. Mr Young replied that the report was intended to inform the Board of Directors of the position and the interim declaration being made on 31<sup>st</sup> October; not to provide detailed assurance on each criterion. Mr Young would clarify whether the Board has to take responsibility for the final declaration in March, or to be informed of it. If the Board of Directors has direct responsibility for the declaration, Mr Young would present a more detailed report in January 2011. Mr Young highlighted that his paper presented the Trust's current position, for information. Mr Young also noted that the Internal Auditors would review the Trust's position and draft declaration in January 2011.

AP6

## 11. Objectives

### *11a. Board of Directors*

Mr Bostock queried the difference between aims and objectives, noting that objectives seemed like tactics or activities, or markers for assessing progress. Dr Patrick explained that aims were over-arching and longer term, and that objectives were the defined stepping stones to achieving aims. Ms Greatley noted that many of the objectives were the responsibility of Executive, not Non-Executive, Directors.

The objectives were approved.

### *11b. Chief Executive*

**AP7** It was agreed to move objective 6 under "Developing People and the Organisation" to "Strategy".

Ms Moseley noted that the "Developing Effective Partnerships" was internal facing. Ms Klauber noted that Executive Directors were also responsible for developing partnerships, and Ms Greatley noted that she and Dr Patrick had sought to avoid putting objectives for others in the Chief Executive's objectives.

**AP8** Ms Moseley noted that the objective-setting timetable did not sit comfortably with the Annual Plan timetable, and Directors were working with an old Plan to develop new objectives. Ms Greatley noted that she would raise this with the appointment committees on the Board of Governors.

## 12. Committee Reports & Minutes

Nothing to report.

## 13. Student Feedback Report

Ms Klauber noted additionally to her report that the Trust's post-graduate medical training student feedback places the Trust second in the country behind University College London Hospital.

**AP9** Mr Bostock noted that questions 2.1.1 and 2.1.2 noted that large fluctuations in responses are due to no longer dividing "Definitely" and "To a large extent" as had occurred in previous years, and queried whether this was the same for questions 2.1.4 and 2.1.6. Ms Klauber to investigate.

**AP10** Ms Jones noted that this information would be valuable to Commissioners. Dr Senior suggested that the fact that the Trust was sustaining recruitment, both for funded and self-funded students, was evidence of how highly valued our training courses are. Ms Satyamurti suggested producing a summary of student feedback results for publication. Ms Klauber to consider.

Ms Lyon noted that the Trust was not just sustaining student numbers, but was also improving the quality of its training, asked for any hypotheses. Ms Klauber said that teaching and administrative staff in the education and training work extremely hard and are highly supportive of the students. She also felt that students feel sustained by spending a day or half day at the Trust (when they are released) using the time to reflect with peers, to learn and to feel a greater depth of understanding of their work. NHS London had described the Trust's training courses as "flexible, innovative, and creative". Ms Klauber also commented that the remarkable leap in terms of satisfaction with the accommodation might be linked with the Ground floor and Entrance refurbishment.

Dr Senior noted that evaluating courses from a student perspective provides important revealing information and also puts pressure on staff to maintain very high quality services.

## **14. Annual Safeguarding Arrangements Review**

### ***14a. Safeguarding Children***

Dr Senior thanked Ms Satyamurti for her work as Non-Executive lead for safeguarding children.

Dr Senior noted that as Ms Satyamurti was leaving, a new Non-Executive lead for safeguarding children would need to be appointed. Ms Satyamurti encouraged her colleagues to take up this role, which she had greatly enjoyed. Ms Greatley agreed to take on this role.

Dr Senior noted that a recent review of NHS Camden had suggested there was some conflict of interest in having the Medical Director as the Named Doctor. Dr Patrick highlighted that this was a theoretical conflict, but the Board needed to be assured that any benefits to this outweigh the risks.

Mr Bostock queried how a conflict might arise. Dr Patrick gave the example of a Medical Director not being able to critically challenge a report written by the Named Doctor, though Dr Patrick argued that the Board of Directors has a sufficient culture of challenge to mitigate any risk of this.

Dr Senior highlighted that Monitor's view is that there should be an Executive lead for safeguarding, and that NHS Camden have appreciated having high-level input into discussions around safeguarding. Ms Jones noted that in her experience, having a Medical Director as the Named Doctor was a strength. Mr Strang argued that it was helpful to have the Medical Director as the Named Doctor, as the Medical Director was always available to be interrogated by the whole Board of Directors. It was agreed that the Trust's arrangements had more strength than potential weakness. Dr Senior to write to NHS Camden to say that the Board of Directors has reviewed the Trust's arrangement and is satisfied, but will monitor this.

AP11

With regards to the recording to dependent children of adult patients, Miss Carney noted that the Safeguarding Children Policy would return in November with the requested Appendix.

#### ***14b. Safeguarding Vulnerable Adults***

**AP12**

It was noted that the Trust needed a Non-Executive Lead for safeguarding vulnerable adults. This would be combined with the safeguarding children role. Ms Greatley to fill this role until February 2011.

**AP13**

Dr Senior noted that the role of Trust Advisor on Vulnerable Adults needed to be strengthened and better resourced. Dr Senior to investigate this.

### **15. Annual Staff Meeting with Board of Directors**

The meeting would be held on Monday 29<sup>th</sup> November, from 12.45pm until 2pm.

Dr Patrick noted the importance of the Board of Directors being visible to staff during turbulent economic times.

**AP14**

Dr Patrick and Ms Greatley to liaise over agenda and forward to Board members for comment.

### **16. 2010/11 Annual Plan and Consultation**

**AP15**

Dr Patrick expressed concern that February 2011 may not be early enough to consult the Board of Governors. Ms Greatley noted that in the past, special meetings to discuss the Annual Plan had not been well-attended. Mr Young to present the Directors' current thinking to the Board of Governors in December 2010.

The timetable was approved.

### **17. RiO Project Update**

Dr Patrick noted that RiO would go live on 1<sup>st</sup> November 2011 for administrative staff. Mr Archibald reported that the Carenotes system had already been disabled. Ms Lyon noted that the go live was a significant milestone and represented a great of work from Trust staff. It was noted that the administrative staff, who will be using RiO, were content with the new system.

The next stage to RiO implementation would be a clinical go-live. However, the Trust was giving careful consideration to the opportunity and financial costs associated with this, and was unsure of when clinical staff would begin using the new system. Next stage of implementation to return to Board of Directors.

Ms Satyamurti queried whether the new system was able to capture information such as marital status and dependent children. Dr Senior reported that it was.

## **18. Any other business**

Ms Greatley thanked Ms Satyamurti for her time on the Board and wished her well in her future.

Ms Greatley noted that Ms Satyamurti's departure would leave the post of Senior Independent Director vacant, and asked Non-Executive Directors to give thought to who may succeed Ms Satyamurti by December 2010.

Mr Bostock noted that the Trust would be holding an environment awareness event on 2<sup>nd</sup> November, and encouraged Board members to attend.

## **19. Notice of future meetings**

Noted.



## 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	Sep-10	7. Finance & Performance Report	Ms Lyon and Mr Bostock to discuss CQUIN income	Louise Lyon / Martin Bostock	Nov-10
3	Sep-10	7. Finance & Performance Report	Board discussion on CQUIN to be arranged	Louise Carney	Jan-11
4	May-10	8b. Risk Management Committee Review of Terms of Reference	Dr Patrick to investigate benchmarking for Day Unit incidents	Matthew Patrick	May-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	TBC





Analysis of Student Feedback 2009/10

Q3a How would you rate the quality of teaching? (%)						
Serv.line	Course	Excellent	Good	Adequate	Poor	
CAMHS	D34	100.00	0.00	0.00	0.00	
CAMHS	M25	100.00	0.00	0.00	0.00	
ADOL	D60	83.33	8.33	8.33	0.00	
CAMHS	D18	77.78	22.22	0.00	0.00	
ADOL	M26	75.00	25.00	0.00	0.00	
CAMHS	M42	75.00	25.00	0.00	0.00	
CAMHS	D11	74.99	24.99	0.00	0.00	
ADULT	D12	73.33	26.67	0.00	0.00	
CAMHS	M9	66.67	33.33	0.00	0.00	
ADULT	D59	60.00	40.00	0.00	0.00	
ADOL	M23	60.00	40.00	0.00	0.00	
CAMHS	D42	60.00	29.50	5.00	5.00	
ADOL	M33	57.89	26.32	10.53	5.26	
CAMHS	M16	51.85	48.15	0.00	0.00	
CAMHS	M22	50.00	50.00	0.00	0.00	
CAMHS	D30	50.00	41.67	8.33	0.00	
CAMHS	M7	49.06	43.40	6.45	0.00	
CAMHS	D4	47.37	52.63	0.00	0.00	
TCS	D10D	42.86	42.86	14.28	0.00	
CAMHS	M80	37.04	48.15	10.34	3.71	
CAMHS	M4	30.00	70.00	0.00	0.00	
CAMHS	M6	25.00	75.00	0.00	0.00	
TCS	D10	25.00	55.00	19.05	0.00	
ADULT	D9	25.00	50.00	25.00	0.00	
ADULT	D58	21.88	62.49	13.51	0.00	
CAMHS	M5	12.50	87.50	0.00	0.00	
CAMHS	D82	0.00	100.00	0.00	0.00	
CAMHS	M10	0.00	100.00	0.00	0.00	
CAMHS	D1	0.00	77.78	18.18	0.00	

Q4b Are you satisfied with the academic supervision you have received? (%)						
Serv.line	Course	Definitely	To a large extent	To some extent	No	% response
CAMHS	D34	95.00	0.00	5.00	0.00	100.00
CAMHS	M25	95.00	0.00	5.00	0.00	100.00
ADOL	M26	85.71	12.50	5.71	0.00	100.00
ADULT	D59	77.78	20.00	5.56	0.00	100.00
TCS	D10D	60.00	14.29	7.00	20.01	100.00
ADULT	D12	53.85	29.41	6.54	0.00	100.00
CAMHS	D11	50.00	15.38	6.50	0.00	100.00
CAMHS	M5	50.00	50.00	5.00	0.00	100.00
CAMHS	M6	50.00	25.00	5.00	25.00	100.00
TCS	D10	46.16	19.05	8.08	7.69	100.00
CAMHS	D1	44.44	27.27	6.11	0.00	100.00
CAMHS	M4	45.45	36.36	5.00	0.00	100.00
ADOL	M23	40.00	50.00	5.00	0.00	100.00
ADOL	D60	36.36	33.33	5.45	0.00	100.00
ADOL	M33	35.30	26.32	5.59	17.65	100.00
ADULT	D58	35.29	35.14	5.44	5.89	100.00
CAMHS	D42	33.33	23.81	7.00	0.00	100.00
ADULT	D9	33.33		6.67	66.67	100.00
CAMHS	M9	31.58	45.83	6.32	0.00	100.00
CAMHS	M16	30.77	25.81	5.96	15.38	100.00
CAMHS	D30	30.00	25.00	6.00	0.00	100.00
CAMHS	D4	25.00	30.00	6.25	0.00	100.00
CAMHS	M22	25.00	50.00	5.00	0.00	100.00
CAMHS	M42	25.00	50.00	5.00	0.00	100.00
CAMHS	M80	22.22	20.69	5.37	3.71	100.00
CAMHS	D82	20.00	20.00	5.00	20.00	100.00
CAMHS	M7	16.39		5.08	21.31	100.00
CAMHS	M10	0.00	100.00	5.00	0.00	100.00

Q4b Are you satisfied with the academic supervision you have received? (%)						
Course	Definitely	To a large extent	To some extent	No	No response	% response
D1	36.36	27.27	18.18	0	18.18	81.82
D4	20	30	30	0	20	80
D9	25		0	50	25	75
D10	28.57	19.05	9.52	4.76	38.1	61.9
D10D	42.86	14.29	0	14.29	28.57	71.43
D11	38.46	15.38	23.08	0	23.08	76.92
D12	41.18	29.41	5.88	0	23.53	76.47
D15C	66.67	11.11	0	0	22.22	77.78
D18	0	0	0	0	100	0
D30	25	25	33.33	0	16.67	83.33
D34	100	0	0	0	0	100
D42	23.81	23.81	23.81	0	28.57	71.43
D58	32.43	35.14	18.92	5.41	8.11	91.89
D59	70	20	0	0	10	90
D60	33.33	33.33	25	0	8.33	91.67
D61	100	0	0	0	0	100
D65	50	0	0	25	25	75
D66	66.67	33.33	0	0	0	100
D82	20	20	40	20	0	100
M4	45.45	36.36	18.18	0	0	100
M5	50	50	0	0	0	100
M6	50	25	0	25	0	100
M7	16.13		25.81	20.97	1.61	98.39
M9	25	45.83	8.3	0	20.83	79.17
M10	0	100	0	0	0	100
M14	0	0	0	0	100	0
M16	25.81	25.81	19.35	12.9	16.13	83.87
M18						
M22	25	50	25	0	0	100
M23	40	50	10	0	0	100
M25	100	0	0	0	0	100
M26	75	12.5	0	0	12.5	87.5
M33	31.58	26.32	15.79	15.79	10.53	89.47
M42	25	50	25	0	0	100
M80	20.69	20.69	13.79	3.45	6.9	93.1
M80T	0	100	0	0	0	100

Q5a Are you satisfied with the promptness of the feedback you receive?						
Serv.line	Course	Definitely	To a large extent	To some extent	No	
CAMHS	D34	100.00	0.00	0.00	0.00	0.00
CAMHS	D1	54.55	36.36	9.09	0.00	0.00
CAMHS	M4	45.45	54.55	0.00	0.00	0.00
CAMHS	D4	35.00	35.00	30.00	0.00	0.00
CAMHS	M42	25.00	0.00	75.00	0.00	0.00
CAMHS	M10	0.00	100.00	0.00	0.00	0.00
CAMHS	M25	0.00	50.00	50.00	0.00	0.00
CAMHS	D30	50.00	16.67	33.30	0.00	0.00
ADOL	M26	85.71	0.00	12.50	0.00	0.00
ADOL	M33	26.32	31.58	36.84	5.26	0.00
CAMHS	M5	42.86	25.00	25.00	0.00	0.00
ADULT	D9	66.67	25.00	0.00	0.00	0.00
CAMHS	D11	55.55	30.77	0.00	0.00	0.00
TCS	D10	15.00	57.14	9.52	14.29	0.00
CAMHS	M22	0.00	50.00	25.00	25.00	0.00
ADULT	D12	66.63	5.88	0.00	0.00	0.00
ADOL	M23	22.22	40.00	10.00	20.00	0.00
ADULT	D59	40.00	20.00	10.00	0.00	0.00
CAMHS	M80	38.46	13.79	13.79	0.00	0.00
CAMHS	M9	30.77	16.67	16.67	4.17	0.00
CAMHS	M7	37.51	8.06	12.90	3.23	0.00
CAMHS	M16	38.46	19.35	3.23	3.23	0.00
ADULT	D58	33.33	2.70	13.51	10.81	0.00
CAMHS	D82	0.00	0.00	40.00	20.00	0.00
ADOL	D60	0.00	25.00	0.00	16.67	0.00
CAMHS	M6	0.00	25.00	0.00	0.00	0.00
TCS	D10D	0.00	0.00	14.29	0.00	0.00
CAMHS	D42	0.00	0.00	4.76	4.76	0.00

Q5b Are you satisfied with the quality of the feedback you receive? (%)						
Serv.line	Course	Definitely	To a large extent	To some extent	No	% response
CAMHS	D34	100.00	0.00	0.00	0.00	100.00
CAMHS	M25	100.00	0.00	0.00	0.00	100.00
CAMHS	D30	66.67	8.33	25.00	0.00	100.00
CAMHS	D11	77.78	7.69	11.11	0.00	100.00
ADOL	M26	71.43	12.50	0.00	14.29	100.00
CAMHS	M42	50.00	25.00	25.00	0.00	100.00
CAMHS	D1	54.55	27.27	18.18	0.00	100.00
CAMHS	M26	71.43	12.50	0.00	14.29	100.00
CAMHS	M7	33.32	9.68	37.51	4.16	100.00
CAMHS	D9	66.67	25.00	0.00	0.00	100.00
ADOL	M33	33.33	26.32	33.33	5.55	100.00
CAMHS	M5	50.00	37.50	12.50	0.00	100.00
ADOL	M23	37.50	10.00	25.00	25.00	100.00
CAMHS	D4	40.00	35.00	20.00	5.00	100.00
CAMHS	M80	35.71	13.79	21.42	14.29	100.00
ADULT	D58	13.34	13.51	40.01	13.34	100.00
ADULT	D59	0.00	20.00	50.00	16.67	100.00
CAMHS	M9	25.00	29.17	16.66	0.00	100.00
CAMHS	M4	27.27	63.64	9.09	0.00	100.00
CAMHS	M16	14.28	25.81	21.43	7.15	100.00
CAMHS	D42	0.00	4.76	33.31	33.31	100.00
TCS	D10	5.00	52.38	25.00	15.00	100.00
CAMHS	M22	0.00	75.00	25.00	0.00	100.00
ADULT	D12	24.99	17.65	0.00	0.00	100.00
ADOL	D60	19.99	25.00	0.00	19.99	100.00
TCS	D10D	0.00	28.57	0.00	0.00	100.00
CAMHS	D82	0.00	40.00	0.00	0.00	100.00
CAMHS	M6	0.00	25.00	0.00	0.00	100.00

These responses have rather mixed results because a number of these students were not expecting to receive feedback at the time of the survey

Q5b Are you satisfied with the quality of the feedback you receive? (%)						
Course	Definitely	To a large extent	To some extent	No	No response	% response
D1	54.55	27.27	18.18	0	0	100
D4	40	35	20	5	0	100
D9	50	25	0	0	25	75
D10	4.76	52.38	23.81	14.29	4.76	95.24
D10D	0	28.57	0	0	71.43	28.57
D11	53.85	7.69	7.69	0	30.77	69.23
D12	5.88	17.65	0	0	76.47	23.53
D15C	66.67	11.11	0	0	22.22	77.78
D18	0	0	0	0	100	0
D30	66.67	8.33	25	0	0	100
D34	100	0	0	0	0	100
D42	0	4.76	4.76	4.76	85.71	14.29
D58	5.41	13.51	16.22	5.41	59.46	40.54
D59	0	20	30	10	40	60
D60	8.33	25	0	8.33	58.33	41.67
D61	100	0	0	0	0	100
D65	50	0	0	0	50	50
D66	100	0	0	0	0	100
D82	0	40	0	0	60	40
M4	27.27	63.64	9.09	0	0	100
M5	50	37.5	12.5	0	0	100
M6	0	25	0	0	75	25
M7	12.9	9.68	14.52	1.61	61.29	38.71
M9	12.5	29.17	8.33	0	50	50
M10	0	100	0	0	0	100
M14	0	0	0	0	100	0
M16	6.45	25.81	9.68	3.23	54.84	45.16
M18						
M22	0	75	25	0	0	100
M23	30	10	20	20	20	80
M25	100	0	0	0	0	100
M26	62.5	12.5	0	12.5	12.5	87.5
M33	31.58	26.32	31.58	5.26	5.26	94.74
M42	50	25	25	0	0	100
M80	17.24	13.79	10.34	6.9	51.72	48.28
M80T	0	0	0	0	100	0

Q10c Has attending the course increased your effectiveness in undertaking your job? (%)					
Serv. line	Course	Definitely	To a large extent	To some extent	Poor
ADOL	M26	100.00	0.00	0.00	0.00
CAMHS	M4	90.00	10.00	0.00	0.00
CAMHS	M80	76.92	11.53	11.53	0.00
CAMHS	M22	75.00	25.00	0.00	0.00
ADOL	D60	75.00	16.67	8.33	0.00
ADULT	D59	66.67	11.11	11.11	11.11
CAMHS	D11	63.64	27.27	9.09	0.00
ADOL	M33	61.10	22.22	10.92	5.55
CAMHS	D4	52.63	26.32	21.05	0.00
CAMHS	M9	52.18	21.74	26.09	0.00
CAMHS	D9	50.00	50.00	0.00	0.00
CAMHS	M25	50.00	50.00	0.00	0.00
CAMHS	M42	50.00	50.00	0.00	0.00
ADOL	M23	50.00	20.00	20.00	0.00
CAMHS	M7	46.80	27.66	23.40	2.12
ADULT	D12	46.00	23.00	31.00	0.00
CAMHS	D1	36.30	27.20	36.30	0.00
CAMHS	D30	33.33	50.00	16.67	0.00
TCS	D10D	28.57	42.86	28.57	0.00
CAMHS	D42	27.78	50.01	22.22	0.00
TCS	D10	26.32	15.79	57.89	0.00
CAMHS	M6	25.00	50.00	25.00	0.00
ADULT	D18	25.00	49.99	25.00	0.00
CAMHS	D82	20.00	40.00	40.00	0.00
ADULT	D58	17.24	37.93	37.93	6.90
CAMHS	M16	16.66	12.50	45.83	24.99
CAMHS	M5	14.29	42.86	42.86	0.00
CAMHS	D34	0.00	100.00	0.00	0.00
CAMHS	M10	0.00	0.00	100.00	0.00

Q14 Quality of Administration (%)						
Serv.line	Course	Definitely	To a large extent	To some extent	To some extent	Poor
CAMHS	M9	78.26	20.83	0	0	0
ADULT	D12	56.25	35.29	6.25	6.25	0
CAMHS	M4	54.55	45.45	0	0	0
CAMHS	D11	54.54	38.46	0	0	0
CAMHS	M16	53.33	32.26	10	10	3.33
CAMHS	M5	50	37.5	12.5	12.5	0
ADULT	D9	50	25	0	0	25
CAMHS	D1	49.45	36	10	10	0
TCS	D10	42.86	42.86	14.29	14.29	0
ADOL	M23	40	60	0	0	0
CAMHS	M7	39.13	22.58	23.91	23.91	6.52
CAMHS	M80	37.93	55.17	6.9	6.9	0
ADOL	D60	36.36	33.33	27.27	27.27	0
ADOL	M33	33.33	62.63	5.55	5.55	5.55
ADULT	D59	33.33	60	0	0	0
ADOL	M26	28.57	50	14.29	14.29	0
CAMHS	M6	25	75	0	0	0
ADULT	D58	21.88	48.65	21.88	21.88	0
CAMHS	D42	20	66.67	5	5	5
CAMHS	D30	16.67	58.33	25	25	0
TCS	D10D	14.29	42.86	28.57	28.57	14.29
ADULT	D18	11.11	77.78	11.11	11.11	0
CAMHS	D4	10.53	50	26.32	26.32	10.53
CAMHS	D34	0	100	0	0	0
CAMHS	M10	0	100	0	0	0
CAMHS	M25	0	100	0	0	0
CAMHS	M22	0	75	25	25	0
CAMHS	M42	0	75	25	25	0



Code	Service Line	Course Title	Accreditation	Comment
D4	CAMHS	PG Cert/Dip applied systemic theory	UEL	Total includes Associate Centres
D12	ADULT	Introduction to counselling and psychotherapy	Tavi	
D18	ADULT	Understanding Trauma: Principles and Practice	Tavi	
D42	CAMHS	PG Cert in Child & Adolescent Primary MH Care	UEL	
D59	ADULT	Intercultural psychotherapy & registration BPC	Tavi	
D82	CAMHS	PGDip/MA Counselling in Education Settings	UEL	
M4	CAMHS	Doctorate in Child, Community & Ed Psychology	Essex	Year 1 only in Trust
M5	CAMHS	Professional Doctorate in Educational Psychology	Essex	Many not in Trust - Writing up Doctorate
M6	CAMHS	Masters in Systemic Psychotherapy	UEL	Action plan in place to ensure higher response
M9	CAMHS	PGDip/MA in Infant Mental Health	UEL	
M10	CAMHS	Professional Doctorate in Systemic Psychotherapy	UEL	Most writing up Doctorate
M16	CAMHS	PGDip/MA in Psychoanalytic Studies	UEL	Academic study of psychoanalysis + infant obs
M22	CAMHS	PGDip/MA Child Protection and complex care	UEL	
M23	CAMHS	Joint T&P UEL MA in Social Work	UEL	Only Year 1 present: part taught UEL
M25	CAMHS	PGDip/MA in Fostering and Adoption Studies	UEL	
M26	ADOL	PG Cert/DIP MA Strategic Leadership & Management	UEL	
M42	CAMHS	PGDip/MA in Child & Adolescent Primary MH Care	UEL	
D11	CAMHS	PG Cert/DIP MA Working with Groups	UEL	
M7	CAMHS	PGDIP/MA Psychoanalytic Observational Studies	UEL	Delivered day and evening and some writing up only
D30	CAMHS	PG Cert Therapeutic Communication with children	UEL	
D60	ADOL	Prof Doc Social Work	UEL	
D10D	TCS	Prof Doc Consultation and the organisation	UEL	
M80	CAMHS	D Child PsychPsych & Clin Training Child & Adol P'therapy	UEL	Data from 2 year groups only out of 4 - improvement planned for 2011
D58	ADULT	PGDIP/MA Foundations of psychoanalytic psychotherapy	Essex	
M33	ADOL	PG Cert/DIP/MA Psychodynamic approaches to work with adolescent	UEL	
D10D	TCS	PGDIP/MA Consultation and the organisation	UEL	
D1	CAMHS	PG Cert/DIP/MA Emotional factors in learning & teaching	UEL	Year 1 feedback only
D9	ADULT	PGDIP/MA in Eating disorders	UEL	

## Board of Directors : November 2010

**Item :** 4

**Title :** Matters Arising

**Summary :**

This item includes the following updates:

1. Student Feedback 2009/10
2. Approving Contracts
3. Honorary Contracts

**For :** Noting

**From :** Trust Secretary

## Student Feedback Report 2009/10

### 1. Student Feedback 2009/10

- 1.1 The Student Feedback Report presented to the Board of Directors in October 2010 combined all positive responses to the survey. The tables below show these responses separated.

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

Year	Definitely	To a large extent	To some extent	No	Total
2007/08	71.1%	N/A	27.0%	1.9%	100.0%
2008/09	72.8%	N/A	26.0%	1.2%	100.0%
2009/10	50.0%	36.8%	12.6%	0.6%	100.0%

**Does the course meet your learning needs?**

Year	Definitely	To a large extent	To some extent	No	Total
2007/08	73.0%	N/A	26.6%	0.4%	100.0%
2008/09	76.6%	N/A	23.0%	0.4%	100.0%
2009/10	49.1%	41.8%	9.0%	0.0%	99.9%

**Is the course relevant to your work?**

Year	Definitely	To a large extent	To some extent	No	Total
2007/08	83.2%	N/A	15.0%	1.8%	100.0%
2008/09	82.6%	N/A	15.8%	1.6%	100.0%
2009/10	62.0%	25.0%	11.4%	1.5%	100.0%

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

Year	Excellent	Good	Adequate	Poor	Total
2007/08	72.9%	N/A	26.7%	0.4%	100.0%
2008/09	74.0%	N/A	25.6%	0.4%	100.0%
2009/10	52.8%	41.2%	5.3%	0.7%	100.0%



## Please rate the following – administration

Year	Excellent	Good	Adequate	Poor	Total
2007/08	54.5%	N/A	42.2%	3.3%	100.0%
2008/09	58.3%	N/A	39.4%	2.3%	100.0%
2009/10	36.5%	46.2%	13.3%	4.0%	100.0%

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

Year	Excellent	Good	Adequate	Poor	Total
2007/08	31.5%	N/A	61.5%	7.0%	100.0%
2008/09	33.8%	N/A	58.4%	7.8%	100.0%
2009/10	29.5%	50.2%	17.3%	1.6%	98.6%

- 1.2 The Postgraduate Taught Experience Survey (PTES) on the detail and quality of feedback was different to the Trust's, with the PTES asking to rate "I have had detailed written or oral comments" and the Trust asking "I am satisfied with the quality of feedback"

## Detail and Quality of Feedback

PTES 2009/10		Tavistock & Portman	
"Yes"	66%	"Definitely"	74%
		"To a large extent"	
		"To some extent"	20%

## 2. Student Feedback by Course 2009/10

- 2.1 As noted in the Student Feedback Report to the Board of Directors in October 2010, a quantitative breakdown of data course-by-course (with some exceptions) is provided for the Board of Directors. Responses have been sorted in descending order and are also marked by Service Line.
- 2.2 It is important to note the context which is good feedback with high response rates. Two courses, M6 and M80, both clinical psychotherapy trainings in CAMHS, have action plans to ensure better response rates in 2010/11.
- 2.3 The questions on feedback quality and promptness did not elicit clear responses because of the large number of students who had not submitted work and were not due to receive feedback. The issue of the timing of the generic feedback is a difficult one and is generally acknowledged to be best placed in the third term of the academic year. There is now a requirement that staff attempt to get

feedback to students within four weeks although this is just a target because the detail and care given to this task does delay it by two weeks or more.

- 2.4 Course administrators will receive the comparative analysis of feedback on course administration

Trudy Klauber  
Dean  
10<sup>th</sup> November 2010

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## Approving Contracts

### 1. Introduction

- 1.1 The Board of Directors requested a paper on the process for approving contracts within the Trust. The following paper breaks contracts down into three main areas: clinical contracts; training and education contracts; and estates and facilities contracts.

### 2. Clinical Contracts

- 2.1 The financially most significant contracts are the core contracts which cover a wide range of services and many patients. Most of the clauses in this contract are mandatory and, hence, may not be altered by the parties to the agreement. Most of these contracts are with PCTs and local authorities. These contracts are negotiated by the Head of Service Development and Agreements. When necessary the Director of Service Development and Strategy, the Finance Director, Clinical Directors, Associate Directors, and other clinical leads are consulted and/or participate in negotiations. The Head of Service Development and Agreements agrees these contracts and asks the Chief Executive to sign them. Should no agreement be reached, negotiations are escalated to a more senior level (e.g. between Chief Executives). Legal advice would be sought if and when necessary. There have so far not been any disputes over the core contracts, except with respect to a PCT proposing a variation to our contract that we have not agreed to. The terms we introduced into our contracts have helped safeguard the funding of our Trust.
- 2.2 For project and service-specific contracts covering many patients, contracts are negotiated by the Head of Service Development and Agreements and/or by the Associate Director of Business Development. Both consult and involve others in negotiation as and when necessary as described above for core contracts. Some of these contracts are also negotiated by the Clinical Departments, usually in consultation with the Associate Director of Business Development or the Head of Service Development and Agreements. A standard contract is being developed for use in such cases. There have been no disputes over written contracts, however, there have been two recent failures to provide the agreed notice of termination, one by a Charity and another by a school in financial difficulty.
- 2.3 For doctors wishing to access our services, the Adult Department's MedNet negotiates its own contract with the London Deanery in consultation with the Medical Director and the Adult Department Director.



- 2.4 For Named Patient Agreements (NPAs) we have standard prices for packages of care and use a proforma agreement formulated by the Head of Service Development and Agreements. The Executive Assistant of the Director of Service Development and Strategy applies for such agreements and asks the commissioner to sign this proforma agreement. Gloucester House uses a cost per case proforma contract agreed with the Head of Service Development and Agreements.
- 2.5 For Court work and other formal assessments, reports and action as expert witness for third parties, the Personal Assistant to the Associate Director of Developmental CAMHS sends a standard letter formulated by the Head of Service Development and Agreements. This letter specifies our terms and conditions, the maximum expected cost for the work we have been asked to undertake, and requests written confirmation of agreement. The Portman Clinic and the Monroe Family Assessment Service each have their own independent systems for Court work.

### **3. Education and Training Contracts**

- 3.1 Any new contract or revised contract is read by the Dean and scrutinised closely by the Assistant Director of Education and Training. Any financial information is scrutinised by the Management Accountant in Education and Training. This usually produces comments, general agreement, queries and questions which are sent back to the contract author. The Department of Education and Training seek legal advice about particular contract clauses where there is a lack of clarity about meaning or implications or they are very complex. Sometimes they go to collaborative partners' lawyers as well (as in the case of the Consortium for educational psychology through which we manage negotiations with the Children's Workforce Development Council (CWDC) for several partners).
- 3.2 The Department's main contracts are all with NHS London: the National Training Contract; MADEL (Medical and Dental Training); Child and Adolescent Psychotherapy Training in London (and other regions managed through NHS London), and London Continuing Personal and Professional Development. Apart from these, the contract with CWDC (see above) is the most significant.
- 3.3 The Director of Finance and the Director of Corporate Governance and Facilities are usually contacted for advice.

#### **4. Estates and Facilities Contracts**

- 4.1 Any new contract is read by the Director of Corporate Governance and Facilities and/or the relevant operational manager, depending on the detail of the contract. These types of contracts will include maintenance contracts, Service Level Agreements with Estates Departments for sites which are not directly managed by the Trust, and contracts with the various contractors who undertake (mostly) capital projects for the Trust.
- 4.2 In the case of more complex or non-standard contracts, the Trust will seek legal advice from Hempsons, the Trust lawyers.
- 4.3 Negotiations regarding changes to contracts would be led either by the Director of Corporate Governance and Facilities, the Estates Manager or the Governance Project Manager.
- 4.4 The Directorate of Corporate Governance and Facilities may typically deal with up to twenty contracts each year.

#### **5. Financial terms and conditions**

- 5.1 The Trust's Scheme of Delegation sets out the authority for determining the pricing of clinical services (section 6) and of training courses and other services including consultancy (section 7). Other terms and conditions, including payment terms, are agreed by the Finance department – within any constraints such as the mandatory terms set in the DH standard clinical contract.
- 5.2 For services where payment is often delayed (notably court reports, but also including NPAs and some consultancy and other work), the payment terms and responsibilities have been reviewed and strengthened in the past. However, significant delays still occur, often when the original commissioner states that they are no longer responsible for the case. At the request of the Audit Committee, a further review of these contract terms and of methods of enforcing them is to be carried out in the next two months.

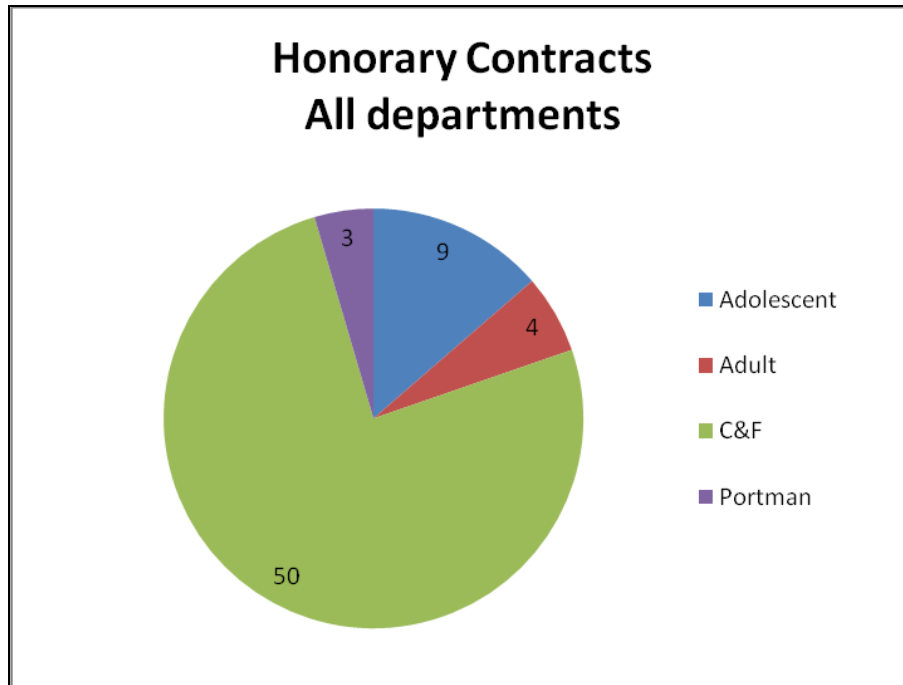
## Honorary Contracts

### 1. Introduction

- 1.1 The Board of Directors asked for information on the number of honorary contracts issued by the Trust, where these people are working and what they are doing.
- 1.2 This paper gives an over view of the number of staff honorary contracts at the Trust. Currently there are 66 staff on honorary contracts at the Trust, most of whom are involved in clinical work but some staff are engaged in research.

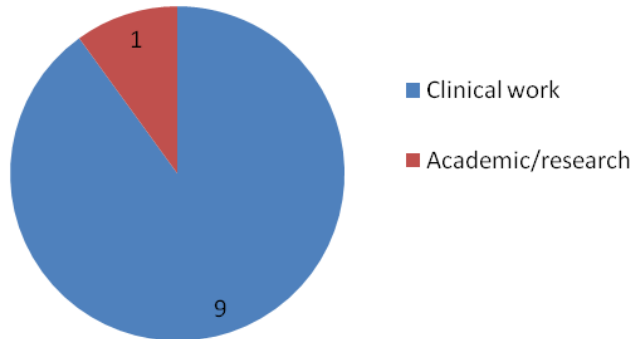
### 2. Honorary Contracts

Dept.	Clinical	Academic / Research	CRB check required	Details to be confirmed	Total
Adolescent	8	1	Yes		9
Adult	3	1	Yes		4
C&F <sup>1</sup>	21	2	Yes	13	50
Portman	3		Yes		3

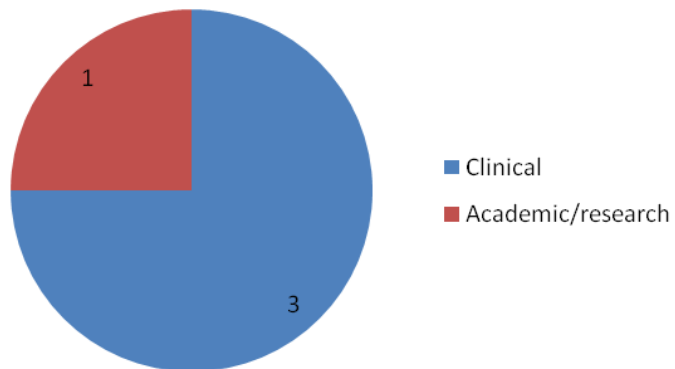


<sup>1</sup> Including FDAC, PERU, Monroe and Camden MALT

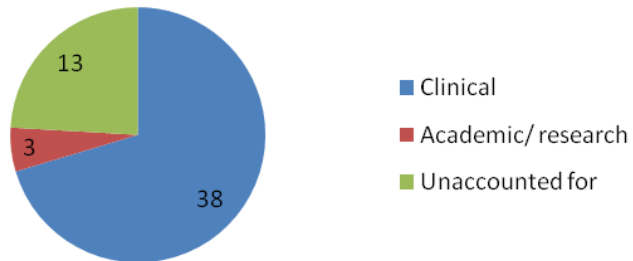
### Adolescent department



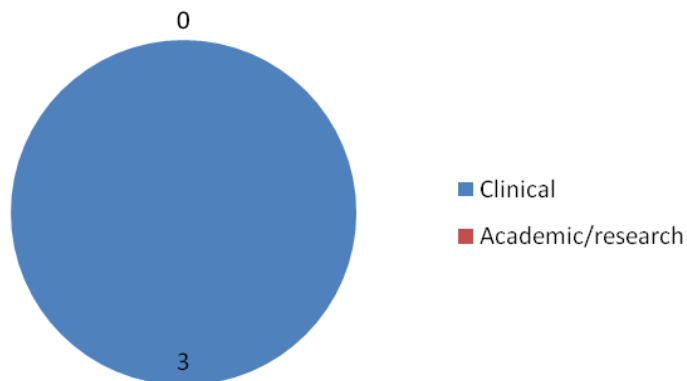
### Adult department



### C&F includes FDAC,monroe, PERU and Camden MALT



### Portman





# GREATER LONDON AUTHORITY

Mayor's Office

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London SE1 2AA  
Switchboard: 020 7983 4000  
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**Date:** 19 October 2010

Angela Greatley  
Chair  
The Tavistock and Portman NHS Foundation Trust  
The Tavistock Centre  
120 Belsize Lane  
London  
NW3 5BA

Dear Angela

The Mayor is firmly committed to encouraging a culture of volunteering and community participation in London and amongst Londoners.

The health service has a strong tradition of volunteering and I therefore recently invited Volunteer Managers from a number of trusts to City Hall in order to hear about the good practice taking place and to see if the Greater London Authority (GLA) could further support volunteering in the health services. It was a very encouraging meeting, which demonstrated that volunteering is highly valued at many Trusts.

At the event, it was suggested that I write to you and ask, if you do not do so already, that you consider putting on your board's agenda an occasional report which looks at how volunteers within your trust are being used and could be used to improve further the patient experience within your hospital. You might also wish to consider the benefit which accrues to the volunteers themselves.

At our roundtable we heard inspirational stories of those with learning disabilities and also with mental health issues who had moved into the workplace as a result of increased confidence gained by volunteering as well as the more usual perspective of retirees choosing to give something back to their community.

The Department of Health recently published a document on volunteering in the health service, which identifies the potential of volunteering in terms of health and well-being and addressing health inequalities. This document may be of assistance and is accessible online at <http://bit.ly/bkMHtB>.

It was also suggested that as the largest employer in Europe, the NHS could consider how much volunteering its own staff undertakes either within the health service or in other sectors. The Mayor is particularly interested in corporate volunteering in both the public and private sectors and he himself gives GLA staff three paid days a year to

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volunteer. You may also wish to consider a similar initiative, or some step towards it even in these challenging times, within your own organisation as the evidence does show there are benefits to both the employer and the employee.

I would be interested in your views as to how the GLA might help in the raising awareness of the excellent work done with respect to volunteering within the health service and how we might encourage others to follow your example. Please send any feedback to me or directly to

Stephen Jacobs, Volunteering Programme Manager  
([Stephen.Jacobs@london.gov.uk](mailto:Stephen.Jacobs@london.gov.uk); 020 7983 4840) or

Rob Coward, Senior Co-ordinator  
([Rob.Coward@london.gov.uk](mailto:Rob.Coward@london.gov.uk); 020 7983 4992)

who are co-ordinating our volunteering initiatives.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Pamela', followed by a horizontal line.

Pamela Chesters  
Mayoral Advisor on Health and Youth Opportunities



## Board of Directors : November 2010

**Item :** 6

**Title :** Chief Executive Report

**Summary :**

The report covers the following items:

1. Introduction
2. White Paper Update
3. Mental Health Strategy
4. NHS Finance
5. North Central London
6. Children's Website
7. Rio Admin Go Live
8. And Finally...

**For :** Discussion

**From :** Chief Executive

## Chief Executive Report

### 1. Introduction

- 1.1 I would like to begin this report by welcoming Dr. Ian McPherson, our new NED (as of November 1<sup>st</sup>) to his first Board Meeting.
- 1.2 Ian is a Clinical Psychologist by professional background. He worked as a clinician and clinical trainer in higher education before moving into NHS management and then on to mental health policy implementation and service development at regional and national levels. He is currently National Director of the National Mental Health Development Unit (NMH DU), building on the work of the National Institute for Mental Health in England (NIMHE) where Ian was also National Director. I am sure that Ian's contribution to the Board will be highly valued.

### 2. White Paper Update

- 2.1 The articulation and clarification of Andrew Lansley's health white paper has continued over the past month. The timetable for the transfer of commissioning responsibilities from SHAs and PCTs to GP consortia is being clarified, with an emphasis on early transition. SHAs will cease to exist in April 2012, PCTs a year later. In the meantime early implementers, or pathfinder GP Consortia are being actively identified.
- 2.2 It is of note, however, that within this year's contracting round it is clear that PCTs are already very actively consulting local GPs and Local Commissioning Groups around all of their commissioning intentions.
- 2.3 Uncertainty still remains around the location of commissioning for training.
- 2.4 In line with Lansley's vision of a health service driven by users and fuelled by information, Lord Darsi has released an iPhone app called 'Wellnote'. The app allows users to store information about their health and medications, their hospital appointments, and allows users to rate any hospital in relation to quality of care, level of service and whether they would recommend it.

### **3. Mental Health Strategy**

- 3.1 Alongside the white paper, the government and Department of Health are working on a Mental Health Strategy, due to be published in December. This paper is under active revision at the moment and the Trust has contributed through a variety of routes. Much of the policy direction outlined in New Horizons is represented in the new strategy, including a focus on public mental health, recovery, personalisation, early year's interventions and primary prevention, and psychological therapies.
- 3.2 In relation to psychological therapies future funding to expand access to talking therapies has now been confirmed. A part of this future will include expansion of the programme to encompass children and young people. Training funds will also continue, with control of education and training funds remaining at regional IAPT Board level.
- 3.3 Clearly the manner in which services are developed for adults, children and young people is of concern to this Trust, and we are working to influence the development of policy and strategy in this area. In particular we are concerned to ensure that the commitment to make a broader range of therapies available is enacted, and that it is recognised that the IAPT model used for adult populations would not be applicable for children and young people. At the same time the aim of increasing access for these groups is excellent.
- 3.4 In the meantime the Department of Health has identified its mental health QIPP (Quality, Innovation, Productivity and Prevention) priorities. These represent areas of priority work for the department, and will include:
  - 3.4.1 The mental health acute care pathway
  - 3.4.2 The interface with physical health, to include chronic conditions and medically unexplained symptoms
  - 3.4.3 Out of area treatments
- 3.5 The implementation of Payment by Results for mental health continues to be a priority, including the development of a tariff for CAMHS.

### **4. NHS Finance**

- 4.1 Finance continues to be a major concern across the NHS. With a number of health economies currently in deficit this year's

contracting round is already shaping up to be extremely difficult. We should expect to see reductions in contract values across all areas of NHS spend, including both the acute sector and mental health. In addition to real financial difficulties, PCTs are having to manage a 54% reduction in their own management costs alongside the transfer of commissioning responsibilities to General Practice Consortia.

- 4.2 The NHS Operating Framework, the document that sets out NHS priorities for the coming year and the financial framework to support them is due to be published in mid December. The financial framework is particularly important because it will set out PCT allocations and the manner in which CRES (cash-releasing efficiency savings) will be treated. Both of these are likely to influence the shape of our budget for next year.

## **5. North Central London**

- 5.1 Within our own sector financial pressures remain particularly acute. The reduction required in management costs effectively means that the current operational model of five separate PCTs with five separate Boards is not viable.
- 5.2 The Joint Committee of PCTs in the sector has, therefore, set out a proposal to move to the establishment of a single executive team covering all five PCTs to manage the commissioning of services, strategic transformation and organisational change. The new executive would be led by a single accountable officer for the five PCTs, with effect from April 2011.
- 5.3 The proposals are currently under discussion with PCT Boards.

## **6. Children's Website**

- 6.1 On Thursday 21<sup>st</sup> October Cam's den, Camden's new children's emotional wellbeing website, was launched at Carlton Primary School in Kentish Town.
- 6.2 Many of you will already have visited the site, which can be found at [www.camsden.co.uk](http://www.camsden.co.uk). If you haven't yet visited, I would highly recommend that you do.
- 6.3 The project was supported by innovative commissioning investment from Camden PCT and Local Authority and a community engagement grant from the British Psychological Society. The Tavistock and Portman contributed both financially and through the

commitment of staff to work on the project above and beyond external funding.

- 6.4 Since its launch, the site has attracted very significant interest and coverage. Camsden received 14,173 page views between Mon 18<sup>th</sup> Oct and Mon 1<sup>st</sup> Nov – an average of 1,040 page views per day. In addition the site has been covered in specialist, local and national press, including an article in the Mail on Sunday (<http://bit.ly/dnkFbc>). In addition the site is being highlighted within a number of other websites.
- 6.5 The project was led here by Dr Sally Hodges, but involved the whole communications team, many CAMHS staff and a number of volunteers. What is particularly special about the site, however, is that local children were actively engaged in shaping the design and content as it evolved. As a part of the process we commissioned a design company, Elmwood, and an animation company, Absolutely Cuckoo, to bring the vision created by children to life. Both companies contributed significant amounts of pro bono work.

## **7. Rio Admin Go Live**

- 7.1 As you all know, the Trust has been preparing to migrate from CareNotes, our existing clinical record system, to RiO. I am pleased to report that, as of 1<sup>st</sup> November, RiO went live for our admin staff and, despite the understandable apprehension that comes with such a change, feedback has on the whole been very positive.
- 7.2 I am sure that you will all join me therefore in thanking all of those involved. Enormous credit and thanks must also go to all administrative staff for the amount of effort they have put in and determination they have shown to make this work. The Rio Project team should also be congratulated for their efforts over the past year, and particularly for the support offered around the 'go live' which, I hear, was greatly appreciated. The collaborative nature of the effort confirms for me the quality and commitment of the people we work with in this Trust.

## **8. And Finally...**

- 8.1 On Tuesday 2<sup>nd</sup> November, the Trust's SHED Unit hosted a very successful Environment Engagement Day. The SHED (Sustainability, Health and Environment Development) Unit was set up by the Trust to lead the drive towards greater environmental awareness and sustainability. It is chaired by Bernadette Wren.

- 8.2 The Unit provides information, guidance and resources to staff to help them to make informed decisions and to act to reduce our carbon footprint. The Unit also aims to drive change centrally, working at a senior level to influence how we make changes at the heart of the organisation.
- 8.3 The Environment Day was aimed at helping the Trust and the staff that comprise it in thinking about how we can use less energy and create less waste.

Dr Matthew Patrick  
Chief Executive Officer  
19<sup>th</sup> November 2010

**THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST**

APPENDIX A

**INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2010-11**

	Oct-10				FULL YEAR 2010-11			
	BUDGET £000'S		ACTUAL £000'S		VARIANCE £000'S		CUMULATIVE	
	BUDGET £000'S		ACTUAL £000'S		VARIANCE £000'S		BUDGET £000	
<b>INCOME</b>								
1 CLINICAL	1,221	1,245	24				14,629	14,433
2 TRAINING	1,276	1,391	115				16,065	16,131
3 CONSULTANCY	150	89	(61)				1,615	1,320
4 RESEARCH	28	14	(13)				331	191
5 OTHER	53	26	(26)				613	487
<b>TOTAL INCOME</b>	<b>2,728</b>	<b>2,766</b>	<b>38</b>				<b>33,252</b>	<b>32,562</b>
								<b>(691)</b>
<b>OPERATING EXPENDITURE (EXCL. DEPRECIATION)</b>								
6 CLINICAL DIRECTORATES	1,511	1,554	(43)				18,101	17,693
7 OTHER TRAINING COSTS	483	469	14				6,575	6,323
8 OTHER CONSULTANCY COSTS	53	48	5				630	713
9 CENTRAL FUNCTIONS	539	540	(1)				6,490	6,435
10 TOTAL RESERVES	0	0	0				371	326
<b>TOTAL EXPENDITURE</b>	<b>2,586</b>	<b>2,611</b>	<b>(25)</b>				<b>32,167</b>	<b>31,490</b>
								<b>677</b>
<b>EBITDA</b>	<b>142</b>	<b>155</b>	<b>13</b>				<b>1,085</b>	<b>1,072</b>
<b>ADD:-</b>								
12 BANK INTEREST RECEIVED	2	1	(1)				20	16
<b>LESS:-</b>								
11 DEPRECIATION	42	42	0				509	491
13 FINANCE COSTS	0	0	0				0	0
14 DIVIDEND	37	37	(0)				446	446
<b>RETAINED SURPLUS</b>	<b>64</b>	<b>76</b>	<b>12</b>				<b>150</b>	<b>150</b>
								<b>0</b>
<b>EBITDA AS % OF INCOME</b>								
	5.2%	5.6%					3.3%	3.3%

	Oct-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
<b>INCOME</b>									
NHS LONDON TRAINING CONTRACT	623	623	0	4,363	4,363	(0)	7,479	7,479	(0)
TRAINING FEES & OTHER ACA INC	405	470	65	3,590	3,737	147	5,616	5,763	147
POSTGRADUATE MED & DENT'L EDUC	6	0	(6)	41	19	(22)	70	48	(22)
JUNIOR MEDICAL STAFF	86	96	9	605	623	18	1,037	1,055	18
CHILD PSYCHOTHERAPY TRAINEES	155	202	47	1,087	1,009	(77)	1,863	1,786	(77)
R&D	28	14	(13)	193	101	(92)	331	191	(140)
CLINICAL INCOME	1,019	1,061	42	7,231	7,032	(200)	12,248	12,052	(196)
DAY UNIT	84	92	7	591	680	89	1,014	1,114	100
MONROE	68	53	(15)	448	372	(76)	780	680	(100)
FDAC	28	30	3	194	215	21	332	332	0
TCS INCOME	77	48	(28)	403	334	(69)	730	661	(69)
DEPT CONSULTANCY INCOME	73	41	(33)	522	296	(225)	885	659	(225)
COURT REPORT INCOME	21	8	(13)	149	113	(36)	255	255	0
EXCELLENCE AWARDS	10	10	(0)	69	68	(1)	118	117	(1)
RENTAL INCOME	0	0	0	0	0	0	0	0	0
OTHER INCOME	43	17	(26)	279	154	(125)	495	370	(125)
<b>TOTAL INCOME</b>	<b>2,728</b>	<b>2,766</b>	<b>38</b>	<b>19,764</b>	<b>19,115</b>	<b>(648)</b>	<b>33,252</b>	<b>32,562</b>	<b>(691)</b>
<b>EXPENDITURE</b>									
EDUCATION & TRAINING	301	307	(6)	2,874	2,823	52	4,395	4,344	52
PORTMAN CLINIC	135	117	18	945	844	101	1,620	1,470	150
ADULT DEPT	258	246	12	1,824	1,733	91	3,112	2,997	115
MEDNET	18	21	(2)	129	136	(7)	221	227	(7)
ADOLESCENT DEPT	129	124	4	903	873	29	1,546	1,506	40
ADOLESCENT PROJECTS	0	0	(0)	15	29	(14)	15	29	(14)
C & F CENTRAL	593	577	16	4,124	4,020	105	7,084	6,944	140
C&F PROJECTS	165	181	(15)	1,157	1,114	43	1,920	1,890	30
MONROE & FDAC	82	103	(21)	571	568	3	979	976	3
DAY UNIT	64	71	(7)	448	458	(10)	768	778	(10)
SPECIALIST SERVICES	60	109	(50)	417	471	(54)	732	786	(54)
COURT REPORT EXPENDITURE	9	6	3	61	46	15	105	90	15
TRUST BOARD & GOVERNORS	10	10	(0)	67	60	7	115	108	7
CHIEF EXECUTIVE OFFICE	26	25	0	180	184	(4)	308	312	(4)
PERFORMANCE & INFORMATICS	78	82	(4)	536	511	25	928	903	25
FINANCE & ICT	91	81	10	638	667	(29)	1,093	1,133	(40)
CENTRAL SERVICES DEPT	181	211	(30)	1,291	1,384	(93)	2,197	2,317	(120)
HUMAN RESOURCES	46	49	(3)	427	378	50	709	660	50
CLINICAL GOVERNANCE	31	14	17	219	176	43	374	331	43
TRUST DIRECTOR	39	34	5	206	188	19	348	329	19
PPI	14	13	2	88	85	3	159	155	3
SWP & R+D & PERU	33	32	1	220	153	67	381	314	67
R+D PROJECTS	0	0	0	0	(0)	0	0	(0)	0
PGMDE	9	5	4	64	47	17	109	92	17
NHS LONDON FUNDED CP TRAINEES	155	147	8	1,087	949	137	1,863	1,686	177
TAVISTOCK SESSIONAL CP TRAINEES	9	5	4	65	52	13	111	98	13
FLEXIBLE TRAINEE DOCTORS	8	4	4	57	63	(6)	97	103	(6)
TCS	49	44	5	343	418	(75)	587	667	(80)
DEPARTMENTAL CONSULTANCY	4	4	(0)	25	27	(2)	43	45	(2)
DEPRECIATION	42	42	0	297	295	2	509	491	18
PROJECTS CONTRIBUTION	(10)	(11)	1	(71)	(76)	6	(121)	(127)	6
IFRS HOLIDAY PAY PROV ADJ	0	0	0	0	0	0	0	0	0
CENTRAL RESERVES	0	0	0	0	0	0	371	326	45
<b>TOTAL EXPENDITURE</b>	<b>2,628</b>	<b>2,653</b>	<b>(25)</b>	<b>19,207</b>	<b>18,676</b>	<b>531</b>	<b>32,676</b>	<b>31,981</b>	<b>695</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>99</b>	<b>112</b>	<b>13</b>	<b>557</b>	<b>439</b>	<b>(117)</b>	<b>576</b>	<b>581</b>	<b>5</b>
INTEREST RECEIVABLE	2	1	(1)	12	7	(4)	20	16	(4)
UNWINDING OF DISCOUNT ON PROVISION	0	0	0	0	0	0	0	0	0
DIVIDEND ON PDC	(37)	(37)	(0)	(260)	(260)	(0)	(446)	(446)	0
<b>SURPLUS/(DEFICIT)</b>	<b>64</b>	<b>76</b>	<b>12</b>	<b>308</b>	<b>187</b>	<b>(122)</b>	<b>150</b>	<b>150</b>	<b>0</b>



## Board of Directors : November 2010

**Item : 7**

**Title : Finance and Performance Report**

### **Summary:**

After seven months, a surplus of £187k is reported; this is £122k below budget, but well ahead allowing for the contingency. There continue to be cumulative income shortfalls on Consultancy and Clinical income which have been offset by Training income and by under spends across the organisation. In Month 7, the surplus increased by £76k.

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.

Plans for 2011/12 are being developed, and an initial assessment is given here.

The cash balance at 31 October was £4,653k, above Plan. Cash is expected to remain ahead of Plan for the rest of the year, subject to achievement of planned income and expenditure. The cash forecast for 2011/12 has also been reviewed and revised.

**For : Discussion**

**From : Director of Finance**

## 1. External Assessments

### 1.1 Monitor

- 1.1.1 The second quarter Monitor return maintained the planned Financial Risk Rating of 3 and a Green Governance Rating, though these have not been officially confirmed yet. Both ratings are expected to remain unchanged for the third quarter.

## 2. Finance

### 2.1 Income and Expenditure 2010/11 (Appendices A, B and C)

- 2.1.1 After seven months, income is £648k below budget, and expenditure £529k below budget. The Trust's surplus of £187k is £122k 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 7 months £128k 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 £295k for Consultancy, with TCS under target by £69k and departmental consultancy under by £225k. There are also shortfalls in Clinical and Training (see sections 3 and 4 below). Training fee income for the academic year 2010/11 is very close to plan (see 3.2 and Appendix C).
- 2.1.4 Research income is below budget by £92k and this trend is expected to continue.
- 2.1.5 There is an under spend of £529k, of which some £161k 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 £141k, Portman £101k and Adult £91k. These under spends have been offset by an over spend in TCS of £75k (as reported previously) due to delayed 2009/10 payments for associate consultants and termination costs.
- 2.1.6 The forecast outturns for income and expenditure, shown in the right-hand columns of Appendix B and summarised in Appendix A, are based on reviews with all Directors, though some smaller areas remain uncertain, including departmental consultancy (see 5.2 below). There remains a contingency reserve to cover unexpected changes.

## 2.2 Income and Expenditure, 2011/12

2.2.1 The main financial factors expected to affect the Trust for next year are:

- Commissioners generally seeking to reduce their expenditure on mental health services for adults and for children and adolescents;
- No pay scale rises, but a small amount of inflation from staff receiving incremental points.
- Low inflation on other costs.
- National efficiency targets leading to NHS price tariffs reducing, or at least not increasing.

2.2.2 The Trust is currently aiming for 5% productivity improvements next year, in order to deliver a small surplus while budgeting for these changes in our income and costs. The 5% target is being worked on by all Directors. We continue to aim for growth where possible, but there will also be a need for some cost reduction in many areas. The target, and also the plans to achieve it, will be reviewed in December / January as more information becomes available.

2.2.3 The Spending Review published in October has hit NHS funding much less severely than other parts of the public sector; but as expected, there is no longer any funding for further growth. Real terms growth of 0.4% is offset by the expectation that more of the health funding will be applied to support social care priorities agreed with local authorities. So there will be a small reduction in funds actually available within the NHS, while demand continues to rise, along with the continued introduction of new treatments. As a result, commissioners are already announcing their intentions to cut mental health expenditure significantly.

2.2.4 Changes to the funding of NHS education and training are at present expected to be mainly in other areas in 2011/12, notably the pre-qualification training of doctors (SIFT), which we are not involved in. Negotiations continue, and further assessments and forecasts will be made.

2.2.5 There will be no cost-of-living increases to NHS pay scales for 2011/12. At present, pay increments are due to be made on as usual (i.e. on the anniversary dates for each individual who has not yet reached the top of their scale), though these will be partly offset by the effect of any staff leaving and being replaced by a new person on a lower scale point. DH has suggested negotiating with unions to freeze the increments, but there is no certainty that this will happen.

2.2.6 The NHS Operating Framework for 2011/12 is due to be published in mid-December. This should include the national efficiency target for the year. This target, together with assumptions about pay and

other cost inflation, will lead to the “tariff uplift” for the year, i.e. the changes (up or down) in the prices paid by commissioners to the providers of NHS services. Funding allocations to PCTs will be announced at the same time. These announcements, together with the commissioner negotiations, will enable us to do a more detailed assessment of the Trust’s financial challenge and the necessary cost reductions for 2011/12.

## 2.3 Cash Flow (Appendices D, E and F)

- 2.3.1 The actual cash balance at 31 October was £4,653k, compared to the Plan of £2,333k. This includes two exceptional factors: (a) receipts from General Debtors were above Plan in month due a receipt from CWDC of £1.2m for redistribution amongst the consortium; and (b) the SHA paid £0.9m in advance for November, just before month-end. Payments to suppliers had risen in month due to £447k of the CWDC monies being released, although a further £447k remained to be paid. Salaries remained below Plan as 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)	6,115	6,712	(597)
General debtors (incl LAs)	4,603	4,022	581
SHA for Training	7,517	6,300	1,217
Students and sponsors	1,609	1,550	59
Other	277	126	151
	20,122	18,710	1,412
Operational expenditure payments			
Salaries (net)	(8,382)	(8,728)	346
Tax, NI and Pension	(6,212)	(6,385)	173
Suppliers	(4,211)	(4,275)	64
	(18,805)	(19,388)	583
Capital Expenditure	(124)	(320)	196
Interest Income	7	12	(5)
Payments from provisions	0	(103)	103
PDC Dividend Payments	(192)	(223)	31
Closing cash balance	4,653	2,333	2,320

- 2.3.2 The details by month are given in Appendix D, which also shows the forecast for the remainder of this year.
- 2.3.3 Appendix E gives the cash forecast for 2011/12, updated from the Annual Plan. This forecast remains subject to achieving the productivity improvements needed to deliver a small surplus in 2011/12. One change from the Plan is the higher opening balance now expected. Offsetting this, it is assumed that the deferred income balance is reduced by £600k during the year: in other words, £600k of 2011/12 income will relate to payments already received,

and will therefore not be reflected in cash receipts during the year. With these assumptions, the cash balances remain satisfactory throughout the year.

2.3.4 Appendix F shows these cash forecasts graphically, with the balance expected to reduce steadily over the next 17 months (largely due to the use of deferred income) while remaining good. This is similar to the projections in the 2010 Plan, but with the reductions now expected slightly later.

2.3.5 The Trust's liquidity, using Monitor's formula and including the £2m financing facility, remains satisfactory.

### 3. **Training**

3.1 Training income is £66k above budget in total after seven months, mainly due to HEFCE income over performing by £171k due to backdated payments from last year which has been offset by a shortfall of £124k on Child Psychotherapy Trainees (as above, 2.1.2).

3.2 Training course fee income for the academic year 2010/11, which started in October, is reported as being very close to plan. Appendix C gives details. The central section of this table, Fee Income (including Associate Centres), shows that actual income, including a small amount not yet invoiced, is expected to be £2,436k, compared to the £2,418k target and £2,282k last year. Student numbers exceeded target overall, though the gains must be in shorter courses with lower fees as they is not reflected in the total fee income. On the right of the table, a shortfall of £46k on commissioned income is offset by a gain of the same amount in the London-commissioned CPPD activity.

3.3 Income from university partners remains under negotiation, but will be close to Plan.

## 4. Patient Services

### 4.1 Activity and Income

	Budget	Actual	Variance	Full year		Comments
	£000	£000	%	Variance based on y-t-d	Predicted variance	
Contracts - base values	5,554	5,490	-1.2%	-111	-63	East London SLA expected to be £33k below budget. CQUIN also expected to be £30k down.
Cost and vol variances	2	18		37	37	
NPAs	139	123	-11.6%	-28	-20	
Projects and other	1,536	1,401		–	-150	Income matched to costs, so variance is largely offset.
Day Unit	591	680	15.0%	152	100	Gain may not be sustained. Lower pupil numbers expected in autumn.
Monroe	448	372	-16.9%	-132	-100	£34k relates to prior year adjustment
FDAC	194	215	10.9%	36	0	
Court report	149	113	-24.0%	-61	0	
Total	8,613	8,412		-107	-193	

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.

4.1.2 The CQUIN element of the contracted income is forecast to underachieve by £30k by the end of the year (a table will be available separately). This is a considerable improvement from the previous quarter due to the improved data quality of patient records.

4.1.3 There are significant variances, both positive and negative, in the other elements of clinical income, as shown in the table above.

- 4.1.4 After seven months, named patient agreements (NPAs) actual income is £16k below budget, which is spread across the service lines. If extrapolated for the full year, this would give an adverse variance of £28k, but some improvement on this is expected.
- 4.1.5 Court report income was £36k below budget after seven months. The majority of the under performance was from Portman.
- 4.1.6 Monroe income is £76k below budget after seven months. There was low activity again during October which resulted in an £15k adverse movement in month.
- 4.1.7 Day Unit is currently over performing by £89k cumulatively due to high pupil numbers.
- 4.1.8 Project income is forecast to be £150k 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 £48k in October compared to the budget of £77k. After seven months, income of £334k is £69k behind budget. Our forecast for the year assumes at present that budget is achieved for the remaining five months.
- 5.2 Departmental consultancy is £225k below budget after seven months, with the variances spread across several service lines. This area is still under review.

Simon Young  
Director of Finance  
22 November 2010

## Appendix A

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## Appendix B

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## Cash Flow 2010/11

## Appendix D

### 2010/11 Plan

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)	924	1,010	914	1,005	1,038	917	904	1,038	917	905	1,036	917	11,525
General debtors (incl LAs)	838	417	880	550	402	379	556	474	423	783	591	458	6,751
SHA for Training	894	914	895	894	914	894	895	914	894	894	915	894	10,811
Students and sponsors	300	150	150	100	0	200	650	250	100	500	100	100	2,600
Other	18	18	18	18	18	18	18	18	18	18	18	18	216
	2,974	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)	(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	(859)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(10,990)
Suppliers	(434)	(719)	(784)	(697)	(622)	(510)	(509)	(510)	(509)	(510)	(509)	(510)	(6,823)
	(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	0	0	0	(20)	0	(100)	(200)	(100)	(50)	(60)	(100)	(90)	(720)
Interest Income	2	1	2	2	1	2	2	1	2	2	1	2	20
Payments from provisions	0	0	(90)	(13)	0	0	0	0	0	0	0	0	(103)
PDC Dividend Payments	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

Opening cash balance	3,645	3,787	3,488	3,566	3,504	3,095	2,784	4,653	3,359	2,690	3,033	2,837	3,645
Operational income received													
NHS (excl SHA)	892	1,017	829	785	805	1,109	677	1,038	917	905	1,036	917	10,928
General debtors (incl LAs)	709	387	588	610	369	178	1,761	430	380	740	540	410	7,103
SHA for Training	874	854	1,015	970	911	959	1,935	0	894	894	915	894	11,114
Students and sponsors	277	102	86	126	165	315	538	200	50	500	50	50	2,459
Other	24	35	29	35	53	32	69	18	18	18	18	18	367
	2,776	2,396	2,547	2,526	2,304	2,593	4,979	1,686	2,259	3,057	2,559	2,289	31,972
Operational expenditure payments													
Salaries (net)	(1,206)	(1,192)	(1,198)	(1,184)	(1,198)	(1,173)	(1,232)	(1,247)	(1,247)	(1,246)	(1,247)	(1,247)	(14,616)
Tax, NI and Pension	(859)	(889)	(895)	(905)	(876)	(893)	(896)	(900)	(900)	(900)	(900)	(900)	(10,712)
Suppliers	(570)	(615)	(377)	(502)	(640)	(543)	(965)	(734)	(733)	(510)	(509)	(510)	(7,207)
	(2,635)	(2,695)	(2,470)	(2,591)	(2,713)	(2,608)	(3,092)	(2,881)	(2,880)	(2,656)	(2,656)	(2,657)	(32,535)
Capital Expenditure	0	0	0	0	0	(105)	(19)	(100)	(50)	(60)	(100)	(90)	(524)
Interest Income	1	0	1	3	1	1	1	1	2	2	1	2	15
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments	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	4,653	3,359	2,690	3,033	2,837	2,158	2,158

## Appendix E

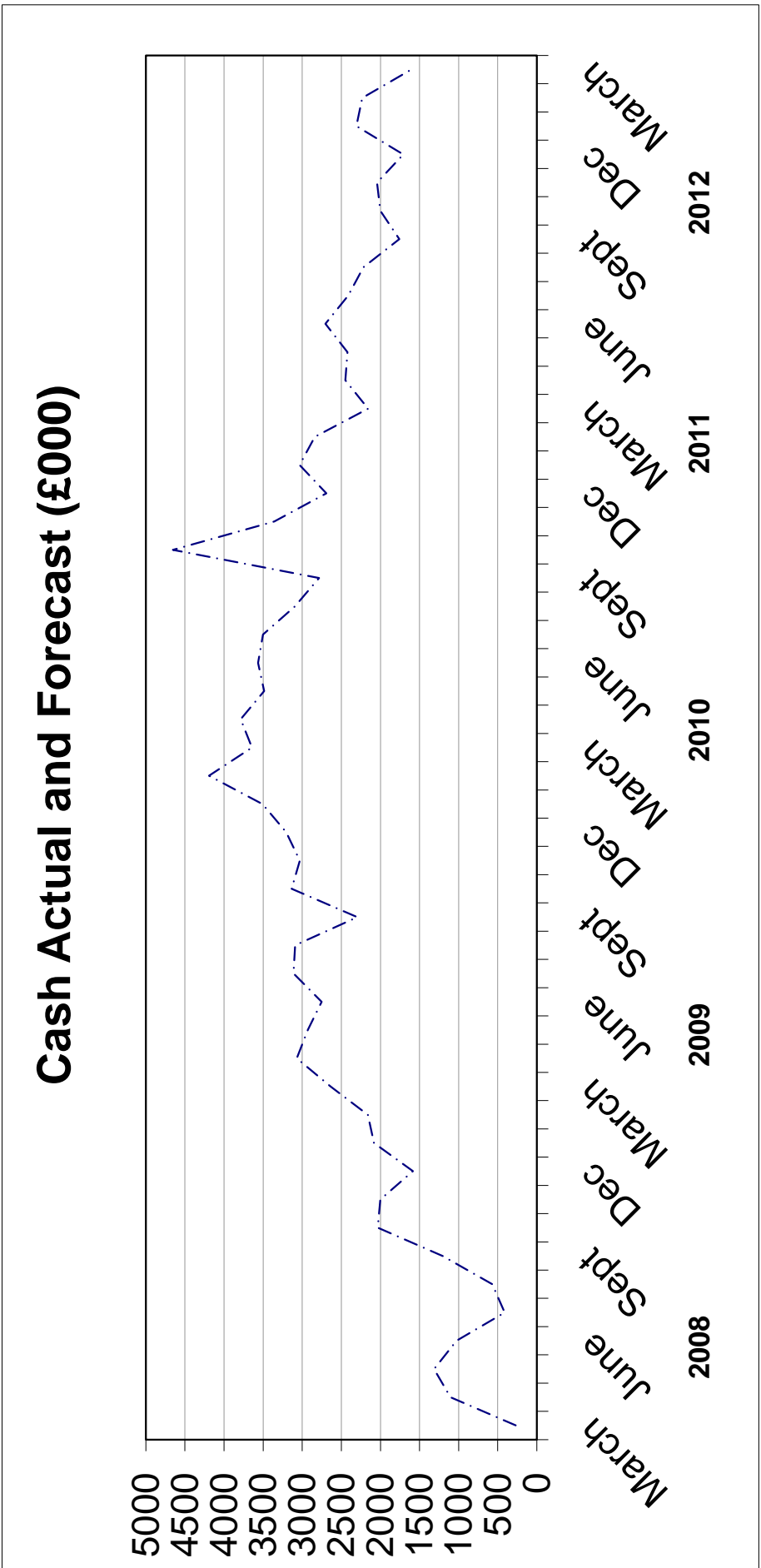
### Cash Flow 2011/12

## 2011/12 Plan

Opening cash balance	1,524	1,865	1,887	2,219	1,979	1,834	1,424	1,717	1,810	1,523	2,173	2,147	1,524
Operational income received													
NHS (excl SHA)	899	1,031	909	897	1,028	908	897	1,027	908	897	1,028	908	11,337
General debtors (incl LAs)	426	443	986	547	471	471	658	511	467	817	540	484	6,821
SHA for Training	881	900	881	880	901	880	881	900	881	880	901	880	10,646
Students and sponsors	704	200	100	0	0	200	600	300	0	600	150	0	2,854
Other	18	18	18	18	18	18	18	18	18	18	18	18	216
	2,928	2,592	2,894	2,342	2,418	2,477	3,054	2,756	2,274	3,212	2,637	2,290	31,874
Operational expenditure payments													
Salaries (net)	(1,160)	(1,160)	(1,160)	(1,160)	(1,160)	(1,160)	(1,159)	(1,160)	(1,160)	(1,160)	(1,160)	(1,160)	(13,919)
Tax, NI and Pension	(921)	(911)	(911)	(911)	(911)	(911)	(911)	(911)	(911)	(911)	(911)	(911)	(10,942)
Suppliers	(508)	(500)	(493)	(493)	(493)	(493)	(493)	(493)	(492)	(493)	(493)	(493)	(5,937)
	(2,589)	(2,571)	(2,564)	(2,564)	(2,564)	(2,564)	(2,563)	(2,564)	(2,563)	(2,564)	(2,564)	(2,564)	(30,798)
Capital Expenditure	0	0	0	(20)	0	(100)	(200)	(100)	0	0	(100)	(80)	(600)
Interest Income	2	1	2	2	1	2	2	1	2	2	1	2	20
PDC Dividend Payments	0	0	0	0	0	(225)	0	0	0	0	0	(225)	(450)
Closing cash balance	1,865	1,887	2,219	1,979	1,834	1,424	1,717	1,810	1,523	2,173	2,147	1,570	1,570

## 2011/12 Forecast

Opening cash balance	2,158	2,449	2,421	2,703	2,413	2,218	1,758	2,001	2,044	1,707	2,307	2,231	2,158
Operational income received													
NHS (excl SHA)	874	1,006	884	872	1,003	883	872	1,002	883	872	1,003	883	11,037
General debtors (incl LAs)	401	418	961	522	446	446	633	486	442	792	515	459	6,521
SHA for Training	881	900	881	880	901	880	881	900	881	880	901	880	10,646
Students and sponsors	704	200	100	0	0	200	600	300	0	600	150	0	2,854
Other	18	18	18	18	18	18	18	18	18	18	18	18	216
	2,878	2,542	2,844	2,292	2,368	2,427	3,004	2,706	2,224	3,162	2,587	2,240	31,274
Operational expenditure payments													
Salaries (net)	(1,160)	(1,160)	(1,160)	(1,160)	(1,160)	(1,160)	(1,159)	(1,160)	(1,160)	(1,160)	(1,160)	(1,160)	(13,919)
Tax, NI and Pension	(921)	(911)	(911)	(911)	(911)	(911)	(911)	(911)	(911)	(911)	(911)	(911)	(10,942)
Suppliers	(508)	(500)	(493)	(493)	(493)	(493)	(493)	(493)	(492)	(493)	(493)	(493)	(5,937)
	(2,589)	(2,571)	(2,564)	(2,564)	(2,564)	(2,564)	(2,563)	(2,564)	(2,563)	(2,564)	(2,564)	(2,564)	(30,798)
Capital Expenditure	0	0	0	(20)	0	(100)	(200)	(100)	0	0	(100)	(80)	(600)
Interest Income	2	1	2	2	1	2	2	1	2	2	1	2	20
PDC Dividend Payments	0	0	0	0	0	(225)	0	0	0	0	0	(225)	(450)
Closing cash balance	2,449	2,421	2,703	2,413	2,218	1,758	2,001	2,044	1,707	2,307	2,231	1,604	1,604





## Board of Directors : November 2010

**Item : 8**

**Title : Clinical Quality, Safety, and Governance Committee  
Quarter Two Report**

**Summary :**

This report gives a comprehensive overview of outcomes and performance for each of the work stream leads as reviewed by the committee.

Having worked through two cycles of reporting, work stream leads remain confident that quality, safety, and governance are being managed well, even where unequivocal assurance is yet to be secured for every element under scrutiny.

Positive themes emerging from the reports include: moving towards a risk enabled culture; and improved communication between clinical and corporate work areas.

Areas being addressed include achieving CQUIN targets, ensuring that mandatory training is undertaken, and compliance with a stricter information governance regime.

Risk is well managed from a non-clinical and clinical perspective.

**For : Discussion**

**From : Medical Director**

## Clinical Quality, Safety, and Governance Committee Quarter Two Report

### **1. Introduction**

- 1.1 The report is based on the work of the work stream leads. Reports on this work were considered by working groups in detail, eg, for the Corporate Governance and Risk work stream the Estates and Facilities element was considered and approved by the Estates and Facilities Quarterly Review Meeting. That report was validated by the Management Committee before scrutiny at the CQSG. The CQSG assurance contained in this report is based was substantial and accepted that adequate action plans were in place where it was not.

### **2. Findings**

- 2.1 Work stream leads are not the same as managers, they have been encourage to be open with issues that they feel need attention; this approach has yielded useful pointers for further attention. See appendix for breakdown by element.

### **3. Conclusion**

- 3.1 The committee acknowledged the work that had gone into the report and were content to accept the assurance and action plans. The committee noted good progress in both developing new work areas and of the work of work stream leads.

### **4. Recommendations**

- 4.1 That Board acknowledge the report gives satisfactory assurance, and where this was yet to be provided, that an action plan was in place to generate the assurance.



## Appendix –reports from work stream leads

a) Work stream: Corporate Governance and Risk      Lead: Pat Key						
Reporting topic	Assurance received	RAG	Follow up on tracker Yes/no	Risk Register Yes/no	Comments	CQSG response
CQC compliance	Each lead updated their elements; updated compliance schedule.	G	Yes	No	No evidence of poor compliance identified in process (with exception of mandatory training which is addressed below)  Each lead reviewed and updated their respective standards	-
Non-financial report to Monitor	Report submitted via BD September 2010	G	No	No	Q2 report was submitted in advance of work stream meeting and therefore not	-

Reporting topic	Assurance received	RAG	Follow up on tracker Yes/no	Risk Register Yes/no	Comments	CQSG response
					reviewed	
Human Resources Training report	Q2 figures for Induction, Local Induction and Mandatory training and action plan	R	Yes	Yes	Q2 figures show below targets outcomes for both induction and mandatory training. CEO support required to oversee implementation of action plan. Sanctions proposal to be agreed at MC.	The action plan was accepted; urgent implementation is indicated.
Estates and Facilities CQC compliance and NHSLA	A composite summary of assessments conducted for site and Health and Safety risk and compliance with the facilities requirements for	G	Yes	Yes	2 areas of risk were identified: Monroe and FDAC both have action plans agreed.	-

Reporting topic	Assurance received	RAG	Follow up on tracker Yes/no	Risk Register Yes/no	Comments	CQSG response
compliance	CQC					
Responses to recommendations and Requirements of External Bodies	Updated schedule.	G	No	No	No deadlines missed.	Improvement since Q1 noted.
Progress towards NHS Level 2	Report of a mock assessment; a gap analysis report showing 'at risk' topics supported by an action plan to address these in advance of the assessment date.	A	Yes	Yes	For noting the following topics are currently identified as Red i.e. risk of non-compliance: <ul style="list-style-type: none"> <li>Local induction (failure to return forms)</li> <li>Local induction</li> </ul>	The number of risk areas has fallen by half; the action plan to address the remainder was accepted.

Reporting topic	Assurance received	RAG	Follow up on tracker Yes/no	Risk Register Yes/no	Comments	CQSG response
					<p>(temporary staff) failure to return forms</p> <ul style="list-style-type: none"> <li>• <b>Violence and aggression</b>, no evidence of following the lone worker policy ie completed risk assessments</li> <li>• <b>Stress</b> no evidence of actions directly linking to procedure</li> </ul> <p>Jane Chapman will work with topic</p>	

Reporting topic	Assurance received	RAG	Follow up on tracker Yes/no	Risk Register Yes/no	Comments	CQSG response
					leads to see how best these gaps can be closed.	
Non-clinical incident reports	Summary report on all non-clinical incidents for Q2, graded to show actual harm level, no incident was graded above 9.	G	No	No	No further action required	-
Specific case reports (serious incidents / SUIs)	No new serious incidents were reported in Q2, there are no outstanding open serious incident cases under review	G	No	No	-	-
Central alert broadcast advice	CAB issued 39 alerts in Q2, none of which were relevant to the Trust.	G	No	No		-
Assurance framework	Updated version presented to September BD, will be reviewed in Q3	G	No	No		-

Reporting topic	Assurance received	RAG	Follow up on tracker Yes/no	Risk Register Yes/no	Comments	CQSG response
Operational Risk Register	Updated version presented to September BD, will be reviewed in Q3	G	No	No		-
Information Governance	An interim submission was made to CfH setting out that the Trust had not reached level 2 compliance on all key elements	R	Yes	Yes	Status report, including an action plan and to include provision of resources to be presented to MC by 25.11.10 by SIRO.  Monitor will not take action as a result of this report.  Internal auditors to support delivery.	Revised action plan will require rapid approval and implementation, full report in Q3 required.

Action Tracker : Corporate Governance and Risk				
Date item added	Action	Lead	Target completion date	Progress review/closed (date and comment)
27.8.10	CQC compliance: update schedule	JC	2.9.10	Done, 1.9.10
27.8.10	HR (training compliance) <ul style="list-style-type: none"> <li>➤ Need for directors to ensure attendance at training to be emphasised at MC.</li> <li>➤ CE to be made aware of attendance performance by directorate for addressing at 1:1s.</li> <li>➤ Report metrics to be refined and accompanying narrative in future</li> <li>➤ Complete and final data sets to be completed and forwarded to PK by Friday.</li> </ul>	ST ST ST NN	30.11.10 30.9.10 27.8.10 27.8.10	Done, 30.9.10 Done, 1.11.10 Done, 27.8.10 Done, 27.8.10
27.8.10	Estates & facilities <ul style="list-style-type: none"> <li>➤ Metrics to be revised</li> <li>➤ Scoring to be checked and amended</li> <li>➤ Amended report to be considered at the E&amp;F meeting</li> <li>➤ Areas of concern to be added to risk register</li> </ul>	PK PK PK PK	31.8.10 31.8.10 9.9.10 2.9.10	Done, 31.8.10 Done, 31.8.10 Done, 9.9.10 Done, 2.9.10

<b>27.8.10</b>	Responding to recommendations <ul style="list-style-type: none"> <li>➔ Policy to be adapted to that needed for NHSLA for this Trust</li> <li>➔ 'Responding' element to be extracted and become new guideline</li> <li>➔ Table to be updated</li> </ul>	LC  JM  LC	3.9.10  3.9.10  3.9.10	Done, 3.9.10  Done, 3.9.10  Done, 3.9.10
<b>27.8.10</b>	Progress to NHSLA level 2: work with leads to see how gaps can be closed	JC	30.9.10	Done, 30.9.10
<b>27.8.10</b>	Information governance <ul style="list-style-type: none"> <li>➔ The Information Governance Group will monitor and support IG compliance</li> <li>➔ An action plan will be put to the MC</li> <li>➔ A meeting between PK, LL, SY and NN to look at a co-ordinated approach to training to include RiO, IG, finance system, mandatory training etc will be held</li> </ul>	SY  JM  JM	15.10.10  16.9.10 31.8.10	Ongoing  Plan not agreed Meeting held, long term solution to be finalised
<b>29.10.10</b>	Outstanding RMC action: <i>Lone Worker Policy Implementation Audit</i> <ul style="list-style-type: none"> <li>➔ Assurance that delivery plan has been implemented to be</li> </ul>	PK	30.11.10	



	obtained				
29.10.10	HR (training compliance) <ul style="list-style-type: none"> <li>➔ Directors to be prompted to manage this situation more effectively</li> <li>➔ Performance figures to be supplied to directors monthly (IG performance figures are already being supplied weekly)</li> </ul>	ST ST	30.11.10 30.11.10	Discussed at JSCC, MC to consider feedback Started 1.11.10	
29.10.10	<b>Estates and Facilities: Health and Safety and Facilities Risks 2010-11</b> <ul style="list-style-type: none"> <li>➔ Devise a definition of 'trust sites' and ensure liaison between Business Development and Facilities</li> </ul>	PK	30.11.10		
29.10.10	<b>General corporate governance and risk compliance</b> <i>Risk assessment grading</i> <ul style="list-style-type: none"> <li>➔ Eg Access to roof incident risk rating to be reviewed</li> </ul> <i>Stress Management Policy</i> <ul style="list-style-type: none"> <li>➔ A review to simplify is indicated</li> </ul>	PK ST	30.11.10 30.11.10	Plan to review in place	
29.10.10	<b>Information Governance</b> <ul style="list-style-type: none"> <li>➔ 2010/11 plan and resources to be finalised and approved</li> </ul>	SY	25.11.10		

	by CEO.				
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b) (i) Work stream : Clinical Audit		Lead	Caroline McKenna			
Reporting topic	Assurance received	RAG	On tracker	Risk Register Yes/no	Comments	CQSG response
Development of Outcome Monitoring Process	Partial – There is an agreed algorithm in place for each Directorate setting out OM requirements but see limitations in comments	R	YES	YES	In CAMHS, multiple problems identified in the system and assurance cannot be given that CQUIN targets (CAMHS) will be achieved by end October 2010  The process of routine outcome monitoring needs to be radically overhauled particularly in CAMHS.  Paper prepared by Lead (Oct 2010) which needs to be considered at the highest level (Nov 10) with immediate action plan for change.	Action plan will require rapid approval and implementation, full report in Q3 required.

Reporting topic	Assurance received	RAG	On tracker	Risk Register Yes/no	Comments	CQSG response
Outcome Monitoring Procedure	Draft OM procedure available – Final Trust wide in place by agreed by end of December 2010	R	YES	NO	Final procedure dependent on agreement by senior management that key issues raised in paper (referenced above) are acted upon with immediate effect , for example, establishing service line outcome monitoring leads, options appraisal re databases.	Action plan will require rapid approval and implementation, full report in Q3 required.
RiO Migration and Outcome reports	None	R	YES	NO	No assurance that migration to RiO (active from 1 <sup>st</sup> Nov) will provide the outcome monitoring reports that are required. This may significantly compromise the information that can be provided for CQUIN	Action plan is required and this will need rapid approval and implementation, full report in Q3 required.

Reporting topic	Assurance received	RAG	On tracker	Risk Register Yes/no	Comments	CQSG response
					report for quarter 3 and quarter 4.	
Patient Reported Outcome Measures	New development 2011	G	YES	NO	PROMs are typically short, self-completed questionnaires, which measure the patients' health status or health related quality of life at a single point in time.  Action plan for use of PROMS across directorates from Feb 2011 in consultation with PPI sub group.	-
Outcome monitoring in specific populations	New development 2011	G	YES	No	Currently there are gaps in the use of outcome monitoring tools for specific populations e.g children, young people with learning disabilities.	-

Reporting topic	Assurance received	RAG	On tracker	Risk Register Yes/no	Comments	CQSG response
					Action plan for 2011 involving all specialist teams.	

Date item added	Action Tracker Outcome monitoring	Lead	Target completion date	Progress review/closed (date and comment)
9.9.10	Produce an agreed trust wide process for outcome monitoring	CM	Dec 2010	In progress
30.10.10	Work with PPI lead to develop and implement PROM's	CM/SH	Feb 2011	New action
30.10.10	High level meeting to discuss OM (to include CEO and Trust Clinical Director)	CM	Nov 2010	New action
30.10.10	Work with Quality Lead and Informatics to review Rio migration and OM data issues	CM/JMcW	Nov 2010	New action
<b>b) (ii) Work stream : Clinical Audit</b>				
		<b>Lead</b>	<b>Caroline McKenna</b>	

Reporting topic	Assurance received	RAG	Follow up on tracker Yes/no	Risk Register Yes/no	Comments	CQSG response
Development of Clinical Audit Process and Clinical Audit Annual plan	Partial – Evidence available of local audits occurring in all directorates, but no formalised structure or annual plan available  Process for clinical audit in place across all directorates.	A	Yes	Yes	Standard: every clinician participating in clinical audit.  Draft clinical audit procedure under discussion.  Planning meeting to develop annual plan in diary  Annual audit plan to reflect national priorities, trust annual plan and service needs to be drafted by end Nov 2010 and to be presented at Q3 (as this is a new activity the initial plan will run for 2010-2012)	Action plan is required and this will need rapid approval and implementation, full report in Q3 required.

Reporting topic	Assurance received	RAG	Follow up on tracker Yes/no	Risk Register Yes/no	Comments	CQSG response
NICE compliance	All gap analyses with action plans have been reviewed and updated by leads	G	No	No	Quarterly report to be compiled from updated plans and sent to Commissioners, no issues identified.  Note new NICE guideline issued on Looked After Children AMD for Clinical Audit (CMcK) allocated as lead to complete gap analysis	-
Confidential inquiries	None	A	Yes	No	NHSLA have confirmed that the Trust is only required to review and consider the Confidential inquiry report on Homicide and Suicide when published. The most recent report was published in July 2010 . A review and gap	Plan accepted.



Reporting topic	Assurance received	RAG	Follow up on tracker Yes/no	Risk Register Yes/no	Comments	CQSG response
					analysis will be prepared and reported at Q3, lead allocated to compete this task	

Date item added	Action Tracker Clinical Audit	Lead	Target completion date	Progress review/closed (date and comment)
9.9.10	No evidence to suggest non compliance but formal methods for Trust wide audit to be agreed an implemented with target date of end Q2	CM	Dec 2010	P Clinical audit process drafted and out to consultation
30.10.10	Complete Gap analysis on NCE	CM	Dec 2010	New action

C) Work stream : Patient Safety and Risk					Lead	Jessica Yakeley
Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments/Actions	CQSG response
Clinical incidents	Summary report on all clinical incidents for Q2, graded to show actual harm level, No incident was graded above 6 , no further action required	G	No	No	-	-
Specific case reports (serious incidents / SUI's)	No new serious incidents were reported in Q2, there are no outstanding open serious incident cases under review	G	No	No	-	-
Hospital Acquired Infection	No incident reports relating to infection control were received in Q2. Hand washing techniques and management of body fluid contamination injuries were covered in induction in this quarter.	G	No	No	-	-

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments/Actions	CQSG response
New Clinical claims	The Trust has no clinical claims of negligence	G	No	No	-	-
Complaints report	Updated complaints schedule for 2010-11	G	No	No	2 complaints received in Q2, one involved an allegation that a member of staff caused bruising to a child during a hold at the Day unit. Case internally investigated and referred (by trust) to Camden Safeguarding Team who did not consider they needed to investigate. Detailed response sent to complaint ( father) Origin of bruising not confirmed	-

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments/Actions	CQSG response
Progress towards NHS Level 2	<p>Progress made against gap analysis and action plan developed in Q1, updated gap analysis and action plan received .</p> <p>Updated gap analysis shows no 'red' risks for clinical standards, however the standard for violence and aggression remains red due to lack of available evidence on management of lone workers</p>	A	Yes	Yes	<p>Lisa Tucker to lead a piece of work on lone workers to include updating lone worker procedure, to be reported to corporate governance and risk and patient safety work streams</p> <p>JC met with NHSLA assessor on Oct 15<sup>th</sup>, encouraging feedback report on progress received, action received, action plan to be updated in light of feedback</p>	Action plan will require rapid approval and implementation, full report in Q3 required.

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments/Actions	CQSG response
Central alert broadcast advice	CAB issued 34 alerts in Q2, none of which related to clinical practice relevant to the Trust	G	No	No	.	-
Supervision of clinicians	A revised clinical supervision procedure has been prepared by JY/LL/JC, and approved by MC, that includes provision for a base line recording of named supervisor for all clinical staff.  The procedure includes an agreed format for an annual audit of supervision arrangements	A	Yes	Yes	Data collection is proceeding currently and will be completed by 30.11.10. This will be reviewed thereafter on an annual basis to ensure that the Trust can identify each clinician's named supervisor (in line with CQC and NHSLA requirements).  Action being lead by AMD Risk	Action plan accepted.

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments/Actions	CQSG response
Revalidation	Report received from Revalidation Lead regarding Trust's preparation for revalidation with action plan	G			Rob Senior (Medical Director) has been formally appointed by the Board as the Responsible Officer.  We continue to work internally on systems and processes so that we will be ready for revalidation when it is implemented in 2012	-
Safeguarding children	Report to Board of Directors 2010 on Safeguarding Children which provided update following  Report from Camden Safeguarding team following review in July/Aug 2010  Report on recent internal audit on CRB checks and mandatory training	G	No	No	Safe guarding Children: Action plans for both reviews to be monitored quarterly from Q3  Lead for action plans Medical Director.	-

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments/Actions	CQSG response
Safeguarding adults	Copy of report to Board received. No referrals to social services made Q2, mandatory training delivered as per requirements. 3 LCDS incidents and have been reported (Oct 2010) and reviewed by JC and JY, and an agreed action plan is in place for each incident. None required referral to social services	G	No	No	The 3 incidents will be further reviewed at Q3 to confirm progress, none scored more than 6 on the risk matrix. In light of the review of these incidents consideration will be given if any residual risk needs to be added to the risk register.	-

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments/Actions	CQSG response
Operational Risk Register (clinical risks)	The updated risk register has been reviewed. The risks identified on the Register are being handled appropriately by the identified leads., however it is noted by the work stream that the issue of patient safety is not reflected in the RiO risks on the register	R	Yes	No	<p>The RiO risk entries relate to system and process and not patient safety. There is no specific entry currently regarding the risk of implementation of RiO to patient safety (e.g. incorrect data entry, clinician non-compliance)</p> <p>The work stream recognise that the trust has postponed the implementation of full implementation however the work stream remain very concerned that patient safety risk remains inadequately addressed at this stage</p>	<p>Proposed changes to RiO implementation/ system should be developed with work stream leads.</p> <p>An additional entry to the register on RiO is to be made.</p>



Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments/Actions	CQSG response
					in the process The work stream will propose a new risk for the register	

Date item added	Action	Lead	Target completion date	Progress review/closed (date and comment)
Oct 20210	Supervision of clinicians to undertake audit of supervision arrangements	JY	End Dec 2010	Data collection in progress
Oct 2010	NHSLA -progress towards NHS Level 2	JC/JY	Feb 2011	Continue to progress data collection
4.11.10	Formulate clinical safety entry for risk register	JY/JC	End Nov 2010`	completed

d) Work stream name		Quality	Lead	Justine McCarthy Woods		
Reporting topic	Assurance received	RAG	F/U on tracker	Risk Register	Comments	CQSG response
Quality accounts are produced to a high standard	No current assurance as plans are still be finalised as to approach to be adopted for 2010-11	R	Yes	Yes	A Framework for Data Quality and Procedures, which is currently in the process of developed, will be used to confirm data sources and procedures for assurance of data quality, which will be required for the Quality Accounts/Report, and the interim mock Quality Report. However, it is clear that from the poor reliability of some of the data submitted for inclusion in the CQUINs reports that assurance can not be provided at	The framework needs to be implemented promptly; outcomes will be assessed in due course.

Reporting topic	Assurance received	RAG	F/U on tracker	Risk Register	Comments	CQSG response
					this time for data quality.	
Arrangements to deliver CQUIN are fit for purpose	No formal assurance available	R	Yes	Yes	<p>Even though the CQUINs reports are being completed to meet the required deadlines for submission, from meeting with the OM Lead, it was clear that the Outcome Monitoring data obtained for inclusion in these reports, for the CAMHS OM and dataset, was incomplete and unreliable. In addition, at this time the appropriate systems and infrastructures are not in place to facilitate</p>	Action plan is required and this will need rapid approval and implementation, full report in Q3 required.

Reporting topic	Assurance received	RAG	F/U on tracker	Risk Register	Comments	CQSG response
					the timely collection of reliable data for the some of the CQUINs targets. Because of the migration to RiO, Informatics have been less available at this time to produce some of the reports required for CQUINs. For this reason, it has been necessary to rely on manual data-collection to gather some of the information.	
That data quality is improving	This will be assessed and reported on 6 monthly. To be carried forward to Q3. However, the data quality assurance processes are not in place at this time.					

Reporting topic	Assurance received	RAG	F/U on tracker	Risk Register	Comments	CQSG response
That data to be collected has been agreed	CQUIN data for 2010-11 agreed and is being collected, reports provided to Commissioners as required. Mandatory data sets for Quality Report externally set	A	Yes	Yes	As above, the lack of reliability of some of the data included in the CQUINs report is of concern and needs to be addressed as a priority.	Action plan is required and this will need rapid approval and implementation, full report in Q3 required.
That guidelines on the nature of data are satisfactory	Few written guidelines available on nature of data currently available	R	Yes	Yes	There are no guidelines available to address the current issues concerning: Data quality and reliability; consistency between the information collected on Carenotes and Rio (particularly how this will affect comparison	Action plan is required and this will need rapid approval and implementation, full report in Q3 required.

Reporting topic	Assurance received	RAG	F/U on tracker	Risk Register	Comments	CQSG response
					between the Q1 & Q2 reports and those generated for Q3 & Q4 ; the lack of agreed systems and infrastructures, along with admin support, for data collection and extraction.	
That non-financial SLM reports are fit for purpose and that communication with SLMs on quality matters is effective					<p>It is recommended that this work stream provide advice and support to SLM's in preparing their reports to confirm that 'quality' entries and accurate and fit for purpose and that issues are reported to CQSG by exception</p> <p>Note if recommendation in 'assurance' column is accepted then the ToR for the quality work stream will be updated to reflect this approach. To be discussed at November CQSG Meeting.</p>	This was agreed and is to be proposed to the Board of Directors

### Action Tracker Quality

Date item added	Action	Lead	Target completion date	Progress review/closed (date and comment)
9.9.10	Develop and action plan for preparation of Quality Report to include lead for supplying evidence and arrangement for sign off of entry in the report to confirm accuracy Action plan to include method for agreeing non mandatory content of report	JMcC W	28.1.2011	A Framework for Data Quality Procedures is being developed, which will include the Lead for providing evidence and assurance concerning the accuracy and completeness of data, along with identifying gaps and risks.
9.9.10	Seek approval for proposal to prepare quality CQIUN report with action plans for any targets that are not being met and then develop an action plan to ensure its timely production.	JMcC W	28.1.2011	In conjunction with the Framework for Data Quality Procedures, there will be the identification of those individuals with Lead responsibility for overseeing the achieving the specific targets, and the development of action plans for those targets which are not met.
9.9.10	Update ToR if recommendation for emphasis of work stream activity in relation to SLM's is agreed	JC	30.11.10	Deferred from Q1 Report to await outcome of decision re this activity
2.11.10	There will be a need to monitor the systems for data collection	JMcC	11.2.2011	

	and data extraction with the implementation of RiO. An interim report to be completed following Quarter 3.	W		
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e) Work stream name	PPI	Lead	Sally Hodges
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Reporting topic	Assurance received	RAG	Action tracker	Risk Register	Comments	CQSG
CQC compliance PPI	Core evidence schedule updated for Q2, Annual plan for PPI activity	G	No	No	no issues of non compliance identified	-
Adhering to key PPI policies and procedures (PALS, Patient Information)	PALS supervision from PPI lead Updated approved patient information procedure	G	Yes	No	PALS lead receives supervision for this work and any issues are discussed at supervision, a link between a PALS and complaint case was reviewed this quarter and lessons learned. Patient information leaflet review in progress to be completed by end	-

Reporting topic	Assurance received	RAG	Action tracker	Risk Register	Comments	CQSG
					Nov 2010	
Coordination of PPI activities across the Trust	Scheduled team meeting PPI /communication (new) now meeting fortnightly PPI Lead meetings with Outcome monitoring/Audit lead re activities around patient experience of consent and treatment	G	Yes	No	Ongoing	-
Responding to PPI issues arising from PALS, complaints or other forms of PPI input	Report delayed to Q3 due to staff sickness absence	A	Yes	No		Report up to Q3 required at next meeting.
Responding to survey findings from 2009-10	PPI committee minutes PPI action plan includes specific projects arising from patient survey	G	No	No		-

Reporting topic	Assurance received	RAG	Action tracker	Risk Register	Comments	CQSG
Action plan for patient survey 2010-11	Included in PPI annual plan	G	Yes	No		-
PPI involvement in promotion of members activities including recruitment	Discussed at Governors meeting 8.9.10, plan to set up a working group agreed New Quality /PPI group to include patients established, first meeting date set	G	No	No		-

Action Tracker for PPI					
Date item added	Action	Lead	Target completion date	Progress review/closed (date and comment)	
8.9.10	Update Patient Information Procedure to ensure in line with current practice, undertake review of core patient information and update as required (all on 2 year review cycle)	SB	Dec 2010	Oct 2010	Procedure fully updated Oct 2010, 2 yearly review of all leaflets in progress
8.9.10	Complete review of PPI structure for presentation at MC	SH	Oct 2010		New action
8.9.10	Revise TOR for PPI committee	SH	Oct 2010	Oct 2010 complete	
8.9.10	Set out an annual plan for PPI activity across the trust	SH	Oct 2010		Oct 2010 plan completed to be presented to CQSG for information
1.11.10	Prepare a review of PALS activity for Q1 and 2 (postponed from Q2)	DL	Dec 2010		
1.10.10	Review and reissue patient information leaflets	SB	Dec 2010		Oct 2010 in progress

## Board of Directors : November 2010

**Item : 9**

**Title : Standing Financial Instructions**

**Summary:**

The Standing Financial Instructions have been updated to reflect the Trust's new e-procurement system, NHS Shared Business Services (NHS SBS).

Most of the changes are minor in nature. The significant change as a result of NHS SBS is that budget holders now have the authority to commit the Trust to a purchase directly (see 9.2.2), via the new system, which was not previously the case.

The Board of Directors are asked to approve these changes, prior to the implementation of the new system in January 2011.

**For : Approval**

**From : Trust Secretary**



## 9 Non-Pay Expenditure (see also *SFI Appendix*)

### 9.1 Delegation of authority

9.1.1 The Board of Directors will approve the level of non-pay expenditure on an annual basis and the Chief Executive will determine the level of delegation to Budget Holders.

9.1.2 The Chief Executive and the Director of Finance will set out:

9.1.2.1 the list of managers who are authorised to place requisitions for the supply of goods and services; and

9.1.2.2 the maximum level of each requisition and the system for authorisation above that level.

9.1.3 The Chief Executive shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

### 9.2 Choice, requisitioning, ordering, receipt and payment for goods and services

9.2.1 Official orders must:

9.2.1.1 be consecutively numbered;

9.2.1.2 be in a form approved by the Director of Finance;

9.2.1.3 state the Trust's terms and conditions of trade; and

9.2.1.4 only be generated by the Trust's eprocurement system.

9.2.2 Orders will be issued based on an electronic requisition authorised by a Budget Holder on the eprocurement system.

9.2.2.1 ;

9.2.3 Under no circumstances should a requisition number be quoted to a supplier as authority for a purchase.

9.2.4 The Trust's Procurement Officer shall maintain on the eprocurement system a catalogue of items usually needing to be purchased for the Trust's activities. The catalogue will hold details of range available, the suppliers to be used, and the current agreed prices.

9.2.5 The requisitioner, in choosing the item to be supplied (or the service to be performed), shall always obtain the best value for money for the Trust. In so doing, the advice of the Trust's Procurement Officer shall be sought where an item is not available from the Trust catalogue. Where this advice is not acceptable to the requisitioner, the Director of Finance (and/or the Chief Executive) shall be consulted. Officers must comply with the *SFI Appendix*, which requires competitive tenders or quotations to be obtained where the expected cost exceeds certain thresholds.

9.2.6 The Director of Finance will:

9.2.6.1 be responsible for the prompt payment of all properly authorised accounts and claims, in accordance with contract terms and with the *Better Payment Practice Code*<sup>1</sup>;

9.2.6.2 be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:

9.2.6.2.1 A list of Directors and employees (including specimens of their signatures) authorised to certify invoices;

9.2.6.2.2 Certification that:

9.2.6.2.2.1 goods have been duly received, examined, and are in accordance with specification, and the prices are correct;

9.2.6.2.2.2 work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;

9.2.6.2.2.3 in the case of contracts based on the measurement of time, materials or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price, and the charges

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<sup>1</sup> See <http://www.payontime.co.uk/>



for the use of vehicles, plant, and machinery have been examined;

9.2.6.2.2.4 where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;

9.2.6.2.2.5 the account is arithmetically correct; and

9.2.6.2.2.6 the account is in order for payment;

9.2.6.2.3 a timetable and system for submission to the Director of Finance of accounts for payment (provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment); and

9.2.6.2.4 instructions to employees regarding the handling and payment of accounts within the Finance Directorate;

9.2.6.3 be responsible for ensuring that payment for goods and services is only made once the goods and services have been received (except as below).

9.2.7 Pre-payments are only permitted where exceptional circumstances apply. In such instances:

9.2.7.1 pre-payments are only permitted where the financial advantages outweigh the disadvantages and the intention is not to circumvent cash limits;

9.2.7.2 the appropriate Director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Trust if the supplier is at some time during the course of the pre-payment agreement unable to meet his commitments;

9.2.7.3 the Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed; and

9.2.7.4 the Budget Holder is responsible for ensuring that all items due under a pre-payment contract are received, and he

must immediately inform the appropriate Director or Chief Executive if problems are encountered.

9.2.8 Managers must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

- 9.2.8.1 all contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;
- 9.2.8.2 contracts above specified thresholds are advertised and awarded in accordance with European Union and World Trade Organisation rules on public procurement and comply with legislation and Government guidance on competitive procurement;
- 9.2.8.3 where consultancy advice is being obtained, the procurement of such advice must be in accordance with guidance issued by the Department of Health;
- 9.2.8.4 no order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Directors or employees, other than:
  - 9.2.8.4.1 isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars; and
  - 9.2.8.4.2 conventional hospitality, such as lunches in the course of working visits<sup>2</sup>;
- 9.2.8.5 no requisition or order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;
- 9.2.8.6 all goods, services, or works are ordered on an official order except purchases from petty cash;
- 9.2.8.7 verbal orders must only be issued very exceptionally – by an employee designated by the Chief Executive and only in cases of emergency or urgent necessity. These must be confirmed subsequently by an official order and clearly marked “Confirmation Order”;

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<sup>2</sup> See also Department of Health, *Health Service Guideline (93)5: Standards of business conduct for NHS staff*, January 1993, for guidance on standards of business conduct for NHS staff

- 9.2.8.8 orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
  - 9.2.8.9 goods are not taken on trial or loan in circumstances that could commit the Trust to a future uncompetitive purchase;
  - 9.2.8.10 changes to the list of Directors / employees authorised to certify invoices are notified to the Director of Finance;
  - 9.2.8.11 purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance; and
  - 9.2.8.12 petty cash records are maintained in a form as determined by the Director of Finance.
- 9.2.9 The Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance contained within *Estatecode*<sup>3</sup> and all other applicable policy and guidance. The technical audit of these contracts shall be the responsibility of the relevant Director.
- 9.2.10 Leases
- 9.2.10.1 *SFI 9.2.1, 9.2.2, 9.2.3 and 9.2.5*, above, apply to leases as to any other purchase contracts. When determining whether tendering or quotations are required in accordance with *SFI 9.2.5*, the expected value of the lease across the whole term will be used in respect of the thresholds set out in the *SFI Appendix*.
  - 9.2.10.2 Any leases above a five-year commitment will require the explicit approval of the Director of Finance.

### 9.3 Bankruptcy clauses in contracts

- 9.3.1 Trust contracts are to explicitly state that the Trust is to be made aware of any bankruptcy of any customer or supplier.
- 9.3.2 The Director of Finance should make every effort to apprise himself of any formal insolvency arrangement applied to any customer or supplier.

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<sup>3</sup> Department of Health, *Estatecode*, January 2003

- 9.3.3 When a formal insolvency arrangement is discovered, all payments should be ceased pending confirmation of the exact legal status of the insolvency arrangement, and subsequent payments must be made to the correct person.
- 9.3.4 When a formal insolvency arrangement is discovered, a statement should be prepared showing amounts due to and from the Trust. Any claim must be lodged by the Trust with the correct party without delay.

## 10 External Borrowing and Investments

### 10.1 External borrowing

- 10.1.1 The Director of Finance will advise the Board of Directors concerning the Trust's ability to pay interest on, and repay the Public Dividend Capital (PDC) and any loans or overdrafts. The Director of Finance is also responsible for reporting periodically to the Board of Directors concerning the PDC and all loans and overdrafts.
- 10.1.2 Any application for an additional PDC or for a loan or overdraft, may only be made by the Director of Finance or by an employee so delegated by him.
- 10.1.3 The Director of Finance must prepare procedural instructions concerning applications for PDC, loans, or overdrafts.
- 10.1.4 All short-term borrowings should be kept to the minimum period possible, consistent with the overall cash flow position. Any short-term borrowing requirement must be authorised in accordance with the Trust's *Operating Cash Management Policy*.
- 10.1.5 All long-term borrowing must be consistent with the plans outlined in the current Annual Plan.
- 10.1.6 The Director of Finance must ensure compliance with the *Prudential Borrowing Code (PBC) for NHS Foundation Trusts*<sup>4</sup> set by the Regulator to limit the amount of borrowing for NHS foundation trusts. The PBC will determine the prudential borrowing limit beyond which the Trust must not borrow. The limit is imposed by the Regulator in the Terms of Authorisation. The Regulator will review the limit.

### 10.2 Investments

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<sup>4</sup> Monitor, *Prudential Borrowing Code (PBC) for NHS Foundation Trusts*, April 2009

- 10.2.1 Temporary cash surpluses must be held only in such public or private sector investments as specified in the Trust's *Operating Cash Management Policy* authorised by the Board of Directors in accordance with the Regulator's guidance *Managing Operating Cash in NHS Foundation Trusts*<sup>5</sup>.
- 10.2.2 The Director of Finance is responsible for advising the Board of Directors on investments, and shall report periodically to the Board of Directors concerning the performance of investments held.
- 10.2.3 The Director of Finance will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

### 10.3 Working Capital Facility

- 10.3.1 The Board of Directors will ensure that funds are available for short-term cash flow management by negotiating an irrevocable working capital facility with a commercial bank (unless the approved cash flow forecast indicates that this is not required). The value of this facility shall be set by the Board of Directors and shall not exceed the limit set in the Trust's Terms of Authorisation.

## 12 Stores and Receipt of Goods

- 12.1 Departmental stores of stationery etc should be kept at the minimum level necessary to support efficient working. Facilities stores will be subjected to annual stock take, and valued at the lower of cost and net replacement value; obsolete or excess stock shall be valued at net realisable value.
- 12.2 Subject to the responsibility of the Director of Finance for the systems of control, overall responsibility for the control of stores shall be delegated to an employee by the Chief Executive. The day-to-day responsibility may be delegated to departmental employees and stores managers / keepers, subject to such delegation being entered in a record available to the Director of Finance.
- 12.3 The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks should be marked as health service property.
- 12.4 The Director of Finance shall set out procedures and systems to regulate the stores, including records for receipt of goods, issues, and returns to stores, and losses.

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<sup>5</sup> Monitor, *Managing Operating Cash in NHS Foundation Trusts*, December 2005

- 12.5 Stocktaking arrangements shall be agreed with the Director of Finance.
- 12.6 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.
- 12.7 The designated manager shall be responsible for a system approved by the Director of Finance for a review of slow moving and obsolete items, and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer shall report to the Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also *SFI 13*). Procedures for the disposal of obsolete stock shall follow *SFI 13.1* and *SFI Appendix, paragraph 11*.
- 12.8 For any goods supplied via the NHS central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Director of Finance who shall satisfy himself that the goods have been received before accepting the recharge.

## Board of Directors : November 2010

**Item :** 10a

**Title :** Proposed changes to the Committee Terms of Reference  
of the Audit Committee

**Summary:**

The Terms of Reference for the Audit Committee have been updated, having regard to the Trust's *Standing Financial Instructions*.

These Terms of Reference were reviewed by the Audit Committee on 8<sup>th</sup> November 2010, and the Committee recommend them to the Board of Directors for approval.

Terms of Reference are attached, with tracked changes.

**For :** Approval

**From :** Audit Committee Chair





# Audit Committee Terms of Reference

Ratified by:	Board of Directors
Date ratified:	
Name of originator/author:	Richard Strang, Committee Chair
Name of responsible committee/individual:	Audit Committee /, Committee Chair
Date issued:	July 2007; June 2009
Review date:	October 2011

## Audit Committee Terms of Reference

### **1. Constitution**

- 1.1 The Board of Directors hereby resolves to establish a Committee to be known as the Audit Committee (the Committee). This Committee has no executive powers other than those delegated in these terms of reference.

### **2. Membership**

- 2.1 Membership of the Committee shall be as follows:
- 2.1.1 Non-Executive Director (Committee Chair)
  - 2.1.2 Not less than two other Non-Executive Directors
- 2.2 The Trust Chair shall not be a member of the Committee.

### **3. Attendance**

- 3.1 The Director of Finance and appropriate External and Internal Audit representatives shall normally attend meetings.
- 3.2 At least once a year the External and Internal Auditors shall be offered an opportunity to report to the Committee any concerns they may have in the absence of all Executive Directors and officers.
- 3.3 The Chief Executive and other Executive Directors should be invited to attend, but particularly when the Committee is discussing areas of risk or operation that are the responsibility of that Director.
- 3.4 The Chief Executive should be invited to attend, at least annually, to discuss with the Audit Committee the process for assurance that supports the Statement on Internal Control.
- 3.5 The Local Counter Fraud Specialist shall attend to agree a work programme and report on their work as required.

### **4. Quorum**

- 4.1 This shall be two members.

### **5. Frequency of meetings**

- 5.1 The Committee will meet not less than three times per year.

## **6. Agenda & Papers**

- 6.1 Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.
- 6.2 Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.

## **7. Minutes of the Meeting**

- 7.1 The Committee Secretary will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.
- 7.2 Approved minutes will be forwarded to the Board of Directors for noting.

## **8. Authority**

- 8.1 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee, and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain outside legal advice or other professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

## **9. Duties**

### **9.1 Governance, Risk Management and Internal Control**

- 9.1.1 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical), that supports the achievement of the Trust's objectives
- 9.1.2 In particular, the Committee will review the adequacy of:

- 9.1.2.1 all risk and control related disclosure statements (in particular the Statement on Internal Control and declarations of compliance with the Care Quality Commission's *Judgement Framework*), together with any accompanying Head of Internal Audit statement, External Audit opinion or other appropriate independent assurances, prior to endorsement by the Board of Directors
- 9.1.2.2 the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- 9.1.2.3 the policies for ensuring compliance with relevant regulatory, legal, and code of conduct requirements in conjunction with the Clinical Quality, Safety, and Governance Committee
- 9.1.2.4 the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service
- 9.1.2.5 the financial systems
- 9.1.2.6 the Internal and External Audit services, and counter fraud services
- 9.1.2.7 compliance with *Board of Directors' Standing Orders* (BDSOs) and *Standing Financial Instructions* (SFIs)
- 9.1.3 The Committee shall review the arrangements by which Trust staff can raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety, or other matters. The Committee should ensure that arrangements are in place for the proportionate and independent investigation of such matters and for appropriate follow-up action.
- 9.1.4 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, External Audit, the Local Counter-Fraud Service, and other assurance functions. It will also seek reports and assurances from Directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness

- 9.1.5 This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it

## 9.2 Internal Audit

- 9.2.1 The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Committee, Chief Executive and Board of Directors. This will be achieved by:

- 9.2.1.1 consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal
- 9.2.1.2 review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework
- 9.2.1.3 consideration of the major findings of internal audit work (and management's response), and ensuring co-ordination between the Internal and External Auditors to optimise audit resources
- 9.2.1.4 ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation
- 9.2.1.5 annual review of the effectiveness of internal audit

## 9.3 External Audit

- 9.3.1 The Committee shall review the work and findings of the External Auditor appointed by the Board of Governors, and consider the implications and management's responses to their work. This will be achieved by:
  - 9.3.1.1 consideration of recommendations to the Board of Governors relating to the appointment and performance of the External Auditor
  - 9.3.1.2 discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensuring co-ordination, as appropriate, with other External Auditors in the local health economy

9.3.1.3 discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee

9.3.1.4 review all External Audit reports and any work carried out outside the annual audit plan, together with the appropriateness of management responses

#### 9.4 Other Assurance Functions

9.4.1 The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the Trust

9.4.2 These will include, but will not be limited to, any reviews by Monitor, Department of Health Arms Length Bodies or Regulators / Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

9.4.3 In addition, the Committee will review the work of other Committees within the organisation, whose work can provide relevant assurance to the Committee's own scope of work. This will particularly include the Clinical Quality, Safety, and Governance Committee

9.4.4 In reviewing the work of the Clinical Quality, Safety, and Governance Committee, and issues around clinical risk management, the Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function

#### 9.5 Management

9.5.1 The Committee shall request and review reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control

9.5.2 They may also request specific reports from individual functions within the Trust (e.g. clinical audit) as they may be appropriate to the overall arrangements

#### 9.6 Financial Reporting

9.6.1 The Committee shall review the Annual Report and Financial Statements before submission to the Board of Directors, focusing particularly on:

- 9.6.1.1 the wording in the Statement on Internal Control and other disclosures relevant to the Terms of Reference of the Committee
  - 9.6.1.2 changes in, and compliance with, accounting policies and practices
  - 9.6.1.3 unadjusted mis-statements in the financial statements
  - 9.6.1.4 major judgemental areas
  - 9.6.1.5 significant adjustments resulting from the audit
  - 9.6.2 The Committee should also ensure that the systems for financial reporting to the Board of Directors, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board of Directors
- 9.7 Appointment, reappointment, and removal of external auditors.
- 9.7.1 The Committee shall make recommendations to the Board of Governors, in relation to the setting of criteria for appointing, re-appointing, and removing External Auditors
  - 9.7.2 The Committee shall make recommendations to the Board of Governors, in relation to the appointment, reappointment, and removal of the External Auditors, providing the Board of Governors with information on the performance of the External Auditor
  - 9.7.3 The Committee shall approve the remuneration and terms of engagement of the External Auditors

## **10. Other Matters**

- 10.1 At least once a year the Committee will review its own performance, constitution and Terms of Reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Directors for approval.

## **11. Sources of Information**

- 11.1 The Committee will receive and consider minutes from the Clinical Quality, Safety, and Governance Committee. The Committee will receive and consider other sources of information from the Director of Finance.

## 12. Reporting

- 12.1 The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Directors for noting. The Committee Chair shall draw the attention of the Audit Committee or the Board of Directors to any issues in the minutes that require disclosure or executive action.
- 12.2 The Committee will report annually to the Board of Directors on its work in support of the Statement on Internal Control, specifically commenting on the completeness and integration of risk management in the Trust, the integration of governance arrangements, and the appropriateness of the self-assessment against the Care Quality Commission's *Judgement Framework*.
- 12.3 The Committee Chair shall attend the Annual General Meeting (AGM) prepared to respond to any Member's questions on the Committee's activities.

## 13. Support

- 13.1 The Committee will be supported by a Secretary from the Director of Finance's team.



## Board of Directors : November 2010

**Item :** 10b

**Title :** Proposed changes to the Terms of Reference of the Charitable Fund Committee

**Summary:**

The Terms of Reference for the Charitable Fund Committee have been updated, having regard to the Trust's *Standing Financial Instructions*.

These Terms of Reference were reviewed by the Charitable Fund Committee on 21<sup>st</sup> October 2010, and the Committee recommend them to the Board of Directors for approval.

Terms of Reference are attached, with tracked changes.

**For :** Approval

**From :** Trust Chair



# Charitable Fund Committee

## Terms of Reference

Ratified by:	Board of Directors
Date ratified:	
Name of originator/author:	Angela Greatley, Committee Chair
Name of responsible committee/individual:	Charitable Fund Committee / Committee Chair
Date issued:	July 2007; June 2009
Review date:	October 2011

## Charitable Fund Committee Terms of Reference

### 1. Constitution

- 1.1 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. 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*.
- 1.2 The Board of Directors hereby resolves to establish a Committee to be known as the Charitable Fund Committee (the Committee). This Committee has no executive powers other than those delegated in these terms of reference.

### 2. Membership

- 2.1 The Committee will be appointed from amongst the Executive and Non-Executive Directors of the Trust. The following will be members of the Committee:
  - 2.1.1 Trust Chair, or another Non-Executive Director (Committee Chair)
  - 2.1.2 Chief Executive
  - 2.1.3 Director of Finance
- 2.2 At the discretion of the Committee Chair, other persons (Trust managers and staff, and other interested persons) may be invited to attend and participate in Committee meetings. However, only members have the authority to vote and determine decisions on behalf of the Committee.

### 3. Quorum

- 3.1 This shall be a minimum of one Executive Director and one Non-Executive Director.

### 4. Frequency of meetings

- 4.1 The Committee will meet once annually, to fulfil the duties set out in section 8 of these *Terms of Reference*, and additionally on an ad hoc basis, as required.

### 5. Agenda & Papers

- 5.1 Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.
- 5.2 Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.

## **6. Minutes of the Meeting**

- 6.1 The Committee Secretary will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.
- 6.2 Approved minutes will be forwarded to the Board of Directors for noting.

## **7. Authority**

- 7.1 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee, and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain outside legal advice or other professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

## **8. Duties**

- 8.1 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 (see 1.1) and to review that policy at least every three years.
- 8.2 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.
- 8.3 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.
- 8.4 To review the financial statements of the Fund annually and more frequently if appropriate.

- 8.5 To ensure that regular reports are made to the Board of Directors with regards to, inter alia, the receipt of funds, investments, and the disposition of resources.
- 8.6 To prepare an annual trustee's report for adoption by the Board of Directors.
- 8.7 To ensure that required returns are submitted to the Charity Commission on time.
- 8.8 To appoint an suitable Auditor or independent examiner, in accordance with Charity Commission requirements.
- 8.9 To identify all costs directly incurred in the administration of charitable funds and, in agreement with the Board of Directors, charge such costs to the appropriate charitable fund.
- 8.10 To ensure appropriate administration of the Trust's charitable funds in compliance with the Declaration of Trust and appropriate legislation.
- 8.11 To ensure that accounting records are kept in a way that identifies separately the different categories of fund between unrestricted funds, restricted funds and endowment funds.
- 8.12 To ensure that detailed codes of procedure are produced covering every aspect of the financial management of funds held on trust, for the guidance of Directors and employees.
- 8.13 To periodically review the funds in existence and make recommendations to the Board of Directors regarding the potential for rationalisation of such funds as permitted by the declarations of trust and charities legislation.
- 8.14 To provide guidance to officers of the Trust as to how to proceed with regards to donations, legacies and bequests, and trading income.
- 8.15 To advise the Trust on any fundraising activity.
- 8.16 To ensure that appropriate banking services are available to the Trust as corporate trustee.

## **9. Other Matters**

- 9.1 At least once a year the Committee will review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Directors for approval.

## **10. Sources of Information**

- 10.1 The Committee will receive and consider the accounts of the Fund supplied by the Finance Department and regular reports from any research or other projects which the Committee has agreed to fund.

## **11. Reporting**

- 11.1 The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Directors for noting. The Committee Chair shall draw the attention of the Audit Committee or the Board of Directors to any issues in the minutes that require disclosure or executive action.
- 11.2 The Committee Chair shall attend the Annual General Meeting (AGM) prepared to respond to any Member's questions on the Committee's activities.

## **12. Support**

- 12.1 The Committee will be supported by a Secretary from the Trust Secretary's team.





## Board of Directors : November 2010

**Item : 11**

**Title : Committee Membership Addendum**

**Summary:**

Non-Executive Directors have volunteered to fill the following posts:

Area of involvement	NED
Adult Department	Ian McPherson
Committee for Clinical Excellence Awards	Richard Strang
Disability Issues	Ian McPherson
Equality	Ian McPherson
Human Rights	Ian McPherson
Legal Issues	Ian McPherson
Mental Health Act	Ian McPherson

**For : Approval**

**From : Trust Secretary**



## Board of Directors : November 2010

**Item : 11**

**Title :** Consideration of nominations to fill interim vacancies to Trust Committee positions

### Summary:

Directors' links to Trust work are reviewed annually in February. However, Ms Satyamurti's departure as a Non-Executive Director at the end of her final term of office means that there are now a number of vacancies.

Non-Executive Directors are invited to give consideration to filling the posts vacated by Ms Satyamurti, at least on a temporary basis, until all positions are reviewed in February 2011, and to contact the Trust Secretary prior to the Board meeting with nominations.

Area of involvement	Possible NEDs
Remuneration Committee	Ian McPherson
Adult Department	Any NED
Committee for Clinical Excellence Awards	Any NED
Disability Issues	Any NED
Equality	Any NED
Human Rights	Any NED
Legal Issues	Any NED
Mental Health Act	Any NED

**For :** Approval at meeting

**From :** Trust Secretary



## Board of Directors : November 2010

**Item :** 12

**Title :** Membership Report

**Summary :**

The report covers the following items:

1. Membership Statistics
2. The Annual General Meeting 2010
3. Membership plans

**For :** Discussion

**From :** Patient & Public Involvement and Communications Lead  
Trust Secretary

## Membership Report

### 1. Public Membership Statistics<sup>1</sup>

#### 1.1 Development of Total Membership Statistics

**Table 1: Total Membership Statistics**

	2006/07	2007/08	2008/09 <sup>2</sup>	2009/10
Joining	2872	1277	1171	898
Leaving	52	637	143	481
Total at 31 March	2820	2465	4493	4910

1.1.1 The number of eligible Members for this Trust is 42,882,883.

**Table 2: Current Public Membership Numbers**

	Current <sup>3</sup>
Joining	74
Leaving	164
Total at 31 March	4820

1.1.2 Whilst Membership recruitment appears significantly down this year, this data is correct as of 30<sup>th</sup> September 2010. There are 702 students who will shortly be added to the Membership Register, taking the current number of Public Members up to 5596 in total.

#### 1.2 Current Distribution of Public Members

**Table 3: Current distribution of Public Membership**

Class	Members	Percentage
Camden	508	10.5%
Rest of London	2487	51.6%
Rest of England & Wales	1825	37.9%

1.2.1 The majority of the Trust's Public Members are members of the Rest of London class. This class is represented by six Governors. Camden is represented by three Governors, and the Rest of England and Wales is represented by two Governors.

<sup>1</sup> The statistics presented here are for the Public Constituency only. Information on staff is available through the annual Workforce Statistics paper, prepared and presented by the Human Resources Department

<sup>2</sup> Data for 2008/09 was taken at May 2009, as student data had not been uploaded by 31 March 2009

<sup>3</sup> This data is at September 2009, covering six months 2010/11

### 1.3 Percentage of Student and Alumni Members

**Table 4: Percentage of Student and Alumni Members<sup>4</sup>**

	2007/08	2008/09	2009/10
Total	2465	4493	4910
Student percentage	47%	51.2%	66.8%

1.3.1 Although the Trust is not able to separate students or alumni into separate categories, we know from the student data added to the Membership Register each year what percentage of new Members for each year were students. The Trust has been adding on average 600 new students each year.

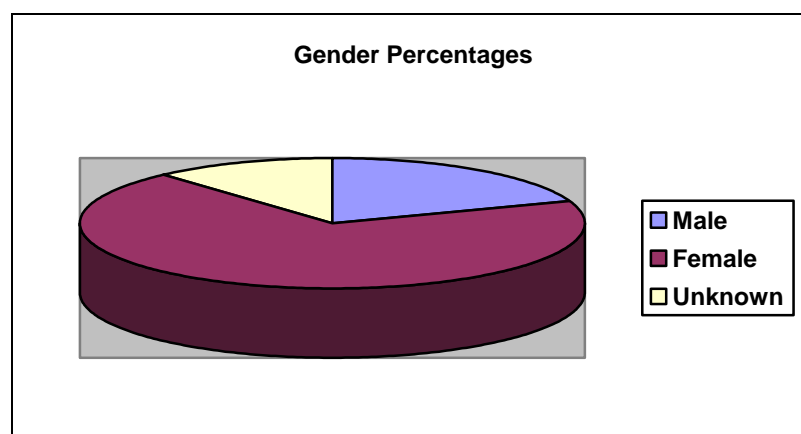
1.3.2 This year's student intake has just been added to the Membership Register, which means that at present, students account for 90.5% of new Members this year. However, this was at Month Six.

### 1.4 Gender Profile

**Table 5: Gender profile of Public Members**

Gender	Members	Percentage
Male	938	19.5
Female	3318	68.8
Unknown	564	11.7

**Diagram 1: Gender profile of Public Members**



1.4.1 The Trust continues to have a higher proportion of female Members than male. This is apparently consistent with membership of other foundation trusts.

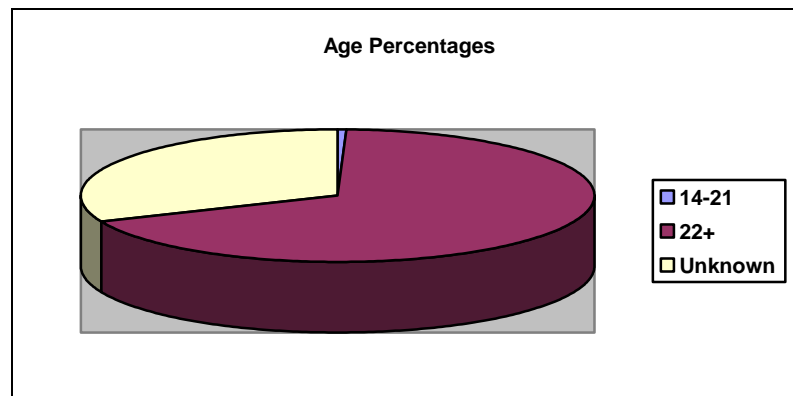
<sup>4</sup> These statistics are taken on an average of 600 students being added as Members per year

## 1.5 Age Profile

**Table 6: Age profile of Public Members**

Age	Members	Percentage
14 – 21 years	31	0.6%
22+ years	3281	68.1%
Unknown	1508	31.3%

**Diagram 2: Age profile of Public Members**



1.5.1 A great deal of the work the Trust does is with and for children. 57% of our patients are CAMHS patients, but they are not well-represented in the Membership. This is partly because the minimum age for membership is 14.

1.5.2 It has been difficult to progress on the Young Person's Council owing to resources. However, we do want to make sure that we take our young service users' views into account, so the PPI Committee are looking into developing a "family membership" category, which would also ensure that whole families are represented, given in CAMHS often work is undertaken with whole families.

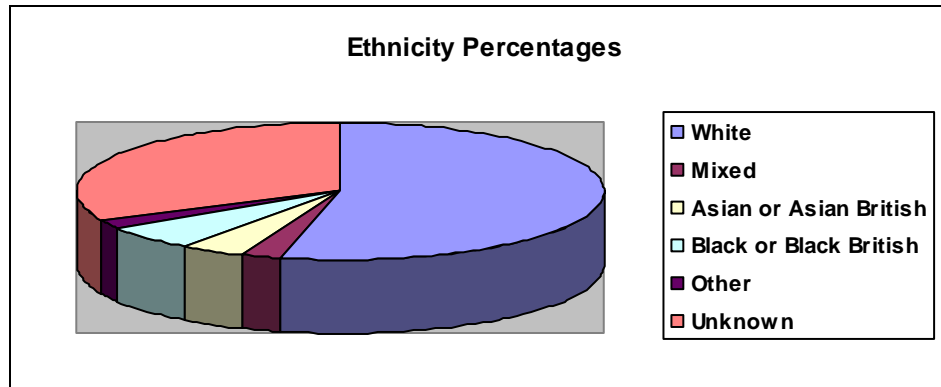
## 1.6 Ethnic Profile

**Table 7: Ethnic profile of Public Members**

Ethnicity	Members	Percentage
White	2587	53.7%
Mixed	125	2.6%
Asian or Asian British	182	3.8%
Black or Black British	287	6%
Other	102	2.1%
Unknown	1537	31.9%

**Diagram 3: Ethnic profile of Public Members**





1.6.1 The Patient and Public Involvement Committee has been working with the Community Development Officers in local services to improve relationships with local BME communities.

## 1.7 Disability Profile

1.7.1 An agreement in the Trust's Single Equalities Scheme was that the Trust would monitor the disability profile of its Members. The Trust is in the process of designing its Membership Application Form to record this data, and we hope to be able to report on this from 2011/12 onwards

## 2. Annual General Meeting

2.1 On 14<sup>th</sup> October, the Trust hosted its Annual General Meeting. Every year the Trust focuses on a different area of emotional health, and this year the event was dedicated to an exciting new community mental health project set up by one of our staff members called "Grow2Grow". This project is based on a farm in Kent and takes referrals of troubled people over the age of 14 to work on the farm and receive therapy as part of the process.

2.2 Over 70 Members attended the event, which was an increase from last year (with approximately 50 Members staying for the second part of the meeting).

2.3 The Trust has received much positive feedback informally after the event, and indeed on the evening itself. Interestingly, more people stayed on for the second part of the AGM, which deals with the formal business, than in previous years, and we suspect that was owing to the level of engagement in the process.

### 3. Membership Plans and progress to date<sup>5</sup>

#### 3.1 General Plans

3.1.1 *Bring the profile of Public Membership more in line with that of London*

3.1.2 *Develop and launch 'family membership'*

3.1.2.1 The PPI Committee are looking into developing a this category, in consultation with the Trust Secretary

3.1.3 *Increasing time and resourcing devoted to supporting and facilitating governance structures*

3.1.3.1 The Trust is in the process of recruiting to an Assistant Psychologist role, that has time dedicated to Governor and Members relationships, and it is intended that the role-holder will lead on events for Members.

#### 3.2 Plans for 2010/11

3.2.1 *Improve communications between Members, Governors and Trust through website and fora*

3.2.1.1 The Board of Governors has set up a working group including a Governor representative, the Trust Chair, the PPI and Communications Lead, and the Trust Secretary to look at developing further mechanisms for Governor-Member engagement.

3.2.1.2 The Trust is in the process of revising the Membership Application Form to include a section for Members to indicate their areas of interest, in order to help the Trust target its events.

3.2.1.3 Feedback from other foundation trusts indicates that having projects that involve Governors and Members can improve engagement, and the Trust is looking at a number of projects that will aim to involve its Members further.

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<sup>5</sup> Taken from the Trust's 2010/11 – 1012/13 Annual Plan, submitted to Monitor, 28<sup>th</sup> May 2010

**3.2.2 *Support the newly configured Board of Governors' Performance Committee***

3.2.2.1 This Committee met in September and is currently working on developing Governor objectives. The Trust Chair, Trust Secretary, and Deputy Chair of the Board of Governors are giving consideration to matters that might be delegated to the Committee.

**3.2.3 *Encourage patients' views through Members' contributions to the Members Newsletter***

3.2.3.1 Currently, two Governors sit on the Members' Newsletter Editorial Group, and the Group has been discussing ways to encourage Member contributions, including calls for articles and letters. Feedback indicates that Members are interested in writing for the Newsletter, but are unsure of what to write. The Group is developing editorial guidelines and plans to guide potential authors.

**3.2.4 *Increase the number of relevant small scale surveys on issues meaningful to patients, such as the environment***

3.2.4.1 The Trust Patient and Public Involvement and Communications Lead, who has expertise in this area, is developing a range of models that could be used for this.

**3.2.5 *Increase the number of events that patients and local public can attend and contribute to***

3.2.5.1 The new post for Governor and Member relationships will have dedicated time to work on events for Members.

3.2.5.2 The PALS officer is planning to run open events on areas of the Trust's work for patients. In the past these have been well-attended. It is proposed to open these to Members.

### 3.3 Plans for 2011/12<sup>6</sup>

- 3.3.1 *Develop the opportunities for patients / public to get involved with the work of the Trust through voluntary work*
- 3.3.2 *Proactively engage with relevant representative community groups*
- 3.3.3 *Recruitment campaign to increase the number of BME Members*
- 3.3.4 *Recruitment campaign to increase number of Members aged 14-16*

### 3.4 Plans for 2012/13<sup>7</sup>

- 3.4.1 *Develop the range of Member-led / Member-developed events*
- 3.4.2 *Increase the number of patients / Members involved in service developments as advisors*

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<sup>6</sup> These are the stated plans in the 2010/11 – 1012/13 Annual Plan. Details are being developed

<sup>7</sup> These are the stated plans in the 2010/11 – 1012/13 Annual Plan. Details are being developed

## Board of Directors : November 2010

**Item : 13**

**Title : Staff Survey Action Plan – Progress Report**

**Summary :**

This paper provides a progress report following on from the 2009 Staff Survey summary findings and action plan presented to the Management Committee and Board of Directors earlier this year.

The action plan covers areas from the 2009 staff survey, where it had been identified that the Trust scores were not so good and therefore required further improvements.

Included in this paper, are details of the measures which have been put in place so far and details of others which are planned but yet to be implemented.

**For : Noting**

**From : Director of Human Resources**

## Staff Survey Action Plan – Progress Report

Pledge	Action Identified	Responsible Director	Target Completion Date	Progress to date November 2010	Progress
<b>Pledge 1</b> Clear roles, responsibilities and rewarding jobs	Provide time and workload management training for staff	HR Director	April 2011	Training has been arranged for February and March 2011	Completed
	Provide stress awareness training and briefing sessions	HR Director (with support from Health and safety manager)	April 2011	Training has been arranged for February and March 2011	Completed
<b>Pledge 2</b> Personal development and access to training	Staff Training Committee (STC) to ensure training needs are identified from departments, committees and from Annual Plan	Chair of STC	January 2011	2009/10 Trust-wide training needs identified. Work is currently underway to identify 2010/11 training requirements, bid to NHS London to take place in March 2011	In progress

Pledge	Action Identified	Responsible Director	Target Completion Date	Progress to date November 2010	Progress
<b>Pledge 2 (cont.)</b> Personal development and access to training	NHS London funds to be allocated directly to department and staff to access training opportunities	HR Director	January 2011	Funds allocated to staff via non-clinical bursaries and allocations have been made directly to staff and to departments via CPD requests	Completed
	Provide appraisal training for managers to ensure they are able to identify relevant & realistic training during appraisal process	HR Director	January 2011	Training has been arranged for November 2010 and February 2011	Completed
	Provide an extended Management Development Program for middle and senior managers	Chair of STC	January 2011	Management training is booked to take place early in 2011	Completed

Pledge	Action Identified	Responsible Director	Target Completion Date	Progress to date November 2010	Progress
<b>Pledge 3</b> Maintaining staff health and wellbeing	Provide health and safety learning updates innovatively through alerts, briefings, handouts, flyers and e-learning material	HR Director, Health and Safety Lead and Risk Lead	March 2011	Health and safety information updates are being developed and information will be disseminated by March 2011	In progress
	Continue to work on improving attendance at mandatory INSET events	HR Director	March 2011	Sanctions for non-attendance at mandatory training have been agreed and will be in place by March 2011	In progress



## Board of Directors : November 2010

**Item :** 14

**Title :** Service Line Report – Camden CAMHS

**Summary :**

This paper provides an update on the report dated 22<sup>nd</sup> March 2010 regarding the Child and Family Directorate's Camden CAMHS Service Line.

**For :** Discussion

**From :** Associate Clinical Director for Camden CAMHS

## Update on Camden Community CAMHS Service Line

### 1. Introduction

- 1.1 The last report to the Board in March 2010 gave an overview of the service, gave a commentary on the clinical activity of the service line, from a number of perspectives.

### 2. Update Since Last Report

- 2.1 The Children's Website has now been launched with a significant amount of media interest. Sally Hodges and her colleagues invested a significant amount of time and effort in developing this project, which was almost entirely led by children.
- 2.2 The Capacity Building Project has reported, with recommendations for ongoing consultation, training and development of Tier 1 staff. In the current financial climate it is uncertain which of their recommendations can be implemented.
- 2.3 The Camden TAMHS (Targeted Mental Health in Schools) project was highlighted in the last report, and sadly since then the new government spending review funding is being wound up at the end of March 2011. This means that 3 primary schools in deprived parts of South Camden will lose their mental health input. It is planned that the Secondary School attached to the project will continue with the current level of input from CAMHS from the mainstreamed Tier 2 provision.
- 2.4 In other respects the Camden CAMHS commissioners have been able to protect the funding of CAMHS for 2011 - 2012, although the longer term future is uncertain.
- 2.5 Some other issues raised for the attention of the Board in the last report remain unchanged. Accommodation problems for South Camden Community CAMHS Team have unfortunately not yet been resolved. However accommodation in an adjoining area of St Pancras Hospital has been found, and costing is being worked out. The Trust is likely to be asked for a contribution if the design is approved.
- 2.6 The referral rates for Camden CAMHS Service Line remain high. There is a high level of clinical activity for Camden CAMHS patients in the Service Line, and in other Service Lines, which exceeds the target of clinical work, which based on agreed costs, would fulfil the contact. Service Redesign is an ongoing issue that will hopefully address this.

- 2.7 The Service Redesign agenda is being boosted by the employment of LEAN consultant Andrew Keefe, who is visiting the Camden Teams next week.
- 2.8 Issues with the transition from adolescent to adult mental health services continue, mainly to do with different thresholds for accessing care between the two services.
- 2.9 Finally, the strategy of having a higher proportion of the staff working full time, is still in place, but will take some considerable time to realise.

### **3. New Issues for the Attention of the Board**

- 3.1 The most significant issue is the unprecedented financial spend, in the current financial year, of the PCT Tier 4 Budget (Adolescent Psychiatric Inpatient Units) by young patients presenting to the Tavistock and Portman NHS Trust and its partners in Camden CAMHS (particularly the Royal Free Hospital and UCLH)
- 3.2 A higher than normal number of these young people have needed acute admissions to Tier 4 Units, and the length of admission has increased. The local inpatient unit (New Beginning), has been unable to meet the demand for admissions, leading to a high use of spot purchased NHS beds and private sector beds.
- 3.3 To respond to the crisis, the PCT Commissioners are asking that Tavistock and Portman Camden CAMHS undergo a very significant reorganisation of Tier 3 staff to focus their resources on this group of young people, to reduce the Tier 4 spend by maintaining young people safely in the community, and achieving early discharge from Tier 4 units. There are proposals to include Local Authority Staff in the plans, which could lead to a very innovative multi agency service being developed.
- 3.4 If successful this reorganisation could benefit this group of patients significantly because it will mean that fewer young people have to suffer the disruption of a psychiatric hospital admission. Discussions and negotiations are underway with the Commissioners on this issue.
- 3.5 If this reorganisation is realised it will mean that a significant amount of Tier 3 capacity will be lost. This will make the need for service redesign of Tier 3 an essential rather than desirable issue.
- 3.6 The current strategy is that if the Tier 4 budget problem is resolved by reorganisation of Tier 3, that the Tier 4 budget could then be

passed to this organisation to manage. This should mean that there could be reinvestment in the Tier 3 resources which had been drawn upon in the reorganisation.

- 3.7 The threat is that if the PCT Tier 4 budget is brought back into balance by reorganisation of the Service Line, the commissioners could then reduce the Tier 4 budget and not add any resources to Camden CAMHS, thus leaving Tier 3 under resourced.
- 3.8 In this financial year the PCT set a CQUIN (Commissioning for Quality and Innovation) payment framework around Outcome Measures. There has been a great deal of activity in this area to meet the target for 60% of patients having outcome measures complete. For the C&F Directorate this has meant a thorough review of the admin, clinical, and informatics systems, and the employment of an assistant psychologist and recruitment of project volunteers. It is currently uncertain if we will meet the target. If we fail to do so there will be a 1.5% penalty.

#### **4. Complaints**

- 4.1 There have been 2 complaints since the last report. One complaint was that staff had made a child protection referral when they should not have done, and the other was that staff had not referred a child's mother to a specialist, as requested by the child's father. These complaints were investigated internally and responded to by the Chief Executive.

#### **5. Financial Situation**

- 5.1 Like other Service Lines within the Tavistock and Portman NHS Trust, an overspend in Camden CAMHS is calculated for in the current budget. The expenditure in Camden CAMHS is currently on target to be within budget. The causes of the overspend are an issue for ongoing examination by a range of departments across the Trust.

Dr Andrew Wiener  
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14th November 2010