

## Board of Directors

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

2.30pm – 6pm  
Tuesday 28<sup>th</sup> September 2010

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

**Board of Directors**  
2.30pm – 6pm, Tuesday 28<sup>th</sup> September 2010

**Agenda**

***Preliminaries***

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

***Reports & Finance***

- 5. Chair and Non-Executive Directors' Report** *For noting*
- 6. Chief Executive's Report** *(Report attached)*  
*For discussion*  
*Dr Matthew Patrick, Chief Executive*
- 7. Finance & Performance Report** *(Report attached)*  
*For discussion*  
*Mr Simon Young, Director of Finance*
- 8. Clinical Quality, Safety, and Governance Committee  
Quarter One Report** *(Report attached)*  
*For discussion*  
*(Links to outcomes 1, 2, 4, 8, 9, 11, 17, 18, 21)*  
*Dr Rob Senior, Medical Director*

***Corporate Governance***

- 9. Responsible Officer Nomination** *(Report attached)*  
*For approval*  
*Dr Matthew Patrick, Chief Executive*
- 10. Operational Risk Register** *(Register attached)*  
*For discussion / approval*  
*Ms Pat Key, Director of Corporate Governance & Facilities*
- 11. Trust Policies** *(Policies attached)*  
*For approval*
  - a. Student Disabilities**  
*Ms Trudy Klauber, Dean*

***Quality & Development***

- 12. Gloucester House Service Report** *(Report attached)*  
*Dr Kajetan Kasinski, Director, Gloucester House* *For discussion*
- 13. White Paper Update** *For noting*  
*Dr Matthew Patrick, Chief Executive*
- 14. Academic Health Science Centre and Health Innovation and Education Cluster Updates** *For noting*  
*Dr Matthew Patrick, Chief Executive*

## **Conclusion**

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

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

Thursday 14<sup>th</sup> October : AGM  
Tuesday 26<sup>th</sup> October : Board of Directors  
Tuesday 9<sup>th</sup> November : Directors' Conference (Annual Plan)  
Tuesday 30<sup>th</sup> November : Board of Directors  
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 – 5pm, Tuesday 27<sup>th</sup> July 2009

<b>Present:</b>			
Mr Martin Bostock Non-Executive Director	Ms Angela Greatley Trust Chair	Mr Altaf Kara Non-Executive Director	Ms Trudy Klauber Dean of Postgraduate Ed.
Ms Louise Lyon Trust Clinical Director	Ms Joyce Moseley Non-Executive Director	Dr Matthew Patrick Chief Executive	Ms Emma Satyamurti Non-Executive Director
Mr Richard Strang Non-Executive Director	Mr Simon Young Director of Finance		
<b>In Attendance:</b>			
Miss Louise Carney Trust Secretary	Dr Caroline McKenna Associate Medical Director (representing Rob Senior)	Dr Rita Harris CAMHS Director (item 11)	Dr Sally Hodges PPI & Communications Lead (item 11)
Prof. Stephen Briggs Vice Dean, Adolescent Department (items 12 & 13)	Ms Karen Tanner Service Line Director – CAMHS Training (items 12 & 13)	Ms Carolyn Cousins Assistant Director of Education & Training (items 12 & 13)	Mr Allan Archibald Head of Informatics (item 16)
<b>Apologies:</b>			
Dr Rob Senior Medical Director			

### **Actions**

AP	Item	Action to be taken	By	Due
1	4	Miss Carney to amend report as agreed	LC	Immed
2	6	2010/11 Annual Plan review should take account of the White Paper	BD	Sep 10
3	7a	Detailed discussion of student numbers and HEFCE funding to be held in October	TK	Oct 10
4	7a	Fuller explanation of income and expenditure shortfalls to be provided in September	SY	Sep 10
5	9	Action Plan and Progress Report in Appendix 1 to be amended as suggested	RSe	Immed
6	9	Issue of recording learning disabilities to be referred to Equalities Committee	RSe	Sep 10
7	10a	Policy to return with additional appendix	RSe	Oct 10
8	10b	Policy to return to Board of Directors in September	TK	Sep 10
9	16	Progress report to return to Board of Directors in September	JS	Sep 10

### **Actions Agenda item**

### **Future Agendas**

#### **1. Chair's opening remarks**

Ms Greatley welcomed everyone to the meeting, including Dr Caroline McKenna, who was representing Dr Rob Senior (but under the Trust's Constitution did not have Dr Senior's voting rights), Mr John Wilkes (Governor, Public: Rest of London) who was observing the meeting, and one other observer.

#### **2. Apologies for absence**

As above.

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

The minutes were approved.

## 4. Matters Arising

### ***Amendment of 2010/11 Capital Budget***

Mr Young highlighted that the decision to amend the Capital Budget had not been because of a shortfall in monies, but because the project was not right at this time.

**AP1** Miss Carney to add a new paragraph at 1.3.4 stating that the decision had been taken by the Trust Chair and the Chief Executive.

The decision was ratified.

### ***Sealing of lease for City & Hackney Service***

Miss Carney noted that in future all contracts would be presented to the Board of Directors with an explanatory front sheet, and the project lead should attend to answer any questions the Board may have.

The decision was ratified.

### ***Minor amendment to the Clinical Quality, Safety and Governance Committee Terms of Reference***

This amendment was approved.

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

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

Ms Greatley had attended a Monitor event, which focused on Monitor's role as an economic regulator, discussed escalation and intervention models, and mergers and acquisitions systems.

### ***Ms Emma Satyamurti, Non-Executive Director***

Ms Satyamurti had attended an FTN mental health conference, and noted that significant emphasis was placed on patient experience. The FTN suggested there would be a shift in focus from targets to outcomes with regards to performance measurement.

### ***Mr Richard Strang, Non-Executive Director***

Mr Strang had attended a six-monthly meeting of stakeholders and members of UCL Partners Academic Health Science Centre. The focus had been on various acute workstreams. Mr Strang noted that the governance of UCL Partners was not clear, but that UCL Partners felt their role was to be a facilitator for Trusts to work with each other. Mr Strang suggested that mental health trusts would have to try to drive partnerships in order to avoid being left behind by larger acute trusts.

## 6. Chief Executive's Report

Dr Patrick noted that David Nicholson, Chief Executive of the NHS had now suggested that April 2013 could be the beginning date for PCT dissolution. This interpretation potentially extends the timetable for change.

David Nicholson had indicated in a recent interview that he was concerned about foundation trust reserves; he had suggested that FTs should not "commit resources too early." Mr Young noted that David Nicholson said he would be asking Monitor to assert control over the reserves and their use; but it is not yet clear what powers this refers to.

**AP2** It was agreed that the 2010/11 Annual Plan review in the autumn should take account of the White Paper.

Dr Patrick noted that there were a number of references to mental health in the White Paper. The Government supported New Horizons, and Dr Patrick hoped the Trust would be able to be involved in the development of a national mental health strategy.

Ms Moseley noted that the White Paper indicated that the third sector would be delivering more services, and the Trust should ensure that it has structures in place to develop partnerships with third sector organisations.

Dr Patrick clarified that the Local Health and Wellbeing Board would be assisting and supporting with complaints, but not dealing with individual cases.

The Board agreed that the Trust needed to ensure it developed relationships with GPs in their new role as Commissioners. Dr Patrick noted, however, that there would be many GP consortia to deal with, and partnerships would need tailoring. Dr Senior noted that having a large number of GP consortia as Commissioners may reduce risks associated with services.

Dr Patrick noted that the Trust had interviewed and made an offer for a Nurse Director, and were waiting to hear back.

## 7. Finance & Performance

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

In the first quarter, income and expenditure were both slightly below Plan. A surplus of £61k was achieved, and the financial risk rating should be 3, the same as Plan.

Mr Young noted that the Trust would need to renew its financing facility to ensure adequate liquidity in case of emergencies and maintain a satisfactory ratio on this criterion in the risk rating.

Mr Young explained that whether the Trust was performing above or below Plan depended on how the contingency was viewed. After 3 months, the

Trust's surplus £61k was slightly better than the Plan submitted to Monitor, in which the contingency reserve spread across the year.

Mr Strang asked Mr Young whether he had received assurance from each of the Trust's Directorates that they would be able to cover any deficit they had. Mr Young confirmed that he had reviewed budgets with all Directorate although there may be some shortfall in departmental consultancy (this was not likely to be major).

**AP3** The HEFCE budgeted income was sufficiently prudent to present no risk in 2010/11. However, Mr Young was expecting that there could be some shortfall in student numbers for the 2011/12 academic year. These figures would be available by November. It was agreed to hold a detailed discussion at the October meeting of the Board of Directors, although the final student numbers would not be known. Mr Young noted that the Trust's Productivity Programme Board was in place, and was charged with carefully scrutinising volatile income.

The Board queried the student debt. Mr Young explained that the Trust had a number of complex arrangements with students for payment of fees; and noted that as stated in the paper, action is currently being taken.

**AP4** Mr Kara queried the correlation between the fall in income and in expenditure. Mr Young noted three items shown in the report, where activity in the first quarter was lower than budget, so that both income and expenditure were lower: £168k in clinical projects, £66k in CWDC and £57k in Child Psychotherapy Trainees. These added up to £291k, a significant part of the total variances. A fuller explanation would be provided in September.

The declaration that the Board anticipates that the trust will continue to maintain a financial risk rating of at least 3 over the next 12 months was approved.

#### ***7b. 2010/11 Quarter 1 Monitor Governance Declaration***

Mr Young drew the attention of the Board to the amendment in wording.

Mr Young noted that as stated in the Plan, the Trust could not currently achieve 99% completeness for some of the seven patient identifiers required by the Compliance Framework, though we are working on improvements to data completeness. This leads to a score of 0.5, and we should retain our governance rating of green.

The declaration was approved.

#### ***7c. 2010/11 Quarter 1 Complaints Report***

Noted.

## 8. Corporate Governance Report

Miss Carney drew the attention of the Board to the issue of open vs closed Board meetings, noting that this was an issue which was regularly discussed in the health sector. Ms Greatley noted that, together with Dr Patrick and Miss Carney, she tested the agenda to ensure that as much as possible was held in Part One.

## 9. Six Lives

Dr McKenna noted that the recommendations from the Ombudsman's report are consistent with the policies of the Trust.

**AP5** It was agreed that actions would be added to the Action Plan and Progress Report in Appendix 1, with individual's names replaced by post or department names.

**AP6** Ms Satyamurti queried whether there was any gap with adolescent and adult patients in point 1 on the Action Plan and Progress Report in Appendix 1. Ms Lyon noted that the Trust was in discussion with all clinical Directorates about the recording of learning disabilities throughout the Trust. Ms Greatley suggested this be referred to the Equalities Committee to consider. Dr Patrick noted that the Trust was continually reviewing the thresholds for making referrals.

## 10. Trust Policies

### 10a. Safeguarding Children Policy

**AP7** Dr Patrick suggested the Policy contain a separate appendix regarding the children of adult patients. Dr Patrick noted that the Trust ought to have 100% complete data on whether adult patients have or look after children. This information would be recorded on RiO. Dr Patrick noted, however, that trigger thresholds for safeguarding referrals were important to get right. It was agreed that the policy would return to the Board of Directors with an additional appendix about children of adult patients.

Dr McKenna noted that there had been a great deal of praise for children's services in Camden, but also a concern to ensure that safeguarding does not suffer when money was in short supply.

The policy was approved.

### 10b. Student Disability Policy

**AP8** The policy was deferred until September. Any comments on the draft policy to be forwarded to Ms Klauber.

## 11. Service Line Report – Developmental CAMHS

Dr Harris explained that there were four Service Lines in the CAMHS Directorate.

Ms Moseley noted that there were many services within the Developmental CAMHS Service Line. Dr Hodges noted that many of the services had developed where the Trust had seen a potential gap in the market, for instance the Parents and Carers Consultation Service.

It was noted that the Trust was not in control of referrals to the Barnet Young People's Drug and Alcohol Service. Dr Hodges noted that this had been an existing service that the Trust took over, with many youth links.

The Board discussed the Trust's specialist autism service. Dr Hodges noted that Commissioners seemed to be interested in the service, as the Trust offered not just assessments but also care plans.

## **12. Training Services Report**

Ms Klauber noted that the financial position included all non-contract data. The Trust had received assurance on all of its major contracts, and would soon be checking HEFCE funding with its University partners.

Mr Strang praised the SWOT analysis, and queried whether the Department had an internal plan to deal with issues arising. Ms Cousins noted that the Dean has set up a Training Executive which meets weekly and the analysis informed the focus of meetings on strategy development.

Ms Satyamurti queried how the 10% planning assumption at 8.2 had been arrived at. Ms Klauber noted that this might be reasonably assumed but that the Trust's contract might not be sufficiently large to be noticed. The risk would also be linked to who would commission the contract in future. The Specialist Medical Contract and the CPD and Child Psychotherapy Contract might not be touched but the Trust had suffered a £600k cut in the past although £400k was reimbursed quite soon after that. If the cut were to happen it would impact on the entire Trust not simply on education and Training since the contract funds higher banded clinicians, some course costs and the Trust's infrastructure ( 50%). Ms Klauber noted that the national contract was now renewable annually, and that working on contingency plans for a 5% (contract stipulates this as a possibility) or higher cut was prudent in order to ensure the Trust had plans for risk mitigation well in place.

The Board noted the striking fluctuations year-on-year in CPD income in the table at Appendix 1. Ms Klauber noted that the Trust ran one particularly lucrative course only every two years, which accounted for this fluctuation.

## **13. E-, Distance-, and Blended-Learning Report**

The Board discussed the importance of developing the ways in which the Trust delivers training, but queried how the Department would encourage its staff to teach in different ways. Prof. Briggs noted that there was already some enthusiasm for this.

Mr Bostock queried the difference between hybrid- and blended-learning. Prof. Briggs explained that blended-learning was a combination involving face-to-face learning, whereas hybrid-learning could be a combination of any types of learning.

The Board discussed a potential partnership with UEL Connect, which was a business separate from the University. Prof. Briggs noted that the benefit of partnering with UEL Connect would be an ability to start up services quickly. However, in the longer-term, the Trust needed to make an options appraisal of all partners.

Ms Moseley queried, with regard to 3.3.1, whether there were any tangible markets presenting themselves. Prof. Briggs noted that there was a great deal of interest from South America, and the Trust had many alumni who may be interested.

Mr Strang noted that it would be helpful for the Board to see the risks and benefits of all potential business developments, along with financial analyses. Any developments would be presented to the Business Development & Investment Committee. Mr Young noted that increased costs would need to be balanced with increased prices.

Ms Klauber noted that the Trust needed to develop, but that distance-, e-, and blended-learning were not the Trust's natural area of expertise and the development would demand time and financial resources while courses would be developed as part of the new learning on how to deliver in this area.

## **14. Objectives**

### ***14a. Board of Directors' Objectives***

Ms Greatley noted that these draft objectives had taken account of the recent review of the Board of Directors. Dr Patrick noted that each point was as concise as possible.

The following recommendations were made:

- Objectives to contain specific reference to Trust influencing national policy with regard to mental health
- Objectives to contain specific reference to the Trust responding to the White Paper
- "Special emphasis for the year" to be SMARTer
- Time period the objectives cover to be included

It was agreed that strategy should not be limited to one year, but should look further out. It was also agreed that the development of Service Line

Management as a sophisticated management tool should be an objective for 2011.

**14b. Chief Executive's Objectives**

Dr Patrick noted that his objectives this year were SMARTer.

The following recommendations were made:

- Objectives to contain specific reference to developing a patient centred culture as in the BoD objectives

**15. Swine Flu Report**

Dr McKenna noted that there remained considerable uncertainty on the impact on Swine Flu. Dr Senior to keep the Board informed on all developments.

**16. RiO Project**

Mr Archibald reported that the project was currently one month behind schedule. Mr Archibald noted that there would be a staged clinical go-live in November at two-week intervals. Mr Strang queried whether there would be any cost overruns. Mr Young noted that the implications of the delay in the project and the staged go-live were not likely to be significant.

Mr Strang raised concern about the comment at 2.2.3 which implied that the Trust was not aware of which staff were seeing patients. Dr Patrick clarified that this was related to the Trust's Electronic Staff Record, which did not show this data, but that Clinical Directors were fully aware of which of their staff were seeing patients.

Mr Archibald noted that there were still concerns from staff regarding the confidentiality of the new system.

**AP9** Progress report to return to Board of Directors in September. It was noted that responsibility for RiO must be identified.

**17. Tavistock Clinic Foundation Report**

The report was deferred. Ms Moseley noted that she was trying to arrange a meeting for Ms Lyon with a consultant fundraiser.

**18. Any other business**

None.

**19. Notice of future meetings**

Noted.

## Outstanding Action Part 1

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date
1	Jan-09	22. Contingency for IT Failure	Internal Auditors to be asked to review policy to confirm it meets the Trust's requirements	Simon Young	Jan-11
2	May-10	8b. Risk Management Committee Review of Terms of Reference	Dr Patrick to investigate benchmarking for Day Unit incidents	Matthew Patrick	May-11
3	Feb-10	6. Chief Executive's Report	Ms Moseley to update the Board of Directors on Catch 22's discussions with Big White Wall	Joyce Moseley	As appropriate
4	Feb-10	13. Website Analysis	Communications Department to consider the objectives and priorities of the Trust's website, when data becomes available	Sally Hodges	As appropriate
5	Jun-10	11. Patient & Public Involvement Committee Annual Report	Ms Lyon to set up arrangements for monitoring occurrence of conversations around patient choice	Louise Lyon	
6	Jun-10	13. Staff Survey Report	Human Resources Department to return with action plan	Susan Thomas	
7	Jun-10	14. Workforce Statistics	Human Resources Department to return with audit of recruitment data	Susan Thomas	

## Board of Directors : September 2010

**Item :** 6

**Title :** Chief Executive's Report

**Summary :**

The report covers the following items:

1. Introduction
2. NHS Finance
3. UCL Partners Academic Health Science Centre
4. Annual General Meeting
5. Staff Art Exhibition
6. And finally...

**For :** Discussion

**From :** Chief Executive

## Chief Executive's Report

### 1. Introduction

- 1.1 I would like to begin by welcoming Lis Jones, our new Director of Nursing, to the Board. Lis brings with her a wealth of experience from both local and national level in relation to the development and delivery of mental health services and training. Formerly with Camden and Islington NHS Foundation Trust, Lis retired from full time employment a little over a year ago. We are delighted that she has agreed now to join our executive team on a part-time basis, and I am sure that she will be a great asset to the Trust, and support to our nursing discipline, led by Marcus Evans.
- 1.2 At the September Board of Governors meeting, Governors also approved the appointment of a new Non Executive Director, Dr. Ian McPherson. The Trust received over 50 applications for the position and Dr. McPherson was unanimously appointed. 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. Ian will take up his role on 1<sup>st</sup> November 2010.

### 2. NHS Finance

- 2.1 The NHS within London (and beyond) is grappling with the implications and implementation of the changes outlined in the recent white paper. At the same time, across London organisations are working to secure their financial positions within a rapidly changing environment. In particular, many PCTs at present find themselves in a deficit position. A number of factors contribute to this, including historic financial positions, increasing demand and activity within the acute sector (general and specialist medicine and surgery), and the recent tariff update to HRG4 which has not been cost neutral. The impact of these factors affects different PCTs to a differing extent. Within our own sector of North Central London it has affected the outer London PCTs more significantly than the inner London PCTs. The North Central London sector is looking to achieve financial balance across its 5 PCTs, however, so although deficits are located in the north the impact is affecting all 5 PCTs.
- 2.2 The overall position is one that potentially overshadows headline economic figures and targets (e.g. to save 5% in costs per year over the

next 4 years). It is, in addition, an inherently unstable and unpredictable position that is changing rapidly.

- 2.3 As a Trust we continue to work closely with our commissioning and provider colleagues to ensure that we can both mitigate risks, but also contribute to the systemic solutions that will have to be employed in the face of such challenges.

### **3. UCL Partners Academic Health Science Centre**

- 3.1 On Monday 13<sup>th</sup> September Angela Greatley and I, together with representatives from Camden and Islington FT, North East London FT and Barnet Enfield and Haringey mental health trust, met with Professor David Fish and Professor Peter Fonagy to discuss our engagement with UCL Partners. David Fish is Managing Director of UCLP, while Peter Fonagy is Interim Programme Lead for the Mental Health and Wellbeing Theme (MHWT). At the meeting David Fish outlined some of the achievements to date of UCLP, including a significant reduction in stroke mortality across the capital. He also outlined the current model for managing the established themes and for engaging provider organisations. At present, each of the acute Trusts in the sector pay £50k per year to contribute to the costs of UCLP and the executive of which they are a part.
- 3.2 At our meeting we agreed that it would probably be premature for a mental health trust to join the executive, in view of the established agenda focused on acute medicine and surgery; the preoccupation with service reconfiguration (e.g. pathology) in relation cost savings; and in view of the very early stage of development of the MHWT. At some future point, however, it may well make more sense, particularly with a view to ensuring proper integration between acute services and mental health.
- 3.3 For the meantime, we agreed that each Trust would nominate a representative to join a mental health executive (chaired by Peter Fonagy), and that on a six monthly basis this would be expanded to include Chairs and CEOs of each of the four provider organisations to review progress and establish shared objectives. Our own nominated lead is Professor Alessandra Lemma.
- 3.4 One particular feature of UCLP has been that the theme objectives have been framed in terms of population health (in the example given above to reduce the number of people dying from acute strokes). The objectives for the MHWT have yet to be agreed, although a number of supporting developments are already underway including a new website, and a proposed Institute of Psychological Interventions Research.

#### **4. Annual General Meeting**

- 4.1 The AGM this year will take place on Thursday 14<sup>th</sup> October, from 5.30pm onwards.
- 4.2 Before the more formal part of the AGM, the meeting will focus on the work a member of staff, clinical psychologist and psychotherapist Paula Conway. Paula is taking a sabbatical from her role at the Trust to lead her project, Grow2Grow. Grow2Grow offers therapeutically supported placements for vulnerable or disadvantaged young people aged 16-25 on an organic farm in Kent. Project members are offered individual therapeutic help, but are also trained and accredited in multiple skills – organic horticulture, animal care, farm equipment management, dairy skills, cooking, baking and basic project management. They also grow fruit and vegetables to supply the farm conference centre and farm educational and community events. Young people from minority ethnic backgrounds, in particular refugees and asylum seekers, are supported to grow, cook and celebrate familiar food from their countries of origin. I hope that some of you will be able to attend.

#### **5. Staff Art Exhibition**

- 5.1 On Friday 10<sup>th</sup> September, I had the pleasure of opening the Staff Art Exhibition, which has been excellently organised for a second year by our Art Curator, Karma Percy. The show is again a real expression of the depth of creative talent within the organisation. I would recommend everyone to visit it.

#### **6. And finally...**

- 6.1 I am very pleased to report that two of our services have been shortlisted for national awards. The Family Drug and Alcohol Court (FDAC) has been shortlisted for the Best Achievement of the Year in Children's Services category in the MJ Local Government Achievement Awards. Our online wellbeing service, delivered in partnership with the Big White Wall, has been shortlisted in the National eWell-Being Awards in the category of Building Community Networks. The service has also been shortlisted for a prestigious Health Services Journal (HSJ) award in the Innovations category. Congratulations to all of those involved.

Dr Matthew Patrick  
Chief Executive  
21<sup>st</sup> September 2010

## Board of Directors : September 2010

**Item :** 7

**Title :** Finance and Performance Report

**Summary:**

After five months, a surplus of £68k is reported, £56k below budget. There are cumulative income shortfalls on Consultancy, Training and Clinical, which have been offset by under spends across the organisation. In month 5, a small deficit of £22k was budgeted (due mainly to lower expected income in some services), and the actual result was £9k better than this.

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

The cash balance at 31 August was £3,095k, above plan. Cash is expected to remain close to plan for the rest of the year, subject to achievement of planned income and expenditure.

**For :** Discussion

**From :** Director of Finance

## Finance and Performance Report

### 1. **External Assessments**

#### 1.1 **Monitor**

- 1.1.1 Having completed their review of our first quarter returns, Monitor have given us a financial risk rating of 3 and a Green governance rating. These are both as expected, and both unchanged from the ratings based on our Annual Plan.
- 1.1.2 As reported to the Board in July (and in the Plan approved in May), the Trust is not meeting the target of 99% data completeness on seven patient identifiers. This scores 0.5 against the scales set out in the Compliance Framework, and does not prevent the Green governance rating; but Monitor has stated that we are expected to have plans in place so that we are able to submit unqualified self-certifications in future monitoring cycles. Next month's paper for the quarter 2 declaration will include a report on this.

### 2. **Finance**

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

- 2.1.1 After five months, income is £709k below budget, and expenditure £647k below budget. The Trust's surplus of £68k is £56k 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 As well as Appendices A and B, a new table is given in Appendix C. This shows the expenditure within each service line, which will be included in the Trust's annual accounts this year.
- 2.1.3 After 5 months £142k 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.
- 2.1.4 Apart from these differences, the income shortfall includes £157k for Consultancy, with TCS under target by £32k and departmental consultancy under by £125k. There are also shortfalls in Clinical and Training (see sections 3 and 4 below); and in Other Income, the Adult productivity planned income has a shortfall of £64k although it is hoped that this will be recovered after the start of the academic year.
- 2.1.5 Research income is below budget by £66k and this trend is expected to continue.
- 2.1.6 There is an under spend of £647k, of which some £114k 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 £192k, Portman £66k and Adult £68k. These under spends have been offset

by an over spend in TCS of £75k due to delayed 2009/10 payments for associate consultants and termination costs. The forecast outturn for expenditure is likely to be around £820k favourable; a more robust forecast will be possible in future months.

2.1.7 After reviewing the financial position earlier this month, the Management Committee agreed an action plan to ensure that the planned surplus for the year is achieved. The key actions (some of which are covered in the sections below) are:

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

## 2.2 Cash Flow (Appendix D)

2.2.1 The actual cash balance at 31 August was £3,095k, compared to the Plan of £2,776k. Receipts from General and NHS Debtors were below Plan as are payments to suppliers and salaries which reflect the shortfalls on planned income and expenditure reported above.

	Cash Flow year-to-date		
	Actual £000	Plan £000	Variance £000
Opening cash balance	3,645	3,645	0
Operational income received			
NHS (excl SHA)	4,329	4,891	(562)
General debtors (incl LAs)	2,664	3,087	(423)
SHA for Training	4,623	4,511	112
Students and sponsors	756	700	56
Other	176	90	86
	<u>12,549</u>	<u>13,279</u>	<u>(730)</u>
Operational expenditure payments			
Salaries (net)	(5,977)	(6,234)	257
Tax, NI and Pension	(4,424)	(4,543)	119
Suppliers	<u>(2,704)</u>	<u>(3,256)</u>	<u>552</u>
	<u>(13,105)</u>	<u>(14,033)</u>	<u>928</u>
Capital Expenditure	0	(20)	20
Interest Income	5	8	(3)
Payments from provisions	0	(103)	103
PDC Dividend Payments	<u>0</u>	<u>0</u>	<u>0</u>
Closing cash balance	<u>3,095</u>	<u>2,776</u>	<u>319</u>

2.2.2 As shown in Appendix C, the forecast remains ahead of Plan for the remainder of the year. Balances at each month-end in 2011/12 are also expected to be at Plan levels or higher, subject to achieving the

productivity improvements required in order to deliver the planned surplus. An updated monthly forecast for the next 12 months will be presented in more detail in November, six months after the Plan.

2.2.3 The Trust's liquidity, using Monitor's formula and including the £2m financing facility, remains satisfactory. It is proposed that we renew this facility when it expires at the end of October.

### 3. **Training**

3.1 Training income is £182k below budget in total after five months, with the main shortfall being £97k on Child Psychotherapy Trainees (as above, 2.1.2); this is due to slightly lower trainee numbers, and is therefore offset by lower costs.

3.2 Income from university partners remains under negotiation. A preliminary estimate of the fee income from students and sponsors for the new academic year, the other key area of uncertainty, will be given next month.

### 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	3,967	3,898	-1.8%	-168	-115	One SLA £30k below budget. CQUIN also expected to be £85k down.
Cost and vol variances	1	14		37	37	
NPAs	100	90	-9.6%	-23	-20	
Projects and other	1,029	880		-	-150	Income matched to costs, so variance is largely offset.
Day Unit	422	499	18.2%	184	100	Gain may not be fully sustained.
Monroe	312	269	-13.8%	-108	-40	August shortfall not expected to be repeated
FDAC	138	151	8.9%	30	0	
Court report	63	78	25.6%	38	0	
<b>Total</b>	<b>6,032</b>	<b>5,879</b>		<b>-10</b>	<b>-188</b>	

- 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. We currently expect a significant shortfall on the potential £118k from CQUIN. An action plan to improve this is being developed.
- 4.1.2 There are significant variances, both positive and negative, in the other elements of clinical income, as shown in the table on the previous page.
- 4.1.3 After five months, named patient agreements (NPAs) actual income is £10k below budget, with £8k of this shortfall in the Portman. If extrapolated for the full year, this would give an adverse variance of £23k, but some improvement on this is expected.
- 4.1.4 Court report income was £16k above budget after five months. The majority of the over performance was from C&F.
- 4.1.5 Monroe income is £43k below budget after five months. There was low activity during August which resulted in a £35k adverse movement in month.
- 4.1.6 Day Unit is currently over performing by £77k cumulatively due to high pupil numbers.
- 4.1.7 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 £28k in August compared to the budget of £19k. After five months, income of £237k is £32k behind budget. Our forecast for the year assumes at present that budget is achieved for the remaining seven months.
- 5.2 Departmental consultancy is £125k below budget after five months, with the variances spread across several service lines. Directors are being asked to review this, provide forecasts for the year, and develop action plans to secure the budgeted income levels. If part of the shortfall relates to work done but not yet invoiced, information should be provided to allow the income to be accrued.

Simon Young  
Director of Finance  
21 September 2010

**THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST**  
**INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2010-11**

APPENDIX A

	Aug-10			CUMULATIVE			FULL YEAR 2010-11		
	BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	REVISED BUDGET £000	FORECAST OUTTURN £000	BUDGET VARIANCE £000
<b>INCOME</b>									
1 CLINICAL	1,212	1,168	(44)	6,032	5,879	(153)	14,428	14,240	(188)
2 TRAINING	1,335	1,233	(102)	6,468	6,286	(182)	16,065	15,818	(247)
3 CONSULTANCY	88	83	(4)	647	490	(157)	1,601	1,469	(132)
4 RESEARCH	28	14	(14)	137	72	(66)	331	230	(101)
5 OTHER	62	24	(37)	315	163	(152)	686	533	(152)
<b>TOTAL INCOME</b>	<b>2,724</b>	<b>2,524</b>	<b>(200)</b>	<b>13,599</b>	<b>12,890</b>	<b>(709)</b>	<b>33,110</b>	<b>32,290</b>	<b>(820)</b>
<b>OPERATING EXPENDITURE (EXCL. DEPRECIATION)</b>									
6 CLINICAL DIRECTORATES	1,376	1,347	29	7,520	7,207	313	17,972	17,425	547
7 OTHER TRAINING COSTS	616	487	129	2,573	2,326	247	6,575	6,182	393
8 OTHER CONSULTANCY COSTS	53	46	7	263	340	(77)	630	690	(60)
9 CENTRAL FUNCTIONS	623	586	37	2,728	2,564	164	6,464	6,397	67
10 TOTAL RESERVES	0	0	0	0	0	0	384	527	(143)
<b>TOTAL EXPENDITURE</b>	<b>2,668</b>	<b>2,465</b>	<b>202</b>	<b>13,085</b>	<b>12,437</b>	<b>647</b>	<b>32,025</b>	<b>31,221</b>	<b>804</b>
<b>EBITDA</b>	<b>56</b>	<b>58</b>	<b>2</b>	<b>514</b>	<b>452</b>	<b>(62)</b>	<b>1,085</b>	<b>1,069</b>	<b>(16)</b>
<b>ADD:-</b>									
12 BANK INTEREST RECEIVED	2	1	(1)	8	6	(2)	20	18	(2)
<b>LESS:-</b>									
11 DEPRECIATION	42	34	8	212	204	8	509	491	18
13 FINANCE COSTS	0	0	0	0	0	0	0	0	0
14 DIVIDEND	37	37	0	186	186	0	446	446	0
<b>RETAINED SURPLUS</b>	<b>(22)</b>	<b>(12)</b>	<b>9</b>	<b>125</b>	<b>68</b>	<b>(56)</b>	<b>150</b>	<b>150</b>	<b>(0)</b>
<b>EBITDA AS % OF INCOME</b>	<b>2.1%</b>	<b>2.3%</b>		<b>3.8%</b>	<b>3.5%</b>		<b>3.3%</b>	<b>3.3%</b>	

	Aug-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)	3,116	3,116	(0)	7,479	7,479	(0)
TRAINING FEES & OTHER ACA INC	464	419	(45)	2,114	2,040	(74)	5,616	5,542	(74)
POSTGRADUATE MED & DENT'L EDUC	6	0	(6)	29	19	(10)	70	60	(10)
JUNIOR MEDICAL STAFF	86	59	(27)	432	432	0	1,037	1,037	0
CHILD PSYCHOTHERAPY TRAINEES	155	132	(23)	776	679	(98)	1,863	1,700	(163)
R&D	28	14	(14)	137	72	(66)	331	230	(101)
CLINICAL INCOME	1,019	995	(24)	5,097	4,881	(215)	12,152	11,904	(248)
DAY UNIT	84	88	4	422	499	77	1,014	1,114	100
MONROE	68	33	(35)	312	269	(43)	780	740	(40)
FDAC	28	35	7	138	151	12	332	332	(0)
TCS INCOME	19	28	9	269	237	(32)	730	698	(32)
DEPT CONSULTANCY INCOME	68	55	(13)	378	253	(125)	871	771	(100)
COURT REPORT INCOME	13	17	5	63	78	16	150	150	0
EXCELLENCE AWARDS	10	9	(0)	49	48	(1)	118	117	(1)
RENTAL INCOME	0	0	0	0	0	0	0	0	0
OTHER INCOME	52	15	(37)	266	114	(152)	568	416	(152)
<b>TOTAL INCOME</b>	<b>2,724</b>	<b>2,524</b>	<b>(200)</b>	<b>13,599</b>	<b>12,890</b>	<b>(709)</b>	<b>33,110</b>	<b>32,290</b>	<b>(820)</b>
<b>EXPENDITURE</b>									
EDUCATION & TRAINING	435	323	111	1,665	1,515	150	4,395	4,170	225
PORTMAN CLINIC	135	124	11	675	609	66	1,620	1,520	100
ADULT DEPT	247	228	18	1,286	1,217	68	3,089	2,989	100
MEDNET	18	23	(4)	92	95	(3)	221	221	0
ADOLESCENT DEPT	116	104	13	645	622	24	1,546	1,506	40
ADOLESCENT PROJECTS	(9)	16	(25)	15	28	(13)	15	28	(13)
C & F CENTRAL	496	493	4	2,942	2,853	89	7,070	6,890	180
C&F PROJECTS	165	166	(1)	827	757	70	1,920	1,780	140
MONROE & FDAC	82	81	0	408	384	24	979	959	20
DAY UNIT	64	53	11	320	311	9	768	768	0
SPECIALIST SERVICES	60	59	1	298	299	(1)	716	716	0
COURT REPORT EXPENDITURE	3	(0)	3	13	32	(20)	30	50	(20)
TRUST BOARD	10	5	4	48	43	5	115	115	0
CHIEF EXECUTIVE OFFICE	26	21	5	128	119	9	308	308	0
PERFORMANCE & INFORMATICS	77	73	4	380	351	28	928	928	0
FINANCE & ICT	91	97	(6)	456	465	(10)	1,093	1,093	0
CENTRAL SERVICES DEPT	181	205	(24)	928	966	(37)	2,197	2,247	(50)
HUMAN RESOURCES	65	53	12	325	276	48	719	719	0
CLINICAL GOVERNANCE	66	54	12	157	129	28	374	346	28
TRUST DIRECTOR	74	57	16	139	114	25	334	309	25
PPI	11	14	(3)	63	62	1	141	141	0
SWP & R+D & PERU	32	16	15	156	92	64	375	311	64
R+D PROJECTS	0	0	0	0	(0)	0	0	(0)	0
PGMDE	9	10	(1)	46	39	7	109	102	7
NHS LONDON FUNDED CP TRAINEES	155	137	18	776	684	92	1,863	1,700	163
TAVISTOCK SESSIONAL CP TRAINEES	9	7	2	46	39	7	111	104	7
FLEXIBLE TRAINEE DOCTORS	8	10	(2)	40	49	(8)	97	106	(8)
TCS	49	41	8	245	320	(75)	587	647	(60)
DEPARTMENTAL CONSULTANCY	4	4	(1)	18	20	(2)	43	43	0
DEPRECIATION	42	34	8	212	204	8	509	491	18
PROJECTS CONTRIBUTION	(10)	(11)	0	(50)	(52)	2	(121)	(121)	0
IFRS HOLIDAY PAY PROV ADJ	0	0	0	0	0	0	0	0	0
CENTRAL RESERVES	0	0	0	0	0	0	384	527	(143)
<b>TOTAL EXPENDITURE</b>	<b>2,710</b>	<b>2,500</b>	<b>210</b>	<b>13,297</b>	<b>12,641</b>	<b>655</b>	<b>32,534</b>	<b>31,712</b>	<b>822</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>14</b>	<b>24</b>	<b>10</b>	<b>302</b>	<b>248</b>	<b>(54)</b>	<b>576</b>	<b>578</b>	<b>2</b>
INTEREST RECEIVABLE	2	1	(1)	8	6	(2)	20	18	(2)
UNWINDING OF DISCOUNT ON PROVISION	0	0	0	0	0	0	0	0	0
DIVIDEND ON PDC	(37)	(37)	0	(186)	(186)	0	(446)	(446)	0
<b>SURPLUS/(DEFICIT)</b>	<b>(22)</b>	<b>(12)</b>	<b>9</b>	<b>125</b>	<b>68</b>	<b>(56)</b>	<b>150</b>	<b>150</b>	<b>(0)</b>

## Appendix C

	Budget £000	Actual £000	Variance £000
<b>Total income (as in Appendix A)</b>	<b>13,599</b>	<b>12,890</b>	<b>-709</b>
<b>Expenditure</b>			
Adult	1,718	1,645	73
Portman	784	738	46
Adolescent	1,449	1,402	47
TCS	297	363	-66
CAMHS 1	740	702	38
CAMHS 2	1,471	1,381	90
CAMHS 3	1,750	1,753	-3
CAMHS Training Net	2,335	2,170	165
Central costs	2,930	2,668	262
<b>Total expenditure</b>	<b>13,474</b>	<b>12,822</b>	<b>652</b>
<b>Surplus</b>	<b>125</b>	<b>68</b>	<b>-57</b>

## Cash Flow 2010/11

## Appendix D

### 2010/11 Plan

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	3,645	4,081	3,704	3,521	3,193	2,776	2,185	2,333	2,250	1,877	2,242	2,126	3,645
Operational income received													
NHS (excl SHA)	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
	<b>2,974</b>	<b>2,509</b>	<b>2,857</b>	<b>2,567</b>	<b>2,372</b>	<b>2,408</b>	<b>3,023</b>	<b>2,694</b>	<b>2,352</b>	<b>3,100</b>	<b>2,660</b>	<b>2,387</b>	<b>31,903</b>
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)
	<b>(2,540)</b>	<b>(2,887)</b>	<b>(2,952)</b>	<b>(2,864)</b>	<b>(2,790)</b>	<b>(2,678)</b>	<b>(2,677)</b>	<b>(2,678)</b>	<b>(2,677)</b>	<b>(2,677)</b>	<b>(2,677)</b>	<b>(2,678)</b>	<b>(32,775)</b>
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	<b>4,081</b>	<b>3,704</b>	<b>3,521</b>	<b>3,193</b>	<b>2,776</b>	<b>2,185</b>	<b>2,333</b>	<b>2,250</b>	<b>1,877</b>	<b>2,242</b>	<b>2,126</b>	<b>1,524</b>	<b>1,524</b>

### 2010/11 Actual/Forecast

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	<b>3,645</b>	<b>3,787</b>	<b>3,488</b>	<b>3,566</b>	<b>3,504</b>	3,095	2,542	2,728	2,645	2,272	2,637	2,521	3,645
Operational income received													
NHS (excl SHA)	<b>892</b>	<b>1,017</b>	<b>829</b>	<b>785</b>	<b>805</b>	917	904	1,038	917	905	1,036	917	10,963
General debtors (incl LAs)	<b>709</b>	<b>387</b>	<b>588</b>	<b>610</b>	<b>369</b>	379	556	474	423	783	591	458	6,328
SHA for Training	<b>874</b>	<b>854</b>	<b>1,015</b>	<b>970</b>	<b>911</b>	894	895	914	894	894	915	894	10,923
Students and sponsors	<b>277</b>	<b>102</b>	<b>86</b>	<b>126</b>	<b>165</b>	200	650	250	100	500	100	100	2,656
Other	<b>24</b>	<b>35</b>	<b>29</b>	<b>35</b>	<b>53</b>	18	18	18	18	18	18	18	302
	<b>2,776</b>	<b>2,396</b>	<b>2,547</b>	<b>2,526</b>	<b>2,304</b>	2,408	3,023	2,694	2,352	3,100	2,660	2,387	31,173
Operational expenditure payments													
Salaries (net)	<b>(1,206)</b>	<b>(1,192)</b>	<b>(1,198)</b>	<b>(1,184)</b>	<b>(1,198)</b>	(1,220)	(1,220)	(1,247)	(1,247)	(1,246)	(1,247)	(1,247)	(14,651)
Tax, NI and Pension	<b>(859)</b>	<b>(889)</b>	<b>(895)</b>	<b>(905)</b>	<b>(876)</b>	(910)	(910)	(921)	(921)	(921)	(921)	(921)	(10,849)
Suppliers	<b>(570)</b>	<b>(615)</b>	<b>(377)</b>	<b>(502)</b>	<b>(640)</b>	(510)	(509)	(510)	(509)	(510)	(509)	(510)	(6,271)
	<b>(2,635)</b>	<b>(2,695)</b>	<b>(2,470)</b>	<b>(2,591)</b>	<b>(2,713)</b>	(2,640)	(2,639)	(2,678)	(2,677)	(2,677)	(2,677)	(2,678)	(31,771)
Capital Expenditure	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(100)	(200)	(100)	(50)	(60)	(100)	(90)	(700)
Interest Income	<b>1</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>1</b>	2	2	1	2	2	1	2	17
Payments from provisions	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	0	0	0	0	0	0	0	0
PDC Dividend Payments	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	(223)	0	0	0	0	0	(223)	(446)
Closing cash balance	<b>3,787</b>	<b>3,488</b>	<b>3,566</b>	<b>3,504</b>	<b>3,095</b>	2,542	2,728	2,645	2,272	2,637	2,521	1,919	1,919

## Board of Directors : September 2010

**Item : 8**

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

**Summary :**

This report summarises all the assurances considered by the Workstream Leads in support of their areas of responsibility and reported to the Clinical Quality, Safety, and Governance Committee (CQSG) at its first quarterly meeting, in line with the revised reporting arrangements agreed by the Board of Directors in June 2010.

**For :** Approval

**From :** Medical Director (Committee Chair)

## Report from the Clinical Quality, Safety, and Governance Committee (CQSG) Quarter One Report

### **1. Introduction**

- 1.1 This is the first report to the Board of Directors from the newly formed Clinical Quality, Safety, and Governance Committee (CQSG).
- 1.2 The CQSG had its first quarterly meeting at which it received reports from each of the five workstreams reporting to it.
- 1.3 The Committee members had the opportunity to question each Workstream Lead to seek clarification and/or further information on the way they had approached gaining assurance that their areas of responsibility as set out in the Terms of Reference were functioning adequately and that all externally imposed regulations and targets were being met. When evidence of non-compliance was identified through the monitoring process, the Workstream Leads presented action plans to the CQSG which were either accepted or modified.
- 1.4 The results of this process is summarised on the attached schedule at Appendix 1. The Board of Directors is asked to note that each workstream has a separate "action tracker" summarising the actions agreed. These action trackers will be monitored as part of the work of the CQSG but issues arising from this monitoring will be escalated on an exception basis only.
- 1.5 Positive themes emerging from the reports include moving towards a risk enabled culture, and improved communication between clinical and corporate work areas.
- 1.6 Areas of note that are the focus of action plans include outcome monitoring, CQUIN targets and the production of the Quality Report, and action to improve compliance with induction and mandatory training.

### **2. Action for the Board of Directors**

- 2.1 The Board of Directors is invited to:
  - 2.1.1 confirm that the approach and format of the report provide sufficient assurance to accept the conclusions presented in the Appendix report (including the RAG ratings of assurance)
  - 2.1.2 consider their requirements at Quarter Two and beyond, whether the Board of Directors wish to see a full schedule

covering all the reported items or a schedule that covers items rated 'red' or 'amber' for assurance.

## Appendix 1

### Reports from Workstream Leads with CQSG Committee comments

<b>Key:</b>	
<b>Reporting topic</b>	<i>The title of the item being reported as set out in the Terms of Reference for the workstream</i>
<b>Assurance received:</b>	<i>Short description of details of assurance reviewed / received, e.g. audit report, monitoring figures</i>
<b>RAG status</b>	<i>A subjective (red, amber, green) rating of how strong the assurance is should be provided by the Workstream Lead. If the assurance is perceived as <b>amber</b> or <b>red</b> then an action plan is required. Red lapses are to be entered onto the Risk Register, amber ones should be considered for entry onto the Register.</i>
<b>Follow up on tracker</b>	<i>Show "yes" if actions to increase assurance or provide further information are agreed</i>
<b>Risk register</b>	<i>Is the matter on the Risk Register yes / no</i>
<b>Comments</b>	<i>Summary of related comments that you are reporting, e.g. confirmation that the Risk Register was amended as a result of the assurance found, or reference to an action plan to ensure assurance can be delivered at a future date</i>
<b>CQSG Comments</b>	<b><i>Summary of plans, recommendations made at the CQSG</i></b>

*Note lead may decide to provide relevant reports with this summary in support of assurance assessment and action tracker so that the Workstream Lead and CQSGC can be assured that action is being taken.*

**a) Workstream: Corporate Governance and Risk** **Lead: Pat Key**

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments	CQSG response to assurance
Non-financial report to Monitor	Report submitted via BD July 2010	G	No	No	Q1 report was submitted in advance of workstream meeting and therefore not reviewed	Accepted
Human Resources Training Report	Q1 figures for Induction, Local Induction, and Mandatory Training	R	Yes	Yes	Q1 figures show below targets outcomes for both induction and mandatory training, which shows we are failing to meet our targets. MC involvement required to oversee implementation of action plan. For Q2 Report need to improve data metrics for mandatory training	The Lead to explore establishing sanctions for non-compliance with Director of HR, and bring proposals to MC
CQC compliance and NHSLA risk assessment compliance for estates and facilities	Two summary assessment reports against NHSLA and CQC standards	G	Yes	Yes	No issues with CQC compliance identified. 2 areas of risk were identified: Monroe and FDAC both have action plans agreed	The report and action plan was accepted
Responses to recommendations and Requirements of External Bodies	Draft updated procedure and incomplete schedule	A	Yes	No	Procedure update to be completed and approved via PASC (Policy Approval Advisory Committee) and Register to be completed for all reviews from April 2010 for review at Q2. Work to ensure compliance with Regulators and compatibility with the Trust will be undertaken. The PASC will approve the procedure	Noted that there is administrative work required to achieve NHSLA compliance but the Workstream Lead was able to confirm that there was no evidence of failing to meet requirements of external reviews

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments	CQSG response to assurance
Progress towards NHSLA Risk Assessment Level 2	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	<p>NHSLA assessment at Level 2 (which requires Trust to demonstrate that it follows its risk policies and procedures for 50 areas of Trust activity) is scheduled for Feb 2011. It was noted that the following topic areas are currently identified as Red, i.e. risk of non-compliance (8/50 areas):</p> <ul style="list-style-type: none"> <li>• Governance and Risk Advisor working with relevant staff to address these gaps within Health Records (lack of local protocols for handling records in Directorates)</li> <li>• Local induction (failure to return forms)</li> <li>• Local induction (temporary staff) failure to return forms</li> <li>• Clinical Risk Assessment – no agreed training approach</li> <li>• Violence and aggression, no evidence of following the lone worker policy, i.e. completed risk assessments</li> <li>• Stress no evidence of actions directly linking to procedure</li> <li>• Physical assessment of service users – lack of evidence of medical examination prior to prescribing medication</li> <li>• Best practice Confidential Enquiries – no agreed system for logging and follow up</li> </ul>	<p>Action plan noted and accepted Noted that assessment is scheduled for February and action plans are in place to achieve targets for all 'red' risks, plan accepted</p>

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments	CQSG response to assurance
Non-clinical incident reports	Summary report of all non-clinical incidents for Q1, graded to show actual harm level, no incident was graded above 6	G	No	No	No further action required	Assurance accepted
Specific case reports (serious incidents / SUIs)	No new serious incidents were reported in Q1, there are no outstanding open serious incident cases under review	G	No	No		Noted
Central alert broadcast advice	Central Alerts Broadcast system issued 49 alerts in Q1, of which two were relevant to the Trust, both related to facilities and appropriate action is underway	G	No	No		Noted
Assurance Framework		G	No	No	Not considered at the meeting as it has not been updated since last Board of Directors presentation. Will be reviewed in September	Noted to be presented in a separate paper for September meeting of Board of Directors
Operational Risk Register		G	No	No	Not considered at the meeting as it has not been updated since last Board of Directors presentation. Will be reviewed in September	Noted to be presented in a separate paper for September meeting of Board of Directors

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments	CQSG response to assurance
Information Governance	A paper setting out the current position in respect of meeting the requirements of the Information Governance (IG) toolkit. It described the extent of the work required and the key risks	R	Yes	Yes	This is a 'new' risk due to the changes for reporting on IG. Director of Finance is leading programme with Governance and Risk Manager supporting the work. An action plan is being developed to be considered in detail at Q2 Key risks of failing to meet e-learning mandatory training target (95%) all staff, and added to Risk Register	Position noted to be considered at Q2

**b) Workstream: Clinical Audit** **Lead: Caroline McKenna**

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments	CQSG response to assurance
Clinical Audit Annual plan	Final draft of a clinical audit procedure which includes an approach to annual clinical audit planning	A	Y	No	This is rated 'amber' as a plan is in place to address the gap. MC to be asked to approve new procedure, which will then be implemented	The report was accepted with following actions: <ul style="list-style-type: none"> <li>Clinics Committee was directed to be asked to support this work</li> <li>A full report and plan will be presented at the Q2 meeting</li> <li>PPI lead should be involved in development of annual clinical audit plan</li> </ul>
NICE compliance	Six-monthly gap analysis report to Camden commissioners sent July 2010	G	Yes	No	Work stream lead to work with clinical governance manager to ensure that gap analysis and review programme remains up to date	Assurance accepted
Confidential enquiry reports	No formal mechanisms currently in operation (this is an NHSLA requirement)	A	Yes	Yes	No evidence to suggest non compliance but formal methods to be agreed and implemented with target date of end Q2	The report and action plan was accepted

**c) Workstream: Outcome Monitoring** **Lead: Caroline McKenna**

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments	CQSG response to assurance
Outcome monitoring	No formal assurance presented as lead was still getting to grips with the task		Yes	Yes		Considerable discussion at meeting about the problem of Trust failing to meet its outcome monitoring targets. Vulnerability in new commissioning environment noted. It was agreed that a fresh clinically led approach was needed to achieve cultural change throughout the organisation. The Lead was offered help and support in steering this programme. To return to next CQSG with action plan

**d) Workstream: Patient Safety and Risk** **Lead: Jessica Yakeley**

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments	CQSG response to assurance
Clinical incidents	Summary report on all clinical incidents for Q1, graded to show actual harm level, no incident was graded above 6	G	No	No	No further action required	Assurance accepted
Specific case reports (serious incidents / SUI's)	No new serious incidents were reported in Q1, there are no outstanding open serious incident cases under review	G	No	No		Assurance accepted
Confirmation that all clinical staff receive supervision	None	R	Yes	Yes	Revised clinical supervision procedure has been prepared by JY/LL/JC that included provision for a base line recording of named supervisor for all clinical staff, subject to formal approval by MC this will be conducted in Sept/Oct and reviewed on an annual basis to ensure that the Trust can identify each clinicians named supervisor (in line with CQC and NHSLA requirements)	Report and action plan was accepted
Safeguarding children	Trust has undergone inspection by Camden Safeguarding team, report received and action plan agreed with CEO, Medical Director taking the lead	G			Our internal auditors completed a review of our safeguarding practices and mandatory training, report expected shortly, action plan in response to this review will be considered at Q2	Assurance was accepted

Safeguarding adults	No report received (reviewed six-monthly)	G	No	No	N/A	N/A
Central alert broadcast advice	CAB issued 49 alerts in Q1, none of which related to clinical practice relevant to the Trust	G	No	No	N/A	N/A
Revalidation	There are no final external requirements set at present,	G	No	No	Lead confirmed that Trust continues to work internally on systems and processes to be in a position to respond in a timely manner when external requirements are published	Assurance was accepted
Operational Risk Register (clinical risks)	Reviewed in September	G	No	No	Not considered at the meeting as it has not been updated since last Board of Directors presentation, will be reviewed in September	N/A
Complaints report	The updated complaints report for Q1 was presented to the MC and Board of Directors in July 2010	G	No	No	N/A	N/A
Hospital Acquired Infection	Considered six-monthly	G	No	No	N/A	N/A
New Clinical claims	The Trust has no clinical claims of negligence	G	No	No	N/A	N/A

**e) Workstream: Quality** **Lead: Justine McCarthy Woods**

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments	CQSG response to assurance
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	A	Yes	Yes	It is proposed to prepare a mock Quality Report by Dec 2010 to confirm data sources and identify potential gaps	Action plan was accepted
Arrangements to deliver CQUIN's are fit for purpose	No formal assurance available	A	Yes	Yes	To date collation of CQUINS has been rather ad hoc, it is proposed to develop a quarterly monitoring report to monitor progress and identify potential gaps	It was agreed that the Trust Director should lead on CQUIN's supported by the lead
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	G	Yes	No	Optional data sets for quality report yet to be agreed, this will form part of the work to draw up a mock report by December 2010	Assurance and action plan accepted
That guidelines on the how data quality is assured are a are satisfactory	Few written guidelines available on data quality assurance currently available	A	Yes		Proposals for how the Trust are to assure data quality are to be developed	Action plan accepted

<p>That non-financial SLM reports are fit for purpose and that communication with SLMs on quality matters is effective</p>	<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>A</p>	<p>Yes</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</p>	<p>Not discussed in detail due to absence of Director and work stream lead, to be considered at Q2</p>
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**f) Workstream: Patient and Public Involvement**

**Lead: Sally Hodges**

Reporting topic	Assurance received	RAG	Follow up on tracker	Risk Register	Comments	CQSG response to assurance
CQC compliance PPI	Core evidence schedule agreed and approved by PPI lead	G	No	No	First quarter has been about agreeing core evidence that will be used for compliance, no evidence of poor compliance identified in process	
Adhering to key PPI policies and procedures (PALS, Patient Information)	PALS procedure recently fully revised and updated in line with practice. No evidence of failure to comply with procedures, or failure to respond appropriately to PALS or patient information queries	G	Yes	No	Patient Information procedure due for review in Autumn 2010	Assurance and action plan action plan was accepted
Coordination of PPI activities across the Trust	Roles and responsibilities review in department underway	G	Yes	No	Review of PPI Team underway to ensure coordination, structure to be finalised during Q3	The report and action plan was accepted
Responding to PPI issues arising from PALS, complaints or other forms of PPI input	To be reported six-monthly		No	No	N/A	N/A
Responding to survey findings from 2009/10	PPI Committee minutes	G	No	No	N/A	N/A

Action plan for patient survey 2010/11	To be reported at Q2		No	No	N/A	N/A
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	N/A	N/A
New requirement	For PPI lead to report on PPI involvement with other work stream areas of responsibility and report any PPI issues arising from that involvement, to provide assurance of integration of PPI activities with the other work streams	G				This requirement was proposed by CQSG a following presentation of PPI leads report, to be reported six-monthly

## Board of Directors : September 2009

**Item :** 9

**Title :** Responsible Officer Nomination

**Summary :**

As part of the Doctors' Revalidation process, organisations are asked to approve the nomination for appointment of a Responsible Officer, who will be responsible for making recommendations to the General Medical Council on the revalidation of doctors.

The nomination of the Responsible Officer must be approved by the Board of Directors.

**For :** Approval

**From :** Chief Executive

## Responsible Officer Nomination

### 1. Introduction

- 1.1 Revalidation is the process by which doctors holding registration with a licence to practise medicine will have to demonstrate to the General Medical Council that they are up-to-date and fit to practise and complying with the relevant professional standards. Doctors will need to show they're continuing to practise in accordance with the standards that the relevant royal college or faculty has prescribed for the specialty.
- 1.2 Revalidation will be based upon a 5 year cycle of annual appraisal in the workplace supported by a portfolio of evidence.
- 1.3 The Responsible Officer will have to make a recommendation to the GMC every five years on whether the doctor should continue to practice.

### 2. Implementation of Doctors' Revalidation in London

- 2.1 On 6<sup>th</sup> September, NHS London wrote to the Chief Executives of all acute trusts, primary care trusts, mental health trusts and foundation trusts, with an update on the arrangements for the implementation of Doctors' Revalidation.
- 2.2 The Medical Profession (Responsible Officers) Regulations were laid before Parliament in late July, requiring Responsible Officers to be in post in all designated bodies, including NHS organisations by the 1<sup>st</sup> January 2011.
- 2.3 If trusts plan to assign the Responsible Officer role to the Medical Director, provided the Medical Director was appointed in fair and open competition, this can be done by nomination. This nomination must be approved by the Board of Directors.
- 2.4 Following appointment, there will be an external assessment of the Responsible Officer's competencies, and arrangements made for further training as required.
- 2.5 Responsible Officers will be supported by a key Human Resources representative. This person will be Gervase Campbell.
- 2.6 NHS London are setting up a Responsible Officer Support Network, which will have a number of functions, including:

- 2.6.1 Enable Responsible Officers to have ongoing support, and development in the role, including coordinating training programmes
  - 2.6.2 Facilitate discussion of difficult issues including conflicts of interest and understanding thresholds for intervention and action
  - 2.6.3 Enable spreading of local and national good practice
- 2.7 NHS London also recommended trusts review their information management resources to ensure they are adequate.

### **3. Recommendations**

- 3.1 The Board of Directors are asked to confirm the nomination of Dr Rob Senior, Medical Director, as Responsible Officer.

## Board of Directors : September 2010

**Item : 10**

**Title : Operational Risk Register**

### Summary:

The Operational Risk Register has been reviewed and updated by risk leads, and new risks have been identified via the Clinical Quality, Safety, and Governance Committee. Risks have been identified as a result of risk assessment and audit, in response to incidents or through work conducted by different committees. The Management Committee has reviewed the Register and approved the action plans as detailed. The table below summaries the current risks; 5 new risks added at this review. New risks and changes to risks are shown in **blue** on the schedule. Note there are no operational risks that have been scored above 12 (amber).

### Summary of Key Operational risks scoring 9+

Impact on CQC and NHSLA assessment of failure to meet KPI for mandatory training and induction	12
<b>New risk</b> Impact on CQC and NHSLA assessment of failure to meet Information Governance toolkit requirements	12
Breach of confidentiality resulting in harm to patient	9
Inability to account for patient care due to incomplete patient record	9
<b>New risk</b> Income from clinical contracts reduced by 85K due to not meeting CQUin targets	9
<b>New risk</b> Income shortfalls not fully offset by savings	9
Loss key skills in IT department	9
Failure to meet CQC /NHSLA requirements due to out of date procedures	9
Failure of RIO to deliver planned objectives	9
Risk of inaccurate use of RIO post installation	9
<b>New risk</b> Not meeting requirements of Quality Reports	9
<b>New risk</b> Failure to meet Commissioner and CQUIN targets for completed outcome monitoring	9

Questions for the Board of Directors:

- Does the Board agree with the grading for the risks listed?
- Does the Board support the action plans and risks which are tolerated?

**For :** Assurance of management of operational risks

**From:** Director of Corporate Governance and Facilities

**Operational Risk Register by Risk Rating update Sept 2010**

Directorate	Principal Risk	Controls	Assurances	Gaps	C	L	R	Actions/Treatment Plans	Tolerated risk?	Lead	Change since last review
All Directorates	Trust is not meeting its KPI for mandatory training or induction attendance which poses a risk to a declaration of compliance with CQC and NHSLA requirements	Date for induction issued to all new starters as part of sign on procedures	internal HR check of process	re INSET to date invitations have not been targeted, INDUCTION attendance not given priority	3	4	12	PK , as CG and R work stream lead, working with ST to recommend to MC and CQSG effective sanctions and follow-up processes for non attenders and also to ensure that timely and accurate data is available from HR to managers.	No	Susan Thomas	Q1 data to CQSG highlighted risk, CQSG have advised on action plan
		HR follow up all non attendance at induction and offer second date, if not attended then matter escalated to Director	no formal assurance of this system currently in place								
		Use of OLM/ESR to identify staff due to attend INSET	quarterly data report to Corporate Governance and Risk Work stream								
IM and T	Failure to meet IG toolkit requirements (in particular training requirement for IG toolkit e-learning) by March 2011 resulting in a negative report to CQC and Monitor which could impact on ability of trust to secure future business,	IG toolkit has been completed for several years, and action taken to develop our information governance and meet the toolkit requirements.	Self-assessment reported in March 2010 showed that we achieved at least level 2 on all relevant items. However, the 2010/11 toolkit has additional requirements in several areas.	No agreed action plan to achieve toolkit requirements Significant resourcing issues to enable requirement to be met	3	4	12	Project plan to be formulated and agreed and tasks allocated by end October 2010.	No	Simon Young	new risk added Q1 2010

Directorate	Principal Risk	Controls	Assurances	Gaps	C	L	R	Actions/Treatment Plans	Tolerated risk?	Lead	Change since last review
All Clinical Directorates	Breach of confidential information resulting in harm to patient	Attendance at induction which includes training on confidentiality.	Attendance at induction and inset records held by HR.	Awaiting final updated code of conduct	3	3	9	promote revised code of conduct when available Continue to promote good practice and share examples of learning from incidents Consider local targeted training	No	Rob Senior	Updated code of conduct undergoing final approval process
		Availability of Caldicott Guardian and IG Lead for advice.	Feedback from Caldicott Guardian								
		Confidentiality Code of Conduct	Staff sign for code of conduct issued on employment								
		Incident reporting and investigation.	RMC review of incidents, Board and external review of SUI reports								
All Clinical Directorates	Inability to account for full assessment/ treatment received by a patient due to incomplete written case record	Annual case note audit.	Results of case note audit and action planning reported to CG committee.	Not all services have local case note audit systems in place for ongoing monitoring Trust wide case note audit does not review specialist services	3	3	9	Process for reviewing case note standards to be kept under continual review via CG committee. To consider targeted case note audits for specialist services	No	Rob Senior	
		Local case note audit.	Results of case note audit and action planning reported to CG committee.								
		Promotion of good practice via team leaders and via supervision.	appraisal								
		Trust wide agreed standards for written case notes	Case note standards available via intranet.								

Directorate	Principal Risk	Controls	Assurances	Gaps	C	L	R	Actions/Treatment Plans	Tolerated risk?	Lead	Change since last review
Finance	Income from clinical contracts reduced by £85k due to not meeting CQUIN targets.	Monthly monitoring and action plans.	Monthly reports show whether improvements have been achieved and can prompt early action if underachievement identified.	Low achievement on some targets in Q1	3	3	9	Action plan agreed	Yes	L Lyon and J Smith	new risk added Q1 2010
Finance	Income shortfalls not fully offset by savings.	Monthly budget reports to directors and to the Board.	Forecasts and narrative.	Vacancy savings in the first half could reduce in the second half.	3	3	9	Review of income and expenditure forecasts with each service line in Sept/Oct, to agree action plan to achieve budgeted surplus.	Yes	Simon Young	new risk added Q1 2010
All Directorates	The Trust is at risk of failing to meet inspection standards of external regulators e.g. CQC, NHSLA and Monitor in respect of Trust policies, due to the fact a large number are out of date, and some may be redundant but they are still listed for staff to use on the trust intranet.	MC has received a detailed paper (April 2010) setting out the current status of all Trust policies and procedures and have been requested to review and update as required  Policy coordinator has been appointed to facilitate policy renewal and manage policy data base	MC minutes  Policy data base and progress reports	Initial review needs to be completed to identify any redundant/inaccurate policies and procedures that can be removed from the database and archived	3	3	9	To receive initial feedback re status of each out of date policy To set target dates for the updating of those policies that are relevant To monitor progress on updating and escalate any delays via a quarterly report to the MC	No, under continuous review	Jane Chapman	Work continuing on updating policies with focus on NHSLA requirements

Directorate	Principal Risk	Controls	Assurances	Gaps	C	L	R	Actions/Treatment Plans	Tolerated risk?	Lead	Change since last review
All Directorates	RIO TRANSFORMATION: Project will not deliver the planned objectives and benefits and may not be completed on time because output from transformation is incomplete or of inadequate quality due to lack of prioritisation, time available for RiO and non RiO Trust Staff to work on the project	Expert Group paper detailing how RiO will be used agreed by MC July 2010.	Expert Group Document read MC minutes	Not all tasks completed or timescales allocated.  Revised project plan not yet fully completed	3	3	9	Tasks to be fully allocated by end of September 2010  Revised project plan to be agreed by October 2010	No, under continuous review	Julia Smith	All controls, assurances, updates and gaps, and action plans updated
		Task list of outstanding issues to resolve including leads	Task list								
		New Staff brought into the project & all project staff with dual roles have been asked to prioritise RiO until November.									
		Administrative go live will go ahead on 1 November 2010. Clinical go live to be delayed with first scheduled for Feb 2011	Agreed revised timetable								
		Weekly Transformation/RiO	Minutes of Transformation /RiO Steering Group								

Directorate	Principal Risk	Controls	Assurances	Gaps	C	L	R	Actions/Treatment Plans	Tolerated risk?	Lead	Change since last review
All Directorates	RIO WHOLE PROJECT RIO not used properly post installation, which will have an impact on the quality of care, record keeping, and Trust income as a result of staff failing to attend training and/or using RIO poorly	agreed communication plan	recorded in RIO documentation	Quick guides and user manuals not yet complete. Scope of project not yet agreed (i.e. what functionality will be used and who will enter what data when). No plan to secure registration on training yet in place. No plan post go live for monitoring and addressing data entry and quality. Commissioners not yet fully informed about move to RiO, impact on data quality and agreement how this will be handled.	3	3	9	Scope to be agreed at end of 2B June 18 2010 Plan to register staff successfully to be agreed at RiO Steering Group in October 2010 Plan to monitor and how to address data entry and quality to be in place by September 2010 AA and JS Ensure commissioners are informed about move to RiO and seek acceptance and agreement about how to handle decrease in data quality. To be completed by end September 2010 JS	No, under continuous review	Julia Smith	
		First run through training held for administrative staff and their feedback will determine final training programme e.g. training will now run over 2 days and not one.	Feedback from training and project plan								
		staff updating via INSET, and newsletter	INSET timetable, and copies of news letter								
All Clinical Directorates	Risk to MONITOR and CQC rating as a result of failing to publish a Quality Report of sufficient standard for 2010-11 which could have a knock on effect on our income and business development	updated procedure has an agreed process of gathering and recording supervisors, master list to be held in clinical governance, data collection Sept-Oct 2010	status report to CQSG (quarterly during data collection and then annually)	Not fully identified at this stage	3	3	9	To develop action plan to prepare and present Quality Accounts to include response to KPMG audit report recommendations	No, treatment plan in operation	Louise Lyon	new risk added at Q1 review
All Clinical Directorates	Poor compliance with completion of outcome monitoring reports will have a negative effect on achieving CQUIN targets, other Commissioner targets and risks our ability to demonstrate the effectiveness of clinical care	none currently	Action plan being developed to be presented to CQSG at Q2	Not fully identified at this stage	3	3	9	To develop action plan to present to CQSG at Q2	No	Caroline McKenna	new risk added at Q1 review

## Board of Directors : September 2009

**Item :** 11a

**Title :** Student Disabilities Policy

**Summary :**

This policy is presented to the Board of Directors for any comment and for ratification. It has already been approved and commented on by the Quality and Enhancement Committee (Education and Training), the Education and Training Executive, and by the Management Committee.

**For :** Approval

**From :** Dean

## Student Disabilities Policy

Version:	Four
Approved by:	
Date Approved:	
Name of originator/author:	Obi Maduako / Carolyn Cousins
Name of responsible committee/individual:	Trudy Klauber
Date issued:	June 2010
Review date:	<i>Usually 2 years from issue, may be annual if a 'fast moving area'</i>

*Note ratification is for the Board of Directors. Management Committee can approve documents and the Board of Directors ratify. Advice on approval process available from the Governance Team (Pat Key/Jane Chapman)*

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## **1 Introduction**

The Tavistock and Portman is committed to promoting full participation of disabled students in all aspects of the academic and social life of the Trust. We aim to implement a process of ongoing review and development of this policy in a manner which promotes full inclusion of students and staff with disabilities.

The Trust recognises its obligations under the Disability Discrimination Act 1995 (DDA) as amended by the Disability Discrimination Act 2005 and the Equality Act 2010. The Trust is committed to making anticipatory and reasonable adjustments in the provision and delivery of education and training. This policy has been developed with reference to the QAA Code of Practice on Disabled Students, Section 3.

The Trust's Single Equalities Scheme includes an action plan to ensure equality of access for all students including those with a declared disability. Applicants to courses and programmes will be encouraged to inform the Directorate of Education and Training of their access needs, whether or not they choose to declare a disability at the time of application.

## **2 Purpose**

This policy articulates and outlines the Trust's Education and Training policy for managing the needs of students with disabilities in order to ensure they receive and achieve a positive learning experience throughout the duration of their stay at the Trust.

This policy is also intended to meet our obligations under the equality legislation and to ensure we provide a safe, effective and positive working and learning environment for the delivery and receipt of education and training.

## **3 Scope**

This policy applies to all applicants and existing students attending the Tavistock and Portman NHS Foundation Trust on Trust premises. It does not apply to applicants or students attending programmes of study in associate centres. The Trust will seek to encourage associate centres to implement a student disability policy.

## **4 Definitions**

The Trust adopts the definition of disability in the Disability Discrimination Act 1995 as a 'physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities'.

## **5 Duties and responsibilities**

### **5.1 Student Lead Disability Officer**

The Trust has appointed a Student Lead Disability Officer (SLDO) who has operational responsibility to lead on issues relating to student disability across the Trust. The SLDO is accountable to the Assistant Director Education and Training and through the Assistant Director to the Dean of Postgraduate Studies who has Board-level strategic responsibility for Student Disability. The Trust seeks to encourage students with disabilities to declare them and to contact the SLDO for support. This includes a section for declaration on the application form and again at enrolment and registration. Students who do not choose to declare a disability will be asked as a matter of routine for their access needs on inquiry, at application stage, for attending interview and as part of the interview procedure.

The SLDO will be responsible for communicating and ensuring appropriate staff particularly Organising Tutors (OT) and Course Administrators (CA) will receive information about the particular requirements of disabled students in a clear and timely manner as well as information about systems and sources of support.

The SLDO has responsibility for ensuring the Trust Library and Course Organising Tutors are routinely notified within 28 days of the acceptance of a disabled student. This will be done with due regard to any request of the student for confidentiality; however a request for confidentiality may affect some of the support that can be offered. Students will be made aware of this.

### **5.2 Assistant Director Education and Training**

The Assistant Director Education and Training will monitor this policy on an annual basis. Information about the effectiveness of this policy will be gathered and monitored through the Trust student feedback process.

The Assistant Director Education and Training has a duty to report outcome of monitoring and evaluation of this policy to the Dean of Postgraduate Studies who will communicate outcomes to appropriate Trust committees including the Management Committee.

## **6 Procedures**

**6.1** This policy aims to address the needs of all students with visible and invisible disabilities whether declared or not.

### **6.2 Environment**

The Trust is committed to the systematic review and improvement of physical access to our premises. The Trust system of ongoing review

and maintenance will be communicated widely and will seek not to create new barriers. This will include consultation with disabled users. Where facilities are not accessible we will endeavour to make appropriate arrangements which meet the needs of the user.

Although the Trust endeavours to make all its buildings accessible to wheelchair users, there remain facilities which are inaccessible.

### **6.3 Access to facilities and support**

All students will be asked to declare their access needs as defined in the Equality and Human Rights Act. Students with disabilities will have access to the same range of support services as are available to their non-disabled peers. The Trust will ensure that there is a designated member of staff (SLDO) to provide advice and support to disabled applicants, students and to staff who work with them.

The Trust will undertake annually to review and identify barriers to academic support services including the consultation of disabled students on the accessibility of Trust facilities, general and education support services.

### **6.4 Information for applicants, students and staff**

All publicity, course details and general information will be offered in accessible formats with sufficient time to allow for modification into alternative formats where necessary for familiarisation by students.

All publicity, programme details and general information will describe the Trust's commitment actively to seek to know all applicants' access needs, and the opportunities available for disabled people to participate in the courses and programmes offered. The Trust will also describe levels of support available to enable maximum inclusion in these activities. This will include a review and revision of all course materials and texts to ensure course information is clearly included and Organising tutors are advised of alternative delivery of courses where necessary.

Information on how students with disabilities gain access to support is contained on the website and within course handbooks. This includes contact details for the SLDO.

### **6.5 Taster Events and Open Evenings**

The Trust will meet its statutory and legal obligations to members of the public and potential applicants attending taster events and promotional learning activities. Members of the public and potential applicants are encouraged to inform staff in the Department of Education and Training or the lead contact for the event or interview of any individual access requirements prior to the event. This allows staff to make suitable/appropriate arrangements to address the needs of the individual.

## **6.6 Admission Criteria**

The Trust offers a range of postgraduate courses and Continuous Professional Development activities. It will seek to make explicit and transparent the process and criteria for admitting students on its programmes. The Trust will endeavour to ensure that such criteria and processes for admitting students do not create unnecessary barriers to disabled applicants and students.

## **6.7 Selection of students**

Offers of a place of study at the Trust are made on academic merit. The Trust will ensure equitable consideration of all applicants in selection and admission of students.

Applicants are encouraged to disclose any disability on application to the Trust. This disability information will be removed from application forms prior to interview. This is in order to ensure student disability information does not affect admission decisions.

Where an applicant has declared a disability on the course application form, the student will be contacted by the Course Administrator (CA) to ascertain what reasonable adjustments can be made in terms of access needs and equality of opportunity in the application and interview process.

Trust Organising Tutors (OTs) are required to communicate the outcome of interviews directly to the Course Administrator (CA) and not the student. All interview decisions will be communicated to the student in writing.

## **6.8 Admission of Students**

After interview but prior to communication of admission decisions to the applicant, the disabled applicant's study support requirements (where disability is disclosed) will be discussed with the Organising Tutor (OT). The impact of a student's disability in meeting the core requirements will also be considered so that reasonable adjustments can be made or, in exceptional circumstances, issues relating to course completion can be explored. This should include consideration of the student's ability to access the required support in time for the desired course start date. CAs are required to inform the SLDO where a disabled student has been admitted.

Appropriate training and information about systems and sources of support will be distributed to all OTs, CAs and tutors by the SLDO. In doing so, disabled applicants' support needs will be identified and assessed in an effective and timely manner, and an action plan drawn up.

Where the Trust has made all endeavours and is unable to make reasonable adjustments it may decline to offer a place on the grounds

of disability where this may impact the student's ability to meet core requirements. All applicants are required to demonstrate that they have met the required admissions criteria for any course in terms of academic qualifications, professional or other work experience required and the criteria for personal suitability to enter clinical and other professional training programmes.

### **6.9 Enrolment, Registration and Induction**

Processes, systems and structures for enrolment, registration and induction of new students (including students AP(E)L'd) will accommodate the needs of disabled students.

The Trust will enable individual students to disclose their disability and, if they are eligible, offer them a professional assessment (through our collaborative partners (or the DSA Quality Assurance Group [QAG] list of Assessment Centres)) of their study support requirements, and seek to meet those requirements within a reasonable time period. We aim to undertake an assessment of study support requirements as soon as possible. Study support requirements identified at this assessment will be met within a reasonable time.

A representative from the Library will be available prior to disabled student admission or at enrolment days to discuss students' library needs with them.

### **6.10 Learning and Teaching**

Students are encouraged to discuss their access needs<sup>1</sup>, and additional learning support needs for their disability with their personal and/or organising tutor where possible. They are also encouraged to use the support of the SLDO.

Course specifications will be reviewed to ensure they are inclusive, responsive to student needs, offer maximum flexibility and are free of barriers to access. Academic support services will be accessible and appropriate to the needs of disabled students.

Course delivery will take into account the needs of disabled students and as far as is reasonably possible be adapted to enable equality of access to the curriculum. This will include a review of course specifications to ensure they are responsive to student needs, offer maximum flexibility and are free of unnecessary barriers.

The Trust will ensure that, wherever possible, disabled students will have access to academic materials and placements that adequately support their learning and support needs.

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<sup>1</sup> Students are now routinely asked about access requirements for the interview and during their studies, if offered a place at the Trust.

Additional curricular materials will be provided to disabled students on request or where already noted by the tutor. Requests for lecture notes will be considered on an individual basis taking into account the student's impairment, barriers to learning and other reasonable adjustments, and according to the aims and objectives of the unit to be delivered.

#### **6.11 Assessments and Vivas**

Assessments policies, practices and procedures will provide disabled students with opportunities equal to those of their peers to demonstrate the achievement of learning outcomes. Where study or assessment is negatively affected as a direct result of a disability-related cause, the Trust will make reasonable adjustments to ensure the academic progress of the student is not unjustifiably impeded.

Where the disabled student is attending a viva, arrangements to accommodate the needs of student will be made by the CA in consultation with the particular student.

#### **6.12 Quality assurance and course validation and review**

Quality assurance procedures will require evidence of provision made in all courses to ensure full participation in all aspects of teaching and learning for students with disabilities, and the annual monitoring of this provision.

#### **6.13 Associate centres**

Providers in associate centres will be advised to provide their own policy which should be consistent with the Tavistock and Portman NHS FT policy in relation to all students and applicants enrolled on courses validated for delivery by the Tavistock and Portman.

#### **6.14 Overseas students and applicants**

Applicants declaring a disability will be invited and enabled in consultation with staff to assess and identify their study support requirements.

Prior to offering a place to the student, the Trust will endeavour to advise the student of an estimate of the cost of the support required, possible sources and procedures for securing this support, the contribution The Trust may make to the cost and alternative sources of funding.

#### **6.15 Promotion of Disability**

It is the duty of the SLDO to ensure the needs of disabled students are met from the point of admission to completion of their programme at the Trust. This duty will also include actively promoting disability support to students through a range of communication mediums including 'Moodle'. The SLDO will also have a duty to ensure all staff in the Trust are made aware of their statutory obligations to disabled

students through a range of communication mediums including the Trust intranet and newsletter.

#### **6.16 Library and learning resources**

The Special needs librarian has responsibility for supporting the needs of disabled users from admission and throughout their stay at the Trust.

The Library has a duty to provide equitable access to resources and a range of services for disabled users. Details of library services will be made available to disabled students on enrolment.

All students with a relevant declared disability can enter into an agreement with the library following which a *Library support certificate for disabled students* will be issued. This agreement will set out details of disabled student access to library services.

The Library encourages early notification of student support needs to ensure such additional aids or adaptations are in place.

The Library will canvass disabled students' views through annual surveys as well as less formal channels so as to enable improvement of the service it delivers to disabled students.

#### **6.17 Emergency Evacuation**

Trust policy for emergency evacuation will be distributed to all staff and students and offered in accessible formats. The policy for emergency evacuation will be revised in light of systematic and regular practice, monitoring and review of the procedures identified in the policy.

### **7. Training requirements**

Trust wide induction and other relevant training will include disability awareness/equality and training in specific services and support.

All staff including Course Administrators (CAs) and Organising tutors (OTs) will be required to undertake appropriate disability awareness/equality training. This will include regular awareness training.

### **8. Process for monitoring compliance with this policy/procedure**

#### **8.1 Monitoring and evaluation**

The Trust will monitor student applications, admission, academic progress, and patterns of impairment presented by disabled students.

The Trust will monitor the effectiveness of our provision for students with disabilities, identify opportunities for enhancement and ensure modification of practice including complaints on an annual basis. Outcomes will be communicated Trust wide and to students on our electronic communication systems including our website and Moodle.

## **8.2 Student Feedback**

The Trust is committed to considering feedback from students with disabilities in implementation of mechanisms which enable a positive learning environment and experience for disabled students.

## **8.3 Data management**

In order to maintain accuracy of data and information on disabled students, the library has a duty to provide details to the SLDO of disabled students who declare themselves to the library within 7 days of this information being made available to them. Similarly Education and Training will provide the library with details of all students who declare a disability within 28 days of the student accepting a place on the Trust course or as soon as it is made known to the SLDO or the CA. These exchanges will need to take into account any requests for confidentiality made by the student. Where a student does not wish information to be shared with any of these parties, they are to be made aware of the potential impact this may have on support available to them.

## **8.4 Data Protection Act**

Appropriate records will be kept on all students with disabilities in line with the Data Protection Act. All matters relating to disabled students will be managed confidentially by the SLDO, CAs and all staff who come into contact with this information.

## **8.5 Annual Review**

This policy will be reviewed annually and action plans developed to improve it.

## **9. Equality impact statement**

This policy has been screened using the Trust's Equality Impact Tool and has been found not to discriminate against any group of persons. The EQIS is shown at Appendix 1

## **10. References**

This policy is informed by the Disability Policy of our collaborative partners, University of East London and University of Essex.

## **11. Associated documents**

QAA Code of Practice on Disabled Students

The Tavistock and Portman   
NHS Foundation Trust

## EQUALITY IMPACT ASSESSMENT

### FORM ONE – INITIAL SCREENING

Name of policy

Policy, function, or service development being assessed: Draft Student Disabilities Policy

Name of person carrying out the assessment: Carolyn Cousins

Please describe the purpose of the policy, function or service development. This policy articulates and outlines Trust policy for managing the needs of students with disabilities in order to ensure they receive and achieve a positive learning experience throughout the duration of their stay at the Trust. This policy is intended to meet our obligations under the equality legislation and to ensure we provide a safe, effective and positive working and learning environment for the delivery and receipt of education and training.

Does this policy, function or service development impact on patients, staff and/or the public?

**YES** (*go to Section 5.*)

**NO** If **NO**, this is usually an indication that the policy, function or service development is not relevant to equality. Please explain that this is the case, or explain why it is relevant to equality even though it does not impact on people:

Is there reason to believe that the policy, function or service development could have an adverse impact on a particular group or groups?

**NO** – specifically designed to overcome adverse impacts and outline our responsibilities to do so

**If YES**, which groups may be disadvantaged or experience adverse impact? **Age** – especially younger and older people YES / NO

**Disability** – people with impairments YES / NO

**Gender** – women, men, transgender people YES / NO

**Race** – people of different ethnic groups YES / NO

**Religion and belief** – people of different faiths and beliefs YES /

**NO Sexuality** – especially lesbian, gay, and bisexual people

6. If you answered **YES in section 5**, how have you reached that conclusion? (Please refer to the information you collected e.g., relevant research and reports, local monitoring data, results of consultations exercises, demographic data, professional knowledge and experience)

7. Based on the initial screening process, now rate the level of impact on equality groups of the policy, function or service development:

**Negative / Adverse impact: Low**

**High** ..... (i.e. high risk of having, or does have, negative impact on equality of opportunity)

**Medium**.....(i.e. some risk of having, or there is some evidence of, negative impact on equality of opportunity)

**Low** .... (i.e. minimal risk of having, or does not have negative impact on equality)

**Positive impact: High**

**High** .... (i.e. highly likely to promote, or clearly does promote equality of opportunity)

**Medium**..... (i.e. likely to promote, or does have some positive impact on equality of opportunity)

**Low** ..... (i.e. not likely to promote, or does not promote, equality of opportunity)

N.B. A rating of 'High' negative / adverse impact' means that a Full Equality Impact Assessment should be carried out (see Form Two)

A rating of 'Medium negative' or 'Low' positive impact may mean that further work has to take place, especially where the policy,

Date completed 1 April 2010

Signed .....

Print name Carolyn Cousins.....

## Board of Directors : September 2010

**Item :** 12

**Title :** Gloucester House Service Report

**Summary :**

As a result of concerns about its financial performance, the Unit was restructured at a number of levels two and a half years ago. This included changes in management structure, staffing, and capacity and breakeven occupancy. In financial terms the unit has been very successful over the last two years, and the forecast is that this should continue, at least for the coming year. However, the changes have also given rise to various strains and tensions. This report outlines the significant issues and developments that have occupied us over the past year, and suggests ideas to pursue in the future.

**For :** Discussion

**From:** Unit Director, Gloucester House  
Head Teacher, Gloucester House

# Gloucester House Service Report Academic Year 2009/10

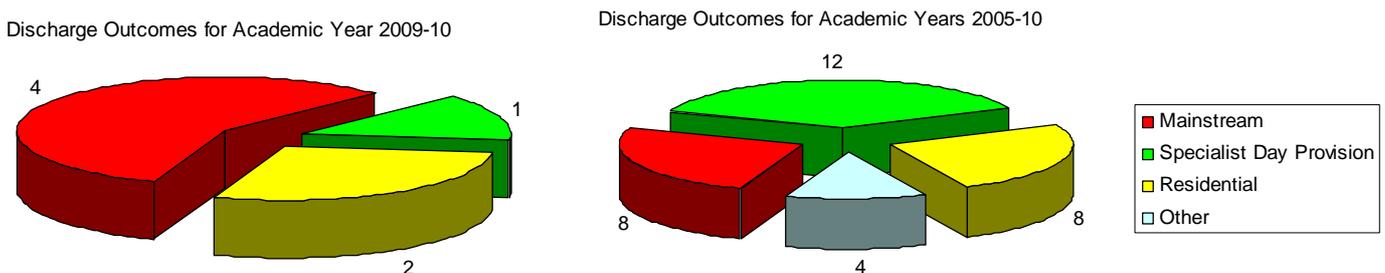
## 1 Introduction

1.1 As a result of concerns about its financial performance, the Unit was restructured at a number of levels two and a half years ago. This included changes in management structure, staffing, and capacity and breakeven occupancy. In financial terms the unit has been very successful over the last two years, and the forecast is that this should continue, at least for the coming year. However, the changes have also given rise to various strains and tensions. This report outlines the significant issues and developments that have occupied us over the past year, and suggests ideas to pursue in the future.

## 2 Progress over the past year

### 2.1 Outcomes

2.1.1 The Unit has had an average occupancy of 15.2 (breakeven = 12.5) over the past academic year. There were six admissions and seven discharges. Of the seven discharges, four were reintegrated into mainstream education, two into specialist day schools and one into another establishment. For a number of reasons, it would be premature to read too much into these figures being an improvement in discharge outcomes compared to previous years.



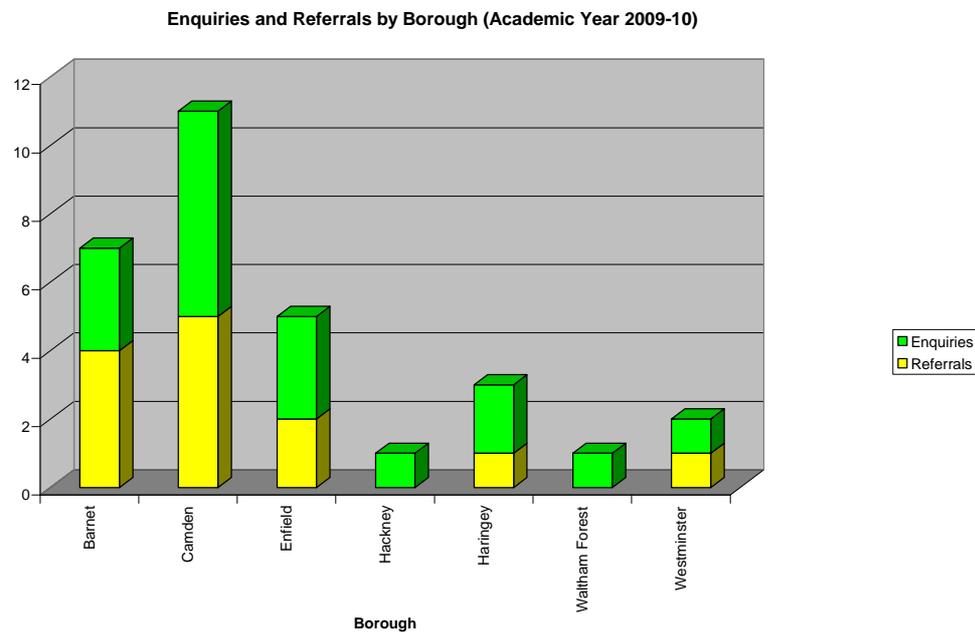
Fuller details of outcomes are found in Appendix 1.

2.1.2 The results of our regular survey of users suggest that though there are minor variations in the data received from parent / carers between September 2009 and March 2010, overall our parents and carers agree or strongly agree that their children like the Unit, are making progress, and that parental views are taken in to consideration.

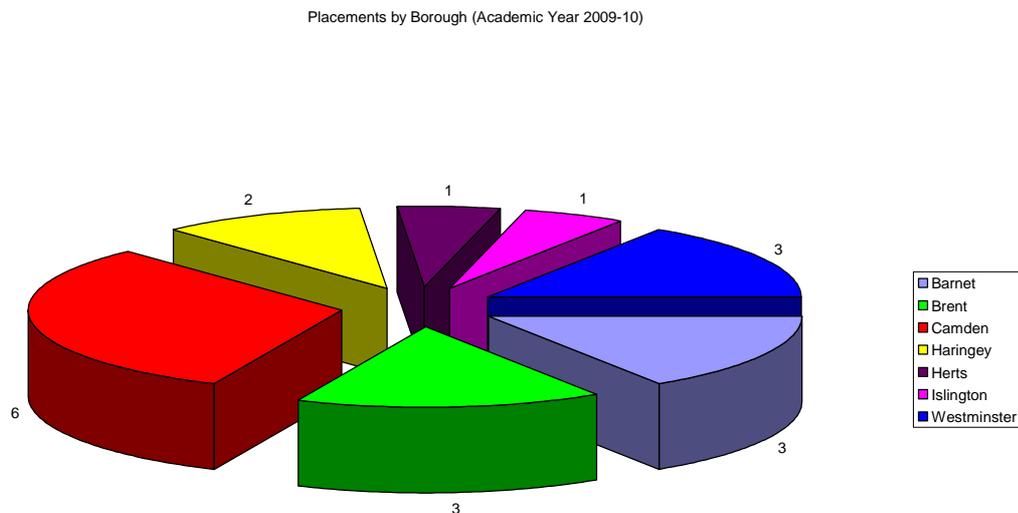
2.1.3 The children’s feedback forms reflect a much more mixed picture. The majority of the children do think the Unit helps them learn and that they enjoy it here and that they are listened to. However, in March 2010 a few children responded in the “disagree” and “strongly disagree” category. This is important information for us to consider and address the reasons for this.

### 3 Demand

3.1 We have had 11 referrals and 16 formal enquiries over the past year. These have come from a range of referrers.



Placements at the unit reflect a similar pattern.



- 3.2 We have not only found ourselves operating with a waiting list, but have also sometimes had to turn away referrals. We currently have six referrals; we do not have capacity to process all of these at present.
- 3.3 Trying to discern a pattern in the ebb and flow of referrals has been something that has exercised us a great deal; we still do not have a clear understanding of this. However, our past experience has taught us of the dangers of complacency.

#### **4 Relationship with outside stakeholders**

- 4.1 We continue to try and cultivate good relationships with both commissioners and referrers. It is possibly too early to judge whether recent changes in commissioning personnel / structures are par for the course, or an indication of more profound changes in response to the wider financial situation.
- 4.2 We have been proactive in terms of publicity for the Unit. We have an updated brochure that has been approved by the Trust's Communication Committee and should be ready to launch for the new academic year. We have used the same publishers as the rest of the Child and Family Directorate (Positive2) for the brochure – and whilst we have designed our brochure to be appropriate for a school, we have also ensured that we are consistent with the corporate branding.
  - 4.2.1 We have used a private web builder to build a website which is ready to launch. We are currently negotiating our website as an offshoot of the overall Trust website and hope that we will be able to go live before the end of term.
  - 4.2.2 Our awareness that no significant publications coming out of the Unit over the past year as being below the level we would aspire to has, thus far, not translated into action (but see 5.2 below).
- 4.3 Over the last year Nell Nicholson has been working in a consultatory capacity with a large Special Educational Needs primary / secondary school in Islington. This involved supporting the Head Teacher to set up a mentoring programme for Teachers and Teaching Assistants; Nell has trained the relevant staff in mentoring and kept the process under review with senior school staff. Nell has also provided ongoing sessions with the mentors to advise on and develop their practice.

- 4.3.1 Nell supported the Head Teacher in implementing the programme and engaging a very suspicious staff group in the process! The Head Teacher would like Nell to continue her role next year.
- 4.3.2 Nell has also been part of a Training in Education Committee at the Trust in which a successful conference was put on in February – ‘Putting the ‘e’ into ESD’. Nell has also facilitated other workshops and training both for the Trust and for other schools.
- 4.3.3 Together with a colleague from the Trust, Kajetan Kasinski has provided consultancy for a therapeutic community in Italy.
- 4.3.4 All this has been important in terms of developing other areas of work for, and in terms of the reputation of, Gloucester House.
- 4.4 One of the Unit senior clinical staff has had an increasing involvement in mainstream media. Though this is mainly done in her own time, it is supported whenever possible and appropriate by the Unit. We would like to draw the attention of the Board of Directors to the value of investing in this sort of work.
- 4.5 As mentioned in previous reports, we have had intermittent longstanding discussions with other agencies / organisations about how we could better complement each others work. This might include setting up partnerships with specialist fostering agencies and or specialist children’s homes as well as developing combined work practices with other parts of the Trust (e.g. Fostering and Adoption Team, Portman Clinic). Though these discussions have not resulted in any actual projects, we would suggest that the future direction of the Unit will have to include such developments.

## **5 Staffing**

### **5.1 Staffing – Specifics**

- 5.1.1 Deputy Head – Two senior teachers, one leaving at Easter and one’s decision not to return to full-time work after maternity leave means that from next term we will need to provide cover for the one day a week she will not be working. We are also considering using this as an opportunity to expand on our current teaching complement.

- 5.1.2 Three (of the five) Teaching Assistants on the Unit have moved on over the past year; replacements have been appointed.
- 5.1.3 Teaching Assistant Secondment – a pilot project to second one of the TAs to a mainstream setting (to support the reintegration of a child discharged from the Unit) has had mixed results. We are going to apply what we have learnt when we repeat this next term.
- 5.1.4 A senior clinical staff member's sabbatical application – a senior clinician's request for extended unpaid leave is currently being considered.
- 5.1.5 Bank Psychotherapy Post – the person appointed to this post has very recently indicated that she will be leaving early next term. We will be discussing whether and how she can be replaced (see 5.2).

## 5.2 Staffing – General

- 5.2.1 There has been a strong sense of staff working at or over the limits of their capacities over the past year. Although this would apply to all the Unit staff, it was perhaps most strongly articulated by senior clinicians, possibly because of their caseloads when the Unit is full.
  - 5.2.2 Delays in refining the balance of the clinical staffing of the Unit are partly due to financial and partly other constraints. However, they are also linked with the need to be careful in balancing a wish to provide quality child psychotherapy for some of the children (for which the Unit has been traditionally been known and which is specifically requested by some referrers) against the need to broaden the repertoire of treatments available here. We propose to move on with the appointment of a mental health professional to lead in piloting the establishment of a behaviour support team; this would take some of the strain off both the education and clinical staff.
- 5.3 In addition to the new post described in the previous section we further propose that some of the money resulting from the Unit's over performance is used to help us better accommodate to the increases both in actual numbers of children and in demands for places (see 3.2). We have considered a number of options for using this money. One would involve establishing and staffing a third classroom on the existing site. However, the option that received most support from our Steering Group involved a flexible and

contractually time limited increase in both clinical and educational staffing, which would be conditional on our continuing over performance.

#### **5.4 Staff Development**

5.4.1 We continue to have a varied and successful inset training programme for both clinical and educational staff. This academic year we have had 5.5 INSET days. We had two Team-Teach days in September and one day to prepare for the year's work. We have had two INSET days re-evaluating the stamps and targets system. All staff have been trained in child protection to the appropriate level. We have a system in place to ensure all staff attend the Trust's mandatory INSET day once every years.

5.4.2 We continue to encourage and support staff to train in ways that can both further their career and support the work of the Unit (e.g. teaching staff following Nell Nicholson's example in pursuing clinically orientated courses, senior clinicians considering possibility of CBT training or multi-systemic therapy training).

5.4.3 Though we have had no social work students over the past year, the Unit continues to provide an opportunity for a placement for psychiatric and psychology trainees.

5.4.4 We continue to offer annual Team-Teach training about ways of dealing with challenging behaviours for all staff (above the recommended bi-annual level), as well as offering regular refresher courses throughout the year.

### **6 Health & Safety**

6.1 Given the type of children and families we work with at the Unit, it is not surprising that the Unit accounts for a large proportion of incidents Trust-wide. This seems to have increased over the year, possibly due to greater number of children, but also possibly linked with other changes in the Unit (see 7.1). Over the last year, there have been three major incidents, two involving children and one involving a staff member being injured. We have also received our first formal complaint for over five years; this has been appropriately responded to.

### **7 Management Structures**

- 7.1 The changes in the management structure in and around the Unit have, in our opinion, been beneficial. However, we are aware of persisting tensions, possibly linked with the discontinuation of the Senior Management Team, which have affected the whole team, and thus probably also the children, and which still need to be addressed.
- 7.2 Nell Nicholson and Kajetan Kasinski have benefited from the opportunity of regular outside consultancy. It has both given us space to address issues which might otherwise have interfered with our working relationship, but also provided a forum to find a commonly owned understanding of what is the task and purpose of the unit and of whether and how this understanding is congruent with our current practice. It has also created a more coherent framework for joint leadership.
- 7.3 Senior Staff Group Meetings have become established, as originally planned.
- 7.4 Difficulties in establishing an ongoing senior clinicians group are currently being addressed.
- 7.5 Teaching staff and Teaching Assistants continue with a well-established cycle of meetings.
- 7.6 While it may be too early to comment on the benefit or otherwise of Service Line structures, we are aware of increased links with related services in the Trust (e.g. Fostering and Adoption, Portman Clinic, etc).
- 7.7 The Steering Group continues to meet as planned. There is still a vacancy for someone to speak or represent parents / carers on the Steering Group.

## **8 Accommodation**

- 8.1 Relocation – We are taking part in an options appraisal regarding suitable accommodation for the service. This will allow a decision to be made about whether and where the Unit will move.
- 8.2 Some of the members of the Board of Directors will be aware of serious and longstanding concerns about the increasingly shabby state of the Unit, and of the message this gives out both to outside commissioners and referrers, and more importantly, to the children and their parents / carers. We are glad to be able to report that the Unit has benefited greatly from the input it received over the

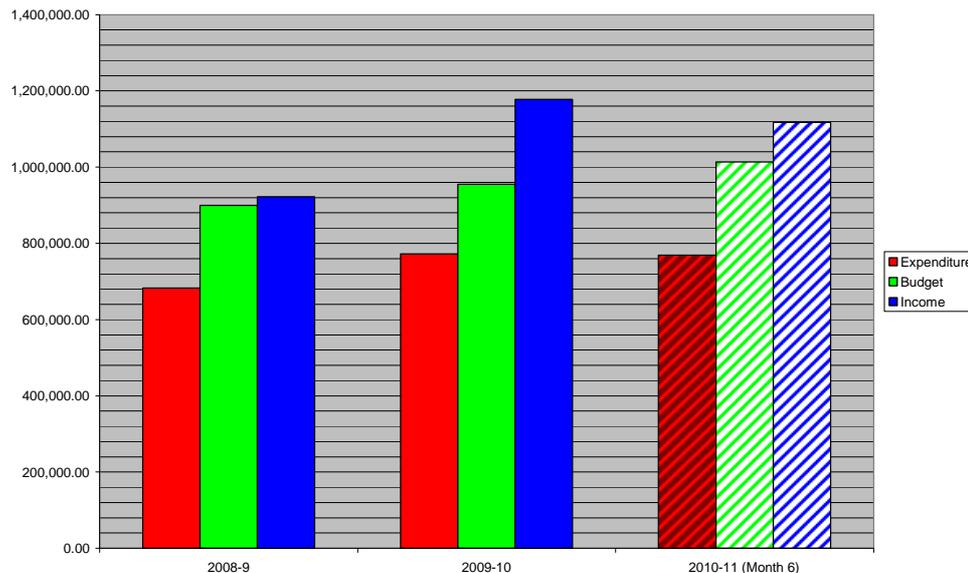
summer. We would like again to formally express our thanks to the Corporate Governance & Facilities Department for their part in this.

## 9 RiO

- 9.1 It is currently planned for Unit to go onto RiO in the New Year.
- 9.2 The forthcoming transfer to RiO prompted an audit of both records and outcome measures. The results of the former will need to be improved upon.

## 10 Budget

- 10.1 Financially the Unit is in a very healthy position. A significant profit was made over the last financial year. Current evidence suggests this will be repeated (though probably at a slightly lower level) over 2010/11.



- 10.2 We attach the figures on income for the first half of this financial year (Appendix 2).
- 10.3 Arrangements for fee increases in the 2010/11 budget have thus far not been challenged.
- 10.4 Income from "other sources" (e.g. offering external consultancy, teaching etc – see 4.3 above) continues to grow (see also Appendix 2 for details).

10.5 SLAs with Camden (for four places) and Barnet (for three places) are set to continue (but see 4.1 above).

## **11 Conclusion**

11.1 Overall the unit is doing very well. However, this should not allow for complacency, especially given the wider economic context.

11.2 The nature of the client group we work with here, and the complexity of both our internal organisation and of our relationship with external stakeholders means that the Unit will always be a relatively high risk option for the Trust. We would suggest that the inevitable stresses and anxieties are best addressed by regularly reviewing our performance and staff complement, by establishing more formal links and partnerships with other agencies / services, and, perhaps most importantly, building a shared clarity and conviction about the purpose and value of the work we do here.

## **12 Recommendations**

12.1 Reach decision about relocation / premises (8.1)

12.2 Implement planned establishment of Behaviour Support Team (5.2)

12.3 Action proposal for flexible staff increase to accommodate and consolidate recent over performance and demand (5.3)

12.4 Prioritise establishing formal partnerships with related agencies (4.5)

**Kajetan Kasinski**  
Unit Director

**Nell Nicholson**  
Head Teacher

September 2010

## Appendix 1

### Referrals, Admissions, On Roll and Discharges by borough by academic years between 2007 and 2011

Borough	2010/11				2009/10				2008/09				2007/08				Totals			
	Referrals	Admissions	On Roll	Discharges	Referrals	Admissions	On Roll	Discharges	Referrals	Admissions	On Roll	Discharges	Referrals	Admissions	On Roll	Discharges	Referrals	Admissions	On Roll	Discharges
Barnet		1	4		4	2	3		1		2		2	2	3	2	7	5	12	2
Brent			3			1	3		2	1	1		2	1	1	1	4	3	8	1
Camden			4		5	2	6	2	3	2	5	1	2	1	5	2	10	5	20	5
Enfield	1				2												3	0	0	0
Hackney													1				1	0	0	0
Hammersmith & Fulham															1		0	0	1	0
Haringey			1		1	1	2	1	1		1		1	1	1		3	2	5	1
Harrow									1		1	1			1		1	0	2	1
Herts			1				1		1	1	1				1	1	1	1	4	1
Islington							1	1		1	1		2				2	1	2	1
Lewisham									1								1	0	0	0
Westminster			1		1		3	2	3	2	2		2		2	2	6	2	8	4
<b>Totals</b>	<b>1</b>	<b>1</b>	<b>14</b>	<b>0</b>	<b>13</b>	<b>6</b>	<b>19</b>	<b>6</b>	<b>13</b>	<b>7</b>	<b>14</b>	<b>2</b>	<b>12</b>	<b>5</b>	<b>15</b>	<b>8</b>	<b>39</b>	<b>19</b>	<b>62</b>	<b>16</b>

**9th September 2010****Day Unit Income from Fees - Month 6****Patients currently on roll = 14****Commentary**

Coming up to half way through the current financial year, these figures suggest we remain on track in terms of repeating last year's over performance, albeit at a slightly reduced rate.

	2009		2010				2011			
	Autumn 1	Autumn 2	Spring 1	Spring 2	Summer 1	Summer 2	Autumn 1	Autumn 2	Spring 1	Spring 2
<b>Number of patients at start of half-term</b>										
<b>Total</b>	12	12	14	15	15	15	13	13	13	15
(Camden SLA)	3	3	3	3	4	4	4	4	4	4
(Barnet SLA)	3	3	3	3	3	3	3	3	3	3
(Other)	6	6	8	9	8	8	6	6	6	8
<b>New Admissions</b>										
<b>Total</b>	1	2	2	1	0	0	1	1	2	0
(Camden SLA)	1	0	0	1	0	0	0	1	0	0
(Barnet SLA)	0	1	0	0	0	0	1	0	0	0
(Other)	0	2	2	0	0	0	0	0	2	0
<b>Number chargeable</b>										
<b>Total</b>	13	15*	17*	16	15	15	14	14	15	15
(Camden SLA)(1)	4	4*	4	4	4	4	4	4	4	4
(Barnet SLA)(2)	3	3	3	3	3	3	3	3	3	3
(Other - admitted before 01/04/10)(3)	6	8	10	9	8	8	7	7	6	6
(Other - admitted after 01/04/10)(4)					0	0	0	0	2	2
<b>Discharges</b>										
<b>Total</b>	0	0	1	1	0	2	0	0	0	0
(Camden SLA)	1	0	0	0	0	0	1	0	0	0
(Barnet SLA)	0	0	0	0	0	0	0	1	0	0
(Other)	0	0	1	1	0	2	0	0	0	0
<b>Number cont. next half term</b>										
<b>Total</b>	12	14	15	15	15	13	13	13	15	15
(Camden SLA)	3	3	3	4	4	4	4	4	4	4
(Barnet SLA)	3	3	3	3	3	3	3	3	3	3
(Other)	6	8	9	8	8	6	6	6	8	8
<b>Target number chargeable</b>										
<b>Total</b>	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5

NB. Figures in red are estimates and subject to monthly variations.

\*Number chargeable being one more than occupancy is due to the Camden SLA not being filled. There were three Camden children on the unit at this time.

<b>Target income</b>	158,333.33	158,333.33	158,333.33	158,333.33	163,125.00	163,125.00	163,125.00	163,125.00	163,125.00	163,125.00
<b>Target income to date</b>	475,000.00	633,333.33	791,666.67	950,000.00	164,166.67	327,291.67	490,416.67	653,541.67	816,666.67	979,791.67
<b>Fee income</b>										
<b>Total (5)</b>	168,540.00	191,100.00	215,660.00	203,220.00	192,940.00	194,020.00	184,100.00	184,100.00	189,182.00	189,182.00
Camden SLA (6)	50,500.00	50,500.00	50,500.00	50,500.00	50,500.00	50,500.00	50,500.00	50,500.00	50,500.00	50,500.00
Barnet SLA (7)	37,000.00	37,000.00	37,000.00	37,000.00	37,000.00	37,000.00	37,000.00	37,000.00	37,000.00	37,000.00
Other - admitted before 01/04/10 (8)	75,600.00	100,800.00	126,000.00	113,400.00	100,800.00	100,800.00	88,200.00	88,200.00	75,600.00	75,600.00
Other - admitted after 01/04/10 (9)					0.00	0.00	0.00	0.00	26,082.00	26,082.00
Additional income (10)	5,440.00	2,800.00	2,160.00	2,320.00	4,640.00	5,720.00	8,400.00	8,400.00		
<b>Fee income to date</b>	567,500.00	758,600.00	974,260.00	1,177,480.00	192,940.00	386,960.00	571,060.00	755,160.00	944,342.00	1,133,524.00
<b>Half-term variance (£)</b>	10,206.67	32,766.67	57,326.67	44,886.67	29,815.00	30,895.00	20,975.00	20,975.00	26,057.00	26,057.00
<b>Half-term Variance (%)</b>	6%	21%	36%	28%	18%	19%	13%	13%	16%	16%
<b>Year to Date Variance</b>	92,500.00	125,266.67	182,593.33	227,480.00	29,815.00	60,710.00	81,685.00	102,660.00	128,717.00	154,774.00
<b>Year to Date Variance %</b>	19.5%	19.8%	23.1%	23.9%	17.5%	18.2%	16.4%	15.5%	15.6%	15.7%

(1) = 4 x Camden placements

(2) = 3 x Barnet placements

(3) = All Other admitted before 01/04/10 + any > (4 Camden + 3 Barnet placements)

(4) = All Other admitted after 01/04/10

(5) = (6) + (7) + (8) + (9) + (10)

(6) = Camden SLA = 303,000

(7) = Barnet SLA = 222,000

(8) = (3) x 12600

(9) = (4) x 13050

(10) includes payment for services requested by referrers (e.g. extra 1:1 TA support, SALT, OT), and income from consultancy and teaching etc.