

Board of Directors Part One

Agenda and papers
of a meeting to be held

2.00pm–4.00pm
Tuesday 30th April 2013

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

Board of Directors

2pm –4pm, Tuesday, 30th April 2013

Agenda

Preliminaries

1. Chair's opening remarks

Ms Angela Greatley, Trust Chair

2. Apologies for absence

3. Minutes of the previous meeting

*(Minutes attached) p1
For approval*

4. Matters arising

Reports & Finance

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

Non-Executive Directors as appropriate

For noting

6. Chief Executive's Report

Dr Matthew Patrick, Chief Executive

*(Report attached) P9
For discussion*

7. Finance & Performance Report

Mr Simon Young, Director of Finance & Deputy CEO

*(Report attached) P14
For information*

8. Capital Expenditure 2013/14 Budget and Plan

Mr Simon Young, Director of Finance and Deputy CEO

*(Report attached) P26
For approval*

9. Quarter 4 Finance and Governance Declarations

Mr Simon Young, Director of Finance & Deputy CEO

*(Report attached) P32
For approval*

9A. Quarterly Quality Report Quarter 4

Ms Louise Lyon, Trust Director

*(Report attached) P35.1
For noting*

Corporate Governance

10. Corporate Governance Report

Ms Julie Hill, Trust Secretary

*(Report attached) P36
For noting*

Quality & Development

11. Draft Quality Report 2012/13

Ms Louise Lyon, Trust Director

*(Report attached) P40
For discussion*

12. CQC Inspection Visit March 2013

Ms Jane Chapman, Governance and Risk Adviser

*(Report attached) P109
For noting*

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|---|---|-------------|
| 13. Annual Complaints Report – Patient Services
<i>Dr Matthew Patrick, Chief Executive</i> | <i>(Report attached)
For noting</i> | <i>P112</i> |
| 14. Education and Training Report
<i>Mr Malcolm Allen, Dean of Postgraduate Studies</i> | <i>(Report attached)
For discussion</i> | <i>P117</i> |
| 15. The Gloucester House Day Unit: Business Case for a New Building
<i>Mr Simon Young, Director of Finance and Deputy CEO</i> | <i>(Report attached)
For approval in
Part II)</i> | <i>P131</i> |

Conclusion

16. Any other business

17. Notice of future meetings

Tuesday, 28th May 2013: Board of Directors
Wednesday, 12th June 2013: Directors' Conference, 12.00 noon-5pm*
Tuesday, 25th June 2013: Board of Directors
Thursday, 27th June 2013: Council of Governors
Tuesday, 23rd July 2013: Board of Directors
Wednesday, 11th September 2013: Directors' Conference, 12.00 noon-5pm*
Thursday, 12th September 2013: Council of Governors
Tuesday, 24th September 2013: Board of Directors
Tuesday, 29th October 2013: Board of Directors
Wednesday, 13th November 2013: Directors' Conference, 10.00am-5pm*
Tuesday, 26th November 2013: Board of Directors
Thursday, 5th December 2013: Council of Governors

Meetings of the Board of Directors will be from 2pm until 5pm, and are held in the Board Room. Meetings of the Council of Governors are from 2pm until 5pm, and are held in the Lecture Theatre. Directors' Conferences are from 12 noon until 5pm, except where stated.

Board of Directors

Meeting Minutes (Part One)
2pm–4.30pm, Tuesday 26th March 2013

Present:			
Mr Malcolm Allen Dean of Postgraduate Studies	Mr Martin Bostock Senior Independent Director	Ms Angela Greatley Trust Chair	Mr Altaf Kara Non-Executive Director
Ms Lis Jones Nurse Director	Ms Louise Lyon Trust Director	Dr Ian McPherson Non-Executive Director	Ms Joyce Moseley Non-Executive Director
Dr Matthew Patrick Chief Executive	Dr Rob Senior Medical Director	Mr Richard Strang Deputy Trust Chair	Mr Simon Young Director of Finance and Deputy Chief Executive
In Attendance			
Ms Julie Hill Trust Secretary	Mr Carl Doherty, Deputy Director of Finance (present for items 7&8)	Dr Sally Hodges, Associate Director for CAMHS Complex Needs (present for item 11)	Ms Trudy Klauber, Lead for Equalities (present for item 12)
Apologies			
Dr Rita Harris CAMHS Director			

Actions

AP	Item	Action to be taken	Resp	By
1	7	Mr Allen to include more financial information in future Education and Training service line reports	MA	April
2	8	Mr Young to include an additional column in next year's Budget Report to show the original budget for the current year.	SY	March 2014
3	8	Mr Young to undertake a sensitivity analysis in relation to the 2013/4 budget.	SY	May
4	8	Mr Young to update the Board at the next meeting on the outcome of the outstanding contract negotiations.	SY	April
5	11	Dr Hodges to consider publishing the CAMHS Complex Needs data on the website.	SH/RH	May
6	12	Mr Allen to circulate a copy of the sexual orientation statement to the Board in due course.	MA	When available

1. Trust Chair's Opening Remarks

Ms Greatley, Trust Chair welcomed everyone to the meeting.

2. Apologies for Absence

As above

3. Minutes of the Previous Meeting

The minutes of the meeting held on 26th February 2013 were approved.

4. Matters Arising

4.1 Updates were provided on the following actions:

Action Point 2 - Dr Patrick reported that following the last meeting, he had held further discussions with Dr Anna Dixon about the Trust piloting the King's Fund's new scenario planning model. Dr Patrick said that the King's Fund would provide the model on a no fee basis and in return the Trust would assist the King's Fund by providing feedback on how to improve the model. Dr Patrick reminded the meeting that Dr Dixon would shortly be leaving the King's Fund and reported that he and Ms Greatley would be meeting Dr Dixon on 16th April 2013 to discuss how to take forward the work.

Action Point 4 - Ms Greatley reminded the meeting that one of the recommendations in the Board Review 2012 was that two meetings a year should be set aside for an open discussion about strategy and reported that the first strategy meeting would take place on 25th June 2013 and would be used to have a discussion about the implications of the Francis Report.

4.2 Outstanding Actions

Dr Senior reported that the outstanding action in relation to the November CQSG report related to the recording of assessments as a way of capturing "do not attends" rather than policies and agreed to follow it up.

Mr Allen apologised for not having circulated the list of oversubscribed courses and reported that the information would be circulated shortly.

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

5.1 Ms Greatley, Trust Chair reported that she had attended the Chairs and Chief Executives Foundation Trust Network (FTN) meeting which had focussed on the implications of the Francis Report and the changes in relation to South London Healthcare NHS Trust. Ms Greatley reported that she had also attended the FTN's annual Governance Conference which had included a presentation by Mr Tom Kark QC, Counsel to the Francis Inquiry on the duty of candour and what it may mean in practice and a presentation by Mr Ben Fitzgerald, Junior Counsel to the Francis Inquiry on accountability and enforcement.

5.2 Ms Greatley also reported that she had attended the London Mental Health Network Chairs meeting which had included a presentation from the London Borough of Lambeth on the likely impact of the welfare and housing benefit reforms on vulnerable people.

5.3 Mr Bostock, Senior Independent Director reported that he and Mr Allen, Dean of Postgraduate Studies were on the decision-making group for the project to develop a new website for the Trust.

6. Chief Executive's Report

6.1 The Chief Executive's Report which included updates on the Care Quality Commission, Information Management and Technology and the Primary Care Mental Health Leadership Programme had been circulated.

6.2 Dr Patrick, Chief Executive reported that the Care Quality Commission (CQC) had conducted an announced inspection of the Trust on 13th March 2013. Dr Patrick said that he felt the visit had gone well and was awaiting the CQC's report.

6.3 Dr Patrick reported that Monitor's visit on 25th March 2013 had also gone well. The visit was an opportunity to meet the Trust's new Relationship Manager and the Regional Manager. Ms Moseley, Non-Executive Director reported that she and Mr Bostock had met with Monitor to discuss quality outcomes and quality reporting and the session had focussed particularly on the work of the CQSG Committee and the Public and Patient Involvement Committee. Ms Greatley reported that her session with Monitor had discussed the Trust's positive relationship with the governors and about how the Trust would go about assessing the likely impact of any future cost improvement programmes.

6.4 Dr Patrick reported that he had met the Chief Executive of St Mungo's to talk about doing some joint partnership work.

6.5 Dr Patrick reported that the Camden Clinical Commissioning Group had launched a mental health partnership review across Camden which would focus on the experience of patients and would involve interviewing a large number of service users. Dr Patrick reported that he was a member of the Partnership Steering Board which had set up four sub groups to review transitions, alcohol, personality disorder and common mental disorders. It was noted that Trust staff were represented on each of the groups.

6.6 The Board noted the report.

7. Finance & Performance Report

7.1 The Finance and Performance Report had been circulated. Mr Young reported that the forecast for the 2012/13 financial year was a surplus of £1,274k before restructuring costs which would result in a deficit of £734k after restructuring costs, significantly better than the budgeted £1,450k.

7.2 Mr Young reported that the cash balance was expected to rise to £2.7m at year end. This was due to the Trust being able to produce an income surplus before restructuring costs and the cost of restructuring being £700k less than planned. The Trust had also been successful in receiving backdated payments from NHS Commissioners following the abolition of the PCTs and the Trust had around £1m of accrued costs not yet spent. Mr Young pointed out that Monitor's liquidity ratio was not concerned with whether expenditure was accrued or actually paid, or with whether income from debtors had been received; but the measure was improved by the reduction in the Trust's deficit compared to budget.

AP1

7.3 Mr Strang commented that the Board used to receive monthly service line reports as part of the Part II agenda. Mr Young pointed out that the Board had agreed that the Part I paper now included the CAMHS and SAAMHS individual service line reports. Mr Young said that business units within these service lines do receive more detailed financial information, and this is included in each of their annual reports to the Board; he did not feel it was appropriate to include this level of detail in the monthly reports, but he would be happy to provide it outside of the meeting if requested. Ms Moseley said that she felt the financial information in the CAMHS and SAAMHS service line reports was at the right level for the Board but queried whether it would be useful to have something similar for Education and Training. Mr Young pointed out that this was complicated because the majority of the staff who delivered training were managed within the CAMHS and SAAMHS directorates. Mr Allen agreed to include more detailed financial information in the Education and Training service line report. **Mr Allen to include more financial information in future Education and Training service line reports.**

7.4 Mr Bostock drew attention to section 2.4 of the report and pointed out that for the second month in a row, the Trust had paid 88% of invoices within the terms of the Better Payment Practice Code and asked whether there it was likely that the Trust would meet the target of 95%. Mr Young responded that it was unrealistic that the Trust would reach the 95% target in 2012/13 and pointed out that the measure was not a mandatory target; but we do aim to pay all creditors within the terms.

7.5 The Board noted the report.

8. Budget 2013/14

8.1 The proposed income and expenditure budget for 2013/14 had been circulated. Supplementary sheets setting out the balance sheet and cash projections were tabled at the meeting. Mr Young reported that the Budget for 2013/14 would provide a surplus of £150k and included a contingency reserve of £355k and an investment reserve of £170k. It was noted that the Capital budget would be presented at the April Board meeting. Mr Young commented that in his opinion, the Budget was both prudent and achievable.

8.2 Mr Young reported that the Trust would meet the 2013/14 national efficiency target of 4% through a combination of the 2012 productivity changes, growth and other savings. Mr Young pointed out that there were a number of uncertainties and risks going into 2013/14 including the outcome of a number of outstanding contract negotiations, the number of students enrolling for courses next autumn, the number of pupils at the Day Unit and the level of activity in relation to Tavistock Consulting but said that the budget included reserves which would provide the Trust with the flexibility to manage these risks.

8.3 Mr Young stressed that although the productivity savings achieved during 2012/13 were sufficient to meet the efficiency target for 2013/14, it was likely that the Trust would need to make on-going efficiencies and therefore the process for determining the next round of productivity savings would start in the summer as part of the discussions around developing the Annual Plan. Dr Patrick paid tribute to the Productivity Programme Board chaired by Mr Young for their work in achieving efficiency savings.

AP2 8.4 Mr Bostock commented that it was reassuring that most of the income in the proposed budget was secured. Mr Bostock requested that in future it would be helpful if the budget report included the original budget for the current year to make it easier for the Board to assess how closely the budget reflected actual expenditure. **Mr Young to include an additional column in next year's Budget Report to show the original budget for the current year.**

8.5 Mr Strang reminded the meeting that Monitor was currently consulting on a new Risk Assessment Framework and was proposing to change how it measured liquidity and to reduce the number of risk ratings from 1 to 5 to 1 to 4. Any changes to the Risk Assessment Framework would come into effect from the autumn. Mr Strang asked how the proposed changes would impact on the Trust's financial risk rating. Mr Young reported that on the draft definition (which excludes the working capital facility and includes deferred income as a deduction) and with the draft thresholds, the new liquidity measure would reduce the Trust's financial risk rating from its current rating of 4 to 2. Mr Young reported that he would be responding to Monitor's consultation paper.

8.6 Mr Strang pointed out that the income from Tavistock Consulting was slightly short during January and February. Ms Lyon reported that two new members of staff had recently been appointed and that would increase the capacity of Tavistock Consulting to secure new work. It was also noted that the associate model meant that expenditure could be more closely matched with income, and this had been the case in those two months.

AP3 8.7 Mr Strang said that the Board had received assurance that the budget was prudent and achievable but suggested that it would also be helpful if a sensitivity analysis could be undertaken to provide qualitative assurance. **Mr Young to undertake a sensitivity analysis in relation to the 2013/4 budget.**

AP4 **Mr Young to update the Board on the outcome of the outstanding contract negotiations.**

8.8 On behalf of the Board, Ms Greatley thanked Mr Young and Mr Doherty and the finance team for the work they had done in producing the budget for 2013/14.

8.9 The Board approved the budget for 2013/14.

9. Corporate Governance Report

9.1 The Corporate Governance Report covering Monitor's Quarterly Review of Foundation Trusts and Monitor's consultation on Trust Special Administration for Mid Staffordshire NHS Trust had been circulated.

9.2 The Board noted the report.

10. Committee Reports and Minutes

Nothing to report.

11. Complex Needs CAMHS Service Line Report

11.1 The Complex Needs CAMHS Service Line Report had been circulated. Dr Sally Hodges, Associate Clinical Director for Complex Needs CAMHS reported that the Department of Education had awarded the Trust the tender for the roll out the Family Drug and Alcohol Court model.

11.2 Mr Strang asked whether the changes in contracts were reflected in next year's budget and was informed that Dr Hodges met regularly with Finance staff and that in those areas where the Trust had received confirmation of the value of contracts these had been taken account of in next year's budget. Dr Hodges pointed out that the difficulty was that in some areas, such as the contract for the Barnet Young People's Drug and Alcohol Service there was still considerable uncertainty because the tendering process was running late.

11.3 Dr Hodges pointed out that her service line covered a number of smaller contracts and stressed the importance of developing positive relationships with commissioners which was time consuming and was particularly challenging at the moment because of the changing NHS commissioning landscape. This approach had paid off because in the London Boroughs of Enfield, Haringey and Barnet where local services had been cut, the Trust had managed to retain the majority of its contracts.

11.4 Ms Moseley asked whether there had been any discussions with Commissioners about extending the Barnet Young People's Drug and Alcohol Service (YPDAS) to provide services for young people in the 18-25 year age range. Dr Hodges reported that the National Treatment Agency's guidelines recommended keeping separate services for young people and adults. This created a problem when young people left YPDAS because adult services tended to focus on adults with long term drug and alcohol use and in some cases resulted in young people not receiving the treatment they needed.

11.5 Ms Moseley asked whether the Trust was involved the discussions with the Tri-borough commissioners (the London Boroughs of Westminster, Hammersmith and Fulham and Kensington and Chelsea) and was informed that the Trust was currently bidding for a service where the Tri-boroughs

needed an NHS partner.

11.6 Ms Greatley reported that she had visited the Haringey team just before the contract changed and said that she was pleased that the First Step mental health assessment service for looked after children in Haringey was performing well. Dr Hodges reported that the team had just completed their first quarter of the contract and had achieved all their performance targets to date and the Commissioners were very happy with how the service was performing.

11.7 Dr McPherson drew attention to section 3.4 of the report and said that it was impressive that only 5-6% of clients did not attend their appointments.

11.8 Mr Kara commented that the CAMHS Complex Needs service line included a large number of small services and asked from a managerial point of view whether this created synergies across the services or whether the services were fragmented. Dr Hodges said that for services based in the Trust it was easier to develop links but reported that there were opportunities for the team managers to meet together.

11.9 Mr Bostock asked what happened to the quality of service when Commissioners reduced the cost of contracts. Dr Hodges stressed that it was important from the outset to be clear with Commissioners what the reduction in money would mean in terms of the services the Trust could provide and although it may result in a service re-design, clinical quality would not be compromised.

11.10 Dr Patrick complimented Dr Hodges on the presentation of the report and suggested that the outcome data which was very positive and asked where the information was published and suggested using the website to make the data publicly accessible. Dr Hodges responded that the information was circulated to staff and some of the data would be published in the Quality Report. **Dr Hodges to consider publishing the CAMHS Complex Needs data on the website.**

AP5

11.11 The Board thanked Dr Hodges for her report and noted its comments.

12. Equalities Report

12.1 The Equalities Report setting out progress on meeting the Equalities Objectives for 2012/13 and the work plans for 2013/4 had been circulated. Ms Trudy Klauber, the Trust's Equalities Lead reported that the Equalities objectives for 2013/14 built on the work undertaken during 2012/13 and would focus particularly on sexual orientation and on occupational health and mental health. It was noted that the information in the report would be published on the Trust's website.

12.2 Ms Klauber said that she was supported in her role as the Lead for Equalities by the Executive Directors and by Dr McPherson, Non-Executive Director link for equalities. Ms Klauber also thanked the Trust Chair for her contribution to the equalities objective around occupational health and support for staff with mental health issues. Ms Klauber also reported Dr Patrick had agreed to commit two sessions a week for a staff member to take on the role of Equalities Officer to support her and the Equalities Committee.

AP6

12.3 Ms Klauber reported that Mr Allen was leading work around drafting a statement to make it clear in course publicity material that the Trust welcomed applications from people of all sexual orientations. It was noted that visiting lecturers and staff would not be able to teach or supervise clinical trainees if they regarded sexual orientation as a pathology. **Mr Allen to circulate a copy of the sexual orientation statement to the Board in due course.**

12.4 Dr McPherson commented that the Equalities Committee's work was very practical and was focussed around a small number of objectives rather than being spread too thinly across a number of different activities.

12.5 Mr Bostock drew attention to the appendix to the report which set out the Annual Staff Survey statistics on sexual orientation and said that it was disappointing that so many staff had chosen not to disclose their sexual orientation.

12.6 The Board thanked Ms Klauber for her report and noted its contents.

13. Any Other Business

Ms Lyon reported that there was a tight deadline for producing this year's Quality Report and reported that the draft report would be presented to the Management Committee for comment at its meeting on 18th April and a revised version of the report would be circulated to the Board the next day. Ms Lyon requested that the Board forward any comments as soon as possible so that the report could be forwarded to the External Auditors by 29th April. Ms Lyon pointed out that the Quality Report would be submitted to the April Board meeting but that there would not be enough time to make any major changes.

14. Notice of Future Meetings

Noted

Outstanding Action Part 1

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date	Progress Update / Comment
	Jul-12	7. Finance and Performance Report	Mr Young and Ms Lyon to write a paper setting out the financial and clinical implications of PbRs	Simon Young/Louise Lyon	Nov-12	DoH Guide to PbR was circulated to the Board in November together with explanatory notes from the Director of Finance.
	Oct-12	7. Finance and Performance Report	Mr Strang to discuss further with Dr Harris and Ms Lyon the percentage of time Clinicians spend with patients before and after the productivity changes.	Richard Strang	May-13	
	Nov-12	9. CQSG Report	Dr Senior to review recording of assessments for children and vulnerable adults to consider adding a "was not brought" category	Rob Senior	May-13	
	Nov-12	12. Ageing Population T+P Contribution to Care	Lis Jones to report back to a future meeting on the outcome of the discussions in relation to care for older people.	Lis Jones	Apr-13	
	Jan-13	7. Finance and Performance Report	Mr Young to conduct a full re-forecasting exercise at the end of each quarter	Simon Young	Apr-13	
	Jan-13	7. Finance and Performance Report	Mr Young to draft a response to Monitor's consultation on a new Risk Assessment process.	Simon Young	Apr-13	
	Jan-13	14. Education and Training Report	Mr Allen to circulate examples of oversubscribed course	Malcolm Allen	Immed	
	Feb-13	8. CQSG	Dr Senior to ensure that timescales were included in the quarter 4 CQSG report.	Rob Senior	May-13	

Board of Directors : April 2013

Item : 6

Title : Chief Executive's Report

Summary :

This paper covers the following items:

1. Introduction
2. NHS Health and Social Care Act
3. Care Quality Commission
4. Gender Identity Development Service (GIDS) Leeds Base
5. Camden Mental Health Review
6. King's Fund

For : Discussion

From : Chief Executive

Chief Executive Report

1. Introduction

- 1.1 I am very sorry to let the Board know that we heard recently that Maggie Wakelin Saint, former Chair of the Tavistock and Portman, had died.
- 1.2 Maggie was Chair of the Trust from 1999 to 2005 and during her time here began the process for the Trust to become a Foundation Trust. She was a champion of change and a keen supporter of staff, chairing the Staff Involvement Group for three years.
- 1.3 Her obituary has appeared in both the local papers and can be viewed on the following links:

<http://www.camdennewjournal.com/news/2013/apr/obituary-maggie-legg-was-talented-solicitor-and-public-servant-who-led-rich-life>

and

http://www.hamhigh.co.uk/news/obituary_lady_margaret_legg_dedicated_herself_to_public_and_charitable_work_after_retiring_from_law_1_2016693

2. NHS Health and Social Care Act

- 2.1 Over the Easter period the NHS shifted shape as the NHS Health and Social Care act was fully implemented. Primary Care Trusts ceased to exist, and their commissioning role was formally taken on by Clinical Commissioning Groups (CCGs). Primary care and specialist commissioning became the formal responsibility of NHS England (NHSE) and its 27 Local Area Teams, 10 specialist commissioning hubs and 12 senates regions. Strategic Health Authorities also ceased to exist at the end of March.
- 2.2 In London the three Local Area Teams will function as a single entity entitled NHSE, London Region. London has a single Clinical Senate, and Strategic Clinical Networks mandated by NHSE, including mental health, will be coterminous with Clinical Senates. The Trust is already aware that I will be leading the mental health SCN for London.
- 2.3 Public health, including public mental health, will be the responsibility of Public Health England (PHE). Public health leads are now located within local authorities, which will also house Health and Wellbeing Boards. These latter structures are important in

driving local needs assessments and in holding together perspectives from health and social care.

- 2.4 As ever, however, it is the relationships that make the NHS work, and it is the relationships to which we are currently devoting energy and time.

3. Care Quality Commission

- 3.1 On Wednesday 13th March the Trust had an announced visit from the Care Quality Commission (CQC). We were told that this was one of very few announced visits that the CQC would be making last year, but that it was considered a sensible approach given the specialist nature of the Trust and its services.

- 3.2 The visit was coordinated at our end by Pat Key and Jane Chapman, with strong input from Sally Hodges representing PPI. It lasted for the whole day and involved both staff and patients in giving up time to speak with the inspectors.

- 3.3 The inspection was focused on a number of key areas, and we have now had formal feedback which has been very positive. The standards inspected were:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints

- 3.4 All standards were met; a testament I think to the values of the trust and to the manner in which these are expressed in everyone's day to day work.

4. Gender Identity Development Services (GIDS) Leeds Base

- 4.1 The GIDS service was nationally designated and commissioned by the National Specialised Commissioning Group (NSCG) in April 2009. As part of this designation, the Trust committed to opening up a second GIDS centre in the North with the focus of improving equity of access to our service.

- 4.2 Following consultation work with existing service users it was decided that Leeds would be the location of the second centre. Leeds offers excellent transport links, already has an adult GIDS service and has a strong CAMHS team with whom the GIDS already work closely.
- 4.3 We had originally hoped to be able to co-locate the GIDS with a local CAMHS or other suitable NHS service, but in the end this was not possible. We therefore started a process of identifying suitable premises. While this process took place, we successfully recruited a lead clinician for the Leeds base, and found suitable temporary accommodation for her to start seeing patients.
- 4.4 I am happy to say that we have now secured the lease for a more permanent base and are currently carrying out minor building works to ensure the base is fit for purpose (e.g. sound proofing of treatment rooms).
- 4.5 The Tavistock and Portman Leeds Base (as it will be known) is located in the heart of Leeds, just a few minutes' walk from the station and the Leeds General Infirmary, where we hold Endocrine Liaison clinics. The site consists of a large waiting area, where we will also be able to run groups for young people and parents (as we do in London), and 3 treatment rooms. Furniture is on order, and we will likely be ready to move into the space from mid-May. A second clinician has also been successfully recruited to start around that time to work alongside staff from our London base.

5. Camden Mental Health Review

- 5.1 More locally, Camden CCG has initiated a mental health review, focused on the patient journey and experience associated with four priority areas.
- 5.2 The four conditions under focus are common mental disorders (depression and anxiety), transition (from adolescence to adulthood), alcohol misuse and personality disorders.
- 5.3 The Trust will be sending representative to each of the groups leading on these areas, and I am sitting on the partnership board steering the overall process (which has now met twice).
- 5.4 Camden CCG is committed to a value based approach in the development of their services. This entails a strong focus on the identification of condition based care pathways, on clinical outcomes that matter to patients, on the measurement and benchmarking of

clinical outcomes and on the measurement of costs associated with care.

- 5.5 Taking a condition based care pathway approach, seen from the patient or service user's perspective, suggests that people with often complex, long term conditions should have access to optimal care across the care pathway, and that organisational boundaries should, in effect, be invisible to them.

6. King's Fund

- 6.1 Some while ago the Board began discussion around the need to undertake a more structured piece of work around our future strategic development. This seems even more important when the world in which we exist is changing so rapidly.
- 6.2 Following on from a recommendation from one of our NEDs, Ian McPherson, Angela and I went to meet with Anna Dixon and Katie Steward from the King's Fund. Anna and Katie have already spent a significant amount of time on developing a series of future public sector scenarios. We are hopeful that they will be willing to come and work with the Board on a focused piece of work.

Dr Matthew Patrick
Chief Executive Officer
April 2013

Board of Directors : April 2013

Item : 7

Title : Finance and Performance Report

Summary:

The draft accounts have been submitted to Monitor and to the auditors on 22 April as required.

At the end of the financial year a surplus of £1,298k is reported before restructuring, £1,148k above the revised budget surplus of £150k. Including the restructuring costs, the deficit of £737k is significantly better than the budget of £1,450k.

There is an improvement in month of £122k due to Clinical Income cost and volume adjustments as well as project income from NHS Camden offset by credit notes, shortfalls on consultancy income and an increase to the bad debt provision. Savings across all directorates have exceeded the target.

The cash balance at 31 March was £3,176k, well ahead of Plan due to the reduced deficit but also to a number of other temporary factors.

The quarter 4 return will be submitted to Monitor on 30 April, and our financial risk rating is expected to remain 4.

This position has been reviewed by the Management Committee on 18 April.

For : Information.

From : Simon Young, Director of Finance

1. **External Assessments**

1.1 **Monitor**

- 1.1.1 Monitor has confirmed that for quarter 3, the Trust has retained a green governance rating and the Financial Risk Rating returned to 4, above Plan.
- 1.1.2 Based on the draft accounts for the year, it is expected that the Governance rating and the Financial Risk Rating will remain unchanged in quarter 4.

2. **Finance**

2.1 **Income and Expenditure 2012/13 (Appendices A, B and D)**

- 2.1.1 In the draft accounts for the year, the trust is reporting a surplus of £1,298k before restructuring costs, £1,148k above budget. Income is £234k above budget, and expenditure £932k below budget.
- 2.1.2 The favourable movement in month on income of £530k (compared to budget) includes variances of £616k on Clinical income which is mainly £358k for Camden CAMHS projects along with backdated CQUINS and cost and volume. This has been offset by a shortfall in month of £67k for TCS consultancy.
- 2.1.3 The expenditure budget was over spent in month by £400k. Finance had an adverse £202k due to an increase in the bad debt provision. GIDU was £85k over-spent in month due to backdated prescribing costs. The annual leave provision was increased by £52k due to a rise in the average annual leave carried forward by staff members.
- 2.1.4 There is a cumulative surplus in clinical income of £547k. In SAAMHS there is a surplus of £157k due to GIDU cost and volume over performance offset by a shortfall on Big White Wall. CAMHS is £83k favourable due to Camden CAMHS projects offsetting the shortfall on Monroe and Day Unit. Central Clinical income has over performed by £307k due to cost and volume and CQUINS. All the main income sources and their variances are discussed in sections 3, 4 and 5.
- 2.1.5 For an externally funded Finance project, the £15k underspend to date (within the Finance line) is matched by a £15k shortfall on other income, since the funding is only released in line with costs.
- 2.1.6 The analysis in Appendix D shows that for both CAMHS and SAAMHS, the savings, contribution and surplus (before restructuring) are well ahead of budget.
- 2.1.7 With some additional redundancies recently approved, the confirmed restructuring costs have risen of £2,035k, of which £1,508k has been paid to date.

2.2 **Cash Flow (Appendix C)**

2.2.1 The cash balance at 31 March was £3,176k which is a decrease of £270k in month and is £2,445k above Plan, despite the delay in the Planned loan associated with the major capital project. The in-month decrease is due to payments from the MHCPPD programme. Expenditure is later than anticipated for the payment of restructuring costs as £526k is still outstanding. The cash balance is also artificially high due to a delay of the £366k PDC dividend payment which was made in the first week of April (see 2.4.6). The year-to-date receipts and payments are summarised in the table below.

2.2.2 Appendix C shows the cash outturn for the year and is summarised below:

	Cash Flow for the year		
	Actual £000	Plan £000	Variance £000
Opening cash balance	2,357	2,357	0
Operational income received			
NHS (excl SHA)	11,969	11,533	436
General debtors (incl LAs)	7,984	7,356	628
SHA for Training	13,356	11,222	2,134
Students and sponsors	2,184	3,000	(816)
Other	241	216	25
	<u>35,734</u>	<u>33,327</u>	<u>2,407</u>
Operational expenditure payments			
Salaries (net)	(15,423)	(16,336)	913
Tax, NI and Pension	(10,934)	(10,630)	(304)
Suppliers	(7,813)	(8,919)	1,106
	<u>(34,170)</u>	<u>(35,885)</u>	<u>1,715</u>
Capital Expenditure	(594)	(1,192)	598
Loan	0	2,500	(2,500)
Interest Income	11	10	1
Payments from provisions	1	(47)	48
PDC Dividend Payments	(163)	(340)	177
Closing cash balance	<u>3,176</u>	<u>730</u>	<u>2,446</u>

2.3 **Better Payment Practice Code**

2.3.1 The Trust has a target of 95% of invoices to be paid within the terms. During March we achieved 91% (by number) for all invoices and the cumulative total for the year was 89%.

2.4 Statement of Financial Position (aka Balance Sheet) and Capital Expenditure

- 2.4.1 Appendix E reports the SoFP at 31 March, compared to the Plan figures for the year.
- 2.4.2 Trade Payables are over plan due mainly to £526k outstanding restructuring payments, £366k delayed dividend payment (see 2.4.6) and £324k accrual for outstanding MH CPPD invoices. The majority of the actual cash payments will take place in the first quarter of the new financial year which will reduce the cash balance. The 2013/14 cash forecast given last month allowed for this.
- 2.4.3 Gerald Eve have recently completed a revaluation of our estate as at 1 April 2013. Overall, they assess that the values have increased by £1.5m compared to the current book values, which were based on the 2009 valuation after adjusting for additions and depreciation since then. The valuation of all three sites is based on current use, since the Day Unit remains in use and is not at present held for disposal.
- 2.4.4 Compared to Plan, Fixed Asset values are £1.5m higher due to this revaluation; and £0.6m lower due to the Day Unit new building not starting in 2012/13. The revaluation reserve is also increased by £1.5m.
- 2.4.5 The balances on reserves are explained by the following table:

	Income and Expenditure Reserve £000	Revaluation Reserve £000
Opening balance, April 2012	1,541	7,659
Deficit for the year	-737	
Transfer relating to depreciation	181	-181
Estate revaluation		1,501
Closing balance, March 2013	<u>985</u>	<u>8,979</u>

- 2.4.6 The dividend payable to the Secretary of State for 2012/13 is based on the average of the opening and closing "net relevant assets." The closing figure includes the revaluation, but the dividend remains close to budget due to other factors.
- 2.4.7 Unrelated to this, our dividend was not paid until 8 April, and is therefore included in the large figure for "Trade and other payables." This was due to an error in the DH dividend collection process in March, which was not spotted until after 31 March.
- 2.4.8 The Trust's Public Dividend Capital has increased by £71k, an investment by the Department of Health specifically to fund the purchase of IT equipment for the Children and Young People's IAPT service in Camden. This is the first change in our PDC since 2007.

2.5 Capital Expenditure

- 2.5.1 Up to 31 March, expenditure on capital projects was £595k. This included £123k on the Lecture Theatre project (revised budget £124k) and £186k on IT hardware and software. A table is given below.
- 2.5.2 The capital budget for the year was £606k in total, including £80k carried over from 2011/12 and also the additional £71k for iPads for CAMHS staff funded via PDC (see 2.4.8 above).

Capital Projects 2012/13

	Budget for the year £'000		Actual for the year £'000
Day Unit Relocation	50	*	66
G12 room conversion			4
Toilets	30	*	31
Service lift replacement	112		97
Boiler Project			3
Lecture theatre ceiling	124		123
Total Estates	316		324
iPADs	71	†	68
Amphill	19		17
General IT	200		186
Total IT	290		271
Total Capital Programme	606		595

* = budget carried forward from 2011/12

† = additional project with specific funding from DH for CYP IAPT

3. Training

- 3.1 Training income was £259k below budget for the year.
- 3.2 Academic and fee income is £207k below budget, against a forecast of £242k.
- 3.3 The reduction in short course activity and numbers attending CPD and Conference events over the year has resulted in a shortfall against budget of £77k and £122k respectively. Fee income is £107k below budget, but compensated by higher than budgeted income on HEFCE (£83k) and LCPPD (£37k).

- 3.4 SAMHS are £133k below income target and short courses is the largest element of this at £126k. CAMHS is £33k below with HEFCE offsetting the shortfall on fees.
- 3.5 Income is above budget for E-learning by £29k and Other income e.g. room hire £13k, and offset by adverse variances on Child Psychotherapy tuition fees £40k and library income £13k
- 3.6 Whilst the training service lines have tried to reduce the expenditure on visiting lecturers, there remains an over spend by £105k and compares to an overspend of £210k for the previous year. Approximately £25k of this year's variance relates to cover for staff on sick leave.
- 3.7 The pay costs for the CAMHS and SAMHS service lines are £31.6k and £11.7k above budget respectively. In addition to this, E-learning non-pay overspend includes contractual expenditure to Kaplan and expenditure not budgeted against LCPPD income (net overspend of £19.3k).

4. Patient Services

4.1 Activity and Income

- 4.1.1 Overall clinical income is £547k above the revised budget for the year due to additional projects being funded as well as cost and volume over performing.

	Budget £000	Actual £000	Variance %	Comments
Contracts - base values	12,123	12,297	1.4%	Mednet Contract & CQUIN over perf
Cost and vol variances	174	557	220.8%	GID £218k and Haringey £103k over performances.
NPAs	205	200	-2.6%	
Projects and other	872	1,276		Income matched to costs, so variance is largely offset.
Day Unit	1,007	718	-28.7%	
Monroe	83	42	-49.5%	Service closed June
FDAC 2nd phase	518	530	2.3%	Income matched to costs, so variance is largely offset.
Court report	195	104	-46.8%	
Total	15,176	15,723		

- 4.1.2 Total contracted income for the year is in line with budget. Part of the budgeted income for the year is dependent on meeting our CQUIN† targets agreed with commissioners and achievement is reviewed on a quarterly basis.
- 4.1.3 Cost and volume elements have mainly over-performed, with GID at £208k and Haringey £103k over budget.
- 4.1.4 Income for named patient agreements (NPAs) was £5k below budget.
- 4.1.5 Court report income was £91k below budget for the year and budgets for 2013/14 have been reduced to reflect this fall in demand.
- 4.1.6 Monroe income is £41k below the revised budget after 12 months. The service was closed in June and the budgets were revised accordingly. The service will not operate in 2013/14.
- 4.1.7 Day Unit was £288k below target after March. Pupil numbers were 8 in March which is below the 12 required for breakeven. The Unit is forecasting 9 pupils in the summer term and 10 by the autumn, with 3 expected leavers being offset by 5 new pupils to join. The reduced income has been partly offset by savings on staff costs.
- 4.1.8 Project income was £402k above budget due mainly to additional Camden CAMHS.

5. **Consultancy**

- 5.1 Tavistock Consultancy (TC) income was £31k in March which was £68k below the target for the month. The cumulative position of £877k is £127k below budget. Consultancy and coaching income for TC is reported separately in Appendix B, and is also slightly below budget.
- 5.2 The TC expenditure budget was £23k under-spent for the year.
- 5.3 Departmental consultancy income is £48k below budget for the year. The shortfall was in CAMHS, and the budget has been reduced in 2013/14 to reflect this performance.

Simon Young
Director of Finance
22 April 2013

† Commissioning for Quality and Innovation

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST				APPENDIX A			
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2012-13							
		Mar-13			CUMULATIVE		
		BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE
		£000'S	£000'S	£000'S	£000'S	£000'S	£000'S
INCOME							
1	CLINICAL	1,344	1,959	616	15,176	15,723	547
2	TRAINING	1,283	1,274	(9)	17,311	17,052	(259)
3	CONSULTANCY	159	81	(78)	1,593	1,417	(176)
4	RESEARCH	26	43	17	179	315	136
5	OTHER	718	702	(16)	1,671	1,656	(15)
TOTAL INCOME		3,529	4,059	530	35,929	36,163	234
OPERATING EXPENDITURE (EXCL. DEPRECIATION)							
6	CLINICAL DIRECTORATES	1,426	1,394	31	15,190	14,498	693
7	OTHER TRAINING COSTS	745	866	(121)	10,651	10,749	(97)
8	OTHER CONSULTANCY COSTS	75	96	(21)	892	869	23
9	CENTRAL FUNCTIONS	1,139	1,451	(312)	7,697	7,847	(149)
10	TOTAL RESERVES	23	0	23	463	0	463
TOTAL EXPENDITURE		3,408	3,808	(400)	34,894	33,962	932
EBITDA		122	251	130	1,035	2,201	1,166
ADD:-							
12	BANK INTEREST RECEIVED	1	1	0	11	8	3
LESS:-							
11	DEPRECIATION & AMORTISATION	44	47	(3)	530	542	(12)
13	FINANCE COSTS	0	2	(2)	0	2	(2)
14	DIVIDEND	31	32	(1)	366	367	(1)
SURPLUS BEFORE RESTRUCTURING COSTS		48	172	124	150	1,298	1,148
15	RESTRUCTURING COSTS	0	27	(27)	1,600	2,035	(435)
SURPLUS/(DEFICIT) AFTER RESTRUCTURING		48	145	97	(1,450)	(737)	713
EBITDA AS % OF INCOME		3.4%	6.2%		2.9%	6.1%	

THE TAVISTOCK AND PORTMAN NHS TRUST							APPENDIX B
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2012-13							
All figures £000		Mar-13			CUMULATIVE		
		BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE
INCOME							
1	CENTRAL CLINICAL INCOME	611	881	270	7,328	7,634	307
2	CAMHS CLINICAL INCOME	463	803	340	4,673	4,756	83
3	SAAMHS CLINICAL INCOME	270	276	6	3,175	3,333	157
4	NHS LONDON TRAINING CONTRACT	605	605	(0)	7,254	7,255	1
5	CHILD PSYCHOTHERAPY TRAINEES	185	171	(14)	2,189	2,098	(91)
6	JUNIOR MEDICAL STAFF	91	88	(3)	1,083	1,113	30
7	POSTGRADUATE MED & DENT'L EDUC	6	7	1	76	85	8
8	DET TRAINING FEES & ACADEMIC INCOME	55	46	(9)	982	966	(16)
9	CAMHS TRAINING FEES & ACADEMIC INCOME	211	224	13	4,062	4,029	(33)
10	SAAMHS TRAINING FEES & ACADEMIC INCOME	109	102	(7)	1,363	1,230	(133)
11	TCS TRAINING FEES & ACADEMIC INCOME	21	31	10	301	277	(25)
12	TCS INCOME	98	31	(68)	1,004	877	(127)
13	CONSULTANCY INCOME CAMHS	21	25	4	191	139	(52)
14	CONSULTANCY INCOME SAAMHS	39	26	(14)	398	402	3
15	R&D	26	43	17	179	315	136
16	OTHER INCOME	718	702	(16)	1,671	1,656	(15)
	TOTAL INCOME	3,529	4,059	530	35,929	36,163	234
EXPENDITURE							
17	COMPLEX NEEDS	313	304	9	3,768	3,584	183
18	PORTMAN CLINIC	110	117	(7)	1,354	1,317	37
19	GENDER IDENTITY	83	168	(85)	992	899	94
20	BIG WHITE WALL & DEV PSYCHOTHERAPY UNIT	25	28	(2)	295	288	8
21	NON CAMDEN CAMHS	365	267	98	4,362	4,119	243
22	CAMDEN CAMHS	351	404	(53)	3,664	3,645	20
23	CHILD & FAMILY GENERAL	146	75	71	655	547	109
24	FAMILY NURSE PARTNERSHIP	33	33	0	100	100	0
25	JUNIOR MEDICAL STAFF	71	76	(6)	847	830	17
26	NHS LONDON FUNDED CP TRAINEES	185	170	15	2,189	2,108	81
27	TAVISTOCK SESSIONAL CP TRAINEES	5	3	2	57	41	16
28	FLEXIBLE TRAINEE DOCTORS & PGMDE	25	30	(5)	295	334	(39)
29	EDUCATION & TRAINING	166	234	(68)	3,823	3,801	23
30	VISITING LECTURER FEES	116	165	(49)	1,186	1,291	(105)
31	CAMHS EDUCATION & TRAINING	112	116	(4)	1,430	1,488	(59)
32	SAAMHS EDUCATION & TRAINING	66	72	(7)	825	852	(28)
33	TCS EDUCATION & TRAINING	0	0	0	0	4	(4)
34	TCS	75	96	(21)	892	869	23
35	R&D	17	39	(23)	199	195	5
36	ESTATES DEPT	235	199	36	2,329	2,248	81
37	FINANCE, ICT & INFOMATICS	644	867	(223)	2,630	2,794	(163)
38	TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	79	96	(18)	940	919	21
39	COMMERCIAL DIRECTORATE	77	103	(26)	662	681	(19)
40	HUMAN RESOURCES	49	51	(1)	600	590	11
41	CLINICAL GOVERNANCE	46	49	(3)	436	454	(18)
42	PROJECTS CONTRIBUTION	(8)	(5)	(3)	(100)	(84)	(16)
43	DEPRECIATION & AMORTISATION	44	47	(3)	530	542	(12)
44	IFRS HOLIDAY PAY PROV ADJ	0	52	(52)	0	52	(52)
45	PRODUCTIVITY SAVINGS	29	0	29	29	0	29
46	INVESTMENT RESERVE	13	0	13	100	0	100
47	CENTRAL RESERVES	(20)	0	(20)	334	0	334
	TOTAL EXPENDITURE	3,452	3,857	(405)	35,424	34,507	918
	OPERATING SURPLUS/(DEFICIT)	77	202	125	505	1,657	1,152
48	INTEREST RECEIVABLE	1	1	(0)	11	8	(3)
49	DIVIDEND ON PDC	(31)	(32)	(1)	(366)	(367)	(1)
	SURPLUS/(DEFICIT)	48	172	124	150	1,298	1,148
50	RESTRUCTURING COSTS	0	27	(27)	1,600	2,035	(435)
	SURPLUS/(DEFICIT) AFTER RESTRUCTURING	48	145	97	(1,450)	(737)	713

SLR Report M12 12 13

	Trust Total		CAMHS		SAMHS	
	Budget M12 2012-13	Actuals M12 2012-13	Budget M12 2012-13	Actuals M12 2012-13	Budget M12 2012-13	Actuals M12 2012-13
	£000	£000	£000	£000	£000	£000
Clinical Income	15,556	16,065	9,384	9,644	6,172	6,421
Training course fees and other acad income	8,027	7,755	5,453	5,379	2,574	2,376
National Training Contract	7,255	7,255	4,664	4,664	2,591	2,591
Total Training Income	15,280	15,009	10,116	10,042	5,164	4,967
Consultancy Income	1,403	1,214	82	26	1,321	1,188
Research and Other Income (incl Interest)	296	430	150	235	146	195
Total Income	32,535	32,719	19,732	19,948	12,803	12,771
Clinical Directorates and Consultancy	19,034	18,342	11,026	10,661	8,008	7,681
Other Training Costs (in DET budget)	3,658	3,733	2,809	2,753	849	980
Research Costs	315	304	193	186	122	118
Accommodation	3,066	2,974	1,606	1,558	1,460	1,416
Total Direct Costs	26,074	25,353	15,634	15,158	10,440	10,195
Contribution	6,463	7,365	4,099	4,790	2,364	2,575
Central Overheads (excl Buildings)	10,009	9,605	6,478	6,226	3,531	3,379
Central Income	3,697	3,538	2,511	2,410	1,186	1,128
Surplus (deficit)	150	1,297	131	973	19	324
SURPLUS as % of income	0.4%	3.6%	0.6%	4.4%	0.1%	2.3%
CONTRIBUTION as % of income	19.9%	22.5%	20.8%	24.0%	18.5%	20.2%

Appendix D

2012/13 Plan	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash balance	2,357	1,937	1,647	1,314	1,431	899	1,022	383	229	493	1,176	1,046	2,357
Operational income received													
NHS (excl SHA)	527	1,043	950	1,340	981	950	940	982	949	940	981	950	11,533
General debtors (incl LAs)	494	451	633	684	581	806	602	552	520	840	636	557	7,356
SHA for Training	929	947	929	929	949	928	929	948	929	928	948	929	11,222
Students and sponsors	250	170	170	110	0	200	800	250	100	750	100	100	3,000
Other	18	18	18	18	18	18	18	18	18	18	18	18	216
	2,218	2,629	2,700	3,081	2,529	2,902	3,289	2,750	2,516	3,476	2,683	2,554	33,328
Operational expenditure payments													
Salaries (net)	(1,217)	(1,217)	(1,217)	(1,217)	(1,218)	(2,017)	(1,969)	(1,169)	(1,169)	(1,369)	(1,388)	(1,169)	(16,336)
Tax, NI and Pension	(910)	(900)	(900)	(900)	(900)	(900)	(900)	(864)	(864)	(864)	(864)	(864)	(10,630)
Suppliers	(512)	(803)	(872)	(820)	(919)	(1,017)	(986)	(822)	(587)	(527)	(528)	(526)	(8,919)
	(2,639)	(2,920)	(2,989)	(2,937)	(3,037)	(3,934)	(3,855)	(2,855)	(2,620)	(2,760)	(2,780)	(2,559)	(35,885)
Capital Expenditure	0	0	0	(25)	(25)	(175)	(75)	(50)	(133)	(33)	(34)	(642)	(1,192)
Loan	0	0	0	0	0	1,500	0	0	500	0	0	500	2,500
Interest Income	1	1	1	0	1	1	1	1	1	0	1	1	10
Payments from provisions	0	0	(45)	(2)	0	0	0	0	0	0	0	0	(47)
PDC Dividend Payments	0	0	0	0	0	(170)	0	0	0	0	0	(170)	(340)
Closing cash balance	1,937	1,647	1,314	1,431	899	1,022	383	229	493	1,176	1,046	730	731
2012/13 Actual/Forecast	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash balance	2,357	1,798	2,223	1,500	2,802	1,427	1,273	2,553	1,755	1,932	3,107	3,446	2,357
Operational income received													
NHS (excl SHA)	510	1,523	499	515	666	2,334	524	189	1,458	1,115	1,367	1,086	11,786
General debtors (incl LAs)	511	514	397	712	764	272	1,708	1,012	258	323	792	721	7,984
SHA for Training	894	995	988	2,623	0	0	1,346	1,180	1,132	2,518	1,203	477	13,356
Students and sponsors	259	69	(44)	109	144	188	438	274	141	371	120	115	2,184
Other	3	23	57	63	35	54	5	1	0	0	0	0	241
	2,177	3,124	1,897	4,022	1,609	2,848	4,021	2,656	2,989	4,327	3,482	2,399	35,551
Operational expenditure payments													
Salaries (net)	(1,324)	(1,223)	(1,184)	(1,202)	(1,388)	(1,289)	(1,262)	(1,275)	(1,473)	(1,238)	(1,229)	(1,336)	(15,423)
Tax, NI and Pension	(910)	(944)	(928)	(903)	(890)	(931)	(916)	(896)	(894)	(958)	(872)	(892)	(10,934)
Suppliers	(494)	(503)	(500)	(593)	(674)	(548)	(394)	(1,274)	(440)	(909)	(1,005)	(479)	(7,813)
	(2,728)	(2,670)	(2,612)	(2,698)	(2,952)	(2,768)	(2,572)	(3,445)	(2,807)	(3,105)	(3,106)	(2,707)	(34,170)
Capital Expenditure	(8)	(30)	(9)	(22)	(34)	(72)	(170)	(10)	(6)	(48)	(39)	(146)	(594)
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Income	0	1	1	0	2	1	1	1	1	1	1	1	11
Payments from provisions	0	0	0	0	0	0	0	0	0	0	1	0	1
PDC Dividend Payments	0	0	0	0	0	(163)	0	0	0	0	0	183	20
Closing cash balance	1,798	2,223	1,500	2,802	1,427	1,273	2,553	1,755	1,932	3,107	3,446	3,176	3,176

STATEMENT OF FINANCIAL POSITION

	Plan	Actual	Variance	Actual
	31 March 2013	31 March 2013	31 March 2013	31 March 2012
	£000	£000	£000	£000
Non-current assets				
Intangible assets	83	96	13	98
Property, plant and equipment	13,190	14,067	877	12,512
Total non-current assets	13,273	14,163	890	12,610
Current assets				
Inventories				
Trade and other receivables	3,214	2,995	(219)	2,479
Cash and cash equivalents	511	3,176	2,665	2,357
Total current assets	3,725	6,171	2,446	4,836
Current liabilities				
Trade and other payables	(708)	(4,040)	(3,332)	(2,006)
Provisions	0	(17)	(17)	(47)
Tax payable	(553)	(589)	(36)	(584)
Other liabilities	(2,029)	(2,192)	(163)	(2,151)
Total current liabilities	(3,290)	(6,838)	(3,548)	(4,788)
Total assets less current liabilities	13,708	13,497	(211)	12,658
Non-current liabilities				
Loans	(2,500)	0	2,500	0
Provisions	(55)	(59)	(4)	(55)
Total non-current liabilities	(2,555)	(59)	(4)	(55)
Total assets employed	11,153	13,438	(215)	12,603
Financed by (taxpayers' equity)				
Public Dividend Capital	3,403	3,474	71	3,403
Revaluation reserve	7,479	8,979	1,500	7,659
Income and expenditure reserve	271	985	714	1,541
Total taxpayers' equity	11,153	13,438	2,285	12,603

Board of Directors : April 2013

Item : 8

Title : Capital Expenditure: 2013/14 Budget and Plan

Purpose:

The Board of Directors is asked to approve a capital budget of £592,000 for 2013/14, *excluding* the major new building project which is been discussed separately.

The paper also outlines the current capital plans for the following two years, to be included in the Annual Plan projections but not for formal approval at this stage.

This report focuses on the following areas:

(delete where not applicable)

- Risk
- Finance
- Quality

For : Approval

From : Deputy Chief Executive and Director of Finance; and
Director of Corporate Governance and Facilities

Capital Expenditure: 2013/14 Budget and Plan

1. Introduction and Summary

- 1.1 The Estates Capital Plan proposal builds on work to date to meet the Trust's commitment on energy and also to make the best use of the Trust's sites in order to deliver a high quality service.
- 1.2 The proposed funding for IT is intended to cover the routine replacement of equipment and to allow for some further development of our IT facilities.
- 1.3 The proposals are summarised in the table below and detailed in the rest of this paper. The proposed budget for 2013/14 is a total of £592,000. Slightly higher expenditure is allowed for in the following two years.

Summary of Proposed 2013/14 Budget and Indicative Plan

Project Name	2013/14 £000	2014/15 £000	2015/16 £000
Seminar Room improvements	130	-	-
Portman Windows	60	-	-
Toilets	95	-	95
Building Management System	30	-	-
Franking Machine	7	-	-
Fire Doors	20	-	-
Lecture Theatre Phase 2	-	80	-
Studios	-	120	-
Passenger Lifts	-	180	-
Windows	-	-	330
Estates Total	342	380	425
IT hardware and software	250	250	250
Total Capital Expenditure	592	630	675

N.B. These figures exclude the proposed new building for the Day Unit and seminar rooms

- 1.4 In 2013/14, these costs are slightly higher than the expected depreciation charges of £535k (£315k for buildings and £220k for equipment), so the net cash effect will be small. If more cash is available in the later years from the proceeds of the property sale,

the Trust will be able to consider increasing the budget for building improvements.

2. Estates Capital Projects 2013/14

2.1 Seminar Rooms and Library Corridor, £130,000

There is agreement that the seminar rooms need updating. This summer there is a three week period in August when they are not in use and therefore the work which can be achieved is limited. Following consultation with Agnes Bryan, from the Training Executive, it was agreed that we should look at the library corridor flooring, ceiling, lighting and general redecoration, renew the flooring in all the seminar rooms, redecorate all, improve the lighting where necessary and replace all the chairs.

2.2 Portman windows and associated works, £60,000

The windows at the back of the Portman Clinic will need to be double glazed in preparation for the new build on the Tavistock Centre site. This will be essential to shield the noise from the children attending the Day Unit from the Portman patients. This will necessitate scaffolding which is a costly element of the project. It would be advisable to investigate whether there are other defects which can be attended to while scaffolding is in place. This work will take place in August in order to minimise disruption to the service.

2.3 Toilets, £95,000

A programme to upgrade the toilet facilities was ongoing until a break in 2012/13. It is proposed to resume the programme of upgrading the facilities this year, focussing on facilities on the 2nd and 3rd floors.

2.4 Building Management System, £30,000

The current building management system is designed to manage the occupancy of the building primarily in the winter period by controlling the heating throughout the Trust. The installation of a new and additional BMS, linked to the various electrical plant of high energy consumption, would enable better energy management. This could also make additional energy savings in the region of 2 to 5 %.

2.5 Franking Machine, £7,000

The current franking machine can no longer be repaired. It is proposed to replace the existing machine with an up to date model.

2.6 Fire Doors, £20,000

There is an Information Governance requirement to protect essential documents. The IG Manager has been working with Directorate Managers to consider ways to comply with this requirement as regards protection from the risk of fire. The options are to have all the documents in fire proof cabinets (estimate £100k) or to house all the existing cabinets behind fire doors. The trust would then need to put in place measures to ensure that these doors are closed in order to be an effective control.

2.7 Other Projects

There are two small capital projects currently under consideration which are in initial planning stage. They will both come in under £20k each and can be considered later in the year as appropriate.

3. Estates Capital Projects 2014/15

3.1 Lecture Theatre, £80,000

The Lecture Theatre is the primary location for Trust conferences. It is proposed to continue the upgrade of the current facility, begun in 12/13, which had to be a limited project due to time limitations.

3.2 Studios, £120,000

The air conditioning, the double glazing and general decoration and furnishing of the studios need a complete redesign. It is proposed that this work provide further enhancement to the training and patient environment.

3.3 Passenger Lifts, £180,000

Due to the age of the current passenger lifts, and to ensure compliance, updated replacement is recommended.

4. Estates Capital Projects 2015/16

4.1 Replacement Windows to the End Staircases, £80,000

The single glazed windows are typical of 60s buildings and have poor thermal performance. Changing the windows to the two end staircases will have an immediate impact on the temperature throughout the building during the winter months. This project would not cause major disruption to service delivery and would be the first phase of the overall window replacement work.

4.2 Ground Floor Windows, £250,000

As with the staircase windows, replacement of the ground floor windows would have an impact throughout the building. The work would have to be completed after the end of the academic year to minimise the inevitable disruption to staff and visitors.

4.3 Toilets, £95,000

Facilities on the 1st and 5th floors will be upgraded.

5. Information Technology

5.1 As well as covering the routine replacement of PCs, servers and other equipment, the allocation of £250k also allows for some further development of our IT facilities.

5.2 The Trust has to plan to replace or re-contract for our clinical information system by October 2015, when the nationally negotiated contract expires. The likely outcome of the current procurement process is that the software and the hosting of the system and database would all be covered by contracts for annual payments, with no significant capital expenditure.

5.3 As in previous years, the Board is asked to approve delegation of the £250k IT capital budget for 2013/14 to the Chief Executive. Project proposals within this total will be submitted to the CEO for authorisation.

6. Conclusion

- 6.1 The Board is asked to approve the proposed capital expenditure projects for 2013/14 as set out in this paper.
- 6.2 The Board is asked to agree the outline capital plans for 2014/15 and 2015/16, for inclusion in the Annual Plan.

Simon Young
Deputy Chief Executive
and Director of Finance

Pat Key
Director of Corporate
Governance and Facilities

22 April 2013

Board of Directors : April 2013

Item : 9

Title : Quarter 4 Finance and Governance declarations

Purpose:

The Board of Directors is asked to approve three declarations to Monitor for quarter 4. In the form set out by Monitor, these are:

For Finance

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

For Governance

The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) as set out in Appendix B of the Compliance Framework; and a commitment to comply with all known targets going forwards.

Otherwise

The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per Compliance Framework page 17 Diagram 8 and page 63) which have not already been reported.

This paper has been reviewed by the Management Committee on 18 April.

This report focuses on the following areas:

(delete where not applicable)

- Risk
- Finance
- Quality

For : Approval

From : Deputy Chief Executive

Quarter 4 Declarations

1. Finance declaration

- 1.1 For the approval of the 2013/14 budget, projections of the I&E and the balance sheet were provided, which show that if the budget is achieved, the Trust expects to retain a Financial Risk Rating of 3 for each quarter. It was noted that there are risks to some elements of the budget; but also that it includes a contingency reserve of £355k.
- 1.2 This month's finance and performance report gives the results of the fourth quarter. A rating of 4 is expected for quarter 4.
- 1.3 The liquidity metric (including our financing facility) has improved again quarter 4, to 19 or 20 days. It was 15 days (which is one of the thresholds) at Q2 and 17 days at Q3.
- 1.4 The Trust has responded to Monitor's consultation on the proposed Risk Assessment Framework to replace the Compliance Framework with effect from October. Our response included some suggestions on the calculation and thresholds for the proposed new liquidity ratio which is one half of the "continuity of services risk rating," intended to replace the financial risk rating.

2. Governance Declaration

2.1 Declaration of risks against healthcare targets and indicators

- 2.1.1 The Monitor template for our quarterly return sets out a list of targets and indicators, in line with the Compliance Framework 2012/13 document. The targets and indicators which apply to this Trust are given in the table below.
- 2.1.2 All targets and indicators are being met; and plans are sufficient to ensure that they continue to be met. Further details are given below. The Trust should therefore continue to receive a green governance rating.

Target/Indicator	Weighting	Quarter 4 result	
Data completeness: 97% completeness on all 6 identifiers	0.5	Achieved	
Compliance with requirements regarding access to healthcare for people with a learning disability	0.5	Achieved	
Risk of, or actual, failure to deliver mandatory services	4.0	No	
CQC compliance action outstanding	Special	No	
CQC enforcement action within the last 12 months	Special	No	

Target/Indicator	Weighting	Quarter 4 result	
CQC enforcement notice currently in effect	4.0	No	
Moderate CQC concerns or impacts regarding the safety of healthcare provision	Special	No	
Major CQC concerns or impacts regarding the safety of healthcare provision	2.0	No	
Unable to maintain, or certify, a minimum published CNST level of 1.0 or have in place appropriate alternative arrangements	2.0	No	
Unable to declare ongoing compliance with minimum standards of CQC registration	Special	No	
Inspected by CQC in Q2? If so, did the inspection find non-compliance with one or more essential standards?	Special	N/A	
		Total score	0
		Indicative rating	

2.2 Care Quality Commission registration

2.2.1 The Trust was registered by the CQC on 1 April 2010 with no restrictions. Actions continue to ensure that this status is retained; assurance is considered at the quarterly meetings of the CQSG Committee.

2.2.2 The Trust remains compliant with the CQC registration requirements.

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

2.3.1 The Trust has continued to develop its services for LD service users, and actively involves users to further refine and tailor provision. The delivery of planned improvements has enabled the Trust to set new goals.

2.3.2 The Trust Lead for Vulnerable Adults reviewed the Self certification against compliance with requirements regarding access to healthcare for people with a learning disability in December 2012.

2.4 Data Completeness

2.4.1 The target is now 97% completeness on six data identifiers within the Mental Health Minimum Data Set (MHMDS). Statistics for the third quarter and (provisionally) the fourth quarter confirm that we are still meeting and exceeding this target: see table below.

	Quarter 3 final	Quarter 4 provisional
Valid NHS number	99.68%	99.73%
Valid Postcode	100.00%	100.00%
Valid Date of Birth	100.00%	100.00%
Valid Organisation code of Commissioner	99.91%	99.87%
Valid Organisation code GP Practice	99.05%	99.15%
Valid Gender	99.77%	99.78%

2.4.2 The fourth quarter figures are subject to confirmation in May when the dataset is re-submitted.

3. Other matters

3.1 The Trust is required to report any other risk to compliance with its authorisation. The 2012/13 Compliance Framework gives – on pages 17 and 63 – a non-exhaustive list of examples where such a report would be required, including unplanned significant reduction in income or increase in costs; breach of borrowing limits; removal of a director for abuse of office; or a significant non-contractual dispute with an NHS body.

3.2 There are no such matters on which the Trust should make an exception report.

4. Quality

4.1 There is no requirement in 2012/13 for a separate quarterly declaration on quality. Quality achievements and objectives are reported quarterly to the Board.

Simon Young
Deputy Chief Executive and Director of Finance
18 April 2013

Board of Directors: April 2013

Item : 9A

Title : Quarterly Quality Report 2012-13 for Quarter 4: April 2013

Summary:

This report provides an update of the Quality Indicators for Quarter 4, 2012-13

This report has been reviewed by the following:

- Management Committee

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

This report focuses on the following areas:

(delete where not applicable)

- Quality
- Patient / User Experience
- Safety

For : Noting

From : Quality Standards and Reports Lead

Quarterly Quality Report for the Board of Directors

Quarter 4, 2012-2013

April 2013

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Quality Indicator Performance Summary Table

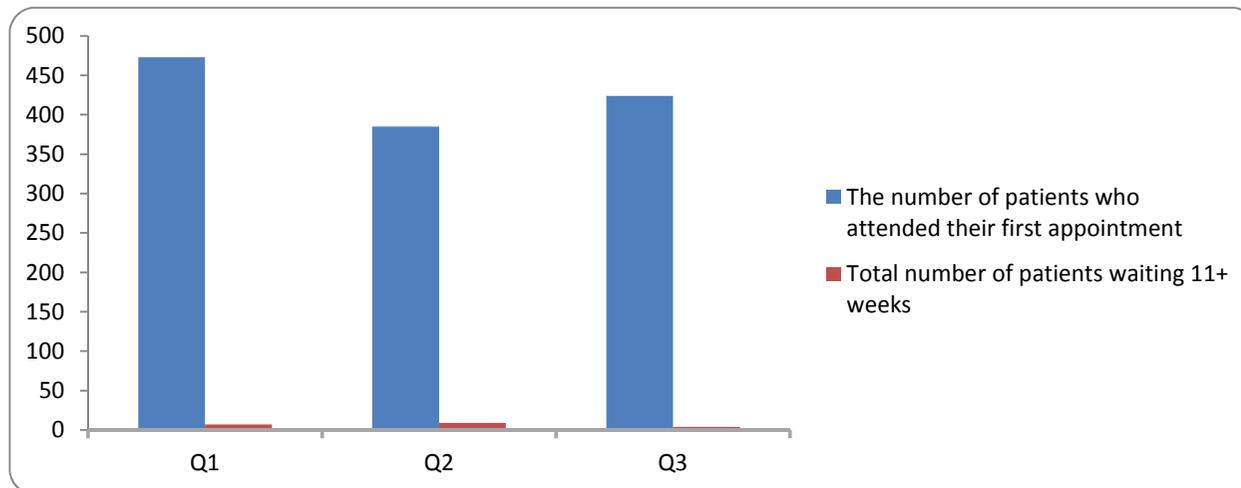
Quality Indicator		Performance								Link to detailed results	Action plan
		Q1		Q2		Q3		Q4			
1	Waiting times <i>Target : no more than 11 weeks (77 days from receipt of referral)</i>	N ¹	% ²	N	%	N	%	N	%	Appendix 2: Breakdown of Waiting Times table	This indicator is subject to a rolling internal validation audit
		7	1.4	16	4.4	4	0.9	tbc	tbc		
2	DNA rates <i>Target: yearly average no larger than 12%</i>	9.53%		11%		7.98%		8%		Appendix 2: DNA Table	This indicator is subject to a rolling internal validation audit
3	Patient Satisfaction <i>Target 70% or more report satisfied with the service</i>	88%		86%		88%		88%			To be monitored on a quarterly basis.
4	Patient Experience <i>Target: to produce an annual review and action plan of patient feedback and report on progress against previous years plan</i>	Achieved		Achieved		Achieved		Achieved		Appendix 2: Annual PPI report and action plan	Progress for the PPI action plan targets are monitored by the PPI Committee.
5	Patient information <i>Target : in date written information sent to all new patients</i>	All in date & sent to each new patient				Partially Achieved		Partially Achieved		Appendix 2: embedded leaflets	Modality leaflets distributed internally.
6	Outcome monitoring <i>Target: Routine outcome monitoring for adult and CAMHS patients</i>	Achieved		Achieved		Achieved		Achieved		Appendix 1: See CQUINs performance progress update.	Final outcome of CQUINs targets reported in Q4.
7	Quality and Development of staff <i>Target: 75% of staff have a PDP</i>	85%		88.5%		88.5%		84%		Appendix 2: PDP table	Reported annually in March.
8	Safety- Child Safeguarding Target: All CAMHS staff have received Level 3 Child Safeguarding training.	65.7%		77.3%		86%		82%		Appendix 2: Child Safeguarding table	Rolling dates for training published in Staff Prospectus

¹ Number of patients referred waiting for first appointment for 11 or more weeks (excluding external causes).

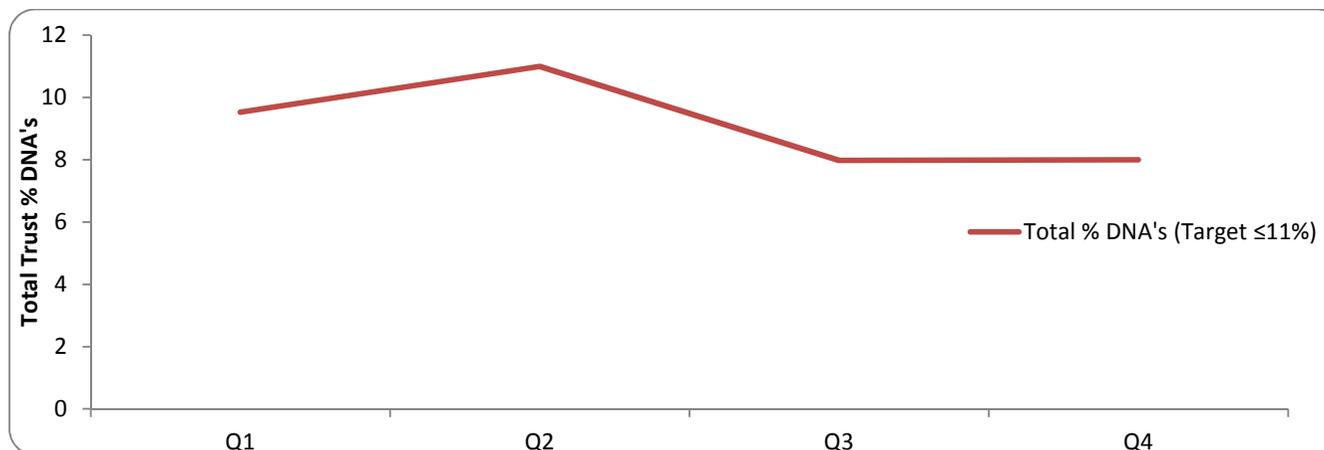
² Percentage of patients waiting for first appointment for 11 or more weeks (excluding external causes).

Section Two: Explanatory Notes

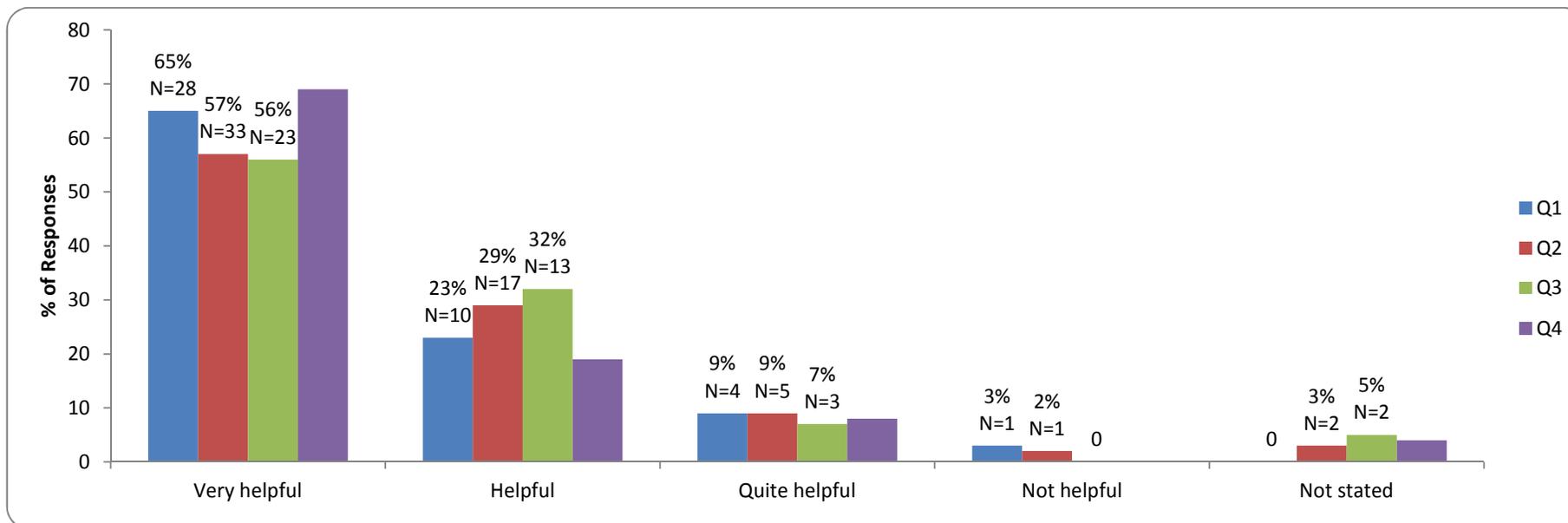
1. Waiting Times - For Quarter 4 – Data not available (tbc)



2. DNA Rates - There has been an overall decrease in the DNA rate since Quarter 2 and since then it has levelled off at 8%, reaching our target of a total yearly average DNA rate below 11%.



3. Patient Satisfaction – Satisfaction with “Helpfulness of Service” (Experience of Service Questionnaire)

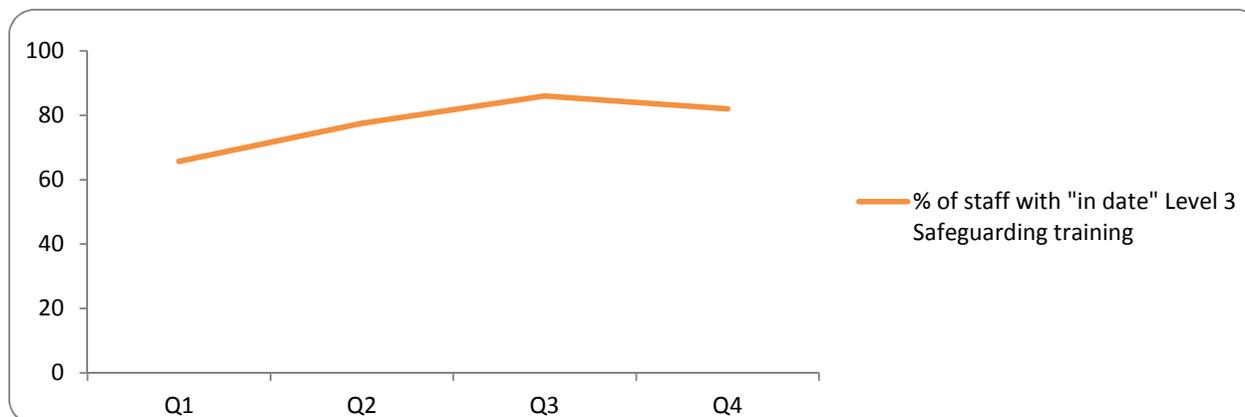


4. Outcome Monitoring

We achieved our CQUIN Outcome Monitoring Targets (see Appendix One). (The CQUIN targets for the Portman Clinic have not been included as they will not be included in the 2013 Quality Report).

5. Child Safeguarding Training – Level 3

The percentage of staff with 'in date' Level 3 Child Safeguarding training does not include those members of staff who have just recently joined the Trust and not yet attended the training.



Section Three: Quality Priorities Progress

Quality Priorities													
	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2012/13				RAG ³ Status	Actions for Next Quarter
								Q 1	Q 2	Q 3	Q 4		
(1)Outcome Monitoring	1. CAMHS (Child and Adolescent Mental Health Service): For 70% of patients (attending CAMHS who qualify for the CQUIN) to complete the Goal Based Measure (GBM) at the Pre-Assessment stage (known as Time 1) and after 6 months or, if earlier, at the end of therapy/treatment (Time 2).	Caroline McKenna	• OM tracking system	• OM analysis of the % return rate for Time 1 and Time 2	1 st April 2012	31 st January 2013	76% of patients returned both Time 1 and Time 2 forms.						
	2. CAMHS (Child and Adolescent Mental Health Service): For 70% of patients (attending CAMHS who qualify for the CQUIN) to achieve an improvement in their score on the GBM, from Time 1 to Time 2, on at least one target.		• Monitoring of progress by the OM Lead • Quarterly progress report • Quarterly review by the CQSG Committee and Board of Directors	• OM analysis of the % of patients who achieve an improvement in their score for at least one GBM target	1 st April 2012	31 st January 2013	Of the 76% of patients who returned Time 1 and Time 2 forms, 99% showed an improvement.						
	3. Adult Department: For the Total CORE scores to indicate an improvement from pre-assessment (Time 1) to post-assessment (Time 2) for 61% of patients (who qualify for the CQUIN) over the age of 25	Michael Mercer	• OM analysis of the % of patients who achieve an improvement in their Total CORE score	1 st April 2012	31 st January 2013	Comparison of the Total CORE scores for the patients who returned both T1 and T2 CORE forms, indicated an improvement for 63% of the patients.							

Priority	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2012/13				RAG ³ Status	Actions for Next Quarter
								Q 1	Q 2	Q 3	Q 4		
(2)Access to Clinical Services and Health Care Information for Patients and Public	% reported satisfaction level in relation to information in results of a patient satisfaction survey conducted in Q1 and in Q4.	Sally Hodges	<ul style="list-style-type: none"> Monitoring of progress by PPI Lead Feedback from patients and members on the accessibility of this information leaflet Quarterly progress report Quarterly review by the CQSG Committee and Board of Directors 	1. Analysis on the levels of satisfaction with information provided on treatment modality leaflets, comparing the patient satisfaction survey results from Quarter 1 & 2 (Baseline) with results from Quarter 4 and from the feedback obtained in Q4.	1 st April 2012	31 st January 2013	1. In Q4, a telephone survey found that 3% of patients were satisfied that the information leaflets helped to support choice and the decision making process when treatment was offered.					Red	
	% reported level of awareness for availability of information on treatment modalities accessible via the intranet in Q1 and Q4.			2. Analysis on the levels of satisfaction from the baseline and Q4 straw poll feedback and analysis on levels of awareness for the availability of information, comparing the baseline with the Q4 data.			2. In Q4, printed copies of the five modality leaflets were distributed to the clinical departments and placed in the waiting areas of the clinical departments. In Q4, a visual straw poll found that 42.5% of respondents had seen our information on the different treatment types we offer at the Trust, 47% had not seen any information and 10.5% were not sure.						

Priority	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2012/13				RAG ³ Status	Actions for Next Quarter
								Q 1	Q 2	Q 3	Q 4		
(3) Patient and Public Involvement	<p>1. To demonstrate that 3 issues (see below) raised at the stakeholder Quality meetings held in 2011-12 have been taken forward by the Trust and result in quality improvements:</p> <p>i) Information available to patients/potential patients on treatment modalities (see 'Access' Target 1 above)</p> <p>ii) Process for consent for treatment</p> <p>iii) Arrangement for follow up at the end of assessment/treatment</p>	Sally Hodges	<ul style="list-style-type: none"> Maintain minutes from the stakeholder quality meetings and patient forum Monitoring of progress by PPI Lead 	<ul style="list-style-type: none"> A copy of the SMART action plan with measurable outcomes for each of the three topic areas identified. Summary of stakeholder feedback in relation to whether the agreed actions have been taken and quality has improved, as measured by achieving deliverables by Q4 as set out in the action plan 	1 st April 2012	31 st January 2013	<p>1. i) Treatment Modalities - [See 2.1 above].In Q4, the telephone survey was repeated.</p> <p>ii) Consent for Treatment - In Q4, the audit of a random sample of case files was repeated and found that 30% of SAAMHS files and 20% of CAMHS files included a narrative on treatment options being discussed.</p> <p>iii) Follow Up - In Q3, a question was set on the visual straw poll to gather feedback from patients and 83% indicated that they would like to be offered the option of a follow up.</p>					Green	
	<p>2. To hold at least 3 patient forums in 2012-13 on topics that have been suggested by the forum members and receive positive feedback from each season</p>												

³ Internal Quality Priorities rate re achievement at 31.3.13

Appendix One: CQUIN Targets

	Detail of indicator	Performance at Q4	Action Plan	RAG ⁴
CAMHS Outcome monitoring	Indicator 1 For at least 69% of patients (attending CAMHS who qualify for CQUINS) to complete the Goal Based Measure at Time 1 pre assessment and Time 2 (6 month or end of therapy)	76% of patients returned both Time 1 and Time 2 forms. (Target achieved)		
CAMHS outcome monitoring	Indicator 2 For at least 69% of patients (attending CAMHS who qualify for CQUINS) to show improvement form Time 1 to Time 2 on at least one target	Of the 76% of patients who returned Time 1 and Time 2 forms, 99% showed an improvement. (Target achieved)		
CAMHS ESQ	Indicator 3 For at least 69% of patients to complete CHI-ESQ at 6 months or case closure	73% of patients completed CHI-ESQ at 6 months or case closure. (Target achieved)		
CAMHS User Involvement	Indicator 4 a) Develop user participation and involvement plan by 30.6.12 b) Implement 3 areas identified in the plan by 31.3.13: I. Review of the Name of CAMHS Service II. Obtain advice from young people on how young people can approach discussing worries with peer mentors III. User input into staff interviews	Plan was agreed by 30.6.12 I. Focus groups were held in 2012-2013 with parents and young people. Feedback indicated that the name CAMHS had little meaning, was stigmatising and should be changed. We aim to run a competition to rename CAMHS in 2013-2014 with young people selecting the winning name. (Target achieved) II. February 2013: feedback was obtained from young people on what type of information they would like to discuss with a mental health professional in their PSHE lessons. Leaflet production postponed until after the renaming competition. (Target achieved) III. A consultation was held with 10 parents in January 2013 to develop interview questions. A focus group with 8 young people was held in February 2013 where participants tested out their questions in a live interview with 2 CAMHS clinicians. (Target achieved)		
Adult Waiting Times	Indicator 5 Eliminate waits for treatment of more than 26 weeks for new assessment cases by 31.1.2013.	Achieved target with no patient waiting for longer than 26 weeks for treatment.		
Adult Outcome monitoring	Indicator 6 For the Total CORE (Clinical Outcomes for Routine Evaluation) scores to indicate an improvement from pre-assessment (Time 1) to post assessment (Time 2) of 61% for patients over the age of 25 who qualify for he CQUIN	Comparison of the Total CORE scores for the patients who returned both T1 and T2 CORE forms, indicated an improvement for 63% of the patients. (Target achieved)		
Adult ESQ	Indicator 7 62% of patients respond 'certainly true' to the question 'The people here now how to help me' on the Adult ESQ	Target achieved, with 64% of patients specifying 'certainly true' on the question: 'The people here know how to help me' on the Adult Experience of Services Questionnaire.		

⁴ Internal RAG rate re achievement at 31.3.13

Appendix Two: Quality Indicator Performance Supporting Evidence

1. Waiting times- tbc

Waiting Times Quarter 3								
Target: No more than 11 weeks (77 days) from receipt of referral	Adolescent	Adult	Camden CAMHS	City and Hackney	Other CAMHS	Portman	LCDS	TOTAL
Cause internal to Tavistock	1	0	1	0	2	0	0	4
Cause external to Tavistock	1	0	3	2	2	0	0	8
Cause unknown	0	0	0	0	0	0	0	0
Total	2	0	4	2	4	0	0	12
Total (excl external causes)	1	0	1	0	2	0	0	4

2. DNA Rates

QUARTER 4							
Target <11%	Adolescent	Adult	Camden CAMHS	Other CAMHS	Portman	LCDS	Total
Total 1st appointments attended	42	53	165	52	19	7	312
Total first appointments DNA's	2	4	16	1	0	0	23
Total first appointments	44	57	181	53	19	7	335
% 1st appointments DNA'd	4.5	7.0	8.8	1.9	0.0	0.0	6.9
Total subsequent appointments attended	1093	2490	2541	2090	999	166	8214
Total sub. appointments DNA'd	126	182	267	96	141	18	671
Total subsequent appointments	1219	2672	2808	2186	1140	184	8885
% DNA subsequent Appointments	10.3	6.8	9.5	4.4	0.1	0.1	7.6
Total Trust DNA	10.1	6.8	9.5	4.3	12.2	9.4	7.5

- 3. **Patient Satisfaction** - See Quality of Care Ratings 2012-2013 Q4 Report. (A hardcopy of this Report can be provided by the Quality Standards and Reports Lead, if required.)
- 4. **Patient Experience** - See Annual PPI Report. (A hardcopy of this Report can be provided by the Quality Standards and Reports Lead, if required.)
- 5. **Patient Information** - See patient leaflets on Trust Website. (In addition, a hardcopy of these leaflets can be provided by the Quality Standards and Reports Lead, if required.)
- 6. **Outcome monitoring**- Please refer to CQUINs Targets in Section Two and see 2012-13 CQUINs Outline (A hardcopy of this CQUINs Outline can be provided by Quality Standards and Reports Lead, if required.)
- 7. **Quality and Development of Staff** - Patient Development Plans (“PDPs”) are managed on an annual cycle with performance reported at end March each year, for implementation over the course of the next year. Updated figure for Q4 in table below.

Quality and Development of Staff - PDPs:		
Number of staff who require a PDP at 31.3.12	Number of staff with a PDP	% of staff with a PDP
413	346	84%

8. **Safety (Children Safeguarding)**

Level 3 Safeguarding Training				
	Q1	Q2	Q3	Q4
% of staff whose training is 'in date'	65.7	77.3	86%	82%

Board of Directors : April 2013

Item : 10

Title : Corporate Governance Report

Summary:

This paper reports on the enactment of the provisions of the Health and Social Care Act 2012 relating to the enhanced role for NHS foundation trust governors and Monitor Updates.

This report focuses on the following areas:

(delete where not applicable)

- Communications
- Quality
- Risk

For : Noting

From : Trust Secretary

Corporate Governance Report

1. Health and Social Care Act 2012 Update

1.1 With effect from April 2013, the Health and Social Care Act 2012 (Commencement no 4, Transitional, Savings and Transitory Provisions) Order 2013 brings into force the provisions relating to the enhanced role for governors in NHS foundation trusts. A summary of the changes is attached at appendix 1. The Trust's Constitution will now need to be amended to bring it in line with the requirements of the new legislation and the wording will need to be approved by the Board of Directors, the Council of Governors and by the Annual General Meeting.

2. Monitor's Panel for Advising Governors

2.1 Linda Nash, the outgoing Chair of Somerset Partnership NHS FT has been appointed as Chair of the new Panel for Advising Governors. Thirteen further Members of the Panel have also been appointed, subject to contracts. The Panel expects to be fully operational by May 2013.

2.2 The functions of the Panel are given in the 2012 Health and Social Care Act and are to answer questions raised by councils of governors of NHS FTs on whether a trust has breached or is at risk of breaching its constitution or whether the trust is breaching the provisions of Chapter 5 of the 2006 NHS Act.

2.3 A governor may refer a question to the Panel only if more than half of the members of the council of governors voting approve the referral. Monitor and the Panel encourage all foundation trusts and governors to try to resolve questions internally before posing a question to the Panel.

3. Monitor Update – Trust Special Administrators for Mid Staffordshire NHS Foundation Trust

3.1 Monitor has announced the appointment of Trust Special Administrators to safeguard the future of health services currently provided by Mid Staffordshire NHS Foundation Trust. Clinician Dr Hugo Mascie-Taylor along with Alan Bloom of Ernst and Young took over the running of the Trust on 16th April with the current executive reporting to them. They will work with commissioners and other local healthcare organisations to produce a plan for the reorganisation and sustainable delivery of health services.

3.2 The Trust Special Administrators have 45 working days to design a way of providing services to patients in the area that is sustainable in the long term. The plan will then be subject to a public consultation.

4. Monitor's New Enforcement Powers

4.1 Monitor has set out how it proposes to enforce the rules for which it will be responsible under the new NHS regulatory regime that came into force from 1 April 2013. Powers conferred by the Health and Social Care Act 2012 enable the regulator to take enforcement action against NHS foundation trusts, and other providers and organisations that breach relevant requirements of Monitor's new regime.

4.2 Monitor can require providers who breach their licence conditions to put things right, or risk having their licence revoked in certain circumstances. Monitor will, in future, also be able to impose financial penalties. In addition, Monitor will be able to ensure that all NHS providers and other organisations supply the information it needs in order to regulate the sector.

Julie Hill
Trust Secretary
22 April 2013

Appendix 1

Health and Social Care Act 2012 – Summary of the Provisions Relating to the Role of Foundation Trust Governors from April 2013

Additional Powers of Governors

- To hold the Non-Executive Directors, individually and collectively to account for the performance of the Board of Directors
- To represent the interests of the Members as a whole and the interests of the public
- If necessary, to require Director(s) to attend a governors' meeting to obtain information about the Trust's performance or the Directors' performance to help the Council of Governors to decide whether to propose a vote on the Trust's or Directors' performance
- "Significant transactions" must be approved by the Council of Governors
- Application by the Trust to enter into a merger, acquisition, separation or dissolution must be approved by the Council of Governors
- Amendments to the Trust's Constitution must be approved by the Council of Governors
- A Governor can refer questions to determine whether the Trust has failed or is failing to act in accordance with its Constitution to a Panel set up by Monitor. The Council of Governors will need first to approve any such referral.

In addition:

- Before each Board meeting, make available a copy of the agenda to the Governors and after the Board meeting, send a copy of the minutes to the Council of Governors
- The Trust must take steps to ensure that Governors have the skills and knowledge they require to undertake their role.

Board of Directors : April 2013

Item : 11

Title : Draft Quality Report for 2012/13

Summary:

We are asking the Board to review and provide feedback both on the:

- Draft Quality Report for 2012/13
- Inserts for inclusion in the final version of the QR

This report has been reviewed by the following Committees:

- Management Committee - April 18 2013

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

This report focuses on the following areas:

- Quality
- Patient / User Experience
- Patient / User Safety
- Risk

For : Discussion

From : Quality Standards and Reports Lead

Draft Quality Report

1. Introduction

The Board of Directors are asked to review and provide feedback on the following two documents

1.1 The Draft Quality Report, which includes the data covering 2012/13, which has been validated by the Trust Director and the Governance and Risk Adviser, who have reviewed the data validation forms for each data item. The remaining data will be added following validation.

1.2 The inserts for the 5 different T&P services/projects

Feedback is invited by email or hardcopy to Justine McCarthy Woods, Quality Standards and Report Lead (JMcCarthyWoods@tavi-port.nhs.uk), by May 7 2013.

Justine McCarthy Woods
Quality Standards and Reports Lead
23.4.2013

Quality Report

2012/2013



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Introduction

The Tavistock and Portman NHS Foundation Trust (the Trust) is a specialist mental health trust which provides psychological, social and developmental approaches to understanding and treating emotional disturbance and mental ill health, and to promoting mental well-being. It has a national and international reputation based on excellence in service delivery, clinical innovation, and high-quality clinical training and workforce development. The Trust provides specialist out-patient services, both on site and in many different community settings, offering assessment and treatment, and a full range of psychological therapies for patients of all ages. In addition, in Camden it provides an integrated health and social care service for children and families. The Trust does not provide in-patient treatment, but has a specific expertise in providing assessment and therapy for complex cases including forensic cases. It offers expert court reporting services for individual and family cases. It has a national role in providing mental health training, where its training programmes are closely integrated with clinical work and taught by experienced clinicians. One of its strategic objectives is that trainees and staff should reflect the multi-cultural balance of the communities where the Trust provides services. A key to the effectiveness and high quality of its training programmes are its educational and research links with its university partners, University of East London, the University of Essex and Middlesex University.

Core Purpose

The Trust is committed to improving mental health and emotional well-being. We believe that high-quality mental health services should be available to all who need them. Our contribution is distinctive in the importance we attach to social experience at all stages of people's lives, and our focus on psychological and developmental approaches to the prevention and treatment of mental ill health. We make this contribution through:

- Providing relevant and effective patient services for children and families, young people and adults, ensuring that those who need our services can access them easily
- Providing education and training aimed at building an effective and sustainable NHS and Social Care workforce and at improving public understanding of mental health

- Undertaking research and consultancy aimed at improving knowledge and practice and supporting innovation
- Working actively with stakeholders to advance the quality of mental health and mental health care, and to advance awareness of the personal, social and economic benefits associated with psychological therapies

DRAFT

Part 1: Statement on Quality from the Chief Executive

All NHS Foundation trusts are required to produce an annual Quality Report by our regulators. At the Tavistock and Portman it is a great deal more than a box-ticking exercise.

Embedded within the Trust is a genuine desire to improve each year the quality of our services across a number of broad headings, including:

- The experience that our patients have of the way they are dealt with by our administrative teams and by our clinicians
- The way we collect, report and use information about the outcome of patients' treatment
- The effectiveness of the wide variety of treatments our patients receive from us
- The experience patients and students have when they visit us, including the accessibility, lay-out, condition and décor of our buildings and rooms and the facilities we offer
- The way we communicate information about our clinical and educational services to patients and students and to organisations which purchase those services from us
- The way we collect, protect and store information about our patients
- The way we engage with patients, students, our Members, the general public, our Governors and all our stakeholders in order to keep them informed and to take their views into account
- The way we keep all members of our workforce highly motivated, well trained and effective in order to deliver the best possible services

How are we doing?

Our on-going commitment to quality improvement appears to be helping us to continue to move in the right direction.

Demonstrating the effectiveness of our clinical services is one of our top priorities so we are very pleased that we exceeded our targets in 2012/13 for the goals we set for evaluating clinical effectiveness. Specifically, for our Child and Adolescent Mental Health Service (CAMHS), where for the 76% of patients and their parents/carers who completed the Goal-Based Measure at both Time 1 and Time 2, 99% of children and their parents/carers showed an improvement from Time 1 to Time 2. In addition, for adult patients, using the Clinical Outcomes for Routine Evaluation (CORE), 63% of adults demonstrated an improvement from Time 1 to Time 2.

We have also been successful in achieving all our targets for Patient and Public Involvement. We have addressed three issues raised by patients in the Stakeholder Quality meetings; developed formal links with two BME community organisations; and held three information/discussion groups where patients and members of the public have heard about our services and we have used their feedback to inform service development and delivery.

Although we did not hit all of our targets for Improving Access to Information, we did receive positive feedback on the format and content of our new modalities leaflets from our mystery shopper exercise. Our auditing process helpfully identified a gap in dissemination of information which the directors are now aware of and have action plans to remedy. In response to feedback gathered from our mystery shoppers and visual straw polls we have ensured that the links to our patient information leaflets are more clearly accessible through the website and widened the availability of copies of the leaflets on the psychological therapies we offer.

In March 2013 the Trust underwent a routine inspection by the CQC. The inspectors assessed our compliance with 7 of the Essential Standards and found us to be fully compliant with each of these. We continue to hold full registration with the CQC without restriction.

How we monitor our performance

The Board of Directors is ultimately responsible for ensuring that we continue to raise the bar on all our quality initiatives and they receive regular reports from a committee we created during 2010 to oversee all the most important quality initiatives.

The Clinical Quality, Safety and Governance Committee (CQSG) is a Board appointed committee with Trust and Non-Executive Director members which meets quarterly to receive and consider assurance of progress against requirements and action plans across the core of our quality improvement agenda, and to review work stream reports submitted to this committee. These key work streams, which are at the heart of our quality commitment, cover areas such as clinical effectiveness, patient experience, safety and staff training, with quarterly reports to the Board of Directors. These work streams are:

- Patient Safety and Clinical Risk
- Corporate Governance and Risk (including CQC and NHSLA compliance)
- Clinical Outcomes and Clinical Audit
- Patient and Public Involvement
- Information Governance
- Quality Reports

Our commitment and impetus for continuous quality improvement doesn't end here, it operates through all levels of the organisation, with employees aware of the importance of the need to challenge the ways in which we work, with an on-going effort to improve quality across all aspects of our services.

Of significance, our Council of Governors is also fully committed to our quality agenda, and we work closely with them as well as with the commissioners who buy our services, and our many other stakeholders, to ensure that they have every opportunity to contribute to our plans, and to monitor our progress.

One of the major roles of the Council of Governors during 2012/13 has been to ensure that they are fully involved in both contributing to and monitoring the Trusts' quality agenda. The influence of the Council of Governors is interwoven in all the key decision making processes and they do this in a variety of ways:

- By Governors' attendance at key committee meetings and forums including

- CQSG
 - PPI Meeting
 - Equalities Committee
 - Quality Stakeholders Meeting
 - Governors Clinical Quality Meeting
-
- By considering the quality agenda at all of their Council meetings
 - By visiting and where possible observing the work of the different departments and services and attending Trust Board Meetings.

Our priorities for 2013/14

We continue to be fully committed to improving quality across every aspect of the Trust's work, building on what we have achieved this year. Our ongoing consultation throughout the year with a variety of stakeholders has provided us with valuable feedback and ideas both for establishing our priorities for next year and for exploring the ways we can raise the bar on the targets we set.

Our Quality Priorities for 2013/14 will focus on:

- Continuing to demonstrate further positive changes for patients, as a consequence of the psychological intervention/treatment they receive from the Trust.
- Continue to improve access to health care information to help patients to make informed decisions about the psychological intervention/treatment they can receive from the Trust.
- Working towards the inclusion of service users on Trust interview panels.
- Expanding our Patient and Public Involvement activities, specifically targeting engagement with our younger members, to ensure that the widest range of views is taken into account in planning and refining our services.

In this report you will find details about our progress towards these priority areas as well as information relating to our wider quality programme.

Some of the information is, of necessity, in rather complex technical form, but I hope the glossary will make it more accessible.

However, if there are any aspects on which you would like more information and explanation, please contact Justine McCarthy Woods (Quality Standards and Reports Lead) at JMcCarthyWoods@tavi-port.nhs.uk, who will be delighted to help you.

I confirm that I have read this Quality Account which has been prepared on my behalf. I have ensured that, whenever possible, the report contains data that has been verified and/or previously published in the form of reports to the Board of Directors and confirm that to the best of my knowledge the information contained in this report is accurate.

Chief Executive's name, signature & date
(To be added when report signed off by BoD)

1.1. Achievements in Quality

We are proud to report that, in addition to our Quality Priorities, during the year we achieved the following:

- The Family Drug and Alcohol Court (FDAC) Intervention Team has claimed its sixth major accolade - ***The Children and Young People Now Award for Partnership Working***
- In May 2012, the FDAC was the winner of ***Excellence in Partnership*** British Medical Journal Group (BMJ) Improving Health Awards.
- The installation of a ***Visual Straw Poll*** at the entrance to the Centre has been a resounding success, providing a way to engage with service users and their families in a new and interesting way, allowing us to gain real-time feedback on a wide range of issues covering both our clinical services and facilities.
- Further development of the Big White Wall (BWW) venture includes the addition of ***Live Therapy***, which, through funding from the NHS National Innovation Centre, offers the first online pathway for mental health and wellbeing, placing people at the centre of their own care. It enables people to access well governed, safe therapeutic services from the comfort of their own homes, over a bespoke, secure internet platform
- BWW was selected as a ***High Impact Innovation*** under Digital First and shortlisted for ***High Impact Innovation Phase 2***. This development will help to reduce the strain on primary care whilst also creating a more convenient way of accessing healthcare for a number of people who would prefer not to attend general practice in person every time they need advice.
- We are delighted that the North Camden CAMHS service was awarded ***You're Welcome accreditation***, for its recognition as a young person-friendly service.

1.2. Overview of Quality Indicators 2012/13

(Data for table in the process of being validated, table to be added later)

DRAFT

Part 2: Priorities for Improvement and Statements of Assurance from the Board

2.1. Priorities for Improvement

Progress against 2012/13 Quality Priorities

This section describes our progress and achievements against the targets we set for each quality priority for 2012/13.

Clinical Effectiveness (Clinical Outcome Monitoring)

As an organisation specialising in psychological therapies, it is very important for us to be able to demonstrate positive changes for patients as a consequence of the psychological intervention and/or treatment they have received from the Trust.

However, unlike treating a physical problem, such as an infection, where one can often see the benefits of medication in a matter of days, change in psychological therapy can be a long process, , as for many individuals their difficulties extend back to earlier periods in their life.

In addition, while many individuals who attend psychological therapy will find the therapy helpful and attend and complete their course of treatment, others may find it less helpful and will not manage to engage, or disengage before the end of treatment. This second group includes people who are progressing and feel that they no longer require treatment.

For these reasons , we are aware that we have to develop a longer-term strategy for gathering information to help determine which patients have benefited from therapy and the extent to which they may have changed/progressed, or not progressed, as the case may be.

Priority 1: Children and Adolescent Mental Health Service Outcome Monitoring Programme

What measure and why?

For the Child and Adolescent Mental Health Services (CAMHS), we have used the Goal-Based Measure again this year, building on the knowledge we have already gained in 2011/12, with patients previously referred to CAMHS. The Goal-Based Measure enables us to know what the patient or service user wants to achieve (their goal or aim) when attending our CAMH services and to focus on what is important to them.

As clinicians we wanted to follow this up to know if patients think they have been helped by particular interventions/treatments and to make adjustments to the way we work dependent on this feedback.

As a result, we set the following targets, which also represent the CQUIN (see Glossary) targets we had agreed with our commissioners for 2012/13:

1. Child and Adolescent Mental Health Service Outcome Monitoring Programme:			
Targets for 2012/13	2010/11	2011/12	2012/13
1. For 70% of patients (attending CAMHS who qualify for the CQUIN) to complete the Goal-Based Measure (GBM) at the Pre-Assessment stage (known as Time 1) and after 6 months or, if earlier, at the end of therapy/treatment (known as Time 2) for the Goal-based Measure	21%	85%	76%
2. For 70% of patients to achieve an improvement in their score on the Goal-Based Measure, from Time 1 to Time 2, on at least one target.	Not Reported	Not Reported	99%

How have we progressed?

We are pleased to report that we exceeded our target, by achieving a return rate of 76% for the Goal-Based Measure for the forms completed by patients/service users, in conjunction with clinicians, at both Time 1 and Time 2.

However, we feel most proud of the fact that we greatly exceeded our second target for this group of patients/service users. As the results indicated that, of the 76% of patients/service users who returned Time 1 and Time 2 forms, 99% showed an improvement from Time 1 and Time 2 for one of the goals they had initially agreed with their clinician

For 2013/14, we plan to maintain and improve these achievements in clinical effectiveness for CAMHS, by setting a target for an improvement from Time 1 and Time 2 for two of the goals agreed by patients/service users, in conjunction with clinicians. In addition, we will raise the target for the percentage of patients/service users we expect to achieve this target.

Priority 2: Adult Outcome Monitoring Programme

What measure and why?

The outcome measure used by the Adult Service is the CORE (Clinical Outcomes for Routine Evaluation system, see Glossary). This system was designed to provide a routine outcome measuring system for psychological therapies. The 34 items of the measure cover four dimensions: *subjective well-being, problems/symptoms, life functioning and risk/harm*. It is used widely by mental health and psychological therapies services in the UK, and it is sensitive to change. That is, where it is useful for capturing improvements in problems/symptoms over a certain period of time.

We think in the future this should enable us to use this data for benchmarking purposes, for providing information on how our improvement rates for adults patients compares with other organisations and services using the CORE.

For the Adult Service, we used the CORE form again for the current year, building on the knowledge we have already gained in 2011/12, with patients previously referred to the Adult Department. We set the following target, which also represent the CQUIN (see Glossary) target we had agreed with our commissioners for 2012/13 namely, *For the Total CORE scores to indicate an improvement from pre-assessment (Time 1) to post-assessment (Time 2) for 61% of patients (who qualify for the CQUIN) over the age of 25.*

For the Adult Service, Time 1 refers to the pre-assessment stage, where the patient is given the CORE form to complete before they are seen for the first time. Then, the patient is asked to complete this form again at the post-assessment stage (Time 2). Analysing the changes between Time 1 and Time 2 enables us to report on the effectiveness of the intervention for patients.

Adult Outcome Monitoring Programme:			
Targets for 2012/13	2010/11	2011/12	2012/13
1. For the Total CORE (Clinical Outcomes for Routine Evaluation) scores to indicate an improvement from pre-assessment (Time 1) to post-assessment (Time 2) for 61% of patients (who qualify for the CQUIN) over the age of 25.	Not Reported	Not Reported	63%

How have we progressed?

We are pleased to report that that we exceeded our target, as 63% of patients who completed the CORE forms at time 1 and Time 2 showed an improvement in their Total CORE score from the pre- to the post-assessment stage, which suggests that they benefitted from this clinical intervention.

For 2013/14, we plan to focus on improving the return rate for the CORE forms at end of treatment, which in the future will allow us to evaluate the effectiveness of treatment over longer periods of time.

Priority 3: Access to clinical service and health care information for patients and the public

3. Access to Clinical Service and Health Care Information for Patients and Public	
Targets for 2012/13	2012/13
1. To demonstrate that the availability of information leaflets about different treatment modalities increases the quality of care through the additional information to support choice and decision making when treatment is offered to patients.	Patient awareness of the treatment modality leaflets was very low and it was not possible to assess whether the additional information had helped their decision making process when treatment was offered.
2. To increase the awareness of leaflets on treatment options as an aid to providing information about the range of treatments offered by the Trust using the Mystery Shopper approach and the Straw poll approach.	Feedback from the mystery shoppers indicated that the language used in the modality leaflets could be more accessible and paper copies of the leaflets should be available in addition to the electronic versions. The results from two separate visual straw polls found that almost half of all respondents had not seen the new leaflets of the different treatment types we offer at the Trust.

We set the following targets for 2012/13:

Target 1

To demonstrate that the availability of information leaflets about different treatment modalities increases the quality of care through the additional

information to support choice and decision making when treatment is offered to patients.

Measure Overview

One of our Quality Priority targets last year (2011/12) was to develop five patient information leaflets for the following treatment modalities (in this case psychological therapy): Child Psychotherapy; Family/Systemic Therapy; Psychoanalytic Psychotherapy; Cognitive Behavioural Therapy and Group Therapy. This target was developed in response to patient feedback and information from various sources including the annual patient survey, feedback to the Patient Advice and Liaison Service, complaints and the children's survey, with the request for accessible information on the availability, process and possible side effects of the different modalities that we offer. The feedback also indicated that patients wanted more readily-available information about our different treatment modalities to enable them to be involved in the decisions about their care and treatment.

How have we progressed?

We have produced and published 5 modality leaflets.

We set a target of a 10% increase in awareness of patients of the modality leaflets between the first and second surveys.

We conducted telephone interviews with a small sample of patients offered one of the five modalities shortly after the new leaflets were uploaded onto the Trust website and again in Quarter 4.

Unfortunately the survey results were poor with almost no patient recalling having seen a modality leaflet relating to the treatment they were receiving. We did however receive positive feedback about our general and departmental leaflets which were found to be helpful through the survey process.

As a result of these findings we have to report that we failed to achieve the objective that we set ourselves and are in the process of developing a plan with the Directorates of ways in which the Trust can promote the availability of the leaflets. This will include making leaflets available in paper format in the departments, notices on waiting room walls promoting the availability of leaflets and an awareness campaign for clinical staff to encourage them to use the leaflets as part of their treatment discussion and consenting

process. We will undertake further audits in 2012/13 to closely monitor progress.

Target 2

To increase the awareness of leaflets on treatment options as an aid to providing information about the range of treatments offered by the Trust using:

- i) Mystery Shopper approach
- ii) Straw Poll approach

Measure Overview

Feedback gathered from the annual patient survey, the Patient Advice and Liaison Service, the comments book and complaints has previously indicated that we need to produce information that is relevant and easily accessible to those who might need it. To demonstrate both ease of access and the readability of the information we produce, mystery shoppers accessed both electronic and physical copies of the treatment modality leaflets and rated how relevant, accessible and clear they were to use. Questions on the visual straw poll were set to gather additional information on the availability and accessibility of the leaflets. The information gathered from the mystery shoppers and visual straw poll approaches were used to make changes to the physical and electronic location of the information as well as the content of the leaflets, where appropriate.

How have we progressed?

We set two questions on the visual straw poll over the year and completed a mystery shop with the assistance of Camden Carers Centre. Feedback from the mystery shoppers indicated that the language used in the modality leaflets could be more accessible and paper copies of the leaflets should be available in addition to the electronic versions. The results from two separate visual straw polls found that almost half of the respondents had not seen the new leaflets on the different treatment types that we offer at the Trust. In response, we have changed the language and content order in the leaflets, distributed printed copies of the five modality leaflets to CAMHS and SAAMHS (Specialist Adolescent and Adult Mental Health Service) and ensured paper copies have been placed in all departmental waiting rooms.

Priority 4: Patient and Public Involvement

Patient and Public Involvement	
Targets 2012/13	2012/13
1. To demonstrate that issues (see below) raised at the stakeholder quality meetings that were held in 2011/12 have been taken forward by the Trust and result in quality improvements:	
a) Information available to patients/potential patients on treatment modalities	a) The telephone survey results from Q1 found that 12% of patients had seen the modality leaflets and felt these had supported their decision making processes. In Q4 3% of patients had seen the modality leaflets..
b) Process for consent for treatment	b) The case file audit results from Q2 found that 28% of SAAMHS files included a narrative on treatment options being discussed and 8% of CAMHS files included a narrative on treatment types being discussed. In Q4, the audit found that 30% of SAAMHS files and 20% of CAMHS files included a narrative on treatment options being discussed.
c) Arrangement for follow up at the end of assessment/treatment	c) In Q2, a patient survey in the main waiting room found that 100% of patients would like to be offered the option of follow ups. In Q3, a question was set on the visual straw poll and 83% of respondents indicated that they would like to be offered the option of a follow up. In Q3, a second survey in the three waiting rooms at the Tavistock Centre found that 82% of patients and/or the parents of our youngest patients would like to be offered the option of a follow up.
2. To hold at least three patient forums in 2012/13 on topics that have been suggested by the forum members and receive positive feedback from each.	Three talks were held on topics suggested from patients and previous attendees. Minutes were not taken of the talks but attendee evaluation forms recorded positive feedback.

We set the following targets for 2012/13:

Target 1

To demonstrate that issues raised at the stakeholder quality meetings held in 2011/12 have been taken forward by the Trust and result in quality improvements. Issues to be taken forward in 2012/13:

- i) Information available to patients/potential patients on treatment modalities (see target 1 above)
- ii) Process for consent for treatment
- iii) Arrangement for follow up at the end of assessment/treatment

Measure Overview

Last year (2011/12) we achieved our target of holding three stakeholder quality meetings with our patient and public representatives, governors and Non-Executive Directors (NEDs). In addition, we held two stakeholder meetings with governors specifically to discuss quality issues. We held these meetings to ensure that we established a forum for patient and public representatives, governors and NEDs to have a conversation around how we could improve the quality of our service and patient experience. We wanted a forum without a fixed agenda or preconceived questions but instead were guided by and open to the ideas and questions of our service users, governors, NEDs and potential users. From these three meetings three key areas were identified to take further into work in 2012/13.

How have we progressed?

We have achieved this target of taking forward three issues for quality and patient experience improvement. Firstly, to improve the information available to patients/potential patients on treatment modalities, we have changed the language in the treatment modality leaflets and distributed printed copies to the clinical departments and waiting rooms to make our information more widely accessible. Secondly, to improve the process for consent for treatment, we have undertaken two case file audits to see if treatment options were documented as discussed. The audits found that whilst the section on consent was being completed on the assessment form the section that asks clinicians to detail a narrative on treatment options being discussed was only completed in a small number of files. In response the PPI Lead has sent the results of the audit to the CAMHS and SAAMHS directors to request that they consider the findings and draw up an action plan to address the issues with incomplete record keeping in respect of consent. Thirdly, to arrange for follow up at the end of assessment/treatment, we have conducted two patient surveys and found that that the majority of patients would like to be offered the option of a fixed number of follow up sessions after their treatment has ended.

Target 2

To hold at least three patient forums in 2012/13 on topics that have been suggested by the forum members and receive positive feedback from each.

Measure Overview

Last year (2011/12) we achieved our target of holding three information and discussion group open to patients, Trust members and the general public. These meetings included various topics in therapy and included clinicians

from the Trust. These events were well received by those who attended, on the basis of the feedback forms received, with people suggesting topics for future meetings. We continued with this target and held three patient forums in 2012/13 on topics suggested by the forum members in 2011/12 and received positive feedback at each event.

How have we progressed?

We are pleased to report that we have achieved this target. During the year we have held three information and discussion group meetings on topics suggested by previous attendees. These were:

- 14th May 2012: Tavistock Adult Depression Study, led by Felicitas Rost and Hannah Ridsdale
- 19th Sept 2012: Access to Services for BME Groups, led by Trudy Klauber and Keith Mahon
- 12th March 2013: The Mind and Body Connection, led by Shirley Borghetti-Hiscock

At these meetings clinicians invited attendees to ask questions about specific topics and others in the group would facilitate these discussions by describing their own experiences and by sharing information. Positive feedback was received from those who attended and sessions and suggestions on the evaluation forms have been included in the future talks planned for 2013/14.

Quality Priorities for 2013/14

Our choice of quality priorities for 2013/14 has been based on wide consultation with a range of stakeholders over the last year. We have chosen those priorities which reflect the main messages from these consultations, focussing on measurable outcomes from our interventions, increasing access to health care information and finding novel and effective ways of increasing patient and public involvement in our service delivery and design.

Our clinical commissioners have played a key role in determining our priorities through review of the 2012/13 CQUINs targets and detailed discussion to agree CQUIN targets for 2013/14.

Our Stakeholders Quality Group has been actively and effectively involved in providing consultation on clinical quality priorities and indicators. This group includes patient, governor and non-executive director representatives along with the PPI Lead, Quality Reports and Standards Lead and the Trust Director.

Clinical Effectiveness (Clinical Outcome Monitoring)

Priority 1: Children and Adolescent Mental Health Service (CAMHS) Outcome Monitoring Programme

We have set the following targets, which also represent the CQUINs (see Glossary) targets we have agreed with our commissioners for 2013/14:

1. For 75% of patients (attending CAMHS who qualify for the CQUIN) to complete the Goal-Based Measure (GBM) at the Pre-Assessment stage (known as Time 1) and after 6 months or, if earlier, at the end of therapy/treatment (known as Time 2).
2. For 75% of patients who complete the Goal-Based Measure (GBM) to achieve an improvement in their score on the GBM, from Time 1 to Time 2, on at least 2 targets (goals).

Measure Overview

We will plan to use the Goal-Based Measure again this year, building on the knowledge we have gained in previous years, with patients previously referred to CAMHS. The Goal-Based Measure enables us to know what the patient or service user wants to achieve (their goal or aim) when attending our CAMH services and to focus on what is important to them.

As clinicians we want to follow this up to know if patients feel they have been helped to achieve their goals by particular interventions/treatments that we provide and to make adjustments to the way we work dependent on this feedback.

Monitoring our Progress

The Outcome Monitoring (OM) Tracking System has been updated in 2012/13 to make it more accessible for clinicians. The system that we now use identifies when patients and clinicians are due to be issued with outcome monitoring forms and provides a clear way to record and track when these forms have been completed.

We will plan to monitor our progress towards achieving our Outcome monitoring targets on a quarterly basis, providing reports to the Clinical, Safety and Governance Committee and the Board of Directors, as described in Part 1, and the Lead for Outcome Monitoring in the CAMHS will ensure that action plans are in place when expected levels of assurance are not achieved.

Priority 2: Adult Outcome Monitoring Programme

For 2013/14, we plan to focus on improving the return rate for the CORE forms at end of treatment, which going forward will allow us to evaluate the effectiveness of treatment, over a longer period of time.

As described in Part 2.1, the CORE Clinical Outcomes for Routine Evaluation system was designed to provide a routine outcome measuring system for psychological therapies. The 34 items of the measure covers four dimensions: *subjective well-being, problems/symptoms, life functioning and risk/harm.*

We have set the following target for 2013/14, which also represents the CQUINs (see Glossary) target we have agreed with our commissioners:

1. For the CORE outcome measures to be completed by at least 25% of patients over the age of 25, for those patients who have completed their treatment, attending at least one treatment appointment, on or after April 1st 2013 and on or before January 31st 2014.

Measure Overview

We plan to use the CORE form return rate again next year, continuing to build on the knowledge we have already gained from previous years, from patients referred to the Adult Service.

Monitoring our Progress

The Outcome Monitoring (OM) Tracking System has been updated in 2012/13 to make it more accessible for clinicians. The system that we now use identifies when patients and clinicians are due to be issued with outcome monitoring forms and provides a clear way to record and track when these forms have been completed.

We will plan to monitor our progress towards achieving these targets on a quarterly basis, providing reports to the Clinical, Safety and Governance Committee and the Board of Directors, as described in Part 1, where the Lead for Outcome Monitoring in SAAMHS will ensure that action plans are in place when expected levels of assurance are not achieved.

Priority 3: Access to clinical services and health care information for patients and public

Target

To increase the number of leaflets about specific treatment modalities from 8 to at least 12, including at least two leaflets written specifically by children/young people.

Measure Overview

To date we have developed eight leaflets in a new series of leaflets on the different treatment modalities we offer at the Trust. These leaflets were developed in response to feedback gathered from a range of sources including the Experience of Service Questionnaire, the Patient Advice and

Liaison Service, the visual straw poll and the mystery shopper project. We have sought feedback from patients, staff and visitors to the Trust on the modality leaflets; we have identified topics for the next sets of leaflets to be developed based on this feedback. In 2013/14 we will continue our commitment to improving both the quality and quantity of the information available to our patients and the public about the specific treatments we provide.

How we will collect the data for this target

1. To ensure the Trust has a minimum of 12 published treatment leaflets which will include 2 leaflets developed by and written for children/young people.
2. To demonstrate that 90% of mystery shoppers are able to access a leaflet relevant to their need including young people.
3. To modify leaflets content and availability in light of feedback from mystery shoppers.
4. To undertake a telephone survey of a sample of patients offered one of the treatment modalities (for which there is now a new modality leaflet) to ensure patients are aware of the leaflets and to assess satisfaction with the level of information provided in the leaflets to support choice and decision making when treatments are offered.
5. To audit a random selection of case files to identify if treatment options were documented as discussed.

Monitoring our Progress

We plan to monitor our progress towards achieving this target on a quarterly basis, providing reports to the Patient and Public Involvement Committee; Clinical, Safety and Governance Committee and the Board of Directors, as described in Part 1, where the Patient and Public Involvement Lead will ensure that action plans are in place when expected levels of assurance are not achieved.

Priority 4: Patient and Public Involvement

We have set the following measures and targets to monitor our performance during 2013/14:

1. To have a protocol in place on:
 - i) Payment of service users for participation on interview panels
 - ii) Selection and training of service users for interviews
 - iii) Training for staff on including service users on interview panels.

2. To continue to expand and promote Bid for Better and to target engagement with our younger members

Target 1

To have a protocol in place on:

- i) Payment of service users for participation on interview panels
- ii) Selection and training of service users for interviews
- iii) Training for staff on including service users on interview panels.

Measure Overview

Last year (2012/13) focus groups were held with parents and young people to develop new interview questions to ask staff at interviews for CAMHS posts. The attendees at the focus groups also expressed an interest in sitting on future interview panels at the Trust. There has been an increase in the amount of mental health trusts which include service users on staff interview panels and we intend to develop a policy on the inclusion of service users on Trust interview panels. We will ensure Trust policies are in place and an initial cohort of staff have been trained before we proceed to recruit, train and support service users to be involved on staff interview panels.

How we will collect the data for this target

1. To have developed a protocol for the payment of service users for participation on interviews.
2. To have developed a protocol, reviewed by service users, for the selection and training of service users for interviews panels.
3. To have trained 15 members of staff on working with service users on interview panels.

Target 2

To continue to expand and promote Bid for Better and to target engagement with our younger members

Measure Overview

The Bid for Better membership engagement project has been running for three years during which time there has been an increase in the number of applications we have received from community groups for funding to

support ideas to improve the patient experience, promote mental wellbeing and make our services more accessible. We are committed to continuing to expand the project to as wide an audience as possible but we also wish to engage more creatively with our youngest patients and members of the public to encourage bids and support them during the application process.

How we will collect the data for this target

1. To encourage bids from young members we will promote Bid for Better in the Trust's CAMHS waiting rooms and via the Young Minds blog and schools' websites.
2. To count the number of applications received. We will set a target of at least 10 applications of which 4 will demonstrate wider engagement and patient experience outcomes.

Monitoring our Progress

We plan to monitor our progress towards achieving these targets on a quarterly basis, providing reports to the Patient and Public Involvement Committee; Clinical, Safety and Governance Committee and the Board of Directors, as described in Part 1, where the Patient and Public Involvement Lead ensure that action plans are in place when expected levels of assurance are not achieved.

INSERT- Bid for Better (on this page)

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2.2. Statements of Assurance from the Board

For this section (2.2) of the Report the information is provided in the format stipulated in the Annual Reporting Manual 2012/13 (Monitor).

During 2012/13 The Tavistock and Portman NHS Foundation Trust provided and/or sub-contracted six relevant health services.

The Tavistock and Portman NHS Foundation Trust has reviewed all the data available to them on the quality of care in five of these relevant health services.

The income generated by the relevant health services reviewed in 2012/13 represents 87% of the total income generated from the provision of relevant health services by The Tavistock and Portman NHS Foundation Trust for 2012/13.

Participation in Clinical Audits and National Confidential Enquiries

During 2012/13 1 national clinical audit and 1 national confidential enquiry covered NHS services that The Tavistock and Portman NHS Foundation Trust provides.

During 2012/13, The Tavistock and Portman NHS Foundation Trust participated in 1 (100%) national clinical audits and 1 (100%) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that The Tavistock and Portman NHS Foundation Trust was eligible to participate in during 2011/12 are as follows:

- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness
- National Audit of Psychological Therapies

The national clinical audits and national confidential enquiries that The Tavistock and Portman NHS Foundation Trust participated in during 2011/12 are as follows:

- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

- National Audit of Psychological Therapies

The national clinical audits and national confidential enquiries that The Tavistock and Portman NHS Foundation Trust participated in, and for which data collection was completed during 2012/13, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

- National Confidential Inquiry into Suicide and Homicide by People with Mental Illness: Once case report was submitted (following a suicide) No homicide reports were submitted
- National Audit of Psychological Therapies: 169 cases submitted in 2012/13. This included 19 case files which were submitted as part of the retrospective discharged cases audit and 150 open cases which were included and submitted to receive a service user questionnaire by post or via their therapist. In addition, 73 of the therapist questionnaires were submitted.

The reports of [0] national clinical audits were reviewed by the provider in 2012/13 and The Tavistock and Portman NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided [not applicable].

The reports of 13 local clinical audits were reviewed by the provider in 2012/13 and The Tavistock and Portman NHS Foundation Trust has plans in place to improve care as a result of the learning from these audits;

Actions include:

- Improve record keeping for patients who attend groups in the adult service to ensure that they fully comply with the Trust's record keeping standards
- Continue to improve data accuracy for 'outcoming' of appointments (including DNA's)
- Ensure that Rio fields are completed accurately in relation to new cases, so that waiting times are calculated accurately
- Continue to promote the importance of good record keeping around consent for treatment (we have introduced new fields on the assessment form but these are not consistently completed)
- Promote awareness of the new modality leaflets to staff and increase availability of these for patients
- Continue to promote awareness of 'digital' impact on our patients by holding training sessions and seminars on assessing patients risk of

misuse of digital technology (e.g. on line gambling; gaming; virtual friendships etc.)

Participation in Clinical Research

The number of patients receiving relevant health services provided or sub-contracted by The Tavistock and Portman NHS Foundation Trust in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 9

The use of the CQUIN Framework

A proportion of The Tavistock and Portman NHS Foundation Trust income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between The Tavistock and Portman NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at: http://www.monitornhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowse/r/_openTKFile.php?id=3275 (To be added on 30.5.2013)

The total financial value for the 2012/13 CQUINs was £(number) and The Tavistock and Portman NHS Foundation Trust expects to receive £(number). (Data for table in the process of being validated, to be added later)

Registration with the Care Quality Commission (CQC) and Periodic / Special Reviews

The Tavistock and Portman NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is full registration without conditions, for a single regulated activity "treatment of disease, disorder or injury".

The Care Quality Commission has not taken enforcement action against the Tavistock and Portman NHS Foundation Trust during 2012/13.

The Tavistock and Portman NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

The Tavistock and Portman

NHS Foundation Trust

The Tavistock and Portman NHS Foundation Trust underwent an announced routine inspection in March 2013 and the findings were reported by the CQC in April 2013. The CQC made the decision to undertake an announced inspection due to the nature of the services that we offer. It was not possible for the CQC to observe therapy in practice so we arranged for the CQC to meet with a range of people including staff, Governors, Non- Executive directors and a member of the public who sits on the Patient and Public Involvement Committee. They also toured the facilities at the Tavistock Centre. The CQC inspected a total of 7 standards and confirmed that the Trust met each of these standards.

At the assessment the CQC looked for evidence of compliance with the following standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Requirements relating to workers
- Supporting workers
- Assessing and monitoring the quality of service provision
- Complaints

All standards which were assessed were found to be fully compliant with CQC requirements and the report did not contain any requirements or recommendations for the Trust.

A copy of the CQC's report on its inspection of The Tavistock and Portman NHS Foundation Trust is available from their website at www.CQC.org.uk

Information on the Quality of Data

The Tavistock and Portman NHS Foundation Trust did not submit records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This is because The Tavistock and Portman NHS Foundation Trust is not a Consultant-led, nor an in-patient service.

The Tavistock and Portman NHS Foundation Trust Information Governance Assessment Report overall score for 2012/13 was 87% and was graded green.

The Tavistock and Portman NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

Due to the nature of the services provided the Trust does not undertake clinical coding of the services/treatments it provides.

The Tavistock and Portman NHS Foundation Trust will be taking the following actions to improve data quality:

- Continue to build on and improve the data validation and sign off procedure for all data entries in this report.
- Having completed the provision of training on the Outcome Monitoring Tracking System for administrative staff, we will be providing training and support on this system for all clinical staff across the Trust including our outreach services where possible, to move towards a system of direct data entry by clinician which will remove an administrative step and thereby improve accuracy.
- Continue to conduct local audit testing of indicator data during the year and take specific actions to identify any risks, for example in the accuracy of DNA and waiting time data and use the results of these audits to develop targeted action plans to address weaknesses.

2.3. Report against a Core Set of Indicators

Only one of the indicators was relevant to the Trust namely, 'the percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as provider of care to their family or friends'. (Data for table in the process of being validated, to be added later)

INSERT- Outreach in Primary Schools (on this page)

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Part 3: Other Information

3.1. Quality of Care Overview: Performance against selected indicators

The quality metrics that we have selected to measure the performance of The Tavistock and Portman NHS Foundation Trust are incorporated within the three quality domains of patient safety, clinical effectiveness and patient experience. These indicators include those reported in the 2010/11 and 2011/12 Quality Reports along with metrics that reflect our quality priorities for 2012/13. In addition, we have highlighted other indicators outside of our priorities that the Trust is keen to monitor and improve.

Patient Safety Indicators

NHS Litigation Authority Level

Indicator	2010/11	2011/12	2012/13
NHS Litigation Authority Level		Level 2 achieved (Feb 2011)	

What are we measuring?

To ensure we are promoting patient safety the NHS Litigation Authority monitors the Trust on various aspects of risk management.

There are 50 standards to achieve covering the categories of governance, workforce, safe environment, clinical and learning from experience. Level 1 assesses that the policies around each standard are in place, level 2 ensures that processes around each policy are in place and level 3 ensures compliance with both the policies and processes for each of the individual standards.

In February 2011, the NHS Litigation Authority awarded the Trust a Level 2 for demonstrating compliance with its policies and procedures covering all aspects of risk management. This assessment is valid for three years.

Patient Safety Incidents

Indicator	2010/11	2011/12	2012/13
Patient Safety Incidents	54	69	30

What are we measuring?

The Trust monitors all incidents that compromise patient safety, which we also report to the NHS database National Reporting and Learning System.

The Trust has a low 'patient safety incident' rate due to the nature of its patient services, and 29 of the 30 incidents reported in 2012/13 were in the no harm/low harm category, and were therefore rated as suitable for no further action or for local review only. In 2012/13 one incident occurred that triggered an investigation under the Trust's serious investigation procedure.

Most of the reportable incidents relate to incidents of pupil behaviour which occurred in the Trust's Specialist Children's Day Unit, which is a school for children with emotional difficulties and challenging behaviour.

Monitoring of Adult Safeguards

Indicator	2010/11	2011/12	2012/13
Monitoring of Adult Safeguard Alerts	4	2	0

What are we measuring?

This measures the safeguarding of adults at risk, by identifying and reporting to Social Services under the 'Adults at Risk Policy' adults who are identified by the Trust as being at risk of physical or psychological abuse, and in need of input from Social Services. The importance of identifying these persons is continually highlighted to staff in the Trust through the implementation of various education and awareness initiatives, including mandatory training provided at the Trust In-Service Education and Training day and team meeting presentations, which promote the Trust's policy and procedure for Safeguarding Adults.

In 2012/13, no adult safeguarding referrals were made.

Attendance at Trust-wide Induction Days

Indicator	2010/11	2011/12	2012/13
Attendance at Trust Wide Induction Days	64%	89%	77%

Measure Overview

This measure monitors staff attendance at mandatory Trust-wide induction, which all new staff are required to attend, when they first join the Trust. The Trust schedules this induction event on a rolling basis to new staff at least three times a year. As part of this Induction, staff are provided with an introduction to the work of the Trust and introduction to the Trust's approach to risk management and incident reporting; health and safety; infection control, confidentiality and information governance; Caldicott principles; safeguarding of children and counter fraud awareness, to ensure that all new staff are able to provide a safe and good quality service to service users.

Targets and Achievements

When compared with last year's figure, it appears that the attendance rate has dropped significantly. However, this can be explained by the fact that due to small recruitment numbers the Trust only runs Trust induction three times a year (once each term) and in 2012/13 ten staff members started work after the last induction event which took place on 7th February this year. So, although they started work in the 2012/13 financial year, they won't have been able to attend the induction in February, but instead are scheduled to attend the induction taking place on April 24th. If these new members of staff are excluded from the data set then the percentage is increased to 87%

We will continue to monitor the attendance at mandatory training events, and aim to maintain at least this performance level.

Local Induction

Indicator	2010/11	2011/12	2012/13
Completion of Local Induction	39%	98%	95%

Measure Overview

The Trust provides all new staff with a local induction checklist in their first week of employment. This checklist needs to be completed within two weeks of commencing employment with line managers and a copy returned to Human Resources. This checklist is required by Human Resources to verify that the new staff member has completed their local induction.

This measure monitors the completion and return of the local induction checklist by new staff. The local induction process covers all local policies and procedures in place in individual service areas/directorates and ensures new staff are aware of all terms and conditions of employment, mandatory training requirements and arrangements in place locally that impact on working arrangements within the Trust.

Targets and Achievements

It is important that all new staff undertake a local induction with the appropriate manager, in order to ensure that staff are aware of policies and procedures that apply locally within their service area/directorate, and so that staff newly recruited to the Trust are able to provide a relevant, safe and good quality service to patients.

We are very pleased to report that we received 95% returned forms to show that the local induction had been completed by almost all of staff joining the trust in 2012/13.

Attendance at Mandatory INSET Training

Indicator	2010/11	2011/12	2012/13
Attendance at Mandatory INSET Training***	64%	92%	93%

*** Staff are expected to attend training every 2 years. In order to achieve this 100% attendance is expected over a 2 year period. Therefore, the figure reported shows the % of staff up to date with mandatory training at 31st March 2013.

Measure Overview

This measure monitors staff attendance at mandatory training. The Trust provides the main mandatory training through an In-Service Education and Training (INSET) day, which all staff are required to attend once every two years. During this training day, staff receive training updates in risk management and assessment, health and safety, infection control, confidentiality, equality and diversity,

information governance, safeguarding children and adults and fire safety.

Targets and Achievements

It is important that staff remain up to date with developments in each of these areas, to ensure that they are able to provide a safe and good quality service to service users.

Again, we are very pleased to report that 93% of our staff who were required to attend INSET training had done so within the previous 2 years.

Safeguarding of Children

Indicator	2010/11	2011/12	2012/13
Safeguarding of Children - Level 3 Training	88%	86%	82%

What are we measuring?

To ensure that as a Trust we are protecting children who may be at risk from abuse or neglect, the Trust has made it mandatory for all clinical staff in Child and Adolescent services and other clinical services working predominantly with children, young people and parents to receive Level 3 Safeguarding of Children training three yearly.

All staff receive level 1 training as part of mandatory INSET training.

In March 2013 82% of staff requiring Level 3 training had attended this training.

However, this figure will not have included those staff who had recently joined the Trust, who had yet to attend Level 3 training. The Trust has four level 3 training dates set for April, June, July and September 2013, and new staff have been targeted to attend this training together with other staff who are due an update.

We accept that a performance level of 82% is not as high as we wish to achieve in this important area and will be making efforts to ensure that during 2013/14 we achieve a level where 85% or more of staff have received up to date training for Level 3.

The Management Committee have approved a system of sanctions for any staff who persistently fail to attend mandatory training.

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Staff Survey

(Data is in the process of being validated, to be added later)

Infection Control

Although the Trust has no in-patient beds and does not provide the types of services which are associated with significant risks of infection, such as those provided by mental health hospitals with in-patient beds and services offering clinical tests and interventions in out-patients, we nevertheless take steps to maintain high standards of cleanliness in all parts of the building, and to reduce the risk of infections as follows:

- We have an Infection Control Policy and Procedures in place
- We employ our own dedicated cleaning staff who maintain all areas of the Trust that we directly manage
- All staff receive training on how to minimise the risk of cross infection (including hand washing) and what to do in the event of an inoculation injury as part of Trust induction and mandatory INSET training which is delivered to all staff.
- We have installed alcohol hand rub in appropriate locations throughout the service
- We have placed hazard waste spill kits in areas of likely/possible occurrence
- The Health and Safety Manager receives all Department of Health alerts about infection control and circulates these to relevant staff
- Annual flu inoculation is arranged for staff via the Occupational Health Service, and access to this service was promoted during the Autumn and Winter of 2012/13

There have been no reported infection control incidents in 2012/13

Clinical Effectiveness Indicators

Monitor Number of Staff with Personal Development Plans

Indicator	2010/11	2011/12	2012/13
Monitor number of staff with Personal Development Plans	82%	85%	84%

What are we measuring?

Through appraisal and the agreement of Personal Development Plans (PDP) we aim to support our staff to maintain and develop their skills. It also provides an opportunity for staff and their managers to identify ways for the staff member to develop new skills, so as to enable them to take on new roles within the organisation, as appropriate. A Personal Development Plan also provides evidence that an appraisal has taken place. In addition, the information gathered from this process helps to highlight staff requirements for training and is used to plan the Trust Staff Training Programme for the up-coming year.

The data collection period for Personal Development Plans takes place from January to March each year. However, it is important to note, as indicated above, that the staff group who have not completed a PDP include those staff who are on a career break or sick leave, new starters, or those who have not submitted their PDPs by the Trust deadline.

We will continue to monitor the return of PDP forms and implement actions to improve the percentage of forms returned to Human Resources by the deadline in March.

Range of Psychological Therapies

Over the years, the Trust has increased the range of psychological therapies available, which enables us to offer treatment to a greater range of patients, and to offer a greater choice of treatments to all of our patients. We have established expertise in systemic psychotherapy and psychoanalytical psychotherapy and continue to support staff development and innovative applications of these models.

Over the last year we have continued to strengthen our capacity to offer a range of interventions through a staff training and supervision programme. Examples of developments include support for training in Interpersonal Therapy (IPT) through which a number of staff across the Trust have completed practitioner level training and a smaller number have achieved supervisor status. We continue to offer specialist supervision and training in Cognitive Behaviour Therapy (CBT) for CAMHS staff and specialist supervision and training for CBT for Post Traumatic Stress Disorder for the adult and adolescent trauma service. An increasing number of staff have been trained in Eye Movement Desensitisation and Reprocessing (EMDR) for children with post traumatic stress disorders. In addition, a group of staff have been trained in Dynamic Interpersonal Therapy (DIT), now recognised as an approved treatment within the Improving Access to Psychological Therapies Programme. This innovative therapy was developed by a member of our staff in partnership with colleagues at the Anna Freud Centre, London. We continue to develop our work in a range of other models including, Family and Schools Together (FAST), Relationship Development Intervention (RDI) and Mentalisation Based Therapy (MBT).

Our priority for the coming year is to continue to train staff to increase their capacity to identify treatment choices, including a range of psychological therapies, for patients and to present the range of treatment options clearly so that patients are confident that they have been offered choices where appropriate. Patient choice is supported by increasing the range of leaflets describing treatment modalities on offer. Feedback through our Visual Straw Poll and an internal audit made it clear that patients were not readily accessing our range of leaflets; we therefore plan to make our leaflets more visible and widely available in hard copy and electronic formats

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Outcome Monitoring – Child and Adolescent Mental Health Service (CAMHS)

See Part 2.1 (Priority 1).

Outcome Monitoring – Adolescent and Young Adult Service

As mentioned in Part 2.1, we believe that it is essential to have robust and reliable systems in place for tracking and pulling together the information which tells us about the effectiveness of our work with patients. This is vital so that we can be assured of the quality of the data, for example, that it is accurate, complete and reliable. For this reason, this year we have prioritised the work to improve the OM System further which has been taking place over the course of the year. This means that we have made the decision not to report specifically on our routine Clinical Outcome Monitoring for the Adolescent and Young Adult Service.

Outcome Monitoring – Adult Service

See Part 2.1 (Priority 2).

Outcome Monitoring – Portman Clinic

For the reasons outlined above, specifically the work to improve the OM System further, we have made the decision not to report specifically on our routine Clinical Outcome Monitoring for the Portman Clinic.

Patient Experience Indicators

Complaints Received

Indicator	2010/11	2011/12	2012/13
Complaints received	10	9	16

What are we measuring?

During 2012/13 the trust received 16 formal complaints. These were all investigated under the Trust complaints procedure and a letter of response sent by the Chief Executive to the complainant. Of these, 4 complaints have been referred by the complainant to the Parliamentary Health Services Ombudsman. The Ombudsman has informed the trust that he is taking no further action on 2 of the 4, the other 2 remain under investigation by his office at the time of the report.

Of the 16 complaints 5 were upheld in part and 11 were not upheld

All 16 complaints raised issues about clinical care or the clinical process of care. They covered topics including the alleged breach of confidentiality, wait for treatment, accuracy of letter to GP; failure to be offered treatment; premature ending of treatment alleged misdiagnosis of a child; allegation that report contained fabricated contents.

No complaints were received that related to environment; car parking or other aspects of the patients non clinical experience.

We endeavor to learn from each and every complaint, regardless of whether it is upheld or not. In particular, each complaint gives us some better understanding of the experience of our services for service users, a critical contribution to all of our service development.

Specifically in 2012/13 we took some direct action as a result of receiving complaints this included: development and delivery of training to SAAMHS staff on writing letters to GP's after one complainant raised concerns that took much personal and provide information about his past life had been included in a letter. We also developed and delivered training relating to information to patients being offered treatment and the importance of offering information and details of choices open to a patient as part of the

consent process. We also promoted the importance of timely letters to GPs via our record keeping standards and made changes to wording on the trust website as a result of complaints feedback.

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Patient Feedback

Patient Experience

(Data is in the process of being validated, to be added later)

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Did Not Attend Rates

(Data is in the process of being validated, to be added later)

Waiting Times

(Data is in the process of being validated, to be added later)

Access to Services

The Trust continues to work to improve access to services. For example, in CAMHS, we run the CAR (Consultation and Resource) Clinic system, which provide patients with a greater choice for the times and locations of their appointments. The appointments are offered by phone allowing the administrators to ascertain if any further help is needed to facilitate attendance (such as wheelchair access, induction loops or interpreters). This has led to a decrease in the number of patients failing to attend their first appointments. Also in CAMHS we have provided nineteen primary schools, all secondary schools and special education services, based in Camden, with direct access to CAMHS clinicians, as well as clinicians based in several GP practices. We have also begun developing an Increased Access to Psychological Therapies for children and Young People (CYP IAPT) in Camden.

In SAAMHS, over the course of the year, clinicians from the Adolescent and Young Adult Service have seen adolescent patients at a health centre based in Haringey, but also in 2 secondary schools as part of the on-going Outreach in Schools service. The Adult Service also sees patients at St Ann's Hospital in Haringey and, in addition to offering appointments at the Tavistock Centre, has developed a pilot service in Hertfordshire where patients are seen in GP surgeries. The City and Hackney Service has developed a community project, in partnership with Spitalfields City Farm, for adult non-English speaking members of the community who suffer with persistent physical complaints, providing a non-traditional route for individuals to access mental health services.

INSERT- Straw Poll (on this page)

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3.2 Performance against relevant Indicators and Thresholds

The majority of the mental health indicators set out in Appendix B of the Compliance Framework are not applicable to The Tavistock and Portman NHS Foundation Trust, as the Trust does not provide services for which the indicators would apply and because the Tavistock and Portman NHS Foundation Trust is not a Consultant-led, nor an in-patient service. However, for the 'mental health identifiers' (NHS number; date of birth; postcode; current gender; Registered General Medical Practice organisation code, and Commissioner organisation code) the Trust meets, but typically exceeds, the 97% threshold for completeness of data.

The Trust complies with requirements regarding access to healthcare for people with a learning disability.

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Part 4: Annexes

4.1. Statements from our Clinical Commissioning Group (CCG), prior Local Involvement Networks (LINKs) Representative, Overview and Scrutiny Committee (OSC)

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4.2. Statement of Directors' Responsibilities in respect of the Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports (which incorporate the above legal requirements) and on the arrangements that Foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2012 to June 2013.
 - Papers relating to Quality reported to the Board over the period April 2012 to June 2013.
 - Feedback from the commissioners dated (tbc)
 - Feedback from governors received on (tbc)
 - Feedback from LINKs dated (tbc).
 - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009. (We have an annual complaints report dated May 2012 covering 2012/13, presented to the Board of Directors in May 2013. This report will be published in June 2013).
 - The 2012 national staff survey, received by the Trust in March 2013.
 - The Head of Internal Audit's annual opinion over the trust's control environment dated (tbc)
 - Care Quality Commission quality and risk profiles. [The Board does not receive the Quality Risk Profiles but has received assurance via the Clinical Quality, Safety and Governance Committee (CQSG) and via the Director of Corporate Governance and Facilities Report to CQSG that no issue had been highlighted for the period covering 2012/13].

- The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice; and
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board

NB: sign and date in any colour ink except black

.....Date.....Chairman

.....Date.....Chief Executive

Appendix – Glossary of Key Data Items

Black and Minority Ethnic Groups Engagement - We plan to improve our engagement with local black and minority ethnic groups, by establishing contact with Voluntary Action Camden and other black and minority ethnic community groups based in Camden.

Care Quality Commission – This is the independent regulator of health and social care in England. It registers, and will license, providers of care services, requiring them to meet essential standards of quality and safety, and monitors these providers to ensure they continue to meet these standards.

Clinical Outcome Monitoring - in “talking therapies” is used as a way of evaluating the effectiveness of the therapeutic intervention and to demonstrate clinical effectiveness.

Clinical Outcomes for Routine Evaluation -The 34 items of the measure covers four dimensions, subjective well-being, problems/symptoms, life functioning and risk/harm.

Commission for Health Improvement Experience of Service Questionnaire - This captures parent and child views related to their experience of service.

Commissioning for Quality and Innovation Payment Framework -This enables commissioners to reward excellence by linking a proportion of the Trust’s income to the achievement of local quality improvement goals.

Complaints Received - This refers to formal complaints that are received by the Trust. These complaints are all managed in line with the Trust’s complaints policy.

Did Not Attend Rates -The Did Not Attend rate is measured for the first appointment offered to a patient and then for all subsequent appointments. There is an 11% upper limit in place for the Trust, which is the quality standard outlined in our patient services contract.

The Did Not Attend Rate is based on the individual appointments attended. For example, if a family of three is due to attend an appointment but two, rather than three, family members attend, the appointment will still be

marked as attended. However, for Group Therapy the attendance of each individual will be noted as they are counted as individual appointments.

Did Not Attend rates are important to the Trust as they can be regarded as a proxy indicator of patient's satisfaction with their care.

Goal Based Measure- These are the goals identified by the child/young person/family/carers in conjunction with the clinician, where they enable the child/carer etc. to compare how far they feel that they have moved towards achieving a goal from the beginning (Time 1) to the end of treatment (either at Time 2 at 6 months, or at a later point in time).

Infection Control - This refers to the steps taken to maintain high standards of cleanliness in all parts of the building, and to reduce the risk of infections.

Information Governance -is the way organisations 'process' or handles information. It covers personal information, for example relating to patients/service users and employees, and corporate information, for example financial and accounting records.

Information Governance provides a way for employees to deal consistently with the many different rules about how information is handled, for example those included in The Data Protection Act 1998, The Confidentiality NHS Code of Practice and The Freedom of Information Act 2000.

Information Governance Assessment Report - The Trust is required to carry out a self-assessment of their compliance against the Information Governance requirements.

The purpose of the assessment is to enable organisations to measure their compliance against the central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

Where partial or non-compliance is revealed, organisations must take appropriate measures, (for example, assign responsibility, put in place policies, procedures, processes and guidance for staff), with the aim of making cultural changes and raising information governance standards through year on year improvements.

The ultimate aim is to demonstrate that the organisation can be trusted to maintain the confidentiality and security of personal information. This in-turn increases public confidence that 'the NHS' and its partners can be trusted with personal data.

Information Governance Toolkit - is a performance tool produced by the Department of Health. It draws together the legal rules and central guidance included in the various Acts and presents them in one place as a set of information governance requirements.

In-Service Education and Training / Mandatory Training - The Trust recognises that it has an obligation to ensure delivery of adequate and appropriate training to all staff groups, that will satisfy statutory requirements and requirements set out by the NHS bodies, in particular the NHS Litigation Authority and the Care Quality Commission Standards for Better Health. It is a requirement for staff to attend this training once every 2 years.

Local Induction - It is the responsibility of the line manager to ensure that new members of staff (including those transferring to new employment within the Trust, and staff on fixed-term contracts and secondments) have an effective induction within their new department. The Trust has prepared a Guidance and checklist of topics that the line manager must cover with the new staff member.

Monitoring of Adult Safeguards-This refers to the safeguarding of vulnerable adults (over the age of 16), by identifying and reporting those adults who might be at risk of physical or psychological abuse or exploitation.

The abuse, unnecessary harm or distress can be physical, sexual, psychological, financial or as the result of neglect. It may be intentional or unintentional and can be a single act, temporary or occur over a period of time.

National Clinical Audits - are designed to improve patient care and outcomes across a wide range of medical, surgical and mental health conditions. Its purpose is to engage all healthcare professionals across England and Wales in systematic evaluation of their clinical practice against standards and to support and encourage improvement and deliver better outcomes in the quality of treatment and care.

National Confidential Enquiries - are designed to detect areas of deficiency in clinical practice and devise recommendations to resolve these. Enquiries can also propose areas for future research programmes. Most confidential enquiries to date are related to investigating deaths and to establish whether anything could have been done to prevent the deaths through better clinical care.

The confidential enquiry process goes beyond an audit, where the details of each death or incident are critically reviewed by a team of experts to establish whether clinical standards were met (similar to the audit process), but also to ascertain whether the right clinical decisions were made in the circumstances.

Confidential enquiries are “confidential” in that details of the patients/cases remain anonymous, though reports of overall findings are published.

The process of conducting a national confidential enquiry process usually includes a National Advisory Body appointed by ministers, guiding, overseeing and co-ordinating the Enquiry, as well as receiving, reporting and disseminating the findings along with recommendations for action.

NHS Litigation Authority - The NHS Litigation Authority operate a risk pooling system into which trust contribute on annual basis and it indemnifies NHS bodies in respect of both clinical negligence and non-clinical risks and manages claims and litigation under both headings. The Authority also has risk management programmes in place against which NHS trusts are assessed.

NHS Litigation Authority Level - The NHS Litigation Authority has a statutory role “to manage and raise the standards of risk management throughout the NHS” which is mainly carried out through regular assessments, ranging from annually to every three years, against defined standards developed to reflect the risk profiles of the various types of healthcare organisations. Compliance with the standards can be achieved at three levels, which lead to a corresponding discount in contributions to the NHSLA schemes.

There are 50 standards to achieve covering the categories of governance, workforce, safe environment, clinical and learning from experience. Level 1 assesses that the policies around each standard are in place, level 2 ensures that processes around each policy are in place and level 3 ensure compliance with both the policies and processes for each of the individual standards.

Participation in Clinical Research - The number of patients receiving NHS services provided or sub-contracted by the Trust that were recruited during the year to participate in research approved by a research ethics committee.

Patient Feedback -The Trust does not participate in the NHS Patients Survey but conducts its own survey annually, as it has been exempted by the Care Quality Commission from using the NHS patient Survey, with the recognition that the nature of the services provided by the Trust differ to other mental health trusts.

There are various other methods used to obtain feedback from patients, including small scale surveys and audits (such as the Children's Survey, the Ground Floor Environment Survey, the Website Survey), the suggestions box, feedback to the PALS officer and informal feedback to clinicians and administrators.

Patient Forums /Discussion Groups – These meetings aim to increase the opportunities for patients, members and the public to obtain information, and to engage in discussions about topics, such as therapy - how it can help, and issues such as confidentiality. In turn, the feedback to the Trust generated by these meetings is used to improve the quality of our clinical services.

Patient Safety Incidents–This relates to incidents involving patient safety which are reportable to the National Patient Safety Agency database National Reporting and Learning System.

Percentage Attendance – The number of staff members who have attended the training or completed the inductions (Trust-wide and Local) as a percentage of those staff required to attend training or complete the inductions. Human Resources (Staff Training) record attendance at all mandatory training events and inductions using the Electronic Staff Record.

Periodic / Special Reviews - The **Care Quality Commission** conducts special reviews and surveys, which can take the form of unplanned visits to the Trust, to assess the safety and quality of mental health care that people receive and to identify where and how improvements can be made.

Personal Development Plans- Through appraisal and the agreement of a Personal Development Plan for each member of staff we aim to support our staff to maintain and develop their skills. A Personal Development Plan also provides evidence that an appraisal has taken place.

Range of Psychological Therapies - This refers to the range of psychological therapies available within the Trust, which enables us to offer treatment to a greater range of patients, and also offer a greater choice of treatments to our patients.

Return rate - The number of questionnaires returned by patients and clinicians as a percentage of the total number of questionnaires distributed.

SAAMHS - Specialist Adolescent Adult Mental Health Service. This includes the Portman Clinic, Adolescent and Young Adult Service and the Adult Service.

Safeguarding of Children Level 3 - The Trust has made it mandatory for all clinical staff from Child and Adolescent Mental Health Services and the Adolescent Directorate to be trained in Safeguarding of Children Level 3, where staff are required to attend Level 3 training every 3 years.

The training ensures that Trust staff working with children and young people are competent and confident in carrying out their responsibilities for safeguarding and promoting children's and young people's welfare, such as the roles and functions of agencies; the responsibilities associated with protecting children/young people and good practice in working with parents. The Level 3 training is modeled on the core competencies as outlined in the 'Safeguarding Children and Young People: Roles and Competencies for Health Care Staff' (Intercollegiate Document 2010); Working Together to Safeguard Children, 2010; the London Child Protection Procedures 4th Ed., 2010; NICE Clinical Guidance 2009: 'When to Suspect Child Maltreatment'.

Specific Treatment Modalities Leaflets - These leaflets provide patients with detailed information on the different treatment modalities offered by the Trust, to facilitate patients making informed choices and decisions about their treatment.

Stakeholder Quality Meetings - These include consultation meetings with stakeholders (Patient and Public Involvement representatives), Non-Executive Directors and a Governor, and the separate meeting with governors. The purpose of these meetings is to contribute to the process of setting quality priorities and to help improve other aspects of quality within the Trust.

Time 1 - Typically, patients are asked to complete a questionnaire during the initial stages of assessment and treatment, prior to their first appointment.

Time 2 - Patients are again asked to complete a questionnaire at the end of assessment and treatment. The therapist will also complete a questionnaire at Time 2 of the assessment and/or treatment stage.

Our goal is to improve our Time 2 return rates, which will enable us to begin to evaluate pre- and post- assessment/treatment changes, and provide the necessary information for us to determine our clinical effectiveness.

Trust-wide Induction – This is a trust-wide induction event for new staff, which is held 3 times each year. All new staff (clinical and non clinical) receive an invitation to the event with their offer of employment letter, which makes clear that they are required to attend this induction as part of their employment by the Trust.

Trust Membership - As a foundation trust we are accountable to the people we serve. Our membership is made up of our patients and their families, our students, our staff and our local communities. Members have a say in how we do things, getting involved in a variety of ways and letting us know their views. Our members elect governors to represent their views at independent boards where decisions about what we do and how we do it are made. This way we can respond to the needs of the people we serve.

Waiting Times - The Trust has a policy that patients should not wait longer than 11 weeks for an appointment from the date the referral letter is received by the Trust to the date of the first appointment attended by the patient.

However, if the patient has been offered an appointment but then cancelled or did not attend, the date of this appointment is then used as the starting point until first attended appointment.

The Trust monitors waiting times on an on-going basis, seeking to reduce the length of time that patients have to wait, especially beyond eleven weeks. A list of breached first appointments is issued at the end of each quarter for each service, together with reasons for the long wait and, if appropriate, the actions to be taken to prevent recurrence.

Bid for Better



What is the project?

Bid for Better funds activities and equipment which improve the patient experience, promote mental wellbeing and improve access to our services. Awards of up to £250 are made available and all bids received by the deadline are reviewed by a Panel of staff, governor and patient representatives. This process occurs on an annual basis.

Who is the service for?

To be considered for funding the bid must be from a Member of the Trust and should benefit two or more patients / service users.

Outcomes

Last year six bids were awarded funding:

- The transformation of a concrete area at the Brunel Family Centre in Westminster into a vegetable and flower garden;
- The creation of an enchanting wall mural in the Child and Family Department waiting room by the artist Jennifer Camiller;
- The setting up of a Patient Emergency Fund;
- A donation to the Santé Refugee Befriending Project to support refugee and asylum seekers to access our services;
- Slippers for the pupils at the Tavistock Children's Day Unit;
- The introduction of new throws, cushions and rugs into the therapy rooms of the Child and Family Department and the Adolescent Department.

“ Therapists and patients were pleased to return from the summer holidays to find their rooms spruced up and looking more cared for ”

“ It has provided much pleasure for the children and families that have participated in the activities offered. ”

“ The mural has really changed the feeling of the room. ”

“ I thought I was not worth anything but Santé's Befriender lifted me up. He showed me I was wrong and that help was possible. ”



What is the service?

Children's Centres play a central role in the government's drive to improve outcomes for all young children, and in reducing the inequalities in outcomes between the most disadvantaged children and the rest.

Who is the service for?

In Camden 15 Children's Centres (CC) have been organised across 5 distinct localities to cover the entire borough and population of under 5's, targeting the needs of families with children from conception up to the age of 5 years.

Outcomes

Experience of Service Questionnaire: 95% of service users used the highest positive rating on the CHI-ESQ where negative responses on the evaluation of services were accountable for only 4% of the data.

Beck Anxiety Inventory: Five out of six service users showed an improvement from time 1 to time 2 on their BAI scores.

Beck Depression Inventory: matched pairs were obtained for the BDI, all scores showed an improvement from time 1 to time 2.

“ Everything was really good. I don't have words to say how much you and all the people from Camden helped. I thought that in the world there weren't people like that anymore. I'm so happy with the help, I'm a new person with a new life.”

“ Everyone worked together to get things done effectively ”

“ I can now call myself a good parent ”

“ I found the strategies for problem solving, the parenting pyramid and being able to get advice on all parenting issues helpful I liked the warmth and help from the teachers and problem solving through examples ”

Fitzjohns Unit



What is the service?

The Fitzjohns unit is a specialist service that offers a treatment approach specifically tailored for adult patients with personality disorders and other severe and enduring mental health problems.

Who is the service for?

Patients treated in this service do not fit a single diagnostic group, but display and suffer from a variety of complex mental health problems. They often experience major breakdowns in relationships, work and education. Often the patients who come to this particular service are regarded as being "hard to help" and have difficult or anxiety-provoking relationships with other services and community mental health teams.

Outcomes

Reduce the demand on local services; decrease frequency and duration of hospital admissions; reduce self-harming and self-sabotaging behaviours; help patients to develop a capacity to tolerate and reflect on their emotions and to better manage relationships, and to improve the overall quality of their lives.

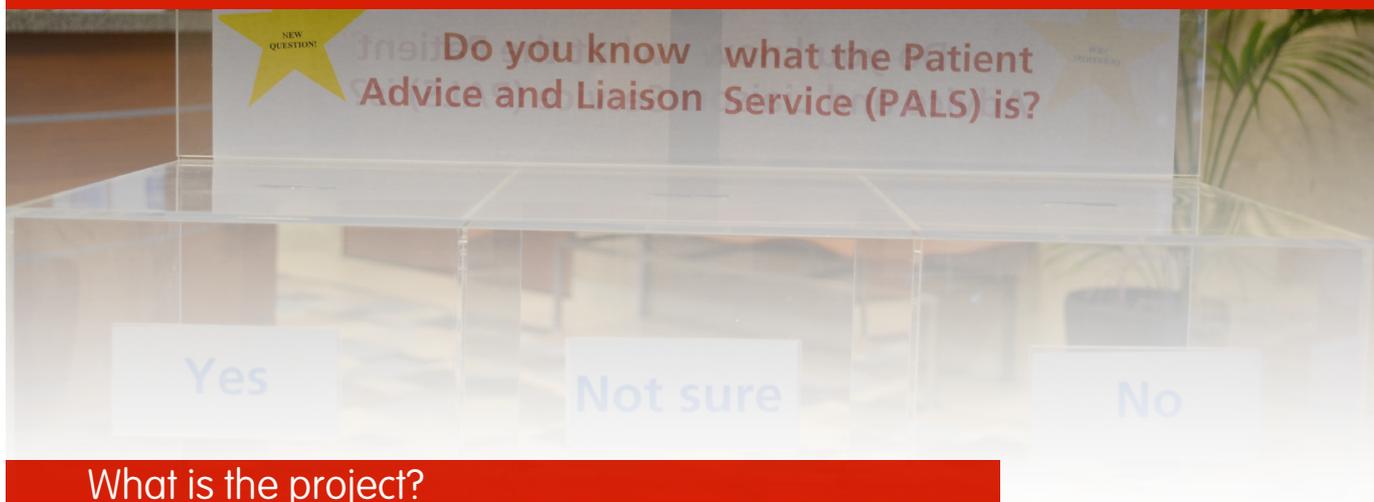
For patients who returned the ESQ (Experience of Service Questionnaire), 80% of those in treatment responded 'certainly true' to the question 'The people here know how to help me'.

“ I was really listened to and felt I was given the choice as to which treatment would be the best ”

“ The doctor who assessed me was thoughtful, kind and insightful ”

“ The service I received was excellent, from all the individuals I have spoken to in connection with the visit. ”

Visual Straw Poll



What is the project?

The Trust is keen to provide the best services possible and one way of doing this is to hear how people would like to see services delivered. Our visual straw poll is located opposite main reception at the main entrance to the Tavistock Centre. We are always looking for ways to get feedback regarding our services and facilities and this is a fun and easy way for individuals to provide this feedback.

Who is the service for?

The poll is an opportunity to gather feedback on specific things such as patient involvement in the planning and care of treatment, the range of leaflets available in the waiting rooms and information of the type of therapy being offered. The poll is a method of gathering feedback from patients, their families, staff, trainees, Members and visitors alike.

Outcomes

Response to the question 'Would you like to be offered the option of a follow-up after your therapy has ended?'

83% answered yes

"There should be a support system in place for patients both during and after therapy."

In response, the Quality Stakeholders Group recommended a more extensive follow up survey take place in the Trust to ascertain whether patients would like to be offered follow up sessions, how many and at what point after their treatment ended.

“ Excellent service– a real life saver! ”

“ Very friendly and welcoming and I was sorted very quickly. ”

“ It's good to see colours and pictures. I would like to see ever more of it. ”

“ Excellent paintings, fascinating to look at. ”

Outreach in Primary Schools



What is the service?

The service works closely with teachers and education staff helping them to think through concerns or difficulties with pupils or class groups. It helps them to understand the underlying meaning of pupil behaviour, identify more easily children who are at risk and feel more confident about worrying pupils.

Who is the service for?

This service is based in a number of primary schools in the London Borough of Camden in areas of long-term deprivation and disadvantage working with children and their parents where other interventions have not helped or have not helped enough. There is often a worry that these difficulties will impact significantly on children's capacity to learn and develop in an ordinary way.

Outcomes

This service has been shown to improve outcomes for children, families and teaching staff as follows:

Children are better able to: manage their worries and difficult feelings; learn in the classroom; manage their relationships with other children; stay out of trouble at school. Parents are better able to understand and support their children. Teachers and education staff are better able to understand their pupils difficulties and concerns.

“Has been a huge improvement in her behaviour, especially with regards to keeping safe”

“Behaviour is very good and he listens and works very well”

“Huge confidence improvement”

Board of Directors : April 2013

Item : 12

Title : CQC Inspection Visit March 2013

Purpose:

The purpose of this report is to provide feedback to the Board on the CQC routine inspection visit that took place on March 2013.

The Board of Directors is invited to accept the assurance of the CQC that the trust remains fully compliant with the Essential Standards.

The feedback report has been reviewed by the following Committees:

- Corporate Governance and Risk Workstream April 2013

This report focuses on the following areas:

- Patient / User Experience
- Regulation compliance
- Quality and safety and clinical care

For : Noting

From : Ms Pat Key, Director of Corporate Governance

CQC Routine Inspection 2013

1. The CQC conducted an announced inspection of the Tavistock Centre on March 13th 2013. The inspectors explained that it was extremely unusual for inspections to be announced but, due to the fact that it would not be possible for the inspectors to observe the delivery of care for themselves and that speaking to patients would be difficult to arrange, we were invited to set up a series of meetings with staff, governors and others so that the inspectors could gather evidence of compliance with standards.
2. At the inspection a total of 7 standards were assessed and we are delighted to say that we were found to be fully compliant with all standards, see below:

Tavistock and Portman NHS Foundation Trust

The Tavistock Centre, 120 Belsize Lane, London, NW3 5BA Tel: 02074357111

Date of Inspection: 13 March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

3. The inspectors met with a range of people during their visit, including staff, governors and a member of the public who is on the Trust's PPI committee. They toured the building and visited the Portman Clinic. They were interested in the front reception and in particular our 'visual straw poll' boxes and comments book which they read through.

4. All staff who met with them reported back that it had been a positive experience and they found the inspectors interested in what they did. We used the completed CQC judgement framework document as a core part of the preparation for each of the staff members who met with the inspectors so they felt fully up to date with requirements and what evidence we have that shows compliance.
5. The CQC have to provide reasons for their judgements and some of these are shown below by way of illustration. The full report will be available via the Trust's website from the end of April when it will be published by the CQC.

Extracts from the CQC Inspection Report

People expressed their views and were involved in making decisions about their care and treatment. When people first attend the trust a discussion is held to determine whether the model of care offered by the trust is the right one for them. At this stage, some people decide that they do not want to engage in the treatments offered by the trust.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The trust has a patient and public involvement committee that has representatives from the community, including patients, governors and the public. This committee meets regularly and has developed a number of strategies to gather the views of people who are using the service.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the assessment summary that was completed when people began receiving treatment at the trust. This included sections on the person's history and why they were accessing the service. This was then used to develop a plan for the person. In some cases this involved setting individual goals with the person, which could then be monitored through the process. Once a plan was set the person was then asked to consent to the plan.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The trust had systems in place to ensure staff were supported in their roles. When we spoke with staff they described to us how they received regular line management and clinical supervision, had weekly professional team meetings, and could refer concerns to a more senior member of staff should this be required. In the 2012 National NHS staff survey 51% of staff responded that there was good communication between senior management and staff. This was better than the national average for mental health / learning disability trusts, which was 30%. Staff we spoke with told us they felt supported in their roles.

Ms Pat Key
Director of Corporate Governance and Facilities
22 April 2013

Board of Directors : April 2013

Item : 13

Title : Annual Complaints Report : Patient Services

Purpose:

The purpose of this report is to provide a summary of the formal complaints received by the Trust in 2012-13 and to identify any lessons learned from these complaints.

The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance, that complaints have been managed in line with NHS requirements.

This report has been reviewed by the following:

- Corporate Governance and Risk Workstream Committee 17th April 2013
- Patient Safety Workstream Lead
- Management Committee 18th April 2013

This report focuses on the following areas:

- Patient / User Experience

For : Noting

From : Dr Matthew Patrick, Chief Executive

Annual Complaints Report

1. Introduction

The Trust has a Complaints Policy and Procedure in place that meets the requirements of the Local Authority and NHS Complaints (England) 2009 Regulations. As in previous years the number of formal complaints received by the Trust in 2012-13 remains low at 16, however this number is a significant increase on the numbers received in previous years

This short report summarises the complaints received in the year, and the lessons learned from this important form of patient feedback

2. Formal complaints received

Year	2009-10	2010-11	2011-12	2012-13
No of formal complaints	10	10	9	16

During 2012/13 the Trust received 16 formal complaints. These were all investigated under the Trust's complaints procedure and a letter of response was sent by the Chief Executive to each complainant.

During 2012-13 patients referred a total of 7 complaints to H M Ombudsman compared to just one in 2011-12 (see section 7 below).

3. Complaints by Directorate

Directorate	number of complaints
CAMHS	7
SAMHS	9

4. Complaints Upheld

Upheld in full	Upheld in part	Not upheld
0	5	11

5. Topics of Complaints

All 16 complaints raised issues about clinical care or the clinical process of care. They covered topics including: the alleged breach of confidentiality; wait for treatment; accuracy of letter to GP; failure to be offered treatment; premature ending of treatment; alleged misdiagnosis of a child and allegation that a report contained fabricated contents.

No complaints were received that related to environment; car parking or other aspects of the patients non- clinical experience.

6. Lessons learned

The elements of the complaints which were upheld are summarised in the table below together with actions taken/lessons learned

Topic	What was upheld	Action/Lessons learned
GP letter	That the contents of a GP letter contained too much personal and sensitive information about a patient	A teaching session on writing letters for GP's was prepared and delivered to all SAAMHS staff
Website	A statement about patient information on the website was misleading	This statement was amended and a review carried out by the Caldicott Guardian of all statements relating to patient information on the website was completed.
Information on child's progress	Accepted that there was a delay in informing the GP of progress	Raised awareness of record keeping standards which includes guidance on how often a GP should receive an update
Group therapy	The way in which termination of the group was handled which the patient found difficult, the Trust accepted that transition could have been handled better so as to reduce uncertainty for the patients	Issues were discussed in team meetings. The patient has been offered and has accepted a place in a new group
Consent for treatment	Patient was taken into treatment with insufficient information as to what to expect	A training session of the principles and practice of consent for treatment was delivered to SAAMHS staff, assessment paperwork has been amended to include

Topic	What was upheld	Action/Lessons learned
		specific questions about care planning, information to patient and patient consent for treatment
Engagement of adolescent in sessions	Accepted that the therapist did not give the impression to the adolescent that he was fully engaged with the session, though this was an impression as the therapist had in fact been listening intently to the patient	

7. Parliamentary Health Service Ombudsman (PHSO) Investigations

During 2012-13 a total of 7 patients referred a letter of complaint to PHSO. Of these 4 relate to complaints received and investigated in 2012-13, the remaining 3 are from previous years. These are summarised in the table below:

Date of original complaint	Topic	Actions taken by PHSO	Status at 31.3.13
(Adult) 2011-12	Dissatisfaction with treatment	Investigated by PHSO, with Advisor appointed Trust asked to take further action to try and conclude complaint 27.03.2013. Letter from Chief Executive and Clinical Director to patient c.c. Ombudsman, attempting fuller explanations of the clinical decisions that were made	OPEN at 31.3.13
(Adult) 2006-2008	Dissatisfaction with treatment	no investigation by PHSO following review of Trust file	CLOSED
(C and F) 2010-11	Dissatisfaction with compliant investigation	no investigation by PHSO following review of Trust file	CLOSED
(Adult) 2012-13	Dissatisfaction with treatment	no investigation by PHSO following review of Trust file	CLOSED
(Adult) 2012-13	Unhappy at not being offered treatment	no investigation by PHSO following review of Trust file	CLOSED

Date of original complaint	Topic	Actions taken by PHSO	Status at 31.3.13
(C and F) 2012-13	Alleged Misdiagnosis of child	Referred to PHSO in Feb 2013 PHSO seeking advice from a clinical adviser	March 2013 OPEN with PHSO
C and F 2012-13	Contents of report prepared in context of child protection proceedings	Referred to PHSO in Feb 2013 Internal investigation : NOT UPHOLD Assessment undertaken/Report prepared in accordance with referral from Haringey Legal Services, following a Court Order	March 2013 OPEN with PHSO

8. Next steps

The Management Committee noted that whilst complaint numbers are still low there has been a significant increase in numbers between previous years and 2012-13. In the light of this the Management Committee have agreed that the executive team of each directorate will meet to discuss the complaints picture for their directorate and consider whether any general lessons can be drawn from this. The two Clinical Directors will report back to the Management Committee in June 2013.

Dr Matthew Patrick
Chief Executive
April 2013

Board of Directors : April 2013

Item : 14

Title : Education and Training Report

Purpose:

To set out how the Dean and Education and Training Executive are planning to begin the implementation and delivery of the new strategic vision for education and training that has been developed over the past year.

This report focuses on the following areas:

(delete where not applicable)

- Quality
- Risk
- Finance

For : Discussion

From : Malcolm Allen, Dean of Postgraduate Studies

FROM STRATEGIC DIRECTION TO STRATEGIC DELIVERY

Education and Training Report: April 2013

1. Introduction

- 1.1 Throughout 2012/13, the Dean and the Education and Training Executive have been shaping a new and ambitious direction of travel for education and training at the Trust.
- 1.2 This strategic vision recognises and draws on the traditional strengths of the Trust in this area, but also seeks to develop a more connected relationship with the changing health and social care landscape: to be more externally-facing, relevant, addressing the needs of the changing workforce, accessible and tangibly enhancing professional development for individuals.
- 1.3 It is also about increasing the profitability of these activities for the Trust as we continue to face significant financial challenges in the coming years.
- 1.4 As well as articulating this strategic vision in the document *Our Ambitions for Education and Training*, we have defined a set of transformational strategic tasks to turn that vision into reality over the years ahead. I set out those transformational tasks in the last report and the summary and timetable presented then are included here as **Appendix 1**.
- 1.5 This report signals the fact that 2013/14 will be the year of beginning the delivery of this new strategic vision focusing on these strategic tasks. It outlines our approach to this work and refers to some of the challenges and risks entailed. The revised summary and timetable is included as **Appendix 2**.

2. Context and constraints

- 2.1 The most important context has been and remains the general economic climate that underpins the pressures currently engulfing the higher education sector, and from which the Trust is not immune.
- 2.2 Some indicators of the impact on the Trust are as follows:
 - A significant fall in Year 1 enrolments for the previous academic year, i.e. between 2010/11 and 2011/12 (9.5% like-for-like), which

has worked through in terms of Years 2 Plus enrolment figures for 2012/13.

- A falling conversion rate from applications to enrolments over the last three years:
 - 95% in 2010/11
 - 75% in 2011/12
 - 56% in 2012/13.

- An increase over the last two years of our non-continuation (drop-out) rate (though slight improvement for this academic year):
 - 9.3% for 2010/11
 - 15.2% for 2011/12
 - 14.4% for 2012/13.

Note: the UK average non-continuation rate (across all degree levels) was 8.6% for 2012/13.

- The combined factors of lower Year 1 enrolments for 2011/12 and a non-continuation rate of 14.4% have led to a relatively significant drop in overall Years 2 Plus enrolments (16.3%) for 2012/13.

2.3 However, this trend was mitigated by a successful marketing campaign with a significant increase in applications for 2012/13 (46% on previous year) and a resultant increase in Year 1 enrolments (9% like-for-like). This was despite the lower conversion rate. This meant that income on long courses improved a little on last year's actuals (2.2%) though still fell short of target (by 3.6%).

2.4 Therefore, all in all, our degree-level courses have been weathering this storm relatively well so far, though the challenges remain significant. Also, the figures above reflect the aggregate position and disguise large variation between courses.

2.5 Apart from the general economic climate, the reduction in public expenditure together with NHS productivity savings is likely to have provided additional impact, particularly on employer's support for training. This is likely to have featured heavily in the significant decrease in the success of our short courses and conferences for the year (a decrease of 34.1% in income).

2.6 There is also a sense, within the CAMHS and SAAMHS directorates, that the impact of our own productivity programme may have had

an impact on the investment of time and energy from our staff in short course and conference activity. This area of our work is largely dependent on people devoting their time and interest over and above their normal commitments, and it is this 'margin' that has been severely under pressure last year. It also remains a significant challenge for this year.

2.7 Another significant factor is the year-on-year decline in Higher Education Funding Council for England (HEFCE) funding. The figures below are numbers dependent but nevertheless give an indication of the trend:

- £767,520 in 2010/11
- £663,627 in 2011/12
- £642,207 in 2012/13.

2.8 Nevertheless, there are significant opportunities for the Trust if we can successfully undertake the transformational strategic work that we have identified (see section 4 below).

OUR TRANSFORMATIONAL STRATEGIC TASKS

3. Articulating and developing the vision

3.1 The board meeting in January agreed the document Our Ambitions for Education and Training as a first iteration of our new strategic direction.

3.2 We have begun a process of consultation with staff and students around this document. Interestingly, the reaction from the Trust's Clinics Committee was the polar opposite from that of the Board. The Board broadly considered that the document was a useful, if slightly anodyne, statement of our strategic vision. By contrast, the Clinics Committee, whilst not disagreeing with any particular element of the document, felt that the scale of its ambition was unachievably high and needed to be radically pared down. The Education and Training Executive believes that this is a realizable vision, but the discussion is a marker of the work that needs to be done and the leadership required to make it happen.

3.3 The statement is now on the website, and we are embarking on an exercise of consultations with students. We have decided not to attempt a second iteration until early 2014, focusing instead on taking forward the substance of the document.

4 The market context

- 4.1 The size of the UK workforce that the Trust has identified as its target constituency (health, mental health, adult and children's social care, education and criminal justice) is huge: altogether just under 4 million people, representing 13% of all employment in the UK. The reality is that the Trust seeks to have a more focused relationship with more specific sub-sectors within that overall sector, but even here we are probably talking about a potential constituency of at least 1 million.
- 4.2 This workforce is facing a new raft of challenges and development needs, for example:
- Changing work patterns (demand for highly skilled individuals growing)
 - Redesign of existing roles (increasing integration and personalisation of care requiring professionals to adopt new roles and responsibilities that have a mix of health and social care competencies)
 - Sources of informal care are shrinking while future demand from older people expands (with 'care gap' placing additional pressure on formal health and social care services)
 - Changing technologies and new models of care will have a significant impact on workforce (hard to predict impact on different professional roles)
 - Various elements of attractiveness of working in health and social care sector under threat (public respect, job security, etc.).
- 4.3 We believe that the Trust can make a significant contribution to meeting the contemporary development needs of this workforce if we can provide a modern, relevant curriculum, that is rooted in the Trust's strengths.
- 4.4 The opportunities that exist for international expansion are also massive. The increase in overall global demand for higher education continues apace, driven largely by middle-income countries moving towards knowledge-based economic growth, including the BRIC countries.
- 4.5 This remains an area in which the Trust has made little impact to date. A Higher Education Policy Institute report (2009) stated that postgraduate sector had increased by 12% between 2002/03 and 2007/08. The big driver of growth had been from overseas students: 50% of masters' students and 44% of doctoral students were from overseas. UK postgraduate students had only increased by 3% in

that period. By contrast, overseas students form around 3% of the Trust's student intake.

- 4.6 Also, in 2009/10, for the first time, there were more overseas students undertaking UK courses overseas than came to the UK to study: transnational education (TNE). This is widely regarded as a significant global growth opportunity for UK higher education and includes various forms of distance learning.

5 Reshaping and renewing the portfolio

- 5.1 Our largest transformational task by far is the reshaping and renewing of our degree-level training portfolio ready for delivery in the academic year 2014/15. But this means the work needs to have been done by autumn 2013 to start to market the new curriculum.
- 5.2 It is unlikely that we will do everything we want to do in one hit and this large-scale overhaul may be a two-year process (and, of course, will be an on-going process beyond that). However, it is crucial that the curriculum for 2014/14 will be a significantly and perceptibly 'new look' portfolio.
- 5.3 The reshaping of the curriculum will also go hand in hand with the introduction of modularity and a change to the structure of the term. An in principle decision has now been taken to introduce a slightly shorter third term.
- 5.4 The scale and technical demands of this project is such that we have decided that we need to commission some project consultancy to help us drive it forward. There are two dimensions to this consultancy work.
- 5.5 The first is some help with the extensive and quite technical work involved in the process of modularisation and course reconfiguration. This process will be led by the two Associate Deans working with a consultant. The second relates to the development of the international and e-learning strategies as referred to in the next section.

6 E-learning and international strategies

- 6.1 A draft development plan for e-learning has been written and is being considered by a special group meeting on 23 April that includes two non-executive directors. However, these plans are still not based on a fully developed business strategy in turn based on an alignment of product development with a sophisticated market

analysis. There is still a large amount of guesswork behind our plans¹. A verbal report from the meeting will be given to the Board.

- 6.2 We have decided that to take our business development on to a different level, we need some focused assistance. To that end, we have decided to commission a brief consultancy designed to help us develop both our e- and blended learning business strategy and our broader international strategy (focused on overseas student recruitment).
- 6.3 Some of the components of an international strategy have begun to take shape, e.g:
 - 6.3.1 Discussions with course organisers on building on existing initiatives or contacts, e.g. in India and China
 - 6.3.2 Development of our overseas visitors' programme
 - 6.3.3 Discussions with other HEIs on use of overseas student recruitment agencies.
- 6.4 However, it is clear that the first job needs to be the development of product that is suitable for an international market. Part-time courses based largely on work-based discussions (our typical product) are not appropriate for overseas students who are likely to want, e.g. one-year, full-time taught courses. This needs to be a focus of the portfolio review.
- 6.5 I am also keen that we develop an international strategy that is not simply synonymous with overseas student recruitment. I would like to see an internationalisation strategy genuinely based on the special contribution the Trust can make to mental health and well-being at a global level. To do this, we need to explore international partnerships in countries where we can make a difference. I am expecting that the consultancy will help us fast-track some of this work.

7 Student relationship management across the student journey

- 7.1 In the January report, I referred to the need for a retention and progression strategy (6.5). However, this was not then included in the table of major transformational tasks under long-term strategy (section 11).

¹We are not entirely alone in this. An authoritative 2010 report *Study of Online Learning* (university of oxford) concluded: "While some institutions have a good understanding of the aspirations of their ODL students, the availability of more market intelligence in this area would be of benefit across the sector."

- 7.2 The reality is that there are interlinked stages of activity across all stages of the student's journey that together have a significant impact on our enrolment levels. These all need major attention over the coming weeks and months and will be a major focus of the work of the new Associate Director.
- 7.3 Over the last year, working closely with the Commercial Unit, we have worked hard, with good results, on marketing (or, at least, the first part of the marketing equation). However, equal attention now needs to be focused on the later stages. The interlinked stages are:
- **Marketing:**
 - First part: attracting initial interest, driving people to the website for further information
 - Second part: holding and building on that interest through the website, resulting in enquiries (pointing to the need for a newly designed website, now underway)
 - **Enquiries:** from initial enquiry to application
 - **Conversion:** from application to enrolment
 - **Retention and progression:** from enrolment onwards
 - **Building and nurturing an alumni network:** our future ambassadors.
- 7.4 The enormous progress made in our marketing operation will be detailed in a report from Commercial Unit in May. Despite the weaknesses of our current website, we achieved a 45% increase in the number of applications received for 2012/13 over the previous year. We are now agreeing a detailed operational plan with the Commercial Unit for 2013/14 and are confident this will yield good results in terms of enquiries and applications.
- 7.5 However, the success of marketing highlights even further the failings of our systems and approaches in these later stages. Because we don't have a proper enquiries system, we don't even know the number of enquiries we received for 2012/13.
- 7.6 Our conversion rate, as stated above (section 2), has fallen over the last three years and our non-continuation rate has increased over the last two years. The latter figures break down into people who withdraw sometime between enrolment and starting the course,

and people who drop out having started the course. The second category is in the region of 5-6%.

- 7.7 The higher education sector now places enormous focus on these areas and devotes considerable resources to addressing them. By contrast, our systems are significantly under par.
- 7.8 We have begun work on tackling this, and our interim Senior Manager has recently produced an excellent set of proposals around enquiries management. But it will need to be taken forward as a major priority by the new Associate Director. As well as needing a strategic framework for activities in this area, we desperately need high-quality data management systems that can tell us what we need to know.

8 Annual plan 2013/14

- 8.1 The impact of much of the above will not be felt until the academic year 2014/15 (and the corresponding part financial year). However, as reported in January, work has been proceeding on the 'mini-review' for 2013/14.
- 8.2 In my January report, I referred to the need "to take greater advantage of our clear 'winners', especially where we have to turn significant numbers of applications down as there is 'no room'." Because of this the Board had asked for a list of these 'oversubscribed courses'. I have since been assured by both Associate Deans that no courses actually turn potential students down on these grounds. However, it was nevertheless felt that a number of our more successful courses may have the capacity to increase numbers and their target numbers for 2013/14, with the agreement of the relevant Course Tutors, have been increased as part of the Annual Plan.
- 8.3 The E&T Executive has been working with the Short Course Unit on shaping a more strategic and market-oriented portfolio of courses for 2013/14.

ACADEMIC GOVERNANCE AND QUALITY ENHANCEMENT

- 9 **Quality Assurance Agency for Higher Education (QAA): annual monitoring review**
- 9.1 The REO review team met with Trust staff engaged in training and with a representative sample of immediate past and current students. Prior to the visit the Trust had submitted documentation to the Review team that addressed both the maintenance of

academic standards and the quality of the student experience and how the Trust is engaged with the UK Quality Code.

- 9.2 The review team concluded that the Trust is making commendable progress in response to the good practice and recommendations of the previous review in 2012. Our actions since the previous (initial) review have led to improvements in the Trust's management of its higher education and have also demonstrated 'highly effective engagement with relevant external reference points, including the UK Quality Code'.
- 9.3 As a result of receiving a judgement of commendable progress, the Trust will not receive an annual monitoring visit in 2014. However, we will be required to make an annual return to the QAA in November 2013. The return will need to evidence in particular that we are in closer alignment with the emerging UK Quality Code in relation to student engagement, student admissions, learning and teaching and research degrees.
- 9.4 It is worth reminding the board that, apart from the QAA review process, there were two major reviews by both our main university partners. Both of these reviews had excellent outcomes. However, they have given rise to a new level of work at a time when the quality assurance demands on higher education are growing.

10 **Issues within professional doctorates**

- 10.1 One area where we are undertaking a significant programme of work necessary to underpin our quality processes is within our postgraduate professional doctorates. This is requiring a major focus over several weeks from the Education and Training Executive, the Academic Governance and Quality Assurance Unit, Course Tutors and Cluster Leads.

11 **Student facing policies**

- 11.1 A key task for the Trust's Academic Governance and Quality Assurance Unit over the coming months will be to publish a series of student facing policies. The need for some of these policies is driven by amended policies published by our awarding bodies. The Trust thus has to draft revised copy of our equivalent documents which are consistent with Trust academic frameworks, e.g. a revised UEL-Tavistock Assessment Policy.
- 11.2 However, there is also the driver referred to above of the need to address aspects of the student experience both in terms of the general quality of our learning and, in particular, the issue of student engagement. Therefore, the Academic Governance and

Quality Assurance Unit will be working on the following important documents: a student engagement policy; a student charter; a student admissions policy.

- 11.3 The benefits of this work will be to enrich the student experience by achieving greater consistency of practice, and by further embedding the students' voice in our continuing review of and delivery of training. Evidence of enhanced student engagement will also enable the Trust to benchmark our practice against national standards.

12 **Development of a Quality Assurance & Risk Assessment Framework for Education and Training**

- 12.1 Another important objective is to develop a Quality Assurance & Risk Assessment Framework for Education and Training. This is not a major piece of work as it can be derived from our integrated action plan that incorporates recommendations from all of the reviews and audits that have taken place, along with the issues that we have identified.

EQUALITIES AND DIVERSITY

13 **Sexual orientation**

- 13.1 In addition to looking at more general issues of equalities and diversity, the Education and Training Executive is taking the survey on sexual orientation generated by the Equalities Committee and completed in November 2012 very seriously. In particular, it is looking at: potential developments in curricula; course publicity and marketing materials; inclusion of statements on our welcome to LGB applicants; admission criteria; issues around reading lists; and ensuring that all supervisors are supportive of this approach.

RISKS

14 **Risks**

- 14.1 The largest risk to the transformational agenda lies in the separation of our strategy and delivery structures. The scale, ambition and cohesion of the transformational work that is needed to be undertaken is understood and firmly supported by the Board, Management Committee, Education and Training Executive and across much of the Trust's education and training staff. However, there is some danger that the scale of the ambition can too easily be 'diffused' within the delivery structures that we have. It is critical that we galvanise a strong and coherent leadership at all levels in support of this ambitious agenda.

- 14.2 The demands of 'maintenance' in recent weeks and months have been exceptionally large, in particular on the two Associate Deans. These have been exacerbated, in part, by specific challenges in personnel movement (departure of former Associate Dean; departure of Assistant Director, DET; medium-term illness of replacement Associate Dean) that have demanded quite focused attention.
- 14.3 The systems infrastructure within DET is weak and not geared either for expansion, especially from the international market, or towards the enhancement of student relationship management as referred to above. We are making what improvements we can within current resources but these are likely to remain makeshift and below par without a comprehensive system in place.
- 14.4 At the last Board meeting, there was a reference to income projections for 2013/14 being cautious. Whilst the Education and Training Executive believe our income targets are achievable, these cannot be described as conservative projections. These are quite strong targets, and especially so for e-learning.

RELEVANT RECENT DEVELOPMENTS

15 Staffing

- 15.1 I am delighted to report that, following second interviews on 18 April, we will have made an appointment to the role of Associate Director, DET. We will verbally report on this at the Board meeting.
- 15.2 The existing interim arrangement is working well and thanks are due to Joanna Daci and Louis Taussig who have maintained a strong and intelligent leadership of the DET team.

Malcolm Allen
Dean of Postgraduate Studies
15 April 2013

Appendix 1

Summary and timetable of strategic tasks as presented in January 2013

Formulation of new strategic vision	<ul style="list-style-type: none"> • First iteration of Learning & Teaching Strategy – complete • Trust-wide consultation – from now • Second iteration – May/June 2013
Portfolio review – short courses/conferences 2013/14	By March 2013
Portfolio review – long courses/modularisation/ revised term structure	By July 2013 for 2014/15 implementation, informing marketing strategy over 2013/14
Enhanced e-learning business strategy	By March/April 2013
Initial proposals for international strategy – to be built incrementally	By March/April 2013

Appendix 2

Revised summary and timetable of strategic tasks

Formulation of new strategic vision	<ul style="list-style-type: none"> • First iteration of Learning & Teaching Strategy – complete • Trust-wide consultation – <i>underway</i> • Second iteration – <i>Revised March 2014</i>
Portfolio review – short courses/conferences 2013/14	<i>Revised May/June 2013</i>
Portfolio review – long courses/ modularisation/ revised term structure	<i>Revised - by Sept/Oct 2013 for 2014/15 implementation, informing marketing strategy over 2013/14</i>
Enhanced e-learning business strategy	<i>Revised May/June 2013</i>
Proposals for international strategy – to be built incrementally	<ul style="list-style-type: none"> • <i>Early proposals by July 2013</i> • <i>Full strategy by Oct 2013</i>
Student relationship management strategy	<ul style="list-style-type: none"> • <i>Early ideas – July 2013</i> • <i>Early draft of strategy – Oct/Nov 2013</i>

Board of Directors : April 2013

Item : 15

Title : The Gloucester House Day Unit: Business Case for a New Building

Summary :

In January, the Board approved the proposal to build a new block at the back of the Tavistock Centre, which will provide modern facilities for the Day Unit and will also provide new seminar rooms. The cost is to be funded from the subsequent proceeds of selling the Trust's property at 33 Daleham Gardens.

The Board authorised the Deputy Chief Executive to submit the proposal to Monitor for assessment as a "significant transaction."

Monitor's Assessment team have now completed their review of this proposal. The letter setting out their assessment is expected in the next few days, and will be presented in Part 2 of today's meeting, together with updates on other elements of the proposal.

The Board will be invited to decide whether to confirm its approval.

This report focuses on the following areas:

- Quality
- Risk
- Finance

For : Approval in Part 2

From : Deputy Chief Executive and Director of Finance; CAMHS Director; and Director of Corporate Governance and Facilities

Board of Directors

2pm –4pm, Tuesday, 30th April 2013

Agenda

Preliminaries

1. Chair's opening remarks

Ms Angela Greatley, Trust Chair

2. Apologies for absence

3. Minutes of the previous meeting

*(Minutes attached) p1
For approval*

4. Matters arising

Reports & Finance

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

Non-Executive Directors as appropriate

For noting

6. Chief Executive's Report

Dr Matthew Patrick, Chief Executive

*(Report attached) P9
For discussion*

7. Finance & Performance Report

Mr Simon Young, Director of Finance & Deputy CEO

*(Report attached) P14
For information*

8. Capital Expenditure 2013/14 Budget and Plan

Mr Simon Young, Director of Finance and Deputy CEO

*(Report attached) P26
For approval*

9. Quarter 4 Finance and Governance Declarations

Mr Simon Young, Director of Finance & Deputy CEO

*(Report attached) P32
For approval*

9A. Quarterly Quality Report Quarter 4

Ms Louise Lyon, Trust Director

*(Report attached) P35.1
For noting*

Corporate Governance

10. Corporate Governance Report

Ms Julie Hill, Trust Secretary

*(Report attached) P36
For noting*

Quality & Development

11. Draft Quality Report 2012/13

Ms Louise Lyon, Trust Director

*(Report attached) P40
For discussion*

12. CQC Inspection Visit March 2013

Ms Jane Chapman, Governance and Risk Adviser

*(Report attached) P109
For noting*

- | | | |
|---|---|-------------|
| 13. Annual Complaints Report – Patient Services
<i>Dr Matthew Patrick, Chief Executive</i> | <i>(Report attached)
For noting</i> | <i>P112</i> |
| 14. Education and Training Report
<i>Mr Malcolm Allen, Dean of Postgraduate Studies</i> | <i>(Report attached)
For discussion</i> | <i>P117</i> |
| 15. The Gloucester House Day Unit: Business Case for a New Building
<i>Mr Simon Young, Director of Finance and Deputy CEO</i> | <i>(Report attached)
For approval in
Part II)</i> | <i>P131</i> |

Conclusion

16. Any other business

17. Notice of future meetings

Tuesday, 28th May 2013: Board of Directors
Wednesday, 12th June 2013: Directors' Conference, 12.00 noon-5pm*
Tuesday, 25th June 2013: Board of Directors
Thursday, 27th June 2013: Council of Governors
Tuesday, 23rd July 2013: Board of Directors
Wednesday, 11th September 2013: Directors' Conference, 12.00 noon-5pm*
Thursday, 12th September 2013: Council of Governors
Tuesday, 24th September 2013: Board of Directors
Tuesday, 29th October 2013: Board of Directors
Wednesday, 13th November 2013: Directors' Conference, 10.00am-5pm*
Tuesday, 26th November 2013: Board of Directors
Thursday, 5th December 2013: Council of Governors

Meetings of the Board of Directors will be from 2pm until 5pm, and are held in the Board Room. Meetings of the Council of Governors are from 2pm until 5pm, and are held in the Lecture Theatre. Directors' Conferences are from 12 noon until 5pm, except where stated.