

Board of Directors Part One

Agenda and papers

of a meeting to be held in public

2.00pm–4.00pm
Tuesday 25th March 2014

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

BOARD OF DIRECTORS (PART 1)

Meeting in public

Tuesday 25th March 2014, 14.00 – 16.00

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

AGENDA

PRELIMINARIES				
1.	Chair's Opening Remarks Ms Angela Greatley, Trust Chair		Verbal	
2.	Apologies for absence and declarations of interest Ms Angela Greatley, Trust Chair	To note	Verbal	
3.	Minutes of the previous meeting Ms Angela Greatley, Trust Chair	To approve	Enc.	p.1
3a.	Outstanding Actions Ms Angela Greatley, Trust Chair	To note	Enc.	p.7
4.	Matters arising Ms Angela Greatley, Trust Chair	To note	Verbal	
REPORTS & FINANCE				
5.	Trust Chair's and NED Report Non-Executive Directors as appropriate	To note	Enc.	p.8
6.	Chief Executive's Report Mr Paul Jenkins, Chief Executive	To note	Enc.	p.13
7.	Finance & Performance Report Mr Carl Doherty, Deputy Director of Finance	To note	Enc.	p.18
8.	Portman Clinic Service Report Stan Ruszczyński, Director	To note	Enc.	p.27
STRATEGY				
9.	Income and Expenditure Budget 2014/2015 Mr Simon Young, Director of Finance	To approve	Enc.	p.46
10.	Capital Budget 2014/2015 Mr Carl Doherty, Deputy Director of Finance	To approve	Enc.	p.52

QUALITY & GOVERNANCE				
11.	SUI Action Plan Ms Rita Harris, CAMHS Director and Dr Rob Senior, Medical Director	To note	Enc.	p.55
CONCLUSION				
12.	Any Other Business		Verbal	
13.	Notice of Future Meetings <ul style="list-style-type: none"> • Tuesday 29th April 2014: Board of Directors, 2pm–5pm, Board Room, Tavistock Centre • Tuesday 27th May 2014: Board of Directors, 2pm–5pm, Board Room, Tavistock Centre • Tuesday 10th June 2014: Directors’ Conference, 12pm–5pm, Lecture Theatre • Tuesday 24th June 2014: Board of Directors, 2pm–5pm, Board Room, Tavistock Centre • Thursday 26th June: Council of Governors, 2pm–5pm, Board Room, Tavistock Centre 		Verbal	

Board of Directors

Meeting Minutes (Part One) Tuesday 25th February 2014, 2.00 – 3.00pm

Present:			
Ms Angela Greatley Trust Chair	Mr Malcolm Allen Dean	Mr Martin Bostock Non- Executive Director (Senior Independent Director)	Dr Rita Harris CAMHS Director (non-voting)
Mr David Holt Non-Executive Director	Mr Paul Jenkins Chief Executive	Ms Louise Lyon Trust Director	Dr Ian McPherson Non-Executive Director
Ms Joyce Moseley Non-Executive Director	Ms Caroline Rivett Non-Executive Director	Dr Rob Senior Medical Director	Mr Simon Young Deputy Chief Executive & Director of Finance
Attendees:			
Mr Gervase Campbell Trust Secretary (minutes)	Mr Carl Doherty Deputy Director of Finance	Mr Mark Pearce Governor	Ms Fiona Fernandes Assistant Trust Secretary
Apologies:			
Ms Lis Jones Director of Nursing (non-voting)			

Actions

AP	Item	Action to be taken	Resp	By
1	3	Minor amendments to be made to minutes	GC	Immed
2	6	HR to present the staff survey and action plan to the board	GC	April
3	8	Mr Allen to check reporting schedule is acceptable to auditors	MA	March

1. Trust Chair's Opening Remarks

Ms Greatley welcomed Mr Paul Jenkins to his first board meeting since his official start as CEO of the Trust on Monday. She went on to thank Mr Young for all his hard work as Acting CEO, thanks that were echoed by the other board members, and explained that he would be presenting the CEO's report today.

Mr Jenkins reflected that he had enjoyed his first day with the Trust, and was becoming aware of the interesting and challenging issues being faced. He explained that his first priority was to meet as many people and teams as possible in order to get to grip with the issues.

2. Apologies for Absence and declarations of interest

Apologies as above.

No declarations of interest were made on items on the agenda.

AP1

3. Minutes of the Previous Meeting

The minutes were agreed subject to minor amendments.

4. Matters Arising

- The minutes had been amended (AP1).
- Tavistock Consulting was scheduled to report to the board in May (AP2).
- Mr Holt reported that the debts would be looked at by the Audit Committee (AP3).
- Ms Moseley would provide an overview to the Quality Reports (AP4).
- The colour coding of the CQSG report had been improved (AP9)

Mr Campbell reported that David Holt and Susan Thomas had joined the relocation programme group.

5. Trust Chair and NEDs' Report

Ms Greatley had nothing to add and opened the floor to the NEDs.

Ms Moseley and Mr Holt reported that they had attended the King's Fund Audit Committee event, led by the audit committee chair of Moorfields, who also have cross committee attendance between quality and audit.

Mr McPherson reported that he had attended a Time to Change event looking at how mental health staff can help reduce stigma and discrimination, and noted that sadly there hadn't been much change in how patients were treated by staff. He noted that this was an opportunity for us in offering training to other organisations, and also fitted with the work of our Equalities Committee. Ms Lyon commented that she had added it to the agenda for the Committee meeting on the 26th. Mr Jenkins explained that he had been heavily involved with Time to Change, that the last 6 months had been significant for the stigma agenda, and that he expected to see changes in public attitudes come out of it. He noted that whilst everyone recognised the problem in health and social care services, no one was taking a leadership role, and so there was an opportunity for the Trust in this area, not necessarily on its own.

6. Acting Chief Executive's Report

Mr Young noted that in theory the deadline for contracts to be signed with commissioners was the 28th February, but in practice commissioners would not be in a position to sign them by then. Our proposals had been sent to the commissioners and the CSU has let us know who will be responding, whilst for NHS England we could expect a response by the deadline which would signal the start of negotiations that should be concluded by April.

My Young highlighted that the Better Care Fund (formerly the Integration Transformation Fund) brought two issues for 2015/16, which were making good use of the funding, and how to handle the gap in commissioners' funds it would leave. Mr Young noted that we are seeking to be involved at

an appropriate level in the discussions commissioners are holding on changes to services to deliver better care. With regards to the gap, Mr Young commented that he had raised it at a recent North London meeting and been surprised by the optimism that levels of activity at acute hospitals would be decreased by the Better Care changes, and so there would not be budget pressures placed on other Trusts. Ms Rivett noted that previous attempts at reducing activity levels at acute trusts had not succeeded, and asked what the effect would be on us if this one was also unsuccessful. Mr Young replied that it was a risk for everyone not in the acute sector, and so was a risk for our operational plan.

Mr Holt asked whether it was Health and Wellbeing boards that controlled this element of funding, and whether we had good relationships with them. Ms Greatley replied that Dr Senior and Dr Harris were very involved with the Camden H&W board, and that we had some involvement with the other boards. Dr Harris reported that she found the Camden board sensible, and the Trust was taking the approach of asking how we could be helpful to them, but that outside Camden they were more variable. Dr Senior added that the boards were presently trying to work out what they should be doing. Mr McPherson commented that there would be strong political drivers as it would be an election year, and so the decisions were unlikely to be left to the boards, and money might be moved from elsewhere, perhaps impacting on genuinely creative approaches.

The Board noted the appendices.

Mr Young continued his report by highlighting the positive article in the Health Service Journal on the evaluation of the City and Hackney service, and noted that members would be invited to the launch of the evaluation report in March.

My Young updated the board on the relocation programme by noting that a sub-group had met last week to look at the scope and specification of the accommodation that would be needed, and that the full relocation group would be meeting tomorrow.

Mr Young concluded by noting that the staff survey results were published today, and whilst they were again good there were points that needed to followed up, and Human Resources would be reporting to the board with an action plan in the next 2 or 3 months. Ms Greatley added that it would be important that it was given enough space for a full discussion.

The Board **noted** the report.

AP2

7. Finance & Performance Report

Mr Young explained that the surplus had continued to increase, mostly due to the previously explained issues with FNP and GIDS, but that it was expected to reduce by the end of the year. £225k had to be written off for the capital costs of the cancelled Day Unit extension, and substantial work

was being done within the Centre on decoration and refurbishment.

Mr Holt noted that in para. 3.4.4 of the report it stated that alternative sources of income needed to be found to cover the shortfall in income in court reporting, and asked what action was being taken with regards to this. Ms Lyon explained that the court reporting reduction in income was beyond our control and changes to the payment system had made it uneconomic for any organisation to provide the services, but that we had been aware of this for some time and so had already reduced costs and the budget to prepare. Ms Greatley added that we had also closed MFAS, and redeployed some of their staff to FDAC and Westminster.

Ms Moseley asked, with regards to para. 4.2, where the BUPA project was heading. Ms Lyon reported that the Trust had had a positive impact on how providers to BUPA worked, and BUPA had shown some savings, so our work was going well, though there were always difficulties in pushing changes through, Ms Greatley suggested a verbal report on this in a couple of months might be useful, and Mr McPherson added that a summary of the lessons learnt would be valuable for BDIC.

Ms Greatley noted that, in para. 2.4.1, we were below target for the number of invoices paid within 30 days. Mr Doherty commented that there were some issues around staff receipting orders on the SBS payments system, but that reminders had gone out to them. Mr Young added that although below target, 88% was in practice a very good figure, though they would be concerned if there were a downward trend. Mr Holt agreed that it was a good percentage, and that they would keep an eye on it in the Audit Committee.

Mr Doherty reported that budget preparations were well in hand for the coming year, with CAMHS and SAAMHS having achieved most of the savings needed, and the current gap of about £250k should be closed by the end of March. Mr Young added that the Board would need to approve a two year budget, and whilst the second year could not be based on contracts signed it would be as rigorous and concrete as possible.

The Board **noted** the report.

8. Education and Training Report

Mr Allen summarised that Education and Training were looking to change their reporting to make it KPI based and so the cycle reflected real world activity, most of which, ie recruitment and quality reporting, happens annually in an academic setting. There would be three reports a year, each covering Samhs and Camhs: a recruitment report in November, a quality report in February, and an annual report in June or July.

Ms Greatley asked whether the auditors had accepted the proposed schedule, and Mr Allen explained that they had not done so yet but he would bring it to them.

AP3

Mr Holt asked whether it was possible to report on enquiries as well as recruitment, as this would give an in-advance measure that could be used for planning. Mr Allen replied that this was already a focus within the department, but it would be good to present it in the February report as a spur to action.

Mr Holt asked whether there was a KPI for the profitability of courses, and whether this would be examined early enough in the year to allow planning of the following year's courses. Mr Allen explained that he wanted a profit and loss approach to assessing courses, and that lay behind the viability criteria proposed in the Part 2 paper, but this had not yet been captured in a KPI. Mr Bostock commented that there had already been great changes in this direction since Mr Allen's start. Ms Rivett commented that it was a challenge to include the costs of people teaching within a profit and loss approach to individual courses.

Mr Allen added that he had planned that this information would be included in the June report, but he would think again as to whether this was the best time and report back. Mr Young commented that whilst he was in favour of this approach, decisions such as which courses to run were not Board level, and so could be reported on after they were made. Mr Jenkins added that he felt looking at when particular datasets were available made sense in determining reporting, but that it was an approach that needed to be blended to allow good management decisions.

The Board **approved** the outlined cycle of reporting.

9. CQSG (Clinical Quality, Safety and Governance) Q3 report

Dr Senior introduced the report by explaining that the requested changes to the colour coding of levels of assurance had been made, and that in addition the discussions at the Management Committee were being held further in advance and at greater depth in order to better interrogate the data behind the report. Ms Greatley agreed that the colour coding was much clearer.

Ms Greatley asked about the SAAMHS Outcome reporting, which was red. Ms Lyon responded that it had been discussed at the management team meeting and that she and Jessica Yakeley would be meeting with the Portman, who were behind, to encourage them. Ms Lyon added that some of the results were encouraging, for example they had achieved the CQUINN target for returning the core monitoring forms. Mr Bostock added that this had been an issue raised repeatedly at CQSG meetings, but that a corner had definitely been turned.

Mr McPherson commented, in connection with tasks 514 and 516, that where clinicians were not entering the data there was always a risk of error,

and asked what steps were being taken to validate the data. Ms Lyon replied that work was currently underway checking every single file to ensure that this was being done correctly, as it was of fundamental importance.

Mr Holt asked why the implementation of recommendations on the Quality Report from 2012/13 were still showing as ongoing (p39). Ms Lyon replied that she would look into it and report back to the Board, and did then report back in part 2 of the meeting that this concerned DNA rates and data validity and that whilst action had been taken expectations had also increased, so this would remain an area to work on and was therefore likely to remain amber.

The Board **noted** the report.

10 Any Other Business

No other business was discussed.

11 Notice of Future Meetings

The Board noted its future meetings.

Part 1 of the meeting concluded at 3.10pm

Outstanding Action Part 1

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date	Progress Update / Comment
3	Mar-13	8. Finance and Performance Report	Mr Young to include an additional column in next year's budget report to show the final outturn	Simon Young	Apr-14	
7	Nov-13	8. Charitable Funds Annual Report	Mr Young to circulate briefing on the two charitable funds.	Simon Young	Mar-14	
10	Jan-13	7. Finance and Performance Report	Tavistock Consulting Business Plan to come to Board for review.	Louise Lyon	Apr-14	Service Line Report scheduled for May BoD Meeting

Board of Directors : March 2014

Item : 5

Title : Chair's Report

Summary:

Attached for discussion are two letters from Jeremy Hunt MP, the Secretary of State for Health, dated the 5th March 2014.

- Whistleblowing procedure
- Ensuring an open NHS culture

For : Noting

From : Trust Chair



Department
of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk

TO:

All Chairs in NHS Trusts in England
All Chairs in NHS Foundation Trusts in England

CC:

Monitor
NHS Trust Development Authority

- 5 MAR 2014

Dear Colleague,

You will recall that I wrote to you last year following Robert Francis QC's landmark report on Mid Staffordshire NHS Foundation Trust in order to highlight the vital importance of fostering a culture of openness and transparency in the NHS, in which concerns about care can be raised, investigated and acted upon (please see attached).

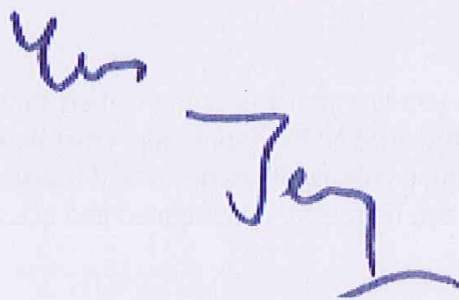
In light of recent media reports in which staff have raised concerns about whistleblowing procedures, I thought that it would be timely to reiterate how strongly I feel about staff – present and former - being able to come forward with any concerns they have regarding patient care or safety.

I believe that we have taken significant strides on furthering the ambition to create a more open culture in the NHS in the last few years. For instance, we have ensured that whistleblowing rights are included in the contracts of all NHS staff and made guidance available to employers on best practice in support of whistleblowers; whistleblowing is being embraced by the Care Quality Commission as part of their new inspection methodology; and the NHS Constitution has been amended to highlight the rights and responsibilities of NHS staff and their employers in respect of whistleblowing. Of course, we are also legislating to introduce a statutory duty of candour on organisations, and professional regulators are consulting on a new professional duty of candour for staff. I believe that this will help us to create one of the most transparent and open healthcare systems in the world.

I would like to thank you and all NHS staff for all that you have done to help us on this journey.

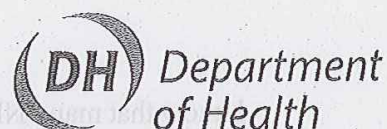
In a system as large and complex as the NHS, culture change will not happen overnight. It is clear that embedding an open culture across every single part of the NHS will require sustained and determined leadership from us all. Recent concerns that have been raised about whistleblowing procedures highlight the continued need for us all to speak and behave in a way that is not only consistent with the law, but which fosters trust and confidence in staff that when they speak up - because that is the right thing to do - their concerns will be heard and their actions welcomed.

As I said in my letter last year, fostering a culture of openness and transparency is essential if we are to ensure we never repeat the mistakes of Mid Staffs. I know you will all want to join me in creating an environment in which people with legitimate concerns about poor care are welcomed both as champions of patient interests, and as the true servants of NHS values.

A handwritten signature in blue ink, appearing to read 'Jer', with a stylized flourish at the end.

JEREMY HUNT

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health



Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk

TO:
All Chairs in NHS Trusts in England
All Chairs in NHS Foundation Trusts in England

CC:
Monitor
NHS Trust Development Authority

15 FEB 2013

Dear Colleagues,

ENSURING AN OPEN NHS CULTURE

In his report last week into the appalling events that occurred at Mid Staffordshire NHS Foundation Trust, Robert Francis highlighted the critical importance of fostering and sustaining an open culture in which concerns about care can be raised, investigated and acted upon. He said:

"Insufficient openness, transparency and candour lead to delays in victims learning the truth, obstruct the learning process, deter disclosure of information about concerns, and cause regulation and commissioning to be undertaken on inaccurate information and understanding. This Inquiry has shown that, desirable though the principle of openness, transparency and candour may be, it is frequently not observed. This has had serious consequences."

You will all have seen the media coverage this week of allegations of some NHS bodies using legal processes apparently to frustrate the efforts of staff to ensure that problems are properly aired and action taken to ensure safe, effective and compassionate care for patients.

Last year, Sir David Nicholson wrote to every organisation in the NHS reminding them of their legal responsibilities in this respect and the Department's long-standing guidance on "gagging clauses" and the need for genuine consideration of concerns when they are raised (attached).

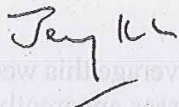
I know that many NHS organisations follow not just the letter but the spirit of that guidance. Fostering a culture of openness and transparency is essential if we are to ensure we never repeat the mistakes of Mid Staffs - which means creating a climate where it is easy for staff, present and former, to come forward with any concerns they have relating to patient safety.

For those working in the many organisations that do exactly that, I would like to thank you and commend you for your efforts. But others may recognise in their own behaviour an element of the institutional self-defence that prevents honest acknowledgement of failure followed by swift corrective action to put things right.

So I would ask you to check that the confidentiality clauses in your contracts (and compromise agreements with departing employees) do indeed embrace the *spirit* of this guidance. I would also ask you to pay very serious heed to the warning from Mid Staffordshire that a culture which is legalistic and defensive in responding to reasonable challenges and concerns can all too easily permit the persistence of poor and unacceptable care.

Raising concerns can be a brave thing to do, even in an open culture, so when our staff have the courage and professional integrity to raise concerns in the patient interest, we need to recognise and celebrate that behaviour, listen to their concerns and take action to ensure any problems are properly addressed. I know many organisations already have such an approach, but I would ask you to work with colleagues across the system to ensure this happens consistently across the NHS.

Yours sincerely



JEREMY HUNT

Board of Directors : March 2014

Item : 6

Title : Chief Executive's Report

Summary:

This report provides a summary of my activities in the last month and key issues affecting the Trust.

For : Discussion

From : Chief Executive

Chief Executive's Report

1. Induction

- 1.1 I have now been in post for nearly 3 weeks and have started a process of meeting with teams across the organisation as part of my induction. I have also held two drop in meetings for staff which have been well attended. I am very grateful for the very warm welcome which has been offered to me and I have been very impressed with what I have seen of a number of areas of the Trust's work.

2. Shaping our Future – 100 day consultation

- 2.1 During my first 100 days at the Trust I am planning to conduct a consultation exercise with staff, Governors, service users and wider stakeholders to help me shape my ideas for the future direction of the organisation. I hope to start this before the end of the month and would aim to bring back the results to discuss with the Board of Directors by the end of June.

- 2.2 I am planning to focus the consultation around 3 questions:

- Building on our strengths and traditions, what are the most promising areas for development for the organisation?
- How can we put the voice of people with lived experience of mental health problems closer to the heart of our work and decision making?
- How, in times of austerity, can we do what we do more efficiently and effectively?

3. Hackney

- 3.1 On 27th March we are launching, with the Centre of Mental Health, the evaluation report they have produced of the Hackney Primary Care Psychotherapy Service. This is an extremely positive report which demonstrates that the service has delivered both excellent outcomes for the individuals using it and had a positive impact on their utilisation of primary and secondary care services. The service has already attracted some positive coverage in the Health Services

Journal. It will be helpful to reflect on the opportunities to develop this model in other localities.

- 3.2 Rob Senior and I attended a meeting convened by Hackney CCG with all providers in the Borough. In advance of the implementation of the Better Care Fund they have challenged providers to work together over the use of a £1.8m non-recurrent innovation fund to deliver improvements in some key areas of system performance. This has been inspired by a model of “alliance contracting” which has been taken forward in New Zealand. While we are unlikely to play a major role in resulting service interventions we have volunteered to facilitate the initial discussions about this which should be a good opportunity to demonstrate the contribution we can make to supporting innovative service change.

4. 2014/5 Budget

- 4.1 We will be discussing the budget for 2014/5 (and forecast for 2015/6) later in the agenda. Directorates have worked hard to secure the required savings to deliver a balanced budget for 2014/5. The prospects for 2015/6 are undoubtedly more challenging as a result of the impact of the Better Care Fund and wider pressures in the system. Our two year plan provides a robust starting point for planning but we will need to work hard to secure opportunities for service growth and will need to continue to press for operating efficiencies.

5. Gloucester House

- 5.1 Following on from the discussion in Part 2 of the February meeting of the Board of Directors I have chaired a small group to review proposals for a revised operating model for Gloucester House. We will be discussing the details of this later in the agenda.
- 5.2 In the light of this work I am confident that we have a robust approach for delivering the school at a more attractive price for commissioners without compromising the quality of our service. A key challenge will be to increase our effort around marketing, taking advantage of the excellent Ofsted report the service has secured.
- 5.3 We are proposing to bring the issue of the long term future of the service back to the October Board of Directors meeting. By then we should have a reasonable view of the commissioners’ response to the lower price.

6. CQC

- 6.1 On 6th March the Trust received a final inspection before the introduction of CQC's new system of inspection. The Inspector looked at a number of activities and found the Trust fully compliant with all standards.
- 6.2 With other London Mental Health Chief Executives I met with Paul Lelliott, CQC's new Deputy Chief Inspector of Hospital with lead responsibility for Mental Health.
- 6.3 Paul has a long track record in quality improvement in mental health. He faces considerable challenges in implementing the new model of inspection across such a large number of mental health providers. He put a great stress on the value of "peer inspection" and the importance of Trusts making their best staff available to take part in the inspection programme.

7. Relocation Programme Board

- 7.1 The Relocation Programme Board (RPB), established by the Board in January, held its first meeting on 26 February and will be meeting monthly. It authorised work on the first two projects: preparation and investigation; and value assessment and building brief development. It also approved recruitment of a project manager to cover both these projects. It recommended to the Board of Directors that the HR Director be added to the membership of the RPB.
- 7.2 Work has continued on developing the detailed requirements and on discussions regarding a possible site.
- 7.3 A progress report with updated expenditure proposals is due at the April Board meeting.

8. New website

- 8.1 Work has been taking place to redesign the Trust's website. I have seen a demonstration of the Beta version of the new site which

represents a significant improvement on the current site. The new site is due to go live on 31st March.

9. Time to Change Pledge

- 9.1 In my previous role at Rethink Mental Illness, I played a significant role in the development of Time to Change, the anti-stigma programme which we delivered jointly with Mind.
- 9.2 As part of its work Time to Change has been working with a wide range of organisations to secure their public commitment to tackling stigma and discrimination on the grounds of mental health. Over 100 organisations have signed the pledge with a supporting action plan for how they will demonstrate their commitment.
- 9.3 I am keen that the Trust commits to signing the pledge in the near future and would welcome an indication in principle from the Board of Directors that they would support this. I have asked Susan Thomas to convene a working group to develop a draft action plan which the Board of Directors can agree at a later stage.
- 9.4 Action plans should be meaningful and can address both measures to support staff with mental health problems or more externally facing work. In our case it makes sense for us to address both our employment practices and our work to involve people with lived experience of mental health problems, more centrally, in our decision making. In both cases this can build on and extend initiatives already underway.

Paul Jenkins
Chief Executive
17th March 2014

Board of Directors: 25 March 2014

Item : 7

Title : Finance and Performance Report

Summary:

After eleven months a surplus of £1,816k is reported before restructuring, £1,565k above the revised budget surplus of £251k. Income has fallen below expectations, but this has been offset by underspends across most services mainly due to vacancies.

The current forecast for the year is a surplus of £1,242k.

The service line report is provided in Appendix C.

The cash balance at 28 February was £4,406k which is above plan due to the size of the surplus. Cash balances are expected to be lower by the end of the financial year yet still above plan.

This report has been reviewed by the Management Committee on 14 March 2014.

For: Information.

From : Deputy Director of Finance

1. External Assessments

1.1 Monitor

1.1.1 Monitor has confirmed that the CoSRR was 4 both cumulatively and year to date at the end of December, The Governance rating was confirmed as Green. The quarter 4 forecast is to maintain the total cumulative rating of 4. As the surplus is forecast to reduce, the Debt Service Cover metric for quarter 4 is expected to be lower; but our rating is based on the cumulative metrics.

2. Finance

2.1 Income and Expenditure 2013/14

2.1.1 After February the trust is reporting a surplus of £1,816k before restructuring costs, £1,565k above budget. Income is £230k below budget, and expenditure £1,819k below budget.

2.1.2 The main issues behind the cumulative income shortfall of £344k are low activity for TC Consultancy which is now £300k below target, CAMHS Clinical is £451k below target largely due to the Day Unit and SAAMHS Training is £182k below target due to E Learning. These shortfalls have been offset by the over performance of GIDU within SAMHS Clinical and the new contracts from FNP Scotland and Northern Ireland within CAMHS Training. These main income sources and their variances are discussed in sections 3, 4 and 5.

2.1.3 Appendices A and B show that significant savings have been achieved by month 11, exceeding the target, though some of these may be non-recurrent.

2.1.4 For an externally funded Finance project, the £6k under spend to date (within the Finance line) is matched by a £6k adverse variance on other income, since the funding is released in line with costs.

2.1.5 The key financial priorities remain to achieve income budgets; and to identify and implement the additional savings required for future years.

2.2 Forecast Outturn

2.2.1 The forecast surplus before restructuring of £1,242k is £1,092k above budget. FNP is £439k under spent after February but expect to utilise £134k of this by the end of the financial year. The CAMHS and SAAMHS management teams have implemented a number of non-recurrent projects which also increase expenditure in the final month. The Day Unit building project capital costs of £225k have been included in the revenue forecast as the project is no longer going ahead.

The Clinical income forecast is £69k above budget mainly due to the GIDU over performance of £400k which is offset by Day Unit in CAMHS (forecast £274k below target). The majority of the Consultancy forecast shortfall of £239k is due to TC.

The Training income forecast is £248k above plan. This includes the HENCEL funding of £385k and FNP being £188k above Plan. These favourable variances are offset by

adverse variances to Plan on e-learning (£146k) due to low activity mainly planned for SAAMHS, fees (£77k) due to lower than target recruitment mainly in SAAMHS and LCPPD (58k) due to activity being deferred into the next financial year.

2.3 Cash Flow (Appendix D)

2.3.1 The actual cash balance at 28 February was £4,405k which is a decrease of £929k in month and is £1,758k above plan. The decrease is due to the payment in advance of the Training Contract. Salaries are lower than plan due to vacancies across the trust and the under spend on non-pay has reduced expected payments to suppliers. Capital expenditure is below plan following the decision to defer the Day Unit project. The year-to-date receipts and payments are summarised below.

	Cash Flow year-to-date		
	Actual £000	Plan £000	Variance £000
Opening cash balance	3,176	3,176	0
Operational income received			
NHS (excl SHA)	14,939	14,114	825
General debtors (incl LAs)	6,662	7,599	(937)
SHA for Training	12,374	11,076	1,298
Students and sponsors	2,023	2,925	(902)
Other	572	198	374
	36,570	35,912	658
Operational expenditure payments			
Salaries (net)	(14,145)	(15,123)	978
Tax, NI and Pension	(10,683)	(10,741)	58
Suppliers	(9,304)	(9,750)	446
	(34,132)	(35,614)	1,482
Capital Expenditure	(647)	(1,042)	395
Interest Income	9	5	4
Payments from provisions	0	(11)	11
PDC Dividend Payments	(571)	(578)	7
Closing cash balance	4,405	1,848	2,557

2.4 Better Payment Practice Code

2.4.1 The Trust has a target of 95% of invoices to be paid within the terms. During February we achieved 86% (by number) for all invoices and the cumulative total for the year was also 87%.

3. Training

3.1 Academic Year performance

3.1.1 Academic year 2013-14 fee income is £184k below Plan: SAAMHS £165k adverse to Plan, TC £24k adverse to Plan and CAMHS £5k above Plan. The favourable variances for academic year 2012-13 means the full financial year fee income forecast is now £77k below the financial year Plan.

3.2 Financial Year to date Income

3.2.1 The adverse variance for February in DET fees and academic income is due to the budget phasing of trainee bursaries which will be released next month when payment is due to trainees. HENCEL funding not budgeted has been released to match expenditure. The February variance for CAMHS is as a result of income being higher than budget for FNP by £224k.

3.2.2 Both the HENCEL and bursary income variances are offset by the same expenditure variances.

Patient Services

3.3 Activity and Income

3.3.1 Total contracted income for the year is expected to be in line with budget, subject to meeting a significant part of our CQUIN[†] targets agreed with commissioners; achievement of these is reviewed on a quarterly basis.

3.3.2 Variances in other elements of clinical income, both positive and negative, are shown in the table below.

3.3.3 The income budget for named patient agreements (NPAs) was reduced this year from £205k to £196k. £64k of the total budget is to replace the contract with Waltham Forest. After February actual income is £1k above budget and the forecast is expected to be £6k above budget.

3.3.4 Court report income (which is budgeted at £113k for the year, of which £50k is for the Portman) has delivered just £17k up to February. The fall in demand is unlikely to recover and as a result the target and associated expenditure budget for 2014/15 has been greatly reduced or removed altogether.

3.3.5 Day Unit was £256k below target after month 11. They are currently down to 7 pupils and the budget was set at 11. The service has been reviewed and a revised business model will operate in 2014/15 which was discussed at the February 2014 Board.

3.3.6 Project income is forecast to be £61k above target for the year. When activity and costs are slightly delayed, we defer the release of the income correspondingly.

[†] Commissioning for Quality and Innovation

	Budget	Actual	Variance	Full year		Comments
	£000	£000	%	Variance based on y-t-d	Predicted variance	
Contracts - base values	11,269	11,216	-0.5%	-58	-30	GIDU credit note
Cost and vol variances	239	606	153.7%	400	400	GIDU Over perf
NPAs	179	180	0.2%	0	6	
Projects and other	1,450	1,290		-	61	Income matched to costs, so variance is largely offset.
Day Unit	785	529	-32.6%	-280	-274	
FDAC 2nd phas	475	480	1.0%	5	0	Income matched to costs, so variance is largely offset.
Court report	104	17	-83.4%	-94	-94	
Total	14,502	14,319		-27	69	

4. **Consultancy**

- 4.1 TC income was £61k in February and is £655k cumulatively, significantly down compared to last year's £846k at this stage, and £300k below budget. However, the expenditure budget is currently £108k under spent, reflecting the staffing model. TC have also earned some of the CPPD income included in Education and Training which is £49k below target.
- 4.2 Departmental consultancy is £50k above budget after eleven months. The majority of the favourable variance is within SAMHS which is £55k above plan due to the BUPA Project. There has been a related increase in Complex Needs expenditure.

Carl Doherty
Deputy Director of Finance
12 March 2014

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST										APPENDIX A	
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2013-14											
		Feb-14			CUMULATIVE			FULL YEAR 2013-14			
		BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	REVISED BUDGET £000	FORECAST OUTTURN £000	BUDGET VARIANCE £000	
INCOME											
1	CLINICAL	1,336	1,287	(49)	14,502	14,319	(184)	15,838	15,907	69	
2	TRAINING	1,795	1,862	68	19,558	19,573	15	21,197	21,445	248	
3	CONSULTANCY	122	100	(22)	1,442	1,192	(250)	1,564	1,326	(239)	
4	RESEARCH	12	17	6	144	226	81	211	238	27	
5	OTHER	64	174	110	999	1,107	108	1,063	1,168	105	
TOTAL INCOME		3,327	3,441	113	36,647	36,416	(230)	39,873	40,084	211	
OPERATING EXPENDITURE (EXCL. DEPRECIATION)											
6	CLINICAL DIRECTORATES	1,616	1,606	10	17,449	16,065	1,383	19,053	17,915	1,138	
7	OTHER TRAINING COSTS	975	899	76	10,304	10,010	293	11,126	11,201	(75)	
8	OTHER CONSULTANCY COSTS	78	48	29	853	745	108	931	867	63	
9	CENTRAL FUNCTIONS	598	723	(125)	6,943	6,870	74	7,543	7,639	(96)	
10	TOTAL RESERVES	(4)	0	(4)	(39)	0	(39)	104	0	104	
TOTAL EXPENDITURE		3,263	3,276	(13)	35,510	33,691	1,819	38,757	37,623	1,135	
EBITDA		65	165	100	1,137	2,726	1,589	1,116	2,461	1,345	
ADD:-											
11	BANK INTEREST RECEIVED	0	1	(0)	5	9	(5)	5	10	5	
LESS:-											
12	DEPRECIATION & AMORTISATION	46	48	(2)	504	533	(29)	550	807	257	
13	FINANCE COSTS	0	0	0	0	0	0	0	1	1	
14	DIVIDEND	35	35	0	386	386	0	421	421	(0)	
SURPLUS BEFORE RESTRUCTURING COSTS		(16)	82	97	251	1,816	1,565	150	1,243	1,093	
RESTRUCTURING COSTS											
15	RESTRUCTURING COSTS	0	0	0	0	30	(30)	0	30	(30)	
SURPLUS/(DEFICIT) AFTER RESTRUCTURING		(16)	82	97	251	1,786	1,535	150	1,213	1,063	
EBITDA AS % OF INCOME		1.9%	4.8%		3.1%	7.5%		2.8%	6.1%		

THE TAVISTOCK AND PORTMAN NHS TRUST										
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2013-14										
APPENDIX B										
All figures £000										
Feb-14				CUMULATIVE			FULL YEAR 2013-14			
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	OPENING BUDGET	REVISED BUDGET	FORECAST	REVISED BUDGET VARIANCE
INCOME										
1 CENTRAL CLINICAL INCOME	610	610	0	6,521	6,615	94	6,247	7,131	7,377	246
2 CAMHS CLINICAL INCOME	347	158	(189)	3,773	3,322	(451)	4,033	4,121	3,561	(559)
3 SAAMHS CLINICAL INCOME	378	519	140	4,208	4,382	174	4,358	4,586	4,969	383
4 NHS LONDON TRAINING CONTRACT	605	605	0	6,650	6,650	0	7,254	7,254	7,254	0
5 CHILD PSYCHOTHERAPY TRAINEES	179	132	(47)	1,969	1,861	(108)	2,188	2,148	2,031	(118)
6 JUNIOR MEDICAL STAFF	94	70	(24)	1,032	1,017	(15)	1,130	1,126	1,109	(17)
7 POSTGRADUATE MED & DENT'L EDUC	7	6	(1)	77	100	23	76	84	109	25
8 DET TRAINING FEES & ACADEMIC INCOME	210	157	(53)	2,147	2,209	62	1,324	2,201	2,524	323
9 CAMHS TRAINING FEES & ACADEMIC INCOME	541	780	239	5,965	6,248	283	7,541	6,506	6,801	295
10 SAAMHS TRAINING FEES & ACADEMIC INCOME	138	98	(40)	1,446	1,265	(182)	1,426	1,584	1,370	(214)
11 TC TRAINING FEES & ACADEMIC INCOME	21	15	(7)	272	223	(49)	293	293	247	(46)
12 TC INCOME	87	61	(26)	955	655	(300)	1,004	1,042	716	(326)
13 CONSULTANCY INCOME CAMHS	7	5	(2)	100	94	(6)	107	107	114	8
14 CONSULTANCY INCOME SAAMHS	28	34	6	388	443	55	337	416	496	80
15 R&D	12	17	6	144	226	81	128	211	238	27
16 OTHER INCOME	64	174	110	999	1,107	108	964	1,063	1,168	105
TOTAL INCOME	3,327	3,441	113	36,647	36,416	(230)	38,411	39,873	40,084	211
EXPENDITURE										
17 COMPLEX NEEDS	292	261	31	3,233	3,169	64	3,432	3,513	3,512	1
18 PORTMAN CLINIC	127	110	18	1,400	1,089	311	1,527	1,527	1,212	315
19 GENDER IDENTITY	96	157	(62)	1,055	972	83	1,115	1,151	1,071	80
20 BIG WHITE WALL & DEV PSYCHOTHERAPY UNIT	18	14	4	203	206	(3)	247	221	220	1
21 NON CAMDEN CAMHS	351	294	58	3,795	3,639	155	4,023	4,147	3,991	156
22 CAMDEN CAMHS	402	374	28	4,200	3,921	279	3,684	4,600	4,372	228
23 CHILD & FAMILY GENERAL	43	38	5	406	350	55	449	449	398	50
24 FAMILY NURSE PARTNERSHIP	287	358	(71)	3,158	2,719	439	0	3,446	3,141	305
25 JUNIOR MEDICAL STAFF	84	71	12	922	856	67	1,052	1,006	999	8
26 NHS LONDON FUNDED CP TRAINEES	179	151	28	1,969	1,889	80	2,189	2,148	2,061	87
27 TAVISTOCK SESSIONAL CP TRAINEES	3	3	0	31	28	3	34	34	33	1
28 FLEXIBLE TRAINEE DOCTORS & PGMDE	32	26	7	357	329	28	388	389	359	31
29 EDUCATION & TRAINING	345	284	61	3,590	3,494	96	4,042	3,779	3,919	(140)
30 VISITING LECTURER FEES	135	167	(32)	1,235	1,199	36	1,179	1,369	1,400	(31)
31 CAMHS EDUCATION & TRAINING	119	123	(4)	1,345	1,363	(18)	4,868	1,467	1,496	(29)
32 SAAMHS EDUCATION & TRAINING	78	74	4	855	852	3	843	933	935	(2)
33 TC EDUCATION & TRAINING	0	0	(0)	0	2	(2)	0	0	2	(2)
34 TC	78	48	29	853	745	108	893	931	867	63
35 R&D	15	17	(2)	154	134	20	183	169	147	22
36 ESTATES DEPT	174	253	(79)	1,997	2,101	(104)	2,053	2,171	2,342	(171)
37 FINANCE, ICT & INFOMATICS	171	193	(22)	2,179	2,135	44	1,944	2,350	2,407	(56)
38 TRUST BOARD, CEO, DIRECTOR, GOVERNS & PPI	83	74	9	905	838	67	977	989	914	75
39 COMMERCIAL DIRECTORATE	68	90	(22)	704	645	59	646	772	704	68
40 HUMAN RESOURCES	52	60	(9)	618	601	18	622	670	660	10
41 CLINICAL GOVERNANCE	41	42	(2)	449	470	(21)	451	490	525	(35)
42 PROJECTS CONTRIBUTION	(6)	(6)	(0)	(63)	(55)	(8)	(69)	(69)	(60)	(9)
43 DEPRECIATION & AMORTISATION	46	48	(2)	504	533	(29)	550	550	807	(257)
44 IFRS HOLIDAY PAY PROV ADJ	0	0	0	0	0	0	0	0	0	0
45 PRODUCTIVITY SAVINGS	0	0	0	0	0	0	0	0	0	0
46 INVESTMENT RESERVE	(6)	0	(6)	(68)	0	(68)	170	73	0	73
47 CENTRAL RESERVES	3	0	3	29	0	29	350	31	0	31
TOTAL EXPENDITURE	3,308	3,326	(18)	36,014	34,224	1,790	37,845	39,307	38,431	876
OPERATING SURPLUS/(DEFICIT)	19	115	96	633	2,193	1,560	566	566	1,653	1,087
48 INTEREST RECEIVABLE	0	1	0	5	9	5	5	5	10	5
49 DIVIDEND ON PDC	(35)	(35)	0	(386)	(386)	0	(421)	(421)	(421)	(0)
SURPLUS/(DEFICIT)	(16)	81	96	251	1,816	1,565	150	150	1,242	1,092
50 RESTRUCTURING COSTS	0	0	0	0	30	(30)		0	30	(30)
SURPLUS/(DEFICIT) AFTER RESTRUCTURING	(16)	81	96	251	1,786	1,535		150	1,212	1,122

SLR Report M11 2013-14										Appendix C	
				Trust Total	Actuals M11 2013-14	Budget M11 2013-14	SAMHS	Actuals M11 2013-14	CAMHS	Actuals M11 2013-14	
				£000	£000	£000	£000	£000	£000	£000	
Clinical Income				14,723	14,741	5,883	6,375	8,840	8,367		
Training course fees and other acad income				11,107	10,994	2,678	2,407	8,429	8,587		
National Training Contract				6,650	6,650	2,512	2,512	4,138	4,138		
Total Training Income				17,757	17,643	5,190	4,919	12,567	12,725		
Consultancy Income				1,244	791	1,226	781	18	9		
Research and Other Income (incl Interest)				198	273	77	103	121	170		
Total Income				33,922	33,448	12,375	12,178	21,547	21,271		
Clinical Directorates and Consultancy				20,344	18,835	7,470	6,894	12,874	11,941		
Other Training Costs (in DET budget)				4,476	4,271	1,286	1,163	3,190	3,108		
Research Costs				275	286	98	102	177	185		
Accommodation				2,387	2,505	1,138	1,194	1,250	1,311		
Total Direct Costs				27,482	25,897	9,991	9,353	17,491	16,544		
Contribution				6,440	7,552	2,384	2,825	4,056	4,727		
Central Overheads (excl Buildings)				8,956	8,768	3,233	3,162	5,724	5,606		
Central Income				2,768	3,033	944	1,032	1,823	2,001		
Surplus (deficit)				251	1,816	96	695	156	1,121		
SURPLUS as % of income				0.7%	5.4%	0.8%	5.7%	0.7%	5.3%		
CONTRIBUTION as % of income				19.0%	22.6%	19.3%	23.2%	18.8%	22.2%		

APPENDIX D												
2013/14 Plan												
	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Total £000
Opening cash balance	3,176	3,901	3,061	1,627	2,940	1,844	1,585	3,408	2,134	1,133	3,540	3,176
Operational income received												
NHS (excl SHA)	315	1,942	1,380	1,421	1,314	1,283	1,273	1,315	1,283	1,274	1,314	15,397
General debtors (incl LAs)	1,073	403	556	562	459	1,618	571	483	480	829	565	8,081
SHA for Training	2,567	142	79	2,567	143	79	2,567	142	79	2,567	143	11,156
Students and sponsors	325	150	150	100	0	200	800	250	100	750	100	3,025
Other	18	18	18	18	18	18	18	18	18	18	18	216
Operational expenditure payments	4,298	2,655	2,183	4,668	1,934	3,198	5,229	2,208	1,960	5,438	2,140	37,875
Salaries (net)	(1,427)	(1,527)	(1,453)	(1,427)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(16,450)
Tax, NI and Pension	(932)	(981)	(981)	(981)	(981)	(981)	(981)	(981)	(981)	(981)	(981)	(11,722)
Suppliers	(847)	(988)	(1,074)	(874)	(723)	(799)	(1,099)	(1,174)	(724)	(723)	(725)	(10,473)
	(3,206)	(3,496)	(3,508)	(3,282)	(3,031)	(3,107)	(3,406)	(3,482)	(3,032)	(3,031)	(3,033)	(38,645)
Capital Expenditure	0	0	(100)	(72)	0	(340)	0	0	(530)	0	0	(2,317)
Loan	0	0	0	0	0	200	0	0	600	0	0	1,700
Interest Income	0	1	0	1	0	1	0	0	1	0	1	5
Payments from provisions	0	0	(9)	(2)	0	0	0	0	0	0	0	(11)
PDC Dividend Payments	(367)	0	0	0	0	(211)	0	0	0	0	0	(788)
Closing cash balance	3,901	3,061	1,627	2,940	1,844	1,585	3,408	2,134	1,133	3,540	2,648	995
2013/14 Actual/Forecast												
	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	Total £000
Opening cash balance	3,176	3,786	2,141	1,291	3,871	4,707	3,357	6,906	4,789	2,814	5,335	3,176
Operational income received												
NHS (excl SHA)	572	1,065	1,296	2,227	2,639	965	1,289	939	865	2,060	1,022	16,222
General debtors (incl LAs)	861	433	274	393	741	293	1,768	357	217	616	709	7,144
SHA for Training	2,465	17	199	2,669	154	105	3,588	72	16	2,680	409	12,453
Students and sponsors	291	108	86	134	90	344	304	57	122	333	154	2,123
Other	39	30	54	50	65	77	37	51	76	68	25	590
Operational expenditure payments	4,228	1,653	1,909	5,473	3,689	1,784	6,986	1,476	1,296	5,757	2,319	38,532
Salaries (net)	(1,329)	(1,308)	(1,274)	(1,296)	(1,218)	(1,212)	(1,295)	(1,299)	(1,275)	(1,306)	(1,333)	(15,472)
Tax, NI and Pension	(932)	(998)	(981)	(953)	(976)	(931)	(940)	(995)	(989)	(997)	(991)	(11,664)
Suppliers	(968)	(962)	(463)	(570)	(618)	(678)	(1,131)	(1,181)	(996)	(869)	(868)	(10,327)
	(3,229)	(3,268)	(2,718)	(2,819)	(2,812)	(2,821)	(3,366)	(3,475)	(3,260)	(3,172)	(3,192)	(37,463)
Capital Expenditure	(24)	(31)	(42)	(74)	(42)	(109)	(71)	(119)	(12)	(65)	(58)	(822)
Loan	0	0	0	0	0	0	0	0	0	0	0	0
Interest Income	1	1	1	0	1	1	0	1	1	1	1	9
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments	(366)	0	0	0	0	(205)	0	0	0	0	0	(781)
Closing cash balance	3,786	2,141	1,291	3,871	4,707	3,357	6,906	4,789	2,814	5,335	4,405	2,651

Board of Directors Meeting : 25th March 2014

Item : 8

Title : Portman Clinic Service Line Report

Purpose:

Service Line Report

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
- Patient / User Safety
- Equality
- Risk
- Finance
- Productivity
- Communications

For : Discussion

From : Stan Ruszczyński, Portman Director

Service Line Report – Portman Clinic

Executive Summary

1. Introduction

The Portman Clinic offers an assessment and psychotherapeutic treatment service to children, adolescents and adults who are disturbed by their delinquency, criminality and violence and/or by their sexual behaviours which damage others or the person themselves. Drawing on this clinical experience, the Clinic also undertakes risk assessment, teaching, training and consultation activities with colleagues working with similar patients/clients in the social care, mental health and criminal justice services. In addition the Clinic audits its work, undertakes research and produces on publications.

The clinic has a multidisciplinary staff group made up of colleagues trained and experienced in one of the core disciplines of nursing, social/probation work, psychology and psychiatry. All staff have further advanced training in child and adolescent psychotherapy, psychoanalytic psychotherapy, psychoanalysis or group psychotherapy.

The Clinic is managed by a Clinic Director and is organised as one team made up of a total of 8.6 wte clinical staff, plus 1 wte equivalent medical SpR trainee, 1 wte Assistant Psychologist plus 5 0.2 wte honorary staff. This clinical group is supported by an admin group of 1.7 wte and a receptionist, managed by an Administrative Manager.

The Clinic has two major contractual areas. The first is a national clinical contract, and the second is an overlapping range of teaching, training, consultation and service development activities. The financial split between these two areas of activities is approximately 2:1 with very clear growth in the second area. The clinical contract is funded by the HNS, and the latter range of activities are mostly funded through the National Offender Management Service (NOMS).

2. Areas of Risk and/or Concern

- 2.1 Areas of concern within the Clinic are mostly related to the continuing reductions in the funding of the NHS which impacts both on the financial envelope given for the clinical contract, and on the future uncertainties about the funding available from NOMS for teaching, training and consultation and service development in the area of criminal justice.
- 2.2 The other area of concern is in relation to staff morale with constantly increasing demands and pressures on the staff group, both because it has reduced dramatically in size and because of the relentlessness of having to manage continuing cuts in funding and changes in professional activities.

3. Proposed Action Plan

- 3.1 The main areas of concern in relation to the financial worries are being managed by an active engagement with clinical commissioners and by an active drive towards diversifying and increasing the range and portfolio of activities and funding.
- 3.2 The issues around staff morale are managed through sustaining the containment and support provided by a strong team ethic and particular Clinic-specific organisational structures, by ensuring transparency and staff involvement whenever possible when responding to and implementing changes in work activities and professional practices, and by strong leadership (and very hard work!) from the senior staff group.

Main Report

4. Overview of the Service

4.1 Core identity and purpose

4.11 The Portman Clinic was set up as the clinical arm of the Institute for the Scientific Treatment of Delinquency, established in 1931, and later called the Institute for the Study and Treatment of Delinquency (ISTD), and became operational when its first patient was seen in 1933. In 1948, with the coming into being of the National Health Service, the Clinic separated from the ISTD and became part of the NHS. In 1970 the Clinic moved to its current location in Fitzjohns Avenue, London, adjacent to the Tavistock Centre which houses the Tavistock Clinic.

4.12 During the 1980's the two clinics were both organised under a special sub-committee of the Hampstead Health Authority and whilst maintaining their separate identities, increasingly joined forces and as part of the structural changes in the NHS jointly became an NHS Trust in 1994 and then a Foundation Trust in 2006.

4.13 The range of work of the Portman Clinic, all rooted in a developmental and psychoanalytic perspective is outlined below:

- an assessment and clinical service,
- risk assessments
- services offered to children, adolescents and adults
- teaching, training and CPD programmes,
- institutional and clinical consultancy
- service development and
- audit, research and publications

Until 2012-13, the Clinic also undertook, and produced a substantial income (just over £100k in 2011-12), from the writing of family and criminal court reports. This activity has ceased because of the substantial reduction in fees now available for this activity which made it financially impossible to continue.

4.14 The core activity of the Portman Clinic, on which its other activities are based, is the assessment and psychoanalytic treatment of patients who are disturbed and distressed by their delinquent, criminal and violent behaviours or as a result of their sexual activities causing hurt and damage to others and/or to themselves. By definition, these patients and offenders act out their disturbance and in doing so have an emotional impact on those around them including the clinicians and services charged with their care. This impact has to be taken into account very seriously in the delivery of services to these patients and in the understanding offered

in the teaching, consultancy and service developments with colleagues working with similar patients/offenders/clients.

- 4.15 The Portman's clinical service is offered to children and adolescents, and their families, and to adults. The treatment offered is individual or group treatment and some couple work. Frequency of sessions is mostly once weekly, with a very few patients being seen twice weekly and a few patients being seen intermittently. Treatment tends to be medium to long term.
- 4.16 Rooted in this in-depth clinical experience with patients, the Portman Clinic provides a range of teaching, training and CPD activities and organisational and clinical consultancy to colleagues in community or institutional settings working with similar patients and offenders and in the development and delivery of new services. This includes front line practitioners of all disciplines, their supervisors, service leads and managers, working in community mental health teams, in hostels and day care provision, in low, medium and high secure hospital and in prisons.
- 4.17 The Clinic's third substantial area of activity is audit, research and publication. Though these are essential activities the research function is now minimal because of the focus staff need to have on income generating activities. The Clinic has just this March published its third book in the 'Portman Papers' series, titled "*Forensic Group Psychotherapy: the Portman Clinic Approach*", edited by John Woods and Andrew Williams (Karnac Books, 2014)

4.2 Overall vision and strategy

The Clinic is committed

- * through its clinical activity, to go on developing an in-depth conceptual understanding of and the capacity to intervene clinically with its patient population, and

- * through its teaching, training consultancy and service development activities, and its publications, to adapt and apply its practice based knowledge and experience to the variety of work engaged in by colleagues working in social care, mental health and criminal justice services, with similar patients/clients, in community, residential and/or institutional settings.

4.3 Progress to date and current position

The maintenance of the Portman Clinic's clinical contract and the increasing growth and range in teaching, training, consultative and service deployment activities suggests that the core clinical activity is being successfully sustained and the adaptation and application of this clinical understanding to community and institutional services is progressing. But see 2.1 and 2.2 above.

5. Clinical Services and Activity Data

The Clinic receives approximately 200 referrals per year, approximately 160 adults and 40 children / adolescents (mostly adolescents). Adult referrals come mostly from secondary care (50%) and primary care (25%). Only 5% of referrals are self referrals. The vast majority of those referred have had a number of previous interventions from mental health services and the criminal justice system.

The Portman Clinic has three broad 'tickets of entry' for treatment: criminality, violence and sexual perversions. 48% of all referrals come with two or three 'tickets of entry'. 21 % of all referrals have all three tickets (examples of these are rape, paedophilia, incest, sexual assault, i.e. criminal, and violent and sexual).

85% of Portman patients are men: men tend to act out their conflict and disturbance in anti-social ways, and so gain a 'ticket of entry' for Portman Clinic services, whilst women tend to express their distress by harming themselves and/or those closest to them such as their children or partners.

Recent audits show that 76% of patients stay in treatment for at least two years, 51 % stay in treatment for up to 4 years, and 25% stay in treatment for up to 6 years. The remainder stay in treatment long term, some as intermittent patients. The 2009 NICE Guidelines on Anti-Social Personality Disorder state that such patients require long term treatment.

The Clinic is seeing approximately 120 patients at any one time of which approximately 85% come from within London under the Specialist Commissioned Contract. About half this number are seen individually and half in groups, either symptom specific groups (currently: a group for patients suffering from paedophilia, an anti-social personality disordered group, and two groups for pre- and post-operative transsexual patients) or in generic groups. The first two of the symptom specific groups are being researched – see below.

- 5.1 Performance against contracts – current and for next financial year
As a result of the freezing of the national clinical contract in the region of £1.1m over the last two years the Clinic continues to over perform on its clinical contract to the (planned) level of approximately 6-8%. There is no specific information yet regarding the contract and financial envelope for 2014-15, though an increase is, of course, highly unlikely.
- 5.2 Description and understanding of under- and over-performance, including planned actions / negotiations and new targets to be set.
The level of overperformance shows a sustained and continuing demand on Portman clinical services, even with reductions in the tariff per patient

within that fixed envelope. The overperformance is actively managed and held at approximately 6-8% as a way of demonstrating to commissioners the extent of the service need.

- 5.3 Waiting times as evidenced by reports and any plans
The Clinic manages to keep its waiting time to within the 11 week period with only extremely rare breaches.
- 5.4 DNA rate as evidenced by reports and any plans
The Clinic has low DNA rates, in the region of 10%, which is lower than many generic services and certainly lower than in other forensic and PD services.
Figures to be added.
- 5.5 Dormant case data as evidenced by reports and any plans
The Clinic has actively managed its dormant cases and they are now at a minimum.
Figures to be added.
- 5.6 Ethnicity as compared to local population and national figures
Ethnicity figures suggest an under-representation of ethnic minority patients but this is in part representative of broader social and cultural issues with regard to which services are made available to/made use of by different ethnic groups.
- 5.7 Supervision / reflection
 - 5.71 Given the disturbing nature of most of patients seen in the Clinic, robust professional structures are in place to support and develop the staff and maintain high quality practice.
 - 5.72 All the clinical staff are trained and experienced in one of the core disciplines, nursing, social/probation work, psychology or psychiatry, and all have further specialist training as child and adolescent psychotherapists, adult psychoanalytic psychotherapists or psychoanalysts (with a number having trained both as both child and adult psychotherapists).
 - 5.73 The clinical work is supported by two mandatory weekly clinical meetings, one supporting on-going individual treatment and the other supporting group treatment; and by a fortnightly meeting where assessments and appropriate disposal of patients following assessment is discussed. There are infrequent termly extended clinical staff meeting where specific clinical issues are discussed, with staff bringing clinical vignettes for consideration, audit details if they exist of the matters being discussed are made available, and there is encouragement to read agreed relevant literature. There is also a voluntary monthly reading seminar and because the weekly clinical meeting often includes guests and visitors there is a second, voluntary, fortnightly clinical meeting.

- 5.74 These systems which support and develop the standard of practice in the clinic are usually well attended but, when necessary, staff absent themselves so as to carry out work that cannot be done otherwise. This is perhaps inevitable but it is of major concern that with fewer staff and increased work loads, pressure will be put on staff to absent themselves more often and so threaten these 'quality controls'.
- 5.75 The whole Portman staff group meets once a term to discuss and decide on policy matters; it also has an annual 'Away Day' to more fully consider and debate policy issues and the establishment of new projects. The administrative staff have meetings to discuss details of their own structures and work, and to process the impact of the often very disturbing material they are reading and typing. Any untoward incidents with patients which they are aware of (very rare occurrence), are processed with the support of the Admin Manager and/or the Clinic Director and/or senior staff.
- 5.8 Other performance indicators as required, e.g. quality of data collection in CAMHS to include recording SEN, Disability and LAC status.

6. Financial Situation

- 6.1 Year-to-date financial situation
Please see in the Attachment, the February 2014 financial Service Line Report.
Report to be added.
- 6.2 To include overall financial position of service line / cluster / business unit, subsequently broken down into specific teams / services within that line
Commentary on Report to be added when up-to-date Report is attached
- 6.3 Plans for future developments / changes
Given the continuous requirement to cut costs, pressure will continue to be exerted on the salary levels made available to future new staff. This raises some concern because the nature of the patient population being seen and the complexity and toxicity of the institutions worked with who care for these patients and clients, requires a level of training and expertise that needs to be signalled by the salary levels being offered to staff.
This issue makes recruitment of new staff and succession planning difficult.
- 6.4 Plans for productivity / service redesign
The Portman Clinic has been reasonably successful in its drive to improve productivity by both diversifying its range of activities, especially

in relation to its teaching, training, consultation and service development activities, and as a result of managing to recruit new staff at a lower salary banding. But see 6.3 above.

7. Clinical Quality and Outcome Data

7.1 Description of what has been used and what

Portman clinical services are robustly evaluated regarding their clinical effectiveness, patient safety and patient experience. This has includes developing and implementing measures that are sensitive to the specific difficulties of the Clinic patient population, for example the Shedler- Westen Assessment Procedure (SWAP), and the Frequency of Problem Behaviours measure.

Experience of Service

All patients over 18 following assessment and at six-monthly intervals in treatment are asked to complete an Experience of Service Questionnaire (ESQ). Patients under 18 and their carers are asked to complete the Commission for Health Improvement - Experience of Service Questionnaire (CHI-ESQ).

Outcome monitoring

Routine outcome monitoring demonstrating the clinical effectiveness of our treatments is conducted on all patients accepted for treatment. This includes a range of measures, including a patient-reported outcome measure (PROM), clinician reported outcome measures (CROM), and measures done jointly with the clinician and the patient together.

Patients over 18 receive the following measures after assessment and every 6 months in treatment:

- Clinical Outcomes in Routine Evaluation (CORE) – Outcome **Measure (PROM)**
- CORE Therapy Assessment Form and End of Therapy Form (CROM)
- Shedler-Westen Assessment Procedure-200 (SWAP-200)(clinician-rated personality measure)
- Frequency of Behaviours Outcome measure (jointly done with clinician and patient)

Patients under 18 receive the following measures after assessment and every 6 months in treatment:

- Goal-based measure (measure done jointly with patient and clinician)
- Strengths and Difficulties Questionnaire (PROM)
- Children's Global Assessment Scale (CROM).

Patients in the Mentalisation based treatment for antisocial personality disorder (MBT-ASPD) service receive, with informed consent, a comprehensive battery of measures as this service has been piloted as part of a research project. Service user involvement has been integral to the

evaluation of this service, and we have modified elements of the service and its evaluation in response to patient feedback.

7.2 Comment on the quality of reporting

7.3 Include figures and understanding of data

7.4 Include actions proposed

7.5 Specific outcome of projects

8. Feedback

8.1 To include performance in relation to satisfaction with clinical services, environment, information etc., as measured by feedback from patients and clinicians, ESQ

8.2 Comment on issues of data quality such as response rates and plans for improving data quality and new initiatives

8.3 Include information on any complaints, and how these were dealt with, including any action plans

9. Serious Untoward Incidents and Safety Issues

9.1 Data to date on safety issues and Serious Untoward Incidents (SUIs will have been reported separately to the Board, but should be addressed in this section).

One incident recently: In October 2013, a Portman patient who was receiving group treatment when he had an asthma attack, was sent to A and E by the group therapist who was running the group he was in, without the 'transfer to hospital form' but with only a verbal handover to one of the paramedics who came in the ambulance within minutes of being called by the Portman receptionist.

9.2 How have issues been dealt with
Incident reported and investigated. It was found that the necessity of a 'transfer to hospital form' was not known about.

9.3 What action is to be taken
Portman staff told about the rapid transfer procedures and location of required copies of documentation highlighted.

9.4 What has been learnt
The existence of the rapid transfer to hospital procedure

10. Clinical Governance and Audit

10.1 To include projects / activities to date

Regular audits are carried out on

- referral sources
- presenting problems/complaints on referral
- engagement by patients treated via the Portman Clinic's MBT for ASPD service
- DNA rates
- Waiting time assessments

10.2 Challenges and achievements

10.3 What has been learnt

10.4 Plans

11. Education and Training

11.1 Description of range and direction of travel

Much activity in this area is delivered through clinical and element) within the forensic and Personality Disorder setting which commission the activity, rather than more traditional teaching based in the Portman Clinic or Trust, but the Clinic is increasingly engaged in developing training, teaching and CPD activities to be offered in the Portman Clinic or Trust. This is being developed with the SAAMHS Associate Dean. The most significant programme being developed is D59F, linked with the Trust's D58 programme.

11.12 There is ongoing and increased activity and income in relation to organisation, administrative and teaching activity related to the national delivery of the Personality Disorder Knowledge and Understanding Framework (PDKUF).

11.13 The Portman Clinic has a contract with the London Probation Trust (LPT) to offer clinical supervision and rapid response consultation following untoward incidents to all probation staff across London. This has been delivered since early summer 2013 and is to continue until December 2014

11.14 Predating the above 11.13 and continuing in parallel, the Portman runs a number of teaching seminars/practice supervision seminars for probation staff from local probation offices using local training funds.

11.15 The Clinic participates in a number of Tavistock Clinic courses and trainings as well as offering supervision and consultancy to Tavistock Clinic colleagues. In addition, the Clinic runs a number of courses, CPD lecture series and seminars. These include a very well received course on Risk Assessment and Management which has also been delivered in an adapted form in Birmingham and Nottingham (twice), a new CPD event targeted at colleagues

working with adolescents and a course for colleagues working at the interface with the legal services.

11.16 Jointly with the West London Mental Health Trust, the Clinic runs a medical training in forensic psychotherapy. Psychiatrists undertake a 'dual' training in forensic psychiatry and medical psychotherapy and graduate as Consultant Forensic Psychiatrists.

11.17 With the freezing and likely continuing reduction in clinical activity as a result of the downturn in the real value of the clinical contract, resources will continue to be freed up to further develop teaching, training and consultancy projects, though the reduction in the size of the staff group will limit this impact.

11.2 Activity and financial performance against targets

Other than the PDKUF and LPT projects, both of which are funded by those commissioning this activity, the targets for Portman Clinic non-clinical and institutional consultancy teaching activity have been modest, so the recent developments in this area are to be welcomed and should provide additional income for the Portman Clinic.

11.3 Quality indicators / issues

11.4 Issues relating to trainees – management, satisfaction etc.
At present the Portman Clinic has only one trainee – a junior doctor undertaking the dual medical forensic psychotherapy training (in collaboration with the West London Mental Health Trust). See 11.16 above.

11.5 Conferences

The most recent conference organised by the Portman Clinic was a conference on groups and gangs (March 2014).

12. Research

12.1 Description of current activity and aspirations

The Portman Clinic employs two staff members with posts specifically designated as consultant adult psychotherapists / researchers. Together with other colleagues and an Assistant Psychologist they have significantly developed the research mindedness of the clinic resulting in regular audits. However, securing funding for research is extremely difficult and apart from some internally funded projects there is little research activity in the Clinic

12.12 Regular audits are carried out of both child and adolescent and adult referrals. Other recent audits include recidivism amongst patients in treatment; the nature of requests for advice and

consultation from potential referrers as opposed to referral for treatment; looking at referred patients who had major drug and alcohol addictions and were, for this reason, not taken into treatment but encouraged to access addiction services and then be re-referred; an audit in relation to referrals and treatment of female patients; and, at the request of the Department of Health, an outcome audit with multidisciplinary staff teams participating in ward based reflective practice groups, conducted by Portman staff, on seven wards in two medium secure hospitals in south London.

12.13 There are two current research projects. These are:

Evaluation of an Mentalisation Based Treatment group for men with ASPD, in Partnership with Anthony Bateman, Peter Fonagy and colleagues on other sites; and, in partnership with Cardiff University and Grendon Prison, using the Implicit Association Test to test psychoanalytic assumptions about types of violence; and funding is being sought for a research project to examine pathways to internet offending.

12.14 Recent publications include a book of lectures on violence; a book describing a number of institutional frameworks in community settings supporting work with antisocial patients and their mental health needs; and most recently a book on group psychotherapy. Recent contributions to books and journals include papers/chapters on consultancy, on internet pornography, and on patients' experience of forensic psychotherapy.

12.2 Financial reporting

12.3 Future projects / prospects and issues in developing these, e.g. resources

The MBT service for ASPD patients has led to a commission to rollout this service across England and Wales. See 13.31 below.

12.4 Plans, e.g. staffing etc.

13. Consultancy

13.1 Description of current activity and aspirations

13.11 Many forensic/personality disordered patients and offenders are cared for in institutional settings, in low / medium / high secure hospitals or prisons or, if managed in the community, are often known to a multidisciplinary team. This institutional and team treatment setting for these patients, together with the emotional impact they have on those around them, results in the 'training of choice' often being that of clinical consultancy in the treatment setting with the multi-disciplinary team. Through reflective practice group sessions,

the team can build up their shared knowledge and integrated understanding of their patient, whose fragment mental state can result in partial and differentiated relationships to different members of the staff team. In addition, consulting to the managers and service leads (i.e. organisational consultancy) can protect the institution and the managerial functions from being similarly affected by the emotional impact of the management and care of these patients/offenders, as well as ensuring that resources are made available for the practitioners to be able to access the reflective practice sessions.

13.12 Currently, such organisational and clinical consultancy is taking place in medium and low secure hospitals and in prisons, in day care/residential settings, as well as in Community Mental Health Teams, in a number of services in London, and across the UK most intensively in Nottingham, Hull, Wakefield and Leeds. A consultancy to the wing psychotherapists at Grendon Prison is ongoing and includes joint teaching/CPD activities and a research project (see below).

13.2 Financial reporting

13.3 Future projects / prospects and issues in developing these – particularly developments across the Trust

13.31 Following the provision of audited and researched Mentalisation Based Treatment (MBT) groups for Anti-Social Personality Disordered (ASPD) patients, the Portman clinic has been commissioned by the National Offender Management Service (NOMS) to oversee and develop an MBT for ASPD patients services in 12 sites located across England and Wales. The new service(s) will be co-delivered on each site by a team drawn from psychiatry and the probation service. The Portman Clinic will be one of the sites but will also oversee the whole service development project.

13.32 The project has been developed in a continuing collaboration with Peter Fonagy and Anthony Bateman, who initially designed and developed the MBT model for borderline personality disorder, and have joined us in now developing the treatment model for ASPD patients. The plan is to establish the service across the 12 sites and then to seek funding for an RCT research project. The funding for such a research project cannot come from NOMS so other sources will be sought.

13.4 Developments across the Trust

14. Staffing and HR issues

14.1 Information about members, grades, and disciplines

- 14.11 As a result of ongoing significant cost reductions made in annual budgets, the Portman's clinical staff group has steadily fallen in number in the last 4 years. Table 1 below gives the figures for June 2010 and current figures (March 2014), showing a reduction of just under 25%.

Table 1: Portman Clinical Staff Group

Clinical Staff	Whole Time Equivalents
Consultant Adult Psychotherapists	6.20 (2010) 5.20 (2014)*
Consultant Child and Adolescent	2.60 (2010) 1.75 (2014)
Consultant Psychiatrists in Psychotherapy	3.45 (2010) 2.50 (2014)
Total Clinical Staff	12.25 (2010) 9.25 (2014)

* includes a 0.6 wte vacancy

- 14.12 The Clinic also hosts one full-time medical Forensic Psychotherapy SpR funded directly by the Deanery, who is training in a national scheme jointly run by this Trust with the West London Mental Health Trust.
- 14.13 The Clinic also has a 6 one-day-a-week Honoraries
- 14.14 The Clinic employs one full time Assistant Psychologist whose primary responsibility is to support the audit and research functions of the Clinic and to provide other support to clinical staff i.e. literature searches. The Assistant does not have clinical responsibilities but meets patients to administer research / audit instruments as appropriate.
- 14.15 Among the Portman clinical staff group, two, in addition to their Portman work, have Trust-wide roles, these being, the Trust Lead for Personality Disorder, the Assistant Medical Director and the Director of Medical Education (the latter 2 roles being held by one person)
- 14.16 Among the Portman clinical staff group four have additional sessions in other parts of the Trust, 3 in the CAMHS and 1 in the Complex Needs Service. One Portman staff member also holds a post of 0.2 wte at Broadmoor Hospital
- 14.17 The 9.25.00 WTE clinical staff group is made up of 15 people. Of these, 2 are on 0.2 wte sessions and 1 is on 1.5 wte. One member of staff is on 0.5 wte sessions and all other staff are on a minimum of 6 sessions or more. The number of staff on 3 or less sessions has been actively reduced significantly in the last few years.

14.18 The Administrative and secretarial staff of the Portman Clinic is made up of:

- a full-time Admin Manager (who functions as a PA to the Clinic Director and manages the admin staff)
- a full time Receptionist and appointments secretary
- 1.7 secretarial/admin staff, supported when necessary by a temporary secretary

14.19 The pay and non-pay budget for the Portman Clinic for 2011/12 was £1,486,183, and the draft budget for 2014-15 is £1,216,430, a reduction over that period of just over 18%.

3.10 The Clinic's organisational structure and line of authority is very simple. There is a shallow hierarchy with the Director of the Clinic being (internally) supported in his role by an Executive Committee. Medical staff are answerable to the Trust's Medical Director, and members of the nursing and psychology disciplines have professional contact with these disciplines across the Trust, but the line of authority for all Portman staff is to the Portman Clinic Director.

14.2 Planned staffing structures

14.3 Any discipline or management issues, e.g. problems in recruiting, managing staff etc.

14.4 Succession planning

Succession planning has been in place for the last 3 or 4 years with a number of senior staff leaving and retiring to be replaced by younger colleagues, often on a lower pay banding. Another senior staff has just retired but is returning to work on specific projects.

A change will take place when on 30 September 2014, after nine and a half years in post, the current Clinic Director comes to the end of his contract. There will be a recruitment process taking place in April/May to secure a replacement.

14.5 Quality initiatives e.g. supervision groups
See below

14.6 Supervision / support / reflective practice and how this is achieved

14.61 Given the toxicity and disturbing nature of most of patients dealt with in the Clinic, robust professional structures are in place to support and develop the staff and maintain high quality practice

14.62 All the clinical staff are trained and experienced in one of the core disciplines, nursing, social / probation work, psychology or psychiatry, and all have further specialist training as child and adolescent psychotherapists, adult psychoanalytic psychotherapists

or psychoanalysts (with a number having trained both as both child and adult psychotherapists).

- 14.63 The clinical work is supported by two obligatory weekly clinical meetings, one supporting on-going individual treatment and the other supporting group treatment; and by a fortnightly meeting where assessments and appropriate disposal of patients following assessment is discussed. There is an obligatory termly extended clinical staff meeting where specific clinical issues are discussed, with staff bringing clinical vignettes for consideration, audit details if they exist of the matters being discussed are made available and there is encouragement to read agreed relevant literature. There is also a voluntary monthly reading seminar.
- 14.64 These systems which support and develop the standard of practice in the clinic are always well attended but, when necessary, staff absent themselves from these meetings to carry out work that cannot be done otherwise. This is perhaps inevitable but it is of major concern that with fewer staff and increased work loads pressure will be put on staff to absent themselves more often and threaten these 'quality controls'.
- 14.65 The whole Portman staff group meets at least once a term to discuss and decide on policy matters and has an annual whole day Away Day to more fully consider and debate policy issues and the establishment of new projects. The Administrative staff have regular meetings to discuss details of their own structure and work and to process the nature of the Clinic's work and the sometimes very disturbing material they are reading and typing.

15. Cross-Directorate and Trust

- 15.1 A description of current roles, responsibilities, services etc.
- 15.11 Among the Portman clinical staff group, two, in addition to their Portman work, have Trust-wide roles, these being: the Trust Wide Lead for Personality Disorder, the Assistant Medical Director and the Director of Medical Education (the latter 2 roles being held by one person)
- 15.12 Among the Portman clinical staff group four have additional sessions in other parts of the Trust, 3 in the CAMHS and 1 in the Complex Needs Service.
- 15.13 Various Portman Clinic staff teach regularly on courses run in the Complex Needs service and in CAMHS, including major contribution to the Couples Course and to the Child psychotherapy training.

15.2 Prospects and challenges

The Clinic has in the last year been successful in developing and having commissioned two major areas of activity both of which will continue into the near future. These new major contributions to services for offenders and others suffering from personality disorder, are in addition to continuing involvement in the delivery of the Personality Disorder Knowledge and Understanding Framework (PDKUF).

These activities are major projects which have been very important in embedding the Portman Clinic and the Trust as a whole in developing services for offenders and others with personality disorder. All three projects offer challenges in delivering the requisite activities across London and across England and Wales but also offer the prospect of being involved into the future in a major area of government activity in relation to developing and delivering services in the area of offender mental health.

15.21 One of the new areas of work is with the Probation Services via two strands of activity, one being a central contract with the London Probation Trust (LPT) to provide clinical supervision and on-demand consultancy in relation to untoward incidents, and the other is an ongoing series of teaching and case discussion seminars commissioned by local probation offices using local training funds. This substantial teaching, supervisory and consultative role is an important relationship with the Probation Service given their current major reorganisation into a public national probation service (NPS) and services to be provided by a consortium of private bidders from the private and voluntary sector (to be called Community Rehabilitation Companies [CRC]). Our current involvement puts the Clinic in a strong position in relation to any future developments of teaching and supervision by the reformed probation service.

15.22 The other major commission is the roll out across England and Wales of a new treatment service based on a group application of Mentalisation Based Treatment (MBT) for men suffering from Anti-Social Personality Disorder (ASPD). The new service will be jointly offered by psychiatric and probation services in a dozen locations over England and Wales. As well as being a site of service delivery itself, the Portman Clinic will design, develop and oversee the whole project across the dozen sites.

15.23 Having been part of the consortium which designed and wrote the programmes, the Portman Clinic continues to make a major contribution to the roll out and development of the Personality Disorder Knowledge and Understanding Framework (PDKUF). The PDKUF is a set of learning opportunities (an Awareness level of teaching, a BSc and an MSc) aimed specifically at staff, managers and service leads working with both forensic and non-forensic personality disorders. The Portman Clinic runs two cohorts of MSc students in the Clinic, a member of Portman staff plays a major role in working with colleagues at the Institute of Mental Health at Nottingham University who hold

responsibility for developing and delivering this programme across the UK and another member of staff has been central in meeting a new request from the National Offender Management Service (NOMS) to develop design and writing a new module to be delivered as a part of the PDKUF but also as a stand-alone teaching module.

15.3 Any plans

A number of aspirations and plans are being pursued:

- The recent roll out of both the probation service activity and the MBT for ASPD service development requires bedding down and consolidation. Both could lead to further clinical, teaching or consultative activities and need to be properly resourced.
- With changes in the personnel of the staff group offering child and adolescent services in the Portman, there are aspirations to develop that part of the Portman Clinic's clinical and teaching work.
- Resources are being put into continuing the steady expansion of Portman Clinic/Trust based teaching activities.
- A number of current teaching and consultation commissions are being pursued including consultation/service development in a community service in the West Midlands and in a mental health trust south of London.

Stanley Ruszczynski
Director, Portman Clinic
20th March 2014

Board of Directors : March 2014

Item : 9

Title : 2014/15 Income and Expenditure Budget

Summary:

The 2014/15 budget is presented for approval.

The capital budget is presented separately.

For : Approval

From : Director of Finance

2014/15 Budget

1. Introduction

- 1.1 The revenue budget for 2014/15 is presented here for approval.
- 1.2 Key factors affecting the budget are summarised in section 2. The Trust's actions to ensure that we meet our financial targets are set out in section 3.
- 1.3 The proposed budget is summarised below and in Appendix A.

		FULL YEAR 2013-14			2014-15	2014-15	2014-15
		OPENING BUDGET £000	REVISED BUDGET £000	FORECAST OUTTURN £000	PROPOSED BUDGET £000	CHANGE FROM REVISED BUDGET	CHANGE FROM FORECAST OUTTURN
INCOME							
1	CLINICAL	14,638	15,838	15,907	15,439	(400)	(469)
2	TRAINING	21,233	21,197	21,445	20,812	(385)	(633)
3	CONSULTANCY	1,448	1,564	1,326	1,467	(97)	141
4	RESEARCH	128	211	238	98	(113)	(139)
5	OTHER	964	1,063	1,168	1,159	96	(9)
TOTAL INCOME		38,411	39,873	40,084	38,974	(899)	(1,110)
OPERATING EXPENDITURE (EXCL. DEPRECIATION)							
6	CLINICAL DIRECTORATES	14,477	15,604	14,775	15,176	428	(401)
7	OTHER TRAINING COSTS	14,597	14,575	14,343	14,146	429	197
8	OTHER CONSULTANCY COSTS	893	931	867	815	116	53
9	CENTRAL FUNCTIONS	6,808	7,543	7,639	7,430	112	208
10	TOTAL RESERVES	520	104	0	401	(296)	(401)
TOTAL EXPENDITURE		37,295	38,757	37,625	37,967	789	(344)
EBITDA		1,116	1,116	2,459	1,007	(110)	(1,453)
ADD:-							
11	BANK INTEREST RECEIVED	5	5	10	5	-	(5)
LESS:-							
12	DEPRECIATION & AMORTISATION	550	550	807	550	0	257
13	FINANCE COSTS	0	1	1	1	0	0
14	DIVIDEND	421	421	421	421	0	0
SURPLUS BEFORE RESTRUCTURING COSTS		150	149	1,241	40	(110)	(1,715)
15	RESTRUCTURING COSTS	0	30	0	0	0	0
SURPLUS/(DEFICIT) AFTER RESTRUCTURING		150	119	1,241	40	(110)	(1,715)
EBITDA AS % OF INCOME		2.9%	2.8%	6.1%	2.6%		

1.4 The proposed target surplus has been reduced to £40k; Monitor has removed the requirement for Foundation Trusts to achieve a surplus. This represents just over 0.1% of total income.

1.5 The proposed budget includes reserves of £120k – intended for potential investment in developments – and £315k to cover contingencies.

2. **Key factors**

2.1 It has been confirmed on 13 March that only staff already at the top point of NHS pay scales will receive an increase of 1% on 1 April. This increase will be covered by £100k we have set aside; pay increments for all other staff (which are in a range of 2 to 4%) have been built into the detailed expenditure budgets.

2.2 The national efficiency target this year has been set at 4%. This means that while costs overall are expected to rise by 2.2%, the prices or tariffs paid by commissioners will be reduced by 1.8% or 1.7%. This applies to most but not all of our income.

2.3 There have been reductions in some contract values. Some smaller income budgets (notably for departmental consultancy and for court work) have also been reduced significantly from 2014/15 in the light of experience and the likely market conditions.

2.4 Savings from the 2014/15 productivity improvements are included in the budget.

2.5 The Family Nurse Partnership contract is included in the CAMHS Training income and the expenditure is shown separately.

2.6 Day Unit contribution has reduced by £150k as a new business model has been introduced in 2014/15 which is expected to pick up in the second half of the financial year. The new model has yet to be finalised, but the budgeted net contribution is expected to be close to the figures included here.

2.7 TC Consultancy income has been reduced by £117k and the 2014/15 plan is to use a reduced proportion of associates to generate income.

2.8 Training course fees for the next academic year have been adjusted to reflect costs and changes in market demand. Income budgets have been developed and agreed in detail for each course and each CPD programme

2.9 Training income has reduced by £500k due to a reduction in Department for Education consortium income which is largely offset by savings, but which has reduced contribution by £23k.

2.10 Research income remains lower than in the past, but the budget of £98k is believed to be largely secure.

2.11 No major restructuring costs are budgeted

- 2.12 The Portman expenditure budget has been reduced by £362k from 2013/14. There have been reductions in the posts required to deliver the London Probation Service and efficiencies have been made on the current staff structure.
- 2.13 Camden CAMHS expenditure budget has been reduced by £246k due to staffing efficiencies in addition to more robust details around the new projects which commenced in 2013/14.

3. Key Risks and Risk Management

- 3.1 As noted above, we have aimed to ensure that all income budgets are prudent. Almost all our contracts are secured, but services may be tendered in future. In common with most organisations, some elements of income are variable and are not all secured at this stage. There are particular risks for Education and Training fee income; the Day Unit (as the service reconfigures); Tavistock Consulting.
- 3.2 The budget includes a contingency reserve of £315k; this is lower than 2013/14 but somewhat higher than in previous years.
- 3.3 Management responsibilities for all areas of the budget remain clear.
- 3.4 We will conduct a full forecast of all risk areas quarterly, with budget holder involvement. These will be reported to the Board. In the intermediate months, forecasts will be updated on an exception basis.
- 3.5 We need to ensure that we deliver at least a small surplus in quarter 1 and (cumulatively) in each subsequent quarter, and retain our Continuity of Service Risk Rating of 3 or 4. There are no major phasing differences in the budget, so we would expect to achieve this in each quarter, though some of the risks listed above will apply.

4. 2015/16

- 4.1 The Trust will be submitting to Monitor on 4 April an Operational Plan for two years. This is presented to the Board in Part 2 of today's meeting, and includes an income and expenditure projection for year 2 (2015/16).

5. Capital Expenditure

- 5.1 The capital expenditure plan for the next two years, including the budget for 2014/15, is presented for approval separately at this meeting.
- 5.2 The capital budget proposals include the initial relocation programme, a programme of estates improvement and replacement and development of IT equipment.

6. Cash Flow

- 6.1 Cash flow projections for 2014/15 are being developed and will be presented at or before this meeting, to be considered as part of the budget approval.
- 6.2 The main factors to be taken into account will be:
- The current cash balance, which is high, but which includes some balances which will be utilised during the first part of 2014/15.
 - The income and expenditure budget presented here.
 - The capital expenditure plans.

7. Conclusion

- 7.1 The Board is invited to approve the income and expenditure budget for 2014/15.

Simon Young
Director of Finance
14 March 2014

Appendix A

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST						
Proposed Budgets 2014/15	2013/14	2013/14	2013/14	2014/15	Change	Change
	Opening Budget	Revised Budget	Forecast	Proposed Budget	from Rev Budget	from Forecast
INCOME						
1 CENTRAL CLINICAL INCOME	6,247	7,131	7,377	7,054	(77)	(323)
2 CAMHS CLINICAL INCOME	4,033	4,121	3,561	3,987	(134)	425
3 SAAMHS CLINICAL INCOME	4,358	4,586	4,969	4,398	(189)	(572)
4 NHS LONDON TRAINING CONTRACT	7,254	7,254	7,254	7,254	0	0
5 CHILD PSYCHOTHERAPY TRAINEES	2,188	2,148	2,031	2,148	0	118
6 JUNIOR MEDICAL STAFF	1,130	1,126	1,109	1,022	(104)	(87)
7 POSTGRADUATE MEDICAL & DENTAL EDUCATION	76	84	109	94	10	(15)
8 TRAINING FEES & OTHER ACADEMIC INCOME DET	1,324	2,201	2,524	1,739	(462)	(785)
9 TRAINING FEES & OTHER ACADEMIC INCOME CAMHS	7,541	6,506	6,801	6,743	237	(58)
10 TRAINING FEES & OTHER ACADEMIC INCOME SAAMHS	1,426	1,584	1,370	1,530	(55)	160
11 TRAINING FEES & OTHER ACADEMIC INCOME TC	293	293	247	282	(11)	35
12 TC INCOME	1,004	1,042	716	925	(117)	209
13 CONSULTANCY INCOME CAMHS	107	107	114	110	3	(5)
14 CONSULTANCY INCOME SAAMHS	337	416	496	432	16	(64)
15 R&D INCOME	128	211	238	98	(113)	(139)
16 OTHER INCOME	964	1,063	1,168	1,159	96	(9)
TOTAL INCOME	38,411	39,873	40,084	38,974	(899)	(1,110)
EXPENDITURE						
17 COMPLEX NEEDS	3,432	3,513	3,512	3,560	(47)	(48)
18 PORTMAN CLINIC	1,527	1,527	1,212	1,165	362	47
19 GENDER IDENTITY	1,115	1,151	1,071	1,253	(102)	(183)
20 BIG WHITE WALL & DEV PSYCHOTHERAPY UNIT	247	221	220	114	107	106
21 NON CAMDEN CAMHS	4,023	4,147	3,991	4,231	(84)	(240)
22 CAMDEN CAMHS	3,684	4,596	4,372	4,350	246	22
23 CHILD & FAMILY GENERAL	449	449	398	503	(55)	(105)
24 FAMILY NURSE PARTNERSHIP	0	3,446	3,141	3,575	(129)	(434)
25 JUNIOR MEDICAL STAFF EXP	1,052	1,006	999	966	40	32
26 NHS LONDON FUNDED CP TRAINEES	2,189	2,148	2,061	2,148	0	(87)
27 TAVISTOCK SESSIONAL CP TRAINEES	34	34	33	19	15	14
28 FLEXIBLE TRAINEE DOCTORS & PGMDE	388	389	359	394	(5)	(36)
29 EDUCATION & TRAINING	4,042	3,779	3,919	3,447	332	471
30 VISITING LECTURER FEES	1,179	1,369	1,400	1,229	141	171
31 CAMHS EDUCATION & TRAINING	4,868	1,471	1,496	1,429	42	67
32 SAAMHS EDUCATION & TRAINING	843	933	935	939	(6)	(4)
33 TC EDUCATION & TRAINING	0	0	2	0	0	2
34 TC	893	931	867	815	116	53
35 R&D	183	169	147	169	0	(22)
36 CORPORATE GOVERNANCE & FACILITIES	2,053	2,171	2,342	2,078	93	264
37 FINANCE, ICT & INFOMATICS	1,944	2,350	2,407	2,326	24	81
38 TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	977	989	914	998	(9)	(84)
39 COMMERCIAL DIRECTORATE	646	772	704	738	34	(34)
40 HUMAN RESOURCES	622	670	660	632	38	28
41 CLINICAL GOVERNANCE	451	490	525	562	(72)	(37)
42 PROJECTS CONTRIBUTION	(69)	(69)	(60)	(73)	4	13
43 DEPRECIATION & AMORTISATION	550	550	807	550	0	257
44 IFRS HOLIDAY PAY PROV ADJ / Incremental pay	0	0	0	100	(100)	(100)
45 PRODUCTIVITY SAVINGS	0	0	0	0	0	0
46 INVESTMENT RESERVE	170	73	0	120	(47)	(120)
47 VACANCY FACTOR	0	0	0	(134)	134	134
48 CENTRAL RESERVES	350	31	0	315	(284)	(315)
TOTAL EXPENDITURE	37,845	39,307	38,431	38,518	789	87
OPERATING SURPLUS/(DEFICIT)	566	566	1,653	456	(110)	(1,197)
INTEREST RECEIVABLE	5	5	10	5	0	(5)
DIVIDEND ON PDC	(421)	(421)	(421)	(421)	0	(0)
SURPLUS/(DEFICIT)	150	150	1,242	40	(110)	(1,202)

Board of Directors : March 2014

Item : 10

Title : 2014/15 Capital Budget

Summary:

The 2014/15 capital budget is presented for approval.

This paper was reviewed by the Management Committee on 13 March 2014

For : Approval

From : Deputy Director of Finance

2012/13 Capital Budget

1. Introduction

- 1.1 The capital budget for 2014/15 is presented here for approval as part of the Operational Plan.

	2014/15	2015/16
	Proposed	Proposed
	Budget	Budget
	£000	£000
Relocation Programme (2015/16 tbc)	600	-
Estates & Facilities Improvement Programme	375	295
ICDR project	529	109
FNP website and IT System	300	50
DET	164	-
IT hardware and network software	350	350
Total Capital Programme	2,318	804

- 1.2 As reported to recent meetings, expenditure is now forecast at £725k in 2013/14 against a budget of £2,317k. The majority of the projects have taken place with the exception of the Day Unit relocation which has been superseded by the relocation programme in 2014/15.

2. Proposed Capital Budget

- 2.1 The relocation Programme budget of £600k was suggested at the February Board as an initial estimate for 2014/15 and the project is likely to cost in excess of £26m over 4 years should it go ahead. Due to the current levels of cash reserves we will need to find alternative solutions such as disposal of property to fund the relocation programme in future years.
- 2.2 The Estates and Facilities improvement programme is detailed in a separate paper.
- 2.3 The Integrated Digital Care Records System has a two year capital requirement which includes additional trust staff for the transformation in addition to implementation costs of the successful applicant. The details are contained in full business case which is being presented to the Board in March.
- 2.4 FNP require an investment of £150k to develop phase 2 of their website. In addition the also require £150k to implement a Records Management System.

- 2.5 DET also Require £164k for a records management system
- 2.6 The IT Hardware budget is an increase of £100k on the 2013/14 budget.

3. Conclusion

- 3.1 The Board is invited to approve the capital budget for 2014/15, totalling £2,318k as part of our Operational Plan.

Carl Doherty
Deputy Director of Finance
13 March 2014

Board of Directors : March 2014

Item : 11

Title : SUI Action Plan - Update

Purpose:

The purpose of this report is to update and advise the Board on progress on the Trust Action Plan following SUI (Oct 2012) Investigation. This is further to the report (Jan 2014) advising the Board of the outcome of the inquest into the death of Tallulah Wilson (SUI Oct 2012) which concluded on 22.1.14.

This report has been reviewed by the following

- Verbal report – Management Committee 13th March 2014.

This report focuses on the following areas:

- Patient / User Safety
- Risk

For : Noting

From : Rita Harris, CAMHS Director

SUI Action Plan - Update

1. Introduction

- 1.1 This paper provides an update to the Board of Directors on the Trust Action Plan from SUI (Oct 2012) investigation.
- 1.2 This report is for noting

2. Trust Action Plan

- 2.1 The action plan has been completed and is attached

3. Further developments

- 3.1 A mandatory risk assessment training skills training is being rolled out across
- 3.2 The Digital Life team is now up and running chaired by Sally Hodges (CAMHS) and Richard Graham (SAAMHS).
- 3.3 Jane Chapman, Governance and Risk Advisor, Jessica Yately and Caroline McKenna, Associate Medical Directors are updating risk assessment procedures and associated record forms to reflect service users digital life and refining/improving Trust risk assessment procedures generally.

Rita Harris
CAMHS Director
13th March 2014

Trust Action Plan outcome from SUI (Oct 12) investigation Progress Update end Q4 2014

Recommendation	Objective	Success criteria	Plan	Timescale	Lead	Progress report Q4 2013-14
<p>Digital Life Awareness Training:</p> <p>The organisation to explore opportunities for providing 'digital life' awareness training for clinical staff (in particular those looking after young people).</p>	<p>To promote a wider understanding of the impact of patients' use of the internet/social networking on their mental health</p>	<p>A reaudit of CAMHS clinicians which shows an improved level of clinician understanding following promotion and training events.</p> <p>(audit will use survey monkey technique for data gathering)</p>	<p>Working with Dr. Richard Graham and Dr Andy Wiener to develop and deliver training and awareness sessions for clinical staff.</p> <p>Use the digital awareness audit tool developed in 2012</p>	<p>Training Q1-Q3 2013-14</p> <p>Repeat questionnaire Q4 2013-14</p> <p>Final report on progress Q4 2013-14</p>	<p><i>Training content</i> Richard Graham and Jane Chapman</p> <p><i>Co-ordinate training delivery</i> Andy Wiener</p> <p><i>Audit/baseline assessment</i> Jane Chapman</p>	<ul style="list-style-type: none"> Funding to support internal training secured. Training with external experts took place on November 19- 2013 Around 90 staff attended Digital awareness questionnaire administered. These results will help advise further training events for clinical staff, the same questionnaire will be administered after further training. Repeat of the event is planned for 4- April 2014. Digital Life team designed to develop Trust wide clinical digital strategy including users in developing clinician training is up and running.

<p>Team Meeting Record Keeping: Team Managers in CAMHS should be asked to review the record keeping methods used in team meetings to ensure that all relevant multidisciplinary discussions and decisions are clearly documented in the patient file.</p>	<p>To ensure that decisions made at team meetings in CAMHS are clearly documented in the patient record</p>	<p>An audit of clinical records after training will show that decisions made at team meetings in CAMHS are documented in the clinical record</p>	<p>Deliver training sessions to each CAMHS teams on effective record keeping in team meetings</p> <p>Audit of clinical records</p>	<p>Promotion of requirement March-May 2013</p> <p>Audit June 2013</p> <p>Final report on progress July 2013 (unless further action and reaudit indicated from results)</p>	<p>Lead actions Caroline McKenna</p> <p>Audit Jane Chapman</p>	<ul style="list-style-type: none"> Team meeting discussions and any decisions made are recorded separately in patient file. Audit of practice completed in Aug 2013 confirmed that team meeting decision sheets are now contained in the file. Re-audit scheduled for 2014. Regular workshops being run re: risk assessment Risk assessments and procedures to capture the information are being refined across the Trust.
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Recommendation	Objective	Success criteria	Plan	Timescale	Lead	Progress report Q4 2013-14
<p>Email exchange between parent and clinician:</p> <p>Training for clinicians about email communication relating to patient care, in particular when emails are between clinician and parent and when the patient is a young person.</p>	<p>To ensure our use of email during assessment or therapy in CAMHS is limited to administrative matters and fulfils Caldicott principles.</p>	<p>An audit will demonstrate that emails sent by clinicians comply with Trust requirements.</p>	<p>Training seminars</p> <p>Development of written guidelines</p> <p>Implementation of guidelines</p> <p>Audit of records</p>	<p>Development of written guidelines via training seminars by June 2013, followed by implementation and promotion of good practice.</p> <p>Formal implementation of guidelines Sept 2013</p> <p>Records audit in Q4 2013-14</p>	<p>Lead action Caroline McKenna (Caldicott Guardian)</p> <p>Audit /Incident review Jane Chapman</p>	<ul style="list-style-type: none"> Promotion of good practice is a continuous process via e.g. – INSET, Induction, cascading information via team managers. Information has included specific reference to email exchange between parent and clinician Significant promotion of email safety during Q2 2013-14 including “all user emails”, and clinical induction, which is an annual event for all new clinical staff and trainees. A specific advisory note for CAMHS clinicians has been circulated by CMcK Issue to be monitored via incident reporting rather than audit. At Q4 no issues relating to use of email between clinicians and patients/carers have been identified.

Recommendation	Objective	Success criteria	Plan	Timescale	Lead	Progress report Q4 2013-14
<p>Failure to attend Protocol for failure to attend appointments after admission to hospital following deliberate self-harm (DSH).</p>	<p>To ensure that the Trust has a clear protocol for responding to DNA's or Cancelled by patient (CBP) for patients who have been discharged from hospital following an episode of DSH</p>	<p>A records audit will show that in the event of a DNA/CBP of a young person who has been discharged from hospital the agreed protocol has been followed</p>	<p>Establish an expert group to review current practice and agree a 'standard' protocol Publish, disseminate and promote the protocol in C and F and Adolescent department Audit care after introduction of the protocol</p>	<ul style="list-style-type: none"> Develop protocol for consultation by end June 2013, Publish protocol no later than Sept 2013 Audit records in Q4 2013-14 	<p>Lead action Caroline McKenna</p> <p>Audit /Incident reporting Jane Chapman</p>	<ul style="list-style-type: none"> It was agreed that a "failure to attend" protocol (after admissions to hospital following an episode of deliberate self-harm) was not helpful as it was agreed that responding to such events required case by case management; therefore this action point has not progressed. Clinical staff to be reminded to report as a clinical incident any unexpected action taken by a patient discharged from an inpatient unit so that a detailed investigation can be undertaken on a case by case basis.

Recommendation	Objective	Success criteria	Plan	Timescale	Lead	Progress report Q4 2013-14
Follow up post medication prescription	To ensure that clinicians keep effective records to show they have followed up on medication compliance following issuing a prescription	Records audit will show that prescribing clinicians keep effective records in relation to medications To be tested by records audit	To be tested by records audit and feedback and clinical discussion with prescribers	Audit scheduled for Q3-4 2013-14 as part of Trust annual clinical audit programme	Audit Lead Jane Chapman Clinical advisor Caroline McKenna	<ul style="list-style-type: none"> Audit plan in place and data sample selected Data collection to occur when medical support for the audit is identified, (this is behind planned schedule due to lack of time to progress.

BOARD OF DIRECTORS (PART 1)

Meeting in public

Tuesday 25th March 2014, 14.00 – 16.00

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

AGENDA

PRELIMINARIES				
1.	Chair’s Opening Remarks Ms Angela Greatley, Trust Chair		Verbal	
2.	Apologies for absence and declarations of interest Ms Angela Greatley, Trust Chair	To note	Verbal	
3.	Minutes of the previous meeting Ms Angela Greatley, Trust Chair	To approve	Enc.	p.1
3a.	Outstanding Actions Ms Angela Greatley, Trust Chair	To note	Enc.	p.7
4.	Matters arising Ms Angela Greatley, Trust Chair	To note	Verbal	
REPORTS & FINANCE				
5.	Trust Chair’s and NED Report Non–Executive Directors as appropriate	To note	Enc.	p.8
6.	Chief Executive’s Report Mr Paul Jenkins, Chief Executive	To note	Enc.	p.13
7.	Finance & Performance Report Mr Carl Doherty, Deputy Director of Finance	To note	Enc.	p.18
8.	Portman Clinic Service Report Stan Ruszczyński, Director	To note	Enc.	p.27
STRATEGY				
9.	Income and Expenditure Budget 2014/2015 Mr Simon Young, Director of Finance	To approve	Enc.	p.46
10.	Capital Budget 2014/2015 Mr Carl Doherty, Deputy Director of Finance	To approve	Enc.	p.52

QUALITY & GOVERNANCE				
11.	SUI Action Plan Ms Rita Harris, CAMHS Director and Dr Rob Senior, Medical Director	To note	Enc.	p.55
CONCLUSION				
12.	Any Other Business		Verbal	
13.	Notice of Future Meetings <ul style="list-style-type: none">Tuesday 29th April 2014: Board of Directors, 2pm–5pm, Board Room, Tavistock CentreTuesday 27th May 2014: Board of Directors, 2pm–5pm, Board Room, Tavistock CentreTuesday 10th June 2014: Directors' Conference, 12pm–5pm, Lecture TheatreTuesday 24th June 2014: Board of Directors, 2pm–5pm, Board Room, Tavistock CentreThursday 26th June: Council of Governors, 2pm–5pm, Board Room, Tavistock Centre		Verbal	