

## Board of Directors Part One

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

2.00pm–3.30pm  
Tuesday 28<sup>th</sup> January 2014

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



## BOARD OF DIRECTORS (PART 1)

Meeting in public  
 Tuesday 28<sup>th</sup> January 2014, 14.00 – 15.30,  
 Board Room, Tavistock Centre, 120 Belsize Lane, London NW3 5BA

### AGENDA

PRELIMINARIES				
1.	<b>Chair's Opening Remarks</b> Ms Angela Greatley, Trust Chair		Verbal	
2.	<b>Apologies for absence and declarations of interest</b> Ms Angela Greatley, Trust Chair	To note	Verbal	
3.	<b>Minutes of the previous meeting</b> Ms Angela Greatley, Trust Chair	To approve	Enc.	p.1
3a.	<b>Outstanding Actions</b> Ms Angela Greatley, Trust Chair	To note	Enc.	p.9
4.	<b>Matters arising</b> Ms Angela Greatley, Trust Chair	To note	Verbal	
REPORTS & FINANCE				
5.	<b>Trust Chair's and NED Report</b> Non-Executive Directors as appropriate	To note	Verbal	
6.	<b>Acting Chief Executive's Report</b> Mr Simon Young, Acting Chief Executive	To note	Enc.	p.10
7.	<b>Finance &amp; Performance Report</b> Mr Carl Doherty, Deputy Director of Finance	To note	Enc.	p.17
CORPORATE GOVERNANCE				
8.	<b>Significant Transactions</b> Mr Simon Young, Acting Chief Executive	To approve	Enc.	p.28
9.	<b>Trust Sealings</b> Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.37
STRATEGY				

10.	<b>Update of Digital Strategy</b> Ms Louise Lyon, Trust Director	To note	Verbal	
<b>QUALITY &amp; GOVERNANCE</b>				
11.	<b>Care Quality Commission Inspection Update</b> Ms Pat Kay, Director of CGF	To note	Enc.	p.39
12.	<b>Quarter 3 Quality Report</b> Dr Justine McCarthy Woods, Quality Lead	To note	Enc.	p.44
13.	<b>Update on Quality Report</b> Dr Justine McCarthy Woods, Quality Lead	To note	Enc.	p.58

<b>CONCLUSION</b>				
14.	<b>Any Other Business</b>		Verbal	
15.	<b>Notice of Future Meetings</b>  <ul style="list-style-type: none"> <li>• Thursday 6<sup>th</sup> February 2014: Council of Governors, 2pm–5pm, Board Room, Tavistock Centre</li> <li>• Tuesday 25<sup>th</sup> February 2014: Board of Directors, 2pm–5pm, Board Room, Tavistock Centre</li> </ul>		Verbal	

## Board of Directors

### Meeting Minutes (Part One)

Tuesday 26<sup>th</sup> November 2013, 2.00–3.55pm

<b>Present:</b>			
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	Ms Lis Jones Director of Nursing (non-voting)	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 Acting Chief Executive	
<b>Attendees:</b>			
Ms Georgia Denegri Interim Trust Secretary (minutes)	Mr Carl Doherty Deputy Director of Finance	Ms Lauraine Leigh Public Governor	Mr Gervase Campbell Trust Secretary
<b>Apologies:</b>			
Ms Louise Lyon Trust Director			

### **Actions**

AP	Item	Action to be taken	Resp	By
1	3	Mr Campbell to amend the minutes of the previous meeting.	GC	Immed
2	8	Mr Young to circulate a briefing to the Board on the Trust's two charitable funds.	SY	January 2014
3	8	Ms Moseley and Mr Young to arrange for a briefing on Social Enterprise models to be presented to the Board at a future lunch session.	SY/JM	March 2014
4	9	CSQG report - improve colour coding.	RS	March 2014
5	9	CSQG report - to present more clearly which indicators have been achieved, which still remain to be completed by the end of the year and an action plan with dates for completion.	RS	February 2014
6	10	Full Education and Training report to be scheduled on the January Board agenda.	GC/MA	January 2014
7		Mr Campbell to schedule a joint meeting of the Board of Directors and the Council of Governors on the strategic plan.	GC	February 2014

## 1. Trust Chair's Opening Remarks

Ms Greatley welcomed all to the meeting and particularly Mr Holt and Ms Rivett to their first Board meeting as Non-Executive Directors.

## 2. Apologies for Absence and declarations of interest

Apologies were received from Ms Louise Lyon, Trust Director.

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

## 3. Minutes of the Previous Meeting

API

The minutes were approved as a correct record of the meeting subject to the following amendment:

- Page 5, third paragraph, Amend to read: "Mr Strang reported that the Audit Committee had agreed an internal audit into the process for compiling the governance statement." (i.e. delete the rest of the sentence).

## 4. Matters Arising

- Action points 1 and 2 were completed.
- The Board further considered the Outstanding Action Part 1 schedule and noted the progress updates and completed actions.

Ms Greatley asked Board members if there were any other issues they wished to raise, which were not on the agenda. No other issues were raised.

## 5. Trust Chair's Report

Ms Greatley was delighted to announce the appointment of Mr Paul Jenkins as the new Chief Executive. The appointment process was thorough and involved staff and governors. A positive article about Mr Jenkins was published in the Hampstead and Highgate Express and there was further publicity on Twitter. Ms Greatley thanked all those involved in the process and particularly Ms Susan Thomas, Director of HR, for her enormous work.

Mr Jenkins had already accepted some invitations relating to the Trust's

work and would be meeting the members of the Board in January in advance of joining the Trust in February.

Ms Greatley then continued to present her written report and seek the Board's approval for key non-executive roles and membership of committees.

The Board **approved** with immediate effect:

- a. The appointment of Mr David Holt as Chair of the Audit Committee for a period of three years.
- b. The appointment of Ms Joyce Moseley as member of the Audit Committee in addition to her membership of the CQSG committee, to ensure better connection and continuity between the work of the two committees.
- c. The appointment of Ms Caroline Rivett as Chair of the Business Development & Investment Committee for a period of three years.
- d. The membership of the Remuneration Committee comprising all non-executive directors: Ms Angela Greatley (Chair), Mr Martin Bostock, Mr David Holt, Dr Ian McPherson, Ms Joyce Moseley and Ms Caroline Rivett.
- e. The continuation of the appointment of Mr Martin Bostock as the Senior Independent Director.
- f. In line with the Trust's Constitution, to recommend to the Council of Governors the appointment of Dr Ian McPherson as Deputy Chair of the Trust Board for a period of three years.
- g. The membership of Ms Joyce Moseley on the Gloucester House Project steering group.

## 6. Acting Chief Executive's Report

Mr Young introduced his report and highlighted:

- The Trust's latest patient feedback results were excellent and the best so far ever achieved.
- The Trust's Primary Care Psychotherapy Consultation Service in City and Hackney was the joint winner of the Royal College of Psychiatrists team of the year award for non-age specific services. The team had also recently won the British Psychoanalytic Council's Award or Innovative Excellence.
- NHS England, Monitor, TDA and the Local Government Association

had issued jointly a letter asking CCGs, Foundation Trusts and aspirant Trusts to develop transformative long-term strategies. The letter set out the new requirements and the timescale for their submission, as well as the timeframe for the signing of contracts and for confirming the efficiency and target deflation 2014/15 and final CQUIN scheme.

- Monitor is revising the Code of Governance to reflect the changes in the Health and Social Care Act 2012.
- The Children's Commissioner Inquiry report on sexual exploitation was published that morning. The inquiry panel included Dr Mike Shaw, Child Psychiatrist at the Trust and Stanley Ruszczyński, Director of the Portman Clinic

Reflecting on the positive patient feedback and whether this would or would not influence commissioners to commission extra work to the Trust, Mr Bostock commented that it was important for the Trust not to assess quality and patient experience solely on the basis of the commissioners' offer. Ms Greatley commended the excellent results and informed the Board that she had asked that these are also reported to the Council of Governors at their forthcoming meeting.

The board further discussed the evolving plans for the collaboration of CCGs.

The Board **noted** the Acting Chief Executive's report.

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

Mr Doherty introduced the report and highlighted that it was expected that the Trust will receive a Financial Risk Rating of 4 for quarter 2.

After October the Trust is reporting a surplus of £1,161k before restructuring costs, £853k above the revised surplus of £308k. Income is £765k below budget, and expenditure £1,635k below budget. The current forecast for the year is a surplus of £702k.

The cash balance at 31 October was £6,906k 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.

Mr Bostock expressed his concern about the income being £765k below budget and queried whether the expenditure had been kept to a minimum to mitigate for the shortfall. It was explained that approximately £300k, including £200k relating to FNP, had been secured but as the work had not been delivered, it was not shown as income. All services with reduced income were looking into their future plans.

The Board scrutinised other areas of the finance position and was assured that there were no major issues.

The Board **noted** the report.

## 8. Charitable Fund Annual Report and Accounts.

Mr Young introduced the report and noted that this is a small and not very active fund; however, the Trust is very grateful for a generous legacy which was received during 2012/13 and which will be used as intended by the donor. The Annual Report and Accounts had been considered by the Charitable Fund Committee which recommends them to the Board for approval.

Ms Moseley commented that the fund is an unused resource which can be used as a vehicle for accessing other resource. The Board discussed ideas on how to increase the activity of the fund and areas worth exploring further, including some services such as the Day Unit operating and being funded through different models, e.g. as a social enterprise. There had also been discussions at PPI about family service users and carers being involved in developing material and other work and being funded through the charity fund.

**AP2** Following on from the discussion, the following actions were agreed:

- AP3**
- Circulate to the Board a briefing on the two charitable funds of the Trust and their rules.
  - Ms Moseley and Mr Young to consider how models such as the social enterprise model can be used by the Trust and arrange for a briefing to be given to the Board at a future lunch session.

The Board received and **approved** the Charitable Fund Annual Report and

Accounts 2012/13.

#### 9. CQSG report, Quarter 2, 2013/14

**AP4** Ms Greatley commented that she found the colour coding confusing and suggested that it is reconsidered for future reports.

It was noted that there were several red rated areas relating to the predicted year-end position for Information Governance. Ms Moseley reported that the CQSG committee had considered these and whilst there was scepticism about the overall rating scheme, it had found it helpful for directing attention to the correct areas.

**AP5** Board members further commented that they would find it useful if the report presented more clearly which indicators had been achieved, which still remained to be completed by the end of the year and an action plan with dates for completion. Mr Young as the Senior Information Risk Owner advised the Board that an action plan for Information Governance is in place and he believed all targets would be achieved by the end of the financial year. He acknowledged that the report considered by CQSG may not have been clear in terms of its format but noted that a voluntary audit by the Office of the Information Commissioner which had been initiated by the Trust in February 2013 had not indicated any areas of serious concern. An action plan had been put in place and most actions had been completed and reported to the Information Commissioner's Office.

The Board **noted** the report.

#### 10 Education and Training Report

Mr Allen introduced his report which updated the Board on the recruitment and admissions for the academic year 2013/14 and their financial implications, the progress to date with the implementation of the recommendations of the external review of the education and training portfolio, and the progress with an action recommended by the Equalities Committee with regard to sexual orientation. Mr Allen informed that the department is working through the 54 recommendations that the review made, and the full outcome, which this

**AP6** year also feeds into the next operating plan, will be considered by the Board in January 2014. He emphasised that two key issues identified are clinician capacity to teach courses and the need for the Trust to move from an e-learning strategy to a technology enhanced learning strategy, which will require investment in new technologies and cultural change. The department is also developing its KPIs and is seeking feedback to develop them further.

Ms Rivett expressed that she is keen to be involved and assist with the portfolio review. In response to her queries about the Trust's equalities policy and an employment plan for associates, it was confirmed that the Trust has both in place.

Dr McPherson found the update helpful in advance of the full report. He commented that it will be important for the Trust to be able to demonstrate that it is appropriately fulfilling the requirements of the national training contract and to be proactively developing the right regional relationships and plans. Mr Allen confirmed that one of the projects being scoped relates to strategic development work around the Trust's regional provision and the expansion of its associate centres.

Ms Moseley referred to the potential for the Trust in expanding its activity relating to social work training.

Mr Bostock noted the reduction of expenditure relating to e-learning and agreed that investment in a technology enhanced learning strategy will be beneficial. He further commented that the resources for the delivery of short courses and conferences need to be appropriately planned and secured.

The Board **noted** the report.

## **11 Gender Identity Development Service Report**

Dr Carmichael joined the meeting to present her report which updated the Board on the service's projects and future plans. She highlighted the increase in referrals and the resulting challenges for the service as well as the importance of ensuring equity of access as the service is the only one nationally. Following detailed analysis of activity data, a second

centre opened in Leeds and an outreach clinic in the South West. Dr Carmichael further referred to the complexities surrounding the provision of the service, aimed to be an integrated holistic service, due to the critical age of these young people, the pressure from their families, and other social and political factors.

In response to Dr McPherson's query, Dr Carmichael confirmed that the Service works closely with CAMHS and takes every opportunity to engage with CAMHS staff and schools in educating them around ameliorating negative threats on general development rather than focusing on gender identity per se. CPD days and network meetings are powerful for providing such local education.

The Board then discussed the transition to adult services, the age limits for receiving cross-sex hormones and surgery and the discussions with specialist commissioners on how support to these young people can improve.

The Board thanked Dr Carmichael and **noted** the report.

## **12 Any other business**

No other business was discussed.

## **13 Notice of Future Meetings**

**AP7** The Board noted its future meetings. Another joint meeting with the governors will be scheduled early in the year to discuss the strategic plan which has been brought forward.

The meeting concluded at 3.55pm.

## Outstanding Action Part 1

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date	Progress Update / Comment
2	Nov-12	12. Ageing Population T+P Contribution to Care	Lis Jones to report back to a future meeting on the outcome of the discussions in relation to care for older people.	Lis Jones	Jan-14	
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	
4	Mar-13	12. Equalities Report	Mr Allen to circulate a copy of the sexual orientation statement to the board in due course	Malcolm Allen	When available	It will be incorporated in the report to the Board in November 2013.
6	Sep-13	9. Education & Training report	Mr Allen to report on retention figures	Malcolm Allen	Nov-13	On the agenda.
7	Nov-13	8. Charitable Funds Annual Report	Mr Young to circulate briefing on the two charitable funds.	Simon Young	Jan-14	
8	Nov-13	8. Charitable Funds Annual Report	Mr Young and Ms Moseley to arrange a briefing on social enterprise models for a future lunch session	Simon Young/ Joyce Moseley	Mar-14	
9	Nov-13	9. CQSG Report	Improve colour coding and make clearer which indicators have been achieved, and include an action plan with dates for those that have not	Rob Senior	Feb-14	



## Board of Directors : January 2014

**Item : 6**

**Title : Acting Chief Executive's report**

**Summary :**

Two new policy documents on mental health have just been published.

The Deputy Prime Minister visited the Trust to talk with young people about their experience of treatment and of transition into adult services.

The annual graduation ceremony for our UEL-validated courses took place successfully.

Trust staff have been attending the inquest into the tragic death of a patient in December 2012.

Our operational and strategic plans are being developed in line with Monitor guidance and timetables, for approval by the Board in March and June respectively.

The project to select and implement a new patient record system is progressing well.

Our new Chief Executive will be taking up his post in February.

**For : Discussion**

**From : Acting Chief Executive**

## Acting Chief Executive's report

### 1. Government Policy Documents

1.1 The Department of Health has published two new policy documents on mental health today, 20 January.

1.2 "Closing the Gap: Priorities for essential change in mental health"<sup>1</sup> is intended to support the objectives set out in 2011 in "No health without mental health"; and also the mental health strategy implementation framework published in 2012. The introduction states that:

"This document aims to bridge the gap between our long-term ambition and shorter-term action. It seeks to show how changes in local service planning and delivery will make a difference, in the next two or three years, to the lives of people with mental health problems.

"It therefore sets out 25 areas where people can expect to see, and experience, the fastest changes. These are our priorities for action: issues that current programmes are beginning to address and where our strategy is coming to life.

"Many are about mental health care and treatment, but others reflect the work done across the entire health and care sector, and indeed across government as a whole, to reduce the damaging impact of mental illness and improve mental wellbeing. In addressing these priorities, we will also continue to rely on the involvement of many partners across the voluntary sector – from national charities to local community groups."

1.3 The 25 areas are grouped under four themes:

- *Increasing access to mental health services*
- *Integrating physical and mental health care*
- *Starting early to promote mental wellbeing and prevent mental health problems*
- *Improving the quality of life of people with mental health problems*

1.4 The document has been launched by the Deputy Prime Minister Nick Clegg at a conference in London. Mr Clegg is quoted as saying:

"We recognise we have a mountain to climb. This is a very direct challenge from me as deputy prime minister to commissioners to see what we are saying and to act accordingly.

"Until commissioners recognise what we have said...the promise is not going to be delivered into action.

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<sup>1</sup> <https://www.gov.uk/government/publications/mental-health-priorities-for-change>

“Commissioners have got to step up to the plate.”

- 1.5 The Foundation Trust Network’s briefing note<sup>2</sup> welcomes the paper and the four themes. However, echoing Mr Clegg’s comments quoted above, the FTN is concerned that funding for mental health has fallen over the last two years; and that financial pressures, including the impact of the Better Care Fund in 2015, will make it very difficult for commissioners to reverse this trend.
- 1.6 At the same time, “Psychological wellbeing and work: improving service provision and outcomes”<sup>3</sup> has been published jointly with the Department of Work and Pensions.

## 2. Ministerial Visit

- 2.1 The Deputy Prime Minister visited the Tavistock Clinic on 16 January to talk with young people, as part of a series of visits to local mental health trusts.
- 2.2 Mr Clegg spent about 40 minutes with a group of six young people, during which he asked to hear about their experiences of receiving treatment and to understand better some of the difficulties they are facing around transition at age 18 – a “cliff-edge” which is one of the priority areas identified in the new policy document.



- 2.3 The request for the visit was made at very short notice; however, we were delighted to be able to host the Deputy Prime Minister and to arrange for this discussion.

<sup>2</sup> <http://www.foundationtrustnetwork.org/resource-library/closing-the-gap-mental-health/>

<sup>3</sup> <https://www.gov.uk/government/publications/psychological-wellbeing-and-work-improving-service-provision-and-outcomes>

### **3. University of East London Graduation Ceremony**

- 3.1 The annual ceremony for graduates of our UEL-validated courses took place on 18 January. This was again a very happy and well-organised event, with more than 100 graduates able to attend in person, with their families and supporters.
- 3.2 Our two distinguished recipients of honorary doctorates were Dr Domenico di Ceglie, who founded our gender identity development service 25 years ago and led it until 2009; and Sue Gerhardt, whose book "Why Love Matters," presenting a wide range of neurological and other research on the effects of early care on well-being, resilience and social development, has been very influential since its publication in 2004. The book has sold more than 100,000 copies; an updated edition, including recent research, is due to be published this year.

### **4. Inquest**

- 4.1 The inquest into the tragic death in December 2012 of a 15-year-old patient of the Trust has been taking place; and has received wide publicity on-line and in the London and Camden press.
- 4.2 Lengthy evidence was given by Trust clinicians as well as by the patient's family and her school. A verdict is expected on 22 January.
- 4.3 The Trust carried out a full investigation of this case which was reported to the Board in January 2013.

### **5. Planning**

- 5.1 There are some significant changes to Monitor's Annual Planning Review this year:
  - 5.1.1 The strategic Plan has to cover 5 years, rather than 3. It is to be submitted on 30 June, instead of 31 May.
  - 5.1.2 There is a new requirement to submit an operational plan on 4 April, covering the first two years. We therefore have to develop business and financial projections for year 2 as well as the budget for year 1, for approval by the Board in March.
  - 5.1.3 Monitor, the Trust Development Authority and NHS England intend to reconcile the plans of all FTs, Trusts and commissioners, to ensure consistency of assumptions.
  - 5.1.4 The first two years of our 5-year Plan in June are required to be the same as the 2-year Plan submitted in April.
- 5.2 Monitor have now published full guidance on the Annual Planning Review; and, separately, on the 2014/15 national tariff and pricing (including cost inflation and the efficiency target).

5.3 The commentary templates are somewhat simpler than in previous years. The required formats are given in the Appendix to this paper, for information.

5.4 In the Strategic Plan, the Trust is asked to confirm the following Declaration of Sustainability:

*The board declares that, on the basis of the plans as set out in this document, the Trust will be financially, operationally and clinically sustainable according to current regulatory standards in one, three and five years' time.*

5.5 To fit with the new timing of the Annual Planning Review, the Board timings will have some changes this year. One advantage is that we will not be considering the strategic plan at the same meeting as the approval of the 2013/14 report and accounts:

	Board Date	External Date
Budget and Operational Plan, 2014/15 and 2015/16	Tues 25 March	To Monitor, Fri 4 April
Month 12 report for 2013/14 (based on Draft Accounts)	Tues 29 April	Draft Accounts to KPMG and Monitor, Wed 23 April 9.00am
Audited Accounts and Annual Report, 2013/14	Tues 27 May	Signed Accounts to Monitor, Fri 30 May 9.00 am
Strategic Plan (5 years, with the first 2 to agree with the Operational Plan)	Tues 24 June	To Monitor, Mon 30 June

5.6 Further discussion on the Trust's plans will take place at the joint meeting with the Council of Governors in March; and at the Council's meeting in June.

5.7 The Trust's timetable for completing the work on these plans will be finalised shortly. The Directors' Conference on 5 March will provide an opportunity for further discussion of key aspects where required.

## 6. 2014/15

6.1 Guidance has been issued on the continuing development of Payment by Results for mental health services.

6.2 For 2014/15, payment will remain on the current basis. Contract values will generally be reduced by 1.8% for the same level of activity: this figure has been set on the basis of 2.2% estimated cost increases, less a 4.0% efficiency target.

6.3 For acute hospital services, the efficiency target is the same but the cost increases also allow 0.3% for the implementation of Francis and Keogh recommendations; so the tariffs reduce only by 1.5%. This difference has been challenged, but is unlikely to change.

6.4 Meetings and negotiations for next year are continuing with individual commissioners; and between all commissioners and

providers in the North Central London sector. The national target is that contracts should be agreed by 28 February – considerably earlier than actually happened for 2013/14.

- 6.5 For London as a whole, NHS England, with local authorities and other partners, have convened another forum for health and care leaders on 11 March; while the Deputy Mayor is holding a meeting this week on “the invisible costs of mental ill health.”

## **7. Integrated Digital Care Record 2015**

- 7.1 Following the Board’s approval of the business case in October, tenders were invited and were received in December. The written tenders are currently being evaluated; and demonstrations of all the proposed systems are taking place on 22 and 23 January.
- 7.2 A range of clinical and non-clinical staff are taking part in the evaluation of the tenders against our specification. More than 30 staff are due to attend the demonstrations and to evaluate how well each system meets the needs of a typical “patient journey” in our services.
- 7.3 We plan to present a recommendation and the Full Business Case to the Board in March, so that the contract for Lot 1 (the application software) can then be awarded.

## **8. Paul Jenkins**

- 8.1 As members are aware, our new Chief Executive will be joining the Trust on 24 February, just before our next Board meeting.
- 8.2 Paul has planned to meet all Directors in advance of that, and he will also be attending the Trust’s PPI conference and visiting one of our services. A complete induction programme, including visits to services, attending directorate executive meetings, and drop-in sessions for staff, is being arranged for the weeks after his start date.

Simon Young  
Acting Chief Executive  
20 January 2014

## Appendix: Annual Planning Review – extracts from guidance

### Operational Plan

Monitor expects that a good two year operational plan commentary should cover (but not necessarily be limited to) the following areas, in separate sections:

1. Executive summary
2. Operational plan
  - a. The short term challenge
  - b. Quality plans
  - c. Operational requirements and capacity
  - d. Productivity, efficiency and CIPs
  - e. Financial plan
3. Appendices (including commercial or other confidential matters)

As a guide, we expect plans to be a maximum of thirty pages in length. Please note that this guidance is not prescriptive and foundation trusts should make their own judgement about the content of each section.

### Strategic Plan

Monitor expects that a good strategic plan should cover (but not necessary be limited to) the following areas, in separate sections:

1. Declaration of sustainability [see 5.4 of this paper]
2. Market analysis and context
3. Risk to sustainability and strategic options
4. Strategic plans
5. Appendices (including commercial or other confidential matters)

As a guide, we would expect strategic plans to be a maximum of fifty pages in length.

As a separate submission foundation trusts must submit a publishable summary. While the content is at the foundation trust's discretion this must be consistent with this document and covers as a minimum a summary of the market analysis and context, strategic options, plans and supporting initiatives and an overview of the financial projections.

Please note that this guidance is not prescriptive. Foundation trusts should make their own judgement about the content of each section.



## Board of Directors : January 2014

**Item :** 7

**Title :** Finance and Performance Report

**Summary:**

After nine months a surplus of £1,666k is reported before restructuring, £1,358k above the revised budget surplus of £308k. 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 £987k.

The service line report is provided in Appendix C.

The cash balance at 31 December was £2,814k 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 16 January 2014.

**For :** Information.

**From :** Deputy Director of Finance

## 1. External Assessments

### 1.1 Monitor

1.1.1 The CoSRR was 4 both cumulatively and year to date at the end of September. The quarter 3 and 4 forecast is to maintain the total cumulative rating of 4. As the surplus is forecast to reduce, the Debt Service Cover metric for the separate quarters 3 and 4 are 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 December the trust is reporting a surplus of £1,666k before restructuring costs, £1,358k above budget. Income is £439k below budget, and expenditure £1,817k below budget.

2.1.2 The main issues behind the cumulative income shortfall of £439k are low activity for TC Consultancy which is now £253k below target, CAMHS Clinical is £136k below target largely due to the Day Unit and SAAMHS Training is £103k below target due to E Learning. 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 9, exceeding the target, though some of these may be non-recurrent.

2.1.4 For an externally funded Finance project, the £8k under spend to date (within the Finance line) is matched by a £8k 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 £987k is £837k above budget. FNP is £529k under spent after December but expect to utilise £200k of this by the end of the financial year, GIDU also expect to use the majority of their under spend. The CAMHS and SAAMHS management teams have implemented a number of non-recurrent projects which also increase expenditure in the final quarter.

The Clinical income forecast is £282k above budget mainly due to the GIDU over performance of £400k which is offset by Day Unit in CAMHS (forecast £148k below target). The majority of the Consultancy forecast shortfall of £177k is due to TC, although they do expect to have an improved performance against target in the final quarter of the year.

The Training income forecast is £262k below plan due to lower than planned recruitment for academic year 2013-14 and the deferral of LCPPD and FNP income to 2014-15.

The forecast allows for the remaining investment reserve of £73k to be fully utilised (which was allocated in August); and also for the remaining contingency reserve of £31k to be needed.

### 2.3 Cash Flow (Appendix D)

2.3.1 The actual cash balance at 31 December was £2,814k which is a decrease of £1,350k in month but is £1,972k 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 in the table 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)	11,857	11,526	331
General debtors (incl LAs)	5,337	6,205	(868)
SHA for Training	9,285	8,366	919
Students and sponsors	1,536	2,075	(539)
Other	479	162	317
	28,494	28,334	160
Operational expenditure payments			
Salaries (net)	(11,506)	(12,469)	963
Tax, NI and Pension	(8,695)	(8,779)	84
Suppliers	(7,567)	(8,302)	735
	(27,768)	(29,550)	1,782
Capital Expenditure	(524)	(1,042)	518
Interest Income	7	4	3
Payments from provisions	0	(11)	11
PDC Dividend Payments	(571)	(578)	7
Closing cash balance	2,814	333	2,481

### 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 December we achieved 89% (by number) for all invoices and the cumulative total for the year was also 89%.

### 2.5 Capital Expenditure

2.5.1 Up to 31 December, expenditure on capital projects was £526k. This has included £129k so far on IT hardware and software, of which £48k was for a project originally scheduled for last year.

2.5.2 The capital budget for the year is £2,317k. Due to the deferral of the Day Unit and Toilet projects the outturn is now expected to be around £700k.

<b>Capital Projects 2013/14</b>	<b>Budget</b>	<b>Actual YTD Dec 2013</b>
	<b>£'000</b>	<b>£'000</b>
Building Management Systems	30	-
Franking Machine	7	-
Toilets	95	-
Day Unit new build	1,700	221
Service lift replacement	-	5
33 Daleham Gardens	25	5
Portman Windows	60	33
Seminar Room Improvement	130	108
Fire door	20	8
Copier Main Office	-	8
Board Room air conditioner	-	9
<b>Total Estates</b>	<b>2,067</b>	<b>397</b>
60 PCs and server	250	16
Amphill - IT	-	49
Centre Height ICT Cap Projects	-	64
<b>Total IT</b>	<b>250</b>	<b>129</b>
<b>Total Capital Programme</b>	<b>2,317</b>	<b>526</b>

## 2.6 Statement of Financial Position (aka Balance Sheet)

- 2.6.1 Appendix E reports the SoFP at 31 December, compared to the Plan figures for the quarter.
- 2.6.2 The strong cash position reflects the surplus detailed above in 2.1 Debtors are above plan due to an outstanding Q3 FNP invoice for £1m which should be resolved in January. Other Liabilities are £1m above plan due to increased deferred income such as DET HENCEL £350k and FNP £200k. Loans are £800k below plan as the loan was not required as the Day Unit project was deferred.

## 3. Training

### 3.1 Academic Year performance

3.1.1 Academic year 2013-14 fee income is £209k below Plan: SAAMHS £189k adverse, TC £25k adverse and CAMHS £5k above. The favourable variances for academic year 2012-13 means the financial year fee income forecast is now £20k below the financial year Plan.

### 3.2 Financial Year to date Income

3.2.1 YTD contract income is £37k below Plan and is planned to improve slightly by the end of the financial year.

3.2.2 YTD non-contract academic and fee income is £165k below Plan. This includes the adverse variance to date on FNP income of £144k due to income being deferred to the next financial year. Otherwise income is currently £21k below Plan: £87k above in CAMHS, £103k below in SAAMHS, £39k below in TC being offset by £34k favourable variance on income held as DET

### 3.3 Financial Year to date Expenditure

3.3.1 Training is currently £219k under spent, the majority of this is due to visiting lecturers.

## **Patient Services**

### 3.4 **Activity and Income**

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

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

3.4.3 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 December actual income is £10k below budget but the forecast is expected to recover to £6k above budget.

3.4.4 Court report income (which is budgeted at £113k for the year, of which £50k is for the Portman) has delivered just £15k up to December. The fall in demand is unlikely to recover and as a result the target for 2014/15 will have to be greatly reduced or removed altogether. An alternative source of income must be sought or costs reduced to mitigate the loss.

3.4.5 Day Unit was £110k below target after month 9. There are currently down to 7 pupils and the budget was set at 11. The service is currently reviewing potential alternatives which would be more appealing to commissioners.

3.4.6 Project income is forecast to be £87k above target for the year. When activity and costs are slightly delayed, we defer the release of the income correspondingly.

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<sup>†</sup> Commissioning for Quality and Innovation

	Budget	Actual	Variance	Full year		Comments
	£000	£000	%	Variance based on y-t-d	Predicted variance	
Contracts - base values	9,195	9,195	0.0%	-1	-30	GIDU credit note
Cost and vol variances	196	496	153.4%	399	400	GIDU Over perf
NPAs	147	137	-6.9%	-13	6	
Projects and other	1,053	917		-	87	Income matched to costs, so variance is largely offset.
Day Unit	635	525	-17.4%	-150	-121	
FDAC 2nd phase	389	409	5.3%	27	28	Income matched to costs, so variance is largely offset.
Court report	85	15	-82.2%	-93	-88	
Total	11,699	11,693		169	282	

#### 4. **Consultancy**

- 4.1 TC income was £58k in December and is £528k cumulatively, significantly down compared to last year's £747k at this stage, and £253k below budget. However, the expenditure budget is currently £65k under spent, reflecting the staffing model. TC have also earned some of the CPPD income included in Education and Training which is £39k below target. As noted above, TC are forecasting an improvement in the second half of the year and expect to reduce the shortfall to £200k.
- 4.2 Departmental consultancy is £10k above budget after nine months. The majority of the improvement within SAMHS of £113k in month is due to backdated income from the BUPA Project. There has been a related increase in Complex Needs expenditure.

Carl Doherty  
Deputy Director of Finance  
15 January 2014

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST												APPENDIX A
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2013-14												
	Dec-13			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			
<b>INCOME</b>												
1 CLINICAL	1,336	1,320	(16)	11,831	11,789	(43)	15,838	16,121	282			
2 TRAINING	1,638	1,604	(35)	16,125	15,922	(203)	21,197	20,935	(262)			
3 CONSULTANCY	124	219	95	1,199	956	(242)	1,564	1,388	(177)			
4 RESEARCH	12	6	(6)	121	190	69	211	241	30			
5 OTHER	64	55	(8)	872	852	(20)	1,063	1,045	(18)			
<b>TOTAL INCOME</b>	<b>3,173</b>	<b>3,203</b>	<b>30</b>	<b>30,148</b>	<b>29,709</b>	<b>(439)</b>	<b>39,873</b>	<b>39,729</b>	<b>(144)</b>			
<b>OPERATING EXPENDITURE (EXCL. DEPRECIATION)</b>												
6 CLINICAL DIRECTORATES	1,593	1,494	98	14,231	12,865	1,365	19,050	18,410	640			
7 OTHER TRAINING COSTS	822	828	(6)	8,492	8,273	219	11,130	10,874	256			
8 OTHER CONSULTANCY COSTS	78	106	(28)	698	633	65	931	864	67			
9 CENTRAL FUNCTIONS	618	556	63	5,727	5,528	199	7,543	7,497	46			
10 TOTAL RESERVES	(4)	0	(4)	(32)	0	(32)	104	104	0			
<b>TOTAL EXPENDITURE</b>	<b>3,107</b>	<b>2,984</b>	<b>123</b>	<b>29,116</b>	<b>27,299</b>	<b>1,817</b>	<b>38,757</b>	<b>37,749</b>	<b>1,009</b>			
<b>EBITDA</b>	<b>66</b>	<b>219</b>	<b>153</b>	<b>1,032</b>	<b>2,410</b>	<b>1,378</b>	<b>1,116</b>	<b>1,980</b>	<b>864</b>			
<b>ADD:-</b>												
11 BANK INTEREST RECEIVED	0	1	(1)	4	8	(4)	5	10	5			
<b>LESS:-</b>												
12 DEPRECIATION & AMORTISATION	46	49	(3)	412	437	(24)	550	582	32			
13 FINANCE COSTS	0	0	0	0	0	0	0	1	1			
14 DIVIDEND	35	35	0	316	316	0	421	421	(0)			
<b>SURPLUS BEFORE RESTRUCTURING COSTS</b>	<b>(14)</b>	<b>137</b>	<b>150</b>	<b>308</b>	<b>1,666</b>	<b>1,358</b>	<b>150</b>	<b>987</b>	<b>837</b>			
15 RESTRUCTURING COSTS	0	0	0	0	30	(30)	0	30	(30)			
<b>SURPLUS/(DEFICIT) AFTER RESTRUCTURING</b>	<b>(14)</b>	<b>137</b>	<b>150</b>	<b>308</b>	<b>1,636</b>	<b>1,328</b>	<b>150</b>	<b>957</b>	<b>807</b>			
<b>EBITDA AS % OF INCOME</b>	2.1%	6.8%		3.4%	8.1%		2.8%	5.0%				

THE TAVISTOCK AND PORTMAN NHS TRUST											APPENDIX B
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2013-14											
All figures £000	Dec-13			CUMULATIVE			FULL YEAR 2013-14				
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	OPENING BUDGET	REVISED BUDGET	FORECAST	REVISED BUDGET VARIANCE	
<b>INCOME</b>											
1	CENTRAL CLINICAL INCOME	610	614	4	5,302	5,311	10	6,247	7,131	7,307	176
2	CAMHS CLINICAL INCOME	347	316	(31)	3,078	2,942	(136)	4,033	4,121	3,923	(198)
3	SAAMHS CLINICAL INCOME	378	390	11	3,451	3,535	84	4,358	4,586	4,890	304
4	NHS LONDON TRAINING CONTRACT	605	615	11	5,441	5,441	0	7,254	7,254	7,254	0
5	CHILD PSYCHOTHERAPY TRAINEES	179	187	8	1,611	1,555	(57)	2,188	2,148	2,097	(52)
6	JUNIOR MEDICAL STAFF	94	88	(6)	844	844	(0)	1,130	1,126	1,125	(0)
7	POSTGRADUATE MED & DENT'L EDUC	7	7	(0)	63	82	20	76	84	110	26
8	DET TRAINING FEES & ACADEMIC INCOME	54	54	(0)	1,883	1,917	34	1,324	2,201	2,273	72
9	CAMHS TRAINING FEES & ACADEMIC INCOME	541	543	2	4,883	4,825	(57)	7,541	6,506	6,428	(78)
10	SAAMHS TRAINING FEES & ACADEMIC INCOME	138	95	(43)	1,171	1,068	(103)	1,426	1,584	1,402	(183)
11	TC TRAINING FEES & ACADEMIC INCOME	21	15	(6)	229	190	(39)	293	293	246	(47)
12	TC INCOME	87	58	(28)	781	528	(253)	1,004	1,042	842	(200)
13	CONSULTANCY INCOME CAMHS	9	19	11	86	85	(1)	107	107	101	(6)
14	CONSULTANCY INCOME SAAMHS	28	141	113	332	343	11	337	416	445	29
15	R&D	12	6	(6)	121	190	69	128	211	241	30
16	OTHER INCOME	64	55	(8)	872	852	(20)	964	1,063	1,045	(18)
<b>TOTAL INCOME</b>		<b>3,173</b>	<b>3,203</b>	<b>30</b>	<b>30,148</b>	<b>29,709</b>	<b>(439)</b>	<b>38,411</b>	<b>39,873</b>	<b>39,729</b>	<b>(144)</b>
<b>EXPENDITURE</b>											
17	COMPLEX NEEDS	279	387	(108)	2,662	2,624	38	3,432	3,513	3,568	(55)
18	PORTMAN CLINIC	127	101	26	1,146	878	268	1,527	1,527	1,297	231
19	GENDER IDENTITY	96	83	13	863	711	152	1,115	1,151	1,105	46
20	BIG WHITE WALL & DEV PSYCHOTHERAPY UNIT	18	17	1	167	177	(11)	247	221	236	(15)
21	NON CAMDEN CAMHS	344	301	42	3,090	2,974	116	4,023	4,147	4,187	(40)
22	CAMDEN CAMHS	399	379	19	3,400	3,178	222	3,684	4,596	4,467	130
23	CHILD & FAMILY GENERAL	43	37	5	320	268	51	449	449	421	27
24	FAMILY NURSE PARTNERSHIP	287	189	99	2,584	2,055	529	0	3,446	3,129	317
25	JUNIOR MEDICAL STAFF	84	81	3	755	721	34	1,052	1,006	961	45
26	NHS LONDON FUNDED CP TRAINEES	179	194	(15)	1,611	1,569	42	2,189	2,148	2,092	56
27	TAVISTOCK SESSIONAL CP TRAINEES	3	3	0	25	23	3	34	34	30	4
28	FLEXIBLE TRAINEE DOCTORS & PGMDE	32	24	8	292	281	11	388	389	374	15
29	EDUCATION & TRAINING	189	221	(32)	3,041	3,016	26	4,042	3,779	3,797	(17)
30	VISITING LECTURER FEES	135	98	37	965	840	125	1,179	1,369	1,225	144
31	CAMHS EDUCATION & TRAINING	123	132	(10)	1,103	1,121	(18)	4,868	1,471	1,464	7
32	SAAMHS EDUCATION & TRAINING	78	73	5	699	699	(0)	843	933	931	2
33	TC EDUCATION & TRAINING	0	2	(2)	0	3	(3)	0	0	4	(4)
34	TC	78	106	(28)	698	633	65	893	931	864	67
35	R&D	15	14	1	125	107	18	183	169	163	6
36	ESTATES DEPT	174	175	(1)	1,649	1,627	22	2,053	2,171	2,234	(63)
37	FINANCE, ICT & INFOMATICS	192	163	29	1,816	1,795	21	1,944	2,350	2,421	(71)
38	TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	83	58	26	739	661	77	977	989	882	107
39	COMMERCIAL DIRECTORATE	68	52	16	568	512	56	646	772	683	89
40	HUMAN RESOURCES	52	53	(2)	515	486	28	622	670	654	17
41	CLINICAL GOVERNANCE	41	43	(2)	368	380	(12)	451	490	515	(24)
42	PROJECTS CONTRIBUTION	(6)	0	(6)	(52)	(40)	(12)	(69)	(69)	(54)	(15)
43	DEPRECIATION & AMORTISATION	46	49	(3)	412	437	(24)	550	550	582	(32)
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)	(55)	0	(55)	170	73	73	0
47	CENTRAL RESERVES	3	0	3	23	0	23	350	31	31	0
<b>TOTAL EXPENDITURE</b>		<b>3,153</b>	<b>3,034</b>	<b>118</b>	<b>29,528</b>	<b>27,736</b>	<b>1,793</b>	<b>37,845</b>	<b>39,307</b>	<b>38,335</b>	<b>972</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>20</b>	<b>169</b>	<b>149</b>	<b>620</b>	<b>1,974</b>	<b>1,354</b>	<b>566</b>	<b>566</b>	<b>1,394</b>	<b>828</b>
48	INTEREST RECEIVABLE	0	1	1	4	8	4	5	5	10	5
49	DIVIDEND ON PDC	(35)	(35)	0	(316)	(316)	0	(421)	(421)	(421)	(0)
<b>SURPLUS/(DEFICIT)</b>		<b>(14)</b>	<b>135</b>	<b>150</b>	<b>308</b>	<b>1,666</b>	<b>1,358</b>	<b>150</b>	<b>150</b>	<b>984</b>	<b>834</b>
50	RESTRUCTURING COSTS	0	0	0	0	30	(30)	0	0	30	(30)
<b>SURPLUS/(DEFICIT) AFTER RESTRUCTURING</b>		<b>(14)</b>	<b>135</b>	<b>150</b>	<b>308</b>	<b>1,636</b>	<b>1,328</b>	<b>150</b>	<b>150</b>	<b>954</b>	<b>863</b>

## Appendix C

SLR Report M9 2013-14		Trust Total		SAMHS		CAMHS		Appendix C	
	Budget M9 2013-14 £000	Actuals M9 2013-14 £000	Budget M9 2013-14 £000	Actuals M9 2013-14 £000	Budget M9 2013-14 £000	Actuals M9 2013-14 £000	Budget M9 2013-14 £000	Actuals M9 2013-14 £000	
Clinical Income	12,030	12,156	4,836	5,146	7,195	7,010			
Training course fees and other acad income	9,084	8,794	2,185	2,020	6,899	6,774			
National Training Contract	5,441	5,441	2,055	2,055	3,386	3,386			
Total Training Income	14,525	14,234	4,240	4,075	10,285	10,159			
Consultancy Income	1,018	618	1,003	610	15	8			
Research and Other Income (incl Interest)	165	230	64	86	101	143			
<b>Total Income</b>	<b>27,738</b>	<b>27,238</b>	<b>10,143</b>	<b>9,917</b>	<b>17,595</b>	<b>17,321</b>			
Clinical Directorates and Consultancy	16,600	15,164	6,128	5,612	10,472	9,552			
Other Training Costs (in DET budget)	3,617	3,399	1,029	910	2,588	2,489			
Research Costs	228	233	81	83	147	150			
Accommodation	1,966	1,968	937	938	1,029	1,030			
<b>Total Direct Costs</b>	<b>22,412</b>	<b>20,764</b>	<b>8,175</b>	<b>7,543</b>	<b>14,237</b>	<b>13,221</b>			
Contribution	5,326	6,474	1,967	2,375	3,359	4,099			
Central Overheads (excl Buildings)	7,484	7,328	2,699	2,642	4,785	4,686			
Central Income	2,466	2,519	844	857	1,621	1,662			
Surplus (deficit)	<b>308</b>	<b>1,666</b>	<b>113</b>	<b>590</b>	<b>195</b>	<b>1,075</b>			
SURPLUS as % of income	1.1%	6.1%	1.1%	5.9%	1.1%	6.2%			
CONTRIBUTION as % of income	19.2%	23.8%	19.4%	23.9%	19.1%	23.7%			

APPENDIX D													
<b>2013/14 Plan</b>													
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Operating cash balance	3,176	3,901	3,061	1,627	2,940	1,844	1,585	3,408	2,134	1,133	3,540	2,648	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	1,283	15,397
General debtors (incl LAs)	1,073	403	556	562	459	1,618	571	483	480	829	565	482	8,081
SHA for Training	2,567	142	79	2,567	143	79	2,567	142	79	2,567	143	79	11,156
Students and sponsors	325	150	150	100	0	200	800	250	100	750	100	100	3,025
Other	18	18	18	18	18	18	18	18	18	18	18	18	216
	4,298	2,655	2,183	4,668	1,934	3,198	5,229	2,208	1,960	5,438	2,140	1,962	37,875
Operational expenditure payments													
Salaries (net)	(1,427)	(1,527)	(1,453)	(1,427)	(1,327)	(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)	(980)	(981)	(981)	(981)	(981)	(981)	(11,722)
Suppliers	(847)	(988)	(1,074)	(874)	(723)	(799)	(1,099)	(1,174)	(724)	(723)	(725)	(723)	(10,473)
	(3,206)	(3,496)	(3,508)	(3,282)	(3,031)	(3,107)	(3,406)	(3,482)	(3,032)	(3,031)	(3,033)	(3,031)	(38,645)
Capital Expenditure	0	0	(100)	(72)	0	(340)	0	0	(530)	0	0	(1,275)	(2,317)
Loan	0	0	0	0	0	200	0	0	600	0	0	900	1,700
Interest Income	0	1	0	1	0	1	0	0	1	0	1	0	5
Payments from provisions	0	0	(9)	(2)	0	0	0	0	0	0	0	0	(11)
PDC Dividend Payments	(367)	0	0	0	0	(211)	0	0	0	0	0	(210)	(786)
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	995
<b>2013/14 Actual/Forecast</b>													
Operating cash balance	3,176	3,786	2,141	1,291	3,871	4,707	3,357	6,906	4,789	2,814	4,751	3,559	3,176
Operational income received													
NHS (excl SHA)	572	1,065	1,296	2,227	2,639	965	1,289	939	865	1,274	1,314	1,283	15,728
General debtors (incl LAs)	861	433	274	393	741	293	1,768	357	217	829	565	482	7,213
SHA for Training	2,465	17	199	2,669	154	105	3,588	72	16	2,567	143	79	12,074
Students and sponsors	291	108	86	134	90	344	304	57	122	750	100	100	2,486
Other	39	30	54	50	65	77	37	51	76	18	18	18	533
	4,228	1,653	1,909	5,473	3,689	1,784	6,986	1,476	1,296	5,438	2,140	1,962	38,034
Operational expenditure payments													
Salaries (net)	(1,329)	(1,308)	(1,274)	(1,296)	(1,218)	(1,212)	(1,295)	(1,299)	(1,275)	(1,327)	(1,327)	(1,327)	(15,487)
Tax, NI and Pension	(932)	(998)	(981)	(953)	(976)	(931)	(940)	(995)	(989)	(981)	(981)	(981)	(11,636)
Suppliers	(968)	(962)	(463)	(570)	(618)	(678)	(1,131)	(1,181)	(996)	(1,123)	(1,025)	(923)	(10,638)
	(3,229)	(3,268)	(2,718)	(2,819)	(2,812)	(2,821)	(3,366)	(3,475)	(3,260)	(3,431)	(3,333)	(3,231)	(37,763)
Capital Expenditure	(24)	(31)	(42)	(74)	(42)	(109)	(71)	(119)	(12)	(70)	0	(175)	(769)
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Income	1	1	1	0	1	1	0	1	1	0	1	0	8
Payments from provisions	0	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	(210)	(781)
Closing cash balance	3,786	2,141	1,291	3,871	4,707	3,357	6,906	4,789	2,814	4,751	3,559	1,905	1,905

## Appendix E

STATEMENT OF FINANCIAL POSITION	Plan		Actual		Variance	Actual
	31 December 2013	£000	31 December 2013	£000		
<b>Non-current assets</b>						
Intangible assets	97	45	(52)	97		
Property, plant and equipment	14,695	14,206	(489)	14,066		
<b>Total non-current assets</b>	<b>14,792</b>	<b>14,251</b>	<b>(541)</b>	<b>14,163</b>		
<b>Current assets</b>						
Inventories						
Trade and other receivables	3,686	4,291	605	2,944		
Cash and cash equivalents	1,133	2,814	1,681	3,176		
<b>Total current assets</b>	<b>4,819</b>	<b>7,105</b>	<b>2,286</b>	<b>6,120</b>		
<b>Current liabilities</b>						
Trade and other payables	(3,115)	(3,141)	(26)	(3,499)		
Provisions	0	(6)	(6)	(11)		
Tax payable	(584)	(575)	9	(589)		
Other liabilities	(1,479)	(2,502)	(1,023)	(2,680)		
<b>Total current liabilities</b>	<b>(5,178)</b>	<b>(6,224)</b>	<b>(1,046)</b>	<b>(6,779)</b>		
<b>Total assets less current liabilities</b>	<b>14,433</b>	<b>15,132</b>	<b>699</b>	<b>13,504</b>		
<b>Non-current liabilities</b>						
Loans	(800)	0	800	0		
Provisions	(65)	(60)	5	(66)		
<b>Total non-current liabilities</b>	<b>(865)</b>	<b>(60)</b>	<b>805</b>	<b>(66)</b>		
<b>Total assets employed</b>	<b>13,568</b>	<b>15,072</b>	<b>1,504</b>	<b>13,438</b>		
<b>Financed by (taxpayers' equity)</b>						
Public Dividend Capital	3,474	3,474	0	3,474		
Revaluation reserve	8,979	8,979	0	8,979		
Income and expenditure reserve	1,115	2,619	1,504	985		
<b>Total taxpayers' equity</b>	<b>13,568</b>	<b>15,072</b>	<b>1,504</b>	<b>13,438</b>		



## Board of Directors : January 2014

**Item :** 8

**Title :** Procedure for Significant Transactions

### **Summary:**

The Health & Social Care Act 2012 gave Foundation Trust Governors new powers and responsibilities in relation to the approval of significant transactions. Any significant transaction now requires the approval of the Council of Governors. The Act does not define a significant transaction and therefore Foundation Trusts have been left the autonomy to decide if and what that definition should be. This procedure attempts clarify this area.

This report will be reviewed by the following groups:

- Significant Transactions Working Group

### **This report focuses on the following areas:**

- Corporate Governance

**For :** Discussion and approval

# Procedure for the Approval of Significant Transactions by Governors

Version:	1.1
Bodies consulted:	Constitutional Working Group
Approved by:	
Date Approved:	
Lead Manager:	Trust Secretary
Responsible Director:	Trust Chair
Date issued:	
Review date:	February 2016



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# Procedure for the Approval of Significant Transactions by Governors

## 1 Introduction

- 1.1 For the purposes of this procedure, “transactions” include the acquisition or introduction of new services; divestment or termination of existing services; building and estates projects, including any private finance initiatives; and changes through merger, acquisition, separation or dissolution. See also section 4 below.
- 1.2 The Health & Social Care Act 2012 gave Foundation Trust Governors new powers and responsibilities in relation to the approval of significant transactions. Any significant transaction now requires the approval of the Council of Governors. The Act does not define a significant transaction and therefore Foundation Trusts have been left the autonomy to decide if and what that definition should be.
- 1.3 Our proposed procedure takes account of the continuing role that Monitor has retained in reviewing both “significant” and “material” transactions. Monitor’s new Risk Assessment Framework sets out procedures that are very similar to those in the old Compliance Framework. On page 22 it is stated that “While Monitor does not have a statutory role in approving these transactions, we will risk-assess them from the perspective of governance as well as continuity of services.”
- 1.4 Further details of Monitor’s reporting requirements are given in Appendix C of the Risk Assessment Framework. For transactions with a value over 10% of current income or current assets, the Trust is required to submit to Monitor detailed evidence on a range of matters (see pages 70 and 71 of the RAF).
- 1.5 This procedure has been drawn up on the basis that the Council of Governors, in reviewing and approving proposed transactions, should represent the interests of the Trust’s stakeholders without duplicating the business assessment which Monitor will carry out. We have chosen to include all “material” transactions under Monitor’s criteria as “significant” for the purposes of needing approval by the Council of Governors.

## 2 Purpose

- 2.1 The purpose of this procedure is to ensure that the legal responsibilities of the Council of Governors are met and that a formal procedure is in place to avoid ad hoc processes and definitions being applied to significant transactions.

## 3 Scope

- 3.1 This procedure applies to the approval of significant transactions by the Council of Governors.

## 4 Definitions

- 4.1 Transaction. In line with the Risk Assessment Framework, “transactions” include the acquisition or introduction of new services; divestment or termination of existing services; building and estates projects, including any private finance initiatives; and changes through merger, acquisition, separation or dissolution.
- 4.2 Significant transaction – a significant transaction is a transaction which meets one or more of the following criteria:
- 4.2.1 Where the gross assets or capital (total of fixed assets and current assets) subject to the transaction divided by the gross assets of the foundation trust are 10% or greater, or
- 4.2.2 Where the annual income attributable to the assets or the contract associated with the transaction divided by the income of the foundation trust is 10% or greater, or
- 4.2.3 Where the gross capital of the company or business being acquired/divested, divided by the total capital of the foundation trust following completion, or the effects of total capital of the foundation trust resulting from a transaction is greater than 10% or
- 4.2.4 A public consultation is required to carry out the transaction or
- 4.2.5 Any proposed merger with, or acquisition of, another organisation; or separation into two or more trusts; or dissolution.

## **5 Duties and responsibilities**

- 5.1 Any significant transactions must be approved by the Council of Governors in accordance with their duties under the Health and Social Care Act 2012.
- 5.2 When giving consideration to whether or not to give approval to a significant transaction, Governors must have regard to the reputational risk to the Trust.
- 5.3 Both the Board of Directors and Council of Governors must agree that a transaction meets the definition of a significant transaction, as stated in this procedure, for the procedure to apply.
- 5.4 The Trust Secretary is responsible for ensuring that the Board of Directors and Council of Governors are aware of their responsibilities in relation to this procedure.
- 5.5 The Trust Chair is responsible for ensuring that the Board of Directors and Council of Governors comply with their responsibilities in relation to this procedure.
- 5.6 Proposed transactions will often have a high level of commercial sensitivity. Papers presented to the Governors will make clear which aspects must be treated as confidential.

## **6 Procedures**

- 6.1 Significant transactions should be presented to Governors at the earliest possible opportunity. This may be before the transaction has been given formal approval by the Board of Directors.
- 6.2 A significant transaction should only need to be approved once, so for example if a bid is approved by the Governors, then a contract related to the winning of the bid does not need separate approval.
- 6.3 Approval may be given at the next Council of Governors meeting, at an extraordinary Council meeting, via email correspondence, or via an interim group of Governors.
  - 6.3.1 The Board of Directors will be responsible for deciding which method of communication is most appropriate in each case.
- 6.4 If required, the Council of Governors can appoint an interim group to consider significant transactions where it is not possible or appropriate to present them to the full Council of Governors.

- 6.4.1 The interim group will be chaired by the Trust Chair and shall consist of at least three Governors, with at least one Executive Director and one Non-Executive Director also attending.
- 6.5 Significant transactions presented to Governors for approval should contain enough information to properly inform the Governors' decision.
- 6.6 The Council of Governors shall have the right to seek external professional advice when making a decision on whether to approve a significant transaction, where a majority of over 50% of Governors agree that it is necessary.
- 6.6.1 The Trust will facilitate this process as far as is reasonably practicable.
- 6.6.2 As noted in the introduction (1.5), the Council of Governors are not carrying out a full business assessment, and are therefore not expected to seek extensive detailed advice on the finances etc of the proposals.
- 6.6.3 If Monitor has carried out or is carrying out an assessment of the proposed transaction, the Trust will provide the Council of Governors (or an interim group established under the provisions above) with access to appropriate information from this assessment in order to support their decision-making.

## **7 Training Requirements**

- 7.1 It is the responsibility of the Trust to ensure that Governors are kept up to date with legal requirements. It is the responsibility of Governors to inform the Trust where they feel they lack the knowledge or training to carry out these duties.

## **8 Process for monitoring compliance with this Procedure**

- 8.1 The Council of Governors Performance Committee will review this procedure every two years to ensure that it is fit for purpose and report to the Council of Governors on any significant transaction considerations that have taken place.
- 8.2 This review, and any proposals for change, will be discussed with the Board of Directors.

## **9 References**

None

## **10 Associated documents<sup>1</sup>**

- 10.1 This procedure should be read in conjunction with the following documents:
- Tavistock & Portman NHS Foundation Trust Constitution
  - Health & Social Care Act 2012
  - Your statutory duties – A reference guide for NHS foundation trust governors (published by Monitor, August 2013)
  - Monitor's Risk Assessment Framework (August 2013)

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<sup>1</sup> For the current version of Trust procedures, please refer to the intranet.

## Appendix A : Equality Impact Assessment

1. Does this Procedure, function or service development affect patients, staff and/or the public?

**YES**

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

**NO**

Date completed .....

Name .....

Job Title .....



## Board of Directors : January 2014

**Item :** 9

**Title :** Use of the Trust's Seal

**Summary:**

Our constitution states that the Board of Directors is responsible for approving use of the Trust Seal before it is affixed to any document. Where it is not possible to get approval in advance, the use must be reported to the Board of Directors at their next meeting. We have one sealing to report, and one to ask approval for.

**This report focuses on the following areas:**

*(delete where not applicable)*

- Corporate Governance

**For :** Approval

**From :** Trust Secretary

## Use of the Trust's Seal

### 1. Use of Trust's Seal

- 1.1 On the 2<sup>nd</sup> December 2013 the Trust sealed an undertaking to indemnify the Secretary of State for Education for payment of pension contributions at the Day Unit. This was a renewal of a deed sealed in October 2008. The undertaking was sealed by Mr Simon Young, Acting Chief Executive, and Mr Carl Doherty, Deputy Director of Finance, and witnessed by Mr Gervase Campbell, Trust Board and Company Secretary.
- 1.2 The Board of Directors is asked to approve Sealing of a contract between the Trust and the London Borough of Barnet for the provision of a Young People's Drug and Alcohol Service from 1<sup>st</sup> July 2013 until 31<sup>st</sup> March 2016. The contract comes following a retendering, which was agreed by the Business Development Committee, and came to the Board in July 2013.

Gervase Campbell  
Trust Board and Company Secretary  
January 2014

## Board of Directors :

**Item : 11**

**Title : CQC inspection Update**

**Purpose:**

The purpose of this report is to provide the Board of Directors with a summary of the proposed changes for Mental Health inspection to be introduced by the CQC during 2014

The paper is provided for information only and does not require action. Further reports will be provided on an ad hoc basis as more detail is provided by the CQC

**This report focuses on the following areas:**

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

**For : Information**

**From : Pat Key, Director of Corporate Governance and Facilities**

# Summary of the changes for CQC regulation and inspection of mental health services

## 1.0 Introduction

In November 2013 the CQC published a document entitled **A fresh start for the regulation and inspection of mental health services**.<sup>1</sup> This follows significant changes to the regulation and inspection arrangements in the acute sector which are being rolled out in 2014.

The main changes are:

- including mental health specialists on all inspections of mental health services and bringing together our work under the Mental Health Act and how we regulate mental health services.
- setting up inspection teams of specialist inspectors, Experts by Experience and professional experts.
- rating mental health services with one of the following: Outstanding, Good, Requires improvement or Inadequate.
- engaging with people who use services, their carers and families, during inspections and at other times in new ways.
- making sure we have better information about mental health services and developing our intelligent monitoring system for these services.
- looking at how people are cared for as they move between services.
- recognising that mental health treatment and support is part of services in all sectors.

## 2.0 Detail of the changes:

2.1 Following the Francis Inquiry and the Keogh inquiry into acute trusts the CQC have set out plans to radically change the way they regulated health services, moving from generic inspections to the use of expert panels of assessors to include experienced clinicians, managers and patient representatives. Inspections will be in depth and take place over several days

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<sup>1</sup> See <http://www.cqc.org.uk/public/news/inspecting-and-regulating-mental-health-services> and [http://www.cqc.org.uk/sites/default/files/media/documents/cqc\\_afreshstart\\_mental\\_health\\_2013\\_final.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/cqc_afreshstart_mental_health_2013_final.pdf)

2.2 The CQC are moving away from the 20+ detailed standards that they initially introduced and will be inspecting services against 5 key questions:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

2.3 The CQC is currently developing a modular approach to inspection for the different areas of mental health it has to inspect (eg care of patients detained under the mental Health Act; acute in-patient, care; outpatient and community services; prison services; learning disability services; social care services etc.)

2.4 The operating model for the Mental Health Sector is shown below:

FIGURE 1: OVERVIEW OF OUR FUTURE OPERATING MODEL



2.5 Details of the new inspection programme are still in development but the CQC have announced the following to be key sources of information on which they will rely:

- Full integration of Mental Health Act monitoring
- Greater use of views of service users
- Information from complaints from service users and their representatives
- Expert inspection by expert teams
- Focus on some core services which will be included in each inspection; for this trust this will mean CAMHS will always be inspected and adult services will be inspected by selection
- Inspection will focus on transition pathways including children to adult and end of treatment arrangements

### 3.0 New Rating System and Inspection frequency

Ratings will be made post inspection and will be on a four point scale : *outstanding; good, requires improvement; and inadequate*, and this can be given at corporate, location or service basis

Inspection frequency will be based on rating (no details of frequency published to date)

### 4.0 Data sources for inspection

The CQC promise better use of data and intelligence, including information from whistle blowers and the findings from other organisations including health watch and 3<sup>rd</sup> section organisations. Specific indicators are being developed against the 5 key questions

### 5.0 Timetable for introduction of the revised inspection process

#### November 2013 – March 2014:

- Wave 1 pilot inspections<sup>2</sup>– with ongoing evaluation of the new approach and methods
- Formal consultation on guidance for the new regulations and CQC's enforcement policy

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<sup>2</sup> 5 Trusts are included in the pilot including South London and St George' NHS Foundation Mental Health trust

#### **April – June 2014:**

- Wave 2 pilot inspections begin
- Draft handbook for providers of specialist mental health services published for information
- Final versions of the regulations guidance and CQC enforcement policy published

#### **July – September 2014:**

- Initial shadow ratings of some services shared with pilot providers
- Publication of intelligent monitoring information for mental health providers
- Final handbook for providers of specialist mental health services published for information

#### **October 2014:**

- New model rolled out to **all** providers, including the use of ratings

Pat Key  
January 2014



## Board of Directors : January 2014

**Item :** 12

**Title :** Quarterly Quality Report 2013-14 for Quarter 3: January 2014

### **Summary:**

The report provides an update of the Quality Indicators for Quarter 3, 2013-14.

This report has been reviewed by the following Committee:

- **Management Committee on 16 January 2014.**

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:**

- Quality
- Patient / User Experience
- Safety

**For :** Noting

**From :** Quality Standards and Reports Lead

Quarterly Quality Report for the Board of Directors  
*Quarter 3, 2013-2014*  
*January 2014*

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Section One: Quality Key Performance Indicators Table

No.	Target	Monitoring	Quality Key Performance Indicators										RAG Status 31/3/14 <sup>2</sup>	Actions for Next Quarter			
			Progress					% Progress for 2013/14									
			Q1	Q2	Q3	Q4	Q1	Q2	Q3 <sup>1</sup>	Q4							
1	Waiting time no more than 11 weeks (77 days from receipt of referral). *Please see Explanatory Notes on page 4.	Quarterly	N %		N %		N %		N %		N %						
			1	0.3	5	1.7 <sup>3</sup>	4	1.	0								
2a	DNA rates: Yearly average no larger than 10%	Quarterly	9%		11% <sup>4</sup>		8.9%										
2b	Adolescent Department DNA rate	Annual	Annual audit has been undertaken and Action Plan completed.											Action Plan to be implemented in Q4.			
3a	85% staff with up-to-date child safeguarding training reported by level.	Quarterly	L1- 89%	L1- 93%	L1 - 91%	L2- 94%	L2- 89%	L2 - 89%	L3- 86%	L3- 85%	L3 - 86%						
3b	Vulnerable adults training (Adults at Risk): 85% of staff trained every 2 years.	Quarterly	89%	93%	91%												
4	Patient information: In date written information sent to all new patients. Work on adolescents information leaflets during 2013/14.	To be reported in Q3	The new 'Adolescent and Young Adults Service' leaflet was finalised earlier than scheduled and can be accessed from the T+P Website.											T+P Website currently in the process of being updated, therefore, not all leaflets available on the website.			
5	Outcome Monitoring: Target: Routine outcome monitoring for adult and CAMHS patients	Quarterly	Achieved and on-going														
6	Patient Satisfaction: Target 70% or more report satisfied with the service	Quarterly	Q2 ESQ data shows that 97% are satisfied indicating "certainly true" to the question of "Overall, the help I have received here is good".														
7	Quality and Development of staff: Target 80% of staff to have a PDP.	Annually	Achieved - 83.8%														
8	Sickness and absence rates. Target: <2% green (2-6% amber, >6% red)	Annually															
9	Trust Service cancellation rates. Target: <10% green (10-19% amber, >20% red)	Quarterly	N/A	3%	2.4%												

10	% of staff with up-to-date mandatory for infection control. 100% = green. 80-99% is amber. < or = 80% red.	Annually	100% (8/8)	100% (2/2)	100% (1/1)				Information to be published in Q4 report.
11	% response to complaints within 25 days. Target: > 95% green (80-95% amber, <80% red.)	Quarterly							
12	% Statutory assessments completed within 6 weeks. Target 100%.	Annually	An annual audit will be undertaken to monitor compliance						Information to be published in Q4 report.
13	Number and % of children reporting satisfaction with the service (as measured against CHI-ESQ). (To be baselined, in order to establish target.)	Quarterly	In Q2 90% of Children and 99% of young people in CAMHS reported satisfaction with the service as measured by the question "Overall, the help I have received here is good" on the ESQ. <sup>5</sup>						
14	Data Quality: That for 85% of patients discharged from SAAMHS and CAMHS a letter with comprehensive information is sent to the GP or the receiving clinician within 2 weeks of final treatment session/appointment.	Annual - Case Note Audit	Achieved - 90% A hardcopy of the Discharge Letter audit can be provided by the Quality Standards and Reports Lead, if required. This provides a breakdown of findings.						

<sup>1</sup> RAG status for Q 3 (31 December 2013). *Please note the Quality Standards and Reports Lead is not in a position to deliver these targets and only reports on the progress.*

<sup>2</sup> Anticipated RAG status for 31 March 2014.

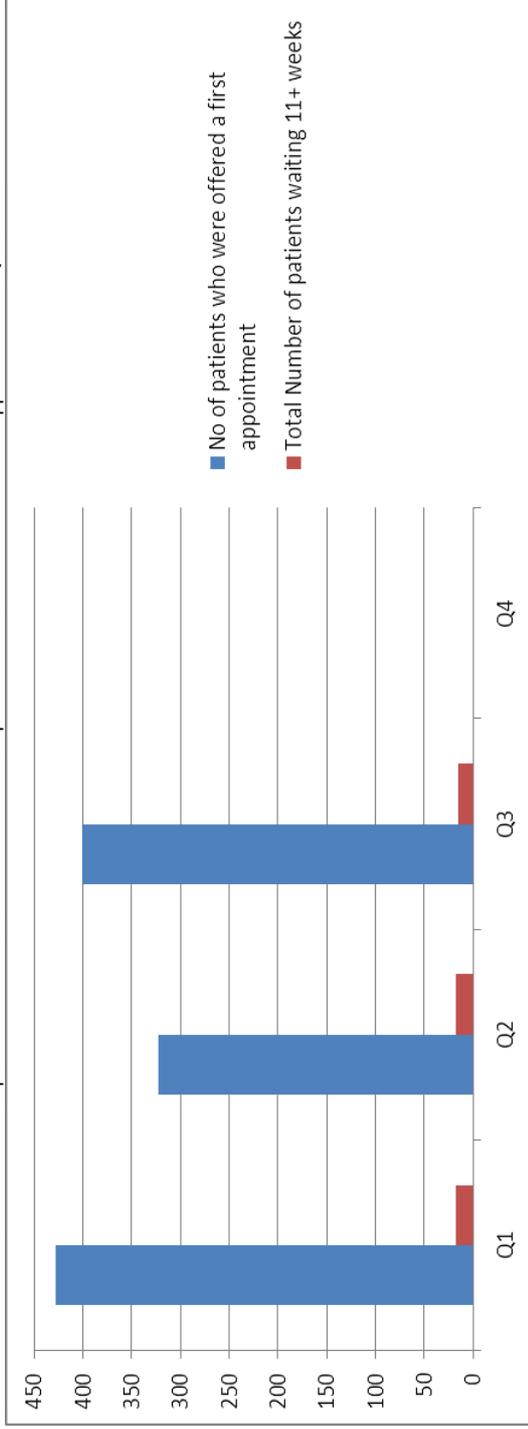
<sup>3</sup> Following further data validation this figure has been changed from 1.6% to 1.7%

<sup>4</sup> Q2 data had shown 11%, although by error 12% had been noted in the table above for Quarter 2.

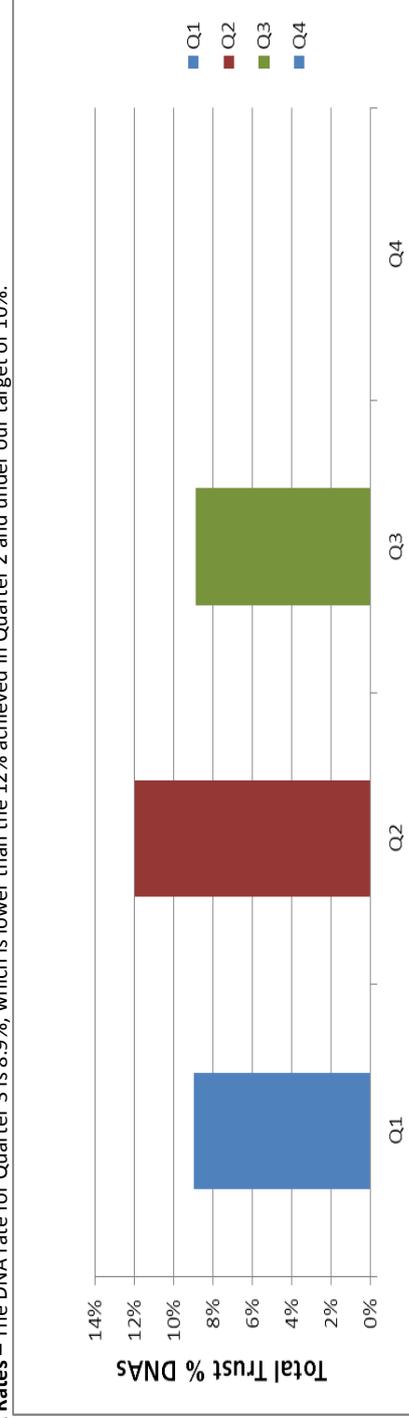
<sup>5</sup> For data quality and consistency purposes the Trust is now obtaining all ESQ data (Targets 6 and 13) from the PPI report. The Q3 data is not yet available but Target 13 has been updated with the Q2 figure from the 'ESQ Report 2013-2014 Q2'.

## Section Two: Explanatory Notes

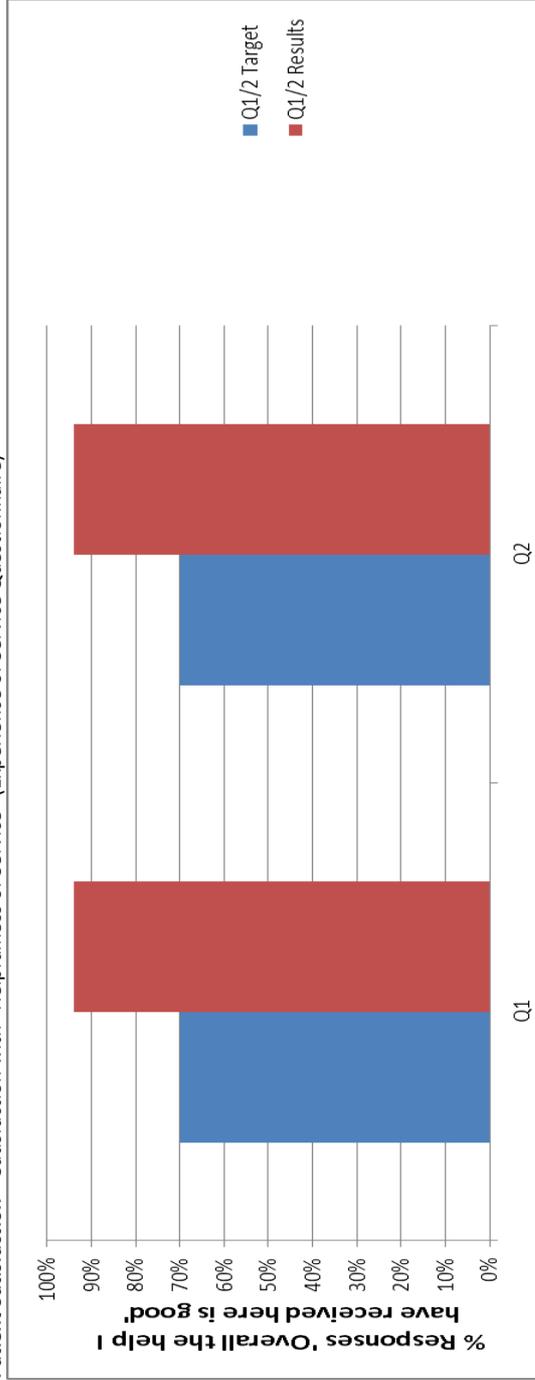
- Waiting Times (\*)** - For Quarter 3, there were 15 waiting time breaches, where patients were required to wait eleven weeks or longer for their first appointment, but only 4 of these breaches related to factors internal to the Trust and represented 1.1% of the total number of patients who were offered a first appointment in Quarter 3.



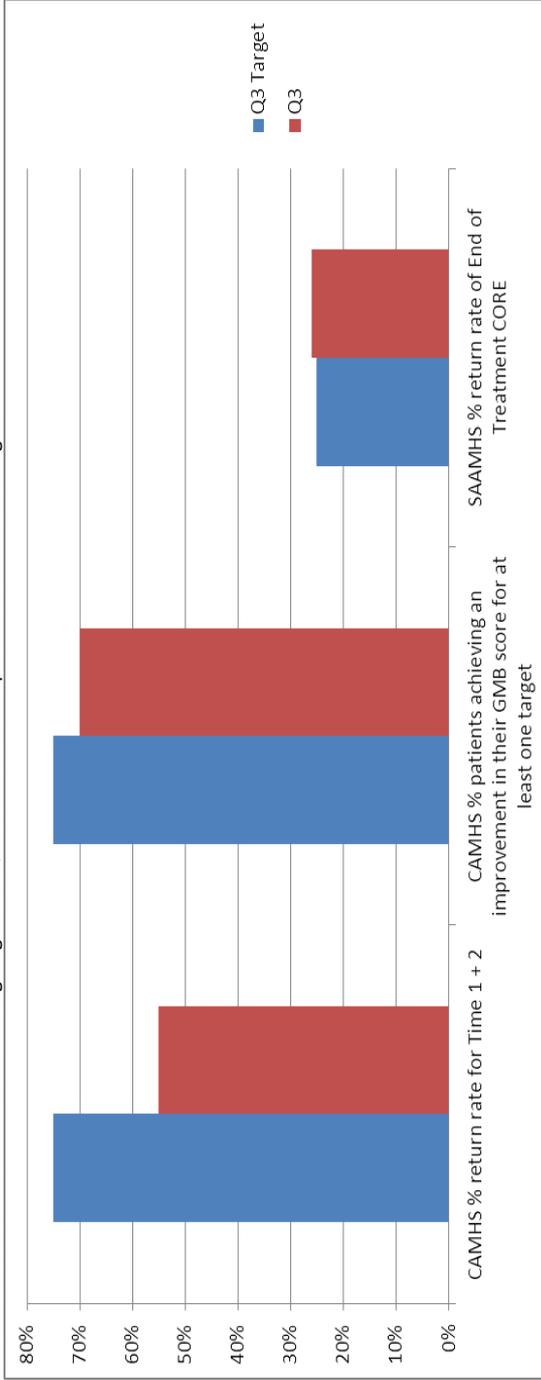
- DNA Rates** – The DNA rate for Quarter 3 is 8.9%, which is lower than the 12% achieved in Quarter 2 and under our target of 10%.



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

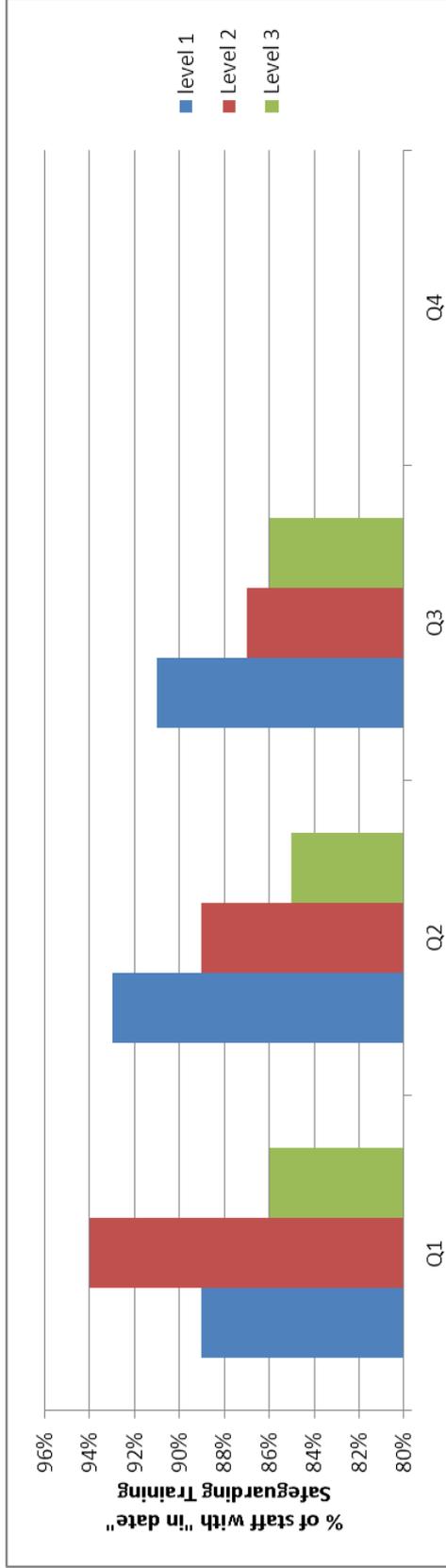


4. Outcome Monitoring  
The data for the three Outcome Monitoring targets for Q3 are shown in comparison to the current target.



5. **Child Safeguarding Training**

The percentage of staff with 'in date' Child Safeguarding training does not include those members of staff who have just recently joined the Trust and not yet attended the training, nor those staff who are on sick leave or maternity leave. (The training for Safeguarding Level 3 was provided in April, June, July, September and December 2013).



## Section Three: Quality Priorities Progress

Quality Priorities													
Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2013/14				RAG Status 31/3/14	Actions for Next Quarter	
							Q1	Q2	Q3	Q4			
<b>(1) Outcome Monitoring</b>  1. CAMHS (Child and Adolescent Mental Health Service): For 75% of patients (attending CAMHS who qualify for the CQUIN) to complete the Goal Based Measure (GBM) at the Pre-Assessment stage (known as Time 1) and after 6 months or, if earlier, at the end of therapy/treatment (Time 2).  2. CAMHS (Child and Adolescent Mental Health Service): For 75% of patients (attending CAMHS who qualify for the CQUIN) to achieve an improvement in their score on the GBM, from Time 1 to Time 2, on at least two targets.  3. Adult Department: For the CORE outcome measures to be completed by at least 25% of patients over the age of 25, for those patients who have completed their treatment, attending at least one treatment appointment, on or after April 1st 2013 and on or before January 31st 2014		<ul style="list-style-type: none"> <li>OM tracking system</li> <li>Monitoring of progress by the OM Lead</li> <li>Quarterly progress report</li> <li>Quarterly review by the CQSG Committee and Board of Directors</li> </ul>	<ul style="list-style-type: none"> <li>OM analysis of the % return rate for Time 1 and Time 2.</li> <li>OM analysis of the % of patients who achieve an improvement in their score for at least one GBM target</li> <li>OM analysis of the % return rate of the End of Treatment CORE form.</li> </ul>	1 <sup>st</sup> April 2013	31 <sup>st</sup> January 2014	A number of difficulties have been identified which help explain the lower than expected Q3 figures. However, an action plan has been drawn up for Q4 to address this.	55%				Green	An updated report has been created which is better able to identify the cases that require paired GBMs and ESQs for Q4, new staff have been appointed, and clinicians have been asked individually to collect forms that they are responsible for during the next appointment, or provide an explanation for non-completion.	
					1 <sup>st</sup> April 2013	31 <sup>st</sup> January 2014		70%				Yellow	
		Michael Mercer			1 <sup>st</sup> April 2013	31 <sup>st</sup> January 2014		26%					Green

Priority	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2013/14				RAG Status 31/3/14	Actions for Next Quarter
								Q1	Q2	Q3	Q4		
(2) Access to Clinical Services and Health Care Information for Patients and Public	<p>1. To increase the number of leaflets about specific treatment modalities from 8 to at least 12, including at least 2 leaflets written specifically by children/young people.</p> <p>2. We aim to achieve a 10% increase on the reported levels of satisfaction in relation to information collected from the visual straw poll in 2012-2013.</p>	Sally Hodges	<ul style="list-style-type: none"> <li>Monitoring of progress by PPI Lead</li> <li>Feedback from patients and members on the accessibility of this information leaflet</li> <li>Quarterly progress report</li> <li>Quarterly review by the CQSG Committee and Board of Directors</li> </ul>	<p>Analysis on the levels of satisfaction with information provided on treatment modality leaflets.</p> <p>To demonstrate accessibility through mystery shoppers, a telephone survey and a random audit of case files.</p> <p>To modify leaflets content and availability in light of feedback from mystery shoppers.</p>	1 April 2013	31 January 2014	<p>1) Two modality leaflets were reviewed by the PPI Committee on 11/2013. The 2 additional leaflets designed by children will be reviewed by the PPI Committee in January 2014.</p> <p>2) A visual straw poll both on the content of the modality leaflets and their availability was conducted in 12/2013 and results will be discussed at both the Quality Stakeholders meeting and the PPI Committee in January 2014.</p>	Q1	Q2	Q3	Q4	Green	
								1	2	3	4		

Priority	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2013/14				RAG Status 31/3/14 <sup>1</sup>	Actions for Next Quarter
								Q1	Q2	Q3	Q4		
<b>(3) Patient and Public Involvement</b>	1. To have a protocol in place on: i) Payment of service users for participation on interview panels ii) Selection and training of service users for interviews iii) Training for staff on including service users on interview panels.		<ul style="list-style-type: none"> <li>Maintain minutes from the stakeholder quality meetings and patient forum</li> <li>Monitoring of progress by PPI Lead</li> <li>Quarterly progress report</li> <li>Quarterly review by the CQSG Committee and Board of Directors</li> </ul>	<ol style="list-style-type: none"> <li>To have developed a protocol for the payment of service users for participation on interviews.</li> <li>To have developed a protocol, reviewed by service users, for the selection and training of service users for interviews panels.</li> <li>To have trained 15 members of staff on working with service users on interview panels.</li> </ol>	1 <sup>st</sup> April 2013	31 <sup>st</sup> January 2015	<ol style="list-style-type: none"> <li>Target over 2 years – protocol on payment for 2015 deadline.</li> <li>Information continues to be gathered on how best to involve service users on staff interview panels.</li> <li>For 2015.</li> </ol>						A policy on service user involvement on interview panels has been drafted and will be discussed at the PPI Committee in January 2014
	2. To continue to expand and promote Bid for Better and to target engagement with our younger members	Sally Hodges		<ol style="list-style-type: none"> <li>Promote Bid for Better in the Trust's CAMHS waiting rooms and via the Young Minds blog and schools' websites.</li> <li>We will set a target of at least 10 applications of which four will demonstrate wider engagement and patient experience outcomes.</li> </ol>	<ol style="list-style-type: none"> <li>Project launched on 9/1/14. Suggestion boxes and invitations for bids from children and young people have been placed in 3 CAMHS waiting rooms with further promotion ongoing.</li> </ol>	1 <sup>st</sup> April 2013	31 <sup>st</sup> March 2014 <sup>3</sup>						

<sup>1</sup> RAG status for Q 3 (31 December 2013). Please note the Quality Standards and Reports Lead is not in a position to deliver these targets and only report on the progress.

<sup>2</sup> Anticipated RAG status for 31 March 2014.

<sup>3</sup> To fit in with the allocation of funding from the Trust in April 2014, the Bid for Better scheme which was launched in January 2014 will run until March 2014. For this reason, the achievement date has been changed from January to March 2014.

## Appendix One: CQUIN Targets

	Detail of indicator	Performance at Q3	Action Plan	Q3 RAG <sup>1</sup>	RAG Status 31/3/14 <sup>2</sup>
CAMHS Outcome monitoring	Indicator 1a For at least 75% of patients (attending CAMHS who qualify for CQUINS) to complete the Goal Based Measure at Time 1 pre assessment and Time 2 (6 month or end of therapy)	It has been difficult to achieve the target at Q3 for a number of reasons.	Draft Plan outlined in Section 3 Items 1&2.	55%	
CAMHS outcome monitoring	Indicator 2 For at least 75% of patients (attending CAMHS who qualify for CQUINS) to show improvement form Time 1 to Time 2 on at least two targets.	See Comment at Indicator 1a above.		70%	
CAMHS ESQ	<b>Indicator 3a</b> For at least 75% of patients to complete CHI-ESQ at 6 months or case closure.	Achieved for Quarter 3.		84%	
CAMHS User Involvement	<b>Indicator 3b</b> - Target: 75% satisfaction User Participation: ESQ analysis 2012/13 identified a specific area for improvement in relation to the following statement "Satisfaction with explanation of help available "	42%	Admin and clinicians to be reminded of the importance of providing information and checking patients have the relevant information about the help available.	42%	
CAMHS Clinical Effectiveness	<b>Indicator 4</b> 1. Length of Treatment: All new cases whose first treatment attendance was 1 November 2012 or after, should not be in treatment for longer than a maximum of 2 years except where longer treatment is specifically agreed. 2. Developing and piloting a method of identifying treatment cases open for 18 months and paperwork necessary for requesting extension of treatment beyond 2 years. End July 2013	CAMHS have worked with Informatics to adapt a pre-existing report to identify cases open for 18 months. This pilot was also used to identify cases open for 48 months or longer, and clinicians asked to review their treatment and document reasons for needing to keep the case open. This to be repeated for cases open 24-48 months, and then 18-24 months. The six-monthly review form has also been adapted to serve as the necessary paperwork for this.		Achieved.	
SAAMHS Outcome monitoring	<b>Indicator 6</b> For the Total CORE (Clinical Outcomes for Routine Evaluation) scores to indicate an improvement from pre-assessment (Time 1) to post assessment (Time 2) of 61% for patients over the age of 25 who qualify for the CQUIN.	Achieved for Quarter 3.		65%	
SAAMHS Outcome Monitoring	<b>Indicator 7</b> - For the CORE outcome measures to be completed by at least 25% of patients over the age of 25, for those patients who have completed their treatment.	Achieved for Quarter 3.		26%	
SAAMHS ESQ	<b>Indicator 8</b> - Experience of Service Questionnaires to be completed by at least 25% of patients at the end of treatment.	Remaining patients will be contacted by phone to complete ESQs.		23%	
SAAMHS	<b>Indicator 9</b> - Smoking Cessation - Any new referrals between November 2013 and January 31 2014 with at least one attended treatment appointment.	Information currently being obtained. To be reported in Quarter 4.	Not applicable		

<sup>1</sup> RAG status for Q 3 (31 December 2013).

<sup>2</sup> Anticipated RAG status for 31 March 2014. Please note the Quality Standards and Reports Lead is not in a position to deliver these targets and only report on the progress.

## Appendix Two: Quality Indicator Performance Supporting Evidence

### 1. Waiting times

QUARTER 3							
Target less than 77 days (11 weeks)	Adolescent	Adult	Camden CAMHS	Other CAMHS	Portman	LCDS	Total
Breaches Cause internal to Tavi	2	1	0	1	0	0	4
Breaches: Cause external to Tavi	4	2	1	3	1	0	11
<b>Total number of breaches</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>15</b>
Number of 'breaches' shown after data validation shown to be 'no breach'	0	0	0	0	1	0	1
Total number of patients offered a first appointment in the quarter	49	47	173	93	36	0	401
The percentage of patients that are breached in the quarter	12.2%	6.4%	0.6%	4.3%	2.8%	0	3.74%
% internal	4.1%	2.1%	0%	1.1%	0%	0%	1.0%
% external	8.2%	4.3%	0.6%	3.2%	2.8%	0%	2.74%

### 2. DNA Rates

QUARTER 3							
Target <10%	Adolescent	Adult	Camden CAMHS	Other CAMHS	Portman	LCDS	Total
Total 1st appointments attended	49	40	160	48	37	20	354
Total first appointments DNA's	2	5	16	9	2	0	34
Total first appointments	51	45	176	57	39	20	388
<b>% 1st appointments DNA'd</b>	<b>3.9%</b>	<b>11.1%</b>	<b>9.1%</b>	<b>15.8%</b>	<b>5%</b>	<b>0%</b>	<b>9%</b>
Total subsequent appointments attended	787	2430	2732	1514	1204	544	9211
Total sub. appointments DNA'd	154	225	245	99	154	21	898
Total subsequent appointments	941	2655	2977	1613	1358	565	10109
<b>% DNA subsequent Appointments</b>	<b>16.4%</b>	<b>8.5%</b>	<b>8.2%</b>	<b>6.1%</b>	<b>11%</b>	<b>4%</b>	<b>8.9%</b>

3. **Patient Satisfaction** – See ESQ Report 2013-2014 Q2 (A hardcopy of this Report can be provided by the Quality Standards and Reports Lead).
4. **Patient Experience** - See Annual PPI Report. (A hardcopy of this Report can be provided by the Quality Standards and Reports Lead, if required.)
5. **Patient Information** - See patient leaflets on Trust Website. (In addition, a hardcopy of these leaflets can be provided by the Quality Standards and Reports Lead, if required.)
6. **Outcome monitoring**- Please refer to CQUINs Targets in Section Two and see 2013-14 CQUINs Outline ( A hardcopy of this CQUINs Outline can be provided by Quality Standards and Reports Lead, if required.)
7. **Quality and Development of Staff** - Patient Development Plans (“PDPs”) are managed on an annual cycle with performance reported at end March each year, for implementation over the course of the next year. Updated figure for Q1 in table below.

Quality and Development of Staff - PDPs:		
Number of staff who require a PDP at 31.3.13	Number of staff with a PDP	% of staff with a PDP
413	346	83.8%

### 8. Safety (Children Safeguarding)

Level 1 Safeguarding Training/ Adults at Risk Training				
% of staff whose training is 'in date'	Q1	Q2	Q3	Q4
	89%	93%	91%	

Level 2 Safeguarding Training				
% of staff whose training is 'in date'	Q1	Q2	Q3	Q4
	94%	89%	89%	

Level 3 Safeguarding Training				
% of staff whose training is 'in date'	Q1	Q2	Q3	Q4
	86%	85%	86%	

## Board of Directors : January 2014

**Item :** 13

**Title :** Update on Draft Quality Report 2014

### **Summary:**

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

- Plan for the 2014 Draft Quality Report (QR)

It is hoped that a Non-Executive Director Board Member will be willing to provide an overview to the Quality Reports Team as part of the process for preparing the 2014 Quality Report.

The Plan has been reviewed by the following Committees:

- Management Committee – 16 January 2014

The Board of Directors is asked to confirm whether this Plan is accepted as adequate assurance.

### **This report focuses on the following areas:**

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

**For :** Discussion

**From :** Justine McCarthy Woods, Quality Standards and Reports Lead

## Plan for the 2014 Draft Quality Report (QR)

1. The same format will be used for 2014, as used for the 2013 Quality Report.
2. The following meetings have been and will be arranged to progress the work for the Draft Quality Report.
  - i) Louise Lyon, Trust Director and Justine McCarthy Woods, Quality Standards and Reports Lead met with Mary Burd, Governor on 9<sup>th</sup> January 2014, to review 2013 Quality Report and plan for 2014 QR.
  - ii) Justine McCarthy Woods will meet with Frances Hasler, Director of Healthwatch Camden, Mary Burd, Governor and a member of the PPI Team and on 21<sup>st</sup> January 2014 to discuss 'common priorities' for Clinical Quality.
  - iii) Justine McCarthy Woods will meet with Duncan Ambrose, Mental Health Clinical Expertise Specialist North and East London Commissioning Support Unit (date tbc) to discuss the plans for the 2014 Quality Report and the priorities identified by Camden CCG and NELCSU for Clinical Quality.
  - iv) Justine McCarthy Woods, Jane Chapman, Governance and Risk Adviser and Pauline Sharp, Quality Officer will meet Grant Slessor, Manager, KPMG on 27<sup>th</sup> January 2014 to discuss the possible Quality Indicators for audit.
  - v) Louise Lyon and Justine McCarthy Woods will meet with the Council of Governors Clinical Quality sub-group on 11<sup>th</sup> February 2014 to discuss the priorities for Clinical Quality and the preparation for the 2014 Quality Report.
  - vi) Sally Hodges, PPI lead and Justine McCarthy Woods, Quality Standards and Reports Lead will meet (date tbc) to discuss the PPI and Access Quality Priority targets for 2014/15.
  - vii) Following the confirmation with commissioners of the CQUINs targets for 2014/15, the Access Quality Priority targets for clinical effectiveness and patient satisfaction will be confirmed.
  - viii) Further meetings will be arranged, as appropriate, to progress the preparation of the 2014 Quality Report and in line with the planning schedule for the QR (please see Appendix).

## Appendix

### Quality Report 2014 Planning Schedule

Item	Submitted To	Deadline
<b>Preparation</b>		
Draft inserts for Quality Report	Justine McCarthy Woods & Harriet Mills	September/October 2013
Draft achievements section	Justine McCarthy Woods & Harriet Mills	September/October 2013
Start Draft Report using last year's template	Justine McCarthy Woods & Harriet Mills	October/November 2013
Completion of Initial Draft Quality Report	Justine McCarthy Woods & Pauline Sharp	December 2013
Draft Quality Report update to be submitted to the Board		For January 2014 Board Meeting
Staff Survey- Data becomes available in March 2014	Justine McCarthy Woods & Pauline Sharp	March/April 2014
<b>Quality Report</b>		
Data validation forms to be distributed	All Managers and Directors Responsible for Data	Monday 24 <sup>th</sup> March
Data validation forms to be returned (signed hard copy), along with all data and information as requested.	Justine McCarthy Woods & Pauline Sharp	Requested by Tuesday 8 <sup>th</sup> April (but earlier where possible)
Draft Quality Report to be submitted to the Management Committee	Management Committee	Monday 14 <sup>th</sup> April
Draft Quality Report to be submitted to the Board of Directors	Amanda Hawke	Friday 18 <sup>th</sup> April
Quality Report submitted for review and feedback	1) Camden CCG 2) Healthwatch Camden 3) Overview and Scrutiny Committees (OSC)	Friday 18 <sup>th</sup> April
Draft Quality Report feedback to be provided by the Board of Directors	Board of Directors	Tuesday 29 <sup>th</sup> April
Draft Quality Report	Gervase Campbell– who will submit to the Auditors	Monday 28 <sup>th</sup> April
Feedback received from PCTs, Healthwatch Camden and OSC	Justine McCarthy Woods	Friday 16 <sup>th</sup> May
Draft Quality Report final formatted version to be received	Justine McCarthy Woods & Pauline Sharp	Monday 26 <sup>th</sup> May
Audited accounts and final text of the Annual Report (Quality Report, as Annex)	Monitor – via post and uploaded to Monitor Portal	Thursday 29 <sup>th</sup> May 9am



**BOARD OF DIRECTORS (PART 1)**

Meeting in public

Tuesday 28<sup>th</sup> January 2014, 14.00 – 15.30,

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

**AGENDA**

<b>PRELIMINARIES</b>				
<b>1.</b>	<b>Chair's Opening Remarks</b> Ms Angela Greatley, Trust Chair		Verbal	
<b>2.</b>	<b>Apologies for absence and declarations of interest</b> Ms Angela Greatley, Trust Chair	To note	Verbal	
<b>3.</b>	<b>Minutes of the previous meeting</b> Ms Angela Greatley, Trust Chair	To approve	Enc.	p.1
<b>3a.</b>	<b>Outstanding Actions</b> Ms Angela Greatley, Trust Chair	To note	Enc.	p.9
<b>4.</b>	<b>Matters arising</b> Ms Angela Greatley, Trust Chair	To note	Verbal	
<b>REPORTS &amp; FINANCE</b>				
<b>5.</b>	<b>Trust Chair's and NED Report</b> Non-Executive Directors as appropriate	To note	Verbal	
<b>6.</b>	<b>Acting Chief Executive's Report</b> Mr Simon Young, Acting Chief Executive	To note	Enc.	p.10
<b>7.</b>	<b>Finance &amp; Performance Report</b> Mr Carl Doherty, Deputy Director of Finance	To note	Enc.	p.17
<b>CORPORATE GOVERNANCE</b>				
<b>8.</b>	<b>Significant Transactions</b> Mr Simon Young, Acting Chief Executive	To approve	Enc.	p.28
<b>9.</b>	<b>Trust Sealings</b> Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.37
<b>STRATEGY</b>				

<b>10.</b>	<b>Update of Digital Strategy</b> Ms Louise Lyon, Trust Director	To note	Verbal	
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**QUALITY & GOVERNANCE**

<b>11.</b>	<b>Care Quality Commission Inspection Update</b> Ms Pat Kay, Director of CGF	To note	Enc.	p.39
<b>12.</b>	<b>Quarter 3 Quality Report</b> Dr Justine McCarthy Woods, Quality Lead	To note	Enc.	p.44
<b>13.</b>	<b>Update on Quality Report</b> Dr Justine McCarthy Woods, Quality Lead	To note	Enc.	p.58

**CONCLUSION**

<b>14.</b>	<b>Any Other Business</b>		Verbal	
<b>15.</b>	<b>Notice of Future Meetings</b> <ul style="list-style-type: none"> <li>• Thursday 6<sup>th</sup> February 2014: Council of Governors, 2pm-5pm, Board Room, Tavistock Centre</li> <li>• Tuesday 25<sup>th</sup> February 2014: Board of Directors, 2pm-5pm, Board Room, Tavistock Centre</li> </ul>		Verbal	