

Board of Directors Part One

Agenda and papers
of a meeting to be held

2.00pm–4.30pm
Tuesday 24th September 2013

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

Board of Directors

2.00pm–4.30pm, Tuesday 24th September 2013

Agenda

Preliminaries

1. Chair's opening remarks

Ms Angela Greatley, Trust Chair

2. Apologies for absence

3. Minutes of the previous meeting

*(Minutes attached) p.1
For approval*

4. Matters arising

Reports & Finance

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

Non-Executive Directors as appropriate

For noting

6. Chief Executive's Report

Dr Matthew Patrick, Chief Executive

*(Report attached) p.8
For discussion*

7. Finance & Performance

a) Finance & Performance Report

Mr Simon Young, Director of Finance & Deputy CEO

*(Report attached) p.13
For discussion*

b) Bank Signatories

Mr Simon Young, Director of Finance & Deputy CEO

*(Report attached) p.23
For approval*

Corporate Governance

8. Clinical Quality, Safety and Governance Quarter One Report

Dr Rob Senior, Committee Chair

*(Report attached) p.25
For discussion*

Quality & Development

9. Education and Training Report

Mr Malcolm Allen, Dean of Postgraduate Studies

(Report attached) p.54

For discussion

Conclusion

12. Any other business

13. Notice of future meetings

Wednesday 16th October: AGM

Monday 28th October: Joint Board meeting*

Tuesday, 29th October 2013: Board of Directors

Wednesday, 13th November 2013: Directors' Conference, 10am–5pm*

Tuesday, 26th November 2013: Board of Directors

Thursday, 5th December 2013: Council of Governors

*These are informal meetings and are not open to the public.

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

Board of Directors Part I

Meeting Minutes, 2.00pm – 4.30pm, Tuesday 23rd July 2013

Present:			
Ms Angela Greatley Trust Chair	Mr Malcolm Allen Dean	Mr Martin Bostock Senior Independent Director	Ms Lis Jones Nurse Director
Ms Louise Lyon Trust Director	Dr Ian McPherson Non-Executive Director	Ms Joyce Moseley Non-Executive Director	Dr Matthew Patrick Chief Executive
Dr Rob Senior Medical Director	Mr Richard Strang Deputy Trust Chair	Mr Simon Young Director of Finance & Deputy CEO	
In Attendance:			
Miss Terri Burns Assistant to the Trust Secretary (minutes)			
Apologies:			
Dr Rita Harris CAMHS Director	Dr Sally Hodges PPI Lead (item 11)	Mr Altaf Kara Non-Executive Director	

Actions

AP	Item	Action to be taken	By	Immed
1	10	Ms Greatley to amend Board objectives	AG	Immed

Actions Agenda item

Future Agendas

1. Chair's opening remarks

Ms Greatley welcomed everyone to the meeting.

2. Apologies for absence

As above.

3. Minutes of the previous meeting

The minutes were approved.

4. Matters Arising

Action points from May were updated. Action points two and three will be completed in September. Action point four is outstanding.

Action points from June were updated. Action point two is ongoing.

Dr Patrick reported that a working group had been set up to discuss significant transactions with Governors.

5. Trust Chair & Non-Executive Director Report

Ms Greatley noted that the Board are now all aware that Dr Patrick will be leaving the Trust. The Board congratulated Dr Patrick. Further discussion will be had later.

Ms Greatley updated the Board on the appointment of two new Non-Executive Directors. Over 60 applications were received. A shortlist has been made and interviews will take place on 9th September.

Ms Moseley reported that she had attended an NHS Board Assurance conference. It was not well attended, however there was a very good speaker. The main message focussed on organisational culture.

Ms Lyon reported on behalf of Mr Strang. They attended the launch of Mind Full. Ms Lyon spoke with members of the youth panel involved in developing the service. They felt that the service had a very good understanding of safeguarding issues. Ms Greatley also noted that she had met the Youth Advisory Panel of Headstrong who were strongly involved.

6. Chief Executive's Report

Dr Patrick reported that he is considering the date he will leave the Trust.

It has been a difficult decision to make. SLAM has some significant challenges and it will be interesting.

Dr Patrick noted that the Portman Clinic will be discussed in Part 2, but thanked Mr Bostock for his advice and support. Mr Bostock praised the Communications team.

Ms Greatley praised a very good FNP event.

7. Finance & Performance

a) Finance & Performance Report

Mr Young reported that it had been a good month. The surplus is not expected to continue at the current rate. The Management Committee have decided to invest £237k in key staffing. Dr Patrick noted that this is an essential requirement for the good running of the Trust. Mr Young stated that cash flow is good. There was a slight issue with FNP payments but it is now fixed.

Ms Greatley noted that training income is ahead of budget. Mr Allen reported that applications are at a good level, but it is not clear whether this will have a direct correlation to intake. Short courses and conferences are doing well.

Mr Bostock asked why the underspend was so high and if this was related to unexpected vacancies. Mr Young stated that there were a few projects that had not yet started as planned. Also next years' productivity savings are already being considered. Ms Lyon stated that Dr Harris and herself were waiting to consider some vacancies.

Dr McPherson was pleased to see the information on patient clustering as he had attended a meeting where some attendees had a fundamental misunderstanding about what the Trust does.

Mr Strang asked the reason for the shortfall on e-learning. Mr Allen stated that the income profile had not been correlated to the income projection. Work is taking place to correct this. Recruitment has been

going well but the targets are challenging.

b) Quarterly Quality Report

Ms Lyon reported that there had been a few problems getting agreement on local indicators but it was almost resolved.

Mr Bostock asked why 3b was amber. Ms Lyon said that work was ongoing and the target will be reached by the end of the year, but it cannot be assumed it will be green. Ms Greatley stated that this target is carefully monitored at committee level.

c) Quarterly Finance & Governance Declarations

Mr Young noted that the report was not a draft. He reported that the declarations were much the same as previously, with a few items amended to comply with legislation.

Mr Strang asked whether the declarations complied with CQC requirements. Ms Greatley stated that the CQC have refocused their thinking and skewed the system towards the acute sector. Dr Senior stated that the Trust needs to look at how it uses service user feedback.

The declarations were approved.

8. Responsible Officer's Report

Dr Senior reported that trainee doctors were not included in the revalidation process as they have a separate responsible officer who will ensure they have a suitable process to follow.

Dr Senior stated that the process as a whole has been challenging in terms of resources. The Trust has invested in a system devised by Oxleas. It is progressing well. He had recommended the first group of doctors to complete the process for revalidation. There are not currently any fitness to practice investigations taking place. The process is overseen by the GMC.

Dr McPherson noted that he could appreciate how an external observer could view the report as defensive in nature and asked if there was a way to address this.

Regarding multi-source feedback from patients, Dr Senior stated that it had been agreed that not all patients would be asked the same questions. Asking negative questions could, in some cases, be harmful. The quality of the feedback also has to be considered.

Mr Allen asked if there was an overall data collection methodology for the Revalidation process. Dr Senior stated that the data collection seemed to work best on a local basis. He agreed to document the different approaches to be analysed in future. He also noted the difficulty for services with very small numbers.

9. Board of Directors Objectives

API

Ms Greatley asked the Board for feedback on the proposed objectives. Mr Strang suggested that they should include reference to the arrangements for Mr Young to be Acting CEO, for the handover to the next appointee and to the incoming Audit Committee Chair.

Mr Bostock raised the issue of the Trust's mission and vision statements. Ms Greatley noted that the board had previously decided that these were currently satisfactory and would be an area to revisit when a new CEO is appointed.

Ms Greatley and Dr Patrick agreed to recirculate the objectives with suggested additions and amendments for comment and approval.

10. PPI Annual Report

Mr Bostock congratulated Dr Hodges on a very clear report with a strategic focus. The team is working well together and the patient voice work is developing well. He noted that attendance by Governors at the PPI Committee meetings is poor.

Ms Greatley suggested having a Governor involved in the complaints

review procedure to give more accountability. The Board agreed that this was a good idea and Ms Greatley agreed to follow this up with staff involved in the complaints process.

Ms Moseley questioned why only 63% of respondents to the patient survey felt their appointment times were convenient. Mr Bostock stated that he thought the data was swayed disproportionately by young people, but this has been raised as an area to look into.

Mr Strang stated that comparative figures from previous years would be useful.

12. Any other business

None.

13. Notice of future meetings

Noted.

Outstanding Action Part 1

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date	Progress Update / Comment
1	Oct-12	7. Finance and Performance Report	Mr Strang to discuss further with Dr Harris and Ms Lyon the percentage of time Clinicians spend with patients before and after the productivity changes.	Richard Strang	Jul-13	
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	Oct-13	
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	

Board of Directors : September 2013

Item : 6

Title : Chief Executive's Report

Summary :

This paper covers the following items:

1. Introduction
2. Monitor
3. Strategic Clinical Network
4. And Finally....

For : Discussion

From : Chief Executive

Chief Executive Report

1. Introduction

- 1.1 This September meeting is my final meeting with the Board of Directors. As you all know I am leaving the trust on the 11th of October to take up a new position as the Chief Executive of SLaM (South London and Maudsley NHS Foundation Trust).
- 1.2 I have worked at the Tavistock and Portman for 24 years, and although I originally trained at the Maudsley this has been my professional home and the place where I have grown up. I have been in Board level posts here for some 9 years now, firstly as Trust Director and then as Chief Executive. The prospect of leaving is, thus, a source of real sadness for me. At the same time I am excited about the new opportunity before me.
- 1.3 SLaM is one of the largest mental health trusts in the country, and like the Tavistock and Portman, it has a long history and an international reputation. The Maudsley and Bethlem in particular date their origins back to 1247. Over the past 100 years the organisation has perhaps been most associated with medical and biological approaches to psychiatry, in many ways representing a counterpoint to the Tavistock and Portman's emphasis on dynamic psychiatry. In more recent years, however, there has been a much greater overlap of interests with the Tavistock and Portman such that we now have a number of joint projects with SLaM.
- 1.4 SLaM and Kings Health Partners are at the forefront of thinking about the integration of mental health with physical health, and more broadly are committed to developing innovative models that integrate care around people and their needs within community settings. In addition I believe that psychiatry more generally is on the brink of a period of real change and development and I think SLaM's relationship with the Institute of Psychiatry has the potential to act powerfully in support of this development.

- 1.5 Planning for succession here is now well underway with the aim that an appointment should be made in early November. Simon Young, Finance Director and Deputy CEO, has agreed to act as interim CEO in the period after I leave. This is more than a caretaker role as the annual plan needs continued energy and drive to ensure its delivery and I know that Simon is looking forward to this challenge.
- 1.6 Transitions such as these are always difficult, but we are lucky in the exceptional strength of our executive team, Board of Directors, Council of Governors and staff more broadly. We are also in a strong position financially within the current financial year as Simon will report in the Finance and Performance Report.
- 1.7 I owe a great deal to the Tavistock and Portman and very much hope that links across the river can be sustained.

2. Monitor

- 2.1 Board members will recall that before the summer we were waiting for the formal feedback on our Annual Plan from Monitor.
- 2.2 On August 6th Simon Young and I spoke with our Monitor team about our plan, when it was confirmed that the plan was rated as green for governance with a Financial Risk Rating of 3. In addition it was confirmed that we would not be subject to a Part 2 review.
- 2.3 In actual fact we have already received the report on Q1. As anticipated, we are ahead of plan, again with a governance rating of green but with an FRR of 4.
- 2.4 I believe it is helpful during an unsettling period of transition that we are demonstrating such strong performance as an organisation.

3. Strategic Clinical Network

- 3.1 Colleagues will recall that in April I took on the role of chairing the mental health Strategic Clinical Network for NHS England London Region. In fact the role involves establishing the network as prior to April no SCNs existed.
- 3.2 While the summer is sometimes a quieter period for our own organisation, for the SCN it has been a busy time.
- 3.3 The aim of SCNs is to function as *'Engines for change and improvement across complex systems'*. Their focus is meant to be on big issues with the aim of delivering lasting change. The mandate includes supporting clinical commissioners through guidance on evidence, best practice, innovation and care pathway design.
- 3.4 In July we held our formal launch. Around 80 people came and I felt that there was a real commitment to delivering much needed change across London. 70% of those attending said that they wanted to be involved in delivery of the SCN aims and objectives.
- 3.5 A part of the launch involved scoping priorities, and these are now coming into much sharper focus. Initial priorities include primary prevention and early years; mental health within primary care; the psychosis care pathway; the urgent assessment care pathway; and the interface between mental health and long term physical conditions.
- 3.6 We are very lucky in London to have an identified group of CCG mental health leads, a number of whom are part of the SCN leadership group. The SCN has already been working with the CCG mental health leads and with UCL Partners to establish a formal CCG mental health leaders network.

- 3.7 We are in the process of establishing a national mental health SCN network, so that we can easily share work that each SCN is undertaking.
- 3.8 We are also establishing a pan-London Academic Health Science Network mental health group, to ensure that the SCN ambitions are sensibly aligned with those of the AHSNs and to support pan-London shared projects where appropriate.
- 3.9 Lastly, we have formed a really strong relationship with Public Health England, and the Mayor's Health Improvement Board has now identified mental health as one of its five priorities.

4. And Finally....

- 4.1 I wanted to take this opportunity to thank all of the Board members with whom I have worked over the past 9 years, and in particular the current Board.
- 4.2 It has been a genuine privilege to work with a Board of such high quality and with such a commitment to the project of our Trust. The levels of generosity and thoughtfulness that you all display are not common qualities and I will miss you all greatly.
- 4.3 It is reassuring to me, however, to know that this Trust, a Trust that means a great deal to me, will be in excellent hands going forward. Thank you.

Dr Matthew Patrick
Chief Executive Officer
September 2013

Board of Directors : September 2013

Item : 7a

Title : Finance and Performance Report

Summary:

After five months a surplus of £1,162k is reported before restructuring, £987k above the revised budget surplus of £175k. Income from consultancy 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 £727k.

The cash balance at 31 August was £4,707k which is above plan due to lower than anticipated expenditure on new projects. Cash balances are expected to be lower by the end of the financial year, as planned.

In a separate paper, three additional signatories for the Trust's bank accounts are proposed.

For : Information.

From : Deputy Director of Finance

1. External Assessments

1.1 Monitor

1.1.1 Monitor has formally notified us that the Trust's financial risk rating for the first quarter is 4 (compared to the Plan rating of 3), due to the higher surplus. A rating of 3 or 4 is expected subsequent quarters of this financial year.

1.1.2 The governance rating for quarter 1 is Green, and this is expected to be retained in future quarters.

2. Finance

2.1 Income and Expenditure 2013/14

2.1.1 After August the trust is reporting a surplus of £1,162k before restructuring costs, £987k above budget. Income is £304k below budget, and expenditure £1,290k below budget.

2.1.2 The service line report (Appendix C) shows that the favourable variances have been both in SAMHS and CAMHS.

2.1.3 The deterioration in month on income (£87k down on budget) is due to consultancy being £46k below budget due to TC and "Other" being £34k below budget due to the delayed start of the Portman London Probation Service. TC has moved to £179k cumulatively adverse.

2.1.4 Appendices A and B show that significant savings have been achieved by month 5, exceeding the target, though some of these may be non-recurrent.

2.1.5 There is a cumulative shortfall in clinical income in SAAMHS of £30k due to GIDU, £15k relates to a credit note from 2012/13 and the remainder is carried forward QIDIS income which will be released when the corresponding expenditure is incurred. CAMHS Clinical income is £26k below target mainly due to the Day Unit low pupil numbers. These main income sources and their variances are discussed in sections 3, 4 and 5.

2.1.6 The favourable variance of £229k on the expenditure budget for August is due to vacancies spread across a number of services. The vacancies are expected to be filled over the coming months and this has been reflected in the forecast outturn.

2.1.7 For an externally funded Finance project, the £24k over spend to date (within the Finance line) is matched by a £24k favourable variance on other income, since the funding is released in line with costs.

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

- 2.1.9 The forecast of a £727k surplus is £577k above budget. Income is expected to be £149k below budget which is mainly due to shortfalls on TC and the delayed start to the Portman London Probation Service (PLPS) which is within the Other Income budget.
- 2.1.10 The forecast expenditure under spend of £738k is due to the delayed start of PLPS and also Camden CAMHS has new projects which have slippage due to recruitment. Both FNP and GIDU have cumulative underspends at the end of July but are planning on utilising these funds before the end of the financial year.
- 2.1.11 The forecast allows for the remaining investment reserve of £147k to be fully utilised (this was allocated by the Management Committee in July). It also allows for the remaining contingency reserve of £193k to be needed: partly for a reduction in Day Unit income, offset by reduced costs (see 2.2.5 below); and the remainder for other unforeseen events.

2.2 Patient Services Activity and Income

- 2.2.1 Contract values have now been agreed, with three exceptions where the differences are not significant. Total contracted income for the year is expected to be in line with budget, subject to meeting a significant part of our CQUIN[†] targets agreed with commissioners; achievement of these is reviewed on a quarterly basis.
- 2.2.2 Variances in other elements of clinical income, both positive and negative, are shown in the table below.
- 2.2.3 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 August actual income is £8k below budget.
- 2.2.4 Court report income (which is budgeted at £113k for the year, of which £50k is for the Portman) was £35k below budget at month 5.
- 2.2.5 Day Unit was £40k below target. The service is working to secure the additional income required to meet their target. However, the current forecast included in the table below is being reviewed and is likely to be significantly reduced. A new forecast will also include an action plan to reduce costs in the remainder of the year, to reflect the activity levels.
- 2.2.6 Project income is forecast to be £112k above budget for the year. When activity and costs are slightly delayed, we defer the release of the income correspondingly.

[†] Commissioning for Quality and Innovation

	Budget £000	Actual £000	Variance %	Full year		Comments
				Variance based on y-t-d	Predicted variance	
Contracts – base values	4,954	4,872	-1.7%	-197	0	
Cost and vol variances	87	87	0.0%	0	0	
NPAs	82	74	-9.5%	-19	0	
Projects and other	628	722		-	112	Income matched to costs, so variance is largely offset.
Day Unit	345	305	-11.6%	-100	-52	
FDAC 2nd phase	216	231	7.1%	37	0	Income matched to costs, so variance is largely offset.
Court report	47	12	-74.0%	-84	-72	
Total	6,358	6,303		-363	-12	

2.3 Cash Flow (Appendix D)

2.3.1 The actual cash balance at 31 August was £4,707k which is an increase of £836k in month and is £2,863k above plan. The increased balance was mainly due to a payment in advance for Q2 of the FNP contract, an over payment from Camden CCG of £300k and lower than plan salaries due to vacancies across the trust. 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)	7,799	6,372	1,427
General debtors (incl LAs)	2,702	3,053	(351)
SHA for Training	5,504	5,499	5
Students and sponsors	709	725	(16)
Other	238	90	148
	16,952	15,739	1,213
Operational expenditure payments			

Salaries (net)	(6,425)	(7,161)	736
Tax, NI and Pension	(4,840)	(4,856)	16
Suppliers	(3,581)	(4,506)	925
	(14,846)	(16,523)	1,677
Capital Expenditure	(213)	(172)	(41)
Interest Income	4	2	2
Payments from provisions	0	(11)	11
PDC Dividend Payments	(366)	(367)	1
Closing cash balance	4,707	1,844	2,863

3. Training

3.1 Training income is £116k above budget after August and had a small favourable movement in month of £4k.

3.1.1 Contractual Income – £13k Favourable

This is derived from a favourable variance of £34k from the Junior Medical staff & Postgraduate medical and dental income and a £21k adverse variance on Child Psychotherapy trainee income.

3.1.2 Non Contractual – £103k Favourable

This is due to non-contract income performing better than plan on all other income streams. The main contributors were CAMHS with a £58k favourable variance; £46k of this is as a result of retrospective invoicing on M80 fees in July. The equal profiling of the E-learning income budget throughout the year continues to lead to an adverse variance to date of £70k with planned activity to occur in quarters three and four when the new academic year begins.

3.2 Expenditure is £181k under spent due mostly to vacancies.

£22k of this is on medical contractual income. The remainder £159K is made up of £91k on pay, £32k on non-pay and £36k on visiting lecturer course budgets. Visiting lecturers for courses is £42k adverse to budget (an improvement of £23k in month), offset by a favourable variance in E-learning visiting lecturers of £78k.

3.3 Income from university partners is expected to be in line with budget. The key area of uncertainty is, as always, fee income from students and sponsors for the academic year starting in October.

4. Consultancy

4.1 TC income was £33k in August, compared to the phased budget of £87k and is £179k below budget cumulatively. The shortfall was offset, however, by savings of £80k, mainly on associates. Our forecast for the year assumes at present that the budget of £1m income (excluding training courses) will have a shortfall of £118k.

Carl Doherty
Deputy Director of Finance
13 September 2013

SLR Report M5 2013-14			Trust Total		SAMHS		CAMHS		Appendix C	
	Budget M5	Actuals M5	Budget M5	Actuals M5	Budget M5	Actuals M5	Budget M5	Actuals M5	Budget M5	Actuals M5
	2013-14	2013-14	2013-14	2013-14	2013-14	2013-14	2013-14	2013-14	2013-14	2013-14
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical Income	6,624	6,394	2,728	2,408	3,896	3,985				
Training course fees and other acad income	5,002	5,069	1,162	1,178	3,839	3,891				
National Training Contract	3,023	3,023	1,142	1,142	1,881	1,881				
Total Training Income	8,024	8,092	2,304	2,320	5,720	5,771				
Consultancy Income	565	323	557	326	8	-2				
Research and Other Income (incl Interest)	99	144	38	54	61	90				
Total Income	15,312	14,952	5,627	5,108	9,685	9,845				
Clinical Directorates and Consultancy	9,140	8,112	3,458	2,921	5,682	5,191				
Other Training Costs (in DET budget)	1,982	1,925	547	520	1,434	1,405				
Research Costs	129	118	46	42	83	76				
Accommodation	1,052	1,058	501	504	551	554				
Total Direct Costs	12,303	11,214	4,553	3,988	7,750	7,226				
Contribution	3,009	3,739	1,074	1,120	1,936	2,619				
Central Overheads (excl Buildings)	3,266	3,063	1,179	1,100	2,086	1,963				
Central Income	431	484	136	149	295	335				
Surplus (deficit)	175	1,160	30	169	145	991				
SURPLUS as % of income	1.1%	7.8%	0.5%	3.3%	1.5%	10.1%				
CONTRIBUTION as % of income	19.7%	25.0%	19.1%	21.9%	20.0%	26.6%				

APPENDIX D													
2013/14 Plan	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
	£000												
Opening cash balance	3,176	3,901	3,061	1,627	2,940	1,844	1,585	3,408	2,134	1,133	3,540	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)	(788)
Closing cash balance	3,901	3,061	1,627	2,940	1,844	1,585	3,408	2,134	1,133	3,540	2,648	995	995
2013/14 Actual/Forecast	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
	£000												
Opening cash balance	3,176	3,786	2,141	1,291	3,871	4,707	3,948	5,771	4,497	3,397	5,654	4,662	3,176
Operational income received													
NHS (excl SHA)	572	1,065	1,296	2,227	2,639	783	1,273	1,315	1,283	1,274	1,314	1,283	16,324
General debtors (incl LAs)	861	433	274	393	741	1,618	571	483	480	829	565	482	7,730
SHA for Training	2,465	17	199	2,669	154	79	2,567	142	79	2,567	143	79	11,161
Students and sponsors	291	108	86	134	90	200	800	250	100	750	100	100	3,009
Other	39	30	54	50	65	18	18	18	18	18	18	18	364
	4,228	1,653	1,909	5,473	3,689	2,698	5,229	2,208	1,960	5,438	2,140	1,962	38,588
Operational expenditure payments													
Salaries (net)	(1,329)	(1,308)	(1,274)	(1,296)	(1,218)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(15,714)
Tax, NI and Pension	(932)	(998)	(981)	(953)	(976)	(981)	(980)	(981)	(981)	(981)	(981)	(981)	(11,706)
Suppliers	(968)	(962)	(463)	(570)	(618)	(799)	(1,099)	(1,174)	(824)	(873)	(825)	(923)	(10,098)
	(3,229)	(3,268)	(2,718)	(2,819)	(2,812)	(3,107)	(3,406)	(3,482)	(3,132)	(3,181)	(3,133)	(3,231)	(37,518)
Capital Expenditure	(24)	(31)	(42)	(74)	(42)	(340)	0	0	(530)	0	0	(1,275)	(2,358)
Loan	0	0	0	0	0	200	0	0	600	0	0	900	1,700
Interest Income	1	1	1	0	1	1	0	0	1	0	1	0	7
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments	(366)	0	0	0	0	(211)	0	0	0	0	0	(210)	(787)
Closing cash balance	3,786	2,141	1,291	3,871	4,707	3,948	5,771	4,497	3,397	5,654	4,662	2,808	2,808

Board of Directors : September 2013

Item : 7b

Title : Bank Signatories

Summary:

Three additional signatories for the Trust's bank accounts are proposed.

For : Approval.

From : Director of Finance

Bank Signatories

1. The Board has reserved to itself the power to approve the lists of posts whose holders may be included in bank signatory panels. (BDSO 11.7.2)
2. The panel was last amended in October 2005. It is now proposed to add three additional signatories: the CAMHS Director, the Commercial Director and the Deputy Director of Finance.
3. Also, the wording regarding second signatures is amended for clarification.
4. The Board is invited to approve the following signatory panel for all bank accounts and all bank transactions of the Tavistock and Portman NHS Foundation Trust:

Chairman of the Board
Chief Executive
Director of Finance
Medical Director
Trust Director
CAMHS Director
Dean of Postgraduate Studies
Director of Human Resources
Director of Corporate Governance and Facilities
Commercial Director
Deputy Director of Finance

Payment runs generated by the main financial system will be reviewed and approved by one signatory before being transmitted electronically.

Two signatures are required for any other payment exceeding £1,000. For payments of £5,000 or more, at least one of the signatures must be the Chief Executive or the Director of Finance.

5. The panel for the Charitable Fund is unchanged.

Simon Young
Director of Finance
16 September 2013

Board of Directors : September 2013

Item : 8

Title : CQSG Report, Q1, 2013/14

Purpose:

The purpose of this report is to give an overview of performance of clinical quality, safety, and governance matters.

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 is based on assurance scrutinised by the following Committees:

- Management Committee
- Clinical Quality, Safety, and Governance Committee

The assurance to these committees was based on evidence scrutinised by the work stream leads.

This report focuses on the following areas:

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

- Risk
- Finance
- Productivity
- Communications

For : Discussion

From : Rob Senior, CQSG Chair

CQSG Report, Q1, 2013/14

1. Introduction

- 1.1 The overview summary of areas already considered by the CQSG is set out in Appendix 1; the Board of Directors is reminded that ratings are not given in the same way as for the Risk Register.
- 1.2 The focus in this narrative is on areas of concern and interest to which the board should pay particular attention; it is not simply a repetition of red and amber rated elements.

2. Findings

- 2.1 Appendix 1 sets out the detail by reporting line, the expected rating in column on the right of the table may change over that reporting period; meanwhile, the main conclusions are:

2.2 Corporate Governance and Risk

- 2.2.1 Best performance to date: all areas green
- 2.2.2 CQSG commended work on summer improvements especially ground floor rooms

2.3 Clinical Outcomes

- 2.3.1 The Clinical Governance Office structure is under strain due to shortage of staff; proposals to make improvements have been made
- 2.3.2 The OM monitoring system is working well; there are 70–250 clinical users participating at various levels

2.4 Clinical Audit

- 2.4.1 Interdisciplinary seminars will be used to follow up on findings.
- 2.4.2 CAMHS activity is well underway; SAAMHS to be in next round

2.5 Patient Safety and Clinical Risk

- 2.5.1 Medical revalidation was proceeding as planned due to input across the directorates
- 2.5.2 Further work to eliminate discrepancies on child protection arrangement records in different record systems is underway

2.6 Quality Reports

- 2.6.1 The introduction of CCGs had delayed agreement of KPIs for 2013/14
- 2.6.2 Terms of reference and reporting lines were being updated to reflect the evolving role

2.7 Patient and public involvement

2.7.1 Meetings of the Clinical Quality Reference Group are providing support to other work streams

2.8 Information Governance

2.8.1 HSCIC had published a new toolkit with few modifications

2.8.2 An audit by the ICO identified areas for development though no major concerns

3. Conclusion

3.1 This report gives a comprehensive overview and summary of CQSG's findings. The CQSG did not raise any new concerns.

Corporate Governance and Risk Work stream						
Task	Q2	Q3	Q4	Q1	Action plan for amber and red risks	Predicted position for end of Q4
To maintain CQC registration without qualification	G	G	G	G	The latest risk profile published by the CQC shows no areas of concern.	
To maintain a green governance rating with Monitor	G	G	G	G	Monitor's rating of the Trust remains green.	
To maintain a highly effective workforce	A	G	G	G	All targets achieved or exceeded.	
Estates and Facilities infrastructure	G	G	A	G	All estates projects were completed on schedule.	

improvements and CQC and NHSLA compliance						
Managing responses to recommendations and requirements of external bodies	G	G	G	G	Schedule up to date; no deadlines missed.	
Maintain compliance with current NHSLA rating	G	G	G	G	Maintaining compliance with current system requirements.	
Non-clinical incident reports	G	G	G	G	Monitoring via work streams working well.	
Specific case reports (serious incidents / SUIs)	G	G	A	G	No issues to report.	
Central alert broadcast advice	G	G	G	G	No issues to report.	

Operational Risk Register	G	G	G	G	Some drafting improvements were made to a few entries as directed by the work stream.	
Relocation of Day Unit	G	G	G	G	This is on schedule	
CGR IG compliance	G	A	G	G	Training target achieved on schedule and to the maximum level.	

Clinical Outcomes Work Stream						
Task	Q2	Q3	Q4	Q1	Action plan for amber and red risks	Predicted position for end of Q4
Implementation of OM project plan	A	A	A	A	The plan to deliver progress through the Clinical Governance Office is in abeyance due to the loss of two key members of staff; the Clinical Governance Manager has taken the opportunity to review the structure and has, supported by the CO lead, made recommendations to the Medical Director.	
Local ownership of outcome monitoring	A	A	A	A	Direct access for clinicians to the system is indicated in order to maximise effectiveness	
Functionality of reports	A	A			Reporting line discontinued	
Robust plans are in place for quality data collection	A	A			Reporting line discontinued	

OM internal audit					Reporting line discontinued	
OM tracking system pilot training			G		Reporting line discontinued	
Processes for data collection are robust.			A	A	Improvements noted; IMT project to address related informatics issues	

Clinical Audit work stream						
Task	Q2	Q3	Q4	Q1	Action plan for amber and red risks	Predicted position for end of Q4
Development of Clinical Audit Process	G	A			Reporting line discontinued	
NICE compliance	A	G	G	A	A gap analysis is to be produced following publication of national guidance.	G
Confidential inquiries	G	G	G		Reporting line discontinued	
Completion of annual case note audit	G	A			Reporting line discontinued	
CA IG compliance	G	A	A		Reporting line transferred to IG report	

National audit requirements	G	G	G	G	Only one data collection exercise applies; this is being undertaken.
Compliance with plan	G	A	A	A	Quarterly monitoring of progress is now in place, the CIMG will be a forum to support those involved in the process
Audit register	G	G	G	G	This was revised
Clinical audit for medical revalidation	A	G			Reporting line discontinued
NICE quality standards			A		Reporting line discontinued



Patient Safety and Clinical Risk Work stream						
Task	Q2	Q3	Q4	Q1	Action plan for amber and red risks	Predicted position for end of Q4
Clinical incidents	G	A	G	G	No 9+ rated incidents; only 4 clinical incidents reported for Q1.	
Specific case reports (serious incidents / SUIs)	G	A	A	G	The case of the sad death being investigated previously has been closed and there were no contributory factors found that relate to the Trust.	
Hospital acquired infection	G	G	G	G		
New Clinical claims	G	G	G	G	None.	
Complaints responses	G	G	G	G	8 clinical complaints were made in Q1, 2 remained open at the end of Q1.	
Serious	G	G			Reporting line discontinued	

complaints update						
PSCR NHSLA compliance	G	G	G	G	The Trust awaits guidance on the new NHSLA assessment system	
PSCR CQC compliance	G	G	G	G	No areas of concern noted.	
Central Alert Broadcast advice	G	G	G	G	No alerts applicable	
Supervision of clinicians	G	G	G	G	New requirement: to show evidence of supervisory support in decision making to be recorded in notes ~practice to be audited.	
Revalidation	G	G	G	G	All appraisals due were completed on time.	
PSCR risk review	G	G	G	G	There are no 9+ risks	
Safeguarding children	A	G	A	A	Discrepancy between RiO and local authority records still apparent; no evidence clinicians are not aware in practice. Investigation underway.	
Safeguarding adults	G	G	G	G		

Quality work stream						
Task	Q2	Q3	Q4	Q1	Action plan for amber and red risks	Predicted position for end of Q4
Quality report section of the AR is produced to a high standard	G	G	G		Reporting line discontinued	
Arrangements to deliver CQUIN are fit for purpose	A	A	A		Reporting line discontinued	
That data to be collected has been agreed	G	G	G		Reporting line discontinued	
That data	A	G	G		Reporting line discontinued	

quality procedure is implemented						
That QR components of the AR are submitted on time and in the correct format	G	G	G		Reporting line discontinued	
That QR requirements of IG9 are completed	G	G	G		Reporting line transferred to IG	
CQUINS and KPI targets are agreed for 2013/14				A	no assurance as negotiations with Commissioners on-going	
Arrangements in place to report on CQUIN's and KPI's for SAAMHS				A	work to be undertaken to ensure data flows for the late agreed targets	

Arrangements in place to report on CQUIN's and KPI's for CAMHS			A	work to be undertaken to ensure data flows for the late agreed targets	
Meeting Quality Priorities listed below at **			G	Priority 1 and 2 targets are not reported until Q3 as involve time delay between first and second outcome monitoring form	
Meeting quality reporting requirements of CCG			G	Format of comprehensive quality and risk report agreed with CCQ , delivered quarterly	
Quality report Recommendations from 2012-13			A	Rolling audits of waiting time and DNA data on going which continue to show issues with data quality. SAAMHS Director and CAMHS Director working together on a plan to improve data quality, with data process mapping as a first stage	
Preparation for Quality Report 2013-14			-	Plan for preparing report to be issued in Q2	

PPI work stream						
Task	Q2	Q3	Q4	Q1	Action plan for amber and red risks	Predicted position for end of Q4
CQC compliance	G	G	G	G	Liaison activity is on-going; no gaps in delivery of work apparent.	
Providing assurance that the Trust adheres to all PPI related policies and procedures	G	G	G	G	Departmental PPI leads promote procedures to teams	
Discussing PPI issues arising from PALS, complaints or other forms of PPI input and making recommendations			G	G	See PPI minutes for details of discussions	
Providing a forum	G	G			Reporting line discontinued	

of PPI related matters						
Discussing the findings of the experience of service questionnaire and ensure delivery of action plans	G	G	G	G	Findings and action considered quarterly.	
Ensuring the involvement of patients in service improvement	G	G	G		Reporting line discontinued	
To improve the patient experience of diverse groups	G	G	G		Reporting line discontinued	
To hold 3 meetings with stakeholders	G	G			Reporting line discontinued	

To ensure 3 issues identified at stakeholder meetings were addressed by March 2014			G	G	3 issues were identified in the action plan (for CQUINs and quality priorities)	
To increase membership by 10%	G	G			Reporting line discontinued	
To develop a BME engagement strategy	G	G			Reporting line discontinued	
To hold 3 patient forums	G	G	G	G	Scheduled	
To increase presence in social media	G	G			Reporting line discontinued	
To promote choice through information provision and produce 5	G	G			Reporting line discontinued	

leaflets on modalities						
To audit accessibility of modality leaflets				G		
To produce 3 further leaflets on modalities			G		Reporting line discontinued	
To produce further 4 leaflets on modalities				G		
That PPI IG requirements are completed	A	A	G		Reporting line transferred to IG report	
Ensure that quality is continually improved through the development of patients centred services and			G	G	Quality report objective: To develop protocol on involving patients and secure engagement of younger users in 'bid for better' initiative	

within the organisation's culture [with QR lead and others]						
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Information Governance Work Stream						
Task	Q2	Q3	Q4	Q1	Action plan for amber and red risks	Predicted position for end of Q4, 2014
101 Governance Overview	G	G	G	G	A strong area for the Trust.	
105 Policy overview	G	R	G	R	IT Manager to complete Mobile Device Procedure review.	
110 Contractor compliance	G	G	G	A	Performance was weaker than previously supposed, as indicated by the ICO's audit. The Trust is considering extending the role of the Governance Manager to include responsibility for contract management.	
111 Employee contract compliance	G	G	G	G	The use of national terms and conditions saves the Trust from the expense of developing its own compliance regime.	
112 IG training	R	R	G	A	There has been a good start to the current year, directorates seem to be actively managing this responsibility as part of everyday business.	

<p>200 Data protection compliance</p>	R	R	G	A	<p>An audit by the ICO identified some areas of weakness; the Trust is working through the recommendations, the following is outstanding:</p> <ul style="list-style-type: none"> • Adoption of risk assessment on home working (SIRO) • Inclusion of legally required clauses in a contract (Commercial Director) • Monitoring of mobile device maintenance records to be made (Finance Director) <p>*To be completed October*</p>	
<p>201 Confidentiality compliance</p>	G	A	G	A	<p>Staff handling data performed well in the recent ICO audit; an action plan to address issues raised is being implemented.</p>	
<p>202 & 203 Consent compliance</p>	G	A	G	A	<p>Evidence of compliance from PPI is awaited and needs to be verified.</p>	
<p>205 Access request compliance</p>	G	G	G	G	<p>The Trust receives very few requests.</p>	
<p>206 Confidentiality audit compliance</p>	G	R	G	A	<p>Plans are in place for CAMHS, need to be set for SAAMHS, and the scope for DET is being explored.</p>	

207 Sharing protocol compliance	G	G	G	G	This is covered in contracts, though as most partners are NHS the Trust can be assured we are all working to the same high standards unlike the private sector.	
209 processing outside UK	G	G	G	A	A check has been undertaken to identify any transfers that were not known: FNP identified a transfer previously unreported.	
210 New systems compliance	R	R	G	R	Commercial Directorate is to complete development of a protocol setting out how compliance will be incorporated into due diligence and implementation processes; this has been added to the Trust risk register. (A protocol agreed earlier was considered impractical.)	
300 Information security skills compliance	A	A	G	G	An audit is underway in non-clinical areas.	
301 Risk assessment of Information Assets	A	A	G	A	As part of the further development for 2013/14, additional training is to be undertaken by all IAOs and IAAs; also, FNP and GID assets need to be assessed.	
302 Incident Reports	G	G	G	G	A revised procedure is being put in place to meet external requirements.	
303 Registration Authority compliance	G	A	G	G	This relates to the issue of 'smart cards' for access to patient data systems; the system is running well.	

304 RA monitoring compliance	G	A	G	G	This relates to the issue of 'smart cards' for access to patient data systems; the system is running well.	
305 access control compliance	A	A	G	G	Access to Trust systems is multi-layered.	
307 Risk management	A	A	G	R	<p>Risk assessments are awaited from FNP, a new activity in 2013/14.</p> <p>The work stream also reviews all risks directly and indirectly related to IG, one of which relates to a complaint raised externally to the ICO relating to DET for which the resolution has not yet been finalised and implemented.</p>	
308 Data mapping	G	R	G	A	GID asset expected to be mapped by the end of Q2.	
309 Business continuity assurance	A	A	G	A	FNP and GID assets are to be assessed.	
310 Disruption preparation assurance	A	A	G	A	Staff are reminded what to do in the event of an emergency; this is also the subject of a risk assessment for all assets; FNP and GID assets are to be assessed.	

311 Protection of IAs	A	A	G	A	A comprehensive programme of assessment is monitored and reported to the IG work stream; FNP and GID assets are to be assessed.	
313 Network assurance	G	A	G	G	Access to Trust systems is multi-layered.	
314 Teleworking assurance	G	A	G	G	Access to Trust systems is multi-layered.	
323 Protection of IA assurance	A	A	G	G	A comprehensive programme of assessment is monitored and reported to the IG work stream; a Trust audit of non-clinical areas is to be undertaken.	
324 Pseudonymisation assurance	G	A	G	G	A comprehensive programme of assessment is monitored and reported to the IG work stream.	
400 IG skills and experience assurance	A	A	G	G	Work to improve management and storage of records is underway, including: extension of archive; consideration of records monitoring system; introduction of a new index managed by CGF.	
401 NHS number assurance	G	A	G		This is rather obsolete as 'RiO' only functions with NHS numbers, nevertheless the task to 'prove' this exists!	
402 Accuracy of data input	G	A	G	A	This is an area in with which the Trust struggles to manage, it is only being addressed in relation to outcome monitoring at present.	

404 Audit assurance	G	G	G	A	This complements 206 and is managed by the Governance and Risk Adviser with support from the Clinical Governance Office and Governance Manager. Clarity is being sought to ensure that the audit delivers the requirement.	
406 Monitoring paper records assurance	G	G	G	G	Tracking records is well managed; spot checks have been introduced.	
501 Data definitions compliance assurance	G	A	G	G	This is rather obsolete as 'RiO' only functions with national definitions; nevertheless the task to 'prove' compliance exists!	
502 External data feedback reports	G	A	G	A	Such data is limited, work to improve assurance is underway with the Clinical Governance Manager and the Governance Manager and the new Clinical Information Management Group will be the forum for furnishing this requirement.	
504 Benchmark reports	A	A	G	A	Such data is limited, work to improve assurance is underway with the Clinical Governance Manager and the Governance Manager and the new Clinical Information Management Group will be the forum for furnishing this requirement.	

506 Service user data accuracy validation	G	A	G	A	The new Clinical Governance Manager has set up monitoring in conjunction with the Acting Informatics Manager; the new Clinical Information Management Group will be the forum for supporting this work.	
507 Data completeness validation	A	A	G	A	The new Clinical Governance Manager has set up monitoring in conjunction with the Acting Informatics Manager; the new Clinical Information Management Group will be the forum for supporting this work.	
508 Clinical data input validation	G	A	G	G	This is limited as the question is not tailored to the Trust.	
514 Clinical coding audit validation					Not previously applicable at the Trust. To be reviewed in the light of recent developments and plan produced in Q2.	
516 Clinical coding training programme assurance					Not previously applicable at the Trust. To be reviewed in the light of recent developments and plan produced in Q2.	
601 Corporate record management assurance	G	G	G	A	An audit by the ICO identified some areas of weakness but found no serious matters; the Trust is working through the recommendations.	

<p>603 FOI compliance assurance</p>	<p>A</p>	<p>A</p>	<p>G</p>	<p>G</p>	<p>The Trust gets few valid requests, though the number is increasing.</p>	
<p>604 Records lifecycle management assurance</p>	<p>G</p>	<p>G</p>	<p>G</p>	<p>A</p>	<p>An audit by the ICO identified some areas of weakness but found no serious matters; the Trust is working through the recommendations.</p>	

Board of Directors : September 2013

Item : 9

Title: Education and Training Report

Purpose:

To report on the progress of the implementation and delivery of the new strategic vision for education and training, followed by a report on activities for 2013/14.

This report focuses on the following areas:

- Quality
- Risk
- Finance

For : Discussion

From : Malcolm Allen, Dean of Postgraduate Studies

PUSHING FORWARD ON TRANSFORMATION

Education and training report: September 2013

1. Introduction

- 1.1 In the last report in April 2013, I reported on the plan for the implementation and delivery of the new strategic vision for education and training. This is an interim report on this plan, as we are now half-way through the portfolio review which is at the heart of the transformational tasks that we have set.
- 1.2 In addition to strategic development, I also report on our programme of activities for 2013/14. It is too early to draw any hard conclusions on the recruitment for long courses for the coming academic year, though we are starting to get a rough picture.
- 1.3 We do have figures on the success of short courses for the first part of the year and on some of our e-learning courses. But the focus of the report will be on the progress of the portfolio review.

2. New staff arrangements

- 2.1 I wanted to report on some new staffing arrangements at the beginning of this report as they impact on later sections of the report.
- 2.2 Nick Fernando, Head of the E-learning Unit, has left for a new post. We are immensely sad to lose Nick who brought considerable experience and expertise to this role. However, it also provides an exciting opportunity to reposition e-learning more effectively as underpinning a more integrated strategy of technology-enhanced learning across the entire portfolio – an important theme of our portfolio review.
- 2.3 I have asked Victoria Howells, Head of the Short Course Unit, to manage the E-learning Unit while we undertake a systematic change management process within DET over the coming months. This will enable a greater level of integration of the E-learning Unit with DET as well as with CAMHS and SAAMHS, and streamline decision-making.
- 2.4 Finally, Karen Partridge has returned to her role as Associate Dean for SAAMHS. Agnes Bryan is providing transitional support a little while longer, especially important as we take the portfolio review through to completion.
- 2.5 There is now the sense, for the first time in a long time, of a solid, high-calibre management team in place committed to the strategic transformation that we have described.

STRATEGIC DEVELOPMENT

3. Portfolio review

- 3.1 The portfolio review began in earnest in June and is currently in full swing. Following a competitive process, we appointed HEA Associates as our external consultants to help us with this process. We compiled detailed briefs for three strands of this work – portfolio redesign (including modularisation); e-learning and internationalisation strategies (not co-terminous but overlapping); project management.

We held out the possibility that these could be delivered separately but had a preference for an integrated solution which HEA Associates could provide.

- 3.2 The first stage, after extensive discussion with staff here including course tutors and cluster leads, was the production of a detailed SWOT analysis in July. The themes of this work chimed with many of our own existing conclusions, though HEA Associates brought a significant amount of detail to the analysis as well as fresh perceptions often drawn from best practice across higher education. We all felt that the team ‘got’ the Trust and understood the scale and nature of the challenges we face.
- 3.3 The team has now produced a set of draft recommendations for change. These are for the moment broad in scope and the next stage is to translate them into more specific and detailed proposals through two intensive days of discussion with course tutors and cluster leads (as well as administrative staff) that we have scheduled for 10 and 11 October entitled ‘Working towards change’.
- 3.4 The proposals are fairly comprehensive and difficult to summarise at this point, but are concerned with streamlining provision and developing more flexible learning principles. We will also be developing a programme viability protocol, with explicit viability criteria for courses. This will provide a basis for decisions around:
- Courses to be closed
 - Courses to merge
 - Courses for redevelopment.

We will circulate to Board members separately a Powerpoint presentation created by HEA Associates that offers a more detailed flavour of these themes. However, this was intended as supporting a verbal presentation and not as a stand-alone document so is quite limited in this respect.

- 3.5 The Education and Training Executive is excited and energised by these proposals and believe they provide the basis for a radical transformation of our training portfolio and the student experience at

the Trust. The likely result will be a significant number of changes that we could agree quite quickly at the end of October to take effect in the academic year 2014/15 and that we could market from November/December 2013 – the ‘new look’ portfolio. There will be other larger changes that will need more time to bring about. However, these changes represent something of a cultural shift and focused leadership across our multiple delivery structures will be needed to bring about these changes.

- 3.6 HEA Associates is also working with us on developing our e-learning and internationalisation strategies. These are being worked on as a separate strand and are at an earlier stage but will be woven in later on.

4. Change management process

- 4.1 It is already clear, and all along anticipated, that the portfolio review will require a major change management process that flows from its conclusions. For the recommendations to be implemented, we will need different ways of working and delivering our training both from our course tutors but also from DET.
- 4.2 In addition to working through the portfolio review, we are already beginning to think about this next phase as a significant project. Fortunately, we now have the funding to resource this work properly as a result of the special funding from Health Education North Central and East London (HENCEL), our local education training board (LETB) – see next section. Therefore, we will initiate this as a project and, again, I am anticipating that we will use some external help in working this through.
- 4.3 The new way of working will be underpinned by new (or enhanced) ICT systems for DET that will include for the first time a Customer Relationship Management system, also funded by HENCEL. We are also in discussion with FNP who also wish to procure such a system. This will enable us to support our students across the entire student

journey from initial contact through applications and enrolment, through academic progression, to belonging to an alumni network. This will mark a major shift in our working culture and the way we are able to relate to and engage with our actual and potential students.

5. One-off HENCEL grant

- 5.1 As stated above, the Trust has been offered special non-recurrent funding of £385,000 for this financial year from HENCEL to enhance the effectiveness of the National Training Contract. This sum will have a transformative effect on our work by enabling us to make crucial one-off investments that can bring about a fundamental difference to the delivery of our training.
- 5.2 Quite properly, Health Education England (HEE) will be increasingly concerned that the scope of activity funded by the National Training Contract is authentically national. The contract will need to be signed off in future by all the LETBs so we will need to persuade each of them that we are delivering something of value that could not be provided better through increased regional funding.
- 5.3 We had already acquired software enabling us to identify where our students come from according to the (rather complicated) LETB catchment area geography. The picture that emerges is rather better than I thought it might be. 52% of our students are from outside London for our long courses and 53% for our short courses and conferences. However, this also includes students from Wales, Scotland and Northern Ireland not covered by the National Training Contract (15% for long courses; 24% for short courses and conferences). Students from the ten English LETB catchment areas not including London are therefore: 37% for long courses; 29% for short courses and conferences. See **Appendix 1** for detail.
- 5.4 We need to build on this, both in terms of delivering more regionally-based activity as well as increasing regional participation in the totality

of our activity. E- and blended learning will form a large part of the strategy here.

5.5 Our submission to HENCEL was entitled *Extending our reach* and the investment will be designed in large part to ensure we achieve the ambition of enhanced regional participation. However, it is also designed to significantly boost the quality, efficiency, accessibility and effectiveness of our delivery across the board.

5.6 Apart from the investment mentioned above (change management process; high quality ICT systems including Customer Relationship Management system), some of the other identified areas of investment are:

- Shaping a systematic regional development strategy, through engagement with the LETBs and other relevant regional partners
- Enhanced workforce development analysis (market intelligence)
- Detailed curriculum development arising out of the portfolio review
- Non-recurrent investment to sharpen our marketing capacity (key messaging; copywriting for website; photos for website)
- Development of an alumni network
- Videoconferencing/streaming facilities
- Stock of e-books for the library
- Fast growth e-learning product.

2013/14 ACTIVITIES

6. Short courses, conferences and events

6.1 There is a positive variance on the year to date income against budget for this area of £24k. This represents a significant turn-around from the position in this area last year. This follows on from adopting a much more strategic approach to the shaping of the short-course portfolio at the beginning of the financial year taken by the Education and Training Executive.

- 6.2 The week-long Summer School was a significant first for the Trust and was judged to be a considerable success by the organisers and participants. There was enormously positive feedback. The title of the school was *Keeping the body in mind: the mind-body relationship in mental health*, and it provided an impressive showcase for the breadth and depth of the Trust's work and thinking in many areas. Enormous credit goes to Heather Wood and Louise Lyon for initiating and organising this event which we are likely to build on in future years. There were 67 participants in total over the week, which ranged between 36 and 46 on any one day. The conference made a profit of around £20k.
- 6.3 Two other highlights include a half day conference on the impact of traumatic experience (with 90 delegates and excellent feedback) and a two day conference on relational perspectives around women, trauma and violence (with 75 delegates and excellent feedback). A 3-day conference with Pat Crittenden is organised for November on attachment and psychopathology. This was very popular last year and 60 people have registered to date with two months to go.

7. Long courses

- 7.1 It is too early to give a useful prediction of recruitment numbers. In broad terms, we have received around the same level of applications as last year. Enrolments are occurring at a fairly healthy level, and we seem to be on the way to meeting our target number for Year One recruitment. It is absolutely too early to form a view concerning Year Two and beyond retention until term has started.

8. E-learning

- 8.1 The e-learning short courses that we have launched have begun to bite. In particular the three courses that ran before the summer either met or exceeded their targets and gained significantly increased enrolment compared to their first run.

	First run	Spring 2013	Target
Self-harm	5	10	10
Families and beyond	5	20	12
Understanding development	3	18	10

This demonstrated the potential for e-learning courses, though the numbers are still quite small.

8.2 Much needs to be done to bring our e- and blended learning activity to scale, and this is an important dimension of our portfolio review. This dimension isn't covered by HEA's report on draft recommendations, as currently it is forming a separate strand of work which will be integrated at a later stage.

9. Student feedback

9.1 We have now analysed the results from two student feedback exercises for 2013: the main exercise and the postgraduate research degrees exercise.

9.2 Twenty five courses participated in the main exercise and there was a 59% response rate from students. Positive ratings remain very high (85% or higher) for quality of teaching, professional currency, expectations of the Trust and course met and recommending the course to a friend. Quality of teaching achieved a 94% positive rating. There was a noticeable improvement in satisfaction with *Moodle* and the website. Positive rating remains comparatively low for satisfaction with IT facilities. We asked for more detail on this aspect this year, and we are working on a more finely-grained analysis of this issue.

9.3 For the postgraduate research degrees exercise, we scored highly ('extremely happy or happy') on many of the 'big' questions:

- Overall quality of teaching: 92% (5% increase on previous year)
- Clinical/practice supervision (taught): 84% (6% increase on previous year)
- Quality of research supervision (research): 90% (new question)

- Satisfaction with the level of supervisor contact: 81% (4% increase)
- Overall satisfaction (taught): 88% (74.4% last year – different wording “have your expectations been met?”)
- Overall satisfaction (research): 81% (61% last year – different wording “have your expectations been met?”)

We also did well in:

- Trust website: 80% (8% increase)
- Library: 87% (12% increase)
- Confident to raise issues with supervisors: 90% (3% increase)
- Equal opportunities: 87% (12% increase).

We will circulate the full analyses of both these exercises separately to Board members.

10. Student Achievement

10.1 Given that our students are adults with important professional and domestic responsibilities the sense of a student cohort on Trust courses remains solid. Quite a high percentage of students on many Masters level courses (e.g. D4, D10, M33) start and finish together in the minimum registration period. There was outstanding academic achievement for the first group of graduates on the MA in Psychological Therapies with Children and Young Families course (M34) and it is recruiting well. The Trust has achieved a good level of completions on Professional Doctorate over the last five years.

11. Quality Assurance Agency (QAA) conference

11.1 QAA is organising a national conference on its Review of Educational Oversight (REO) process which we now go through every year. Our last review took place in February 2013 and attracted a judgement of ‘commendable progress’. Because of this we have been invited to lead a workshop at this annual conference taking place on 22 October,

which is a good indication of the QAA's positive perception of the Trust as meeting high quality standards.

Malcolm Allen
Dean of postgraduate studies

Board of Directors

2.00pm–4.30pm, Tuesday 24th September 2013

Agenda

Preliminaries

1. Chair's opening remarks

Ms Angela Greatley, Trust Chair

2. Apologies for absence

3. Minutes of the previous meeting

*(Minutes attached) p.1
For approval*

4. Matters arising

Reports & Finance

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

Non-Executive Directors as appropriate

For noting

6. Chief Executive's Report

Dr Matthew Patrick, Chief Executive

*(Report attached) p.8
For discussion*

7. Finance & Performance

a) Finance & Performance Report

Mr Simon Young, Director of Finance & Deputy CEO

*(Report attached) p.13
For discussion*

b) Bank Signatories

Mr Simon Young, Director of Finance & Deputy CEO

*(Report attached) p.23
For approval*

Corporate Governance

8. Clinical Quality, Safety and Governance Quarter One Report

Dr Rob Senior, Committee Chair

*(Report attached) p.25
For discussion*

Quality & Development

9. Education and Training Report

Mr Malcolm Allen, Dean of Postgraduate Studies

(Report attached) p.54

For discussion

Conclusion

12. Any other business

13. Notice of future meetings

Wednesday 16th October: AGM

Monday 28th October: Joint Board meeting*

Tuesday, 29th October 2013: Board of Directors

Wednesday, 13th November 2013: Directors' Conference, 10am–5pm*

Tuesday, 26th November 2013: Board of Directors

Thursday, 5th December 2013: Council of Governors

*These are informal meetings and are not open to the public.

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