

Board of Directors Part One

Agenda and papers
of a meeting to be held

2.00pm–4.30pm
Tuesday 23rd July 2013

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

Board of Directors

2.00pm–4.30pm, Tuesday 23rd July 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** *For noting*
Non-Executive Directors as appropriate
6. **Chief Executive's Report** *(Report attached) p.16*
For discussion
Dr Matthew Patrick, Chief Executive
7. **Finance & Performance**
 - a) **Finance & Performance Report** *(Report attached) p.21*
For discussion
Mr Simon Young, Director of Finance & Deputy CEO
 - b) **Quarterly Quality Report** *(Report attached) p.33*
For discussion
Ms Louise Lyon, Trust Director
 - c) **Quarterly Finance & Governance Declarations** *(Declarations attached) p.47*
For approval
Mr Simon Young, Director of Finance & Deputy CEO
8. **Responsible Officer's Report** *(Report attached) p.54*
For discussion
Dr Rob Senior, Medical Director

Corporate Governance

10. **Objectives**
 - a) **Board of Directors' Objectives** *(Objectives to follow)*
For approval
Ms Angela Greatley, Trust Chair

b) Trust Chair's Objectives

Mr Martin Bostock, Senior Independent Director

*(Objectives to follow)
For approval*

c) Chief Executive's Objectives

Ms Angela Greatley, Trust Chair

*(Objectives to follow)
For approval*

Quality & Development

11. PPI Annual Report

Dr Sally Hodges, PPI Lead

*(Report attached) p.81
For noting*

Conclusion

12. Any other business

13. Notice of future meetings

Wednesday, 11th September 2013: Directors' Conference, 12noon-5pm*
Thursday, 12th September 2013: Council of Governors
Tuesday, 24th September 2013: Board of Directors
Tuesday, 29th October 2013: Board of Directors
Wednesday, 13th November 2013: Directors' Conference, 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

Meeting Minutes (Part One) 2.00pm–4.00pm, Tuesday 28th May 2013

Present:			
Mr Malcolm Allen Dean of Postgraduate Studies	Mr Martin Bostock Senior Independent Director	Ms Angela Greatley Trust Chair	Dr Rita Harris CAMHS Director
Mr Altaf Kara Non-Executive Director	Ms Lis Jones Nurse Director	Ms Joyce Moseley Non-Executive Director	Dr Matthew Patrick Chief Executive
Dr Rob Senior Medical Director	Mr Richard Strang Deputy Trust Chair	Mr Simon Young Director of Finance and Deputy Chief Executive	
In Attendance			
Ms Julie Hill Trust Secretary			
Apologies			
Ms Louise Lyon Trust Director	Dr Ian McPherson Non-Executive Director		

Actions

AP	Item	Action to be taken	Resp	By
1	2	Minutes to be amended	JH	Immed
2	9	Dr Senior to forward copies of the CQSG minutes and quarterly monitoring reports to the Audit Committee.	RSe	ongoing
3	9	Dr Senior to amend the front sheet of future CQSG quarterly monitoring reports to indicate the level of assurance provided in each of the work streams and to flag up any issues for the Board's attention.	RSe	ongoing
4	9	Mr Young to circulate a copy of the Internal Auditors' report on outcome monitoring to Ms Moseley and Mr Bostock.	SY	June
5	11	Dr Senior in his capacity as Responsible Officer for medical revalidation to present a report to a future board meeting.	RSe	TBC

1. Trust Chair's Opening Remarks

Ms Greatley, Trust Chair welcomed everyone to the meeting.

2. Apologies for Absence

As above. Ms Greatley explained that Dr McPherson, Non-Executive Director had sent his apologies because he was undergoing a surgical procedure. The Board forwarded their good wishes to Dr McPherson and wished him a speedy recovery.

3. Minutes of the Previous Meeting

API

The minutes of the meeting held on 30th April 2013 were approved as a correct record of the proceedings after the correction of minor typographical errors.

4. Matters Arising

4.1 Actions which were due had been completed and updates were provided on the following action points:

Action Point 3: Dr Patrick, Chief Executive reported that the Department of Health had contacted the London Chief Executives' Group for help in arranging visits by civil servants to health establishments and he had responded positively to the request.

Action Point 5: Dr Senior, Medical Director stressed that the objective of the complaints review meeting was to determine how best to implement the learning from complaints.

Outstanding Action Point 1: The action point was amended to read: "Dr Harris and Ms Lyon to investigate further the time Clinicians spent with patients before and after the productivity changes and report back to the Board in July."

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

5.1 Ms Greatley reported that she had attended events at the King's Fund including an event which was part of the King's Fund's Board Leadership programme which included a presentation from NHS England on their role.

5.2 Mr Bostock, Senior Independent Director reported that he had attended an excellent event organised by the Foundation Trust Network as part of their new Non-Executive Director Network. Mr Bostock had circulated the slides from the event which had covered various aspects of governance including assurance and working with governors and the governors' role in holding non-executive directors to account. Mr Bostock said that the event was particularly useful because it was specifically designed for Non-Executive Directors.

5.3 Ms Greatley reported that one of the governors had attended a Foundation Trust Network governor event which had also included a session on the governors' new role in holding non-executive directors to account and had reported that she had found the event very helpful and she had made the slides available to the other governors.

6. Chief Executive's Report

6.1 The Chief Executive's Report which included updates on his and Ms Greatley's meetings with the new governors, parity of esteem between mental and physical health, integrated care and NHS England and Monitor's payment system review had been circulated.

6.2 Dr Patrick, Chief Executive reported that earlier that day, the Trust had hosted a board meeting of the Health Education North Central and East London, Local Education and Training Board (LETB). Dr Patrick said the LETB was working well and had developed an ambitious work programme.

6.3 Mr Strang asked whether the Trust more could be done to promote parity of esteem between mental and physical health. Ms Greatley said that it was everyone's responsibility to advocate the importance of mental health services. Dr Patrick commented that he felt there was now a greater appreciation that improving services for mental health could reduce the cost pressures in other areas such as in the acute sector and accident and emergency services.

6.4 The Board noted the report.

7. Finance & Performance Report

7.1 The Finance and Performance Report had been circulated. Mr Young, Director of Finance and Deputy Chief Executive reported that after the first month of the new financial year, the Trust had a surplus of £250k which was £215k above the planned surplus of £35k. Mr Young explained that this was partly due to the timing of some expenditure and that he expected that there would be surpluses in months 2 and 3 but this would reduce over the course of the financial year.

7.2 Mr Young reported that there was favourable movement of £309k on the expenditure budget which included an underspend of £129k by the Family Nurse Partnership due to staff vacancies and lower than expected non pay costs. The remainder of the underspend was mostly staff vacancies spread across the organisation.

7.3 Mr Young reported that the new Local Education and Training Board had requested to pay quarterly in advance rather than monthly and this had increased the cash balance for April. Mr Young reported that the new health service reforms which came into effect on 1 April had resulted in a delay in receiving income from some of the Trust's commissioners but the Trust's major commissioners had now paid for both April and May.

7.4 The Board noted the report.

8. CQSG Report, Q4, 2012/13

8.1 A report setting out an overview of performance of clinical, quality, safety and governance matters had been circulated.

8.2 The Board noted the report.

9. CQSG Annual Performance Review 2012/13

9.1 The CQSG Annual Performance Review 2012/13 had been circulated. Dr Senior reported that the CQSG Committee and the individual work stream leads would continue to consider how best to provide assurance to the Board.

9.2 Mr Strang reported that the Audit Committee had received copies of minutes of CQSG Committee for the first time. Mr Strang commented that the minutes were very informative particularly in relation to the specific level of assurance provided in the individual work streams and asked whether this also needed to be reported to the Board. **Dr Senior to forward copies of the CQSG minutes and quarterly monitoring reports to the Audit Committee.**

AP2

9.3 Dr Senior agreed to amend the front sheet of future CQSG quarterly Board reports to include the level of assurance provided in each of the work streams and to flag up to the Board any issues which they should note in terms of the level of assurance. **Dr Senior to amend the front sheet of future CQSG quarterly monitoring reports to indicate the level of assurance provided in each of the work streams and to flag up any issues for the Board's attention.**

AP3

9.4 Mr Bostock reported that he was going to spend some time with the relevant staff to gain an understanding of the issues around the outcome monitoring system. Mr Strang reported that Internal Audit had conducted an audit into outcome monitoring last year and had given the Trust an amber-green rating. Mr Strang reported that the Audit Committee had also considered Management's response to the Internal Audit report and was satisfied that the issues highlighted in the report were being addressed. **Mr Young to circulate a copy of the Internal Auditors' report on outcome monitoring to Ms Moseley and Mr Bostock.**

AP4

9.5 Mr Strang reported that he had agreed with Dr Senior that the Audit Committee meeting in September would discuss the CSQG Annual Performance Report and would extend an invitation to the meeting to Ms Greatley, Ms Moseley and Mr Bostock.

9.6 The Board noted the report.

10. Constitutional Amendments

10.1 A report setting out proposed constitutional amendments following the enactment of the provisions relating to the new role of governors in the Health and Social Care Act 2012 had been circulated.

10.2 Ms Hill, Trust Secretary reported that the wording of the proposed changes reflected Monitor's Model Constitution. Ms Hill drew to the Board's attention that the Trust needed to consider whether to include a description of a "significant transaction" in the Constitution. It was noted that the Management Committee had recommended using the definition of a "significant transaction" as set out in Monitor's Compliance Framework (appendix F).

10.3 Ms Moseley, Non-Executive Director asked for a recent example of the type of transaction would be covered by this definition. Mr Young gave the example of the sale of 33 Daleham Gardens. Dr Patrick stressed that adopting Monitor's definition of a significant transaction would mean that very few proposals would need the formal approval of the governors, but in practice, the Trust would continue to consult with and to seek the views of the governors in all key decisions about its future plans.

10.4 The Board agreed the proposed constitutional changes as set out in the Appendix to the report and noted that the proposed changes would be presented to the June meeting of the Council of Governors and presented for approval at the Annual General Meeting.

11. Corporate Governance Board Statement

11.1 Monitor's Corporate Governance Board Statement had been circulated. Mr Young explained that as part of the Trust's Annual Strategic Plan submission to Monitor, the Board was required to consider 19 statements covering quality, finance and governance matters and having had regard to the views of the governors to confirm or not confirm each of the statements.

11.2 Mr Young reported that the governors' views had been taken account of as part of the Strategic Planning process and that the view of the Management Committee was that all the statements could be confirmed. With respect to statement 19, Mr Young pointed out that the Board was requested to confirm the first statement.

11.3 Mr Strang drew attention to statement 3 and asked whether all the Trust's medical practitioners met the relevant registration and

AP5

revalidation requirements. Dr Senior also confirmed that processes and systems were in place to ensure that all the Trust's medical practitioners including those on honorary contracts had met the required requirements. **Dr Senior in his capacity as Responsible Officer for medical revalidation to present a report to a future board meeting.**

11.4 Mr Bostock drew attention to statement 18 and asked how the Board could be satisfied that the Trust had provided the governors with the necessary training to ensure that they were equipped with the skills and knowledge they needed to undertake their role. Ms Greatley reported that the Trust had developed an induction programme for new governors and held briefing sessions on the work of the Trust as part of the main Council of Governors meetings and all governors were invited to attend external training courses. In addition governors served on a number of the Trust's committees and this enabled them to develop their knowledge about key areas of the Trust's work.

11.5 Mr Strang reported that the Audit Committee had considered the statements and were satisfied that there was supporting evidence that the Trust fulfilled the requirements of all the statements.

11.6 The Board confirmed all the statements.

12. Staff Survey 2012, Summary Results, Findings and Action Plan

12.1 A summary of Staff Survey 2012 results, findings and action plan had been circulated. Ms Thomas, Director of Human Resources said that overall the results were very positive especially given staff had completed the survey last October at the height of the major productivity programme changes. Ms Thomas said that it was disappointing that the response rate was lower than last year.

12.2 The Trust had scored particularly highly in relation to staff engagement, good communication between management and staff and low turnover. The areas where the Trust needed to improve included staff working extra hours, stress, health and safety training, outcomes for disabled and BME staff and staff agreeing that their roles made a difference to patients.

12.3 Mr Bostock commented that the results were very encouraging but did highlight concerns which may be related to the productivity changes such as staff working extra hours and an increase in stress. Ms Moseley drew attention to the score for the percentage of staff receiving a well-structured appraisal and commented that although the score had improved and it was above the national average for mental health trusts, a score of 45% responding positively to the question was still low. Ms Thomas pointed out that it was not clear whether the score related to the outcome of the appraisal process of whether staff found the process too cumbersome and reported that she planned to run focus group meetings to try and understand what was behind the score.

12.4 Ms Greatley suggested that the Equalities Committee be asked to help with the actions around outcomes for disabled and BME staff.

12.5 The Board noted the Staff Survey 2012 summary results, findings and action and approved the action plan.

13. Annual Report and Accounts 2012/13

13A Annual Report

13.1 A copy of the Annual Report complied in accordance with Monitor's NHS Foundation Trust Annual Reporting Manual 2012/13 had been circulated. Ms Hill reported that the Annual Report had been written in accordance with Monitor's NHS Foundation Trust Annual Reporting Manual 2012/3.

13.2 Mr Strang reported that the Audit Committee had reviewed the Annual Report and had made no comments. Mr Strang also reported that both the external auditors had indicated that they would be approving the Annual Governance Statement.

13.3 Mr Bostock commented that he thought the introduction to the Annual Report was well written and highlighted the achievements of the Trust over the last twelve months.

13.4 Dr Patrick thanked everyone involved in producing the Annual

Report which represented a significant amount of work.

13.4 The Board approved the Annual Report.

13B Annual Accounts

13.5 A copy of the Annual Account for the year ended 31 March 2013 had been circulated together with a tabled report showing minor changes which had been made following the discussion at the Audit Committee.

13.6 The Board thanked Mr Young and the Finance Department for the work they had done in preparing for the annual audit.

13.7 The Board approved the Annual Accounts for the year ended 31 March 2013.

13C Letters of Representation

13.8 Copies of two letters of representation to the External Auditors in respect of the financial statements in the Annual Report and Accounts 2012/3 and the Quality Report had been circulated. Mr Strang reported that the Audit Committee had approved the contents of both letters.

13.9 In respect of the Financial Statements in the Annual Report and Accounts 2013/13:

The Board confirmed that:

- The financial statements disclose all of the key risk factors, assumptions made and uncertainties surrounding the Trust's ability to continue as a going concern as required to provide a true and fair view.
- Any uncertainties disclosed were no considered material and therefore did not cast significant doubt on the ability of the Trust to continue as a going concern.

13.10 In respect of the Quality Report 2012/13:

The Board confirmed that:

- The Quality Report had been prepared in line with the guidance set out in the *NHS Foundation Trust Annual Reporting Manual* ;
- The information presented in the Quality Report was consistent with underlying data held by the Trust and was sourced from reliable sources; and
- The Quality Report was consistent with the performance of the Trust in achieving quality over the period.

14. Quality Report 2012/13

14.1 The draft Quality Report 2012/13 had been circulated together with the relevant extract from Annex 2 of Monitor's *NHS Foundation Trust Annual Reporting Manual 2012/13* on the Quality Report requirements.

14.2 Dr McCarthy-Woods, Quality Standards and Reports Lead introduced the report and drew attention to the tabled list of minor amendments and additional feedback which was not available at the time when the report was circulated to the Board. Dr McCarthy-Woods drew particular attention to the updated figure for the income expected from the CQUINs which had just been confirmed and would be included in the final report and the proposed rewording of a sentence in the complaints section.

14.3 Mr Strang, Deputy Trust Chair said that the Audit Committee had discussed the process of producing the Quality Report and reported back that KPMG, the Trust's External Auditors had informed the Audit Committee that they would be providing the Trust with "limited assurance" on the Quality Report and had been very complimentary about the improvements that had taken place over the last two years in producing the Quality Report.

14.4 Mr Strang reported that the Audit Committee had also suggested

that for next year it would be helpful if a draft Quality Report could be produced at the end of the 3rd Quarter. The information would not be available to complete some of the sections but starting the process earlier would allow more time to reflect on the content of the Quality Report.

14.5 Mr Bostock, Senior Independent Director drew attention to the comments from Camden LINKs which suggested that the Trust should consider having higher targets in relation to the percentage of patients completing the CAMHS Goal-Based Measure, Personal Development Plans and attendance at induction days etc. Dr McCarthy-Woods said that in relation to the CAMHS goal based measure, the Trust had agreed with the Commissioners that effort should be directed towards increasing the target from one to two goals rather than increasing the number of patients completing the goal based measure. Dr McCarthy-Woods agreed to amend the Trust's response to the comments from Camden LINKs to make it more explicit that the Trust was committed to setting more ambitious targets but was keen that any extra effort was directed towards improving patient care.

14.6 The Board thanked Dr McCarthy-Woods and everyone involved for producing the Quality Report.

14.7 The Board noted that KPMG, the Trust's External Auditors had informed the Audit Committee that they would be providing "limited assurance" on the Quality Report.

14.8 The Board approved the Quality Report 2012/13 subject to the amendment in relation to the Trust's response to the comments from Camden LINKs (minute 14.5) and the amendments and additions as set out in the tabled sheet.

14 Strategic Plan

Mr Young reported that the Strategic Plan would be considered during Part II of the meeting. It was noted that the Strategic Plan would be discussed at the Council of Governors meeting in June.

15 Any Other Business – Trust Secretary

Ms Greatley reported that Ms Hill, Trust Secretary would shortly be leaving the Trust. On behalf of the Board, Ms Greatley thanked Ms Hill for her work in supporting the Board and wished her well in her new post.

16 Notice of Future Meetings

Noted

Board of Directors

Meeting Minutes

2pm-2.15pm, Tuesday 25th June 2013

Present:			
Mr Martin Bostock Senior Independent Director	Ms Angela Greatley Trust Chair	Dr Rita Harris CAMHS Director	Lis Jones Nurse Director
Ms Louise Lyon Trust Director	Dr Ian McPherson Non-Executive Director	Ms Joyce Moseley Non-Executive Director	Dr Matthew Patrick Chief Executive
Dr Rob Senior Medical Director	Mr Richard Strang Deputy Trust Chair	Mr Simon Young Director of Finance and Deputy Chief Executive	
In Attendance			
Ms Terri Burns Acting Trust Secretary			
Apologies			
Mr Malcolm Allen Dean of Postgraduate Studies	Mr Altaf Kara Non-Executive Director		

Actions

AP	Item	Action to be taken	Resp	By
1	3	Mr Young to reinsert original budget into future reports for comparison.	SY	July 2013
2	5	Ms Burns to arrange next joint meeting with Governors.	TB	Sept 2013

1. Trust Chair's Opening Remarks

Ms Greatley welcomed everyone to the meeting and explained that the format of the meeting had been changed for this month.

2. Apologies for Absence

As above.

3. Finance & Performance Report

Mr Young reported that the Trust remains in a good position. The surplus is not expected to continue at the current rate. The cash position

is satisfactory.

AP1

Mr Strang asked if the original budget could be viewed alongside any revised version. Mr Young agreed to add this into future reports.

4. Any other business

None.

5. Notice of future meetings

Noted.

AP2

Ms Burns to set a date for the next joint meeting with the Council of Governors.

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 : July 2013

Item : 6

Title : Chief Executive's Report

Summary :

This paper covers the following items:

1. Introduction
2. Portman Clinic
3. And Finally....

For : Discussion

From : Chief Executive

Chief Executive Report

1. Introduction

- 1.1 It is with very deep and mixed feelings that I am writing to let the Board of Directors know that I will be leaving the Trust in the autumn. On Thursday 11th July I was offered the role of Chief Executive of SLaM (South London and Maudsley NHS Foundation Trust), and after giving the matter a tremendous amount of thought, I have decided to accept.
- 1.2 I have worked at the Tavistock and Portman for nearly 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 CEO. The prospect of leaving is a source of real sadness for me but this is a significant opportunity that I feel I need to take.
- 1.3 Angela Greatley and I have been thinking and talking about this situation together since I was first approached a few weeks ago. We will now have much thinking and talking to do about how best to arrange for succession.
- 1.4 My start date in south London has yet to be negotiated and I will keep the Board fully informed of developments. We are lucky, though, in the exceptional strength of our executive team and, indeed, of our Board of Directors. In the meantime we have pressing work and planning to be getting on with.

2. Portman Clinic

- 2.1 On Thursday 11th July an article was published in the Camden New Journal about the possible new build in the rear car park of the Tavistock Centre site. This was followed by an article in the Mail Online on Friday 12th. Both gave a very unfortunate and inaccurate representation of the project.

2.2 The Board will be fully aware that full risk assessments have been undertaken, that there is no access from the Portman to the new build in any plans, and that the plans involve full screening and separation both in terms of soundproofing and visual barriers.

2.3 I have attached a copy of the press release made available to both papers.

3. And Finally....

3.1 Thursday 11th July was a busy day. In the evening, however, a very joyous event took place, namely FNP Next Steps. The Board will be aware that FNP, or Family Nurse Partnership, joined the Trust at the beginning of April.

3.2 The event offered an opportunity to highlight the work of FNP, to draw attention to the new website, and for people to meet and celebrate this new phase in the roll out of FNP.

3.3 We were delighted that our partner organisations, the Impetus Trust and the Dartington Social Research Unit were able to join us.

3.4 Perhaps the highlight of the evening was the stories told by three graduates of the programme. Their courageous and honest stories certainly took me close to tears and conveyed to me most powerfully what a tremendous programme this is, and how consistent it is with the work of the Trust.

Dr Matthew Patrick
Chief Executive Officer
July 2013

12 July 2103

Ref: PS004.13

Press statement in relation to Portman Clinic and the Day Unit

High-quality, safe care is our main priority for all the patients we see, and for the children who attend our Children's Day Unit, currently based in Daleham Gardens.

For a variety of reasons we need to relocate the Day Unit and we have been looking at a range of options for a new venue.

One option under evaluation is a rebuild on the rear car park of the Tavistock Centre in Belsize Lane, adjacent to the Portman Clinic, but separate from it.

As part of our evaluation, we have run a series of internal and external consultations. Staff have been invited to share their views and to comment on the developing plans.

We are still at the early stages of planning this possible development, and a final decision and time lines remain under review.

If the rebuild does go ahead, there would be no direct access from the new Children's Day Unit to the Portman Clinic.

The build specification is such that the new Unit would be completely self-contained.

We have already worked very closely with all parties potentially involved in the initial planning for this possible development (planners, architects, Portman Clinic, the Day Unit and local residents) to ensure that the new building and the Portman Clinic will be sound-proofed and screened from one another - keeping noise levels to a minimum and ensuring the privacy of the children through screening and planting to keep the two services entirely separate from one another.

It is simply not true to suggest that people within the Portman Clinic would be able to observe the children in the Day Unit.

A spokesperson for the Tavistock and Portman NHS Foundation Trust said:

"We are proud of our services and our tremendous record for service quality and safety over almost 100 years.



“We would, of course, do nothing that endangered or disturbed our patients and we take our responsibilities very seriously. Our record for safety and quality has been acknowledged over many years by a wide range of official inspectors as well as by the health and local authorities which commission our services, and by our patients themselves.

“All the patients that we see here are living and being treated within the community. We have robust safeguarding and reporting measures, and work closely with partner organisations, to ensure the safe management of all our patients in the community. The Portman Clinic has a long, established history of successful treatment with its patients that attend the clinic.

“We fully risk-assess every activity that takes place in the Trust and as part of our planning we have conducted a full risk assessment on the potential new build.

“We do not currently perceive this potential move to pose any significant risk to anyone that we see. We have safely managed children, adult and forensic services for many years and will continue to do so. Both the Day Unit, the Tavistock Centre and the Portman Clinic have their own rigorous internal safeguarding policies and procedures and we would expect, as with any other matters, any concerns to be raised and escalated as appropriate via those routes.”

Ends

For further information please contact:

- The Press and Communications Officer 0208 938 2571.



Board of Directors : July 2013

Item : 7a

Title : Finance and Performance Report

Summary:

After three months a surplus of £477k is reported before restructuring, £448k above the revised budget surplus of £28k. 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 £600k.

The service line report is provided in Appendix C.

The cash balance at 30 June was £1,290k which is below plan due to a delayed payment which was received in early July. Cash balances are expected to be lower by the end of the financial year, as planned.

For : Information.

From : Director of Finance

1. External Assessments

1.1 Monitor

1.1.1 The first quarter results should lead to a risk rating of 4, better than Plan due to the higher surplus. This may continue in subsequent quarters. It is also expected that the governance rating will remain Green.

2. Finance

2.1 Income and Expenditure 2013/14

2.1.1 After June the trust is reporting a surplus of £477k before restructuring costs, £448k above budget. Income is £238k below budget, and expenditure £685k below budget.

2.1.2 The small deterioration in month on income (£3k down on budget) is due to low activity for TC which is now cumulatively £115k below target, in addition to low Consultancy income mainly from SAMHS; offset by CAMHS training fees.

2.1.3 Appendices A and B show that significant savings have been achieved by month 3, exceeding the target, though some of these may be non-recurrent.

2.1.4 There is a shortfall in clinical income in SAAMHS of £28k due to Adult Pain Clinic under performance and in CAMHS, the Day Unit is £23k below budget. These main income sources and their variances are discussed in sections 3, 4 and 5.

2.1.5 For an externally funded Finance project, the £9k over spend to date (within the Finance line) is matched by a £9k favourable variance on other income, since the funding is released in line with costs.

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

2.1.7 The forecast of a £604k surplus is £447k above budget. Additional CAMHS projects are expected to add to both income and expenditure, but the budget will not be revised for this until the timing is confirmed. Similarly, the delayed start to the Portman London Probation Service may also be reflected in a budget revision. Before these adjustments to the budget, income is expected to be £281k above budget, while the expenditure outturn is expected to be £169k below budget. Tavistock Consulting are currently producing a revised forecast for the remainder of the year.

2.1.8 The forecast allows for the investment reserve of £170k to be fully utilised (further decisions on allocation are to be made shortly); and also for the remaining contingency reserve of £285k to be needed.

2.2 Cash Flow (Appendix D)

2.2.1 The actual cash balance at 30 June was £1,290k which is a decrease of £851k in month and is £336k below plan. The decrease is because DoH funding for FNP for the first quarter was delayed but this has since been received. Salaries are lower than plan 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)	2,933	3,637	(704)
General debtors (incl LAs)	1,568	2,032	(464)
SHA for Training	2,681	2,788	(107)
Students and sponsors	485	625	(140)
Other	123	54	69
	<u>7,790</u>	<u>9,136</u>	<u>(1,346)</u>
Operational expenditure payments			
Salaries (net)	(3,911)	(4,407)	496
Tax, NI and Pension	(2,911)	(2,894)	(17)
Suppliers	<u>(2,389)</u>	<u>(2,909)</u>	<u>520</u>
	<u>(9,211)</u>	<u>(10,210)</u>	<u>999</u>
Capital Expenditure	(101)	(100)	(1)
Interest Income	2	1	1
Payments from provisions	1	(9)	10
PDC Dividend Payments	<u>(366)</u>	<u>(367)</u>	<u>1</u>
Closing cash balance	<u>1,291</u>	<u>1,627</u>	<u>(336)</u>

2.2.2 The Trust's Financing Facility (£2.4m) is due to expire on 31 October. Our decisions on whether to renew, and for what amount, will take into account: (a) the cash flow projections for the following 12 months, and the need for cover in case of short-term issues (e.g. delay in payment for any of our main contracts); and (b) how the Financing Facility is treated in the ratios for the new Risk Assessment Framework, when this is finalised and published by Monitor.

2.2.3 The Board is asked to authorise negotiation on renewal to be initiated; with a final proposal to be brought for approval in September.

2.3 Capital Expenditure

2.3.1 Up to 30 June, expenditure on capital projects was £97k. This has included £67k so far on IT hardware and software, of which £48k was for a project originally scheduled for last year.

2.3.2 The capital budget for the year is £2,317k, and actual costs are expected to be close to this.

Capital Projects 2013/14	Budget	Actual YTD June 2013
	£'000	£'000
Day Unit and Seminar Rooms new build	1,700	-
Seminal Room Improvement	130	-
Q0935 Portman Windows	60	3
Building Management Systems	30	-
Franking Machine	7	-
Fire door	20	-
Q0903 Toilets	95	-
Q0913 day unit	-	16
Q0928 service lift replacement	-	5
Q0929 Lecture Theatre Ceiling	-	1
Q0930 33 Daleham Gardens	25	5
Total Estates	2,067	30
Amphill IT - 219 Eversholt	-	48
Q0940 Centre Height ICT Capital Projects	-	-
Q0926 60 PCs and server	250	19
Total Capital Programme	2,317	97

2.4 Statement of Financial Position (aka Balance Sheet)

2.4.1 Appendix E reports the SoFP at 30 June, compared to the Plan figures for the same date, and also to the opening balances for the year. Trade and Other Receivables are above plan due to the delayed payment of the FNP first quarter invoice of £900k (which has since been paid in July).

3. Training

- 3.1 Training income is £73k above budget in total after three months, £31k is due to funding for Junior Doctors and the remaining favourable variances are due to fees and short courses which has been offset by under-performance on e-Learning.
- 3.2 Expenditure is £73k under spent due mostly to vacancies.
- 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. Patient Services

4.1 Activity and Income

4.1.1 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.

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

4.1.3 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 June actual income is £9k below budget for the first quarter.

4.1.4 Court report income (which is budgeted at £113k for the year, of which £50k is for the Portman) was £26k below budget in the first quarter.

4.1.5 Day Unit was £23k below target. The service is working to secure the additional income required to meet their target.

4.1.6 Project income is forecast to be balanced for the year. When activity and costs are slightly delayed, we defer the release of the income correspondingly.

	Budget	Actual	Variance	Full year		Comments
	£000	£000	%	Variance based on y-t-d	Predicted variance	
Contracts – base values	2,789	2,780	-0.3%	-37	438	Camden CAMHS
Cost and vol variances	65	65	0.0%	0	0	
NPAs	49	40	-17.6%	-34	-34	
Projects and other	373	396		-	0	Income matched to costs, so variance is largely offset.
Day Unit	205	182	-11.4%	-98	-52	
FDAC 2nd phase	130	135	4.1%	21	152	Income matched to costs, so variance is largely offset.

[†] Commissioning for Quality and Innovation

Court report	28	2	-94.5%	-107	-97	
Total	3,639	3,600		-255	407	

4.2 Patient Clustering

4.2.1 We are currently working with our commissioners to running a shadow year for adult (18+) age services in order to revise the payment mechanism to Payment by Results (PbR). Clustering is expected to replace block contracts for adult age patients in 2015/16. In order to achieve this we must allocate our adult aged patients into one of the twenty two care clusters. We have calculated an average price per day for each cluster and will report to our commissioners how many patient days per month there are for each cluster. We have agreed with lead clinicians that patients will be clustered following two assessment appointments. The table below indicates how many patients are in assessment, are clustered and the number of patients who have been seen but are not yet clustered.

Cluster Summary 2013/14 (Year to date)

Care Cluster	Adults	Adolescent	Portman	Trust Totals
	Number Of Patients	Number Of Patients	Number Of Patients	Number Of Patients
1 - Common Mental Health Problems (Low Severity) (12 weeks)	2	0	0	2
2 - Common Mental Health Problems (Low Severity with Greater Need) (15)	6	3	9	18
3 - Non-Psychotic (Moderate Severity) (6 months)	47	22	41	110
4 - Non-Psychotic (Severe) (6 months)	91	20	18	129
5 - Non-Psychotic Disorders (Very Severe) (6 months)	51	14	9	74
6 - Non-Psychotic Disorder of Over-Valued Ideas (6 months)	182	10	1	193
7 - Enduring Non-Psychotic Disorders (High Disability) (12 months)	178	12	59	249
8 - Non-Psychotic Chaotic and Challenging Disorders (12 months)	50	5	10	65
9 - Cluster Under Review	1	1	0	2
10 - First Episode Psychosis (12 months)	0	1	1	2
11 - Ongoing Recurrent Psychosis (Low Symptoms) (12 months)	5	0	1	6
12 - Ongoing or Recurrent Psychosis (High Disability) (12 months)	4	0	0	4
16 - Dual Diagnosis (6 months)	1	1	0	2
18 - Cognitive Impairment (Low Need) (6 months)	0	1	0	1
Seen - NOT Clustered	154	113	61	328
Seen - Assessment	57	21	22	100
Not Seen	86	34	12	132
Totals	915	258	244	1417

5. Consultancy

- 5.1 TC income was £44k in June and is £146k cumulatively, significantly down compared to last years £341k at this stage, and £115k below budget. However, the expenditure budget is currently £71k under spent, reflecting the staffing model. TC have also earned some of the CPPD income included in Education and Training. As noted above, TC are currently reviewing and revising their forecast income and expenditure for the rest of the year.
- 5.2 Departmental consultancy is £100k below budget after three months. The majority of the shortfall is within SAMHS, £47k due to Pathway Project (which has a corresponding under spend) and Portman is £41k below budget. Actions to recover the shortfall will be required to deliver against plan.

Simon Young

Director of Finance and Deputy Chief Executive
16 July 2013

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2013-14

APPENDIX A

	June-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
INCOME									
1 CLINICAL	1,210	1,239	29	3,639	3,600	(39)	14,508	14,915	407
2 TRAINING	1,626	1,673	47	4,878	4,950	73	21,169	21,308	139
3 CONSULTANCY	163	77	(87)	455	240	(215)	1,564	1,383	(182)
4 RESEARCH	16	24	8	50	68	18	196	272	76
5 OTHER	87	87	(0)	261	186	(75)	1,043	884	(159)
TOTAL INCOME	3,102	3,100	(3)	9,283	9,045	(238)	38,481	38,762	281
OPERATING EXPENDITURE (EXCL. DEPRECIATION)									
6 CLINICAL DIRECTORATES	1,525	1,421	104	4,545	4,059	486	17,996	17,937	58
7 OTHER TRAINING COSTS	816	822	(7)	2,441	2,368	73	11,102	11,043	59
8 OTHER CONSULTANCY COSTS	84	75	9	233	162	71	931	860	71
9 CENTRAL FUNCTIONS	575	609	(34)	1,723	1,718	5	6,903	6,844	60
10 TOTAL RESERVES	24	0	24	71	0	71	433	428	5
TOTAL EXPENDITURE	3,023	2,927	95	9,013	8,307	705	37,365	37,112	252
EBITDA	80	172	93	270	738	468	1,116	1,649	533
ADD:-									
11 BANK INTEREST RECEIVED	0	1	(0)	1	2	(1)	5	9	4
LESS:-									
12 DEPRECIATION & AMORTISATION	46	53	(7)	137	158	(21)	550	633	83
13 FINANCE COSTS	0	0	0	0	0	0	0	1	1
14 DIVIDEND	35	35	0	105	105	0	421	421	(0)
SURPLUS BEFORE RESTRUCTURING COSTS	(1)	85	85	28	477	448	150	603	453
15 RESTRUCTURING COSTS	0	0	0	0	4	(4)	0	4	(4)
SURPLUS/(DEFICIT) AFTER RESTRUCTURING	(1)	85	85	28	473	444	150	599	449
EBITDA AS % OF INCOME	2.6%	5.6%		2.9%	8.2%		2.9%	4.3%	

THE TAVISTOCK AND PORTMAN NHS TRUST											APPENDIX B
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2013-14											
All figures £000											
	June-13			CUMULATIVE			FULL YEAR 2013-14				
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	OPENING BUDGET	REVISED BUDGET	FORECAST	REVISED BUDGET VARIANCE	
INCOME											
1	CENTRAL CLINICAL INCOME	517	519	2	1,552	1,560	8	6,247	6,207	6,638	431
2	CAMHS CLINICAL INCOME	335	353	17	1,006	987	(19)	4,033	4,008	4,046	38
3	SAAMHS CLINICAL INCOME	357	367	10	1,081	1,053	(28)	4,358	4,293	4,231	(62)
4	NHS LONDON TRAINING CONTRACT	605	605	0	1,814	1,814	0	7,254	7,254	7,254	0
5	CHILD PSYCHOTHERAPY TRAINEES	179	176	(3)	537	525	(12)	2,188	2,148	2,100	(49)
6	JUNIOR MEDICAL STAFF	91	101	10	274	297	23	1,130	1,098	1,190	92
7	POSTGRADUATE MED & DENT'L EDUC	7	8	1	21	41	20	76	84	163	79
8	DET TRAINING FEES & ACADEMIC INCOME	55	66	11	164	182	17	1,324	2,201	2,205	4
9	CAMHS TRAINING FEES & ACADEMIC INCOME	544	582	38	1,631	1,661	30	7,541	6,506	6,547	41
10	SAAMHS TRAINING FEES & ACADEMIC INCOME	124	114	(10)	371	361	(11)	1,426	1,584	1,550	(35)
11	TC TRAINING FEES & ACADEMIC INCOME	22	22	0	65	70	5	293	293	300	7
12	TC INCOME	93	44	(49)	260	146	(115)	1,004	1,042	927	(115)
13	CONSULTANCY INCOME CAMHS	11	9	(1)	32	23	(9)	107	107	106	(1)
14	CONSULTANCY INCOME SAAMHS	60	24	(36)	163	72	(91)	337	416	350	(66)
15	R&D	16	24	8	50	68	18	128	196	272	76
16	OTHER INCOME	87	87	(0)	261	186	(75)	964	1,043	884	(159)
	TOTAL INCOME	3,102	3,100	(3)	9,283	9,045	(238)	38,411	38,481	38,762	281
EXPENDITURE											
17	COMPLEX NEEDS	308	276	32	943	839	104	3,432	3,495	3,535	(40)
18	PORTMAN CLINIC	127	90	37	382	276	106	1,527	1,527	1,252	275
19	GENDER IDENTITY	96	70	26	288	215	72	1,115	1,151	977	174
20	BIG WHITE WALL & DEV PSYCHOTHERAPY UNIT	19	13	6	58	52	6	247	221	209	11
21	NON CAMDEN CAMHS	333	324	9	1,013	981	32	4,023	4,003	4,084	(81)
22	CAMDEN CAMHS	312	333	(21)	936	978	(41)	3,684	3,703	4,063	(359)
23	CHILD & FAMILY GENERAL	43	35	8	63	43	20	449	449	388	60
24	FAMILY NURSE PARTNERSHIP	287	280	7	861	675	187	0	3,446	3,429	17
25	JUNIOR MEDICAL STAFF	84	77	7	252	238	14	1,052	1,006	952	55
26	NHS LONDON FUNDED CP TRAINEES	179	179	0	537	527	10	2,189	2,148	2,110	39
27	TAVISTOCK SESSIONAL CP TRAINEES	3	3	0	8	8	1	34	34	31	3
28	FLEXIBLE TRAINEE DOCTORS & PGMDE	30	36	(6)	90	107	(17)	388	361	428	(66)
29	EDUCATION & TRAINING	186	164	22	558	496	61	4,042	3,779	3,739	40
30	VISITING LECTURER FEES	132	164	(32)	396	410	(14)	1,179	1,374	1,409	(35)
31	CAMHS EDUCATION & TRAINING	122	119	3	366	352	14	4,868	1,466	1,440	26
32	SAAMHS EDUCATION & TRAINING	80	80	(0)	233	229	4	843	933	935	(2)
33	TC EDUCATION & TRAINING	0	0	0	0	0	(0)	0	0	0	(0)
34	TC	84	75	9	233	162	71	893	931	860	71
35	R&D	13	19	(6)	40	32	8	183	169	130	39
36	ESTATES DEPT	174	174	0	522	517	5	2,053	2,088	2,067	21
37	FINANCE, ICT & INFOMATICS	165	190	(25)	494	504	(10)	1,944	1,976	1,987	(10)
38	TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	81	77	4	244	233	11	977	974	932	43
39	COMMERCIAL DIRECTORATE	56	48	8	168	164	3	646	677	658	19
40	HUMAN RESOURCES	52	64	(13)	156	168	(12)	622	622	671	(49)
41	CLINICAL GOVERNANCE	41	44	(4)	117	116	1	451	465	464	2
42	PROJECTS CONTRIBUTION	(6)	(6)	0	(17)	(16)	(1)	(69)	(69)	(65)	(4)
43	DEPRECIATION & AMORTISATION	46	53	(7)	137	158	(21)	550	550	633	(83)
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	0	0	0	0	0	0	170	147	147	0
47	CENTRAL RESERVES	24	0	24	71	0	71	350	285	281	4
	TOTAL EXPENDITURE	3,068	2,982	87	9,150	8,466	685	37,845	37,915	37,745	169
	OPERATING SURPLUS/(DEFICIT)	34	118	84	132	580	447	566	566	1,017	451
48	INTEREST RECEIVABLE	0	1	0	1	2	1	5	5	9	(4)
49	DIVIDEND ON PDC	(35)	(35)	0	(105)	(105)	0	(421)	(421)	(421)	(0)
	SURPLUS/(DEFICIT)	(1)	83	84	28	477	448	150	150	604	447
50	RESTRUCTURING COSTS	0	0	0	0	4	(4)	0	0	4	(4)
	SURPLUS/(DEFICIT) AFTER RESTRUCTURING	(1)	83	84	28	473	444	150	150	600	451

SLR Report M3 13 14		Trust Total		CAMHS		SAMHS		Appendix C	
		Budget M3 2013-14	Actuals M3 2013-14						
		£000	£000	£000	£000	£000	£000	£000	£000
Clinical Income		3,845	3,668	1,665	1,494	2,179	2,174		
Training course fees and other acad income		2,994	3,028	697	692	2,297	2,336		
National Training Contract		1,814	1,814	685	685	1,129	1,129		
Total Training Income		4,808	4,841	1,383	1,377	3,425	3,464		
Consultancy Income		339	174	334	181	5	-8		
Research and Other Income (incl Interest)		51	82	20	31	31	51		
Total Income		9,042	8,765	3,402	3,083	5,640	5,682		
Clinical Directorates and Consultancy		5,335	4,758	2,103	1,737	3,232	3,022		
Other Training Costs (in DET budget)		1,262	1,274	351	369	911	905		
Research Costs		69	65	25	23	45	42		
Accommodation		631	645	301	308	330	338		
Total Direct Costs		7,297	6,743	2,779	2,436	4,518	4,307		
Contribution		1,745	2,022	623	647	1,122	1,375		
Central Overheads (excl Buildings)		1,905	1,846	689	663	1,216	1,183		
Central Income		260	299	82	91	178	208		
Surplus (deficit)		100	475	16	75	84	400		
SURPLUS as % of income		1.1%	5.4%	0.5%	2.4%	1.5%	7.0%		
CONTRIBUTION as % of income		19.3%	23.1%	18.3%	21.0%	19.9%	24.2%		

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	3,504	2,307	2,048	3,871	2,598	1,497	3,904	3,012	3,176
Operational income received													
NHS (excl SHA)	572	1,065	1,296	2,321	1,314	1,283	1,273	1,315	1,283	1,274	1,314	1,283	15,593
General debtors (incl LAs)	861	433	274	562	459	1,618	571	483	480	829	565	482	7,617
SHA for Training	2,465	17	199	2,567	143	79	2,567	142	79	2,567	143	79	11,048
Students and sponsors	291	108	86	100	0	200	800	250	100	750	100	100	2,885
Other	39	30	54	18	18	18	18	18	18	18	18	18	285
	4,228	1,653	1,909	5,568	1,934	3,198	5,229	2,208	1,960	5,438	2,140	1,962	37,428
Operational expenditure payments													
Salaries (net)	(1,329)	(1,308)	(1,274)	(1,427)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(15,954)
Tax, NI and Pension	(932)	(998)	(981)	(981)	(981)	(981)	(980)	(981)	(981)	(981)	(981)	(981)	(11,739)
Suppliers	(964)	(962)	(463)	(874)	(823)	(799)	(1,099)	(1,174)	(824)	(723)	(725)	(723)	(10,153)
	(3,225)	(3,268)	(2,718)	(3,282)	(3,131)	(3,107)	(3,406)	(3,482)	(3,132)	(3,031)	(3,033)	(3,031)	(37,846)
Capital Expenditure	(28)	(31)	(42)	(72)	0	(340)	0	0	(530)	0	0	(1,275)	(2,318)
Loan	0	0	0	0	0	200	0	0	600	0	0	900	1,700
Interest Income	1	1	0	1	0	1	0	0	1	0	1	0	6
Payments from provisions	0	0	1	(2)	0	0	0	0	0	0	0	0	(1)
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	3,504	2,307	2,048	3,871	2,598	1,497	3,904	3,012	1,358	1,358

Appendix E

STATEMENT OF FINANCIAL POSITION	Plan	Actual	Variance	Actual
	30 June 2013	30 June 2013	30 June 2013	31 March 2013
	£000	£000	£000	£000
Non-current assets				
Intangible assets	97	79	(18)	97
Property, plant and equipment	14,100	14,023	(77)	14,066
Total non-current assets	14,197	14,102	(95)	14,163
Current assets				
Inventories				
Trade and other receivables	2,367	3,674	1,307	2,944
Cash and cash equivalents	1,527	1,290	(237)	3,176
Total current assets	3,894	4,964	1,070	6,120
Current liabilities				
Trade and other payables	(2,466)	(2,907)	(441)	(3,499)
Provisions	(2)	(39)	(37)	(11)
Tax payable	(584)	(584)	0	(589)
Other liabilities	(1,479)	(1,863)	(384)	(2,680)
Total current liabilities	(4,531)	(5,393)	(862)	(6,779)
Total assets less current liabilities	13,560	13,673	113	13,504
Non-current liabilities				
Loans	0	0	0	0
Provisions	(65)	(51)	14	(66)
Total non-current liabilities	(65)	(51)	14	(66)
Total assets employed	13,495	13,622	127	13,438
Financed by (taxpayers' equity)				
Public Dividend Capital	3,474	3,474	0	3,474
Revaluation reserve	8,979	8,980	1	8,979
Income and expenditure reserve	1,043	1,168	125	985
Total taxpayers' equity	13,496	13,622	126	13,438

Board of Directors: July 2013

Item : 7b

Title : Quarterly Quality Report 2013–14 for Quarter 1: July 2013

Summary:

This report provides an update of the Quality Indicators and Quality Priorities for Quarter 1, 2013–14

This report has been reviewed by the following:

- Management Committee

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

This report focuses on the following areas:

(delete where not applicable)

- Quality
- Patient / User Experience
- Safety

For : Noting

From : Quality Standards and Reports Lead

Quarterly Quality Report for the Board of Directors

Quarter 1, 2013-2014

July 2013

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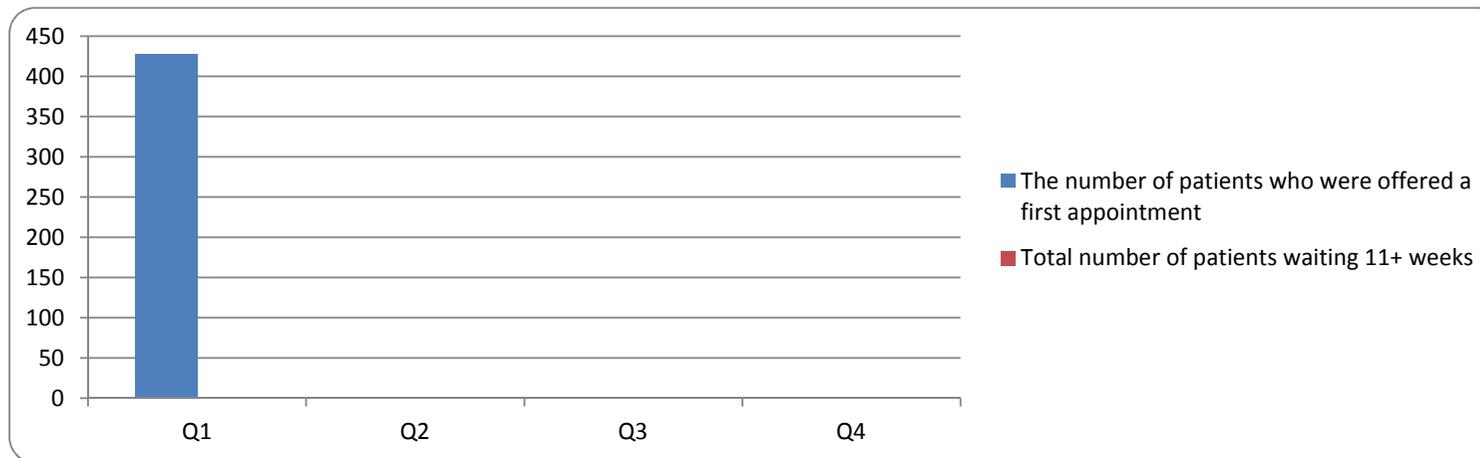
Section One: Quality Key Performance Indicators Table

Quality Key Performance Indicators																
No.	Target	Monitoring	Progress								% Progress for 2012/13				RAG ³ Status	Actions for Next Quarter
			Q1		Q2		Q3		Q4		Q1	Q2	Q3	Q4		
1	Waiting time no more than 11 weeks (77 days from receipt of referral)	Quarterly	Q1		Q2		Q3		Q4							
			N	%	N	%	N	%	N	%						
			1	0.2												
2	DNA rates: Yearly average no larger than 10%	Quarterly	9%													
3a	Staff with up-to-date child protection training reported by level.	Quarterly	Level 1- 89% Level 2- 94% Level 3- 86%													
3b	Vulnerable adults training (Adults at Risk): 100% of staff trained every 2 years	Quarterly	89% have completed their vulnerable adults training.													
4	Patient Experience: ESQ data across the Trust	Quarterly	Not Applicable- target agreed in Q1, to be reported from Q2 onwards.													Not Applicable
5	Patient information: In date written information sent to all new patients. Work on adolescents information leaflets during 2013/14. TBC	To be reported in Q3	Not Applicable- to be reported in Q3. Clarification needed for the evidence required for this indicator.													Not Applicable
6	Outcome Monitoring: Target: Routine outcome monitoring for adult and CAMHS patients	Quarterly	Achieved and on-going													
7	Patient Satisfaction: Target 70% or more report satisfied with the service	Quarterly	Not Applicable- to be reported from Q2 onwards.													Not Applicable
8	Quality and Development of staff: Target 80% of staff to have a PDP.	Quarterly	Achieved- 83.8%													
9	Sickness and absence rates. Target: <2% TBC	Quarterly	Not Applicable- Target still being confirmed													Not Applicable

10	Service cancellation rates. Target: <10% TBC	Quarterly	Not Applicable- Target still being confirmed						Not Applicable
13	% response to complaints within 25 days. TBC.	Quarterly	Not Applicable- Target still being confirmed						Not Applicable
15	% Statutory assessments completed within 6 weeks. Target 100%	Annual	Not Applicable – an annual audit will be undertaken to monitor compliance						Not Applicable
16	Number and % children in intervention cohort who have improved mental health (as measured against goal-based measure, CGAS or SDQ). Target: 75%	Quarterly	Not Applicable- Target requires data to be collected for more than 1 Quarter. To be report in Q3.						Not Applicable
17	Number and % of children reporting satisfaction with the service (as measured against CHI-ESQ). To be baselined, in order to establish target.	Quarterly	83% (52/63) of CAMHS ESQs in Q1 answered “certainly true” to the question of “Overall, the help I have received here is good”						
18	Number of Never Events. Target: 0. TBC.	Quarterly	0						
19	Data Quality: That for 85% of patients discharged from SAAMHS a letter with comprehensive information is sent to the GP or the receiving clinician within 2 weeks of final treatment session/appointment. To be clarified at 17.7.13 meeting.	Quarterly	Nil Returns						TBC
20	Providing an enhanced SAAMHS dataset for commissioners, building on work undertaken with commissioners in December 2012. To agree scope in Q1 SAAMHS contract review in May/June 2013.		On-going						TBC

Section Two: Explanatory Notes

1. **Waiting Times** - For Quarter 1, there were 17 waiting time breaches, where patients were required to wait eleven weeks or longer for their first appointment, but only 1 of these breaches related to factors internal to the Trust and represented 0.2% of the total number of patients who were offered a first appointment in Quarter 1.



2. **DNA Rates** – The DNA rate for Quarter 1 is 9%, slightly higher than the 8% achieved in Quarter 4 2012-13, but still achieving our new target of $\leq 10\%$



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

To be reported from quarter 2 onwards.

4. Outcome Monitoring

We were unable to report data for all of the Outcome Monitoring targets in Q1 as the targets require data to be collected for more than one quarter.

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.



Section Three: Quality Priorities Progress

Quality Priorities													
	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2012/13				RAG ³ Status	Actions for Next Quarter
								Q 1	Q 2	Q 3	Q 4		
(1)Outcome Monitoring	1. CAMHS (Child and Adolescent Mental Health Service): For 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).	Caroline McKenna	<ul style="list-style-type: none"> • OM tracking system • Monitoring of progress by the OM Lead • Quarterly progress report 	<ul style="list-style-type: none"> • OM analysis of the % return rate for Time 1 and Time 2 	1 st April 2013	31 st January 2014	Not Applicable-Target requires data to be collected for more than 1 Quarter. To be report in Q3.						
	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.			<ul style="list-style-type: none"> • OM analysis of the % of patients who achieve an improvement in their score for at least one GBM target 	1 st April 2013	31 st January 2014	Not Applicable-Target requires data to be collected for more than 1 Quarter. To be report in Q3.						
	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	Michael Mercer	<ul style="list-style-type: none"> • Quarterly review by the CQSG Committee and Board of Directors 	<ul style="list-style-type: none"> • OM analysis of the % return rate of the End of Treatment CORE form. 	1 st April 2013	31 st January 2014	Not Applicable-Target requires data to be collected for more than 1 Quarter. To be report in Q3.						

Priority	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2012/13				RAG ³ Status	Actions for Next Quarter
								Q 1	Q 2	Q 3	Q 4		
(2)Access to Clinical Services and Health Care Information for Patients and Public	<p>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>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"> Monitoring of progress by PPI Lead Feedback from patients and members on the accessibility of this information leaflet Quarterly progress report Quarterly review by the CQSG Committee and Board of Directors 	<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 st April 2013	31 st January 2014	Q1. Young people have been identified and approached to write the content of two modality leaflets aimed specifically at children and young people.					Amber	

Priority	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2012/13				RAG ¹ Status	Actions for Next Quarter
								Q 1	Q 2	Q 3	Q 4		
(3) Patient and Public Involvement	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.	Sally Hodges	<ul style="list-style-type: none"> Maintain minutes from the stakeholder quality meetings and patient forum Monitoring of progress by PPI Lead Quarterly progress report Quarterly review by the CQSG Committee and Board of Directors 	1. To have developed a protocol for the payment of service users for participation on interviews. 2. To have developed a protocol, reviewed by service users, for the selection and training of service users for interviews panels. 3. To have trained 15 members of staff on working with service users on interview panels.	1 st April 2013	31 st January 2014	Q1. Information is being gathered from mental health trusts and mental health organisations on how best to involve and train service users to sit on interview panels.					Amber	
	2. To continue to expand and promote Bid for Better and to target engagement with our younger members			1. Promote Bid for Better in the Trust's CAMHS waiting rooms and via the Young Minds blog and schools' websites. 2. We will set a target of at least 10 applications of which four will demonstrate wider engagement and patient experience outcomes.	1 st April 2013	31 st January 2014	To be updated when data is available.						

¹ Internal Quality Priorities rate re achievement at 30.6.13

Appendix One: CQUIN Targets

	Detail of indicator	Performance at Q1	Action Plan	RAG ²
CAMHS Outcome monitoring	Indicator 1a For at least 75% of patients (attending CAMHS who qualify for CQUINS) to compete the Goal Based Measure at Time 1 pre assessment and Time 2 (6 month or end of therapy)	Not Applicable- Target requires data to be collected for more than 1 Quarter. To be report in Q3.	Not Applicable	
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	Not Applicable- Target requires data to be collected for more than 1 Quarter. To be report in Q3.	Not Applicable	
CAMHS ESQ	Indicator 3a For at least 75% of patients to complete CHI-ESQ at 6 months or case closure	Not Applicable- Target requires data to be collected for more than 1 Quarter. To be report in Q3.	Not Applicable	
CAMHS User Involvement	Indicator 3b User Participation: ESQ analysis 2012/13 identified a specific area for improvement in relation to the following statement "Satisfaction with explanation of help available " Target: 75% satisfaction	Not Applicable- Target requires data to be collected for more than 1 Quarter. To be report in Q3.	Not Applicable	
CAMHS Clinical Effectiveness	Indicator 4 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			
SAAMHS Outcome monitoring	Indicator 6 For the Total CORE (Clinical Outcomes for Routine Evaluation) scores to indicate an improvement from pre-assessment (Time 1) to post assessment (Time 2) of 61% for patients over the age of 25 who qualify for the CQUIN.	Not Applicable- This indicator is being considered as a KPI	Not Applicable	
SAAMHS Outcome Monitoring	Indicator 7- 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. TBC	Not Applicable - as Target TBC	Not Applicable	
SAAMHS ESQ	Indicator 8 Experience of Service Questionnaires to be completed by at least 25% of patients at the end of treatment.	Not Applicable- This indicator is being considered as a KPI	Not Applicable	
SAAMHS	Indicator 9 Smoking Cessation- TBC.	Indicator TBC	Not Applicable	

² Internal RAG rate re achievement at 30.6.13

Appendix Two: Quality Indicator Performance Supporting Evidence

1. Waiting times

QUARTER 1							
Target less than 77 days (11 weeks)	Adolescent	Adult	Camden CAMHS	Other CAMHS	Portman	LCDS	TOTAL
Breaches Cause internal to Tavi	0	1	0	0	0	0	1
Breaches: Cause external to Tavi	4	2	6	3	0	1	16
Breaches: Cause unknown	0	0	0	0	0	0	0
Total number of breaches	4	3	6	3	0	1	17
Number of 'breaches' shown after data validation shown to be 'no breach'	0	1	0	0	0	0	1
Total number of patients offered a first appointment in the quarter	46	68	195	63	46	10	428
The percentage of patients that are breached in the quarter	8.7%	4.4%	3.1%	4.8%	0.0%	10.0%	4.0%

2. DNA Rates

QUARTER 1							
Target <10%	Adolescent	Adult	Camden CAMHS	Other CAMHS	Portman	LCDS	Total
Total 1st appointments attended	46	61	157	56	26	6	352
Total first appointments DNA's	6	2	27	0	2	0	37
Total first appointments	52	63	184	56	28	6	389
% 1st appointments DNA'd	12%	3%	15%	0%	7%	0%	10%
Total subsequent appointments attended	1105	2271	2554	2033	1145	158	9266
Total sub. appointments DNA'd	169	245	250	117	107	19	907
Total subsequent appointments	1274	2516	2804	2150	1252	177	10173
% DNA subsequent Appointments	13%	10%	9%	5%	9%	11%	9%
Total Trust DNA	13%	10%	9%	5%	9%	10%	9%

3. **Patient Satisfaction** - Quality of Care Ratings 2013-2014 Q1 Report.- *Still in process of being completed* (A hardcopy of this Report can be provided by the Quality Standards and Reports Lead, if required once completed)

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 31.3.12	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				
	Q1	Q2	Q3	Q4
% of staff whose training is 'in date'	89%			

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

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

Board of Directors : July 2013

Item : 7c

Title : Quarter 1 Finance and Governance declarations

Purpose:

The Board of Directors is asked to approve three declarations to Monitor for quarter 1. In the form set out by Monitor, these are:

For Finance

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

For Governance

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

Otherwise

The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per Compliance Framework page 16 Diagram 8 and page 58) which have not already been reported.

This paper has been reviewed by the Management Committee on 11 July.

This report focuses on the following areas:

(delete where not applicable)

- Risk
- Finance

- Quality

For : Approval

From : Deputy Chief Executive

DRAFT

Quarter 1 Declarations

1. **Introduction**

- 1.1 From 1 April 2013, the provider licence has replaced the terms of authorisation as Monitor's primary tool for overseeing NHS foundation trusts. Consequently, Monitor intends to replace the Compliance Framework with a new Risk Assessment Framework which will cover – in some respects – all providers of key NHS services, not only foundation trusts.
- 1.2 The Risk Assessment Framework (RAF) is expected to be in place from October, for quarter 3. The Trust responded to Monitor's consultation on the proposed RAF.
- 1.3 Until the RAF is finalised, however, a slightly revised Compliance Framework is in place. The declarations in this paper are required by the 2013/14 Compliance Framework, and are included in the template to be returned to Monitor by 31 July.

2. **Finance declaration**

- 2.1 For the approval of the 2013/14 budget and plan, projections of the I&E and the balance sheet for two years were provided. These showed that if the 2013/14 budget and the productivity savings for 2014/15 are achieved, the Trust expects to retain a Financial Risk Rating of 3 for each quarter. It was noted that there are risks to some elements of the budget; but also that it includes a contingency reserve of £355k.
- 2.2 This month's finance and performance report gives the results of the fourth quarter. A rating of 4 is expected for quarter 1.
- 2.3 The liquidity metric (including our financing facility) is expected to remain at 19 or 20 days, at least.

3. **Governance Declaration**

3.1 **Declaration of risks against healthcare targets and indicators**

- 3.1.1 The Monitor template for our quarterly return sets out a list of

targets and indicators, in line with the Compliance Framework 2013/14 document. The targets and indicators which apply to this Trust are given in the table below.

- 3.1.2 All targets and indicators are being met; and plans are sufficient to ensure that they continue to be met. Further details are given below. The Trust should therefore continue to receive a green governance rating.

DRAFT

Target/Indicator	Weighting	Quarter 1 result	
Data completeness: 97% completeness on all 6 identifiers	0.5	Achieved	0
Compliance with requirements regarding access to healthcare for people with a learning disability	0.5	Achieved	0
Risk of, or actual, failure to deliver Commissioner Requested Services	4.0	No	0
CQC compliance action outstanding	Special	No	0
CQC enforcement action within the last 12 months	Special	No	0
CQC enforcement action (including notices) currently in effect	4.0	No	0
Moderate CQC concerns or impacts regarding the safety of healthcare provision	Special	No	0
Major CQC concerns or impacts regarding the safety of healthcare provision	2.0	No	0
Unable to declare ongoing compliance with minimum standards of CQC registration	Special	No	0
		Total score	0
		Indicative rating	

3.2 Care Quality Commission registration

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

Committee.

3.2.2 The Trust remains compliant with the CQC registration requirements.

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

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

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

3.4 Data Completeness

3.4.1 The target is 97% completeness on six data identifiers within the Mental Health Minimum Data Set (MHMDS). This data is now submitted monthly instead of quarterly. Statistics for the fourth quarter and for months 1 and 2 confirm that we are still meeting and exceeding this target: see table below.

	Quarter 4 final	Month 1 final	Month 2 provisional
Valid NHS number	99.73%	99.81%	99.77%
Valid Postcode	100.00%	100.00%	100.00%
Valid Date of Birth	100.00%	100.00%	100.00%
Valid Organisation code of Commissioner	99.87%	99.76%	99.77%
Valid Organisation code GP Practice	99.15%	99.27%	99.30%
Valid Gender	99.78%	99.81%	99.81%

4. Other matters

- 4.1 The Trust is required to report any other risk to compliance with the financial and governance conditions of our licence. The 2013/14 Compliance Framework gives – on pages 16 and 58 – a non-exhaustive list of examples where such a report would be required, including unplanned significant reduction in income or increase in costs; breach of borrowing limits; removal of a director for abuse of office; or a significant dispute with an NHS body.
- 4.2 There are no such matters on which the Trust should make an exception report.

Simon Young
Deputy Chief Executive and Director of Finance
11 July 2013

DRAFT

Board of Directors : July 2013

Item : 8

Title : Responsible Officer's Report: Re-Validation of Medical Staff.

Purpose:

The purpose of this report is to assure the Board about the fitness to practice of medical staff in the Trust.

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 has been reviewed by the following Committees:

- Management committee, Thursday 11th July 2013

This report focuses on the following areas:

- Quality
- Patient / User Safety
- Risk

For : Noting

From : Dr Rob Senior, Medical Director

Summary

- 1) The amended RO regulations came into force on 1st April 2013 reflecting their changes to the structure of the NHS brought about by the Health and Social Care Act. There are no substantial changes of relevance to the Tavistock and Portman NHS FT.
- 2) We have agreed with the GMC all doctors for whom we are the designated body and all have been given a date for revalidation. The report which follows from the revalidation and appraisal lead outlines the systems and processes we have established to facilitate and support the revalidation of doctors in the Trust.
- 3) To date, six doctors have been recommended for revalidation by Dr Senior, the responsible officer. None has been deferred or had their license to practice refused.
- 4) None of the doctors for whom the Tavistock and Portman NHS FT is the designated body is currently subject to any GMC fitness to practice procedures.

Dr Rob Senior
Medical Director

Medical Appraisal and Revalidation at the Tavistock and Portman NHS Foundation Trust.

Report for the Management Committee

1. Background to revalidation

1.1 What is revalidation?

Revalidation is the process by which licensed doctors will have to demonstrate to the General Medical Council (GMC) that they are up to date and fit to practice and that they are complying with the relevant professional standards. This process aims to provide further assurance to patients and the public, employers and healthcare professionals that all doctors with a licence are up to date and fit to practise. The revalidation process has formally started at the beginning of this year, and all licensed doctors will now need to revalidate regularly if they wish to keep their licence to practise medicine. Revalidation means that doctors need to demonstrate that they continue to meet standards that are set by the General Medical Council (GMC), and that they are continuing to learn and develop their skills and knowledge.

1.2 How does revalidation work?

1.2.1 Every doctor is required to have an annual appraisal based on standards approved by the GMC. The appraisal includes a set of standards from the GMC's *Good Medical Practice*, and specialist standards set by the appropriate Royal College. There are 4 main domains for standards:

1. Knowledge, skills and performance
2. Safety and quality
3. Communication, partnership and teamwork
4. Maintaining trust

The doctor must keep a folder or electronic portfolio of supporting information about their practice (including clinical audit data, Continuous Professional Development (CPD) information, and feedback from colleague and patient questionnaires). All doctors will need to seek independent feedback from patients and colleagues at least once in the 5-year period.

- 1.2.2 All doctors must report to the **'Responsible Officer'** (RO) of the organisation where the doctor works. This is a new statutory role, and is usually the medical director of the organisation. Every five years, the RO makes a recommendation to the GMC about whether a doctor should be revalidated, basing their recommendation on the doctor's annual appraisals and the folder of information. The RO will not be able to do all the appraisals in most organisations, so there needs to be system of appraisers who are formally trained in appraisal for revalidation.
- 1.2.3 Revalidation does not involve a point-in-time assessment of a doctor's knowledge and skills but is based on a continuing evaluation of their practice in the context of their everyday working environment. It is designed to affirm the good practice of doctors, and encourage professional development. Areas for concern should be identified well in advance, followed up with local support or action – remediation and rehabilitation.
- 2. What has happened so far?**
- 2.1 The GMC has been working with other organisations to introduce revalidation (including the four UK health departments and doctors' representative bodies such as the BMA). Work has been undertaken by the medical Royal Colleges and Faculties to develop standards for the appraisal and revalidation of specialist doctors and GPs.
- 2.2 The licence to practice was introduced on 16 November 2009. The licence was the first step towards revalidation.
- 2.3 Since 2009, all trusts have had to regularly complete an 'Assuring the Quality of Medical Appraisal' (AQMAR) self-assessments of their readiness for revalidation. This has required require organisations to return development plans to address any shortfalls.
- 2.4 Pilot studies were undertaken to test the mechanisms for revalidation. The GMC carried out an extensive consultation of their proposals in 2010 One of the outcomes of this consultation was to extend the pilots.
- 2.4 Revalidation began formally at the beginning of 2013. All doctors have received a letter from the GMC with a date for their revalidation in the next 5 years.

3. Royal College of Psychiatrists Recommendations on Revalidation

3.1 The Royal College of Psychiatrists has produced guidance regarding revalidation for psychiatrists *CR172: Revalidation Guidance for Psychiatrists* (March 2012). The College has also issued *good practice guidance for appraisal* (2010).

3.2 Supporting information

All doctors will bring to their appraisal supporting information that provides evidence about the 12 GMC attributes, and reflects the doctor's particular practice and other professional roles. The supporting information will fall under four broad headings:

- 1 General information – providing context about what you do in all aspects of your work.
- 2 Keeping up to date – maintaining and enhancing the quality of professional work.
- 3 Review of practice – evaluating the quality of the doctor's professional work.
- 4 Feedback on practice – how others perceive the quality of the doctor's professional work.

There are six types of supporting information over and above general information that doctors will be expected to provide and discuss at their appraisal at least once in each 5-year cycle:

- 1 Quality improvement activity
- 2 Feedback from colleagues
- 3 Feedback from patients
- 4 Continuing professional development (CPD)
- 5 Significant events
- 6 Review of complaints and compliments.

Psychiatrists are expected to participate in three key quality improvement activities: 1) case-based discussion (10 in the 5 year cycle); 2) clinical audit (psychiatrists will need to participate in 2 audits of significant areas of their practice in

each 5 year cycle); and 3) clinical outcome measures.

3.3 Non-clinical practice e.g. research, teaching, medico-legal, management will need to meet Royal College standards.

4. What we have done to date in preparation for revalidation

4.1 Appoint a Responsible Officer

4.1.1 Rob Senior (RS), the Medical Director, was formally approved by the Board in September 2010 as the Responsible Officer for the Trust. His role is in line with the competency framework and job description for the role of the RO and he is accessing a regional "Responsible Officer Support Network of peer support via NHS London.

4.1.2 RS, with the Appraisal Lead (Jessica Yakeley) and Medical HR Lead (Gervase Campbell), have completed the annual AQMAR self-assessments of our readiness for revalidation since 2009.

4.2 Develop a robust appraisal system

4.2.1 An Associate Medical Director (Jessica Yakeley – JY) was appointed as Revalidation and Appraisal Lead for the Trust in 2010.

4.2.2 JY has written a trust policy for medical appraisal for revalidation in line with GMC guidelines, which was approved by the Board in 2011. The policy has been sent to all doctors in the Trust. JY has also written a much shorter summary of the main points of this policy.

4.2.3 We have identified a number (10) of consultant appraisers in the Trust across the three medical disciplines.

4.2.4 All of these appraisers have received formal training in appraisal for revalidation.

4.2.5 A support system for consultant appraisers within the Trust was established in 2011, and since then appraisers meet termly to discuss the appraisal system.

4.2.6 We are developing a system to ensure that all doctors employed by the Trusts are being appraised annually, including locums and non-consultant grade doctors, as well as some medically qualified honoraries (see below). We have established a database recording all doctors in the trust, their named appraisers, and the dates of their annual appraisals.

4.3 Informing our consultants about revalidation

4.3.1 In the last three years we have held regular consultant meetings where we have discussed appraisal and revalidation, including a recent formal training session provided by an external trainer in 2011. Revalidation is now a standing item on the monthly consultant meetings agenda.

4.3.2 JY has circulated the new revalidation and appraisal policy, as well as the summary of this policy, to all the consultants.

4.3.3 The HR Revalidation Lead, Gervase Campbell (GC), conducted a survey of all the consultants in the Trust of their knowledge and views on revalidation in 2011.

4.3.4 JY and RS have emailed regular updates on revalidation to all doctors in the Trust. All medical staff in the Trust have been informed that revalidation requires them to have a full appraisal which, from now on, has to be recorded on the electronic system of SARD (see below). They have also been informed that the Trust cannot allow medical staff who are not revalidated to continue to work with patients and that failure to have up to date appraisals, properly recorded, can impede incremental progression.

4.4 Information systems

4.4.1 GC and JY researched the market for the provision of specifically designed electronic appraisal systems and e portfolio for revalidation, and recommended that the Trust is better off purchasing a ready-made system than design its own. The Trust

agreed to fund the purchase, implementation and training for this. We decided that the electronic appraisal system best suited to our needs is SARD, designed specifically for psychiatrists by a mental health trust (Oxleas), accessible and competitively priced. The system allows medical staff to keep an on-going record of their appraisals, CPD and other supporting information. It also has an in-built MSF for colleagues.

4.4.2 SARD was installed in the Trust in April 2013, and all consultants have been sent an invitation to log onto the system. All appraisals from now must be carried out on the SARD system.

4.4.3 JY has worked with Irene Henderson and Jemma de Wynter in the Clinical Governance Team, in conjunction with the SARD administrators, to customise the system for the needs of the doctors in this Trust. This has included ensuring that there are detailed written instructions within each section of the portfolio and appraisal form to explain what is required.

4.4.4 In addition, Irene Henderson and Jemma de Wynter in the Clinical Governance Team (see below) are available to provide extra support to all doctors to ensure that they complete their appraisal on SARD.

4.5 Clarifying and consolidating our clinical governance systems

4.5.1 HR and the Clinical Governance Team have been working closely in the last few months to clarify their respective roles and responsibilities in the overall process of appraisal and revalidation. Funding has been approved to second a member of Bank Staff (Jemma de Wynter) to support Irene Henderson in establishing SARD and supporting all doctors to complete their appraisal on this system.

4.5.2 A system has been established to ensure that all complaints and clinical incident reports regarding medical clinicians come to the attention of the RO. The Appraisal Lead and RO will request a quarterly report from the Governance and Risk Advisor (Jane Chapman) of all complaints and clinical incident reports regarding doctors.

4.5.3 HR is establishing a robust system ensuring information regarding HR data regarding the appointment of all doctors

(including honoraries) in the Trust is up to date. The HR team are also developing an exit form which has to be used for all consultant staff coming into the Trust, by obtaining information from previous employers and providing information to future employers. This is a further requirement of the revalidation process.

5. Future work needed

5.1 Increase number of trained appraisers

We currently have 10 trained appraisers and around 50 doctors to be appraised including honoraries. Because appraisal is a time consuming process (minimum 4 hours to appraise one person) the maximum number of appraisals that each appraiser should conduct annually should be 4. Moreover, for consultants who work less than full time, the number of appraisees allocated to each consultant should be adjusted pro-rata. More appraisers are therefore needed, and we recommend that every consultant in the Trust needed to be trained to be an appraiser after being in post 2–3 years.

5.2 Honorary doctors

We are obliged to appraise and revalidate any existing medical qualified honorary employed by the Trust who wishes to be revalidated and cannot be revalidated elsewhere. Currently there are 5 or 6 doctors in this position. If they are not receiving a salary from the Trust, we recommend that these doctors pay us a fee in the region of £750 –1,000.

However, because we have limited resources to appraise and revalidate our existing medical staff, we need to be very careful about accepting new medically qualified people as honoraries in future, and we cannot guarantee that revalidation and appraisal will be offered as a condition of their employment with us.

5.3 Multi-source feedback from patients

The GMC require that each doctor obtains patient feedback, including direct multi-source feedback once in each 5-year revalidation cycle. However, requesting such direct feedback may not always be in the best clinical interests for some of our patients as this may interfere with the therapeutic relationship. We need to further research and discuss how to best obtain feedback from patients, taking into account the complexities of our patient population and treatments offered. This may include obtaining feedback via service ESQs and other routine outcome measures asking about experience of service, but each clinician and service should decide how best to collect data from a variety of sources, which may sometimes include direct patient feedback.

5.4 CPD and supporting professional activities (SPA)

The revalidation process requires each doctor to be involved in a number of activities to ensure that they keep up to date and fit to practice, including audit and quality improvement projects, and CPD (minimum 50 hours per year). Moreover, preparing for each annual appraisal properly requires the doctor to spend a considerable amount of time (8–10 hours). This translates into an increased time and financial burden for doctors to complete these requirements. We propose that the current CPD allowance in this trust of less than £200 per doctor annually is insufficient and should be increased in line with other Trusts (where doctors receive between £750 – £1000 per year).

5.5 Consolidation of HR and Clinical Governance systems

Further work needs to be done to clarify the respective tasks of HR and the Clinical Governance team for various tasks including:

- Keeping an up-to date list of employed doctors.
- Establishing a process for receiving relevant information from previous employers regarding a doctors' appraisal and fitness to practice when they are employed in this Trust.

- Establishing a process to ensure that information from all of each doctor's roles and places of practice are available to the appraiser and RO.
- Conducting an annual audit of missed or uncompleted appraisals.
- Conducting an annual performance review of appraisers. This will include feedback from doctors on appraisers' performance in the role plus review of outputs of completed appraisals.
- Improving information systems so that significant events, complaints, involvement in audits and quality improvement projects, and clinical outcomes regarding individual doctors are available and collected to monitor the doctor's fitness to practise and shared with the doctor for their portfolio and appraisal.
- Writing a description of the support available from the Trust to keep doctors knowledge and skills up to date

Jessica Yakeley
Revalidation and Appraisal Lead
6.07.13

Board of Directors : July 2013

Item : 10

Title : Board of Directors Objectives 2013/14

Purpose:

This paper sets out the proposed objectives for the Board of Directors for 2013/14. The Board is asked to consider and approve these objectives, which will form the basis of individual objectives to be agreed at a later date.

For : Approval

From : Trust Chair

Board of Directors' Aims and Objectives 2013/14

Overarching Aims

Strategy

- Develop and deliver a Trust strategy that takes into account the Trust's accountability for meeting patient, student and public need; and the Trust's mission to make a significant contribution to mental health and wellbeing.
- We work to improve quality constantly and shall locate outcomes that matter to patients, students and other users of our services at the centre of all of our work. Our aim is to create a culture in which outcomes are owned jointly by service users and staff, and integrated into all of our activities.
- Actively seek and promote creative partnerships as a means of supporting development, innovation, and delivery of the Trust's mission.
- Work with and respond to commissioners of health and social care.
- Develop our understanding of emerging local, national and international education and training markets in order to maximise our contribution.
- Focus on successful productivity and performance in order to remain financially sustainable while delivering affordable excellence in all areas of service.
- Develop our understanding of the potential impact on the Trust of changes in local, regional and national health, social care and education markets.

Developing People and the Organisation

- Build on our annual Board review to ensure the maximum

performance of the Board, ensuring that new and existing Board members are equipped for the task.

- Ensure that Trust staff are trained and equipped to meet the demands of delivering reconfigured and evolving services.
- Actively seek and engage with the views of staff and ensure these views contribute to the shaping and future development of the organisation and its services.
- Support the Council of Governors to develop its capacity to fulfil its new role.
- Ensure that 'equalities' retains a high priority in the Trust's clinical, education, consultancy and research programmes.

Governance

- Ensure that the Health and Social Care Act 2012 is fully and effectively implemented in relation to roles of both Governors and Directors.
- Ensure that the Constitution is updated to reflect changes within the Health and Social Care Act 2012, and is presented to the AGM for approval.
- Further develop the relationship between the Board of Governors and Board of Directors, to ensure that they work well together in order to ensure effective governance of the Trust.
- Work with Governors so that the Trust further develops relationships with members and the public.

Performance

- Ensure that productivity gains and associated service redesigns are realised whilst maintaining the high quality and safety of Trust services.
- Ensure that the Trust retains unqualified registration with the Care Quality Commission (CQC).
- Ensure that the Trust retains a Monitor Financial Risk Rating of 3 or above.
- Ensure that the Trust retains a green rating for governance.
- Ensure that the Trust meets the requirements of education regulatory bodies and meets the requirements of the commissioners of education and training.
- Promote close working with the Trust's customers, purchasers, commissioners, and university and other collaborative partners to respond to emerging need and to develop associated business opportunities.

Special Emphasis for the Year

Special Emphasis for the year	Aim	Objective	Review Date
<p>Strategy</p> <p>External environment and place in the market</p>	<p>Ensure that the Trust is optimally positioned in relation to the developments in emerging health, social care and education markets, managing risks and maximising opportunities</p>	<p>Partnership – Identify and engage actively with selected local and national providers in order to deliver new products and reconfigured clinical and education services</p>	<p>In 2013/14 Board to review quarterly</p>
		<p>Growth – Explore national and international opportunities for the development and delivery of clinical services, education and training</p>	<p>In 2013/14 Board to review quarterly</p>
		<p>Commissioning – Ensure that the Trust actively engages with the development of Clinical Commissioning, and the commissioning of Education and Training</p>	<p>In 2013/14</p>
		<p>IMT – Ensure that the Trust engages with the optimal solution in relation to IMT procurement and replacement</p>	<p>In 2013/14 Report to Board on a regular basis.</p>

Special Emphasis for the year	Aim	Objective	Review Date
<p>Strategy</p> <p>Outcomes and Patient Experience</p>	<p>Ensure that the Trust continues to focus on the quality and safety of all its services, locating patient, student, and customer experience at the centre of all of our work and developments</p>	<p>Outcomes – Develop the integration of outcomes as measured and monitored in routine practice, in order to continuously improve quality, incorporating patient experience fully</p>	<p>Quarterly</p>
		<p>Patient Experience – Use patient experience and outcome data routinely as a component of Service Line Reports</p>	<p>Consider as a part of all Service Line updates to the Board of Directors</p>
<p>Developing People and the Organisation</p>	<p>To ensure that all Executive and Non-Executive roles are filled in 2013/14 and that the Board continues to work to achieve the highest possible performance</p>	<p>To review the role and recruit to the post of Chief Executive Officer.</p>	<p>Board will review at each meeting.</p>
		<p>To ensure that the two Non-Executive Director roles currently being recruited are filled and that arrangements are put in hand for their induction.</p>	
		<p>The Board will review its link and lead arrangements to ensure the contribution of new and existing directors.</p>	

		The Board of directors will work with the Council of governors to set in hand arrangements for the recruitment of two further NEDs in 2014/15	Ensure Council of governors review quarterly
	Ensure that equalities retains a high priority in the Trust's clinical, education, consultancy and research programmes	To raise awareness of the differentiated experience for protected groups, amongst staff, service users and students, with a focus on sexual orientation and on the mental health of the workforce	For review at the Board as a part of equalities reports
<p style="text-align: center;">Governance</p> <p style="text-align: center;">Members and Governors</p>	Develop the relationship between the Board of Governors and Board of Directors, to enhance joint working and improve governance	Make Constitutional Changes required to meet Health and Social Care Act	Approve at AGM in October 2012
		Ensure that Health and Social Care Act 2012 is fully implemented	Review by Board and Council.
		Use joint meetings to develop relationships	Twice yearly
		Ensure that the Trust supports the development of both capacity and capability within the Board of Governors to meet its new responsibilities	Regular review by Council and Board

Special Emphasis for the year	Aim	Objective	Review Date
<p>Performance Service Reconfiguration</p>	<p>Ensure that the Trust delivers on the objectives contained within the Annual Plan according to the timetable set out</p>	<p>Implement remaining service reconfigurations</p>	<p>October 2013</p>
		<p>Use reconfigured service line data, including improved quarterly forecasting, to drive performance monitoring and planning</p>	<p>Consider as a part of service line updates to the Board of Directors</p>
		<p>Ensure assessment of quality impact</p>	<p>Review by Board</p>
<p>Performance Succession</p>	<p>Ensure the senior management team has effective long term planning and sustainability established</p>	<p>With the new CEO review succession plans</p>	<p>Board review in early 2014</p>

<p>Performance</p> <p>Customer Relations</p>	<p>Ensure that staff work responsively with sector-wide development and with emerging commissioner arrangements</p>	<p>All members of Board to take up opportunities for local engagement, and are 'played into' emerging architecture where appropriate</p>	<p>Regular review by Board</p>
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Board of Directors : July 2013

Item : 11

Title : PPI Annual Report 2012–2013

Purpose:

The Annual Report summarises the work of the PPI team over the last year, the feedback we have received about the Trust's activities and what we have done in response to this feedback.

This report has been reviewed by the following Committees:

- PPI Committee, May 2013

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

This report focuses on the following areas:

(delete where not applicable)

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

- Communications

For : Discussion and Approval

From : Sally Hodges, Trust Patient and Public Involvement
Lead

Patient and Public Involvement Annual Report 2012–2013

1. Introduction

1.1 This report summarises the activity of our patient and public involvement team over the last year, the feedback we have received about the Trust's activities and what we have done in response to this feedback. The patient and public involvement team consists of clinical leads from all our departments, representatives from central services, training and education services and research. We have five patient and public involvement representatives from the patient/local public population as well as three governors, and a non executive director. We link closely with the communications team to ensure that we optimise our communication with patients and the public.

2. Experience of Service Questionnaire

2.1 Last year (2011/2012) the Trust discontinued using the annual patient survey to gather patient feedback on its services and facilities. Instead the Trust agreed to use the Experience of Service Questionnaire (CHI-ESQ) to report on the quality of the patient experience on a quarterly basis. The ESQ was chosen because it is an outcome monitoring tool already used widely across the Trust and because it measures much of the information captured in the national patient surveys. During the year we have reported on the information gathered from current patients who had completed one of the five versions of the Experience of Service Questionnaire used in the clinical departments for outcome monitoring purposes. Detailed quarterly reports were presented to the Stakeholder Quality Group and the PPI Committee to discuss the findings, identify areas of concern and make recommendations on how the Trust continues to improve the quality of the patient experience. A total of 775 ESQs

were completed and returned in 2012–13, compared to 235 annual patient surveys returned the previous year.

2.2 The key overall findings from the survey were:

- 86% of patients and their families felt they were listened to by the people that saw them.
- 74% found it easy to talk to staff.
- 91% indicated that they were treated well by staff.
- 87% agreed that their views and worried were taken seriously by staff.
- 63% indicated that their appointment was at a convenient time of the day.
- 71% suggested that their appointment was at a convenient location for them.
- 79% would recommend the Trust to a friend.
- 86% of patients in the Adult Department felt that had been given sufficient time to make decisions on the treatments they were being offered in the Adult Department.
- 81% of patients in the Adult Department were confident that they could change their initial decision on the treatment they had opted for.

2.3 Although the feedback was generally very positive there were some areas that need addressing. These include:

- Patient dissatisfaction in the Adult Department with the waiting time for their first appointment.
- The availability and accessibility of information on our services could be improved.
- Patient satisfaction with explanations on the help that was available at the Trust.

3. Feedback from the Membership to the Foundation Trust

- 3.1 We have a membership of over 6000 people. Members are encouraged to give us feedback directly, through surveys we run in the newsletter or through the governor who represents them.
- 3.2 A new board of Governor's was elected in November 2012. We now have three Governors who sit on the PPI Committee: Natalie Baron (Camden), Sara Godfrey (Rest of London) and Mark Pearce (Camden). Our new Governors are keen to work with us on developing strategies to increase communication between members and Governors. One of their suggestions is that Governors hold drop in sessions for members. The PPI committee will support the Governors to develop this and other strategies in the coming year and throughout their term.
- 3.3 As always, we invited members to our Annual General Meeting and this year about 68 people attended. The AGM is an opportunity to enter into dialogue with members about what aspects of the Trust's provision is important to them. This year the AGM was held on World Mental Health Day. A key note presentation was delivered by the Young Person's Drug and Alcohol service including a presentation by a service user. This was the first time that a service user had presented at one of our AGMs and this section of the meeting was extremely well received. Attendees reported that they would like to hear similar information about other services and hear from service users at future meetings and events.

4. Complaints

- 4.1 The Tavistock and Portman NHS Foundation Trust has a clear and unambiguous complaints policy and procedure. All complaints are seen and responded to by the chief executive. A record is kept of the complaints and all actions taken as a consequence. Over the past year we have received 16 formal complaints (compared with 9 last year). These have been about a range of issues related to clinical care and the arrangements around care delivery including

access to treatment. All 16 complaints have been fully investigated and responded to. 5 of the 16 complaints had some part of the complaint upheld and the Trust has taken steps to reduce the risk of a recurrence. Actions taken include: further training for staff on writing letters for GP's; a change to content on the website that was misleading; and training on issues around consent for treatment.

5. Feedback to the Patient Advice and Liaison Service (PALS)

5.1 The PALS service operates 11.5 hours a week, spread over Monday, Tuesday and Thursday. There were a total of 942 contacts over the year, which were broken down into:

- 743 emails
- 186 phone calls
- 11 “drop-ins”
- 2 letters

5.2 The make up of those using the PALS service was as follows:

- current or ex-patients: 22%
- referral enquiries i.e. prospective patient or family member (looking for treatment or advice with our trust or elsewhere): 43%
- staff or other professionals: 30%
- other/unknown: 4%

5.3 The enquiries can be categorised as follows:

- accessing therapy or related services: 53%
- concern with current or past treatment/assessment: 5%
- information request: 40%
- unknown or unreachable: 2%

6. Other Patient Feedback

6.1 Children's Survey

6.1.1 The 2013 Children's Survey was available through the reception staff at the Child and Family Department at the Tavistock Centre and South Camden Community CAMHS. The questionnaires were also completed by the children at the Day Unit. 37 completed questionnaires were returned. This was a lower response than the previous year in which 74 completed surveys were returned. Two questions were added to the 2013 survey, based on questions in the Experience of Service Questionnaire (ESQ) which is administered in the Adult department. Questions were added asking whether young people would recommend the service to a friend and whether their appointments are at a good time for them.

6.1.2 The key findings from the survey were:

- Although not quite as high as the previous year, the percentage of respondents who are satisfied with their interactions with staff remained high. 73% of respondents indicated that they felt that staff at the Trust listened to them and 78% reported that staff looked after them well.
- A higher percentage of children than in the previous year reported not understanding why they come to the services they attend (35% compared to 11% in 2012), the percentage of children reporting that coming here helps them remained in line with previous years (around half) and the percentage reporting that it helped their parent or caregiver was slightly increased.
- Satisfaction with the environment remained similar to previous years. About half of respondents like their therapy room indicating that there is some work to be done in that area.
- 46% of respondents reported that their appointments are at a good time for them.
- 59% of respondents reported that they would recommend coming to the service that they attend to a friend.

- Qualitative feedback offered by the children supported the quantitative data regarding the quality of the relationships between the children who attend these services and the people who work here. Many of the respondents wished to thank staff and offered positive comments about their experiences here.

6.2 Visual Straw Poll and Comments Book

6.2.1 Since June 2012 we have sought the opinions of patients of all ages, patients' families, staff, trainees and visitors to the Trust to a number of questions displayed in a visual straw poll unit. Located in a prominent position by the main doors of the Tavistock Centre, each question was placed in the unit for a minimum of two weeks and each question offered participants three possible answers to choose from. The results from each poll were published on posters on every floor of the Tavistock Centre and articles have been included in the Members Newsletter. A comments book was also placed next to the unit to provide participants with an opportunity to elaborate on their answers.

6.2.2 Key findings from the polls were:

- 90% said they were treated with dignity and respect by our staff.
- 84% liked the artwork around the building.
- 51% had heard of the Trust before they came for their first appointment.
- 73% said their appointment was at a convenient time.
- 62% had visited the Cam's Den children's website before coming here.
- 64% thought the waiting rooms, lifts, toilets and vending machines were clearly signposted.
- 45% knew what the Patient Advice and Liaison Service (PALS) was.

- 6.2.3 The comments book has also provided very useful feedback, both positive and negative, on our services and facilities. These include:
- High praise for the artwork around the building.
 - High praise for the quality of treatment received.
 - Satisfaction with timing of appointments.
 - Dissatisfaction with the ladies toilets on the ground floor.
 - Uncertainty on how to contact the Patient Advice and Liaison Service (PALS).

6.3 Patient Information

- 6.3.1 We have continued with our commitment to develop information leaflets for patients on the types of therapy offered by the Trust. This year we have developed a further three information leaflets on Eye Movement Desensitisation and Reprocessing (EMDR), Working with Couples and Working with Parents.
- 6.3.2 We have assessed the usefulness and accessibility of the patient information leaflets, on patients' understanding of treatment through telephone surveys, the mystery shopper project and the visual straw poll. Two telephone surveys of patients were carried out in September 2012 and March 2013. The surveys indicated that there is still work to be done in raising awareness of the treatment option leaflets. Patients talked enthusiastically about the departmental information leaflets they received but were less familiar with the treatment options leaflets.
- 6.3.3 Following the telephone survey the treatment type leaflets were displayed in the entrance to the Tavistock Centre alongside a question about the leaflets on the visual straw poll. All of the leaflets on the display were taken and had to be restocked. This suggests that although the leaflets are available electronically on the Trust website there is

high demand for the information in hard copy. The PPI Committee has developed an action plan in response to these findings to support the promotion and use of the leaflets within the Trust. An additional four information leaflets will be developed in the coming year and at least two will be written by children and young people.

7. Improving the Quality of the Patient Experience

7.1 Stakeholders Quality Consultations

7.1.1 We have undertaken a series of stakeholder engagement consultations with patient and public representatives, Non-Executive Director and Governors to consider issues around the quality of the clinical services offered by the Trust. Representatives have used data from a range of sources as well as their own experiences to bring thoughts to this group. These meetings have focused on three issues raised at the Stakeholder Quality meetings in 2011/12 to improve the quality of the patient experience. Data collected during the year has sought to demonstrate that the availability of information leaflets about the different models of therapy available at the Trust supports patient choice and decision making when treatments are offered, that there is a clear process for obtaining patient consent for treatment; and that patients support the proposal to be offered a limited number of follow up sessions at the end of their treatment.

7.2 Bid for Better

7.2.1 Following last year's inaugural success, the Trust gave £1,000 to the 'Bid for Better' membership engagement scheme to be re-launched this year. Advertised in the Members Newsletter, on the Trust website, and the

websites of Voluntary Action Camden, Mind, Young Minds and Camden Local Authority, we received twelve bids for funding. A panel of patient and public representatives as well as staff from our clinical services, finance, central services, membership office and PPI team met to evaluate the bids and agree which ones to fund.

7.2.2 Six bids were awarded funding, which were:

- Cameras for the City and Hackney Community Photography Project, a project which uses creative approaches to engage with patients who struggle with traditional therapies.
- Upholstery fabric and tools for Home Base, a project which provides short term accommodation and support to ex-service personal who are traumatised and homeless, to support residents to work together to refurbish the sofas in the communal lounge.
- Funds to purchase of age-appropriate books for a book exchange scheme at First Step, a new psychological health screening service for Haringey's Looked After Children.
- The purchase of outside benches at First Step, for parents and carers who had indicated that they prefer to wait outside during their children's consultations.
- Sports equipment for the Run Club and Sports Sessions at the Barnet Young Person Drug and Alcohol Service, a project to engage with young people who are reluctant to sit in therapy rooms.
- A contribution towards soft furnishings in the therapy rooms in GP surgeries, as part of the Primary Care Psychotherapy Consultation Service in Hackney.

7.2.3 The successful bids funded in 2011/12 were also completed during the year with feedback obtained on how they were improving the patient experience.

- By last summer the vegetable and flower garden at the Brunel Family Centre in Westminster, which had been a

concrete patch of ground, was in full bloom thanks to the efforts of the children, their families and our staff. The families who have used the garden have spoken really positively about it – lots of the younger children have enjoyed watering the plants and many of the parents have joined in with their children in gardening activities.

- The Santé Refugee Befriending Project, whose volunteers accompany refugee and asylum seekers to the Trust for their appointments, also spoke about how the award had helped the befriending scheme to continue. One refugee said “I was destitute, homeless and lonely. I thought I was nothing and I must not go on living. I told my Befriender and she helped me find the service I needed. It was the Tavistock Centre. Now I am in recovery”.
- Last summer saw the Child and Family Department waiting room transformed with the painting of an enchanting wall mural by the artist Jennifer Camilleri. Funding for this bid was contingent on the involvement of children in the design of the mural and children also lent a hand by painting the mural and felt this was a good way of taking greater ownership of it.

7.3 PPI Mental Health Forum

7.3.1 We are members of the Mental Health Patient and Public Involvement Forum which has expanded over the year to represent all the mental health trusts in London and the Home Counties. The Mental Health PPI Forum has a remit to ensure that the involvement of service users, carers and the wider community forms an integral part of the mental health services in London and the Home Counties. The group shares information about good practice and provides support to its members, through relevant talks and providing information. The group has agreed to hold a national conference over the coming year, which the Trust

will host, and will be an opportunity to learn from others and to share our models of co-production with service users, carers and members of the public.

7.4 T&P Talks (Patient Discussion and Information Groups)

7.4.1 The Patient Advice and Liaison Officer, supported by PPI, have organised and facilitated three patient discussion forums this year. The aim of the talks is to improve access to mental health information and advice to our patients and members of the public. These talks have generally involved one or more of our clinicians presenting a specific topic relating to mental health at a free and public event, where they can answer questions and support group discussion. Attendees have had an opportunity to provide feedback on topics they are interested in and we have used this in planning future talks. The topics of the talks and presenting clinicians in 2012–13 were as follows:

- 14th May 2012 – Felicitas Rost & Hannah Ridsdale – Tavistock Adult Depression Study
- 19th Sept 2012 – Trudy Klauber & Keith Mahon – Access to Services for BME groups
- 12th March 2013 – Shirley Borghetti-Hiscock – The mind body connection

7.5 Mystery Shoppers Project

7.5.1 A repeat of the Mystery Shopper project was carried out in autumn 2012. Six volunteers were recruited to the project from the Volunteer Centre Camden and Camden Carers Centre. As in the project carried out in the previous year, volunteers were asked to assess our telephone and email service, our website and to visit the trust to assess our facilities. Overall feedback from the mystery shoppers indicated that the initial points of contact with the Trust are welcoming and positive. Shoppers felt that the staff they had interactions with were both friendly and

informative via telephone and email. The visiting volunteers found that the waiting room was comfortable, and that the signage and disability access to the Tavistock Centre were adequate for purpose. A number of areas for improvement were identified, such as provision of patient information in the waiting room and ease of finding information on the website. The trust has developed action plans to address the issues raised by the volunteer assessors, and we will repeat the methodology to ensure that the changes suggested have been successfully implemented.

7.6 You're Welcome Accreditation Scheme

7.6.1 We have been working with the Participation Team at the London Borough of Camden and its Youth Health Ambassadors to support the inspection of our Child and Adolescent Mental Health Services (CAMHS). During the year a 'known visit' was undertaken at North Camden CAMHS and an 'unknown visit' or 'mystery shop' was conducted at South Camden CAMHS. The inspectors assessed each service against nine quality criteria to determine how young person-friendly our health services were and to recommend specific areas for improvement. Both services passed the inspections and have been awarded the You're Welcome accreditation.

7.7 Improving Partnerships with the Voluntary Sector

7.7.1 The PPI team continues to develop relationships with local voluntary sector organisations, particularly those who have a mental health remit. We have worked with Voluntary Action Camden through their Mental Health Information and Networking sessions. These events have allowed us to meet with other organisations and members of the public from Camden to talk about our services, gain feedback on service developments and to recruit to our membership.

We have established links with Camden Carers and Camden Volunteers organisations and they have worked with us to provide volunteers for our Mystery Shopper projects. We hope to work more with these organisations in the coming year in consultations on our website design, amongst other projects.

7.8 Black and Minority Ethnicities (BME) Engagement

- 7.8.1 Engagement with Black and Ethnic Minority Groups continues to be an active area of work for the PPI team. Our relationship with Voluntary Action Camden has enabled us to make links with the Bangladeshi and Somali Mental Health and Wellbeing Forums through their Mental Health Information and Networking Sessions.
- 7.8.2 The PPI team was represented at VAC's recent Black and Minority Ethnic and Refugee summit. Maureen Brewster, VAC's senior community development worker for mental health spoke at our April PPI Committee meeting and will launch an ongoing programme of speakers from BME organisations at these meetings. We are aiming to meet with one new community BME group a month in order to discuss their communities' needs, and from these meetings identify areas for improvement to our services.
- 7.8.3 PPI is represented on the Trust Equalities Committee which ensures compliance with equalities legislation for both service users and staff. One of the objectives that the PPI team has collaborated on with this committee and the communications team is accessibility of patient information for minority ethnic groups. We have committed to publish clear and simple statements on all patient information leaflets in a variety of languages spoken within Camden to indicate that those service users who do not read English can contact us for information, in

order to access services or to inquire about the availability of interpreters.

8. Quality and CQUIN Targets

8.1 The PPI team have a responsibility to ensure that the Trust meets its targets in relation to user experience for our Quality indicators and our commissioner-led CQUIN (Commissioning for Quality and Innovation) targets. This work had fed into our strategy and action plan, which can be found in the appendix to this report. We report on these targets on a quarterly basis, through the Clinical Quality, Safety and Governance Committee, which in turn reports to the Board.

9. What We have Done this Year in Response to Feedback

9.1 We review the feedback we receive on a regular basis through the PPI Committee and the Stakeholder Quality Forum. On a yearly basis we develop an action plan based on the feedback we have received in previous years, and that builds on the developments we are making in patient and public involvement.

9.2 Over the course of this last year we have achieved the following developments:

- Run our 'bid for better' project that invites members to bid for funding to improve the quality of the patient experience.
- Repeated a mystery shopper project that identified several areas for improvement across a range of our interfaces with patients including the physical environment, telephone and web based services. These areas have been addressed and we will reassess them over the coming year.
- Continued to expand the set of specific information leaflets for

patients about the different treatment types we offer from five to eight. These leaflets have been influenced by the feedback to our patient surveys over the last few years and informal feedback received across the Trust.

- Developed and implemented elements of a BME/Community engagement strategy to improve access to services for BME communities and associated mental health groups, and ensured a Tavistock and Portman presence has been available to community mental health groups that we have developed links with.
- Included a session on patient and public involvement at the staff In-Service Education and Training (INSET) day to increase understanding.
- Worked with Informatics and Outcome Monitoring to combine the annual patient survey with the Experience of Service Questionnaire (ESQ) to reduce the volume of outcome monitoring tools used to gather patient feedback.
- Introduced a visual straw poll to the Trust as an informal method of gathering ‘real time’ feedback from patients, staff and visitors on a wide range of questions about their experiences and perceptions of our services and facilities.
- Attained the quality criteria for young people-friendly health care services and received the You’re Welcome accreditation.
- Conducted telephone surveys to understand whether the availability of the modality leaflets has supported patient choice.
- Held three public talks over the year on topics suggested by attendees and have received positive feedback from each session.

10. Future Plans

10.1 CQUIN Targets

10.1.1 Over the next year our CQUIN targets are:

- To develop four new leaflets on the models of therapy used at the Trust which will include at least two leaflets written specifically by children and young people.
- To develop a protocol on the inclusion of service users on Trust interview panels and a staff training programme on working with and supporting service users on panels .

10.2 Other Plans

10.2.1 Over the next year we will undertake the following plans:

- To plan and host a national PPI conference for Service Users, Carers and Professionals in partnership with the Pan London PPI Forum.
- To establish a policy regarding payment for service users who contribute to PPI activities.
- To expand on the number of CAMHS services being You're Welcome accredited.
- To repeat and expand the mystery shopper scheme to include additional departments, and refine the process to provide more accurate feedback.
- To continue to obtain 'real time' feedback from patients, visitors, staff and trainees through the visual straw poll and to ensure this method is more widely available to relocate the unit to different services across the Trust.
- To continue to demonstrate the usefulness and accessibility of the patient information leaflets, including the modality leaflets, on patients' understanding of treatment through telephone surveys, mystery shopper and the visual straw poll.
- To ensure that at least three of the issues raised by the Stakeholders Quality Forum in 2012–2013 are taken forward by the trust and result in quality improvements.
- To continue to hold at least one public talk per term on topics suggested by attendees and receive positive feedback from each session. To ensure at least 10

- people attend the talks and that feedback is actively used to inform service delivery and development.
- To design and implement the use of a Cam's Den appointment card for patients in the Child and Family department to increase awareness of the Cam's Den website.
 - To develop a focus group for young people to comment on our services, review our literature and contribute to public events.
 - To consult with service users and their carers on how the Trust might meet the needs of carers.
 - To continue to run PPI sessions at staff INSET days to raise awareness and involvement across the trust.
 - To identify and address issues highlighted through the ESQ on a quarterly basis.
 - To conduct an annual children's survey.
 - To develop a PPI database containing details of all the PPI work undertaken within all services in the Trust. As well as documenting work undertaken this document will be used to promote PPI projects and encourage more services to engage in their own projects.
 - To act as a resource to departments and services within the Trust who wish to undertake PPI projects and work.
 - To contribute to the design of the new Trust website. The PPI committee will support the communications team to recruit patients and public to consultation groups on the website.
 - To run a membership stand at the Trust to recruit new members. The focus of the stand will be to recruit new patient members. If successful the stand could be run at other Trust sites.
 - To identify two annual public campaigns e.g. local or national charities or awareness days, to link with and run a related event for staff, patients and members of the Trust. The focus of the events will be the de-stigmatising of mental health issues and to raise the profile of our services.

- To rename Camden CAMHS through a competition open to everyone who lives, works or studies in Camden.
- To continue to expand and promote Bid for Better and to target engagement with our younger members.
- To further build on the BME engagement strategy by visiting at least a further four community BME representative groups.
- To invite community group(s) representation on the Trust's PPI Committee.

Dr Sally Hodges, Susan Blackwell, Ruth Grey
PPI team
May 2013

Appendix 1

PPI Annual Action Plan 2013–2014

To develop governor, member and public communications	Responsibility	Target Date
To continue to hold at least one public discussion talk per term on topics suggested by members and receive positive feedback from each session. To ensure at least 10 people attend the talks and that feedback is actively used to inform service delivery and development.	Ruth Grey Debbie Lampon	Jan 2014
To run a membership stand at the Tavistock Centre one half day a month to recruit new members. Recruitment will focus on patients and carers.	Sally Hodges Ruth Grey Terri Burns Emma Heath Matt Cooper	Jan 2014
To identify two annual public campaigns e.g. local or national charities or awareness days, to link with and run a related event for staff, patients and members of the Trust. The focus of the events will be the de-stigmatising of mental health issues and to raise the profile of our services.	Ruth Grey Emma Heath Matt Cooper	Jan 2014
To continue to expand and promote Bid for Better and to target engagement with our younger members.	Susan Blackwell	Jan 2014

To further build on the BME engagement strategy by visiting at least a further four community BME representative groups, to gather information on how the groups would like our services to be developed and ensure their needs are met.	Ruth Grey	Jan 2014
To consult with Service Users and their Carers on how the Trust might meet the needs of carers.	Ruth Grey	Jan 2014
To improve patient experience	Responsibility	Target Date
To develop four new leaflets on the models of therapy used at the trust which will include at least two leaflets written specifically by children and young people (CQUIN target).	Sally Hodges Susan Blackwell	Jan 2014
To develop a protocol on the inclusion of service users on Trust interview panels and a staff training programme on working with and supporting service users on panels (CQUIN target).	Sally Hodges Susan Blackwell	Jan 2014
To plan and host a national PPI conference for Service Users, Carers and Professionals in partnership with the Pan London PPI Forum.	Sally Hodges Susan Blackwell	Feb 2014
To establish a policy regarding payment for service users who contribute to PPI activities.	Sally Hodges Susan Blackwell Ruth Grey	Jan 2014
To expand on the number of CAMHS services being You're Welcome accredited.	Susan Blackwell	Jan 2014
To repeat and expand the mystery shopper scheme to evaluate two additional service areas in the next year.	Ruth Grey	Aug 2013

To ensure that at least three of the issues raised by the Stakeholders Quality Forum in 2012–2013 are taken forward by the trust and result in quality improvements.	Sally Hodges Louise Lyon	Jan 2014
To design and implement the use of a Cam's Den appointment card for patients in the Child and Family department to increase awareness of the Cam's Den website.	Ruth Grey	Aug 2013
To contribute to the design of the new Trust website by supporting the communications team to recruit patients and public to participate in consultation groups on the website.	Ruth Grey	Sept 2013
To act as a resource to departments and services within the Trust who wish to undertake PPI projects and work.	Sally Hodges Susan Blackwell Ruth Grey	Jan 2014
To contribute effective outcome monitoring from a PPI perspective	Responsibility	Target Date
To continue to demonstrate the usefulness and accessibility of the patient information leaflets, including the modality leaflets on patients' understanding of treatment through telephone surveys, mystery shopper and the visual straw poll.	Sally Hodges Ruth Grey Susan Blackwell	Jan 2014
To continue to run PPI sessions at staff INSET days to raise awareness and involvement across the trust.	Sally Hodges Susan Blackwell	Jan 2014
To identify and address issues highlighted through the ESQ on a quarterly basis.	Susan Blackwell Sally Hodges	Jan 2014
To conduct an annual children's survey.	Ruth Grey	Jan 2014

<p>To continue to obtain 'real life' feedback from patients, visitors, staff and trainees through the visual straw poll and to ensure this method is more widely available to relocate the unit to different services across the Trust.</p>	<p>Susan Blackwell</p>	<p>Jan 2014</p>
<p>To develop a PPI database containing details of all the PPI work undertaken within all services in the Trust. As well as documenting work undertaken this document will be used to promote PPI projects and encourage more services to engage in their own projects.</p>	<p>Ruth Grey</p>	<p>Jan 2014</p>

