

Board of Directors Part One

Agenda and papers
of a meeting to be held

2.00pm–4.30pm
Tuesday 29th October 2013

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

BOARD OF DIRECTORS (PART 1)

Meeting in public

Tuesday 29th October 2013, 14.00 – 16.30,

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

AGENDA

PRELIMINARIES

- | | | | | |
|----|----------------------------------------------------------------------------------------------|---------------|--------|-----|
| 1. | Chair's Opening Remarks
Ms Angela Greatley, Trust Chair | | Verbal | |
| 2. | Apologies for absence and declarations of interest
Ms Angela Greatley, Trust Chair | To note | Verbal | |
| 3. | Minutes of the previous meeting
Ms Angela Greatley, Trust Chair | To
approve | Enc. | p.2 |
| 4. | Matters arising
Ms Angela Greatley, Trust Chair | To note | Enc. | p.7 |

REPORTS & FINANCE

- | | | | | |
|----|-----------------------------------------------------------------------------------------------------|---------|--------|------|
| 5. | Trust Chair's and Non-Executive Directors' Reports
Non-Executive Directors as appropriate | To note | Verbal | |
| 6. | Acting Chief Executive's Report
Mr Simon Young, Acting Chief Executive | To note | Enc. | p.8 |
| 7. | Finance & Performance Report
Mr Carl Doherty, Deputy Director of Finance | To note | Enc. | p.14 |

CORPORATE GOVERNANCE

- | | | | | |
|----|---------------------------------------------------------------------------------------------|---------------|------|------|
| 8. | Governance Statement – Quarter 2
Mr Simon Young, Acting Chief Executive | To
approve | Enc. | p.26 |
| 9. | Audit Committee Annual Report 2012–13
Mr Richard Strang, Chair of Audit Committee | To note | Enc. | p.31 |

QUALITY & GOVERNANCE

10. Quality Report 2013–14 – Quarter 2

To note Enc. p.37

Ms Louise Lyon, Trust Director

CONCLUSION

12. Any Other Business

Verbal

13. Notice of Future Meetings

Verbal

- Wednesday 13th November 2013: Directors' Conference, 9.30am–4pm (This meeting is not open to the public)
- Tuesday 26th November 2013: Board of Directors, 2pm–5pm
- Thursday 5th December 2013: Council of Governors, 2pm–5pm

Board of Directors

Meeting Minutes (Part One)

2.00pm–3.30pm, Tuesday 24th September 2013

Present:			
Ms Angela Greatley Trust Chair	Mr Malcolm Allen Dean	Mr Martin Bostock Senior Independent Director	Dr Rita Harris Director of CAMHS
Ms Lis Jones Director of Nursing	Mr Altaf Kara Non-Executive 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 Simon Young Director of Finance & Deputy CEO
Attendees:			
Miss Terri Burns Acting Trust Secretary (minutes)	Mr Carl Doherty Deputy Director of Finance (item 7a)		
Apologies:			
Richard Strang Deputy Trust Chair			

Actions

AP	Item	Action to be taken	Resp	By
1	3	Miss Burns to amend the minutes of the previous meeting.	TB	Immed
2	6	Mr Young to create user guide for new Monitor ratings system.	SY	Nov 13
3	9	Mr Allen to report on retention figures	MA	Nov 13

1. Trust Chair's Opening Remarks

Ms Greatley welcomed Ms Georgia Denegri to the meeting, who will take over as Interim Trust Secretary next week. Ms Greatley also thanked Miss Burns for her work and the relationships built with Governors in her role.

2. Apologies for Absence

As above.

3. Minutes of the Previous Meeting

API

The minutes were approved subject to minor amendments.

4. Matters Arising

Ms Greatley reported that she would be completing action point one shortly. All outstanding actions due were completed and plans were reported for those not yet due.

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

Ms Greatley stated that she would like to mark Dr Patrick's last Board and thank him, especially for his role as a leader in challenging times. Ms Greatley read a note from Mr Strang in his absence.

6. Chief Executive's Report

Dr Patrick stated that the relationship between Chair and CEO was very important and that Ms Greatley had been a pleasure to work with.

AP2

Dr Patrick reported that Monitor ratings were changing and the trust would be allocated new ratings from October. They will be reported to the Board as soon as they are available. Mr Young agreed to put together a brief explanation of how they would work. Mr Young also reported that the changes would not only affect ratings. They will be wider ranging.

Dr Patrick reported that it had been reported in the press that 'payment by results' for mental health was being dispensed with. Monitor asserted that this was not true. The manner of implementation remained uncertain and needs to be clarified.

7. Finance & Performance

a) Finance & Performance Report

Mr Doherty tabled a brief paper with further information requested by Mr Strang.

Mr Doherty reported that the trust held a strong cash position because

of under-spending. There was an assumption that the full reserve would be spent by the end of the year. Dr McPherson asked how realistic it was to expect departments to spend this amount. Mr Doherty noted that there were plans in place for further spending in the second half of the year.

Ms Lyon reported that TCS had just secured a contract for £150k. Dr Harris reported that CAMHS slippage was due to recruitment for one project having to be postponed until funding was formally confirmed.

Mr Kara noted that both income and spending were down and queried what this said about the Trust's ability to budget accurately. Mr Young stated that much of this was due to events such as Dr Harris had mentioned, when commissioners delay in approving the funding for new projects; this had happened in SAAMHS as well as in CAMHS. Also, some spending is being unevenly phased throughout the year, which had not been previously known about. Mr Doherty noted the difficulty in changing the phasing of plans as the quarterly income and expenditure plans had already been submitted to Monitor.

Dr Patrick noted the importance of considering strategic investment.

b) Bank signatories

Mr Young asked for approval of new bank signatories to update the list of authorised persons and bring it into line with the current management structure.

Approved.

8. CQSG Report, Q1, 2013/14

Dr Senior reported that there was good overall progress but there were still a number of areas where work is needed to maintain standards and certain areas remain amber as targets change and work is ongoing.

Ms Moseley expressed concern that so few clinicians were using the outcome monitoring system. Dr Senior indicated that the planned roll-out of clinician involvement was ongoing.

Ms Greatley asked if there should be a specific comment on each workstream assurance recommendation. Mr Kara noted that this was an ongoing discussion with the Audit Committee.

9. Education & Training Report

Mr Allen noted a missing paragraph from the report detailing the appointment of an Associate Director of Education and Training, Mr Will Bannister. Mr Allen stated that he felt he had a strong team in place, who were working towards taking recommendations from the Portfolio review to internal stakeholders. This should result in significant change for the academic year 2014/15, with further results expected in 2015/16.

Mr Allen reported that the Trust has successfully bid for a significant sum of development funding, which would enable a great deal of much needed work to be carried out.

AP3 Mr Allen agreed to report on retention fully in November.

Ms Greatley suggested giving student accounts of their experiences in a similar way to PPI giving service user accounts.

Mr Allen noted that learning through technology was a major focus in the education sector and it would need to be integrated into the directorate as a whole, as well as the products being identifiable for e-learning. Mr Allen stated that the short course model is an example of how it could work.

Mr Bostock stated that the strategy of having external consultants creating products felt risky. Mr Kara stated that it should be a more involved process. Mr Allen assured the Board that the Trust was in almost daily contact with the associates and would not be accepting the final product without any input. Dr Patrick stated that it was a shared product development.

Dr McPherson stated that tweets were a good method of communication. Mr Allen said that he was working with agencies on how education was projected.

10. Any other business

None.

14 Notice of Future Meetings

Ms Greatley noted that the October meeting would be Mr Strang's and Mr Kara's last meeting as Non-Executive Directors. The two new appointees would start on 1st November.

Noted.

Outstanding Action Part 1

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date	Progress Update / Comment
2	Nov-12	12. Ageing Population T+P Contribution to Care	Lis Jones to report back to a future meeting on the outcome of the discussions in relation to care for older people.	Lis Jones	Jan-14	
3	Mar-13	8. Finance and Performance Report	Mr Young to include an additional column in next year's budget report to show the final outturn	Simon Young	Apr-14	
4	Mar-13	12. Equalities Report	Mr Allen to circulate a copy of the sexual orientation statement to the board in due course	Malcolm Allen	When available	It will be incorporated in the report to the Board in November 2013.
5	Sep-13	6. Chief Executive's Report	Mr Young to create user guide for new Monitor ratings system.	Simon Young	Nov-13	Completed. Covered in Q2 Governance Statement report (on the Board's October agenda).
6	Sep-13	9. Education & Training report	Mr Allen to report on retention figures	Malcolm Allen	Nov-13	

Board of Directors : October 2013

Item : 6

Title : Acting Chief Executive's report

Summary :

The report covers a range of internal events and wider developments.

For : Discussion

From : Acting Chief Executive

Acting Chief Executive's report

1. Dr Matthew Patrick

- 1.1 Matthew left the Trust last week, to take up his new appointment as Chief Executive of the South London and the Maudsley NHS FT. At his leaving party on 9 October, he reflected on his 24 years here. Angela Greatley and Louise Lyon spoke, along with former colleagues, of Matthew's significant and wide-ranging contributions to the Trust and its work, and of his personal warmth and support.
- 1.2 Matthew joined the Adult department of the Tavistock Clinic in 1989 in a research post. As a consultant psychiatrist and clinical team leader, he was instrumental in reviewing and revising several key elements of the Adult department's clinical service. As Trust Director from 2002 to 2007, he led further development and growth in all areas and was a key member of the Board at the time we secured authorisation as a Foundation Trust. As Chief Executive since 2007, he has significantly increased the range of our interests, and has made the Trust's name and offer much more widely known. We all wish him well for the future.

2. South Camden CAMHS New Building

- 2.1 Our new building at Amptill Square, 219 Eversholt Street, was formally opened on 3 October by Camden's Young MP, Jabeen Rizvi. It was a good occasion, attended by staff, service users, local residents, 3 public and staff governors, and our commissioners.¹

¹ <http://www.tavistockandportman.nhs.uk/node/2373>



- 2.2 A young woman and a mother who have used the service both spoke eloquently, in interviews with staff members, about their experience and how our service helped them. Brief speeches were made by Rita Harris, Dr Caz Sayer, Chair of the Camden CCG, and myself.
- 2.3 It was pleasing to hear from staff that the rooms in the new building are much more suitable for seeing young people and families than in our previous facilities. The team also took the opportunity to display the very positive results from our regular Experience of Service Questionnaires.

3. Annual Meeting

- 3.1 The Trust's Annual Meeting was held on 16 October, attended by a good range of members, governors, members of the public and staff: 70 people in total.
- 3.2 The meeting this year featured an impressive presentation from the Family Nurse Partnership (FNP) national unit. We heard personal contributions from young mothers – and a father – in Islington and Tower Hamlets and from the nurses who had supported them – and we also welcomed two of their happy toddlers.
- 3.3 After Angela Greatley and I had reported on the current NHS environment and on the Trust's key plans, there were several

interesting questions and discussion on a range of mental health issues.

- 3.4 FNP also features in our recent Autumn newsletter, which is on the website² and available in printed form.

4. Pan-London Peri-natal Mental Health Network

- 4.1 The launch of this new network was held here in the Tavistock Centre lecture theatre on 15 October, chaired by Lis Jones, Director of Nursing, and with 90 people present.

5. London – A Call to Action

- 5.1 The London office of NHS England published on 14 October a document ³ in response to the national document “The NHS belongs to the people: a call to action” which came out in July.⁴ The London document describes the demographic and financial challenges and sets the aims of:

- A greater focus on preventing ill health
- Greater emphasis on self-care
- Primary care to be more accessible and responsive
- Hospital services to meet quality standards consistently
- Integration of hospital, community services and social care
- Significant improvement in the patient experience

- 5.2 Among the challenges, the document notes that:

“Improving health is not just about physical health. More than 1.5 million Londoners suffer from mental ill-health which costs London £5.5 billion a year in working days, and £2.5 billion a year in health and social care costs. There are a number of social determinants of mental health that are

² <http://www.tavistockandportman.nhs.uk/node/2375>

³ <http://www.england.nhs.uk/london/wp-content/uploads/sites/8/2013/10/tso-call-to-act.pdf>

⁴ http://www.england.nhs.uk/wp-content/uploads/2013/07/nhs_belongs.pdf

particularly relevant in London, including deprivation and homelessness.

“A person with a severe and enduring mental health problem has a life expectancy of up to 25 years less than the national average. The first onset of mental health problems usually occurs in childhood. Roughly half of all cases of mental illness begin by the age of 14, three quarters develop by the time a person is in their mid 20’s, which indicates the critical importance of effective services for children and young people.

“A study by the Centre for Mental Health in 2012 highlighted that, compared with the rest of the population, people with a physical health condition are two to three times more likely to have a mental illness, which highlights the importance of mental health liaison services.” (pages 7 and 8)

- 5.3 In launching this at an event for health and care commissioners and providers in London, the Regional Director Dr Anne Rainsberry noted that every report since 1892 has raised similar issues and offered similar diagnoses to those put forward now. The new document itself refers to “Healthcare for London: a Framework for Action – The Case for Change” (2007) and notes that there have been significant improvements since then, but that much still remains to do. The improvements include significantly higher life expectancy; the major re-organisation of stroke services, and reductions in healthcare associated infections. For mental health:

“London is leading the way in providing new mental health services, recommended nationally under the National Service Framework, and has significantly higher numbers of people receiving care through assertive outreach and crisis resolution services in the community compared to the rest of the country. Over 99% of London’s community mental health teams are fully integrated between NHS and social care

partners (compared with less than 94% in the rest of England).” (pages 11 and 12)

- 5.4 The CCGs, 6 months after their establishment, are showing determination to push through changes that are necessary. At the beginning of the month, I attended a meeting of the 5 North Central London CCGs, at which all provider chief executives in the sector committed to work together on this agenda. Last week, Lis Jones and Rita Harris made presentations at a UCL Partners meeting for the CCG mental health GP leads across the whole of London.

6. Meetings planned

- 6.1 A joint meeting of the Board of Directors and the Council of Governors will be taking place on 28 October, the day before this Board meeting.
- 6.2 The Board of Directors and the Trust’s senior management are holding a day conference on Wednesday 13 November, to review our 2013 Strategic Plan and to look forward to the 2014 Plan. Since the Plan has a wide range of themes, we are currently identifying which areas and issues we should focus on at this event. The objective – as last year – is that we should all be clear that we understand the challenges and are taking effective action to meet them.

Simon Young
Acting Chief Executive
21 October 2013

Board of Directors : October 2013

Item : 7

Title : Finance and Performance Report

Summary:

After six months a surplus of £1,143k is reported before restructuring, £816k above the revised budget surplus of £327k. Income from consultancy and clinical 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 £712k.

The service line report is provided in Appendix C.

The cash balance at 30 September was £3,357k which is above plan due to the size of the surplus. Cash balances are expected to be lower by the end of the financial year yet still above plan.

This report has been reviewed by the Management Committee on 17 October.

For : Information.

From : Deputy Director of Finance

1. External Assessments

1.1 Monitor

1.1.1 From October 2013 the Risk Assessment Framework ('RAF') will replace the Compliance Framework as Monitor's approach to overseeing foundation trusts. The new Continuity of Services Risk Rating (CoSRR) will be published in shadow alongside the current Financial Risk Rating (FRR) for quarter 2 and the results of the CoSRR will only be published from quarter 3 onwards.

1.1.2 Monitor has written at the beginning of October to notify us that they have assigned the Trust a Green governance rating under the new framework.

1.1.3 We expect the Trust to receive a Financial Risk Rating (which still applies for quarter 2) of 4.

1.1.4 The CoSRR scale is measured by two criteria; Debt Service Cover and Liquidity and on a rating out of 4 with 4 being the most favourable performance. A rating of 2 may indicate a material financial risk and a rating of 1 demonstrates a significant level of financial risk. Where the quarterly rating is a 1 or 2, reflecting a potential breach of the licence, Monitor will consider whether closer monitoring, further information or other action under the licence are necessary to establish whether the provider complies with the continuity of services licence conditions and, if not, whether regulatory action is appropriate.

1.1.5 The CoSRR is expected to be 4 both cumulatively and year to date at the end of September. The quarter 3 and 4 forecast is to maintain the total cumulative rating of 4. As the surplus is forecast to reduce, the Debt Service Cover metric for the separate quarters 3 and 4 are expected to be lower; but our rating is based on the cumulative metrics.

1.1.6 The forecast CoSRR for the first two quarters of 2014/15 will be a rating of 4 in quarter 1 and a rating of 3 in quarter 2. It is also expected that the governance rating will remain Green.

2. Finance

2.1 Income and Expenditure 2013/14

2.1.1 After September the trust is reporting a surplus of £1,143k before restructuring costs, £816k above budget. Income is £692k below budget, and expenditure £1,523k below budget.

2.1.2 The main issues behind the cumulative income shortfall of £492k are low activity for TC Consultancy which is now £200k below target, SAAMHS Clinical is £173k below target largely due to the delayed Portman London Probation Service (PLPS) and BWV. SAAMHS Consultancy is £106k below target due to Portman. The in-month variances for SAAMHS Clinical and "Other Income" appear inflated due to the virement of the PLPS between the two.

2.1.3 Appendices A and B show that significant savings have been achieved by month 6, exceeding the target, though some of these may be non-recurrent.

2.1.4 There is also shortfall in clinical income in CAMHS as the Day Unit is £50k below budget due to low pupil numbers. 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 £38k under spend to date (within the Finance line) is matched by a £38k adverse 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.

2.2 Forecast Outturn

2.2.1 The forecast surplus before restructuring of £737k is £557k above budget. FNP is £360k under spent after September but expect to utilise this by the end of the financial year, GIDU also expect to use the majority of their under spend.

2.2.2 The Clinical income forecast is £276k below budget mainly due to the Day Unit in CAMHS (forecast £148k below target) and the delayed start to the Portman London Probation Service (forecast £90k below) in SAAMHS. The majority of the Consultancy forecast shortfall of £236k is due to TC, although they do expect to have an improved performance against target in the second half of the year. The Training income forecast is discussed in 3.1.3

2.2.3 The forecast allows for the remaining investment reserve of £147k to be fully utilised (which was allocated in August); and also for the remaining contingency reserve of £131k to be needed.

2.3 Cash Flow (Appendix D)

2.3.1 The actual cash balance at 30 September was £3,350k which is a decrease of £1,350k in month but is £1,972k above plan. The decrease is due to the payment in advance of the Training Contract in addition to some NHS invoices being distributed late due to staff absence. General Debtors are below plan as the £1,349k payment due from the National College of Teaching and Leadership (formerly CWDC) was received in early October. Salaries are lower than plan due to vacancies across the trust and the under spend on non-pay has reduced expected payments to suppliers. Capital expenditure is below plan following the decision to defer the Day Unit project. The year-to-date receipts and payments are summarised in the table below.

	Cash Flow year-to-date		
	Actual £000	Plan £000	Variance £000
Opening cash balance	3,176	3,176	0
Operational income received			
NHS (excl SHA)	8,764	7,655	1,109
General debtors (incl LAs)	2,995	4,671	(1,676)
SHA for Training	5,609	5,578	31
Students and sponsors	1,053	925	128
Other	315	108	207

	18,736	18,937	(201)
Operational expenditure payments			
Salaries (net)	(7,637)	(8,488)	851
Tax, NI and Pension	(5,771)	(5,837)	66
Suppliers	(4,259)	(5,305)	1,046
	(17,667)	(19,630)	1,963
Capital Expenditure	(322)	(512)	190
Interest Income	5	3	2
Payments from provisions	0	(11)	11
PDC Dividend Payments	(571)	(578)	7
Closing cash balance	3,357	1,385	1,972

2.4 Financing Facility

2.4.1 The Trust's financing facility has been renewed for 12 months from 1 November. This provides short-term cash cover in the event, for example, of our major commissioners delaying their payments for any reason. Under the new Risk Assessment Framework, it is no longer part of Monitor's liquidity calculation.

2.5 Better Payment Practice Code

2.5.1 The Trust has a target of 95% of invoices to be paid within the terms. During September we achieved 88% (by number) for all invoices and the cumulative total for the year was also 88%.

2.6 Statement of Financial Position (aka Balance Sheet)

2.6.1 Appendix E reports the SoFP at 30 September, compared to the Plan figures for the quarter.

2.6.2 Trade Payables and receivables are over plan due mainly to National College of Teaching and Leadership (formerly CWDC) £1,349k which was expected to have been received and also paid to the partners in September. The 2013/14 cash forecast below allows for this.

2.7 Capital Expenditure

2.7.1 Up to 30 September, expenditure on capital projects was £323k. This has included £132k so far on IT hardware and software, of which £48k was for a project originally scheduled for last year. Details are given in the table below.

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

Capital Projects 2013/14	Budget	Actual YTD Sept 2013
	£'000	£'000
Day Unit and Seminar Rooms new build	1,700	81
Q0936 Seminar Room Improvement	130	92
Q0935 Portman Windows	60	5
Building Management Systems	30	-
Franking Machine	7	-
Fire door	20	-
Q0903 Toilets	95	-
Q0928 service lift replacement		5
Q0929 Lecture Theatre Ceiling		1
Q0930 33 Daleham Gardens	25	5
Q0914 seminar and commom room	-	2
Total Estates	2,067	191
Amphill IT - 219 Eversholt	-	49
Q0940 Centre Height ICT Cap Projects		64
Q0926 60 PCs and server	250	19
Total Capital Programme	2,317	323

3. **Training**

3.1 Income

3.1.1 CAMHS Training fees have deteriorated in month due to the deferral of £200k of the FNP contract income due to profile of the spending falling into the third and fourth quarters. In addition, the income for the month is below Plan by £73k.

3.1.2 Without the FNP deferral there would be a cumulative favourable variance of £43k, analysed as follows:-

3.1.2.1 Contractual - £11k adverse mainly as a result of actual Child Psychotherapy trainees FTE being lower than plan

3.1.2.2 Non Contractual - £54k favourable year-to-date and forecast £189k favourable by the end of the financial year. This includes £385k of HENCEL investment in quarter 3 which would otherwise give an adverse position of £196k full year. The shortfall is mainly as a result of target income not being met on e-learning, short courses, and bursary income (and corresponding expenditure) which is now being projected into the next financial year

3.1.2.3 The year-to-date favourable fee income variance of £110k is projected to reduce to £55k by the end of the financial year as the adverse forecast academic year 2013/14 fee income variance continues. Income is currently forecast to be £98k below plan for the new academic year (2013/14) - £151k adverse for SAAMHS, £67k favourable for CAMHS and £15k adverse for TCS – 7/12ths of each being relevant and reflected in this financial year. However, this projection from the ledger needs to be tested against registry data that is still being updated and analysed and will be presented next month.

3.1.2.4 Short courses are currently forecast as £50k below plan by the end of this financial year. The Summer Conference did not recruit to the 60 full time attendees.

3.2 Expenditure

3.2.1 Expenditure is £225k below budget; £70k of this is on medical contractual income, £32k junior medical and £47k for child psychotherapy.

3.2.2 The remainder of the £156k year-to-date favourable variance is forecast to be an adverse variance of £131k reflecting the expenditure in respect of the £385k HENCEL investment. Excluding this investment, the forecast is otherwise £253k better than plan by the end of the year and is made up of £69k on pay, £66k on non-pay and £118k on visiting lecturer budgets. Vacancies in e-learning are the main contributor to the current level of pay under spends. Visiting Lecturers for courses is forecast to be £30k adverse to budget compensated by a favourable variance in E-learning visiting lecturers of £148k

Patient Services

3.3 Activity and Income

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

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

3.3.3 The income budget for named patient agreements (NPAs) was reduced this year from £205k to £196k. £64k of the total budget is to replace the contract with Waltham Forest. After September actual income is £22k below budget but the forecast is expected to recover to £10k below budget.

3.3.4 Court report income (which is budgeted at £113k for the year, of which £50k is for the Portman) was £43k below budget after September.

[†] Commissioning for Quality and Innovation

3.3.5 Day Unit was £50k below target after month 6. There are currently down to 6 pupils and the budget was set at 11. The service is working to secure the additional income required to meet their target.

3.3.6 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		
	£000	£000	%	Variance based on y-t-d	Predicted variance	Comments
Contracts - base values	5,991	5,904	-1.5%	-174	-30	GIDU credit note
Cost and vol variances	93	93	0.0%	0	0	
NPAs	98	76	-22.5%	-44	-10	
Projects and other	912	891		-	0	Income matched to costs, so variance is largely offset.
Day Unit	416	366	-12.1%	-104	-148	
FDAC 2nd phas	259	270	4.3%	22	0	Income matched to costs, so variance is largely offset.
Court report	56	13	-76.7%	-87	-88	
Total	7,825	7,613		-387	-276	

4. **Consultancy**

- 4.1 TC income was £66k in September and is £321k cumulatively, significantly down compared to last year's £538k at this stage, and £200k below budget. However, the expenditure budget is currently £81k under spent, reflecting the staffing model. TC have also earned some of the CPPD income included in Education and Training which is £30k below target. As noted above, TC are forecasting an improvement in the second half of the year and expect to reduce the shortfall to £168k.
- 4.2 Departmental consultancy is £123k below budget after six months. The majority of the shortfall is within SAMHS, £83k in the Portman which is expected to improve and £17k due to Pathway Project (which has a corresponding under spend). Actions to recover the shortfall will be required to deliver against plan.

Carl Doherty
Deputy Director of Finance
22 October 2013

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

THE TAVISTOCK AND PORTMAN NHS TRUST INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2013-14											APPENDIX B
All figures £000											
Sep-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	608	612	4	3,472	3,477	5	6,247	7,131	7,181	49	
2 CAMHS CLINICAL INCOME	357	340	(18)	2,043	1,999	(44)	4,033	4,121	3,894	(227)	
3 SAAMHS CLINICAL INCOME	502	358	(143)	2,309	2,136	(173)	4,358	4,586	4,488	(99)	
4 NHS LONDON TRAINING CONTRACT	605	603	(1)	3,627	3,626	(1)	7,254	7,254	7,254	0	
5 CHILD PSYCHOTHERAPY TRAINEES	179	152	(27)	1,074	1,027	(47)	2,188	2,148	2,054	(95)	
6 JUNIOR MEDICAL STAFF	94	96	2	563	578	15	1,130	1,126	1,156	30	
7 POSTGRADUATE MED & DENT'L EDUC	7	7	0	42	63	21	76	84	125	41	
8 DET TRAINING FEES & ACADEMIC INCOME	1,447	1,433	(14)	1,721	1,727	6	1,324	2,201	2,487	286	
9 CAMHS TRAINING FEES & ACADEMIC INCOME	541	390	(151)	3,260	3,168	(92)	7,541	6,506	6,658	152	
10 SAAMHS TRAINING FEES & ACADEMIC INCOME	138	98	(40)	757	727	(30)	1,426	1,584	1,375	(210)	
11 TC TRAINING FEES & ACADEMIC INCOME	58	14	(44)	166	136	(30)	293	293	254	(39)	
12 TC INCOME	87	66	(20)	521	321	(200)	1,004	1,042	873	(168)	
13 CONSULTANCY INCOME CAMHS	9	8	(1)	60	43	(17)	107	107	105	(2)	
14 CONSULTANCY INCOME SAAMHS	28	13	(15)	247	141	(106)	337	416	350	(66)	
15 R&D	12	26	15	86	149	63	128	211	321	110	
16 OTHER INCOME	(53)	12	65	382	321	(61)	964	1,063	1,018	(45)	
TOTAL INCOME	4,617	4,229	(388)	20,330	19,638	(692)	38,411	39,873	39,593	(280)	
EXPENDITURE											
17 COMPLEX NEEDS	291	289	2	1,820	1,651	169	3,432	3,506	3,338	168	
18 PORTMAN CLINIC	127	101	26	764	573	191	1,527	1,527	1,236	292	
19 GENDER IDENTITY	96	73	22	575	430	146	1,115	1,151	1,103	48	
20 BIG WHITE WALL & DEV PSYCHOTHERAPY UNIT	18	22	(4)	112	116	(3)	247	221	231	(10)	
21 NON CAMDEN CAMHS	355	390	(35)	2,053	2,045	7	4,023	4,116	4,186	(70)	
22 CAMDEN CAMHS	402	360	42	2,204	2,048	156	3,684	4,628	4,456	171	
23 CHILD & FAMILY GENERAL	43	36	7	191	156	35	449	449	388	60	
24 FAMILY NURSE PARTNERSHIP	287	216	71	1,723	1,363	360	0	3,446	3,429	17	
25 JUNIOR MEDICAL STAFF	84	81	3	503	471	32	1,052	1,006	941	65	
26 NHS LONDON FUNDED CP TRAINEES	179	137	42	1,074	1,027	47	2,189	2,148	2,055	94	
27 TAVISTOCK SESSIONAL CP TRAINEES	3	1	2	17	14	3	34	34	28	5	
28 FLEXIBLE TRAINEE DOCTORS & PGME	32	32	1	195	207	(12)	388	389	414	(25)	
29 EDUCATION & TRAINING	1,531	1,568	(37)	2,475	2,408	67	4,042	3,779	4,026	(247)	
30 VISITING LECTURER FEES	56	9	47	564	481	83	1,179	1,374	1,256	118	
31 CAMHS EDUCATION & TRAINING	122	128	(6)	733	724	9	4,868	1,466	1,466	(0)	
32 SAAMHS EDUCATION & TRAINING	78	84	(6)	466	469	(2)	843	933	934	(2)	
33 TC EDUCATION & TRAINING	0	1	(1)	0	1	(1)	0	0	1	(1)	
34 TC	78	77	0	465	385	81	893	931	790	141	
35 R&D	15	10	5	81	66	15	183	169	132	37	
36 ESTATES DEPT	174	191	(17)	1,044	1,050	(6)	2,053	2,088	2,100	(12)	
37 FINANCE, ICT & INFOMATICS	165	117	47	988	947	41	1,944	2,276	2,301	(24)	
38 TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	83	68	15	489	469	20	977	989	939	50	
39 COMMERCIAL DIRECTORATE	68	64	4	363	352	10	646	772	704	67	
40 HUMAN RESOURCES	82	67	16	342	329	13	622	670	663	8	
41 CLINICAL GOVERNANCE	39	43	(4)	248	241	7	451	480	512	(32)	
42 PROJECTS CONTRIBUTION	(6)	0	(6)	(34)	(25)	(10)	(69)	(69)	(49)	(20)	
43 DEPRECIATION & AMORTISATION	46	48	(2)	275	292	(17)	550	550	585	(35)	
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	(15)	0	(15)	66	0	66	350	131	131	0	
TOTAL EXPENDITURE	4,431	4,213	218	19,795	18,290	1,506	37,845	39,307	38,444	864	
OPERATING SURPLUS/(DEFICIT)	186	17	(170)	535	1,349	814	566	566	1,149	583	
48 INTEREST RECEIVABLE	0	1	1	2	4	2	5	5	9	4	
49 DIVIDEND ON PDC	(35)	(35)	0	(210)	(210)	0	(421)	(421)	(421)	(0)	
SURPLUS/(DEFICIT)	152	(17)	(169)	327	1,143	816	150	150	737	587	
50 RESTRUCTURING COSTS	0	7	(7)	0	25	(25)		0	25	(25)	
SURPLUS/(DEFICIT) AFTER RESTRUCTURING	152	(25)	(176)	327	1,117	791		150	712	612	

Appendix C

SLR Report M6 2013-14								Appendix C			
				Trust Total		SAMHS		CAMHS			
				Budget M6 2013-14	Actuals M6 2013-14	Budget M6 2013-14	Actuals M6 2013-14	Budget M6 2013-14	Actuals M6 2013-14		
				£000	£000	£000	£000	£000	£000		
Clinical Income				7,986	7,726	3,257	3,062	4,729	4,664		
Training course fees and other acad income				6,050	5,856	1,446	1,372	4,604	4,485		
National Training Contract				3,627	3,626	1,370	1,369	2,257	2,257		
Total Training Income				9,677	9,482	2,816	2,741	6,861	6,742		
Consultancy Income				679	392	669	394	10	-2		
Research and Other Income (incl Interest)				115	176	45	66	71	110		
Total Income				18,457	17,776	6,786	6,263	11,671	11,513		
Clinical Directorates and Consultancy				11,023	9,848	4,136	3,548	6,888	6,300		
Other Training Costs (in DET budget)				2,332	2,185	643	564	1,688	1,621		
Research Costs				152	138	54	49	98	89		
Accommodation				1,263	1,285	602	612	661	673		
Total Direct Costs				14,770	13,456	5,435	4,774	9,335	8,682		
Contribution				3,688	4,320	1,351	1,489	2,336	2,831		
Central Overheads (excl Buildings)				5,421	5,069	1,954	1,822	3,467	3,247		
Central Income				2,060	1,891	710	643	1,350	1,249		
Surplus (deficit)				327	1,143	107	310	220	833		
SURPLUS as % of income				1.8%	6.4%	1.6%	4.9%	1.9%	7.2%		
CONTRIBUTION as % of income				20.0%	24.3%	19.9%	23.8%	20.0%	24.6%		

APPENDIX D													
2013/14 Plan	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash balance	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	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash balance	3,176	3,786	2,141	1,291	3,871	4,707	3,357	6,529	4,855	3,554	5,591	4,500	3,176
Operational income received													
NHS (excl SHA)	572	1,065	1,296	2,227	2,639	965	1,273	1,315	1,283	1,274	1,314	1,283	16,506
General debtors (incl LAs)	861	433	274	393	741	293	1,920	483	480	829	565	482	7,754
SHA for Training	2,465	17	199	2,669	154	105	2,567	142	79	2,567	143	79	11,187
Students and sponsors	291	108	86	134	90	344	800	250	100	750	100	100	3,153
Other	39	30	54	50	65	77	18	18	18	18	18	18	423
	4,228	1,653	1,909	5,473	3,689	1,784	6,578	2,208	1,960	5,438	2,140	1,962	39,023
Operational expenditure payments													
Salaries (net)	(1,329)	(1,308)	(1,274)	(1,296)	(1,218)	(1,212)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(1,327)	(15,599)
Tax, NI and Pension	(932)	(998)	(981)	(953)	(976)	(931)	(980)	(981)	(981)	(981)	(981)	(981)	(11,656)
Suppliers	(968)	(962)	(463)	(570)	(618)	(678)	(1,099)	(1,574)	(824)	(1,023)	(925)	(923)	(10,627)
	(3,229)	(3,268)	(2,718)	(2,819)	(2,812)	(2,821)	(3,406)	(3,882)	(3,132)	(3,331)	(3,233)	(3,231)	(37,882)
Capital Expenditure	(24)	(31)	(42)	(74)	(42)	(109)	0	0	(130)	(70)	0	(175)	(697)
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Income	1	1	1	0	1	1	0	0	1	0	1	0	7
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments	(366)	0	0	0	0	(205)	0	0	0	0	0	(210)	(781)
Closing cash balance	3,786	2,141	1,291	3,871	4,707	3,357	6,529	4,855	3,554	5,591	4,500	2,846	2,846

				Appendix E
STATEMENT OF FINANCIAL POSITION	Plan	Actual	Variance	Actual
	30 September 2013	30 September 2013	30 September 2013	31 March 2013
	£000	£000	£000	£000
Non-current assets				
Intangible assets	97	61	(36)	97
Property, plant and equipment	14,303	14,131	(172)	14,066
Total non-current assets	14,400	14,192	(208)	14,163
Current assets				
Inventories				
Trade and other receivables	1,986	3,546	1,560	2,944
Cash and cash equivalents	1,585	3,356	1,771	3,176
Total current assets	3,571	6,902	3,331	6,120
Current liabilities				
Trade and other payables	(1,602)	(4,059)	(2,457)	(3,499)
Provisions	0	(6)	(6)	(11)
Tax payable	(584)	(575)	9	(589)
Other liabilities	(1,974)	(1,786)	188	(2,680)
Total current liabilities	(4,160)	(6,426)	(2,266)	(6,779)
Total assets less current liabilities	13,811	14,668	857	13,504
Non-current liabilities				
Loans	(200)	0	200	0
Provisions	(65)	(62)	3	(66)
Total non-current liabilities	(265)	(62)	3	(66)
Total assets employed	13,546	14,606	860	13,438
Financed by (taxpayers' equity)				
Public Dividend Capital	3,474	3,474	0	3,474
Revaluation reserve	8,979	8,979	0	8,979
Income and expenditure reserve	1,093	2,153	1,060	985
Total taxpayers' equity	13,546	14,606	1,060	13,438

Board of Directors : October 2013

Item : 8

Title : Quarter 2 Governance statement

Purpose:

The Board of Directors is asked to approve three elements of the governance statement to be submitted to Monitor for quarter 2. The form has been updated by Monitor to reflect the requirements of the new Risk Assessment Framework:

For Finance

The board anticipates that the trust will continue to maintain a continuity of service 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 A of the Risk Assessment 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, and the Risk Assessment Framework page 21, Diagram 6) which have not already been reported.

This paper will have been reviewed by the Management Committee on 24 October.

This report focuses on the following areas:

(delete where not applicable)

- Risk
- Finance
- Quality

For : Approval

From : Acting Chief Executive

Quarter 2 Governance Statement

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. From 1 October, Monitor has replaced the Compliance Framework with a new Risk Assessment Framework which covers – in some respects – all providers of key NHS services, not only foundation trusts.
- 1.2 The governance statement to be returned to Monitor by 31 October has been updated, mostly in the wording of the Finance declaration, which refers to the new rating calculation.

2. **Finance declaration**

- 2.1 The Deputy Director of Finance has reviewed the forecast for the next four quarters and the expected ratings with the two metrics which comprise the new continuity of service risk rating (CoSRR).
- 2.2 Using our Annual Plan figures, the Debt Service Cover was expected to remain above the threshold of 2.5 – and therefore a top rating of 4 – throughout the Plan period.¹ The forecast figures (on a cumulative basis) are at least as good as this, so will also result in a rating of 4.
- 2.3 The Risk Assessment Framework is clear that the CoSRR at any quarter-end will be based on cumulative figures for the year to date (page 31). The financial template sent to Monitor will also show the Debt Service Cover for each single quarter, and they are likely to seek an explanation if this is lower; but this should not affect the rating.
- 2.4 The liquidity metric now excludes our financing facility² but the thresholds have been correspondingly reduced. Our liquidity of 4.3 days³ at 30 September is above the threshold of 0 days for the top rating of 4. In our forecast, we expect to remain just above the

¹ Except possibly when the planned bridging loan is repaid. We have not yet resolved with Monitor the treatment of bridging loan repayments in this metric; but the issue does not arise for this Trust in the next four quarters.

² The new calculation only includes "wholly committed lines of credit." Our facility, as with all FTs, is intended to cover working capital shortfalls; it could be withheld if we sought to borrow as a result of a significant deficit.

³ As noted previously, the liquidity ratio can give a slightly misleading impression. Our balance sheet typically includes deferred income of at least £1m (10 days): but this is a creditor for which there is no expectation of imminent payment. The month-end balance sheet also includes some £0.9m (9 days) for pension, tax and NI payments which are not due until after income for the following month is normally received.

threshold of -7 days for a rating of 3; but if we fell slightly below -7 days (and above -14 days), our liquidity rating would be a 2.

- 2.5 The two elements are each given a 50% weighting, and the result is rounded up to obtain the overall continuity of service risk rating (CoSRR). With a liquidity rating of 3, therefore, our CoSRR will remain 4. With a liquidity rating of 2, the CoSRR would reduce to 3.
- 2.6 We are able to affirm that we anticipate that the trust will continue to maintain a continuity of service risk rating of at least 3 over the next 12 months.

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 Risk Assessment Framework. These are the same as those in the previous Compliance Framework 2013/14 document. The targets and indicators which apply to this Trust are given in the table on the next page.
- 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.

Target/Indicator	Weighting	Quarter 2 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.

	Month 5 final	Month 6 provisional
Valid NHS number	99.45%	99.51%
Valid Postcode	100.00%	100.00%
Valid Date of Birth	100.00%	100.00%
Valid Organisation code of Commissioner	99.68%	99.73%
Valid Organisation code GP Practice	98.89%	99.01%
Valid Gender	99.82%	99.82%

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 Risk Assessment Framework gives – on page 21 – a non-exhaustive list of examples where such a report would be required, including unplanned significant reduction in income or significant increase in costs; discussions with external auditors which may lead to a qualified audit report; loss of accreditation of a Commissioner Requested Service; adverse report from internal auditors; or patient safety issues which may impact compliance with our licence.
- 4.2 There are no such matters on which the Trust should make an exception report.

Simon Young
Acting Chief Executive
21 October 2013

Board of Directors : October 2013

Item : 9

Title : Audit Committee Annual Report 2012-13

Summary:

To report to the Board on the work of the committee in 2012-13 and the assurances it gained.

Although it is being submitted on 29th October 2013, all the matters reported on have been reported to the Board orally or in Minutes of the Audit Committee at Board Meetings up to and including 28th May 2013.

This report focuses on the following areas:

- Quality assurance
- Risk assurance
- Finance assurance

For : To note

From : Mr Richard Strang, Deputy Trust Chair and Chair of the Audit Committee

Audit Committee Annual Report 2012-13

1 Introduction

The Committee's work is determined by its Terms of Reference and covers:

- Governance, Risk Management and Internal Control.
- Functions of Internal Audit.
- Work and Findings of External Audit
- Other assurance functions
- Financial Reporting
- Recommendations to the Council of Governors in relation to the appointment, reappointment and removal of External Auditors.

In order to discharge these functions the Audit Committee prepares an Annual Report for the Board and Accounting Officer. This report includes information provided by Internal Audit, External Audit and other Assurance Providers, including the Clinical Quality, Safety and Governance Committee (CQSG).

Although it is being submitted to the Board on 29th October 2013, all the matters reported on in this Report have been reported to the Board orally or in Minutes of the Audit Committee at Board Meetings up to and including 28 May 2013.

2 Audit Committee's Opinion

Members of the Board should recognise that assurance given can never be absolute. The highest level of assurance that can be provided to the Board is a reasonable assurance that there are no major weaknesses in the Trust's risk management, control and governance processes.

The opinion of the Committee, based on the issues set out in section 3 below, is that the Trust's risk management, control and governance processes are adequate and effective and may be relied upon by the Board.

The Audit Committee prepares an Annual Schedule of its work, to monitor compliance with its Terms of Reference. The Audit committee confirms that in its opinion it has complied with its Terms of Reference during the year ended 31 March 2013.

3 Information supporting Opinion

Summarised below is the key information / sources of assurance that the Committee has relied upon when formulating our opinion.

3.1 Internal Audit

The Internal Auditors, RSM Tenon, submitted their draft Internal Annual Report to the Audit Committee on 22 May 2013. Their opinion stated: "Based on the work undertaken in 2012/13, significant assurance can be given that there is a sound system of internal control which is designed to meet the organisation's objectives, and that controls are being

consistently applied in all the areas approved.” This is identical to their Opinion in respect of 2011/12.

Internal Audit also stated: “Based on the work we have undertaken on the Trust’s system of internal control, we do not consider that within these areas there are any issues that needed to be flagged as significant issues within the AGC (Annual Governance Statement.)”

The work plan of Internal Audit for 2012/13 was discussed with the Chair of CQSG to ensure appropriate coverage of the workstreams of CQSG on a rolling annual basis.

The Committee has discussed in detail the Reports from Internal Audit presented to the Committee during the year. At each meeting the Committee receives a report on recommendations and examines the responses of management. It has concluded that management has taken or is taking adequate steps to respond to recommendations. The Annual Report of Internal Audit demonstrated a significant improvement in the grading of Internal Audit opinions (green/ amber green/ amber red/ red) for 2012/13, with no opinions graded below amber green.

3.2 External Audit

The External Auditors, KPMG, submitted their ISA260 Audit memorandum 2012 - 13 to the Audit Committee on 22 May 2013. The Report concluded, inter alia: “We reviewed the 2012/13 AGS and took into consideration the work of internal audit. We confirm that the AGS reflects our understanding of the Trust’s operations and risk management arrangements”.

In connection with their Report on Use of Resources, External Audit also considered the work of regulatory bodies. They noted that the CQC carried out a routine announced inspection of the Trust during the year and the Trust achieved a “clean” report against the seven assessment criteria. They concluded “We have considered the findings of the CQC and monitor as well as other regulators and we have concluded that the Trust has arrangements in place to secure economy, efficiency and effectiveness in its use of resources”.

The Audit Committee reviewed the draft letter of representation requested by the External Auditors and agreed to recommend that it was signed on behalf of the Board.

In connection with their audit of the annual accounts, External Audit assessed the control framework. They reported that they found that the key financial controls on which they seek to place reliance are operating effectively. They evaluated the work of Internal Audit, where relevant and were able to rely on their work where appropriate. They commented “The Trust’s working papers to support the financial statements were of a high quality and our prepared by client list had been followed. We found that the quality of these improved on those produced last year”.

The External Auditors subsequently signed a clean Audit Opinion, in standard form. External Audit provided a limited assurance opinion without qualification on the content of the Quality Report in standard form. They noted that, although no opinion was required in 2012/13 on the additional mandated indicator Incidents resulting in severe harm, they do not believe they could give one in future year due to concerns about the data and basis of calculation. This is their position for all trusts they audit.

External Audit commented orally that the content of the Quality Report and the process for preparing it have improved significantly over the last two years.

During the year, External Audit appointed a new Director for the External Audit as the previous Director has been seconded as Finance Director of another Trust.

3.3 Local Counter Fraud Specialist

LCFS again carried out an agreed program of work which is significantly fewer days than that recommended by the NHS Protect, though covering all the aspects required. This was based on, inter alia, (i) “An informed assessment of counter fraud needs, based on a determination of perceived and/or known fraud risks to the T&P” and (ii) “Consideration of both historical and ongoing counter fraud measures and activities” and was agreed by the Audit Committee.

LCFS have submitted their Annual Report to the Audit Committee. They reported that “No matters have been reported to the LCFS which would impact negatively on the Annual Governance Statement”.

NHS Protect suspended Qualitative Assessments for 2011/12 and 2012/13. For 2010/11 the Trust was awarded a rating of 2 which is in line with comparable clients of RSM Tenon.

Four referrals of alleged fraud were referred to LCFS during the year. Two cases of attempted fraud, originating externally, were identified but did not result in any financial loss to the Trust. The other two investigations did not identify fraud.

3.4 Assurance Framework

During the year, the Audit Committee worked closely with the CQSG.

- The CQSG provided input to the Internal Audit annual programmes of work agreed by the Audit Committee.
- CQSG workstream leads or the Chair of CQSG attended the Audit Committee when relevant Internal Audit reports were discussed.
- The Audit Committee received minutes of the CQSG and reviewed the quarterly reports of the CQSG. It was agreed that CQSG would place more emphasis on providing specific assurance on each workstream to the Board each quarter.

The 2012/13 Annual Report of the CQSG was presented to the Board on 28 May 2013 and no major issues were raised. The work of the CSQG was reviewed with the Chair of CQSG at the Audit Committee meeting on 22 May, but it has not been possible this year for the Audit Committee to meet the Chair of CQSG with the two NED members of CQSG for a discussion of the Report. However, the Audit Committee was satisfied with the continuing development of the processes and work of the CGSG and agreed that these supported the Audit Committee’s own work on the Assurance Framework and its assurances to the Board.

3.5 Annual Governance Statement

The Committee considered the Annual Governance Statement against the background of its work during the year outlined above and in particular the conclusions of the External and Internal Auditors quoted above. The Committee concluded that it could recommend to the

Board that the Annual Governance Statement be approved.

4 The Role and Operation of the Audit Committee

4.1 Membership of the Committee

The members of the Committee during the period of the Report were as follows:

- Richard Strang (Chair)
- Altaf Kara
- Ian McPherson

The members of the Committee disclosed their interests in the Trust's register of interests. The Committee was supported by Teresa White, who was succeeded by Miranda Barker who is now Secretary to the Committee.

4.2 Operation of the Committee

4.2.1 Meetings and attendance

The Committee is required to meet at least 3 times a year. Meetings took place during the period and were attended as follows:

Member Name	May 12	Sept 12	Oct 12	Jan 13	Mar 13
Richard Strang (Chair)	✓	✓	✓	✓	✓
Altaf Kara	✓	X	✓	✓	✓
Ian McPherson	✓	✓	X	✓	X

The quorum for meetings of the Committee is two members. As the table above shows all meetings of the Committee during the period were quorate.

All regular meetings were attended by Simon Young, Director of Finance and by members of Internal Audit and External Audit. All regular meetings were attended by a member of the Local Counter Fraud Service.

At the end of the meeting in October 2012, the Committee held a short meeting in the absence of all executive directors.

4.2.2 Committee Self-Assessment

During the year the Committee continued to review its Annual Schedule of agenda items for its meetings, which it felt was helpful in ensuring that its work during the year is complete and in accordance with its Terms of Reference.

The Committee reviewed its terms of reference subsequent to the year end, particularly in the light of the establishment of the CQSG, and proposed minor amendments to the Board.

The Committee assessed its own performance against the criteria recommended by the Healthcare Financial Management Association and concluded that no significant changes needed to be made to its work. This was supported by Internal Audit.

4.2.3 Performance Indicators

The Committee considered the performance of the Internal Auditors and the External Auditors in private in October and January.

It was agreed that the programme of work carried out by Internal Audit was in accordance with that agreed with the Committee and that their analysis of work carried out and their findings was generally comprehensive and well presented. Following discussion between the Committee and Internal Audit it was agreed that RSM Tenon would appoint a new Manager for the Internal Audit in view of the long tenure of the previous Manager.

At its meeting on 12 September 2012, the Audit Committee expressed considerable satisfaction with the work of the External Auditors and agreed to recommend to the Governors that KPMG be reappointed for 2012/13. At the Council Meeting on 6 December 2012, the Governors agreed to reappoint the External Auditors for 2012/13.

At the Council Meeting on 7 February 2013, the Governors approved a proposal to re-appoint KPMG as external auditor for the 2013/14 and 2014/15 audits, subject to continuing satisfactory performance and value for money; and to plan to invite tenders for the 2015/16 audit. The new Audit Committee chair and the recently elected Council of Governors will both be more experienced by late 2014/early 2015 when the tender should be run.

The Local Counter Fraud Service's role is determined by the Trust's assessment of low risk and desire to limit costs. The Audit Committee is very satisfied with its performance.

Board of Directors: October 2013

Item : 10

Title : Quality Report 2013–14: Quarter 2

Summary:

This report provides an update of the Quality Indicators and Quality Priorities for Quarter 2, 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:

- Quality
- Patient / User Experience
- Safety

For : Noting

From : Quality Standards and Reports Lead

Quarterly Quality Report for the Board of Directors

Quarter 2, 2013-2014

October 2013

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Appendix One: CQUINs Targets	Page 9
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Section One: Quality Key Performance Indicators Table

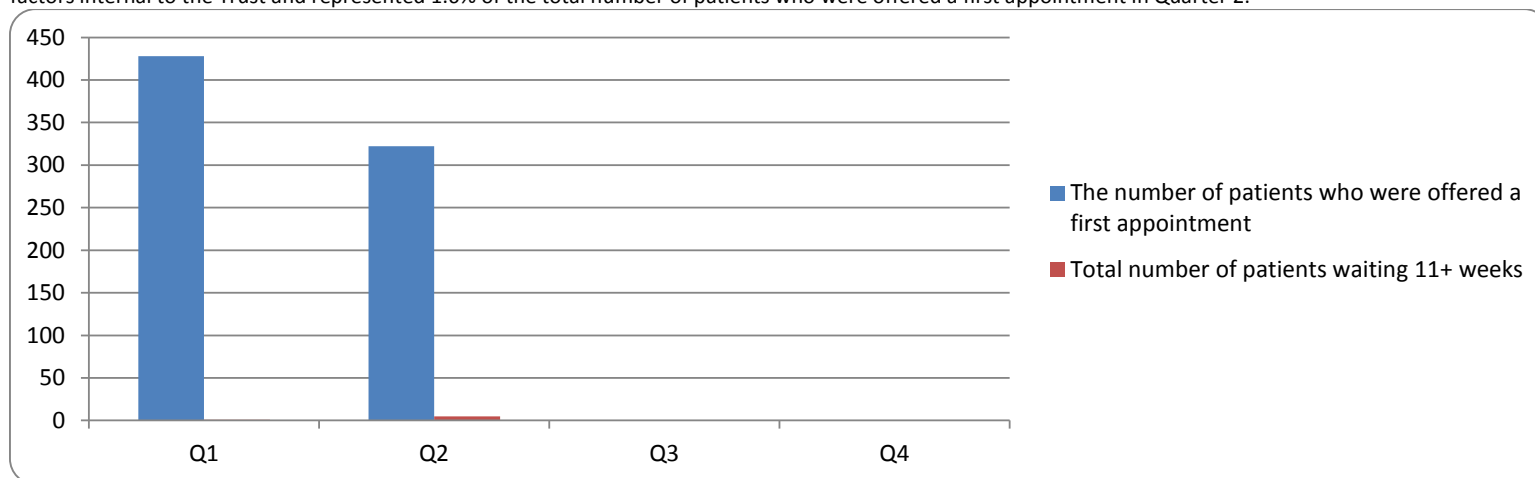
Quality Key Performance Indicators															
No.	Target	Monitoring	Progress						% Progress for 2012/13				RAG ³ Status	Actions for Next Quarter	
									Q1	Q2	Q3	Q4			
1	Waiting time no more than 11 weeks (77 days from receipt of referral)	Quarterly	Q1		Q2		Q3		Q4						
			N	%	N	%	N	%	N	%					
			1	0.3	5	1.6									
2a	DNA rates: Yearly average no larger than 10%	Quarterly	9%		12%										
2b	Adolescent Department DNA rate	Annual	Not applicable- annual audit with action plan to be produced at the end of Q3 and then implemented in Q4.											Not Applicable	
3a	85% staff with up-to-date child protection training reported by level.	Quarterly	L1- 89% L2- 94% L3- 86%		L1- 93% L2- 89% L3- 85%										
3b	Vulnerable adults training (Adults at Risk): 85% of staff trained every 2 years (Target finalised at 16/10/13 CQRG meeting)	Quarterly	89%		93%										
4	Patient information: In date written information sent to all new patients. Work on adolescents information leaflets during 2013/14.	To be reported in Q3	The new ‘Adolescent and Young Adults Service’ leaflet was finalised earlier than scheduled.												
5	Outcome Monitoring: Target: Routine outcome monitoring for adult and CAMHS patients	Quarterly	Achieved and on-going												
6	Patient Satisfaction: Target 70% or more report satisfied with the service	Quarterly	Q1 ESQ data shows that 94% are satisfied indicating “certainly true” to the question of “Overall, the help I have received here is good”												
7	Quality and Development of staff: Target 80% of staff to have a PDP.	Quarterly	Achieved- 83.8%												

8	Sickness and absence rates. Target: <2% green (2-6% amber, >6% red)	Annually	This target has now been confirmed and will be reported annually.									To be reported annually
9	Trust Service cancellation rates. Target: <10% green (10-19% amber, >20% red)	Quarterly	N/A	3%								
10	% of staff with up-to-date mandatory for infection control. 100% = green. 80-99% is amber. < or = 80% red.	Annually										To be reported annually.
11	% response to complaints within 25 days. Target: > 95% green (80-95% amber, <80% red.)	Quarterly	100% (8/8)	100% (2/2)								
12	% Statutory assessments completed within 6 weeks. Target 85% (finalised at 16/10/13 CQRG meeting)	Annually	Not Applicable – an annual audit will be undertaken to monitor compliance									Not Applicable
13	Number and % of children reporting satisfaction with the service (as measured against CHI-ESQ). (To be baselined, in order to establish target.)	Quarterly	*In Q1 71% of Children and 95% of young people in CAMHS reported satisfaction with the service as measured by the question “Overall, the help I have received here is good” on the ESQ									
14	Data Quality: That for 85% of patients discharged from SAAMHS and CAMHS a letter with comprehensive information is sent to the GP or the receiving clinician within 2 weeks of final treatment session/appointment.	Annual- Case Note Audit	Not Applicable- an annual case note audit will be undertaken									Annual but to be undertaken by end of Dec 2013 (date finalised at 16/10/13 CQRG meeting)

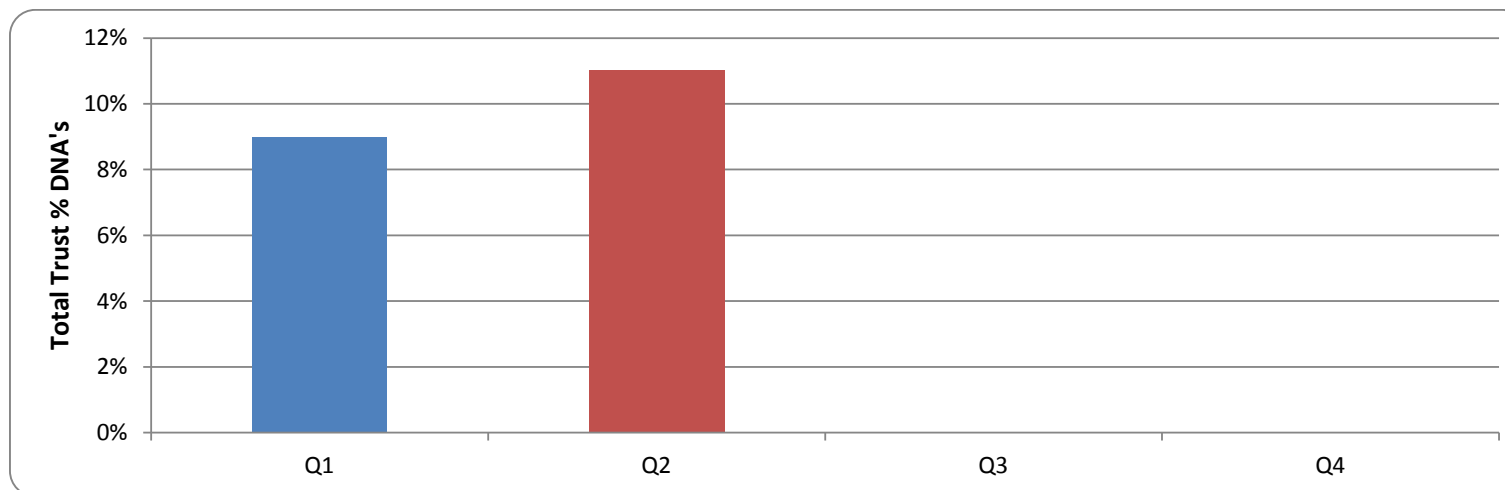
*For data quality and consistency purposes the Trust is now obtaining all ESQ data (Targets 6 and 13) from the PPI report. The Q2 data is not yet available but Target 13 has been updated with the Q1 figure from the ‘ESQ Report 2013-2014 Q1’.

Section Two: Explanatory Notes

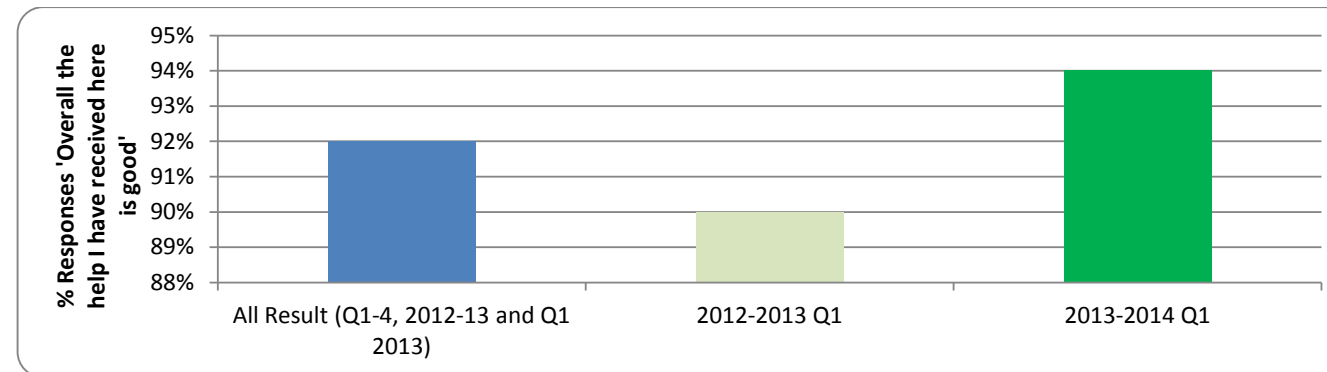
1. **Waiting Times** - For Quarter 2, there were 17 waiting time breaches, where patients were required to wait eleven weeks or longer for their first appointment, but only 5 of these breaches related to factors internal to the Trust and represented 1.6% of the total number of patients who were offered a first appointment in Quarter 2.



2. **DNA Rates** – The DNA rate for Quarter 2 is 12%, slightly higher than the 9% achieved in Quarter 1 and over our target of 10%.



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

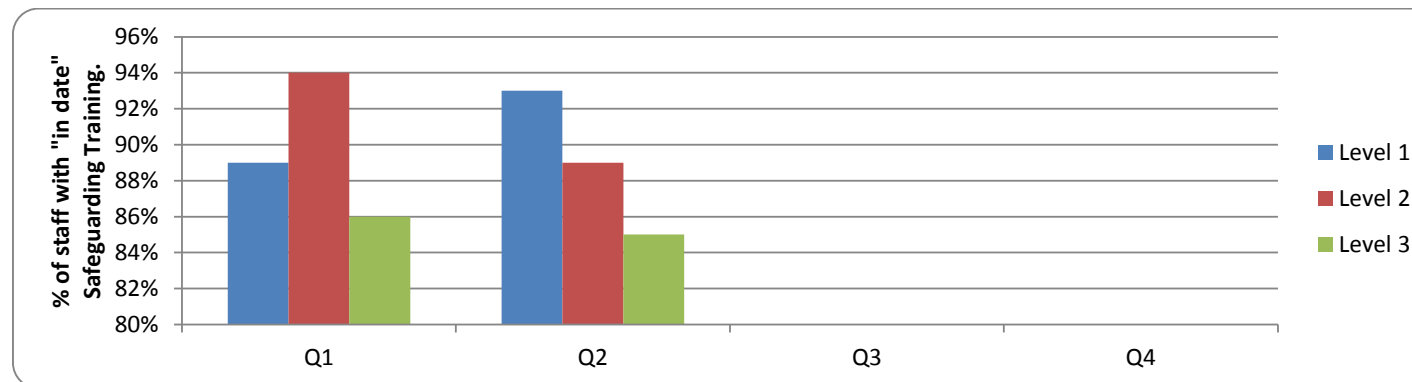


4. Outcome Monitoring

We were unable to report data for all of the Outcome Monitoring targets in Q2 as the targets require data to be collected for more than one quarter. This will be reported from Q3.

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.



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 reported 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 reported 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 reported 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	<p>Q1. Young people have been identified and approached to write the content of two modality leaflets aimed specifically at children and young people.</p> <p>Q2. Content for two of the four leaflets has been written and will be reviewed by the PPI Committee at its meeting in November 2013 (Q3).</p>					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 	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	Info has been gathered on involve service users on staff interview panels, including HR involvement. A service user was involved in the shortlisting and interviewing of candidates for an appointment to 'test' the Trust's current interview processes.					Amber	
	2. To continue to expand and promote Bid for Better and to target engagement with our younger members		<ul style="list-style-type: none"> • Quarterly progress report • Quarterly review by the CQSG Committee and Board of Directors 	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. Project to start in Q3.						

¹ Internal Quality Priorities rate re achievement at 30.9.13

Appendix One: CQUIN Targets

	Detail of indicator	Performance at Q2	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 reported 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 reported 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 reported 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 reported 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	Work on-going		
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- Target requires data to be collected for more than 1 Quarter. To be reported in Q3.	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.	Not Applicable- Target requires data to be collected for more than 1 Quarter. To be reported in Q3.	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- Target requires data to be collected for more than 1 Quarter. To be reported in Q3.	Not Applicable	
SAAMHS	Indicator 9 Smoking Cessation- TBC.	Indicator TBC	Not Applicable	

² Internal RAG rate re achievement at 30.9.13

Appendix Two: Quality Indicator Performance Supporting Evidence

1. Waiting times

QUARTER 2							
Target less than 77 days (11 weeks)	Adolescent	Adult	Camden CAMHS	Other CAMHS	Portman	LCDS	TOTAL
Breaches Cause internal to Tavi	1	3	0	1	0	0	5
Breaches: Cause external to Tavi	2	0	4	2	0	4	12
Breaches: Cause unknown	0	0	0	0	0	0	0
Total number of breaches	3	3	4	3	0	4	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	31	69	117	75	20	10	322
The percentage of patients that are breached in the quarter	9.7%	4.3%	3.4%	4.0%	0.0%	40.0%	5.3%

2. DNA Rates

QUARTER 2							
Target <10%	Adolescent	Adult	Camden CAMHS	Other CAMHS	Portman	LCDS	Total
Total 1st appointments attended	28	56	112	69	20	9	294
Total first appointments DNA's	2	6	32	5	5	0	50
Total first appointments	30	62	144	74	25	9	344
% 1st appointments DNA'd	6.7	9.7	22.2	6.8	20%	0%	15%
Total subsequent appointments attended	642	1820	2063	1502	1019	105	7151

Total sub. appointments DNA'd	148	272	267	116	88	12	903
Total subsequent appointments	790	2092	2330	1618	1107	117	8054
% DNA subsequent Appointments	18.7	13.0	11.5	7.2	8%	10%	11%
Total Trust DNA	18%	13%	12%	7%	8%	10%	11%

3. **Patient Satisfaction** – See ESQ Report 2013-2014 Q1 (A hardcopy of this Report can be provided by the Quality Standards and Reports Lead).

4. **Patient Experience** - See Annual PPI Report. (A hardcopy of this Report can be provided by the Quality Standards and Reports Lead, if required.)

5. **Patient Information** - See patient leaflets on Trust Website. (In addition, a hardcopy of these leaflets can be provided by the Quality Standards and Reports Lead, if required.)

6. **Outcome monitoring**- Please refer to CQUINs Targets in Section Two and see 2013-14 CQUINs Outline (A hardcopy of this CQUINs Outline can be provided by Quality Standards and Reports Lead, if required.)

7. **Quality and Development of Staff** - Patient Development Plans (“PDPs”) are managed on an annual cycle with performance reported at end March each year, for implementation over the course of the next year. Updated figure for Q1 in table below.

Quality and Development of Staff - PDPs:		
Number of staff who require a PDP at 31.3.12	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%	94%		

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

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

BOARD OF DIRECTORS (PART 1)

Meeting in public

Tuesday 29th October 2013, 14.00 – 16.30,

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

AGENDA

PRELIMINARIES

- | | |
|-------------------------------------------------------------------------------------------------|------------------------------|
| 1. Chair's Opening Remarks
Ms Angela Greatley, Trust Chair | Verbal |
| 2. Apologies for absence and declarations of interest
Ms Angela Greatley, Trust Chair | To note Verbal |
| 3. Minutes of the previous meeting
Ms Angela Greatley, Trust Chair | To Enc. p.2
approve |
| 4. Matters arising
Ms Angela Greatley, Trust Chair | To note Enc. p.7 |

REPORTS & FINANCE

- | | |
|--------------------------------------------------------------------------------------------------------|-------------------------|
| 5. Trust Chair's and Non-Executive Directors' Reports
Non-Executive Directors as appropriate | To note Verbal |
| 6. Acting Chief Executive's Report
Mr Simon Young, Acting Chief Executive | To note Enc. p.8 |
| 7. Finance & Performance Report
Mr Carl Doherty, Deputy Director of Finance | To note Enc. p.14 |

CORPORATE GOVERNANCE

- | | |
|------------------------------------------------------------------------------------------------|-------------------------------|
| 8. Governance Statement – Quarter 2
Mr Simon Young, Acting Chief Executive | To Enc. p.26
approve |
| 9. Audit Committee Annual Report 2012–13
Mr Richard Strang, Chair of Audit Committee | To note Enc. p.31 |

QUALITY & GOVERNANCE

10. Quality Report 2013–14 – Quarter 2

Ms Louise Lyon, Trust Director

To note

Enc. p.37

CONCLUSION

12. Any Other Business

Verbal

13. Notice of Future Meetings

Verbal

- Wednesday 13th November 2013: Directors' Conference, 9.30am–4pm (This meeting is not open to the public)
- Tuesday 26th November 2013: Board of Directors, 2pm–5pm
- Thursday 5th December 2013: Council of Governors, 2pm–5pm