The Tavistock and Portman **NHS**
NHS Foundation Trust

Board of Directors Part One

Agenda and papers
of a meeting to be held in public

2.00pm–4.20pm
Tuesday 27th January 2015

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

The Tavistock and Portman **NHS**
NHS Foundation Trust

BOARD OF DIRECTORS (PART 1)

Meeting in public
Tuesday 27ᵗʰ January 2015, 14.00 – 16.20
Board Room, Tavistock Centre, 120 Belsize Lane, London NW3 5BA

AGENDA

	PRELIMINARIES			
1.	**Chair's Opening Remarks** Ms Angela Greatley, Trust Chair		Verbal	-
2.	**Apologies for absence and declarations of interest** Ms Angela Greatley, Trust Chair	To note	Verbal	-
3.	**Minutes of the previous meeting** Ms Angela Greatley, Trust Chair	To approve	Enc.	p.1
3a.	**Outstanding Actions** Ms Angela Greatley, Trust Chair	To note	Enc.	p.10
4.	**Matters arising** Ms Angela Greatley, Trust Chair	To note	Verbal	-
	REPORTS & FINANCE			
5.	**Trust Chair's and NED's Report** Non-Executive Directors as appropriate	To note	Verbal	-
6.	**Chief Executive's Report** Mr Paul Jenkins, Chief Executive	To note	Enc.	p.11
7.	**Finance & Performance Report** Mr Simon Young, Deputy Chief Executive & Director of Finance	To note	Enc.	p.14
8.	**Training and Education Programme Board Report** Mr Brian Rock, Director of Education & Training, Dean & Mr Paul Jenkins, Chief Executive	To note	Enc.	p.27
9.	**Charitable Funds Annual Report & Accounts** Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Enc.	p.30
10.	**Governance Statement - Quarter 3** Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Enc.	p.46
11.	**Quarterly Quality Report – Quarter 3** Dr Justine McCarthy Woods, Quality Standards & Reports Lead	To approve	Enc.	p.50
12.	**Draft Annual Quality Report Update** Dr Justine McCarthy Woods, Quality Standards & Reports Lead	To discuss	Enc.	p.71
13.	**Care Quality Commission Briefing** Ms Louise Lyon, Director of Quality, Patient Experience and Adult Services & Ms Rhona Hobday, CQC Lead	To discuss	Enc.	p.74

	STRATEGY			
14.	**Corporate Governance – Declarations of Interest Update, Sealing** Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.94
15.	**Governance Review proposal** Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.102
	PATIENT STORY			
16.	**Patient Story** Ms Jessica Yakeley, Consultant Psychiatrist, Portman Clinic	To discuss	Verbal	-
	CONCLUSION			
17.	**Any Other Business**		Verbal	-
18.	**Notice of Future Meetings** • Tuesday 5th February 2015: Council of Governors Meeting, 2.00pm – 5.00pm, Board Room, Tavistock Centre • Tuesday 10th February 2015: Directors' Conference, 1.00pm-4.30pm, Board Room, Tavistock Centre • Tuesday 24th February 2015: Board of Directors Meeting, 2.00pm – 5.00pm, Board Room, Tavistock Centre • Wednesday 4th March 2015: Joint Board Meeting, 2.00pm – 4.30pm, Board Room, Tavistock Centre • Tuesday 10th March 2015: Leadership Group Conference, 9.00am – 1.00pm, Lecture Theatre, Tavistock Centre		Verbal	-

Board of Directors

Meeting Minutes (Part One)
Tuesday 25th November 2014, 2.00 – 4.15pm

Present:			
Ms Angela Greatley Trust Chair		Prof. Dinesh Bhugra NED	Ms Jane Gizbert NED
Dr Rita Harris CAMHS Director	Mr David Holt Non-Executive Director		Ms Lis Jones Nurse Director
Ms Louise Lyon Trust Director	Dr Ian McPherson Non-Executive Director & Vice Chair of Trust	Ms Edna Murphy NED	Dr Rob Senior Medical Director
Attendees:			
Mr Gervase Campbell Trust Secretary (minutes)	Ms Susan Thomas Director of HR (item 11)	Ms Judith Bell TC Director (item 11)	Mr Will Bannister Associate Director of Education and Training (item 12)
Mr Marcus Evans Associate Clinical Director (item 9)			
Apologies:			
Mr Malcolm Allen Dean	Mr Paul Jenkins Chief Executive		

Actions

AP	Item	Action to be taken	Resp	By
1	3	Minor changes to be made to the minutes	GC	Immed.
2	6	Find suitable forum for further discussion of integration between mental and physical health.	LL& RH	Feb.
3	11	Further update on the Staff Survey Action plan to return to the board in 6 months	ST	May '15
4	13	Arrange a future event for the board to consider the R&D strategy	RS	March '15

1. Trust Chair's Opening Remarks
Ms Greatley welcomed the three new non-executive members of the board, Professor Bhugra, Ms Gizbert, and Ms Murphy to their first meeting.

2. Apologies for Absence and declarations of interest
Apologies as above. There were no declarations of interest specific to this meeting.

The Board noted that this would have been Mr Allen's last meeting, and resolved to convey to him their thanks for all his significant contributions to the Trust.

AP1   **3. Minutes of the Previous Meeting**

The minutes were approved with minor amendments.

4. Matters Arising

Action points from previous meetings:
AP1 & AP2 (GIDU expansion plan and underspend in Complex Needs) – both covered in this meeting's Finance and Performance report.
AP3 – NEDs have been invited to attend either INSET or Induction.
AP4 – PPI have been given consent for October's patient story to be circulated round the Trust.

5. Trust Chair and NEDs' Report

The Board **approved** the list of NED memberships of Board committees. It was agreed that in addition Ms Jane Gizbert would formally join the Day Unit Steering Group.

6. Chief Executive's Report

Mr Young introduced the report, noting that the Essex CAMHS bid was not yet at a final bid stage. Prof. Bhugra commented that it would be important to use the University of Essex links in the bid, and Dr Harris confirmed that was being done.

Ms Gizbert asked for clarification of the level of the new Director of Marketing and Communications post. Mr Young explained that it was not a board level Director post, but the title of Director fitted with similar roles in IT and on the Management Team, where they were the most senior person in the Trust in that field.

Ms Murphy asked about the documentary meeting with Century Films and Channel 4 on the 20th. Dr Harris commented that the team had seemed thoughtful and took the Trust's concerns seriously. They were willing to take the time to get to know the Trust, and wanted to put the user experience at the heart of their work.

Ms Gizbert asked if the board could see the communications strategy mentioned in section 6. Dr Senior explained that the work was being commissioned and funded by the London Mental Health CEOs Group, and the strategy would be led by them, with the Medical Director's Group reviewing it. Ms Greatley explained that the group represented all the mental health trusts in London and their patients, The aim was for it to become the go-to organisation for policy consultation, and to pull communications people together from all the Trusts involved. Mr Young added that the 11 Trusts involved paid a small amount for central

administration, and this was how the work was funded.

Prof. Bhugra commented on the need for integration between mental and physical health mentioned in 7.1, and asked about the implications. Ms Greatley noted this was a topic on which a wider board discussion would be useful. She commented that when patients have both mental and physical problems the physical are often prioritised and the mental overlooked. Ms Lyon stated the Trust had a lot to offer in this field, especially in thinking about systems and organisations as well as the patient, and was doing considerable work already. Mr Holt noted at the recent Health Conference run by UCL Partners they had discussed patients being given control of their own budgets. Dr Senior noted that this was a major part of our strategic direction. Ms Greatley suggested that Ms Lyon and Dr Harris discuss with Mr Jenkins the best forum to have a further discussion of this topic

AP2

The Board **noted** the report.

7.   Finance & Performance Report

Mr Young introduced the report by noting that the position for the year had not changed significantly from last month.

He noted that deferring the FNP income to the following year (section 2.2.1) was looking positive, but not yet finalised. With regards to GIDS (section 2.2.8), he noted that they had recruited staff and by using staff flexibly were coping with their expansion and over-performance. For SAMHS the underspend will not increase and they will be close to budget for the rest of the year.

Prof. Bhugra noted that the income from training was well below budget, p.21 & 22, and asked what measures were being taken concerning this. Mr Young explained that the majority of this was due to FNP, and was there because they wanted to carry it over to the following year when it would be needed.

Mr Holt noted the expenditure figures in 3.2.1, and Mr Young commented that the original plan had been to use the entire surplus, but whilst some key posts had been filled, other posts were still vacant, so we might not use all of it.

The Board **noted** the report.

8. Training and Education Programme Management Board Report

Mr Young introduced the report by noting that it was great news that the University of Essex' Senate had approved the partnership, and that work was now in progress on the schedule of validations and other details of the collaboration.

Commenting on student recruitment in section 8 Mr Young noted that for 5 courses it had been decided in June to cease recruitment, either because of the courses' unprofitability or due to plans to merge them, which had impacted on numbers. In addition, the lack of a marketing officer in post had a negative impact.

Concerning recruitment for 2015, section 3.4, there was an active process in place involving the Associate Director and the Associate Deans to set targets and achieve them, whilst continuing to review which courses were less effective.

Mr Holt noted that the emphasis in the report was on headcount, and asked whether they also considered margin. Mr Young confirmed that the emphasis in reviewing courses was on margin and income, and that whilst there were targets for headcount, these were designed to increase margin and profitability.

Ms Murphy noted the difficulty of predicting numbers, and the uncertainty for next year despite the mitigation measures. Dr McPherson commented that education and training had not previously been given the support it needed, but this felt to have changed. Ms Murphy noted the timing made it difficult, but whilst this didn't mean that a significant difference couldn't be made quickly it would place further pressure on the incoming Director.

Prof. Bhugra asked if there was an update on the use of Skype, section 6.3. Mr Young confirmed that it had been discussed in the Management Team, and explained how it would be taken forward with clinical input. Dr McPherson commented that it was for management to identify the issues, decide on best practice and implement it. Dr Senior gave details of a recent case to illustrate the need to have agreed guidelines in place urgently.

The Board **noted** the report.

9. Service Line Report – SAMHS Complex Needs

Mr Evans introduced the report by noting that it was hard to sell specialty services in the current market which was driving towards local provision, but despite this they remained buoyant with good feedback from patients and

commissioners.

Mr Evans stressed his view of the importance of integrating training and clinical work, and that whilst he understood the reasons the Trust was going in another direction he thought someone new was now needed to take the work forward, and so he was stepping down. He noted that the staff and their work were of the highest quality with good prospects.

Ms Greatley thanked Mr Evans for the good and thorough report, especially in making clear the clinical breadth of the work. Ms Greatley also thanked him for his work and commitment to the service, and for his openness in sharing his strong feelings.

Prof. Bhugra offered his congratulations on the reduced DNA rates in section 5.2, but noted the data that was lacking on ethnic origin. Mr Evans explained that their patients gave the information they felt was relevant to the reasons they were attending, and little else. Mr Young noted that whilst some other Trusts were much better, for example Camden and Islington were at 90%, others were worse. Mr Evans agreed to follow up on this and find out what systems other Trusts had in place. Dr Senior commented that it was important to identify the need in the community from particular ethnic groups or communities, before there was any point in doing further work on collecting EO data.

Dr McPherson asked whether the Choice Clinic was in a position to be promoted more widely. Mr Evans explained that they were going to discuss how to take it forward, but noted that the proportion of complex difficult cases was currently too much for the workforce, many of whom were trainees. Ms Greatley noted that because of the Single Point of Entry and restricted funding people were not necessarily getting the best service. Mr Evans commented that providers wanted to offer various services, but in the end the commissioners said the money all came out of the same pot. Dr McPherson commented that this patient group cost the NHS a lot of money and the service could save the commissioners money, so we had to explain that to them.

Ms Jones asked with regards to the serious untoward incidents, item 9, if a staff meeting had gone ahead, and how were they coping. Mr Evans gave some background to the incidents and confirmed they were doing thorough internal investigations of each of them, and there had been no criticism externally of the Trust. He noted that 5 of the 6 were high risk patients who were being jointly managed with Camden and Islington. He confirmed that they had met with the clinicians to see if anything could have been done differently. Dr Senior commented that they needed a fuller discussion of the

escalation of risk, and it was difficult to work out how much to attribute to the different population profile due to cuts, or to staff who might be less well held, or what might be more random. He commented that the productivity savings with their implications for morale would tie in to this.

Mr Holt asked how patients who had to wait for a year before starting treatment were managed in the interim period, and if this was risky. Mr Evans explained that they were quickly seen for assessment, and then a decision was made on how to handle them, and they could get in contact with the Trust in the interim period via their assessor. Trying to keep patients involved was hard work, and discharging them earlier would be simpler, but that would not be best for the patient and so was not the way the service worked.

The Board **noted** the report.

10   CQSG Report, Q2, 2014/15

Dr Senior introduced the report, giving a brief overview of the structure of workstream reports, and the assurance it gave the Board on clinical safety, quality and governance. He noted the temporary work stream linked to the Committees aspiration to improve it's, which was linked to preparing for how a regulator would take a different approach to understanding their work.

The Board noted that the fourth bullet point on page 76 should be removed.

Dr McPherson commented that the report was a lot easier to understand now, and thanked Dr Senior.

The Board **approved** the report with the amendment.

11   Follow up to Staff Survey – Action Plan

Ms Thomas gave the background of the problem, which had first been raised in the last National Staff Survey, and followed up with a more in depth survey within CAMHS, and now with this action plan.

Ms Thomas reported that a lot of work had been done within HR and the Management Team, looking at what action could be taken. To effect change a number of interventions would be needed, and included within existing training events such as the INSET day and Induction. The Staff

Advice and Consultation Service (SACS) had been relaunched, and they were looking at the provision of a confidential helpline.

Ms Bell explained that the SACS had been in place for a number of years, and although detailed records were not kept, it was estimated it was used 10 to 12 times a year. It was being relaunched with more emphasis on work related and personal stress, and a group of 30 staff, from across the Trust, had volunteered to take part. The service would offer up to three sessions of consultation, giving advice or access to outside help. The confidential service would take more records of the issues being presented, and these would be audited in 6 months and a report returned to the board.

Ms Bell reported that they had been thinking carefully about whether an internal or external helpline would be more helpful. An internal line would not be as confidential but there were a lot of staff in the Trust, especially in Tavistock Consulting, who had been trained to think systemically about the issues and so would be able to feedback any organisational lessons that could be learnt. An alternative would be an external service such as the one used by local Trusts, which was relatively inexpensive, but the quality of which they were still researching. Ms Thomas added that in addition to a new system, people did already come to her and others for advice without using formal language or procedures, and it was important for us to continue to be open to these approaches.

Ms Gizbert commented the definitions meant different things to different people, and from her experience it was possible to over-react to figures of this sort, and wondered what the cost of the proposed help line would be. Ms Thomas explained that the SACS had always been in place and did not involve a cost, but there may have been under reporting and so felt trying an alternative would be helpful, and the cost was only approximately £2,000 per annum.

Mr Holt noted that it was important not to underplay the issue, especially as budget pressures might make things worse. He asked whether the helpline would point people towards the channels where they could take things further, and asked about the possibility of 360 feedback in appraisals, which can alert people who don't realise the impact of their actions. Ms Bell commented that there was very good literature from ACAS available which would form the basis of helpline training.

Prof Bhugra suggested that the service be renamed as stress in the workplace, to include issues such as workload and stress alongside bullying and harassment, and asked whether mental health rates amongst staff were captured, and help offered. Ms Thomas explained that they did reach

out to those staff who had reported a disability, to offer support, but this system was only able to help those who did declare, and some staff did not want to, and they were working on reaching these staff through events such as Time to Talk.

Ms Murphy welcomed the systemic approach and noted that the increase in reporting could be a symptom of other things happening that management needed to know about. She suggested that it was helpful to be seen to respond to the survey so the telephone line would be a good step and it could be reviewed in 6 months. Dr Harris noted that a number of her staff had spoken to her about the follow up survey and had been impressed to see us listening and responding seriously.

AP3

The Board **approved** the proposals of the report.

12 New Student Information Management System for Training and Education

Mr Young introduced the report by explaining the system in current use was about 16 years old and had limitations that affected the work of the directorate. Whilst the Management Team were sceptical of the precise details of the return on investment calculation they did agree that the current system was not viable. Mr Bannister clarified that the new system would link information to provide the capacity to handle larger student numbers, and the ROI calculation was an attempt to try and quantify that.

Mr Bannister added that the new system would support the strategic direction of education and training, and it would transform the administrative work and improve planning and marketing.

Ms Gizbert complimented the business case but queried whether the 2% increase given in section 6.2.3 meant that the system did marketing itself, and asked how the scores had been calculated in the risk register. Mr Bannister confirmed that while the system did not directly do marketing, they were not currently able to capture enquiries and follow them forward, which had implications for marketing. With regards to the scores, he explained that they followed the Trust's risk assessment procedure and inevitably contained some measure of subjectivity.

Mr Holt agreed a new system was needed, but stressed that for the project to be successful it was important to detail at the outset the management information outputs they wanted to receive from the system, and although some were listed they needed to be more specific.

The Board **approved** the proposal to proceed with procurement of the system.

13 Developing a Research and Development Strategy

Dr Senior explained that the report was an update on progress in response to Shaping Our Future, and more detail would come in the new year. Dr Senior noted that there was significant work being done by a number of people, especially through other organisations, and this needed to be gathered together and promoted. Improving the R&D section of the website would be the first step in this process.

Ms Murphy agreed that the first step should be to find out what was currently happening, and cautioned that from her experience the effort required to gather that information could be phenomenal. Ms Murphy noted that the replacement of Culyer funding with the National Institute for Health Research (NIHR) meant that it you now needed to apply for grants, and the system was transparent with a range of grants available. Progress would inevitably involve partnerships with other organisations.

AP4

Prof. Bhugra suggested that as this was such an important issue time should be set aside for the board to take it forward. Ms Greatley agreed suggested discussion at a Director's Conference. Dr Senior agreed, and noted that the Trust had resources but a gap in understanding existed between those running the Masters and PhD courses about funded research. He noted that the competition for funding in London was especially tough, and they would have to find a niche, and partners.

14 Any other business

Ms Greatley noted that the scheduled patient story had fallen through this month, but they would have at least one more in the new year before taking some time to review them together.

Mr Young tabled a resolution to continue the financing facility with Lloyds Bank Plc, explaining that the bank had requested a new resolution following the change in directors. The resolution covers a facility of up to £2M, but the agreement with Lloyds was only to be for £1M. He noted that the facility had been in place since the Trust gained FT status, but had never been used.

The Board **approved** the resolution.

Part 1 of the meeting concluded at 4.15pm.

Minutes of Previous Meeting

Outstanding Action Part 1

Action Point No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date	Progress Update / Comment
3	Apr-14	8. Annual Complaints Report	Time to respond to be added to future complaints reports	Jane Chapman	April 2015	Confirmed that Ms Chapman is still responsible for the report.
3	Nov-14	11. Follow up to staff survey -action plan	Further update to the staff survey action plan to return to the board	Susan Thomas	May-15	
4	Nov-14	13. Developing a Research and Development Strategy	Arrange an opportunity for the Board to have a more indepth discussion of R&D	Rob Senior	Mar-15	Discussion scheduled for February board lunch.

Outstanding Actions

Board of Directors : January 2015

Item : 6

Title : Chief Executive's Report (Part1)

Summary:

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

For : Discussion

From : Chief Executive

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Chief Executive's Report

1.   Financial position

1.1   As highlighted in Finance and Performance report, the Trust continues in a positive position in respect of its financial performance in 2014/5.

1.2   Work continues in preparing a balanced budget for 2015/6 and a more detailed update has been prepared for Part 2 of the meeting. As agreed with the Board in November a Voluntary Severance Scheme has been launched at the beginning of the year as part of our plans to secure the required level of savings.

2.   Business Development

2.1   A significant focus for the Management Team has been ongoing work on the two major CAMHS tenders we have bidding for in Essex and Hampshire.

2.2   An important opportunity is also presenting itself to bid for "The Team around the Practice" project in Camden which is closely built on the model of the Primary Care Psychotherapy Service we operate in City and Hackney.

3.   Staff and leadership engagement

3.1   On December 2nd we held the first wider Leadership Conference. This was generally welcomed as a helpful way of engaging a wider cohort of senior clinical and managerial staff across the Trust, together with the involvement of the Non-Executive Directors, in key strategic issues impacting on the Trust. It is my intention to have two follow up meetings across the year.

3.2   I have also a new Clinical Professional Advisory Group which will replace the Trust Clinics Committee as a key channel for engaging with senior clinicians in the Trust.

4.   Marketing and Communications

4.1   Following a competitive set of interviews Brian Rock and I have appointed Laure Thomas to the post of Director of Marketing and Communications at the Trust. Laure who is currently undertaking a

senior communications post at the Department of Business Innovation and Skills will be joining us on 25th February.

5.   Cavendish Square Group

5.1   The 10 Mental Health Trusts in London having been investing in a programme of work to raise the profile of mental health in London. This will be launched more formally on 25th February when the Minister Norman Lamb will give the Group's Informal Lecture.

6.   Mission and Values

6.1   In the light of discussion at Council of Governors meeting on 4th December we are undertaking a programme of work to refresh the Trust's statement of Mission and Values. A task and finish group has been set up involving representatives of the Governors, Board of Directors and staff. It is hoped to bring a statement for agreement to the April or May meeting of the Board of Directors.

Paul Jenkins
Chief Executive
19th January 2015

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Board of Directors : January 2015

Item :   7

Title :   Finance and Performance Report

Summary:

After nine months a surplus of £997k is reported before restructuring and assuming that the FNP underspend is deferred; this is £947k above the revised budget surplus of £50k. Income from training and consultancy has fallen below expectations, but this has been offset by underspends across a number of services.

The current forecast for the year is a surplus of £490k (before restructuring costs of £29k).

The cash balance at 31 December was £3,936k which is above plan due to salary payments being lower than anticipated in addition to old year payments from commissioners. Cash balances are expected to be lower by the end of the financial year but will remain above plan.

This report has been reviewed by the Management Team on 22 January.

This report focuses on the following areas:
- Risk
- Finance

For :   Information.

From : Deputy Chief Executive and Director of Finance

Finance & Performance

1. External Assessments

1.1 Monitor

1.1.1 The Monitor submission for the third quarter is due to be submitted at the end of January. The continuity of service risk rating (CoSRR) is expected to remain at 4, which is on plan; and governance rating of Green. The CoSRR is expected to reduce to 3 by the end of the financial year, but this remains satisfactory.

2. Finance

2.1 Income and Expenditure 2014/15 (Appendices A, B and C)

2.1.1 After December the trust is reporting a surplus of £997k before restructuring costs, £947k above budget. FNP are currently £664k underspent, but the corresponding amount of income plus an amount reflecting the 2013/14 performance has been deferred. GIDU are currently over their income target due to additional cost and volume plus the release of income from last year. Overall, income year-to-date is £481k below budget (mainly due to the FNP deferral, offset by GIDU), and expenditure £1,385k below budget.

2.1.2 Income is £200k above budget overall for the month which is primarily due to the GIDU over performance for the month. This has been offset by an increase to the FNP deferral. TC income is cumulatively £72k below target (across Consultancy and Training) and this is offset by an underspend of £36k.

2.1.3 CAMHS Clinical was £38k below target cumulatively due to shortfall on the non-recurrent savings targets for 2014/15. These main income sources and their variances are discussed in sections 3, 4 and 5.

2.1.4 For an externally funded Finance project, the £5k over spend to date (within the Finance line) is matched by a £5k favourable variance on Other Income, since the funding is released in line with costs.

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

2.1.6 The favourable movement of £370k on the expenditure budget in month 9 was due mainly to the rephrasing of the DET Central pay budget in addition to continued low expenditure on FNP during December and a number of variances spread across the organisation. The cumulative underspend of £1,385k is primarily due to FNP at £664k and unused reserves totalling £281k.

2.1.7 The service line report (Appendix C) reflects the management structure before recent changes. The surplus in SAAMHS, significantly higher than Plan, includes the additional income in GIDS as well as savings in other departments. The new management responsibilities, with GIDS and the Adolescent and Young Adult service moving to CAMHS, will be used for the 2015/16 budget.

2.2 Forecast Outturn

2.2.1 The forecast surplus before restructuring of £490k is £450k above budget. FNP

are currently predicting a £667k under spend; we have agreed with the commissioner to defer the corresponding income to 2015/16, the effect on the Trust's surplus has been removed. In addition we are deferring the equivalent of the FNP 2013/14 surplus of £415k.

2.2.2 Clinical income is currently predicted to show £623k above budget due the following:

    2.2.2.1 The release of deferred income from 2013/14 for GIDU and Portman Mentalisation Based Therapy.

    2.2.2.2 GIDU have over performed against budget by £320k for the first half of the year. As this performance level is not guaranteed for the remainder of the year no additional income has been forecast.

    2.2.2.3 NPA income was budgeted at £131k for the year which was an under-statement. The NPA income is £65k above budget at December and is expected to be £86k favourable by year end.

2.2.3 CAMHS Training fees are currently £155k above budget and are expected to be £151k above budget by the end of the financial year.

2.2.4 SAAMHS Training is expected to be £214k adverse, due to student numbers.

2.2.5 TC consultancy income is currently £51k below budget but they expect to be on target at the end of the financial year

2.2.6 GIDU are currently £86k under spent but expect to have a balanced expenditure budget at the end of the year.

2.2.7 Complex Needs are forecasting £130k underspend on vacancies.

2.2.8 SAAMHS budgeted £105k income from Clinical Income growth of which only £14k is expected in 2014/15.

2.2.9 CAMHS budgeted £96k income from Clinical Income growth of which only £35k is expected in 2014/15.

2.2.10 R&D Expenditure is expected to be £100k below budget due to Anna Freud recharge finishing. R&D income is forecast to be £53k above target due to 2013/14 income being invoiced in 2014/15.

2.2.11 The forecast allows for the investment reserve of £120k to be fully utilised (further decisions on allocation are to be made shortly); and also for the remaining contingency reserve of £177k to be needed.

2.2.12 Depreciation is expected to be £31k above budget.

2.3 <mark>Cash Flow (Appendix D)</mark>

2.3.1 The actual cash balance at 31 December was £3,936k which is a decrease of £1,433k in month, due to the HEE funding for the whole quarter having been paid in advance in October. The position is £2,574k above plan, due to

Finance & Performance

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payments for 2013/14 NHS contracts which were excluded from the plan, in addition to the current 2014/15 surplus.

2.3.2 The cash forecast is to be £2.1m above plan. This is due to the additional NHS old year payments, the FNP deferral/underspend and the forecast surplus.

		Cash Flow year-to-date		
		Actual	Plan	Variance
		£000	£000	£000
Opening cash balance		**2,757**	2,757	0
Operational income received				
	NHS (excl SHA)	**14,903**	13,620	1,283
	General debtors (incl LAs)	**6,418**	5,798	620
	SHA for Training	**8,745**	8,366	379
	Students and sponsors	**2,143**	2,075	68
	Other	**0**	0	0
		32,209	29,859	2,350
Operational expenditure payments				
	Salaries (net)	**(12,045)**	(12,689)	644
	Tax, NI and Pension	**(9,378)**	(9,431)	53
	Suppliers	**(8,484)**	(7,466)	(1,018)
		(29,907)	(29,586)	(321)
Capital Expenditure		**(957)**	(1,450)	493
Interest Income		**9**	4	5
Payments from provisions		**0**	(11)	11
PDC Dividend Payments		**(175)**	(211)	36
Closing cash balance		**3,936**	1,362	2,574

2.4 Capital Expenditure

2.4.1 Up to 31 December, expenditure on capital projects was £957k. This is below the expected level of £1,450k due to lower than expected expenditure on the Refurbishment/Relocation, FNP Website and the delayed start to the DET records management project.

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Capital Projects 2014/15	Budget	Actual YTD December 2014
	£'000	£'000
33 Daleham Gardens	35	15
Portman Windows	70	18
Seminal Room Improvement	55	53
Build Management Systems	-	16
Fire door	-	3
Board Room air conditioner	-	7
Passenger lift	45	3
Studios	120	76
Boiler at the Portman Clinic	25	-
Library refurbishment	-	27
Relocation/Refurbishment Project	600	329
Modular Building		13
Others	25	-
Total Estates	975	560
IT Infrastructure	350	163
IDCR Project	529	233
DET Records Management	164	-
FNP Website and Records System	300	-
Total IT	1,343	396
Total Capital Programme	2,318	956

2.4.2 The capital budget for the year is £2,318k, but actual costs are expected to be some £450k below this.

2.5 Statement of Financial Position (aka Balance Sheet) (Appendix E)

2.5.1 The cash position is favourable as mentioned above due to the lower than planned debtors, reduced capital spend and the higher than planned Trust surplus. Trade payables are above plan due to FNP accruals being higher than anticipated. Liabilities are also higher than plan due to the deferral of FNP income.

3. ==Training==

3.1 Income

3.1.1 Training income is £1,007k below budget in total after nine months. Details are below. FNP income is currently being reported as £1,022k below budget, as £960k is being deferred to next year.

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LDA income (lines 4-7 appendix B)	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast £'000
NHS London Training Contract	5,507	5,507	0	0
Child Psychotherapy Trainees	1,611	1,624	13	0
Junior Medical Staff	718	762	45	0
Postgraduate Medical and Dental (budget incl. study leave)	70	31	-39	0
Sub Total	**7,906**	**7,925**	**19**	**0**
Fees and academic income (lines 8-11 Appendix B)				
DET	1,243	1,192	-50	-86
CAMHS	2,265	2,420	155	151
FNP	3,352	2,330	-1,022	-960
SAAMHS	1,217	1,129	-88	-214
TC	171	150	-20	-51
Sub Total	**8,247**	**7,221**	**-1,026**	**-1,160**
Grand Total	**16,154**	**15,146**	**-1,007**	**-1,160**

3.1.2 If we exclude FNP then training income is £15k above target year to date. This is mainly due to an LCCPD shortfall of £121k which has been offset by HEFCE and short course income

3.1.3 The National Training Contract was increased in Qtr3 by short term funding of £166k to support development posts to 31st March 2015. The full year budget has been revised accordingly

3.1.4 The Training income forecast excluding FNP is £200k adverse. This is primarily due to fee income. Fee income for the full academic year 2014-15 is currently expected to be £200k below Plan.

3.1.5 The postgraduate medical and dental education income is £39k adverse to budget, as the income for study leave is now incorporated in the junior medical staff tariff.

3.2 Expenditure

3.2.1 Expenditure is currently £228k under spent at the end of December. Pay cost underspend is forecast to be £118k below budget; this is predominantly due to delayed recruitment of new posts. There have also been several vacant posts in the Technology Enhanced Learning Unit.

4. Patient Services

4.1 <mark>Activity and Income</mark>

4.1.1 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.

4.1.2 Variances in other elements of clinical income, both positive and negative, are shown in the table below. However, the forecast for the year is currently in line with budget in most cases, not in line with the extrapolated figures shown as "variance based on year-to-date."

4.1.3 The income budget for named patient agreements (NPAs) was reduced this year from £196k to £131k. Up to December actual income is £66k above budget and is expected to be £86k favourable by the end of the year.

4.1.4 Court report income has a reduced budget from £113k for 2013/14 to £28k in 2014/15. There has been £13k to date, so we are £8k below budget. This income stream is expected to be £10k below budget at the end of the year.

4.1.5 Day Unit Income target was reduced by £210k in 2014/15 and is £19k above target after December.

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.

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[†] Commissioning for Quality and Innovation

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	Budget	Actual	Variance	Full year		Comments
	£000	£000	%	Variance based on y-t-d	Predicted variance	
Contracts - base values	10,074	10,174	1.0%	133	227	GIDU and MBT income deferred from 13/14. Offset by new projects
Cost and vol variances	244	564	131.3%	427	320	GIDU over performance
NPAs	98	164	66.9%	130	86	
Projects and other	786	908		–	0	Income matched to costs, so variance is largely offset.
Day Unit	485	504	3.7%	24	0	
FDAC 2nd phas	603	457	-24.2%	-187	0	Income matched to costs, so variance is largely offset.
Court report	21	13	-35.9%	-10	-10	
Total	12,312	12,784		517	623	

5. <mark>Consultancy</mark>

5.1 TC are £36k net below their budgeted target after nine months. This consists of expenditure £36k underspent, TC Training Fees £20k below budget and consultancy £51k below budget. TC are currently reviewing and revising their forecast income and expenditure for the rest of the year.

5.2 Departmental consultancy is £37k below budget after December; SAAMHS are currently £16k below budget and CAMHS have a £20k shortfall. However, both departments expect this position to improve by the end of the financial year.

Carl Doherty
Deputy Director of Finance
14 January 2015

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2014-15

		Dec-14			CUMULATIVE			FULL YEAR 2014-15		
		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	1,304	1,502	198	12,312	12,784	472	16,401	17,025	623
2	TRAINING	1,816	1,828	12	16,154	15,146	(1,007)	21,527	20,367	(1,160)
3	CONSULTANCY	96	96	1	1,105	1,017	(88)	1,492	1,490	(2)
4	RESEARCH	10	12	2	92	167	75	123	175	53
5	OTHER	86	74	(12)	517	623	106	776	867	91
TOTAL INCOME		**3,312**	**3,512**	**200**	**30,181**	**29,738**	**(443)**	**40,319**	**39,923**	**(395)**
OPERATING EXPENDITURE (EXCL. DEPRECIATION)										
6	CLINICAL DIRECTORATES	1,319	1,289	30	11,739	11,535	204	15,650	15,590	60
7	OTHER TRAINING COSTS	1,401	1,118	283	11,275	10,383	892	15,011	14,248	763
8	OTHER CONSULTANCY COSTS	66	53	12	590	554	36	787	787	0
9	CENTRAL FUNCTIONS	639	632	7	5,521	5,514	7	7,468	7,514	(46)
10	TOTAL RESERVES	48	0	48	281	0	281	397	297	100
TOTAL EXPENDITURE		**3,473**	**3,093**	**380**	**29,406**	**27,986**	**1,420**	**39,313**	**38,436**	**877**
EBITDA		**(161)**	**419**	**580**	**774**	**1,752**	**977**	**1,006**	**1,487**	**481**
	ADD:-									
11	BANK INTEREST RECEIVED	0	1	(1)	4	9	(5)	5	5	0
	LESS:-									
12	DEPRECIATION & AMORTISATION	46	56	(10)	412	448	(36)	550	581	31
13	FINANCE COSTS	0	0	0	0	0	0	0	0	0
14	DIVIDEND	35	35	0	316	316	0	421	421	(0)
SURPLUS BEFORE RESTRUCTURING COSTS		**(241)**	**330**	**570**	**50**	**997**	**947**	**40**	**490**	**450**
15	RESTRUCTURING COSTS	0	51	(51)	0	80	(80)	0	80	(80)
SURPLUS/(DEFICIT) AFTER RESTRUCTURING		**(241)**	**279**	**518**	**50**	**917**	**867**	**40**	**410**	**370**
EBITDA AS % OF INCOME		-4.9%	11.9%		2.6%	5.9%		2.5%	3.7%	

Finance & Performance

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2014-15

<div align="right">**APPENDIX B**</div>

	All figures £000	Dec-14			CUMULATIVE			FULL YEAR 2014-15			
		BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	OPENING BUDGET	REVISED BUDGET	FORECAST	REVISED BUDGET VARIANCE
	INCOME										
1	CENTRAL CLINICAL INCOME	631	641	10	5,421	5,500	78	7,054	7,213	7,438	225
2	CAMHS CLINICAL INCOME	343	336	(7)	2,928	2,891	(38)	3,987	3,886	3,828	(59)
3	SAAMHS CLINICAL INCOME	331	526	195	3,963	4,393	431	4,398	5,302	5,758	457
4	NHS LONDON TRAINING CONTRACT	638	638	0	5,507	5,507	0	7,254	7,420	7,420	0
5	CHILD PSYCHOTHERAPY TRAINEES	179	197	18	1,611	1,624	13	2,148	2,148	2,148	0
6	JUNIOR MEDICAL STAFF	80	85	5	718	762	45	1,022	957	957	0
7	POSTGRADUATE MED & DENT'L EDUC	8	4	(4)	70	31	(39)	94	94	94	0
8	DET TRAINING FEES & ACADEMIC INCOME	69	140	71	1,243	1,192	(50)	1,739	1,362	1,276	(86)
9	FAMILY NURSE PARTNERSHIP	372	306	(67)	3,352	2,330	(1,022)	4,469	4,469	3,510	(960)
10	CAMHS TRAINING FEES & ACADEMIC INCOME	256	265	9	2,265	2,420	155	2,274	3,033	3,184	151
11	SAAMHS TRAINING FEES & ACADEMIC INCOME	190	174	(16)	1,217	1,129	(88)	1,530	1,787	1,572	(214)
12	TC TRAINING FEES & ACADEMIC INCOME	24	20	(5)	171	150	(20)	282	257	206	(51)
13	TC INCOME	50	60	10	675	624	(51)	925	925	925	0
14	CONSULTANCY INCOME CAMHS	6	0	(5)	70	50	(20)	110	87	87	1
15	CONSULTANCY INCOME SAAMHS	40	36	(4)	360	344	(16)	492	480	477	(3)
16	R&D	10	12	2	92	167	75	123	123	175	53
17	OTHER INCOME	86	74	(12)	517	623	106	1,159	776	867	91
	TOTAL INCOME	**3,312**	**3,512**	**200**	**30,181**	**29,738**	**(443)**	**39,059**	**40,319**	**39,923**	**(395)**
	EXPENDITURE										
18	COMPLEX NEEDS	298	278	20	2,681	2,530	151	3,560	3,575	3,439	136
19	PORTMAN CLINIC	93	87	7	1,092	1,023	69	1,225	1,474	1,419	55
20	GENDER IDENTITY	126	142	(17)	1,130	1,044	86	1,253	1,506	1,506	0
21	DEV PSYCHOTHERAPY UNIT	9	13	(3)	85	125	(40)	114	113	153	(40)
22	NON CAMDEN CAMHS	359	357	2	3,043	3,100	(56)	4,231	4,052	4,059	(7)
23	CAMDEN CAMHS	388	374	14	3,319	3,300	20	4,350	4,404	4,413	(9)
24	CHILD & FAMILY GENERAL	45	37	8	389	415	(25)	503	526	601	(76)
25	FAMILY NURSE PARTNERSHIP	339	230	109	3,049	2,385	664	3,575	4,066	3,399	667
26	JUNIOR MEDICAL STAFF	83	80	2	745	699	46	966	993	993	0
27	NHS LONDON FUNDED CP TRAINEES	179	187	(8)	1,611	1,614	(2)	2,148	2,148	2,148	0
28	TAVISTOCK SESSIONAL CP TRAINEES	2	3	(1)	14	23	(9)	19	19	31	(12)
29	FLEXIBLE TRAINEE DOCTORS & PGMDE	25	16	10	229	213	16	394	306	296	10
30	EDUCATION & TRAINING	401	231	171	2,906	2,619	287	3,447	3,641	3,477	164
31	VISITING LECTURER FEES	125	119	6	855	876	(21)	1,229	1,229	1,193	36
32	CAMHS EDUCATION & TRAINING	118	121	(2)	1,064	1,172	(107)	1,429	1,420	1,538	(118)
33	SAAMHS EDUCATION & TRAINING	129	131	(2)	802	778	24	939	1,189	1,168	21
34	TC EDUCATION & TRAINING	0	1	(1)	0	5	(5)	0	0	5	(5)
35	TC	66	53	12	590	554	36	815	787	787	0
36	R&D	20	12	8	180	61	120	169	241	81	159
37	ESTATES DEPT	173	173	(0)	1,554	1,600	(46)	2,078	2,072	2,157	(85)
38	FINANCE, ICT & INFORMATICS	162	164	(2)	1,456	1,528	(72)	2,326	1,942	2,017	(75)
39	TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	86	82	4	730	728	2	998	989	984	5
40	COMMERCIAL DIRECTORATE	62	61	1	623	579	44	738	837	812	25
41	HUMAN RESOURCES	57	72	(15)	514	549	(36)	632	685	760	(75)
42	CLINICAL GOVERNANCE	80	67	12	463	468	(5)	587	702	702	0
43	PROJECTS CONTRIBUTION	0	0	0	0	0	0	(73)	0	0	0
44	DEPRECIATION & AMORTISATION	46	56	(10)	412	448	(36)	550	550	581	(31)
45	IFRS HOLIDAY PAY PROV ADJ	8	0	8	75	0	75	100	100	0	100
46	PRODUCTIVITY SAVINGS	0	0	0	0	0	0	(134)	0	0	0
47	INVESTMENT RESERVE	10	0	10	90	0	90	120	120	120	0
48	CENTRAL RESERVES	30	0	30	116	0	116	315	177	177	0
	TOTAL EXPENDITURE	**3,518**	**3,148**	**370**	**29,819**	**28,434**	**1,385**	**38,603**	**39,863**	**39,017**	**846**
	OPERATING SURPLUS/(DEFICIT)	**(207)**	**364**	**571**	**362**	**1,304**	**942**	**456**	**456**	**906**	**450**
49	INTEREST RECEIVABLE	0	1	1	4	9	5	5	5	5	0
50	DIVIDEND ON PDC	(35)	(35)	0	(316)	(316)	0	(421)	(421)	(421)	0
	SURPLUS/(DEFICIT)	**(241)**	**330**	**571**	**50**	**997**	**947**	**40**	**40**	**490**	**450**
51	RESTRUCTURING COSTS	0	51	(51)	0	80	(80)	0	0	80	80
	SURPLUS/(DEFICIT) AFTER RESTRUCTURING	**(241)**	**279**	**520**	**50**	**917**	**867**	**40**	**40**	**410**	**370**

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SLR Report M9 2014-15

	Trust Total		SAMHS		CAMHS	
	Budget M9 2014-15	Actuals M9 2014-15	Budget M9 2014-15	Actuals M9 2014-15	Budget M9 2014-15	Actuals M9 2014-15
	£000	£000	£000	£000	£000	£000
Clinical Income	12,528	13,034	5,519	6,063	7,009	6,971
Training course fees and other acad income	9,339	8,381	2,254	2,152	7,085	6,228
National Training Contract	5,441	5,441	1,830	1,830	3,611	3,611
Total Training Income	14,780	13,821	4,085	3,982	10,695	9,839
Consultancy Income	871	646	856	639	15	7
Research and Other Income (incl Interest)	210	277	84	109	126	168
Total Income	**28,388**	**27,778**	**10,543**	**10,793**	**17,845**	**16,985**
Clinical Directorates and Consultancy	17,092	16,217	6,298	5,956	10,794	10,261
Other Training Costs (in DET budget)	3,437	3,301	1,087	1,045	2,351	2,256
Research Costs	317	195	121	74	196	121
Accommodation	1,887	1,945	903	931	984	1,015
Total Direct Costs	**22,734**	**21,658**	**8,408**	**8,005**	**14,326**	**13,653**
Contribution	5,654	6,120	2,135	2,788	3,519	3,332
Central Overheads (excl Buildings)	7,284	7,092	2,472	2,420	4,812	4,672
Central Income	1,834	1,968	551	601	1,282	1,366
Surplus (deficit)	**204**	**996**	**215**	**969**	**90**	**147**
Unallocated Contingency		164				
Total Surplus		**40**				
SURPLUS as % of income	0.7%	3.6%	2.0%	9.0%	0.5%	0.9%
CONTRIBUTION as % of income	19.9%	22.0%	20.3%	25.8%	19.7%	19.6%

Finance & Performance

2014/15 Plan

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	2,757	5,732	4,794	3,240	4,488	3,337	1,761	3,811	2,736	1,362	3,167	2,395	2,757
Operational income received													
NHS (excl SHA)	2,908	1,468	1,239	1,414	1,338	1,308	1,299	1,337	1,309	1,299	1,338	1,309	17,566
General debtors (incl LAs)	671	502	506	663	737	537	721	692	769	664	1,032	868	8,362
HEE 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	0	0	0	0	0	0	0	0	0	0	0	0	0
	6,471	2,262	1,974	4,744	2,218	2,124	5,387	2,421	2,257	5,280	2,613	2,356	40,109
Operational expenditure payments													
Salaries (net)	(1,346)	(1,346)	(1,408)	(1,407)	(1,408)	(1,428)	(1,459)	(1,445)	(1,442)	(1,436)	(1,436)	(1,436)	(16,997)
Tax, NI and Pension	(991)	(995)	(1,045)	(1,053)	(1,053)	(1,053)	(1,068)	(1,092)	(1,081)	(1,079)	(1,075)	(1,075)	(12,660)
Suppliers	(1,159)	(860)	(966)	(934)	(709)	(709)	(709)	(709)	(709)	(709)	(709)	(709)	(9,594)
	(3,496)	(3,201)	(3,419)	(3,394)	(3,170)	(3,190)	(3,236)	(3,246)	(3,232)	(3,224)	(3,220)	(3,220)	(39,251)
Capital Expenditure	0	0	(100)	(100)	(200)	(300)	(100)	(250)	(400)	(250)	(166)	(450)	(2,316)
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0
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	0	0	0	0	0	(211)	0	0	0	0	0	(210)	(421)
Closing cash balance	5,732	4,794	3,240	4,488	3,337	1,761	3,811	2,736	1,362	3,167	2,395	871	871

2014/15 Actual/Forecast

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	2,757	4,441	3,357	4,330	5,086	3,884	2,647	5,695	5,369	3,936	5,818	4,738	2,757
Operational income received													
NHS (excl SHA)	1,852	1,312	3,498	691	1,548	987	2,385	1,750	880	1,376	1,138	1,074	18,491
General debtors (incl LAs)	1,016	564	412	442	971	466	815	1,093	639	664	1,032	868	8,982
HEE for Training	2,443	78	128	2,552	17	162	2,993	77	295	2,567	143	79	11,534
Students and sponsors	277	104	98	105	105	396	738	184	136	750	100	100	3,093
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
	5,588	2,058	4,136	3,790	2,641	2,011	6,931	3,104	1,950	5,357	2,413	2,121	42,100
Operational expenditure payments													
Salaries (net)	(1,344)	(1,396)	(1,401)	(1,275)	(1,290)	(1,285)	(1,342)	(1,356)	(1,356)	(1,436)	(1,436)	(1,436)	(16,353)
Tax, NI and Pension	(1,033)	(1,052)	(1,060)	(1,093)	(1,011)	(1,018)	(1,005)	(1,058)	(1,048)	(1,079)	(1,075)	(1,075)	(12,607)
Suppliers	(1,499)	(679)	(660)	(607)	(1,240)	(524)	(1,316)	(1,010)	(949)	(709)	(709)	(909)	(10,812)
	(3,876)	(3,127)	(3,121)	(2,975)	(3,541)	(2,827)	(3,663)	(3,424)	(3,353)	(3,224)	(3,220)	(3,420)	(39,772)
Capital Expenditure	(29)	(16)	(43)	(60)	(303)	(247)	(221)	(7)	(31)	(250)	(274)	(250)	(1,731)
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Income	1	1	1	1	1	1	1	1	1	0	1	0	10
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments	0	0	0	0	0	(175)	0	0	0	0	0	(210)	(385)
Closing cash balance	4,441	3,357	4,330	5,086	3,884	2,647	5,695	5,369	3,936	5,818	4,738	2,979	2,979

STATEMENT OF FINANCIAL POSITION	Plan 31 December 2014 £000	Actual 31 December 2014 £000	Variance 31 December 2014 £000	Actual 31 March 2014 £000
Non-current assets				
Intangible assets	101	58	(43)	101
Property, plant and equipment	15,118	14,532	(586)	13,981
Total non-current assets	15,219	14,590	(629)	14,082
Current assets				
Inventories				
Trade and other receivables	3,825	3,104	(721)	5,435
Cash and cash equivalents	1,362	3,936	2,574	2,756
Total current assets	5,187	7,040	1,853	8,191
Current liabilities				
Trade and other payables	(2,528)	(3,592)	(1,064)	(4,436)
Provisions	0	(6)	(6)	(6)
Tax payable	(619)	(621)	(2)	(618)
Other liabilities	(2,604)	(1,892)	712	(2,606)
Total current liabilities	(5,751)	(6,111)	(360)	(7,666)
Total assets less current liabilities	14,655	15,519	864	14,607
Non-current liabilities				
Loans	0	0	0	0
Provisions	(64)	(60)	4	(65)
Total non-current liabilities	(64)	(60)	4	(65)
Total assets employed	14,591	15,459	868	14,542
Financed by (taxpayers' equity)				
Public Dividend Capital	3,474	3,474	0	3,474
Revaluation reserve	8,840	8,840	0	8,840
Income and expenditure reserve	2,277	3,145	868	2,228
Total taxpayers' equity	14,591	15,459	868	14,542

Finance & Performance

Board of Directors : January 2015

Item : 8

Title : Training and Education Programme Board – January 2015 report

Summary:

To provide an update on issues relating to training and education, including decisions made at the last meeting of the Training and Education Programme Board in December 2014.

For : Information

From : Chief Executive/Director of Training and Education

Page 1 of 3

Training & Education

Training and Education Programme Board

1.   Brian Rock

1.1   Brian Rock formally took up post as Director of Training and Education and Dean of Postgraduate studies on 5th January.

2.   Training and Education structures

2.1   The Training and Education Programme Board agreed the proposals for a new structure for Training and Education at its meeting on 1st December. This includes the transfer of direct management of staff resources committed to training and education to the Director of Training and Education and the creation of 6 new Portfolio Manager roles which will play a crucial role in co-ordinating the delivery and development of our training and education portfolio.

2.2   Now Brian is in post, he will be commencing the implementation of the new structures with the aim of completing the appointment process by April 2015.

3.   Setting targets for student numbers in 2015/6

3.1   As part of the wider work to prepare a budget for 2015/6 a significant programme of work is underway to develop realistic but stretching targets for student recruitment in the academic year 2015/6.

3.2   The work is focusing, in particular, on areas of our portfolio where we have a good historic record of recruitment and where additional marketing or the scope to extend the capacity of our current courses could lead to an increase in numbers.

3.3   This year the process for establishing targets for training and education has started several months earlier than has been the case in previous years. I am hopeful that this will help us in establishing a greater level of ambition and in better integrating planning and marketing work.

4.   University of Essex

4.1   Following the University Senate's approval of the partnership with the Trust work has been underway to plan the programme of transfer of existing courses to Essex and the necessary programme of

Page 2 of 3

validation which will be required to achieve this. It is hoped, for the most part, to complete the process by the end of the 2016/7 academic year.

4.2   A senior Partnership meeting is being held with key representatives from the University on 28th January in Colchester. The focus of this meeting will be to review arrangements for the strategic governance of the partnership and to look at wider areas for collaboration such as research.

5.   Regional Strategy

5.1   The Training and Education Programme Board has considered at outline proposal for the development of a regional Strategy for the Trust to enable us to demonstrate, more fully, the national reach of our training and education work.

5.2   As part of this we are planning discussions with our Associate Centres in Leeds, Birmingham, Bristol and Oxford to explore the scope for developing wider partnerships which would help deliver a broader reach for our programmes. The first meeting, with the Northern School in Leeds, is planned for 30th January.

6.   Developing choice in IAPT

6.1   We have been commissioned by HENCEL to carry out an important piece of work to scope the workforce implications of broadening access to wider range of interventions as part of the delivery of IAPT services. We have contracted with Malcolm Allen and Jeremy Clarke to deliver the work on our behalf but it is being is being overseen by a Trust Project Board chaired by Brian Rock.

7.   Graduation

7.1   A graduation ceremony is being held on 24th January for those students who have completed University accredited qualifications through the Trust. A total of 375 students have completed these qualifications in the 2013/4 academic year. We expect over 100 students to attend the ceremony.

Paul Jenkins
Chief Executive
January 2015

Page 3 of 3

Training & Education

Board of Directors : January 2015

Item : 9

Title : Tavistock and Portman Charitable Fund Annual Report and Accounts, 2013/14

Purpose:

The report and accounts have been reviewed by the Charitable Fund and are recommended for approval.

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:

- Charitable Fund Committee, 6th January 2015

This report focuses on the following areas:

- Finance

For : Approval

From : Mr Simon Young, Deputy Chief Executive and Director of Finance

Tavistock and Portman Charitable Fund

Annual Report and Accounts 2013/14

TAVISTOCK AND PORTMAN CHARITABLE FUND

ANNUAL REPORT OF THE TRUSTEE

2013/14

1. Reference and Administrative details

The Tavistock and Portman Charitable Fund was established by a Declaration of Trust dated 4 September 1995, to contain all the funds held on trust by the Tavistock and Portman NHS Trust (since 1 November 2006, an NHS Foundation Trust).

Its objects cover *any charitable purpose or purposes relating to the National Health Service wholly or mainly for the services provided by the Tavistock and Portman Clinics*.

Two legacies are registered as separate charities under the "umbrella" of the Charitable Fund, and are included in its accounts.

Correspondence should be addressed to:
    Trust Secretary
    Tavistock and Portman NHS Foundation Trust
    120 Belsize Lane
    London NW3 5BA

Independent Examiner:
    HW Fisher and Company
    The Fisher Organisation
    Acre House
    11-15 William Road
    London NW1 3ER

Bankers:
    National Westminster Bank plc
    3rd Floor
    Argyll House
    246 Regent Street
    London W1R 6PB

Charity registration no. 1049530

2. Structure, Governance and Management

The Tavistock and Portman NHS Foundation Trust is Trustee of the Charitable Fund. The Trust's Board of Directors has appointed a Charitable Fund Committee, whose main duties as listed in its terms of reference are:

- To agree and recommend to the Board a strategic policy for investing and utilising the assets of the Fund in pursuit of its stated purposes; and to review that policy at least every three years.

- To consider and approve any proposals for expenditure above £20,000 from the Fund, except where these relate to external grants awarded for specific purposes.

- To review the financial statements of the Fund annually, and more frequently if appropriate.

The Directors of the NHS Foundation Trust during 2013/14 were as follows:

Chairman
Ms Angela Greatley *

Non-Executive Directors
Mr Altaf Kara – (to October 2013)
Mr Martin Bostock
Ms Joyce Moseley
Mr Richard Strang – (to October 2013)
Dr Ian McPherson
Mr David Holt – (from November 2013)
Ms Caroline Rivet - (from November 2013 to September 2014)

Executive Directors
Dr Matthew Patrick – Chief Executive (to October 2013) *
Mr Paul Jenkins – Chief Executive (from February 2014) *
Ms Lis Jones – Nurse Director
Mr Malcolm Allen – Dean of Postgraduate Studies
Dr Robert Senior – Medical Director
Ms Louise Lyon – Trust Director
Dr Rita Harris _ CAMHS Director
Mr Simon Young – Deputy Chief Executive and Director of Finance
    (Acting Chief Executive October 2013 – February 2014) *

* indicates the members of the Board's Charitable Fund Committee.

The Trust Chair and the Non-Executive Directors are appointed by the Council of Governors of the NHS Foundation Trust.

The Chief Executive is appointed by the Trust Chair and the Non-Executive Directors. The other Executive Directors are appointed by the Trust Chair, the Non-Executive Directors and the Chief Executive.

3. Objectives and Activities

In pursuit of the objects set out above, the main activities of the Fund in 2013/14 were research relating to the Clinics' services; the Tavistock Society of Psychotherapists; and smaller projects for the welfare of patients, staff and trainees.

4. Achievements and Performance

The Fund does not actively raise funds at present, but will continue to manage grants, donations and legacies towards the important objectives of the Trust, especially its research projects.

5. Financial Review 2013/14 (*2012/13 figures in brackets for comparison*)

Income was £77,000 (*£215,000*), and expenditure £92,000 (*£133,000*).

No new investments were made during the year.

Overall, funds decreased by £15,000 in 2013/14, compared to a £82,000 increase in 2012/13. The Fund's current policy is not to hold significant general reserves, since the commitments to projects do not exceed the funds specifically held for those projects. The total value of the Fund at 31 March 2014 was £360,000, being £318,000 in restricted funds and £42,000 in unrestricted funds.

The Committee has started to allocate the generous legacy to the Tavistock Clinic from the estate of the late Miss Margaret Pritchard, and projects funded from this legacy are incurring expenditure in 2014/15.

The independent examiner HW Fisher and Company has carried out an examination on the 2013/14 accounts, of which copies can be obtained from the address on page 2.

6. Plans for Future Periods

The Charitable Fund committee has been pleased to be able to help fund a significant outcome research project at the Tavistock Clinic over several years from two generous legacies. The committee welcomes further donations or legacies, which are likely to be directed towards this or similar projects as part of the Trust's future research strategy.

External grants and the Tavistock Society of Psychotherapists' funds will continue to be used for their intended purposes.

7.Public benefit Statement

The Trustees have complied with their duty in section 17 of the Charities Act 2011 and guidance issued by the Charity Commission in deciding what activities to undertake.

Signed:

_____

Chair

_____

Chief Executive

_____

Date

_____

Date

Tavistock and Portman Charitable Fund

Accounts for the year ended

31 March 2014

Statement of Financial Activities for the year ended 31 March 2014

	Note	Unrestricted Funds £000	Restricted Funds £000	2013-14 Total Funds £000	2012-13 Total Funds £000
Incoming resources					
Incoming resources from generated funds					
Legacies	2.1	0	0	**0**	**127**
Total Incoming resources from generated funds		0	0	**0**	**127**
Operating Activities					
Charitable activities		10	67	**77**	**88**
Total Operating Activities		10	67	**77**	**88**
Total incoming resources		10	67	**77**	**215**
Resources expended					
Charitable expenditure	4.1	18	68	**86**	**123**
Governance	4.2	3	3	**6**	**10**
Total resources expended		21	71	**92**	**133**
Net incoming/(outgoing) resources before Transfers		(11)	(4)	**(15)**	**82**
Gross		0	0	**0**	**0**
Net incoming/(outgoing) resources		(11)	(4)	**(15)**	**82**
Fund balances brought forward at					
31 March 2013		53	322	**375**	**293**
Fund balances carried					
forward at 31 March 2014		42	318	**360**	**375**

Balance Sheet as at 31 March 2014

	Notes	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2014 £000	Total at 31 March 2013 £000
Current Assets					
Debtors: Amount falling due					
within one year:	5.1	17	29	**47**	54
over one year:	5.2	0	0	**0**	2
Cash at bank and in hand		37	283	**320**	350
Total Current Assets		54	312	**367**	406
Creditors: Amounts falling due					
within one year	6.1	1	6	**7**	31
Net Current Assets		53	307	**360**	375
Total Assets less Current Liabilities		53	307	**360**	375
Total Net Assets		53	307	**360**	375
Funds of the Charity					
Income Funds:					
Restricted	7.2	0	318	**318**	322
Unrestricted		42	0	**42**	53
Total Funds		42	318	**360**	375

The notes at pages 3 to 9 form part of this account.
All the above results are derived from continuing operations

Approved and authorised for issue by the Board on .... and signed on its behalf by

Signed:

Date:

Notes to the Account

Accounting Policies   **1**

1.1   **Accounting Convention**

The financial statements have been prepared under the historic cost convention and in accordance with applicable United Kingdom accounting standards and the Statement of Recommended Practice "Accounting and Reporting by Charities" issued by the Charities Commissioners in 2005.

1.2   **Incoming Resources**

a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:

  i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;

  ii) certainty - when there is reasonable certainty that the incoming resource will be received;

  iii) measurement - when the monetary value of the incoming resources can be measured with sufficient reliability.

b) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

1.3   **Resources Expended**

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

The Fund's main expenditure is on research and other activities in furtherance of its objectives. As shown in the Statement of Financial Activities on page 1, a small amount is spent on administration and there has been to date no expenditure on fundraising.

Governance costs include a charge of £4,500 from the Tavistock and Portman NHS Foundation Trust.

1.4 Structure of funds

Where there is a legal restriction on the purpose to which a fund may
be put, the fund is classified in the accounts as a restricted fund.
Funds where the capital is held to generate income for charitable
purposes and cannot itself be spent are accounted for as
endowment funds. Other funds are classified as unrestricted funds.

1.5 Pooling Scheme

An official pooling scheme is operated for investments relating to the following funds:

Tavistock and Portman Charitable Fund
Dean Legacy - (Now closed)
Shaw Legacy

The Scheme was registered with the Charity Commission on 17 March 1998.

Material Legacies received by category	**2** **2.1**		Amount received in aggregate 2014 £000	Amount received in aggregate 2013 £000
		The Charitable Fund gratefully acknowledges receipt of the following Legacies:-		
		The Margaret Pritchard Legacy	**0**	127
		Total	**0**	127

Details of Resources Expended - Other	**4** **4.1**	Other:	Unrestricted Funds £000	Restricted Funds £000	**Total 2014 Funds £000**	Total 2013 Funds £000
		Staff welfare and amenities	15	27	**42**	53
		Research	3	41	**44**	70
		Governance	3	3	**6**	10
			21	**71**	**92**	133

No staff are employed directly by the Charitable Fund. Instead, they are employed by the Tavistock and Portman NHS Foundation Trust and this is reimbursed as shown in note 10.

Analysis of Governance Costs	**4.2**		Unrestricted Funds £	Restricted Funds £000	**Total 2014 Funds £000**	Total 2014 Funds £000
		Independent examiner's fee	1	0	**1**	1
		Legal and Professional fees	2	3	**5**	9
			3	**3**	**6**	10

			31 March 2014 £000	31 March 201 £000
Analysis of Debtors	**5** **5.1**	Amounts falling due within one year:		
		Other debtors	47	54
		Total debtors falling due within one year	47	54
	5.2	Amounts falling due over one year:		
		Other debtors	0	2
		Total debtors falling due after more than one year	0	2
		Total debtors	47	56

			31 March 2014 £000	31 March 2014 £000
Analysis of Creditors	**6** **6.1**	Amounts falling due within one year:		
		Other creditors	6	1
		Accruals	1	30
		Total creditors falling due within one year	7	31
		Total creditors	7	31

Analysis of Funds   **7**

7.1 Endowment Funds

There are no endowment funds held.

7.2 Restricted Funds	Balance 31 March 2013	Incoming Resources	Resources Expended	Transfers	Gains and Losses	**Balance 31 March 2014**
	£000	£000	£000	£000	£000	**£000**
Material funds						
Margaret Pritchard Legacy	127	0	2			**125**
Tavistock Soc. of Psychotherapists	50	43	44			**49**
Suicide in adolescents	37	6	16			**27**
Shaw Legacy	21					**21**
Hosp and Hosp Drs Research	16	1				**17**
Families with Precarious	14					**14**
Journal for Social Work Practice	14	11	8			**17**
Family Therapy &	9					**9**
The Unconscious at Work	7					**7**
Others (24 funds)	27	5	1			**31**
Total	322	67	71	0	0	**318**

Details of material funds - restricted funds

7.3 Name of fund	**Description of the nature and purpose of each fund**
Shaw Legacy	Purposes connected with the Tavistock Clinic, namely for research and grants for students.
Common Investment Fund	Has no funds of its own. Exists as a vehicle for the pooling scheme, to allow the Charitable Fund, the Dean Legacy and the Shaw Legacy to act jointly in investing their funds (ref. Section 24 of the Charities Act 1993).
Margaret Pritchard Legacy	This is a legacy "to the Tavistock Clinic" from the estate of the late Miss Margaret Pritchard. The Committee is now considering the best way of allocating this generous bequest.

Charitable Fund

Contingencies	**8**	The Directors of the Tavistock and Portman NHS Foundation Trust are not aware of any material contingent liabilities relating to the Charitable Fund.
Commitments, Liabilities and Provisions	**9**	There were no commitments under capital expenditure contracts or under charitable projects at the balance sheet date.
Trustee and Connected Persons Transactions	**10**	

10.1 **Details of transactions with trustees or connected persons**

The Charitable Fund reimburses the Tavistock and Portman NHS Trust for staff and other expenses borne on its account.

2013-14		2012-13	
Total charge for the year	**Balance due to the Trust at 31 March**	Total charge for the year	Balance due to the Trust at 31 March
£000	**£000**	£000	£000
5	**(5)**	0	(2)

No trustee received any remuneration during the year and there were no other

expenses reimbursed to any trustee other than those shown above.

No staff are employed directly by the Charitable Fund. Instead, they are employed by the Tavistock and Portman NHS Foundation Trust and this is reimbursed as above.

10.2 **Trustee Indemnity Insurance**
The Charitable Fund provided no indemnity insurance cover during the year.

Loans or Guarantees Secured against assets of the charity	**11**	There were no loans or guarantees secured against assets of the charity.
Connected Organisations	**12**	There were no transactions with connected bodies, except as disclosed in note 10.1 above.
Related party transactions	**13**	**Related party transactions**

The Charitable Fund has made revenue payments to the Tavistock and Portman NHS Foundation Trust which is the sole trustee of the Fund. Details are given in note 10.1 above.

Board of Directors : January 2015

Item : 10

Title : Quarter 3 Governance statement

Purpose:

The Board of Directors is asked to approve three elements of the governance statement to be submitted to Monitor for quarter 3.

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 the Risk Assessment Framework page 21, Diagram 6) which have not already been reported.

This paper has been reviewed by the Management Team on 15 January.

This report focuses on the following areas:
(delete where not applicable)
- Risk
- Finance
- Quality

For : Approval

From : Deputy Chief Executive and Director of Finance

Governance Statement

Page 1

Quarter 3 Governance Statement

1. **Introduction**

1.1 Monitor oversees NHS foundation trusts through the terms of our provider licence and through the Risk Assessment Framework.

1.2 A key element of the Risk Assessment Framework is the requirement to submit a governance statement each quarter.

1.3 This quarter's statement is to be returned to Monitor by 31 January.

2. **Finance declaration**

2.1 The financial forecast for the remainder of this year is set out on this month's finance and performance report. Based on this, the Trust forecast for the two metrics which comprise the continuity of service risk rating (CoSRR) is as follows:

- Our in-year Capital Service Cover rating is projected to be 4 or 3 for all quarters of 2014/15.

- Our Liquidity rating is also projected to be 4 or 3 for all quarters of 2014/15.

2.2 The two elements are each given a 50% weighting, and the result is rounded up to obtain the overall CoSRR. So with the lowest of the ratings predicted – Capital Service Cover 3 and Liquidity 3 – our CoSRR will be 3, which remains satisfactory.

2.3 In 2015/16, the Trust is currently working to develop a balanced budget with a small surplus, taking account of the annual efficiency target and other environmental factors. Subject to achieving this, which will be in line with the 2014 Operational and Strategic Plans approved by the Board in March and June respectively, the Capital Service Cover rating will remain at least at level 3; and the Liquidity rating is also likely to be 3. The Liquidity rating could fall to 2 (though cash should remain satisfactory), but this would still give an overall rating of 3.

2.4 We are thus 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. The targets and indicators which apply to this Trust are given in the table on the next page.

Page 2

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 3 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 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.

3.3.2 The Trust has continued to develop its services for LD service users, and actively involves users to further refine and tailor provision.

3.4 Data Completeness

3.4.1 The target is 97% completeness on six data identifiers within the Mental Health Minimum Data Set (MHMDS). Current statistics confirm that we are still meeting and exceeding this target: see table below.

	Month 7 final
Valid NHS number	99.49%
Valid Postcode	99.83%
Valid Date of Birth	100.00%
Valid Organisation code of Commissioner	99.75%
Valid Organisation code GP Practice	99.36%
Valid Gender	100.00%

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 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
Deputy Chief Executive and Director of Finance
16 January 2015

Board of Directors : January 2015

Item : 11

Title : Quarterly Quality Report 2014-15 for Quarter 3: January 2015

Summary:

The report provides an update of the Quality Indicators for Quarter 3, 2014-15.

This report has been reviewed by the following Committee:

- Management Team, 15th January 2015

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

This report focuses on the following areas:

- Quality
- Patient / User Experience
- Safety

For : Noting

From : Quality Standards and Reports Lead

Quarterly Quality Report for the Board of Directors
Quarter 3, 2014-2015
January 2015

Table of Contents

Appendix Two: Quality Indicator Performance Supporting Evidence

2

Quality Report Q3

Section One: Quality Key Performance Indicators Table

No.	Target	Monitoring	Progress Q1 N	Q1 %	Q2 N	Q2 %	Q3 N	Q3 %	Q4 N	Q4 %	% Progress for 2014/15 Q1	Q2	Q3	Q4	Actions for Next Quarter
							Quality Key Performance Indicators								
I	Waiting time no more than 11 weeks (77 days from receipt of referral) excluding exceptions where this is outside of the Trust's control. [2]	Quarterly	1	0.2%	0	0%	10	2.3		%					
II	Adult DNA rates. Target = no greater than 10%	Quarterly	7%		8.5%		6%								
III	Patient Satisfaction (Adult + CAMHs): Target 90% or more report satisfied with the service.	Quarterly	263	93%	319	92%	221	91%		%					
IV	Quality and Development of staff: Target 90% of staff to have a PDP.	Quarterly	97%		97%		97%								
V	Sickness and absence rates. Target:<2% = green, (2-6% = amber; >6 = red).	6 monthly	N/A		0.92% [3]		N/A				N/A		N/A [1]		Reported biannually.

3

			Oct 14	Nov 14	Dec 14				
VI	Trust Service cancellation rates. Target: <5% = green (5-9% = amber, >10% = red).	Quarterly	1.4%	1.7%	2.6%				
VII	% of staff with up-to-date mandatory for infection control. Target > 95% = green (80-95% = amber; < 80% = red).	Annually				N/A	97% 4	N/A	Reported annually.
VIII	% response to complaints within 25 days. Target: > 95% green (80-95% = amber)	Monthly	100% 1/1	100% 1/1	100% 1/1				
IX	Trust's contribution to statutory assessments to be completed within 6 weeks. Target = 95%.	Annually					N/A	N/A	
X	Number and % of children reporting satisfaction with the service (as measured against CHI-ESQ). Target 70%.	Quarterly	N 208 / % 85%	N 178 / % 92%	N 157 / % 91% 5				

4

Quality Report Q3

Quality Service Developments

No	Target	Monitoring	Progress				% Progress for 2014/15				Actions for Next Quarter
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
1	Attendance at Child Safeguarding Training, levels 1, 2 & 3. Target = 85%	Quarterly	L1-95% L2-90% L3-94%	L1 – 97% L2 – 92% L3 – 91%	L1 - 98% L2 – 98% L3 – 97%						
2	Attendance at Adults at Risk Safeguarding Training. Target = 85%	Quarterly	95%	97%	98%						
3	Trust-wide DNA Rate. Target no greater than 10%	Quarterly	8%	9%	7%						

Section Two: Explanatory Notes
**Quality Key Performance Indictors**

5

I. **Waiting Times -** For Quarter 3, there were 18 waiting time breaches, where patients were required to wait eleven weeks or longer for their first appointment. 10 of these breaches related to factors internal to the Trust and represented 2.3% of the total number of patients who were offered a first appointment in Quarter 3.

Waiting Time Numbers (bar chart, Q1–Q4)

Legend:
- No of patients who were offered a first appointment
- Total Number of patients waiting 11+ weeks
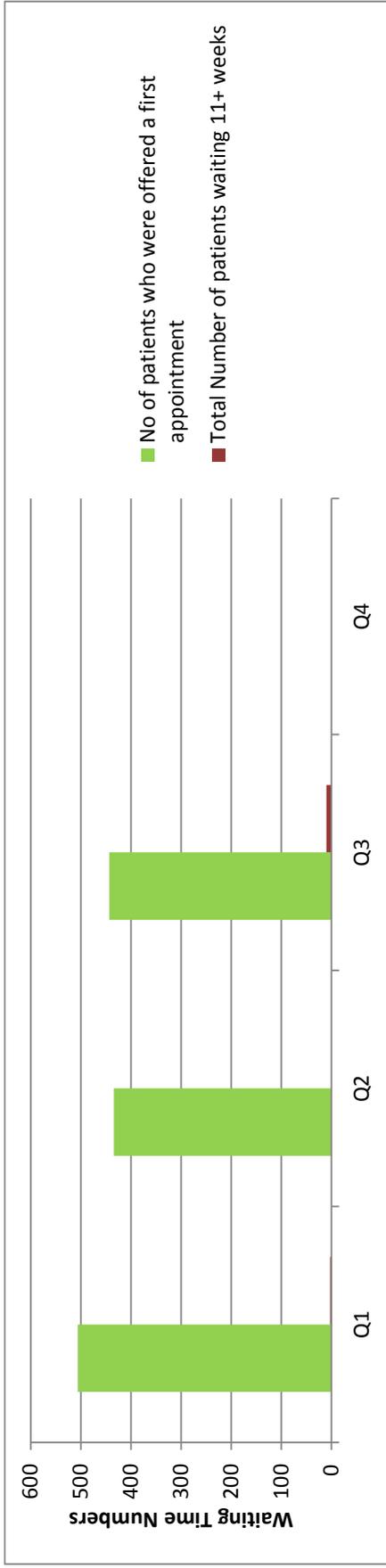
II. **Adult DNA Rates -** The Adult DNA rate for Quarter 3 is 6% and below the target of no greater than 10%.

Adult % DNA's (bar chart, Q1–Q4)

Legend: Q1, Q2, Q3, Q4
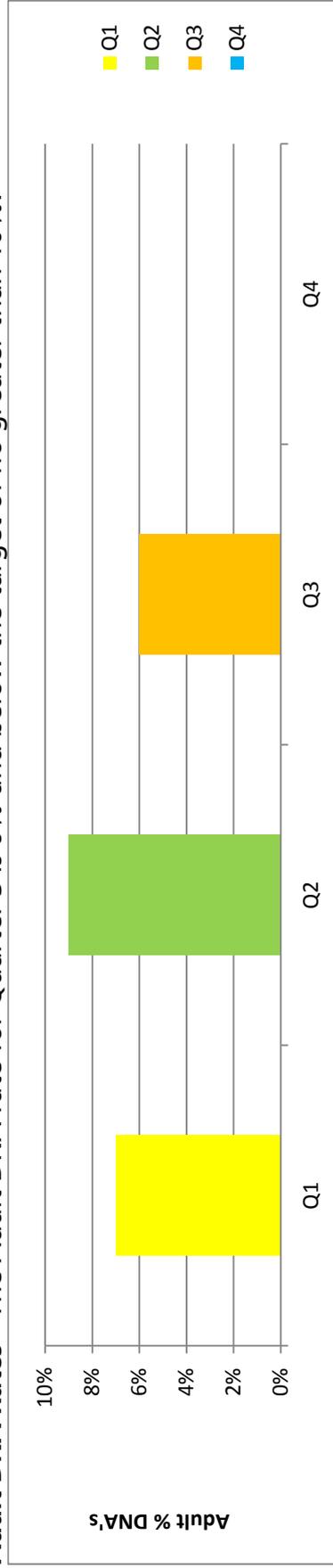
III. **Patient Satisfaction** – Satisfaction with "Helpfulness of Service" (Experience of Service Questionnaire).

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Quality Report Q3

Patient Satisfaction - "Helpfulness of Service"

Legend: Target, Result

Q3 - CAMHS
Q3 - Adult + CAMHS

(100%, 80%, 60%, 40%, 20%, 0%)
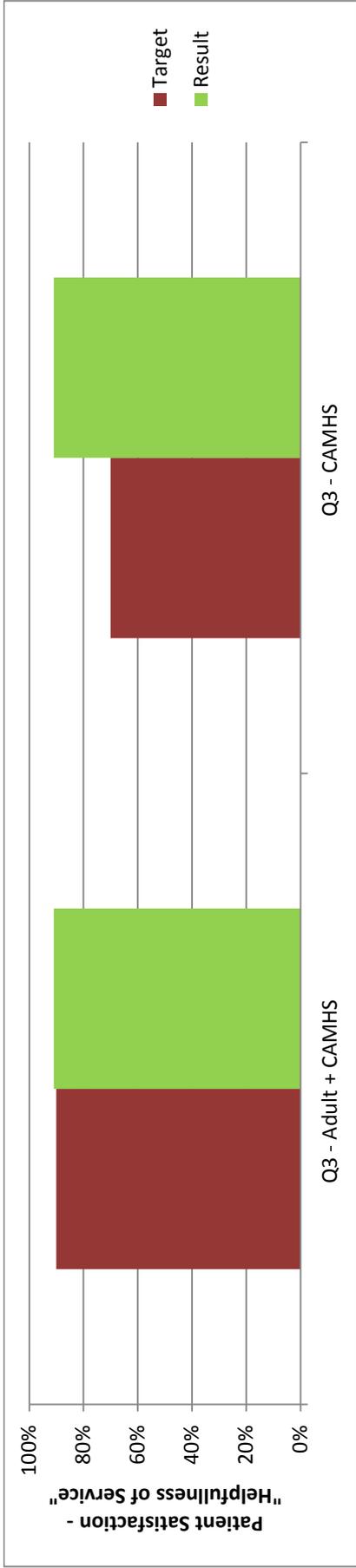
VII. Complaints – Response to complaints within 25 days.

Target VIII - % response to complaints within 25 days.
Target: > 95% green (80-95% = amber, <80% = red) - Monthly

Quarter 1			RAG	Quarter 2			RAG	Quarter 3			RAG
April	May	June		July	Aug	Sept		Oct	Nov	Dec	
100% 0/0	100% 1/1	100% 0/0		33% 1/3	100% 0/0	100% 0/0		100% 1/1	100% 1/1	100% 1/1	

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IV. Outcome Monitoring -
The data for the four Outcome Monitoring targets for Q3 are shown in comparison to the current target.

Legend:
- Q3 Target
- Q3 Results

Chart axis: Outcome Monitoring Targets (0% to 80%)

Categories:
- CAMHS % patients completing GBM at pre-assessment (Time 1) & after 6 months or earlier (Time for at least two targets from Time 1 to Time 2)
- CAMHS % patients achieving an improvement in their GMB score from Time 1 to Time 2
- SAAMHS % patients achieving an improvement from pre-assessment (Time 1) to post assessment (Time 2) total CORE scores
- SAAMHS % patients achieving an improvement from pre-assessment (Time 1) to EOT (Time 2) for total CORE scores

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Quality Report Q3

Service Developments

1. **Child Safeguarding Training** - The percentage of staff with 'in date' Child Safeguarding training does not include those members of staff who have just recently joined the Trust and not yet attended the training, nor those staff who are on sick leave or maternity leave. (The training for Safeguarding Level 3 was provided on Thursday 11th December).
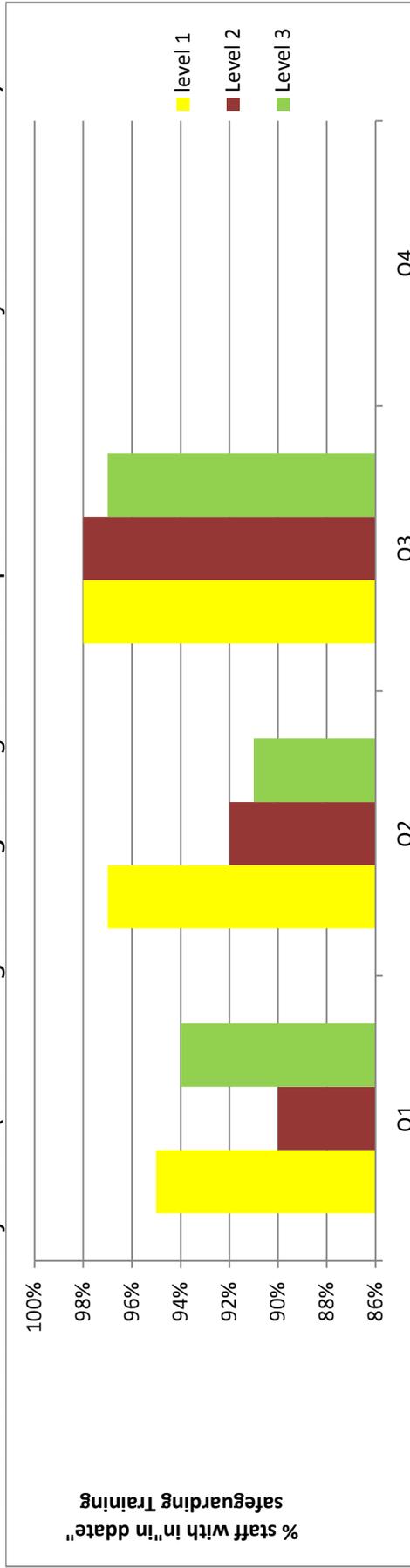
2. **Trust-wide DNA Rates** – The DNA rate for Quarter 3 is 7% which below the target of no greater than 10%

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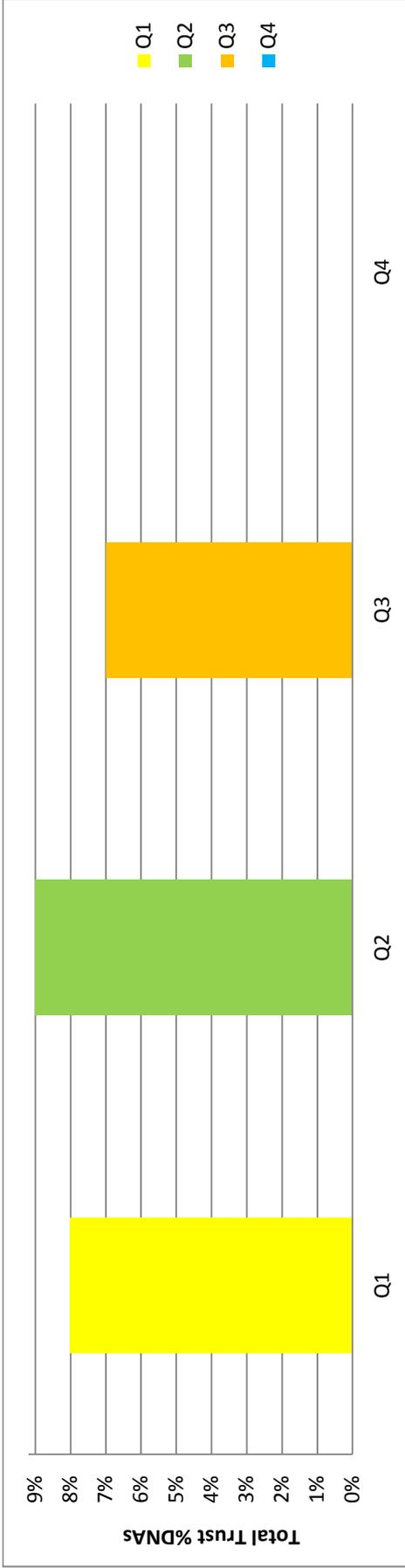
Section Three: Quality Priorities Progress

Quality Priorities

Total Trust %DNAs chart (Q1, Q2, Q3, Q4)

Priority	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2014/15			
								Q1	Q2	Q3[1]	Q4
(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-	Caroline McKenna	OM tracking system Monitoring of progress by the OM Lead Quarterly	• OM analysis of the % return rate for Time 1 and Time 2.	1 April 2014	31/1/15	33% have returned a Time 1 & 2 Goal Based Measure. Aware that this is below target, all clinicians have been contacted and reminded of the importance of collecting this information and offered additional training.				

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Description	Owner	Source/Evidence	Start	End	Progress		
Based Measure (GBM) at the Pre-Assessment stage (known as Time 1) and after six months or, if earlier, at the end of therapy/treatment (known as Time 2).		progress report Quarterly review by the CQSG Committee and Board of Directors					
2. CAMHS: For 75% of patients who complete the Goal-Based Measure (GBM) to achieve an improvement in their score on the GBM, from Time 1 to Time 2, on at least two targets (goals).		• OM analysis of the % of patients who achieve an improvement in their score for at least two GBM targets.	1 April 2014	31/1/15	74% achieved an improvement in their Goal Based Measure score. Although we have not achieved the 75% for Goal Based Measure improvement on 2 goals, when those patients who only set one goal at Time 1 and who improved on that one goal are included, the improvement rate increases to 76%, achieving our target.	N/A	N/A
3. Adult Department: For the Total CORE scores to indicate an improvement from pre-	Michael Mercer	• OM analysis of the % of service users who achieve an	1 April 2014	31/3/15	Achieved. Since Q2 achieved the increase to at least 40% and on track for achieving 50% for Q4.	42%	43%

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Area	Objective	Lead	Measure	Start	Target	Progress	RAG
	assessment (Time 1) to End of Treatment (Time 2) for 50% of patients. 5		improvement in their score from pre assessment to End of Treatment.				🟩
(2) Access to Clinical Services and Health Care Information for Patients and Public	1. To ensure that information from the patient story is on the patient section of the website.	Sally Hodges	• Monitoring of progress by PPI Lead • Quarterly progress report • Quarterly review by the CQSG Committee and Board of Directors 1. Link to the patient story on the relevant pages of the patient section of the website.	1 April 2014	31/3/15	1. A further patient story has been published on the website and another story will go to the board in Q4	🟩
	2. To run a visual straw poll on awareness of the patient stories.		1. Visual straw poll results.			1. The VSP ran for a month to the question: Did you know you can come to our Board of Directors meeting and share your story? The results were:	🟧

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🟩	🟩	🟩		🟩	🟩
🟩	🟩	🟩		🟩	🟩
🟧	🟧	🟧		🟧	🟧

	3. Based on the feedback from the visual straw poll, to revise the communications campaign to publicise patient stories if necessary.	3. Form the communications strategy around patients' stories.		1. The Communications team are advertising for people to come forward with their patient stories on the Trust website, but as of yet no one has got in touch via the website to share their story.	Y= 39, M= 30, N= 9 No respondents left their contact details in the comments box.
(3) Patient and Public Involvement	1. To run at least two staff trainings on having services users on panels.	• Maintain minutes from the stakeholder quality meetings and patient forum • Monitoring of progress by PPI Lead • Quarterly progress report	1. Reports and action plans that come out of the training events.	1ˢ April 2014	31/3/15
					1.The 2 trainings have been completed.

	Sally Hodges	• Quarterly review by the CQSG Committee and Board of Directors		
2. To have at least three interviews with service users on the panel.			1. Panel staffing lists for the interviews and questionnaires completed by service users about their experience on the appointment process.	2. 6 interviews have now taken place with service users on the panel
3. To take a minimum of three real patient stories to the trust board in one of the following ways: a patient visiting the board,			1. NHS Board of Directors Minutes.	3. A Patient has been recruited to share a story at the board in Q4

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Appendix One: CQUIN Targets

	Detail of indicator	Performance at Q3	Progress	Q1 RAG[1]	Q2 RAG[1]	Q3 RAG[1]
Friends + Family Test	**Indicator 1a** – Implementation of Staff Friends + Family (FFT) Test by TPFT by 30 May 2014.	Achieved in Q1	Achieved. Implementation	Green	Green	Green
Friends + Family Test	**Indicator 1b** – Early Implementation of Service User FFT by 1 October 2014	Report in Q3	Achieved. This data is collected via the patient ESQ Experience of Service questionnaire.	N/A	N/A	Green
Friends + Family Test	**Indicator 1c** – Full implementation of Service User FTT by 1 January 2015.	Report in Q4	Achieved. This data is collected via the patient ESQ Experience of Service questionnaire.	N/A	N/A	Green

1 RAG status for Q3. *(Please note the Quality Standards and Reports Lead is not in a position to deliver these targets and only report on the progress. However, where every effort will be made to achieve the target by those responsible, it is not possible to provide assurance at this stage for the outcome at Q4).*

1 RAG status for Q3. (Please note the Quality Standards and Reports Lead is not in a position to deliver these targets and only report on the progress. However, where every effort will be made to achieve the target by those responsible, it is not possible to provide assurance at this stage for the outcome at Q4).

6 Please note that the figures for the CORE-EOT target Quarter 2 have been updated since reporting in October 2014, due to a reporting error. This has reduced the performance seen at Quarter 2

N/A			
Physical Health	**Indicator 2** – Appointing clinical leader and training of Mental Health (MH) staff for Physical Health for People with MH Problems. (Q1 Appoint Trust Lead, End Q3 Develop and agree action plan to implement programme for ensuring staff are discussing and supporting service users and end Q4 Evidence all milestones set out in Action Plan have been achieved.)	Report in Q3	Achieved. The appointed leads meet regularly to continue planning for 2015/16. In October the clinical lead for Quit Smoking at the Whittington Hospital presented to the SAAMHS Clinical Governance team. At the end of January, there will be a smoking cessation presentation held within the Trust's Scientific Meeting.
CAMHS Experience of Service (ESQ)	**Indicator 3a** – User Satisfaction (Target 75% satisfaction). Percentage of service users reporting satisfaction with the service as measured against CHI-ESQ.	92%	Achieved target.
CAMHS ESQ	**Indicator 3b** – User Satisfaction with Explanation of Help (Target: 75% satisfaction). ESQ analysis 2012/13 identified a specific area for improvement in relation to the following statement "Satisfaction with explanation of help available".	80%	Achieved target.
SAAMHS Outcome monitoring	**Indicator 4a** - For the Total CORE (Clinical Outcomes for Routine Evaluation) scores to indicate an improvement from pre-assessment (Time 1) to post assessment (Time 2) for 65% for patients over the age of 25 who qualify for the CQUIN.	52%	Based on the performance figures from previous years we expect the performance figure to improve further by Q4. Clinicians have been contacted and reminded of the importance of collecting this data.

Category	Indicator	Value	Status	Commentary
SAAMHS Outcome monitoring – End of Treatment	**Indicator 4b** – For the CORE outcome scores to be improved from 35% (Q4 2013-14 reported position) to 50% by Q4 2014-15. [7, 8]	43.3%	(green)	Achieved. Since Q2 achieved the increase to at least 40% and on track for achieving 50% for Q4.
SAAMHS	**Indicator 5a** – Smoking Cessation - Recording of smoking status for all new service users (aged 18 and over) who have received 2 appointments during each quarter in 2014-15.	58%	(orange / red)	Although the percentage is low for indicator 5A, all patients within the cohort have been contacted but we are still waiting for some responses.
SAAMHS	**Indicator 5b** – Smoking Cessation - Provision of smoking cessation advice to all service users identified as smokers with advice on local stop smoking services. (Based on an audit of case notes of 25% of service users who have been identified as smokers in 5a.)	66%	(orange / red)	Work towards this target is on-going, and we are confident it will be achieved by Q4.
CAMHS Outcome Monitoring + Clinical Effectiveness	**Indicator 6** - For at least 75% of patients (attending CAMHS who qualify for CQUINS) to achieve an improvement in their score on the Goal Based Measure from Time 1 pre assessment and Time 2 (6 month or end of therapy) on 2 targets, but only for patients who have attended	74%	N/A N/A	74% achieved, an improvement in their Goal Based Measure score. Although we have not achieved the 75% for Goal Based Measure improvement on 2 goals, when those patients who only set one goal at Time 1 and who improved on that one goal are included, the improvement rate increases to 76%, achieving our target.

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	at least 4 appointments and who completed GBM at Time 1.		N/A	N/A
CAMHS Length of Treatment	**Indicator 7** – 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.	1%	1% of the cases have stayed open for longer than 2 years. 100% of these have agreement from the senior clinical manager (12/12).	N/A	N/A

1 RAG status for Q3. (Please note the Quality Standards and Reports Lead is not in a position to deliver these targets and only report on the progress. However, where every effort will be made to achieve the target by those responsible, it is not possible to provide assurance at this stage for the outcome at Q4).

7 CORE outcome scores to be improved from 35% (Q4 2013/14 reported position) to 40% by Q2 2014/15 and 50% by Q4 2014/15.

8 Please note that the figures for Quarter 2 have been updated since reporting in October 2014, due to a reporting error. This has reduced the performance seen at Quarter 2

Appendix Two: Quality Indicator Performance Supporting Evidence

1. Waiting times

	QUARTER 3						
	Adolescent	Adult	Camden CAMHS	Other CAMHS	Lifespan	Portman	TOTAL
Breaches: Cause internal to Tavi	2	1	1	1	3	2	10
Breaches: Cause external to Tavi	0	0	0	4	4	0	8
Total number of breaches	2	1	1	5	7	2	18

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Quality Report Q3

Number of 'breaches' shown after data validation shown to be 'no breach'	1	1	0	0	0	0	2
Total number of patients offered a first appointment in the quarter	47	64	245	37	26	24	443
The percentage of patients that are breached in the quarter	4.3%	1.6%	0.4%	13.5%	26.9%	8.3%	4.06%
% of internal breaches	4.3%	1.6%	0.4%	2.7%	11.5%	8.3%	2.26%
% of external breaches	0.0%	0.0%	0.0%	10.8%	15.4%	0.0%	1.81%

2. DNA Rates

QUARTER 3							
Target <10%	Adolescent	Adult	Camden CAMHS	Other CAMHS	Lifespan	Portman	Total
Total 1st appointments attended	39	59	193	28	22	27	368
Total first appointments DNA's	4	2	16	2	1	1	26
Total first appointments	43	61	209	30	23	28	394
% 1st appointments DNA'd	9.3%	3.3%	7.7%	6.7%	4.3%	3.6%	6.6%
Total subsequent appointments attended	961	2263	3450	1415	417	1055	9561
Total sub. appointments DNA'd	135	152	232	33	48	99	699
Total subsequent appointments	1096	2415	3682	1448	465	1082	10188
% DNA subsequent Appointments	12.3%	6.3%	6.3%	2.3%	10.3%	6.6%	6.9%
Total Trust DNA	12%	6%	6%	2%	10%	9%	7%

3. **Patient Satisfaction** – See ESQ Report 2014-2015 Q3. (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.)

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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 2014-15 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 Q3 in table below.

Quality and Development of Staff - PDPs:		
Number of staff who require a PDP at 31.3.14	Number of staff with a PDP	% of staff with a PDP
427	413	97

8. Safety (Children Safeguarding)

Level 1 Safeguarding Training/Adults at Risk Training			
Q1	Q2	Q3	Q4
95%	97%	98%	

% of staff whose training is 'in date'

Level 2 Safeguarding Training			
Q1	Q2	Q3	Q4
90%	92%	98%	

% of staff whose training is 'in date'

Level 3 Safeguarding Training			
Q1	Q2	Q3	Q4
94%	91%	97%	

% of staff whose training is 'in date'

Justine McCarthy Woods
Quality Standards and Reports Lead
January 2015

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Quality Report Q3

Board of Directors : January 2015

Item : 12

Title : Update on Draft Quality Report 2015

Summary:

We are asking the Board to review the:
- Plan for the 2015 Draft Quality Report (QR)

It is hoped that a Non-Executive Director Board Member will be willing to provide an overview to the Quality Reports Team as part of the process for preparing the 2015 Quality Report.

The Plan has been reviewed by the following Committees:
- Management Team – 15 January 2015

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

This report focuses on the following areas:
- Quality
- Patient / User Experience
- Patient / User Safety
- Risk

For : Discussion

From : Justine McCarthy Woods, Quality Standards and Reports Lead

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Draft Annual Quality Report

Plan for the 2015 Draft Quality Report (QR)

1. The same format will be used for 2015, as used for the 2014 Quality Report.

2. A draft version of the inserts has been completed.

3. The Achievement Section has been up-dated for 2014/15.

4. The following meetings have been and will be arranged to progress the work for the Draft Quality Report.

   i)   Justine McCarthy Woods, Trust Quality and Standards Reports Lead, Irene Henderson, Clinical Governance & Quality Manager and Harriet Mills, Data Collection Manager will meet Grant Slessor, Manager, KPMG on 15th January 2015 to discuss the 2015 Draft Quality Report and the possible Quality indicators for audit.

   ii) The trust is awaiting the publication of Monitor's Guidance for the 2015 Quality Report. Following this, Louise Lyon, Trust Quality Lead and Justine McCarthy Woods will meet with the Council of Governors Clinical Quality sub-group (date tbc) to discuss and agree the local indicators for audit by KPMG, as part of the external audit of the 2015 Draft Quality Report.

   iii) Sally Hodges, PPI Lead and Justine McCarthy Woods, will meet (date tbc) to discuss the PPI and Access Quality Priority targets for 2015/6.

   iv) As soon as the CQUINs targets have been agreed with commissioners for 2015/16, the trust will choose the Quality Priority targets for clinical effectiveness and patient satisfaction for 2015/16.

   v)   Further meetings will be arranged, as appropriate, to progress the preparation of the 2015 Quality Report and in line with the planning schedule for the QR (please see Appendix).

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Quality Report 2015/2016
Planning Schedule

Item	Submitted To	Deadline
Preparation		
Draft inserts for Quality Report	Justine McCarthy Woods & Pauline Sharp	September/October 2014
Draft achievements section	Justine McCarthy Woods & Pauline Sharp	September/October 2014
Start Draft Report using last year's template	Justine McCarthy Woods & Harriet Mills	October/November 2014
Completion of Initial Draft Quality Report	Justine McCarthy Woods & Harriet Mills	December 2014
Draft Quality Report update to be submitted to the Board		For January 2015 Board Meeting
Staff Survey- Data becomes available in March 2015	Justine McCarthy Woods & Harriet Mills	March/April 2015
Quality Report		
Data validation forms to be distributed	All Managers & Directors Responsible for Data	Monday 23 March
Data validation forms to be returned (signed hard copy), along with all data and information as requested.	Justine McCarthy Woods & Harriet Mills	Requested by Tuesday 7 April (but earlier where possible) ?
Draft Quality Report to be submitted to the Management Team	Management Team	Monday 13 April
Draft Quality Report to be submitted to the Board of Directors	Amanda Hawke	Friday 17 April
Quality Report submitted for review and feedback	1) Camden CCG 2) Healthwatch Camden 3) Overview and Scrutiny Committees (OSC) – No feedback requested	Friday 17 April
Draft Quality Report feedback to be provided by the Board of Directors	Board of Directors	Tuesday 28 April
Draft Quality Report	Gervase Campbell– who will submit to External Auditors	Monday 27 April
Feedback received from Camden CCG and Camden Healthwatch	Justine McCarthy Woods	Friday 15 May
Draft Quality Report final formatted version to be received	Justine McCarthy Woods & Harriet Mills	Tuesday 26 May
Audited accounts and final text of the Annual Report (Quality Report, as Annex)	Monitor – via post and uploaded to Monitor Portal – Gervase Campbell	Friday 29 May (noon)
Quality Accounts		
Draft Quality Report to be submitted for formatting (along with Excel sheet for tables)	Communications Team	Monday 1 June
Communications Team return Draft Report	Justine McCarthy Woods & Harriet Mills	Monday 15 June
Quality Account uploaded onto Tavistock website	Communications Team	Friday 26 June
Copy of the Quality Account emailed to the Secretary of State (NB They can upload onto NHS Choices if needed- indicated in email subject heading)	Secretary of State	Friday 26 June
Quality Account to be submitted	Uploaded to NHS Choices	Friday 26 June

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Draft Annual Quality Report

Board of Directors : January 2015

Item : 13

Title : Care Quality Commission Inspection Preparation

Purpose :
The Care Quality Commission (CQC) is due to undertake a scheduled inspection of the Tavistock and Portman NHS Foundation Trust in 2015. Although on-site inspections have been previously conducted by the CQC, this will be the first time the organisation has been inspected under its new framework. The new process enables the CQC to gain a broader understanding of the quality of care provided and also evaluates new areas such as governance and leadership.

Since October 2014 work has been underway to prepare the organisation for the CQC inspection. It has been recognised the board require assurance that the systems and processes implemented will identify the areas of quality improvement on which we need to focus, highlight examples of good practice and ensure the organisation understand what these new style inspections are like. The aim of this paper is to summarise the strategies implemented and outline future plans.

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 and Safety
* Risk

For : Discussion

From: Louise Lyon, Director of Quality, Patient Experience and Adult Services.

Care Quality Commission Inspection Preparation

1.   Introduction

As part of their rolling national programme the CQC will undertake a scheduled announced inspection of the Trust in 2015. The key changes to the inspection process include:-

- Performing more robust and in-depth inspections that take place over a number of days
- Using teams of experts and specialist inspectors including experts by experience (service users)
- Inspecting multiple services in parallel

To ensure the inspection process is consistent the CQC evaluate organisations under a set of guiding principles or Key Lines of Enquiry (KLOE). These KLOE's are as follows:-

Are our services safe?
People are protected from abuse and avoidable harm.

Are our services effective?
People's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best evidence.

Are our services responsive?
Services are organised so they meet people's needs.

Are our services caring?
Staff treat people with compassion, kindness, dignity and respect.

Are our services well-led?
The leadership, management and governance of the organisation supports the delivery of high quality person-centred care, promotes learning and innovation and encourages an open and fair culture.

The inspection process will take several days and will be carried out by a team of inspectors. As well as collating evidence and analysing data, they will talk to staff, service users, and carers. The composition and size of the inspection teams vary depending on the services delivered by each organisation. The team will consist of:-

- An inspection Chair (A senior clinician or manager with a knowledge of quality).
- An inspection Lead
- Mental Health Act Reviewers

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- Clinical Experts (clinicians and service managers with mental health or learning disability experience)
- Experts by Experience (people with experience of mental health, autism or learning disability services or relevant caring experience)
- CQC managers and inspectors
- CQC Data Analysts

Intelligent monitoring is used to decide when and what to inspect. Eleven core mental health services have been identified which will always be included in the inspection of mental health trusts. The **3 core services** which are applicable to The Tavistock and Portman NHS Foundation Trust are:

- Community-based mental health services for adults of working age.
- Specialist community mental health services for children and young people.
- Community mental health services for people with learning disabilities or autism.

Although these services will definitely be inspected the CQC can visit any service provided by the trust and it is therefore important all services are prepared. The inspection itself will take the form of announced and unannounced visits. The CQC may also return to inspect a service if they have further questions or concerns.

Following inspection the organisation will be given one of four ratings: - Outstanding, Good, Requires Improvement and Inadequate. Results of the inspection will be fed back to the organisation and partner organisations at a Quality Summit. The purpose of the summit is to agree a plan of action based on the inspection findings.

2.   Strategies Implemented

2.1   A number of systems and processes have been introduced to ensure there is robust approach to the inspection preparation. This includes:-

    2.1.1   The introduction of a project board which meets on a fortnightly basis.

    2.1.2   Development of a project plan with allocated timescales.

    2.1.3   Development of a communications plan with allocated timescales.

2.2   Evidence required by the CQC has been mapped against data currently held by the Trust. This has enabled gaps to be identified and plans developed to ensure issues are addressed. A number of areas have been highlighted as a risk and work is underway through the various

workstreams to develop systems, processes and documentation. Work includes:-

2.2.1   Development of a Prevention of Suicide Policy and organisational Safety Goals.
2.2.2   Amending the Safeguarding Policy to include more information on sexual safety.
2.2.3   Development of guidelines on the management of Self-Harm.
2.2.4   Development of a Report and Learn Bulletin to ensure learning from incidents and events are shared effectively across the organisation.
2.2.5   A new system and training package to ensure the relevant NICE Guidance is embedded in services and new guidance is cascaded in a timely manner.
2.2.6   Education and training around the Mental Health Act and Mental Capacity Act.

It is envisaged that work will be completed and these areas by the end of February 2015.

2.3   To ensure clinical and corporate teams are aware of the changes to the CQC inspection process, a series of education sessions has occurred. To support these sessions a Toolkit (Appendix 1) has been developed which supports teams to prepare for the visit by identifying strengths, weaknesses, achievements and challenges.

2.4   'Demonstrating Quality', a multi-channel communications campaign, is due to commence on 26th of January 2015 comprising a range of online and offline communication products (Appendix 2).

Products will include 'Quality News', a collaborative and participatory staff newsletter plus a series of staff engagement events promoting the new CQC inspection model and supporting its introduction.

Seen through the lens of developing the Trusts' quality agenda, the aim of all communications activities will be to raise awareness and understanding of new CQC processes and to support all staff in assessing and ensuring service compliance.

3.   Future Plans

3.1   A student education and communication programme is planned to ensure all students have an appreciation of the CQC inspection process. Most students with patient facing time have been educated as part of the rolling programme within teams. Separate forums are being planned for students who deliver patient care but are not necessarily fully integrated into a service or team (D58/D59 and M1 Courses).

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3.3   To assure the board the organisation is ready for inspection, a series of team assessments is planned. The exact detail of the assessment process has yet to be defined and the CQC board are keen to obtain the thoughts of the Board on how best to engage with the senior team and utilise their expertise in the inspection process. To support a systematic approach, a Tavistock and Portman assessment tool has been developed. This will ensure teams will be evaluated consistently. As well as gathering information via the assessment tool, the review team will talk to staff, service users, and carers as well as examining patient records. Education for staff undertaking the assessments will occur in February with the first visits occurring in March.

Following the assessment verbal feedback will be given by the review team. This will be followed up by a documented action plan. Areas of good practice will be highlighted across the Trust as part of the Quality Improvement Programme.

3.4   Evaluation and updating of the intranet to ensure staff have access to up-to-date information and to aid internal communication more widely.

3.5   Arranging briefings for board of governors and the non-executive directors, which will occur in February 2015

3.6   Defining the governance arrangements for teams who deliver care across organisational boundaries.

3.7   So far the organisation is yet to be allocated a priority band as much of the data collated through the intelligent monitoring process does not reflect the work carried out by the organisation. Jane Chapman and Louise Lyon are continuing to liaise with the CQC on developing more applicable criteria.

Louise Lyon
Director of Quality, Patient Experience and Adult Services
15th Jan 2015

The Tavistock and Portman **NHS**

NHS Foundation Trust

SAFE EFFECTIVE RESPONSIVE CARING WELL-LED

Preparing for a CQC inspection

An introduction and guidance for staff

For internal use only

Further information and resources are available from www.cqc.org.uk

December 2014 (Version 2)

Introduction

The Care Quality Commission (CQC) is the independent regulator of health and social care services in England. They make sure that services provide people with safe, effective, compassionate, high-quality care by checking services meet national standards through an inspection process. Results of inspections are published on the CQC website.

Although the CQC have conducted an on-site inspection on previous occasions, this will be the first time the organisation will be examined under a new inspection framework. The new process enables the CQC to gain a broader understanding of the quality of care provided and also evaluates new areas such as governance and leadership.

The aim of this guidance is to provide information to help you prepare for a visit from the CQC, who are due to undertake a scheduled, announced inspection any time from January 2015. To support preparation Rhona Hobday will be attending team meetings from November 2014. Additional staff and student forums will be arranged to ensure everyone has access to the relevant information.

This pack contains:
- Information about the inspection framework
- Questions for you to work through with your teams to help identify the strengths, achievements and challenges experienced by your services
- A self-assessment checklist to ensure your team are fully prepared
- Further useful information about the Trust

It is essential **all** staff members are engaged in the preparation process as everyone is responsible for ensuring they are ready for inspection. Early in 2015 a series of peer to peer reviews and visits from Non-Executive Directors and other are planned to identify area where additional work may be required.   If you have any concerns please discuss them with your line manager. If you have further questions or concerns about the CQC visiting your place of work, please contact the project team:-

Telephone:
Rhona Hobday (Project Manager): **020 8938 2481**
Gervase Campbell (Tavistock and Portman Trust Secretary**): 020 8938 2001**
Martin Gilmore (Corporate Communications Project Manager): **020 8938 2488**

Email:
RHobday@tavi-port.nhs.uk
GCampbell@tavi-port.nhs.uk
MGilmore@tavi-port.nhs.uk
Further information regarding the CQC can be found online www.cqc.org.uk, including blogs from the inspectors.

The Inspection Process

The key changes to the inspection process include:-

- Inspecting trusts as a whole rather than inspecting services in isolation.
- Performing more robust and in-depth inspections that take place over a number of days
- Using teams of experts and specialist inspectors including experts by experience (service users)
- Inspecting multiple services in parallel

There are 3 main types of inspection:-

1. **Scheduled** - Undertaken on a rolling inspection programme.
2. **Responsive** - Targeted in relation to concerns raised or change of provider.
3. **Themed** - Review of a specific type of service such as Learning Disabilities.

From January 2015 the CQC are due to undertake a scheduled inspection of the Tavistock and Portman NHS Foundation Trust as part of the rolling programme. To ensure the inspection process is consistent the CQC evaluate organisations under a set of guiding principles or Key Lines of Enquiry (KLOE). These KLOE's are as follows:-

Are our services safe?
People are protected from abuse and avoidable harm.

Are our services effective?
People's care, treatment and support achieve good outcomes, promote a good quality of life and are based on the best evidence.

Are our services responsive?
Services are organised so they meet people's needs.

Are our services caring?
Staff treat people with compassion, kindness, dignity and respect.

Are our services well-led?
The leadership, management and governance of the organisation supports the delivery of high quality person-centred care, promotes learning and innovation and encourages an open and fair culture.

The inspection process will take several days and will be carried out by a team of inspectors, (there could be 20 or more inspectors in the team). As well as collating evidence and analysing data, they will talk to staff, service users, and carers. They won't expect us to be perfect but they will expect us to be able to demonstrate our good practice and to have plans in place in areas where the need to improve quality has been identified.

The composition and size of the inspection teams vary depending on the services delivered by each organisation. The team will consist of:-

- An inspection Chair (A senior clinician or manager with a knowledge of quality).
- An inspection Lead
- Mental Health Act Reviewers
- Clinical Experts (clinicians and service managers with mental health or learning disability experience)

- Experts by Experience (people with experience of mental health, autism or learning disability services or relevant caring experience)
- CQC managers and inspectors
- CQC Data Analysts

A number of core mental health services have been identified which will always be included in the inspection. The **3 core services** which are applicable to The Tavistock and Portman NHS Foundation Trust are:

Core Services	Community-based mental health services for adults of working age.
	Specialist community mental health services for children and young people.
	Community mental health services for people with learning disabilities or autism.

Although these services will definitely be inspected the CQC can visit any service provided by the trust and it is therefore important all services are prepared. The inspection itself will take the form of announced and unannounced visits. The CQC may also return to inspect a service if they have further questions or concerns. As well as requesting evidence centrally, the CQC will be requesting service specific information and data which should be provided locally. Documented examples of evidence which would be useful to have at hand include:-

- Compliments
- Positive stories
- Examples of service improvement
- Learning from events or incidents put into action
- Examples of changes to your service which have occurred as a result of patient feedback
- Clinical Audits
- Training provided

To ensure you have easy access to information it may be useful to develop a CQC folder or shared drive where all relevant information could be stored. As well as locally held information, the CQC may request information not held at team level. If information cannot be sourced locally e.g. local audits, there will be a Trust CQC coordination centre to ensure there is a consistent and coordinated approach to information provision. If information held locally by the team is given to the inspectors please let the information coordinator know to ensure we are clear about the information given and requested by the CQC. The chart below demonstrates the flow of information.
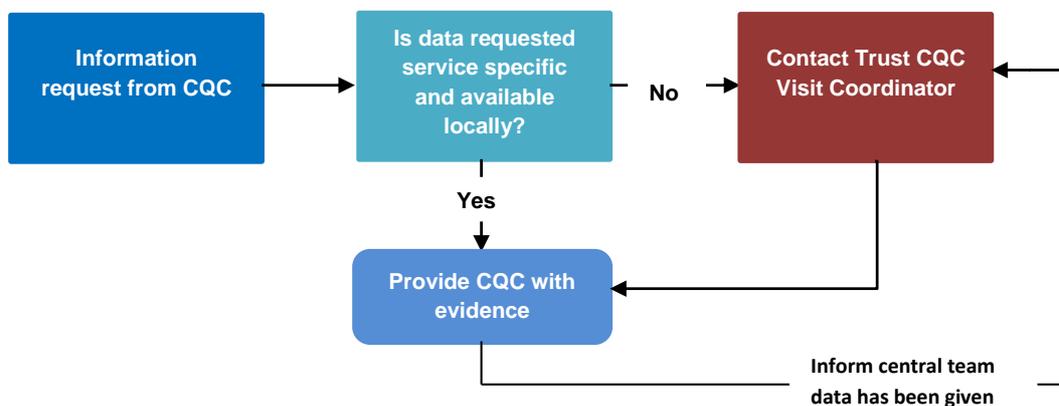
As a result of the inspection one of four ratings will be given to the organisation.

Outstanding

Good

Requires Improvement

Inadequate

Following the inspection a Quality Summit will be arranged. This meeting will include partners in the local health and social care system, including commissioning organisations and Healthwatch representatives. The purpose of the Quality Summit is to agree a plan of action based on the inspection team's findings. Topics which will be discussed include:-

- Discussion on the conclusions of the inspection itself.
- Agreement on whether the action planned by the organisation to improve quality is adequate or whether additional steps are required.
- Assessment as to whether additional support should be made available to the organisation from other stakeholders to help with the required improvements.

The final reports will be issued to the provider before the Quality Summit. The full inspection report will be available on the CQC website the day after the Quality Summit.

Preparing for Inspection

The inspection is an opportunity to highlight the excellent care and treatment the Trust provides and demonstrate how we are working with patients to improve their care. The inspection week should not be treated any differently than any other week – continue with all the good work you are doing with the people who use your service – it is business as usual.

Highlighted below are examples of the types of questions the CQC are likely to ask under the 5 KLOE. Working through these will help your team to articulate the strengths, achievements and challenges experienced by your services.

Safe	• Do you know how to report an incident? • Who are the Safeguarding Leads for the Trust and what are the local safeguarding arrangements? • Are you aware of the incidents, and complaints which have happened in your service in the past six months and what improvements have been made as a result of them? • Do you know about the Trust health and safety and lone worker policies? • Are your care plans and risk assessments up to date?
Effective	• What NICE Guidance is used in your team and how is it implemented? • What other standards, best practice and guidance are used in your team? • How are outcomes recorded, monitored and used to improve patient care? • Have any audits, peer reviews or service evaluations been undertaken in your service in the past six months and what improvements have been made as a result of them? • Are your learning needs regularly assessed? • Do you have regular appraisals and a Personal Development Plan in place? • Are you up-to-date with mandatory training? • If applicable, how is the Mental Capacity Act used in your service? • What are your key achievements as a team? • What are your challenges? • Do you have documented evidence of your supervision arrangements?
Responsive	• How are services adapted to meet the needs of people in vulnerable circumstances? • How are complaints and concerns raised by patients used to improve quality of care? • How do you engage patients in the design of your services?
Caring	• Are your patient leaflets up to date? • Do you know how to whistle blow? • How do you support self-management and promote independence? • Do you know how to support a patient who has a complaint or concern?
Well Led	• How supported do you feel in your role? • How does your role fit into the Trust? • Who are the current board members?

Frequently Asked Questions

Will we know whether CQC will be coming to our service and when?

We know that the CQC will be visiting the Trust sometime from January 2015. Some of their visits will be announced and pre-arranged but they will also carry out some unannounced visits during the week. The CQC may also come back during the two weeks after the inspection to do some follow-up visits – these will be unannounced and may also be out of hours.

What time will CQC arrive and how long will they stay?

There is no set answer for this - it all depends on how big the service is and what they want to look at. They could spend as little as 30mins or spend a whole day with a service.

What are the inspection methods?

A number of mechanisms are used to inspect services and gather data. These include:-

- Interviewing Chair, Chief Executive, Medical Director, Director of Nursing, Director of Finance, HR Director, Non-Executive Directors (NED including the directors responsible for Quality/Safety), service leads in core services, complaints lead and senior information and risk owner
- Conducting focus groups with staff members
- Gathering views through an electronic survey or mail
- Observing care using a Short Observational Framework for Inspection Tool.
- Tracking patients through their care. This includes reviewing records, and talking to staff involved in their care as well as patients themselves
- Reviewing patient paper and electronic records (RIO or Integrated Digital Care Record-IDCR)
- Reviewing policies and documents
- Evaluating care environments

Are the CQC allowed to go anywhere they want in my service?

Yes. The CQC are able to inspect any area of your service. However, the inspectors will respect the way in which we undertake clinical work and will not directly observe consultations and/or group work unless it is felt by patients and staff this is appropriate. In restricted access or sensitive areas (e.g. Gloucester House and the Portman Clinic) safety procedures should be explained when they arrive and inspectors will be accompanied as per local procedures.

What should I do when CQC arrive at my service?

- Ask to see their ID and ask them to sign in where applicable
- Introduce yourself and welcome them to the unit/service, show them somewhere to wait then go and find the person in charge on that day
- Find somewhere for them to work and offer regular refreshments

Do I have to speak with CQC?

We would encourage all staff to speak to CQC if they have the opportunity to.
Let CQC know:

- How good the service is that your team provides
- What you are proud of
- What your service users like best about your service
- The quality improvements you have made in the team this year

- The new ways of working your team have tried. The areas your team are currently trying to improve, including why and how you are doing this

Should I stop what I am doing with my patients/service users to speak with CQC?

No. CQC being on site should not affect what you have planned with your patients / service users. If you are with a patient / service user or have a scheduled appointment you should politely ask CQC to wait until you are finished or suggest someone else they may be able to speak with.

If you have a planned team meeting that day you are not expected to cancel it, just let CQC know. Why not invite them to sit in to hear you discuss cases e.g. intake meetings, team meetings, and any meeting when you are considering audit results, outcome monitoring or patient experience.

How will the CQC engage patients?

The CQC are permitted to talk to any patient who agrees to talk to an inspector. Most of the visits will be announced therefore you will be able to inform patients attending that day the CQC will be visiting the service. We will arrange for you to have a poster to display in the clinical area to let patients know that inspectors are present and if they choose to speak to an inspector then this can be arranged. The CQC can engage with patients and service users in a variety of ways including:-

- Speaking to patients individually and in groups.
- Holding Focus groups, listening events and drop-in sessions.
- Using comment cards.
- Using posters to advertise the inspection and give patients an opportunity to speak to the inspection team.
- Conducting home visits.
- Telephoning patients.
- Using Trust information such as concerns and complaints.
- Promoting the share your experience form on the CQC website.
- Speaking to relatives, carers or patient advocates.

What do I do if I can't answer their question?

If you don't know an answer be honest and tell them that, you don't know but you know who you would ask. The CQC do not expect everyone to know everything but they expect you to know who to go to if you are unsure of something.

Can the CQC look at patient records without obtaining patient consent?

The CQC has the power under the Health and Social Care Act 2008 to access records for the purpose of exercising their functions and ensuring registered providers meet their registration requirements. These powers are balanced with the Data Protection Act 1998, the Human Rights Act 1998, the NHS Constitution, and the common law duty of confidentiality.

The CQC will only use their powers to look at patient records where there is a necessary reason to do so and where intrusion on the privacy of the patient is justified and proportionate. They will always refer to the necessity test set out in the CQC'S *Code of Practice on Confidential Information*.
http://www.cqc.org.uk/sites/default/files/documents/20121105_code_of_practice_on_cpi.pdf

CQC Preparation Self-Assessment Check List for Team Leads

The aim of this self-assessment check-list is to help you ensure you are prepared of the CQC inspection process. It helps identify issues or gaps within your service enabling an action plan to be put in place.

Team: _____   **Date:** _____

Environment	Yes	No	N/A	Actions/Comments
If applicable, does everyone have an in date ID badge and adhere to local policy?				
Is all information on notice boards in public and staff areas relevant and up-to-date?				
Are service premises clean and tidy with all records and equipment stored in line with Trust procedures?				

Team	Yes	No	N/A	Actions/Comments
Have all staff members had appraisals in the last year and have a PDP in place?				
Is everyone up-to-date with statutory and mandatory training?				
Has everyone completed the staff survey and has seen and considered the Trust's results.				
Everyone takes part in regular 1:1's with team leads and has clinical supervision in place.				
If staff have a concern (Safeguarding, fraud) do they know how to raise it and who to talk to?				
If an incident or near miss occurs, do staff know how to report this?				

Record Keeping	Yes	No	N/A	Actions/Comments
Did the last patient records audit provide assurance that records were written and managed appropriately to ensure safety (accurate, legible, up-to-date and stored securely)?				
Are risk assessments in patient records up-to- date?				
Are your care plans up-to-date and reflect how patients were involved in the decision making process?				
Does any local review of the standard of record keeping take place?				
Are staff aware of the findings and action plan from the last case note audit carried out in their area?				

Patient Experience and Effectiveness	Yes	No	N/A	Actions/Comments
Are patient leaflets up-to-date?				
Is there information regarding local patient information and support on notice boards?				
Is there evidence patients feedback is used in service design?				
Is there evidence of NICE Guidance, Best Practice or other guidance being implemented?				
Is there evidence of audits, peer reviews or service evaluation being carried out?				

Name of Reviewer _____

Position _____

Service Action Plan (Peer Review)

Team: _____   **Date:** _____

	Actions/Recommendations
1	
2	
3	
4	
5	

Name of Reviewer _____   **Position** _____

Additional Information

Below is a list of relevant policies the CQC may ask about. These are available on the Internet at http://www.tavistockandportman.nhs.uk/about-us/governance/policies-and-procedures as well as on the Trust intranet.

Safe
- Safeguarding Children and the Management of Suspected Child Abuse Policy and Procedure
- Safeguarding Adults at Risk Policy and Procedure
- Incident Reporting Procedure
- Clinical Risk Assessment Procedure
- Health and Safety Policy
- Prescribing and Administration of Medicines
- Procedure for the Personal Safety of Lone Workers

Effective
- Clinical Record Keeping Standards
- Consent Policy and Procedure
- Clinical Audit Policy
- Procedure for Responding to and Implementing NICE Guidance Clinical Supervision Policy

Responsive
- Management of Formal Complaints Trust Policy

Caring
- Health Records Management Procedure
- Raising Concerns and Whistle-blowing Procedure

Additional Useful Information

1. The Annual Report and Accounts – this document highlights the achievements of the organisation and sets out its strategic direction of the Trust. It can be found on the Trust internet site and can be accessed via the following link.
   http://www.tavistockandportman.nhs.uk/sites/default/files/files/TaviPort%20ARAAQR%20FINAL%20signed.pdf

2. The Quality Account – All NHS organisations are required to publish this document annually. It highlights in what areas good practice and identifies areas for service improvement. It can be found on the Trust internet site and can be accessed via the following link:-
   http://www.tavistockandportman.nhs.uk/sites/default/files/files/Quality%20Account%202013%202014.pdf

Additional Information

The CQC may ask staff about the management structure. Below is a list of board members.

Board of Directors

Executive Directors

Mr. Paul Jenkins - Chief Executive of the Tavistock and Portman

Mr. Simon Young - Finance Director

Dr. Rob Senior - Medical Director

Ms. Louise Lyon - Director of Quality, Patient Experience and Adult Services

Mr. Brian Rock - Dean of Postgraduate Studies

Dr. Rita Harris – CAMHS Director

Ms. Lis Jones - Nurse Director

Non-Executive Directors

Ms. Angela Greatley - Trust Chair

Ms. Edna Murphy – Non-Executive Director

Mr. David Holt - Non-Executive Director

Dr. Ian McPherson - Non-Executive Director

Ms. Jane Gizbert – Non-Executive Director

Professor Dinesh Bhugra – Non-Executive Director

Management Team

Mr. Paul Jenkins - Chief Executive of the Tavistock and Portman

Mr. Simon Young - Finance Director

Dr. Rob Senior - Medical Director

Ms. Louise Lyon - Director of Quality, Patient Experience and Adult Services

Mr. Brian Rock - Dean of Postgraduate Studies

Dr. Rita Harris – CAMHS Director

Management Team (Cont)

Ms. Lis Jones - Nurse Director

Ms. Pat Key- Director of Corporate Governance and Facilities

Ms. Susan Thomas - Director of HR and Organisational Development.

Ms. Julia Smith – Commercial Director

Management Team (Cont)

Senior Management Organisation Chart

Non-Executive Directors

Ms Edna Murphy

Mr David Holt

Dr Ian McPherson

Ms Jane Gizbert

Professor Dinesh Bhugra

Chair

Angela Greatly

Chief Executive

Paul Jenkins

Nursing Director *	**Medical Director ***	**Dean & Director of Education and Training ***	**Director of Patient Experience, Quality and Adult Services ***	**CAHMS Director ***	**Director of HR and Organisational development**	**Finance Director and Deputy CEO SIRO ***	**Commercial Director**	**Director of Corporate Governance & Facilities**
Lis Jones	Rob Senior	Brian Rock	Louise Lyon	Rita Harris	Susan Thomas	Simon Young	Julia Smith	Pat Key

Board of Directors : January 2015

Item : 14

Title : Corporate Governance Report – Declarations, Sealings

Summary:

This report includes:

- the current register of director's interests, updated to include those of the new members of the Board, for the Board's approval.

- Details of a use of the Trust seal in December, for noting.

This report focuses on the following areas:
- Corporate Governance
- Risk

For : Approval

From : Gervase Campbell, Trust Secretary

Corporate Governance

Page 1 of 2

Corporate Governance Report – Declarations, Sealings

1. **Register of declarations of Interest**

1.1 The register of interests ensures there are no material conflicts of interest within the board of directors, and is for the board to approve.

1.1.1 The register can be found in appendix 1.

1.1.2 The Board are asked to confirm the accuracy of the register and to approve it.

2. **Use of the Trust Seal**

2.1 The Trust's constitution states that the Board of Directors is responsible for approving use of the Trust Seal before it is affixed to any document. Where it is not possible to get approval in advance, the use must be reported to the Board of Directors at their next meeting.

2.2 On the 15th December 2014 the Trust sealed an agreement to surrender the Centre Heights building. The agreement was sealed by Mr Paul Jenkins, CEO, and Mr Simon Young, Deputy CEO and Director of Finance. The sealing was witnessed by Mr Gervase Campbell, Trust Secretary.

2.3 The Board are asked to approve this use of the Trust Seal.

Gervase Campbell
Trust Secretary
January 2015

Register of Directors' Interests 2015/2016 – Jan 2015

1. Introduction

All existing Directors shall declare relevant and material interests forthwith and the Trust shall ensure that those interests are noted in the *Register of Directors' Interests*. Any Directors appointed subsequently shall declare their relevant and material interests on appointment.[1] At the time the interests are declared this shall be recorded in the minutes of the Board of Directors meeting as appropriate. Any changes in interest shall be officially declared at the next meeting of the Board of Directors following the change occurring. It is the obligation of the Director to inform the Trust Secretary in writing within seven days of becoming aware of the existence of a relevant or material interest and the membership.[2] If a Director has a doubt about the relevance or materiality of any interest this should be discussed with the Trust Chair.[3]

2. Declaration

Please complete the table below, stating all relevant and material interests. If none are applicable, put "none". Interests which shall be regarded as "relevant and material" and which for the avoidance of doubt should be declared and should be included in the Register of Directors' Interests are:

Disclosure Requirement	Disclosure[4]
Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those directorships of dormant companies)	**Dinesh Bhugra:** None
	Jane Gizbert: None
	Angela Greatly: None
	Rita Harris: None
	David Holt: • Director, Urban Patch Ltd (Consultancy) • Director, Circle Living Ltd (Circle) • Director, Invicta Telecare Ltd (Circle)
	Paul Jenkins: None

[1] Tavistock & Portman NHS Foundation Trust, *Constitution, Election Rules, Standing Orders,* 2014, Annex 5, Paragraph 9.1
[2] Ibid, Paragraph 9.4
[3] Ibid, Paragraph 9.3
[4] A lack of disclosure from any Director indicates a nil return on the Declaration of Interest

Disclosure Requirement	Disclosure[4]
	Lis Jones: None
	Louise Lyon: None
	Ian McPherson: None
	Edna Murphy: None
	Brian Rock: None
	Rob Senior: None
	Simon Young: None
Ownership, part-ownership or directorships of private companies, businesses or consultancies likely or possibly seeking to do business with the National Health Service	**Dinesh Bhugra:** • Director of Porism Ltd
	Jane Gizbert: None
	Angela Greatly: None
	Rita Harris: None
	David Holt: None
	Paul Jenkins: None
	Lis Jones: • Lis Jones Associates, Consultancy
	Louise Lyon: None
	Ian McPherson: None
	Edna Murphy: None
	Brian Rock: None
	Rob Senior: None

Disclosure Requirement	Disclosure[4]
	Simon Young: None
Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the National Health Service	**Dinesh Bhugra:** None
	Jane Gizbert: None
	Angela Greatly: None
	Rita Harris: None
	David Holt: None
	Paul Jenkins: None
	Lis Jones: None
	Louise Lyon: None
	Ian McPherson: None
	Edna Murphy: None
	Brian Rock: None
	Rob Senior: None
	Simon Young: None
A position of authority in a charity or voluntary organisation in the field of health and social care	**Dinesh Bhugra:** • Trustee, Care-OF • President, Mental Health Foundation • President, World Psychiatric Association
	Jane Gizbert: • (Director of NICE)
	Angela Greatly: None
	Rita Harris: None

Disclosure Requirement	Disclosure[4]
	David Holt: • NED, Circle Housing, Centra Board
	Paul Jenkins: None
	Lis Jones: • Trustee, North London Hospice
	Louise Lyon: • Chair of Tavistock Clinic Foundation
	Ian McPherson: • Trustee/Director, Centre for Mental Health • Trustee/Director, Mental Health Provider Forum • Trustee/Chair, International Initiative in Mental Health Leadership • Trustee, Birmingham MIND
	Edna Murphy: • Faculty Manager, UCL Faculty of Medical Science • Magistrate, Cambridge Bench
	Brian Rock: None
	Rob Senior: None
	Simon Young: None
	Dinesh Bhugra: None
Any connection with a voluntary or other organisation contracting for National Health Service services or commissioning National Health Service services	**Jane Gizbert:** None
	Angela Greatly: None
	Rita Harris: None
	David Holt: None
	Paul Jenkins: • Member and previous CEO of Rethink Mental Illness

Disclosure Requirement	Disclosure[4]
	Lis Jones: None
	Louise Lyon: None
	Ian McPherson: • Chair, Improving Health and Wellbeing UK, Community Interest Company • Chair, KI Group, Community Interest Company • Director, 121 Support, Community Interest Company
	Edna Murphy: • Trustee, Cambridge Youth Music • Trustee, Cambridge Project for the Book
	Brian Rock: None
	Rob Senior: • Married to City & Hackney Clinical Commissioning Group Chair
	Simon Young: None
Any connection with an organisation entity or company considering entering into or having entered into a financial arrangement with the Trust including but not limited to lenders or banks	**Dinesh Bhugra:** None
	Jane Gizbert: None
	Angela Greatly: None
	Rita Harris: None
	David Holt: None
	Paul Jenkins: None
	Lis Jones: None
	Louise Lyon: None
	Ian McPherson: • Advisor, Ultrasis plc • Advisor, Handle my Health

Disclosure Requirement	Disclosure[4]
	Edna Murphy: None
	Brian Rock: None
	Rob Senior: None
	Simon Young: None

Board of Directors : Jan 2015

Item : 15

Title : Governance Review Proposal

Summary:

The Board must assure itself that the Trust's governance systems and structures are robust. Monitor has issued guidance for a Governance Review to be conducted every three years. This is a deeper, and wider ranging review than the annual board effectiveness reviews we already conduct.

A desk top governance review is proposed that is commensurate with the risks that face the Trust. The report will provide assurance that the Board is compliant against the ten standards given by Monitor and provide an action plan if required.

The Board is invited to commission the review as set out.

This report focuses on the following areas:
- Governance
- Risk

For : Approval

From : Jonathan McKee, Governance Manager

Governance Review Proposal

Governance Review under Monitor's Framework

Background

Under the Risk Assessment Framework Monitor now expects NHS Foundation Trusts to conduct an external review of their governance every three years. In May 2014, following consultation, Monitor published its guidance document, "Well-led framework for governance reviews: guidance for NHS foundation trusts", which laid out a framework for conducting external reviews on a 'comply or explain' basis.

Monitor sets its expectation that trusts carry out a governance review every three years, because…

1) …there is less money in the health economy and funding and commissioning models will change
2) …boards should make their decisions within the context of sound governance and good data
3) …25% of trusts have been the subject of regulatory action since 2008
4) …regular reviews provide some assurance that governance systems and structures are fit for purpose

Directors will be well aware of high-profile trust failures elsewhere, and whilst external (or even internal) scrutiny can be uncomfortable, in fairness, Monitor is simply reminding trusts to do the right thing.

The experience of other foundation trusts, both in the pilot programme and subsequently, is that these external reviews are large pieces of work, with significant input required from directors and officers of the trust, usually requiring use of one of the large accountancy firms, and can cost as much as £40,000.

It is hoped that as more Trusts go through this process simpler and better value options will become available. In addition, as a Trust we are undergoing a number of changes to structures, and the makeup of the Board, and will have a new Chair later in the year. Therefore it was thought that this was not the best time to engage external consultants for a major piece of work, but instead it would be more fitting at this time to conduct an internal review based on the self-assessment part of Monitor's guidance.

Objectives

- That the board will be well-informed when considering proposed trust development to support the 2015/16 annual plan.
- The board will be in a position to decide based on fact whether, or when, to undertake an externally led substantive review.
- The process will serve as evidence that the Trust has conducted a review when the CQC undertakes its inspection.

Process

It is suggested that the review be 'desk-top', based on reviewing paperwork, with the following individuals interviewed:-
- The Chair
- The SID
- The Chief Executive
- The Lead Governor

Outcomes
To chart the progress of the Board and the Trust's governance systems against the ten standards, providing assurance of compliance or providing an action plan for any work necessary to achieve compliance

Constraints and assumptions
There may be directors leaving the Board in the next few months or years, partly because of their approaching retirement or ending of terms of office, not least the chair. This review can only provide findings reflecting the situation now; however, it is unlikely that the findings would change even if a few individuals leave.

Principle stakeholders
- members
- patients, students and other users
- the regulators

Timescale
To be presented at the March 2015 Board meeting (part 2); interim findings could be presented at the February board if the reviewer has exceptional concerns (though this is unlikely).

Costs
The total cost is estimated at £3k.

Risks
No review can include unknown-unknowns; it can only explore what is known and expand on areas which are apparent at the time of the review.

Conclusion
The review is useful and timely as it will inform a number of planning decisions. There is no indication that the scope or extent needs to be changed given the Trust's good record to date.

Recommendation
That the Board commission the review as set out above.

Governance Review Proposal

Page 3 of 3

The Tavistock and Portman **NHS**
NHS Foundation Trust

BOARD OF DIRECTORS (PART 1)

Meeting in public
Tuesday 27th January 2015, 14.00 – 16.20
Board Room, Tavistock Centre, 120 Belsize Lane, London NW3 5BA

AGENDA

	PRELIMINARIES			
1.	**Chair's Opening Remarks** Ms Angela Greatley, Trust Chair		Verbal	-
2.	**Apologies for absence and declarations of interest** Ms Angela Greatley, Trust Chair	To note	Verbal	-
3.	**Minutes of the previous meeting** Ms Angela Greatley, Trust Chair	To approve	Enc.	p.1
3a.	**Outstanding Actions** Ms Angela Greatley, Trust Chair	To note	Enc.	p.10
4.	**Matters arising** Ms Angela Greatley, Trust Chair	To note	Verbal	-
	REPORTS & FINANCE			
5.	**Trust Chair's and NED's Report** Non-Executive Directors as appropriate	To note	Verbal	-
6.	**Chief Executive's Report** Mr Paul Jenkins, Chief Executive	To note	Enc.	p.11
7.	**Finance & Performance Report** Mr Simon Young, Deputy Chief Executive & Director of Finance	To note	Enc.	p.14
8.	**Training and Education Programme Board Report** Mr Brian Rock, Director of Education & Training, Dean & Mr Paul Jenkins, Chief Executive	To note	Enc.	p.27
9.	**Charitable Funds Annual Report & Accounts** Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Enc.	p.30
10.	**Governance Statement - Quarter 3** Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Enc.	p.46
11.	**Quarterly Quality Report – Quarter 3** Dr Justine McCarthy Woods, Quality Standards & Reports Lead	To approve	Enc.	p.50
12.	**Draft Annual Quality Report Update** Dr Justine McCarthy Woods, Quality Standards & Reports Lead	To discuss	Enc.	p.71
13.	**Care Quality Commission Briefing** Ms Louise Lyon, Director of Quality, Patient Experience and Adult Services & Ms Rhona Hobday, CQC Lead	To discuss	Enc.	p.74

Agenda Pullout

STRATEGY

14.	**Corporate Governance – Declarations of Interest Update, Sealing** Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.94
15.	**Governance Review proposal** Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.102
PATIENT STORY			
16.	**Patient Story** Ms Jessica Yakeley, Consultant Psychiatrist, Portman Clinic	To discuss	Verbal	-
CONCLUSION			
17.	**Any Other Business**		Verbal	-
18.	**Notice of Future Meetings** • Tuesday 5th February 2015: Council of Governors Meeting, 2.00pm – 5.00pm, Board Room, Tavistock Centre • Tuesday 10th February 2015: Directors' Conference, 1.00pm-4.30pm, Board Room, Tavistock Centre • Tuesday 24th February 2015: Board of Directors Meeting, 2.00pm – 5.00pm, Board Room, Tavistock Centre • Wednesday 4th March 2015: Joint Board Meeting, 2.00pm – 4.30pm, Board Room, Tavistock Centre • Tuesday 10th March 2015: Leadership Group Conference, 9.00am – 1.00pm, Lecture Theatre, Tavistock Centre		Verbal	-