

## Board of Directors Part One

### **Agenda and papers**

of a meeting to be held in public

2.00pm–4.20pm  
Tuesday 31<sup>st</sup> March 2015

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



## BOARD OF DIRECTORS (PART 1)

Meeting in public  
Tuesday 31<sup>st</sup> March 2015, 14.00 – 16.20  
Board Room, Tavistock Centre, 120 Belsize Lane, London NW3 5BA

### AGENDA

PRELIMINARIES				
1.	<b>Chair's Opening Remarks</b> Ms Angela Greatley, Trust Chair		Verbal	-
2.	<b>Apologies for absence and declarations of interest</b> Ms Angela Greatley, Trust Chair	To note	Verbal	-
3.	<b>Minutes of the previous meeting</b> Ms Angela Greatley, Trust Chair	To approve	Enc.	p.1
3a.	<b>Outstanding Actions</b> Ms Angela Greatley, Trust Chair	To note	Enc.	p.11
4.	<b>Matters arising</b> Ms Angela Greatley, Trust Chair	To note	Verbal	-
REPORTS & FINANCE				
5.	<b>Trust Chair's and NED's Report</b> Non-Executive Directors as appropriate	To note	Verbal	-
6.	<b>Chief Executive's Report</b> Mr Paul Jenkins, Chief Executive	To note	Enc.	p.12
7.	<b>Finance &amp; Performance Report</b> Mr Simon Young, Deputy Chief Executive & Director of Finance	To note	Enc.	p.15
8.	<b>2015/16 Budget</b> Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Late	-
9.	<b>Training and Education Report</b> Mr Brian Rock, Director of Education & Training, Dean	To discuss	Enc.	p.25
10.	<b>Annual Equalities Report</b> Ms Louise Lyon, Equalities Lead	To discuss	Enc.	p.30

11.	<b>360 Feedback Proposal for Manager's Appraisals</b> Ms Susan Thomas, HR Director	To approve	Enc.	p.35
12.	<b>2014 Staff Survey – analysis and recommendations</b> Mr Namdi Ngoka, Deputy Director of HR	To approve	Enc.	p.38
13.	<b>Patient Story – video presentation</b> Dr Sally Hodges, Associate Clinical Director	To discuss	Verbal	-
14.	<b>Service Line Report – CYAF Complex Needs</b> Dr Sally Hodges, Associate Clinical Director	To discuss	Enc.	p.50
<b>CONCLUSION</b>				
15.	<b>Any Other Business</b>		Verbal	-
16.	<b>Notice of Future Meetings</b> <ul style="list-style-type: none"> <li>• Tuesday 28<sup>th</sup> April 2015: Board of Directors Meeting, 2.00pm – 5.00pm, Board Room, Tavistock Centre</li> <li>• Tuesday 26<sup>th</sup> May 2015: Board of Directors Meeting, 2.00pm – 5.00pm, Board Room, Tavistock Centre</li> <li>• Tuesday 9<sup>th</sup> June 2015: Directors' Conference 12.00am – 5.00pm, Lecture Theatre</li> </ul>		Verbal	-

## Board of Directors

### Meeting Minutes (Part One) Tuesday 24<sup>th</sup> February 2015, 2.00 – 4.20pm

<b>Present:</b>			
Ms Angela Greatley Trust Chair	Prof. Dinesh Bhugra NED	Ms Jane Gizbert NED	
Mr David Holt Non-Executive Director	Mr Paul Jenkins Chief Executive	Ms Lis Jones Nurse Director	Ms Louise Lyon Director of Quality, Patient Experience and Adult Services
Dr Ian McPherson Non-Executive Director & Vice Chair of Trust	Ms Edna Murphy NED	Mr Brian Rock Director of Education and Training, Dean	Dr Rob Senior Medical Director
Mr Simon Young Deputy CEO & Director of Finance			
<b>Attendees:</b>			
Mr Gervase Campbell Trust Secretary (minutes)	Dr Claire Shaw, PPI Lead (items 14)	Dr Steve Bambrough Associate Clinical Director (item 9)	
<b>Apologies:</b>			
Dr Rita Harris CAMHS Director			

#### Actions

AP	Item	Action to be taken	Resp	By
1	3	Minor changes to be made to the minutes	GC	Immd.
2	5	Action plan on 'Freedom to Speak Up' to come to the board with the update on the Duty of Candour	GC	May
3	5	List of NED visits to be kept by Trust Secretary	GC	Immed.
4	5	Coordination of NED visits with other PPI and related strands to be developed by Ms Lyon in the CQC team	LL	April
5	6	Analysis of Staff Survey results to come to the Board quickly	ST	March
6	16	Paper on PPI development to come to the Board	PJ	May

#### 1. Trust Chair's Opening Remarks

Ms Greatley opened the meeting.

#### 2. Apologies for Absence and declarations of interest

Apologies as above. There were no declarations of interest specific to this meeting.

AP1

#### 3. Minutes of the Previous Meeting

The minutes were approved subject to minor amendments

#### 4. Matters Arising

Action points from previous meetings:

AP2 – (HR to give advice on taking forward 360 for managers) – report to come to March meeting.

AP3 – (Updated figures on the modular building to be circulated for final consideration) – these figures were circulated on the 30<sup>th</sup> January and the board approved by email the proposal to construct the modular building.

Outstanding Action Point 2 (Find suitable forum for further discussion of integration between mental and physical health) – the Clinical Professional Advisory Group had discussed this and would be forming a working group to make this a larger piece of work including development of the CPD courses. Ms Greatley noted that there was also a piece of work required to raise awareness and to involve the Council of Governors.

No further matters arising.

## **5. Trust Chair and NEDs' Report**

**AP2**

Ms Greatley noted the recent publication of the 'Freedom to Speak Up' review, which was referenced in the Duty of Candour paper later on the agenda. She felt it was important to mark its publication, but as it was complex and detailed more thought was required before an action plan could be brought to the Board. It was envisioned that anything urgent would come to the March board, but most of the points would be covered when the Duty of Candour update returned to the board in 3 months. Mr Holt noted that there were a large number of recommendations and it would be important to prioritise those that drove the culture in the right direction.

Ms Greatley noted the tabled papers gave a summary of the review, and included the letter on the review from Mr David Bennett, Monitor CEO, which had been circulated to the Leadership Group to cascade to managers and staff.

Professor Bhugra commented on the NED Induction course, run jointly by FTN and Monitor, which he, Ms Gizbert and Ms Murphy had attended. He noted that details of what the CQC would focus on in an inspection had been covered, and included:

- Care planning percentages, and how it was delivered
- Trends in patient satisfaction and the staff survey
- How findings were applied across different sites
- How clinical results were compared with wider the wider NHS Patient involvement in board meetings, patient councils
- Complaints, and how they were seen by the Board.
- The use of agency staff
- Communications between the Council and the Board.

Ms Gizbert added that there had been a lot of useful information, especially on governance and assurance, and the role of NEDs on the board and in getting out and visiting services in the Trust. Ms Murphy commented that

one issue raised had been how details of serious incidents were shared with board members, how a board member could know that systems were operating properly, and so the importance of going beyond reports and visiting services.

**AP3**

Mr Holt commented that NEDs did make visits, and suggested these needed to be coordinated and a record kept – it was agreed that the Trust Secretary would keep a list. Coordination would ensure the right coverage and that experiences could be shared. Ms Greatley commented that they could ask to meet patients on their visits. Ms Lyon suggested that she could help with the coordination, and that it would fit with the NED involvement in peer review visits that she was organising. Ms Greatley noted that there were links with Patient Stories, PPI, Patient Councils, and the Worries and Concerns list, and it was agreed that Ms Lyon would take it to the CQC group to find a way to coordinate this work.

**AP4**

Dr Senior noted that incidents and complaints were considered diligently by the workstreams of the CQSG, and every STICE came to the Board as a matter of course. Ms Greatley noted that as there were so few serious incidents they came so infrequently that board members might not remember when they last saw one.

Mr Holt noted that at another Trust the CEO's PA held the file of complaints and any director could drop in and view them. Ms Greatley noted that here the Complaints Manager held a similar file and directors were welcome to drop in and view them with her, and in addition Ms Murphy was the NED who linked with her.

## **6. Chief Executive's Report**

Mr Jenkins highlighted that a number of pieces of work were coming to fruition – the Camden 'Team Around the Practice' bid had been submitted, the Essex CAMHS bid would be by the end of March, and they would learn this week if they would be a Thrive forerunner.

Looking at the regional strategy for Education and Training, Julie Screaton of Health Education South London had been very supportive and promised to open up contact with her peers, and yesterday he had attended meetings in Birmingham to discuss possibilities there.

Mr Jenkins noted the summary of the 2014 NHS Staff Survey which had been tabled. He noted it was generally positive, but that the response rate was down following the move to online delivery and this would need more work in future years. The results were generally positive and marginally improved on last year, with high staff engagement and an appreciation of working here, but some less good scores in areas such as pressure on staff and working hours. A detailed report would come to the Board soon.

**AP5**

The Board discussed the survey results, noting that where Bullying and Harassment had been a concern it now scored very well, and noting that our small numbers could give impressions that were not statistically significant and so should be approached cautiously whilst still being taken very seriously. It was agreed that there was merit in a quick turnaround in analysing the results in depth.

Mr Young gave an update on Care Notes: the two early adopter sites were live now, 2 weeks after schedule, which did not impact on the overall plan. Managers from those services had met the project team and raised a number of concerns, most related to the delay and consequent backlog of administration, and the team had taken these points on board and learnt from them for the full rollout. There were still outstanding issues with the supplier, especially with the link to the spine, but they were making good progress and should be secured by the start of April.

The Board **noted** the report.

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

Mr Young noted that the £80k for restructuring costs, section 2.2.12, was expected to rise before the end of the year as they were reviewing VSS applications next week, and if decisions were made this year they would count towards the costs this year.

Mr Young commented that FNP had achieved their target for the year, section 4. Mr Holt noted the reduced targets for next year, and asked whether these were accompanied by a reduction in costs. Mr Young explained that they were and a plan was in place for the savings, and the reduction in contribution had been accounted for in the forecast. He noted that, unlike the rest of the Trust, FNP had considerable non-staff variable costs. Dr McPherson noted the infrastructure changes and asked whether there were implications for the longer term relationship. Mr Young commented that the Trust wanted them to feel this was the best place for them and had listened to what they needed to be successful. Mr Jenkins added that the debate about the future had been put forward to the end of the contract, and there would be large issues to address then, especially if the national contract were to end.

Ms Murphy asked why the expenditure figures were not included with the income figures for the training directorate in section 3. Mr Young commented that it had been agreed to show less detail in these reports, partly because it was very complicated to report on because of the nature of the expenditure, with staff in different budgets, and so the expenditure was



show periodically rather than every month. He noted that next year following the restructuring under Associate Deans it would be easier, and that the variances were not large now and expenditure would come with the budget next month.

Ms Murphy asked if we knew why the growth in income, sections 2.2.7/8/9 had not materialised, and if it spoke to the planning and prediction process. Mr Young noted that it was relatively small, £100k out of £17M, and that it was most likely due to non-alignment of commercial information with that from the directorates. He acknowledged that it was a live issue and some parts of it should have been predicted more accurately.

The Board **noted** the report.

## **8. Training and Education Programme Management Board Report**

Mr Rock introduced the report, noting the successful bid for undergraduate mental health nurse training, which whilst small did provide a foothold in a new area. Ms Jones noted that whilst it was small now it had potential, and there would be some hard work required in developing the curriculum.

Mr Rock gave an update on the restructuring work, noting the appointment of Elisa Reyes Simpson to the substantive Associate Dean role, and that with Karen Tanner's appointment the way was now open to start recruiting the Portfolio Managers, and to streamline roles and lines of accountability.

Work was progressing well on the Essex partnership, including the area of course validation, where they were collaborating to develop both an interim process and the full validation system, and these should be clear by the end of March. They had held positive three-way discussions on what it would mean for students, and with Laure Thomas' help they would be engaging with students on the implications of the change.

Mr Rock noted the QAA visit was in progress, and seemed to be going well, due in part to the hard work on preparation by Louis Taussig and Will Bannister. They could expect the outcome in a few weeks, and with the move to Essex they could expect to receive a full visit next year. Mr Jenkins noted that the level of forensic detail in the inspection was reassuring, and it highlighted that the teaching and academic quality of the courses was first rate, but there were still improvements that could be made to the professionalism of the systems.

Mr Holt noted that section 4.3 implied they would continue with unprofitable courses because of the difficulty in redeploying staff. Mr Rock

explained that they intended to intervene earlier when a course wasn't attracting enough students, to understand why and make changes in a way that had less impact on staff, and this would be facilitated by the portfolio managers. He emphasised that they would not be putting resources into courses that were not viable.

The Board **noted** the report.

## **9. CAMHS Service Line Report – WFS and FDAC**

Mr Bambrough summarised that they had won the tender for Westminster Family Services four years ago, and in doing so they had told the commissioners they needed a multi-disciplinary team that could offer a one-stop shop, and tighter timescales. The commissioners liked the service, and liked the multi-disciplinary approach, perhaps even a little too much as they wanted more of the specialist aspect than could be provided. He noted that the service was being retendered this year for a larger area, but different specifications for contact and supervision which meant the Trust would have to consider carefully how, and if they should try, to deliver a quality service within the new constraints.

Dr Senior asked whether we had a good relationship with the Tri-Boroughs and could influence the specification of the service at tendering. Mr Bambrough explained that they did have a good relationship, and the commissioners were clear in saying which parts of the service they liked and which they didn't, and we had helped them to understand what they needed, but there were worries over the nature of the supervision and contact part of the contract.

Mr Bambrough noted that for London FDAC there had been a dramatic drop in proceedings, with Camden down to 2 from 26 at this time last year. This had a large impact on the service, and they were negotiating with commissioners to see if they could compromise by offering the service to other local authorities. There were varying opinions as to why the numbers had dropped so sharply, but one view was that the councils were acting as gatekeepers to reduce costs, with high risk cases being redirected.

Milton Keynes and Bucks FDAC had a two year contract and were doing well. Valuable lessons had been learnt about applying the model to a more rural population, for example the difficulties of getting clients to court.

For FDAC the big news was that the DfE Innovation Fund was funding them for one year to roll out FDAC to four consortiums, with multiple sites, across the country. This was a great opportunity but there were immense

difficulties in setting up and supporting the teams, and ensuring the money was spent within the year.

Dr McPherson asked what our roll was in supporting the roll out. Mr Bambrough explained that we were responsible for it all, for the central staff plus supporting and paying the teams with the four partners, and getting the sites set up. Ms Greatley noted that the scale and geographic spread would be a challenge. Mr Bambrough replied that they had learnt a lot over the last four years, and now had a number of models available which would make it easier, but the geographic spread would be difficult. He noted that they had been working with the sites for some time now, and had steering groups set up already.

Mr Jenkins commented that FDAC was an impressive service, with its interventions for a clear purpose, with clear outcomes. It wasn't an easy area to work in, so it was exciting to see the opportunity for replication. He noted that it was important for the Trust to give the service all the support it could, including managing expectations, and it would be wonderful to see this become a mainstream part of the criminal justice system.

Ms Greatley commented that the ESQ data sheets that were now being circulated were another way of hearing from patients.

The Board **noted** the report.

#### **10 CQSG Quarter 3 Report**

Dr Senior highlighted the new format of the report, which presented the notes of the CQSG meeting in a house style rather than redrafting them as a separate report, noting that these were still a draft until agreed at the next meeting of the committee, but contained the ratings and actions that the committee had agreed.

Mr Jenkins passed on a message from Dr Harris that following a lot of work bringing together forms completed but not entered, they had increased the clinical outcomes return from 33% to 73%, and so reached the CQUINN target.

The Board **approved** the new format, and **approved** the report.

#### **11 CQSG Terms of Reference Proposal**

Dr Senior explained the intention to make some significant changes to the terms of reference of the CQSG committee, by amalgamating Clinical

Outcomes, Clinical Audit, Quality Reports, PPI and CQC Preparation into one workstream called 'Clinical Quality Effectiveness and Patient Experience Reports' under the Director of Quality. This would prevent the duplication of work, and allow cross referencing, the importance of which had been highlighted by the CQC preparation work. He noted that there was a risk of losing some elements of PPI under this workstream, especially public engagement and the broader narrative, and it would be important to ensure these were captured elsewhere.

Dr McPherson noted that other work was being done on PPI more broadly within the Trust so it might need to be reviewed in the future. Ms Greatley noted that the public facing parts of PPI did not fit with the remit of the CQSG whilst the patient experience parts certainly did.

The Board **approved** the recommendations of the report and changes to the Terms of Reference.

## **12 Draft Operational Plan**

Mr Young noted that the draft operational plan had been scheduled for this meeting as it had been due to be submitted on the 27<sup>th</sup> February, but the date for submission was now the 7<sup>th</sup> May, so the operational plan would be considered with the budget next month.

The Board **noted** the report.

## **13 Duty of Candour, FPPT**

Mr Campbell introduced the report, noting that it followed on from the report in November 2014, and summarised the actions the Trust had taken to ensure it complied with the regulations, and included an action plan for further work. Progress on these actions would be reported on in three months, together with actions that came out of the 'Freedom to Speak Up' review.

Mr Holt noted that the report covered processes and not behaviours, and that it was behaviours that changed culture. He suggested that appraisals were a way to detail the behaviours we expect from staff and to hold them to account. Mr Jenkins noted that it linked to the Mission and Values work they were undertaking, and to the values based recruitment HR were working on. Mr Holt asked whether we could ensure there was a link to the duty of candour in the next staff survey, and it was noted that we could not control the contents of the survey. Professor Bhugra suggested our own parallel survey on candour, and Mr Young noted that we already conducted

a lot of surveys of staff and there was a danger of over burdening them.

The Board **approved** the report.

#### **14 Patient Story – Review and Discussion**

Mr Jenkins introduced the item as a space for reflection and discussion on the experience so far, and commented that his sense was the stories were providing a powerful addition to how we work, and were very well supported by Ms Shaw and her team. There was a question about the formats, and they might seek to diversify them, which would make it less intimidating and so enable a broader range of people to contribute, especially a child or young person. He acknowledged the impact on the duration of the meetings and timing of items. He was especially encouraged by comments from clinical colleagues that despite seeing patients themselves, they still found the self-contained nature of the stories valuable and rewarding. He noted that the purpose of the stories was to get a wider perspective of how services work, the importance of the context in which they are delivered, follow up and social support.

He noted that generally the stories had been quite positive, and suggested they might seek out a negative story, perhaps from someone who had made a complaint.

Ms Shaw commented that patients had found it a good experience, and confirmed that a lot of work was done to prepare them and ensure they were making an informed choice, which took liaison with their clinicians and support both before and afterwards. She agreed that there were ways they could make better use of the stories, to enable them to be shared with a wider group, for example by taking a transcript of stories with the patient's permission.

Ms Shaw noted that services were aware when their patients visited the board, and wondered whether feedback could be given to them. After discussion it was thought that it would be helpful to align the patient stories with the service report being given, which would focus the purpose of the story, and make giving feedback easier.

Ms Shaw noted that the patients who got involved with PPI were generally motivated by gratitude. She acknowledged the benefit of engaging with unhappy patients, but counselled against choosing patients who had made complaints as at this Trust these were almost always very complex in history.

Ms Shaw noted that giving their account was a very personal experience for patients and the reception was important to them, which might explain why although they had been offered other options they chose to come in person.

Ms Greatley noted how valuable the experience was proving for the Board, and that the effect was obvious when she looked round the table during a

story. With regards to format, she noted how well the interviews at the AGM had worked, and suggested something similar could be videoed, or a video containing many short comments from different people instead of one full story might be another useful experience. Mr Holt noted that it was important to be clear on the purpose, and that he had seen the reading out of one complaint and one compliment at the start of a meeting, without commentary or discussion, work similarly in setting the right tone. Dr McPherson added that the full stories were immensely valuable, but there was also value in hearing the small comments that people might have about a service, such as those made in the comments book at reception. Ms Murphy commented that the patient stories were riveting, and turned the perspective away from our services, and on the patient's life and the roll of our services in it, and whilst they shouldn't lose that, there was room for hearing more limited points of view as well. Professor Bhugra suggested that they extend it to an annual Patient Day, where a more informal way could be found to share experiences.

Professor Bhugra noted that Ms C had taken two years to get to our service, and that we should be publicising ourselves more with GPs and schools so that they could put pressure on commissioners for our services. He also noted that in the past he had offered patients a 'session in bank' at the end of treatment, which was rarely taken, but offered reassurance. Dr Senior noted that they were penalised for leaving cases dormant and so could not follow this example.

Ms Greatley noted that work was being done more broadly on the PPI role, and that much of this discussion of patient stories, patient councils and patient days fitted into that broader conversation. She invited Mr Jenkins to bring a paper to the Board on the broader PPI review.

#### AP6

Mr Jenkins summarised that they would continue with the patient stories, exploring more methods of delivery, and trying to align them with the Service Reports.

The Board **noted** the report.

### 15 AOB and notice of future meetings

Professor Bhugra noted the 'Moorfield Model', of franchising services, and suggested a comparable document could be written on the 'Tavistock Model'. Ms Greatley noted that the need to account and explain ourselves had come up in the Mission and Values work as well. Mr Jenkins pointed out that we needed to consider franchising in parallel with delivering services ourselves, for example if the Thrive model were to take off the Trust could not run it across the country, but would still want to be involved.

Part 1 of the meeting concluded at 4.00pm.

# 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 2013 staff survey action plan to return to the board	Susan Thomas	May-15	
2	Nov-14	6. CEO's Report	Find suitable forum for further discussion of integration between mental and physical health	Rita Harris/ Louise Lyon	Feb-15	This had been discussed at the Clinics Committee and would be taken forward by a working group.
4	Jan-15	10. Quality Report	Add further details of Child Safeguarding Training to Quality Report	Justine McCarthy Woods	Apr-15	
2	Jan-15	4. Matters Arising	HR to advise on options for including 360 feedback in manager's appraisals.	Susan Thomas	Apr-15	On agenda for March meeting.
5	Jan-15	13. CQC Update	NED CQC training to be prioritised	Louise Lyon	Feb-15	Training to start with lunch session at March Board.
6	Jan-15	13.CQC Update	NEDs to be invited to link with a KLOE lead for CQC	Louise Lyon	Feb-15	





## Board of Directors : March 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

## 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. A budget for 2015/6 is included in Part 2 of the meeting

### 2. Business Development

- 2.1 We still await the outcome of the tender we have submitted by the "Camden Team Around the Practice" service.
- 2.2 We are proceeding with the final stage of work of the bid for Essex CAMHS. There has been a small delay in the process while an issue around TUPE was clarified. This has now recommenced and we are due to submit our bid on 10<sup>th</sup> April. A paper on the bid and the arrangements for the final clearance of our submission is tabled for Part 2.

### 3. Century Films

- 3.1 Century Films have now completed their research period at the Trust and have now secured a firm commission from Channel 4 to produce the programme, subject to the formal agreement of the Trust to proceed with the project. They intend to focus on a range of children and young peoples' services. Rob Senior, Rita Harris and Laure Thomas met with Century Films on 12<sup>th</sup> March to review progress. We continue to be supportive of the project and have been impressed with their approach to working staff members and service users. We are proposing to bring a full report on the project to the April meeting of the Board.

### 4. Children and Young People's Taskforce

- 4.1 The national Children and Young People's Taskforce of which I was a member published its report on 17<sup>th</sup> March. The report sets out a good case for further investment in CAMHS services and a strong vision for better joined up commissioning and more effective models of care. The report includes an endorsement of the Thrive model. On the following day additional investment of £250m for the next year to support the development of children and young people's mental health services. A major focus of the new investment will be to deliver waiting time commitments for these services.

## **5. PPI event**

- 5.1 On 17<sup>th</sup> March we held an event to share good practice in the Trust on involvement which was facilitated by David Gilbert, a well-respected Involvement Consultant. The event included a “market place” to demonstrate work on involvement across the Trust. I was very impressed by these examples and the commitment of staff involved which matched the best of good practice I have seen elsewhere. There was also a discussion of the obstacles to extending best practice across the Trust and what next steps we should take to address these. David Gilbert will be producing a short report with his recommendations and I intend to bring a strategy paper on this to the May or June meeting of the Board of Directors.

## **6. Mission and Values**

- 6.1 Two meetings have been held of a task and finish group involving representatives of the Governors, Board of Directors and staff to produce a first draft of a new statement of mission and values. These have proceeded well and we will be consulting more widely on a draft prior to bringing a final version for approval at the Board of Directors in May or June.

## **7. 2015/6 Budget**

- 7.1 We are due to consider a draft budget for 2015/6 later in the meeting. With the in-year savings which have been delivered through the VSS programme, and with some growth so far secured, we are succeeding in securing a balanced budget although with very limited in year contingency. In discussion with Simon Young I believe this is a manageable position, given recent trends in in year performance and the possibility of further in year savings as we take forward plans for longer term restructuring of clinical services.

Paul Jenkins  
Chief Executive  
23<sup>rd</sup> March 2015



## Board of Directors : March 2015

**Item :** 7

**Title :** Finance and Performance Report

**Summary:**

After eleven months a surplus of £1,225k is reported before restructuring and assuming that the FNP underspend is deferred; this is £1,210k above the revised budget surplus of £16k. Income from training and consultancy has fallen below expectations, but this has been offset by Clinical Income and underspends across a number of services.

The current forecast for the year is a surplus of £1,452k before restructuring costs.

The cash balance at 28 February was £4,305k 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 19 March.

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

- Risk
- Finance

**For :** Information.

**From :** Deputy Chief Executive and Director of Finance

## 1. External Assessments

### 1.1 Monitor

- 1.1.1 Monitor has confirmed that the Trust's continuity of service risk rating (CoSRR) for the third quarter was 4, which is above plan; and governance rating remains Green. The CoSRR is expected to remain at 4 by the end of the financial year, which is above plan.

## 2. Finance

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

- 2.1.1 After February the trust is reporting a surplus of £1,225k before restructuring costs, £1,210k above budget. FNP are currently £683k 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 £113k below budget (mainly due to the FNP deferral, offset by GIDU), and expenditure £1,383k below budget.
- 2.1.2 Income is £132k above budget overall for the month which is primarily due to back dated Day Unit, FDAC and City & Hackney income. TC income is cumulatively £140k below target (across Consultancy and Training) and their expenditure is £3k over budget.
- 2.1.3 SAMHS Clinical was £25k below target in month 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 £2k over spend to date (within the Finance line) is matched by a £2k 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 adverse movement of £133k on the expenditure budget in month 11 was due mainly to CAMHS which was £108k adverse in month due to a £37k Coram invoice which was offset by income and additional bank admin and temporary clinical staff. There was also high non pay spend across the trust. The cumulative underspend of £1,383k is primarily due to FNP at £683k and unused reserves totalling £365k.
- 2.1.7 The service line report is omitted this month.

### 2.2 Forecast Outturn

- 2.2.1 The forecast surplus before restructuring of £1,452k is £1,412k 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 £1,009k 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 and we have issued an invoice for another £317k for the third quarter. 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 understatement. The NPA income is £50k above budget at February and is expected to be £60k favourable by year end.

2.2.3 CAMHS Training fees are currently £216k above budget and are expected to be £218k above budget by the end of the financial year.

2.2.4 SAAMHS Training is expected to be £190k adverse, due to student numbers.

2.2.5 TC consultancy income is currently £73k below budget and they expect to be in a similar position at the end of the financial year

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

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

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

2.2.9 R&D Expenditure is expected to be £151k below budget due to Anna Freud recharge finishing. R&D income is forecast to be £94k above target due to 2013/14 income being invoiced in 2014/15.

2.2.10 The forecast allows for the investment reserve of £120k to be fully released and for £50k of the remaining contingency reserve of £177k to be needed.

2.2.11 Depreciation is expected to be £53k above budget. The dividend is forecast to be £50k below budget, due mainly to our higher cash balances.

2.2.12 A number of applications for the voluntary severance scheme have now been approved. The cost of some £700k will be accrued in the 2014/15 accounts and is therefore included in the forecast of £807k for the year. This figure will be adjusted in March to allow for any additional approvals. Leaving dates are yet to be finalised, and will mostly be in the new year; so the cash payments will occur then.

## 2.3 **Cash Flow (Appendix D)**

2.3.1 The actual cash balance at 28 February was £4,305k which is a decrease of £1,612k in month, due to the HEE funding for the whole quarter having been paid in advance in January. The position is £1,910k above plan, due to 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 for 31 March is to be £2.0m above plan. This is due to the additional NHS old year payments 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)	16,881	16,257	624
General debtors (incl LAs)	7,851	7,494	357
SHA for Training	11,994	11,076	918
Students and sponsors	2,734	2,925	(191)
Other	0	0	0
	39,460	37,752	1,708
Operational expenditure payments			
Salaries (net)	(14,827)	(15,561)	734
Tax, NI and Pension	(11,494)	(11,585)	91
Suppliers	(10,233)	(8,885)	(1,348)
	(36,554)	(36,031)	(523)
Capital Expenditure	(1,194)	(1,866)	672
Interest Income	11	5	6
Payments from provisions	0	(11)	11
PDC Dividend Payments	(175)	(211)	36
Closing cash balance	4,305	2,395	1,910

## 2.4 **Better Payment Practice Code**

2.4.1 The Trust has a target of 95% of invoices to be paid within the terms. During February we achieved 92% (by number) for all invoices. The cumulative total for the year is 90%.

## 3. **Training**

### 3.1 **Income**

3.1.1 Training income is £1,037k below budget in total after eleven months. Details are below. FNP income is currently being reported as £1,028k below budget, mainly due to £994k being deferred to next year.

3.1.2 If we exclude FNP then training income is £9k below target year to date. This is mainly due to an LCCPD shortfall of £180k 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 projects to 31<sup>st</sup> March 2015. The full year budget has been revised accordingly. £90k will now be deferred into 2015/16.

<b>LDA income (lines 4-7 appendix B)</b>	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast £'000
NHS London Training Contract	6,783	6,785	3	0
Child Psychotherapy Trainees	1,969	1,966	-3	0
Junior Medical Staff	877	887	10	12
Postgraduate Medical and Dental (budget incl. study leave)	86	52	-34	-30
<b>Sub Total</b>	<b>9,715</b>	<b>9,690</b>	<b>-25</b>	<b>-18</b>
<b>Fees and academic income (lines 8-11 Appendix B)</b>				
DET	1,281	1,314	33	101
CAMHS	2,777	2,993	216	218
FPN	4,097	3,069	-1,028	-960
SAAMHS	1,597	1,430	-167	-190
TC	257	190	-67	-29
<b>Sub Total</b>	<b>10,008</b>	<b>8,996</b>	<b>-1,012</b>	<b>-861</b>
<b>Grand Total</b>	<b>19,723</b>	<b>18,686</b>	<b>-1,037</b>	<b>-879</b>

3.1.4 The Training income forecast excluding FNP is £81k favourable. This is primarily due to fee income. Fee income for the full academic year 2014-15 is currently expected to be £271k below Plan.

3.1.5 The postgraduate medical and dental education income is £34k 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 £223k under spent at the end of February. Pay cost underspend is forecast to be £209k below budget; this is predominantly due to delayed recruitment of new posts. There have also been vacant posts in the Technology Enhanced Learning Unit.

## 4. Patient Services

### 4.1 Activity and Income

- 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<sup>†</sup> 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 February actual income is £50k above budget and is expected to be £60k 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 £15k to date, so we are £11k below budget. This income stream is expected to be £13k below budget at the end of the year.
- 4.1.5 Day Unit Income target was reduced by £210k in 2014/15 and is £37k above target after January.

	Budget	Actual	Variance	Full year		
	£000	£000	%	Variance based on y-t-d	Predicted variance	Comments
Contracts - base values	12,303	12,436	1.1%	146	195	GIDU and MBT income deferred from 13/14. Offset by new projects
Cost and vol variances	298	692	132.3%	430	737	GIDU and Barnet over performance
NPAs	120	170	41.4%	81	60	
Projects and other	966	1,106		–	0	Income matched to costs, so variance is largely offset.
Day Unit	593	630	6.2%	40	30	
FDAC 2nd phas	732	714	-2.4%	-19	0	Income matched to costs, so variance is largely offset.
Court report	26	15	-43.5%	-12	-13	
Total	15,038	15,763		666	1,009	

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

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.

## 5. **Consultancy**

- 5.1 TC are £108k net below their budgeted target after eleven months. This consists of expenditure £3k over spent, TC training fee income £67k below budget and consultancy income £73k below budget. TC are currently reviewing and revising their forecast income and expenditure for the rest of the year.
- 5.2 Departmental consultancy is £32k below budget after January; SAAMHS are currently on budget and CAMHS have a £32k shortfall. However, CAMHS expect this position to improve by the end of the financial year.

Carl Doherty  
Deputy Director of Finance  
23 March 2015

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THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2014-15											APPENDIX B
All figures £000											
Feb-15			CUMULATIVE			FULL YEAR 2014-15					
	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	OPENING BUDGET	REVISED BUDGET	FORECAST	REVISED BUDGET VARIANCE	
<b>INCOME</b>											
1 CENTRAL CLINICAL INCOME	597	626	29	6,616	6,864	248	7,054	7,213	7,469	255	
2 CAMHS CLINICAL INCOME	319	463	144	3,567	3,691	124	3,987	3,886	3,999	112	
3 SAAMHS CLINICAL INCOME	446	421	(25)	4,855	5,208	353	4,398	5,302	5,943	642	
4 NHS LONDON TRAINING CONTRACT	638	640	3	6,783	6,785	3	7,254	7,420	7,420	0	
5 CHILD PSYCHOTHERAPY TRAINEES	179	168	(11)	1,969	1,966	(3)	2,148	2,148	2,148	0	
6 JUNIOR MEDICAL STAFF	80	80	1	877	887	10	1,022	957	969	12	
7 POSTGRADUATE MED & DENT'L EDUC	8	10	2	86	52	(34)	94	94	64	(30)	
8 DET TRAINING FEES & ACADEMIC INCOME	19	71	52	1,281	1,314	33	1,739	1,362	1,462	101	
9 FAMILY NURSE PARTNERSHIP	372	374	1	4,097	3,069	(1,028)	4,469	4,469	3,510	(960)	
10 CAMHS TRAINING FEES & ACADEMIC INCOME	256	307	52	2,777	2,993	216	2,274	3,033	3,250	218	
11 SAAMHS TRAINING FEES & ACADEMIC INCOME	190	155	(35)	1,597	1,430	(167)	1,530	1,787	1,597	(190)	
12 TC TRAINING FEES & ACADEMIC INCOME	100	20	(80)	257	190	(67)	282	257	227	(29)	
13 TC INCOME	75	65	(10)	825	752	(73)	925	925	855	(70)	
14 CONSULTANCY INCOME CAMHS	6	0	(6)	81	50	(32)	110	87	53	(34)	
15 CONSULTANCY INCOME SAAMHS	40	18	(22)	440	440	0	492	480	507	27	
16 R&D	10	3	(7)	113	205	93	123	123	216	94	
17 OTHER INCOME	86	130	44	690	833	144	1,159	776	909	132	
<b>TOTAL INCOME</b>	<b>3,421</b>	<b>3,553</b>	<b>132</b>	<b>36,910</b>	<b>36,730</b>	<b>(180)</b>	<b>39,059</b>	<b>40,319</b>	<b>40,598</b>	<b>280</b>	
<b>EXPENDITURE</b>											
18 COMPLEX NEEDS	298	290	8	3,277	3,116	161	3,560	3,575	3,352	223	
19 PORTMAN CLINIC	127	115	12	1,346	1,257	89	1,225	1,474	1,406	68	
20 GENDER IDENTITY	126	140	(15)	1,381	1,320	61	1,253	1,506	1,429	77	
21 DEV PSYCHOTHERAPY UNIT	9	12	(2)	103	148	(44)	114	113	165	(52)	
22 NON CAMDEN CAMHS	336	409	(73)	3,715	3,855	(140)	4,231	4,052	4,090	(38)	
23 CAMDEN CAMHS	349	384	(35)	4,030	4,059	(29)	4,350	4,391	4,427	(36)	
24 CHILD & FAMILY GENERAL	45	45	0	480	502	(22)	503	526	568	(42)	
25 FAMILY NURSE PARTNERSHIP	339	338	1	3,727	3,043	683	3,575	4,066	3,399	667	
26 JUNIOR MEDICAL STAFF	83	82	0	911	866	44	966	993	993	0	
27 NHS LONDON FUNDED CP TRAINEES	179	181	(2)	1,969	1,974	(5)	2,148	2,148	2,148	0	
28 TAVISTOCK SESSIONAL CP TRAINEES	2	0	1	17	24	(8)	19	19	27	(8)	
29 FLEXIBLE TRAINEE DOCTORS & PGMDE	25	17	9	280	252	28	394	306	283	23	
30 EDUCATION & TRAINING	231	267	(36)	3,383	3,014	368	3,447	3,641	3,502	139	
31 VISITING LECTURER FEES	125	153	(28)	1,104	1,153	(48)	1,229	1,229	1,284	(56)	
32 CAMHS EDUCATION & TRAINING	131	104	27	1,313	1,428	(115)	1,429	1,433	1,586	(153)	
33 SAAMHS EDUCATION & TRAINING	129	147	(18)	1,060	1,035	25	939	1,189	1,173	17	
34 TC EDUCATION & TRAINING	0	0	(0)	0	8	(8)	0	0	6	(6)	
35 TC	74	109	(35)	721	724	(3)	815	787	787	0	
36 R&D	20	7	13	221	76	145	169	241	90	151	
37 ESTATES DEPT	173	177	(4)	1,899	1,951	(52)	2,078	2,072	2,152	(80)	
38 FINANCE, ICT & INFORMATICS	162	192	(30)	1,780	1,878	(98)	2,326	1,942	2,038	(96)	
39 TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	86	69	17	902	910	(8)	998	989	1,003	(14)	
40 COMMERCIAL DIRECTORATE	62	57	4	775	700	76	738	837	757	80	
41 HUMAN RESOURCES	57	54	3	628	660	(33)	632	685	760	(75)	
42 CLINICAL GOVERNANCE	80	76	4	622	623	(0)	587	702	702	0	
43 PROJECTS CONTRIBUTION	0	0	0	0	0	0	(73)	0	0	0	
44 DEPRECIATION & AMORTISATION	46	51	(5)	504	553	(49)	550	550	603	(53)	
45 IFRS HOLIDAY PAY PROV ADJ	8	0	8	92	0	92	100	100	0	100	
46 PRODUCTIVITY SAVINGS	0	0	0	0	0	0	(134)	0	0	0	
47 INVESTMENT RESERVE	10	0	10	110	0	110	120	120	0	120	
48 CENTRAL RESERVES	32	0	32	163	0	163	315	177	50	127	
<b>TOTAL EXPENDITURE</b>	<b>3,342</b>	<b>3,475</b>	<b>(133)</b>	<b>36,513</b>	<b>35,130</b>	<b>1,383</b>	<b>38,603</b>	<b>39,863</b>	<b>38,780</b>	<b>1,082</b>	
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>79</b>	<b>78</b>	<b>(1)</b>	<b>397</b>	<b>1,600</b>	<b>1,203</b>	<b>456</b>	<b>456</b>	<b>1,818</b>	<b>1,362</b>	
49 INTEREST RECEIVABLE	0	1	1	5	11	7	5	5	5	0	
50 DIVIDEND ON PDC	(35)	(35)	0	(386)	(386)	0	(421)	(421)	(371)	50	
<b>SURPLUS/(DEFICIT)</b>	<b>44</b>	<b>44</b>	<b>(0)</b>	<b>16</b>	<b>1,225</b>	<b>1,210</b>	<b>40</b>	<b>40</b>	<b>1,452</b>	<b>1,412</b>	
51 RESTRUCTURING COSTS	0	27	(27)	0	107	(107)	0	0	807	807	
<b>SURPLUS/(DEFICIT) AFTER RESTRUCTURING</b>	<b>44</b>	<b>17</b>	<b>(27)</b>	<b>16</b>	<b>1,119</b>	<b>1,103</b>	<b>40</b>	<b>40</b>	<b>645</b>	<b>605</b>	

APPENDIX D													
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	5,917	4,305	2,757
Operational income received													
NHS (excl SHA)	1,852	1,312	3,498	691	1,548	987	2,385	1,750	880	1,323	655	1,601	18,482
General debtors (incl LAs)	1,016	564	412	442	971	466	815	1,093	639	764	669	868	8,719
HEE for Training	2,443	78	128	2,552	17	162	2,993	77	295	3,049	200	79	12,073
Students and sponsors	277	104	98	105	105	396	738	184	136	491	100	100	2,834
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	5,627	1,624	2,648	42,108
Operational expenditure payments													
Salaries (net)	(1,344)	(1,396)	(1,401)	(1,275)	(1,290)	(1,285)	(1,342)	(1,356)	(1,356)	(1,379)	(1,403)	(1,436)	(16,263)
Tax, NI and Pension	(1,033)	(1,052)	(1,060)	(1,093)	(1,011)	(1,018)	(1,005)	(1,058)	(1,048)	(1,051)	(1,065)	(1,075)	(12,569)
Suppliers	(1,499)	(679)	(660)	(607)	(1,240)	(524)	(1,316)	(1,010)	(949)	(1,085)	(664)	(909)	(11,142)
	(3,876)	(3,127)	(3,121)	(2,975)	(3,541)	(2,827)	(3,663)	(3,424)	(3,353)	(3,515)	(3,132)	(3,420)	(39,974)
Capital Expenditure	(29)	(16)	(43)	(60)	(303)	(247)	(221)	(7)	(31)	(132)	(105)	(550)	(1,744)
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	1	1	0	11
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	(159)	(334)
Glosing cash balance	4,441	3,357	4,330	5,086	3,884	2,647	5,695	5,369	3,936	5,917	4,305	2,824	2,824

## Board of Directors : March 2015

**Item :** 9

**Title:** Training & Education Report

**Purpose:**

To report on issues considered and decisions taken by the Training & Education Programme Management Board at its meeting of 2 February 2015

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

- Quality
- Risk
- Finance

**For :** Noting

**From :** Brian Rock, Director of Education & Training / Dean of Postgraduate Studies

# Training & Education Report

March 2015

## **1. Introduction**

- 1.1 The Training & Education Programme Management Board (TEPMB) had its fifth meeting on 2<sup>nd</sup> February 2015.

## **2. Risk register**

- 2.1 A revised operational risk register was presented to the TEPMB.
- 2.2 The capacity to deliver fully against the Transformation programme and the issues arising from the transition from UEL to Essex were two key risks. The former issue would be more fully addressed early into the new financial year once the VSS applications had been fully worked through and clear plans were in place to address productivity requirements. The Director of Education & Training / Dean is looking at possible interim arrangements for project management input. With regard to the latter, positive discussions and developments are taking place with Essex University.
- 2.3 It was noted that the issue over our terms of engagement with the Visiting Lecturers should be added to the risk register. (See Section 4.)

## **3. Visiting Lecturers – Disclosure & Barring Service (DBS)**

- 3.1 Susan Thomas, HR Director, provided input at this meeting. She advised that we have identified 237 Visiting Lecturers for whom we need to undertake DBS checks because they have access to clinical material.
- 3.2 All relevant Visiting Lecturers are now being engaged in a process to process their DBS clearance. This is being arranged by the HR department after which the oversight for this work will revert to the Directorate of Education & Training (DET) for all new Visiting Lecturers.

## **4. Visiting Lecturers – Employment Claim**

- 4.1 There have been challenges from some of these visiting lecturers over the years who have requested access to benefits available to employees of the Trust, e.g. pensions.
- 4.2 This will be discussed further in Part II of the meeting.



## **5. New structure for training and education delivery**

- 5.1 Elisa Reyes-Simpson has been appointed to the role of Associate Dean (Academic Governance and Quality Assurance). She will take up the role from 1 April 2015.
- 5.2 The Portfolio Manager roles have been advertised internally. This will reduce the cluster leads from 11 to 6 Portfolio Managers. These roles are a key part of driving development in education and training. Owing to the Easter break, interviews for these roles will take place in mid-April.
- 5.3 There was discussion and agreement that the Visitors Programme be located and managed within the new education and training structure. This would provide further oversight and enable synergies with international developments and reaching groups that are at an earlier stage of career planning. This would require careful attention to the relationship with the clinical directorates and the clinical services, which are actively involved in developing and contributing to the programme.

## **6. QAA**

- 6.1 The QAA visit for the Review of Educational Oversight (REO) took place on Tuesday, 24 February 2015. The preparation and briefing ahead of the meeting was meticulously prepared for by Louis Taussig, Head of Academic Governance & Quality Assurance.
- 6.2 The Trust was reported to have made acceptable progress with monitoring, reviewing and enhancing its higher education provision since the last Annual Monitoring Visit in February 2013.
- 6.3 The high quality of teaching was noted and the report identified several areas of good practice, including student admissions, student assessment and staff development. An identified area of needed enhancement is in relation to more consistent administrative processes and policy implementation across all courses and programmes.
- 6.4 A full inspection is expected to follow in the next year due to the migration of most of our portfolio to the University of Essex.

## **7. ICT update**

- 7.1 The procurement of the new Student Information Management System is now underway with the support of London Procurement Partners (LPP).
- 7.2 The Project Board has been refreshed in terms of its membership with the Director of Education & Training / Dean chairing this group. Toby Avery, the Director of IM&T, has also joined the Project Board.

- 7.3 Evaluations of written bids from prospective suppliers and demonstrations of prospective systems will get underway in the next month.

## **8. Regional strategy**

- 8.1 There have been various visits to other organisations to discuss partnerships. Paul Jenkins visited Birmingham and Solihull MHT with whom we may develop a partnership. They have strong forensic work and are interested in physical and mental health integration. Further meetings are to be planned.
- 8.2 NSCAP will be meeting with Brian Rock, Karen Tanner and Will Bannister in London on 20 March 2015 to progress discussions arising from the earlier January meeting in Leeds.

## **9. University of Essex Partnership**

- 9.1 Discussions and developments with Essex University are progressing well. Dominic Micklewright, Dean of Academic Partnerships & Standards, is well engaged in the process and in close dialogue with Brian Rock.
- 9.2 The various work streams are now underway and several courses are going through the initial outline approval stage with initial approval being granted for the M7 and M9 courses.
- 9.3 A three way meeting with UEL, Essex and the Trust is now being sought to finalise the migration of courses and the teach-out arrangements for UEL.
- 9.4 Discussions are well progressed for a joint research conference to be held at the University of Essex on 29 June 2015. Rob Senior, Medical Director, is leading the Research work stream.

## **10. Technology Enhanced Learning Strategy**

- 10.1 Will Bannister, Associate Director (DET), provided an update of developments in this area. The TEL strategy developed by the head of the TEL unit, Simon Kear, would be presented to the Training Executive in April and brought to the April TEMPB.

## **11. Student Debtors Report**

- 11.1 The Audit Committee felt that the Training and Education Programme Board should be aware of the issue of student debtors. A report on outstanding debts was presented. Simon Young confirmed that the situation has improved over the past four years.

- 11.2 Some students pay in three instalments so the figure of £695,000 will likely reduce significantly when students pay their April instalments.
- 11.3 It was suggested that a monthly debtors report is produced to monitor the situation. This could be presented to the Training Executive and brought to the TEPMB each quarter.

**Brian Rock**

**Director of Education & Training / Dean of Postgraduate Studies**



## Board of Directors: March 2015

**Item:** 10

**Title:** Equalities Committee Annual Report

**Purpose:**

The purpose of this report is to update the Board of Directors on the work of the Equalities Committee during 2014/15 and inform them of the Committee's objectives for the forthcoming year.

This report was discussed at the Management Team meeting on March 19<sup>th</sup> 2015

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

- Quality
- Patient / User Experience
- Equality
- Risk

**For:** Approval

**From:** Louise Lyon, Director of Quality, Patient Experience and Adult Services and Chair of the Equalities Committee

# Equalities Committee Annual Report

## **1. INTRODUCTION**

- 1.1 The Trust has a strong record of promoting equality and diversity in all areas of our work and the work of the Equalities Committee covers staff, clinical services and education and training in terms of its remit.
- 1.2 Over the last few months, we have been preparing for the Care Quality Commission inspection. It is clear that attention to equality and diversity issues is high on the agenda and is woven through all of the KLOEs. We anticipate that from April 2015, a new set of indicators relating to equality and diversity will be introduced and we welcome the opportunity this will offer to further focus on issues of equality and diversity. We await confirmation of the new set of indicators but meanwhile, we will be working to ensure we include awareness in all areas of our work.
- 1.3 The current Equalities Committee is chaired by the Director of Quality and Patient Experience. It includes two NEDS and two governors, along with staff- side representatives, HR, clinical services and Education and Training. More recently, several members of staff took up a general invitation to join the Committee, which has added to its capacity to engage staff across the Trust and to develop an inclusive way of taking forward its objectives.
- 1.4 The Committee has continued its work through focussing on a priority area for the year, whilst scoping work on areas to prioritise in coming years.

## **2. PROGRESS ON PRIORITIES 2014-15**

### **2.1 Sexual Orientation**

- 2.1.1 In 2014, we applied, and were selected to be, a Stonewall Health Champion. Through this DoH-funded scheme, we were provided with free consultation from Stonewall for a year.
- 2.1.2 We asked Stonewall to help us review our education and training provision in relation to LGBT issues, as this had already been identified as an area of concern within the Trust. With the support of our Stonewall consultant, we undertook a survey of students and trainees to ascertain the extent to which the Trust is LGBT-friendly as an education and training provider. Results were analysed by Stonewall and an action plan drawn up following consultation with a cross-Trust sub-group. The main findings highlighted that some teaching practices may have been seen as insufficiently clear on our current position in relation to a legacy of psychotherapy that pathologised homosexuality, training does not consistently cover LGBT issues and there was a lack of visible evidence that the trust is LGBT friendly.
- 2.1.3 In order to support the review of our curriculum, our Stonewall consultant is meeting with our Associate Deans in March 2015 to explore the ways in which the Cardiff Medical School's review of its curriculum may help us in our work in relation to education and training. Through Elisa Reyes Simpson, Associate Dean, we have also been able to draw on the extensive work done within the British Psychoanalytic Council on reviewing reading material in relation to sexuality.

Whilst reading lists may be reviewed, the main shift towards a clear sense that our trainings are LGBT-friendly will be through supporting all staff to develop the confidence to ensure open discussion of issues relating to sexual orientation. The same approach may be applied to encompassing an understanding of wider issues of diversity and equality.

## **2. 2 Promoting an LGBT friendly Environment for Staff, Students and Service users**

- 2.2.1 A successful first LGBT and friends staff meeting was held on 3<sup>rd</sup> December and further events are planned for April 2015.
- 2.2.2 Training for staff on LGBT issues and healthcare are planned for late March and April, led by Stonewall and Dr Victoria Holt, a Trust staff member and member of Pink Therapy.
- 2.2.3 Posters have been put up around the Trust, leaflets provided in the Adolescent and Young Adult Waiting room, and children's books with stories containing different types of family have been placed in the children's waiting room.
- 2.2.4 We are hosting the Stonewall Healthcare Index awards on 23<sup>rd</sup> April 2015, which will bring a diverse group of health care organisations into the building and show our commitment to promoting an LGBT-friendly workplace and services.
- 2.2.4 We are very grateful to Stonewall for their very helpful consultation. Their encouraging, supportive and sympathetic approach has been most encouraging of our taking steps forward, whilst recognising that change takes time to embed.

## **3. STAFF TRAINING IN EQUALITY AND DIVERSITY**

- 3.1 We have contributed to each INSET day by presenting some of the Trust's work on equality and diversity and encouraging discussion and feedback from staff on the issues which seem uppermost for them. We have consistently heard that there is concern about career progression for BAME staff and about the impact of socio-economic status on inclusion. Staff have on all occasions shown a keen interest in all areas of equality and diversity as they apply to service users, staff, students and trainees. We are using this feedback to inform our choice of priorities for the coming years
- 3.2 The Staff Survey indicates that many staff felt they had not received equality and diversity training. In fact, the Trust provides a programme of training opportunities, including HR workshops for managers and staff, annual skills development training and open events such as the Thinking Space events led by Frank Lowe, Consultant Social worker and Psychotherapist.
- 3.3 More recently, the HR events have been promoted more actively with support from the Chair of the Equalities Committee and there are indications that this may have led to more take-up of the opportunities available.

## **4. DATA ON PROTECTED CHARACTERISTICS**

- 4.1 The Committee has reviewed data available on protected characteristics for staff, students and clinical service users. We have undertaken the review in order to ensure we are aware of areas which require improvement which are not subsumed within our agreed priorities for the work of the Committee.

- 4.2 Data on clinical service users was reviewed at the Management Team meeting on 5<sup>th</sup> February 2015. As a result, a further analysis of the data was requested. It was agreed that we would collect data on sexual orientation once the new IDCR system was in place. Discussions are to be held with clinical directors and managers to assess which data we need to collect in addition to that which we currently collect, how to collect it and the systems we need to have in place to make use of the data to improve accessibility, suitability and effectiveness of our clinical services.
- 4.3 In reviewing data on workforce statistics, the Trust Board asked for further analysis of data which suggested that black candidates, once shortlisted, were less likely than their white counterparts to be offered a post. This was not confirmed by the analysis. We were praised by Roger Kline, author of 'The Snowy White Peaks of the NHS' for having undertaken this analysis; he thought we were unusual as a Trust for having done so. We do not stand out as having more of a problem than other trusts, but we, along with the wider NHS, need to be aware that there is a persistent lack of progress in relation to BME staff achieving senior positions within the NHS.
- 4.4 Roger Kline was invited to speak to the Committee on 22<sup>nd</sup> January 2015. He also met with a small group of Committee members beforehand.
- 4.5 The Committee has reviewed the range of data captured by the Department of Education and Training and will be discussing with colleagues in education and training whether a greater range of data needs to be collected in order to monitor access to training for those with protected characteristics and potentially to tailor courses to an increasingly diverse student body.

## **5. MENTAL HEALTH IN THE WORKPLACE**

- 5.1 The Equalities Committee contributed to and participated in the successful Time to Change event in September 2014, which marked our signing the Time to Change Pledge.
- 5.2 A survey on Mental Health in the Workplace was prepared, but its circulation was delayed in order to avoid lessening the response to the FFT and staff surveys. We anticipate that by May, we should be in a position to send it out.
- 5.3 A mental health in the workplace sub-group meeting was held on 17<sup>th</sup> March 2015. The aim is to develop an overall action plan in relation to addressing the issues, working alongside the Time to Change workstream.
- 5.4 As with many of the issues of equality and diversity, progress requires awareness-raising and cultural shifts. Therefore, several approaches are required, such as meetings at team or directorate level, communications via a range of media, and exchange of ideas and experiences; one size does not fit all in terms of approach.

## **6. COMMUNICATIONS**

- 6.1 Work had been led by Matt Cooper, but pressure of work on the part of the Chair has slowed down progress on producing the newsletter. With the support of the Director of Marketing and Communications we have developed a plan to remedy this and expect to publish a newsletter in early April 2015.



## 7. PRIORITIES FOR 2015-16

- 7.1 Priorities for the coming year were discussed at the Equalities Committee on 12<sup>th</sup> March 2015. In setting priorities, several factors were taken into account including the salience of the area of work for the trust and the capacity of the Committee to make significant progress.
- 7.2 We propose that mental health in the workplace is our priority area to focus on in the coming year. We have done some work to scope the areas that need addressing, but now plan to focus our work through a working sub-group operating in tandem with colleagues working on delivering on our Time to Change pledge.
- 7.3 Work on sexual orientation will continue in order to deliver on our agreed action plan. Much of the active work now needs to be taken forward by the Directorate of Education and Training. The Equalities Committee will require regular reports to the Committee to ensure that the action plan is delivered in a timely way.
- 7.4 We propose to resume work on employment and career advancement for black, Asian and minority ethnic groups. As an NHS Trust, we have a responsibility to play our part in addressing issues raised through the powerful Snowy White peaks report. It is an area of concern frequently raised by staff at our INSET days and an area which will be under increasing scrutiny with the incoming CQC indicators, although it is not an area in which we are performing worse than any other trust, as confirmed by Roger Kline's appraisal of the staff survey and other data available on our website.

Louise Lyon  
Chair, Equalities Committee  
18<sup>th</sup> March 2015



## Board of Directors: March 2015

**Item :** 11

**Title :** 360 Feedback for Trust Managers

**Purpose:**

Following on from discussions relating to the Trust 2013 staff survey results at the November 2014 board meeting and the issue of some staff experiencing bullying and harassment at the Trust, it was suggested that having a 360 degree appraisal feedback process for Trust Managers might help address some of these concerns.

This brief report explores the possibility of implementing a 360 feedback as part of the appraisal process for Trust Managers, in order to address the issue of bullying.

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

- considerations of issues raised at the November Board
- suggestions for implementation
- Next steps

**For :** Discussion and Approval

**From :** Namdi Ngoka, Deputy Director of HR

## **1. Introduction**

- 1.1 The 2013 NHS National Survey took place between October to December 2013 and the results were presented to the Board in May 2014. 23% of respondents that took part in the survey stated that they had experienced harassment, bullying or abuse from other staff in the last 12 months. This was higher than the national average for mental health trusts of 20% and an increase on the Trust's score of 18% in 2012.
- 1.2 A further confidential CAMHS survey undertaken in September 2014, identified some further issues regarding bullying and harassment in the Trust.
- 1.3 At the board meeting in November 2014, a number of actions were agreed to address this issue, including further mandatory training and the set-up of a bullying and harassment helpline. These actions have now been implemented.
- 1.4 Additionally it was suggested at that board meeting that the Trust should consider implementing a 360 feedback process for managers in appraisals, as a means of further addressing this issue. It was suggested that having such a system could alert individuals (managers) to their behaviours and make them more aware of their actions and the impact on others.
- 1.5 This brief report explores the possibility of implementing a 360 feedback as part of the appraisal process for Trust Managers, in order to address the issue of bullying.

## **2. Progress and options**

- 2.1 Having considered this issue further, we believe that while a 360 degree appraisal feedback system for Managers will be helpful in providing managers with feedback from multiple perspectives, we do not believe that this will effectively address issues of bullying, especially if respondents can be identified. It is possible that even if staff believe that their managers are exhibiting bullying behaviours, they will be unlikely to want to provide feedback about such behaviours, unless some anonymity can be afforded.
- 2.2 It is possible, that this issue could be overcome by using carefully worded questions, which could elicit some of this information, without the need to ask direct questions while another possibility is that feedback processes are made anonymous. However indirect questions may be misconstrued and having an anonymous feedback process, may also make the process appear secretive and create further discomfort for respondents, especially if the recipient tries for example to identify who has left which comment.

- 2.3 However overall it is a good idea to offer the option of 360 degree appraisals, especially for senior management posts and it is our view that respondents should be identifiable. While having such a 360 feedback system, may not immediately address the issue of bullying, it does give managers a chance to receive feedback from peers and also to reflect on aspects of their interactions with others. Additionally, 360 degree feedback is already taking place in parts of the Trust, such as for our Non-executives, for some roles in the Family Nurse Partnership team, for medical consultants as part of revalidation and as part of the CEO recent appraisal. It therefore seems appropriate to consider extending this to other Trust senior management posts.

### **3 Recommendation**

- 3.1 It is therefore recommended that in the next appraisal round (financial year ending March 2016), a 360 degree feedback process will be put in place for members of the Trust's leadership group (around 40 senior staff in the Trust), designed by HR and adapted from existing and other recognised 360 feedback systems.
- 3.2 While the use of this system will remain optional for other senior posts outside the Trust's leadership group, other Trust managers and those responsible for supervising staff will be encouraged to use this 360 system to seek feedback from their peers and staff in order to reflect properly on their practice and set any performance objectives for the coming year.
- 3.3 The system will be made available in October 2015, when it will be brought to the board for further discussion and final approval.



# Board of Directors: March 2015

**Item : 12**

**Title :** Summary results, findings and action plan from the 2014 Staff Survey

**Purpose:**

The purpose of this report is to provide the Board with an analysis of the 2014 staff survey results, highlighting important areas and to provide assurance that the views expressed by staff in the survey are being addressed.

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

- Brief discussion of the Trust's survey results from 2013
- Findings from 2014: In particular, areas where the Trust needs to improve
- Other important areas such as Equalities and demographic groupings and specific work areas
- Any other areas of concern and action plans to ensure improvements

Some of the key highlights from the report are summarised below –

- The Trust's overall staff engagement score is once again higher than the national average (national average is 3.72 and the Trusts score is 3.97, measured on a scale of 1 – 5, 5 being highly engaged and 1 poorly engaged) and also better than the Trust's score of 3.91 in 2013.
- Some of the other areas where the trust received the best scores include –
- Staff recommending the Trust as a place to work and receive treatment
- Low numbers of staff experiencing harassment, bullying and abuse from patients, public and staff
- Staff witnessing errors, near misses and incidents
- Staff job satisfaction
- Staff feeling pressure to attend work
- Staff feeling their roles make a difference to patients

There are, however, a number of areas where the trust still needs to improve, some of which are highlighted below:

- staff indicating that they are working extra hours
- staff receiving health and safety and equality and diversity training
- staff experiencing discrimination at work and equal opportunities in career progression or promotion

Staff response rates have also reduced further this year from 47% in 2013 to 38% in this survey, (202 out of 535 staff), this is below the national average of 42%

The management Team's three priorities for the coming year, some of which has been informed by the findings from the survey include -

- **Continuing to tackle issues of bullying and harassment**
- **mainstreaming equalities training with a focus on increasing staff attendance and**
- **Ensuring that improvements continue in internal communication processes to ensure that staff are informed of and able to contribute to developments across the Trust.**

This report has been reviewed by the following Committees:

- Management Team, 12<sup>th</sup> March 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.

**For :** Discussion and Approval

**From :** Namdi Ngoka, Deputy Director of HR



# 2014 Annual Staff Survey

## Summary Results, Findings and Action Plan

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## Introduction

This document summarises the results from the **2014** NHS annual staff survey. This national survey, commissioned by the Care Quality Commission (CQC) for NHS staff, takes place annually between October and December, with results published in February. Over the years, the Trust has done very well in this survey.

The results from the 2014 survey are once again good and much better than the 2013 results in a number of key survey areas. Out of a total of 29 key survey areas, the Trust performed well in 24 areas and was rated as being in the best category in 19 areas (compared to 14 areas in 2013) and rated as below average in only 5 areas. The Trust also has the highest score of all mental health trusts in 8 of the areas where it has been rated as being in the highest/best category.

Additionally, the Trust's staff engagement score is not only once again much higher than the national average but this score has also improved when compared with 2013 results. The staff engagement score is an important indicator of how staff feel and is calculated using findings from three key areas, - *Staff ability to contribute towards work improvements, staff recommending the Trust as a place to work and receive treatment and staff motivation at work.*

Other areas where the Trust had the highest scores include staff job satisfaction, staff agreeing that their role makes a difference to patients, the numbers witnessing potentially harmful errors, the numbers experiencing bullying and Harassment from patients and the public and staff feeling pressure to attend work while unwell.

Questionnaires were administered on-line in this survey, and sent out to 535 eligible staff with 202 staff responding, a response rate of 38%. This is a reduction on the 2013 response rate of 47% and is below the national response rate of 42%, for Mental Health Trusts. This lower response may be due to the fact that this was the first time the survey had been done on-line and also the fact that a number of other surveys such as the Friends and Family Test survey took place last year. Plans to improve the Trust's response rate in future surveys are discussed further in this report. The table below gives an indication of changes to the Trust's response rate over the last 5 years –

**Table 1**

Year	2014	2013	2012	2011	2010
Response (%)	38	47	45	52	51

Please note that the Tavistock is classified as a mental health/learning disability (MHL) Trust, and is therefore compared with other MHL Trusts across the country. The Trust scores are also weighted<sup>1</sup> based on the numbers of staff in

<sup>1</sup> For survey purposes, the Tavistock is classified as a MHL Trust. Each classification is assumed to have a normal mix of occupations, where a Trust's actual mix differs from the norm (such as the Tavistock), figures are adjusted up and down to account for this difference. Nursing is given quite a high weighting in this process, with a significantly low number of nurses at the Trust, the nationally reported results have sometimes been less reliable in analysing survey outcomes.

each occupational group e.g. Nursing. This report contains the weighted scores. Unweighted scores are available on the main survey website.

## 2 Key Areas of Concern (2013 Survey)

In the 2013 survey, the Trust had bottom ranking scores in eight areas. One of those areas (hand-washing) has not been included in the 2014 survey so comparisons are not possible. However, out of seven areas which required improvement from the 2013 survey, six have shown improvements this year. Four of those improved areas are however still below the national average and will require further work and actions to secure further improvements.

A summary of the eight areas that were not so good in 2013 and the 2014 results are shown in the table below.

**Table 2**

Areas requiring improvements	2013 (%)	2014 (%)	2014 – National average (%)
The percentage of staff working extra hours	76%	73%	71%
The numbers reporting errors, near misses and incidents	58%	92%	92%
The percentage of staff receiving health and safety training	60%	64%	73%
The percentage of staff appraised in the last 12 months	84%	91%	88%
The percentage of staff having equalities and diversity training	50%	54%	67%
The percentage feeling that the Trust provides equal opportunities for career progression	86%	85%	86%
The percentage saying adequate hand washing materials are available *	48%	Not applicable	n/a
The percentage experiencing bullying and harassment from staff	23%	16%	21%

\*a new survey question was added this year instead of the hand washing question, which is 'the percentage agreeing that they would feel secure raising concerns about unsafe clinical practice', the Trust scored 73% for this question and was rated in the highest best category.

The next section of this report covers the findings from the 2014 survey and includes action plans to address specific areas, including those mentioned above.

### **3. Findings and Action Plans (2014 survey)**

The staff survey this year (2014) is once again structured around four of the seven pledges of the NHS constitution, with three additional themes not two as in previous years. The four pledges and three additional themes are:

**Pledge 1:** *clear roles and responsibilities and rewarding jobs*

**Pledge 2:** *personal development, access to appropriate training*

**Pledge 3:** *maintaining staff health, well-being and safety*

**Pledge 4:** *staff involvement and engagement*

#### **Additional Themes**

**Theme 1:** *Staff Satisfaction*

**Theme 2:** *Equalities and Diversity*

**Theme 3:** *Patient Experience Measures (new theme)*

One important point to also mention is that this year only ten out of the total number of Trust respondents stated that they had a disability. Due to this very small number of disabled respondents and to ensure anonymity, no data has been provided for this group in the actual survey report, therefore this summary report does not contain any analysis for disabled staff.

#### **3.1 Pledge 1 – Clear roles, responsibilities and rewarding jobs**

Similar to 2013, the Trust has done well in four out of five key findings for this pledge and has been rated as being in the highest best category for all four. The one area that the Trust continues to score poorly however, is in the higher proportion of staff working additional/extra hours.

The positive findings from this pledge show that staff feel satisfied with the quality of their work, that good team working exists, that their roles make a difference to patients and they experience low levels of work pressure.

In terms of the one negative finding, which is the higher numbers of staff working additional hours (73% compared to a national average of 71%), demographic data also indicates that part time staff and clinical staff are more likely to work additional hours than other groups. This group also experience higher levels of work pressure. BME staff however experience the highest levels of job satisfaction and were less likely to be working additional hours.

## Action

The findings from this year's survey show that again the main issue is still the number of staff working extra hours. It is important that improvements to the Job planning processes continue this year. The issue of working additional hours should be made an essential part of discussions in supervision and 1.1s. As in previous surveys, working extra hours is much more prevalent with clinical staff, with this staff group also experiencing higher levels of work pressure. Therefore Clinical Directors should ensure that workload discussions and support and guidance in managing work is provided to staff as part of ongoing supervision and 1.1s.

- **Responsibility for Action** – Director of Children, Young Adults and Families Services and Director of Adult and Forensic Services and the Director of Quality and Patient Experience **Completion Date – April 2016**

### 3.2 Pledge 2 – Personal development and access to training

In 2013, for the four areas of this pledge, the Trust was rated as highest best in one area, higher than average in two areas and lower than average in one area. This time around the Trust has been rated a highest best in three areas and higher than average in one area. These improvements are shown below -

**Table 3**

Pledge 2	2013	2013 – rating	2014	2014 – rating
Staff receiving job relevant training	86%	Highest best	85%	Highest best
Staff appraised in last 12 months	84%	Lowest worse	91%	Above avg
Staff having well-structured appraisals	44%	Above avg	48%	Highest Best
Support from immediate managers	3.86	Above avg	4.02	Highest Best

Demographic and occupational findings also show good outcomes for most staff groups, with a higher proportion of BME staff indicating that they get support from immediate managers.

### 3.3 Pledge 3 – Maintaining staff health and wellbeing

In 2013, the Trust had good scores in seven out of eleven areas of this pledge and poor scores in four areas. The Trust was rated as having the highest best scores in five of those seven areas. In this survey, the Trust has shown good scores in ten areas out of eleven, a poor score in only one area and has been rated as having the highest best scores in seven areas. This is a good improvement.

The Trust's poor score for this pledge once again relates to the number of staff stating that they had received health and safety training in the last 12 months. While this has improved from 60% in 2013 to 64% in this survey, it is still lower than the national average of 73%. Other areas such as the numbers reporting

errors and staff experiencing bullying and harassment from other staff, have all improved this year.

The other areas where the Trust scored extremely well for this pledge and has been rated as having the highest best score, are in areas such as the low numbers suffering work related stress, staff agreeing they would raise concerns about unsafe clinical practice, the low numbers of staff witnessing errors and incidents, the low numbers experiencing harassment, bullying, violence from staff, patients and members of the public and the low numbers feeling pressure to attend work when feeling unwell.

In terms of demographic and occupational statistics there are no major areas of concern.

## Action

The main area to focus on from this pledge, relates to staff undertaking health and safety training. Health and safety training is provided at INSET events which staff are only required to attend every two years and also at Induction, for new joiners. The Trust needs to continue to provide additional health and safety training updates outside the normal INSET and induction events. This should be done through email alerts, briefing hand-outs, flyers and awareness sessions, either in teams or at directorate meetings. These should be prioritised in the coming year.

***Responsibility for Action – HR Director and Health and Safety Manager***  
***Completion Date – April 2016***

### 3.4 Pledge 4 – Staff involvement and engagement

This year once again the Trust has shown good results in the two areas of this pledge. In 2013, the Trust was rated as being in the highest best category for both areas of this pledge; this year however, the Trust has been rated as highest best for staff experiencing good communication with management and rated as average for staff feeling able to contribute to work improvements. These are shown in the table below –

**Table 4**

Pledge 4	2013 %	2014 %	2014 National average
Good communication b/w senior management and staff	49	45	30
Able to contribute towards work improvements	75	72	72

Demographic and occupational statics do not indicate any major differentials across most groups, though a lower proportion of BME staff reported good communication as well as a lower proportion stating that they felt able to contribute to work improvements. These results are shown below

**Table 5**

Pledge 4	White %	BME %
Good communication b/w senior management and staff	52	48
Able to contribute towards work improvements	81	67

It is important that the Equalities committee consider the lower outcomes for BME staff in this area, as part of their overall review of the staff survey outcomes.

### 3.5 Additional Theme 1: Staff Satisfaction

In 2013, the Trust was rated as highest best for two areas of this pledge and rated as above average in one area. In this most recent survey the Trust has improved on this and has been rated as highest best in all three areas. In addition, all three of these areas have improved when compared to 2013 results as seen below –

**Table 6**

Theme 1 (scale 1-5)	2013	2014	2014 National average
Staff Job Satisfaction	3.84	3.88	3.67
Staff recommending the trust as a place to work and receive treatment	4.02	4.15	3.57
Staff motivation at work	3.88	3.94	3.84

Demographic and occupational findings for this pledge are also good with no areas of concern. Results also show a higher proportion of clinical staff reporting job satisfaction; bearing in mind this group are more likely to work additional hours. Outcomes in the areas of job satisfaction and motivation are also highest for BME staff.

### 3.6 Additional Theme 2: Equalities and Diversity

This area once again seems to be showing a steady decline. In 2012, one area was rated as being below average, with the other two areas rated as average and better than average respectively. In 2013 two areas were rated as below average

and one area as average. In this survey one area has been rated as lowest (worst) and two areas have been rated as below or worse than average. The results from 2012 onwards are shown below -

**Table 7**

Theme 2 Equalities and Diversity	2012 %	2013 %	2014 %	2014 National average %
Staff receiving Equalities Training	61	50	54	67
Staff believing the Trust provides equality in career progression	85	86	85	86
Staff experiencing discrimination	10	12	15	12

Overall, the Trust has not done well in this pledge. Equalities training similar to health and safety training is mainly provided at the Trust's INSET day and staff are only required to attend every two years, though the Trust does provide additional equalities sessions throughout the year, however these are poorly attended. Other areas such as numbers of staff stating that they have experienced discrimination, though not extremely high will need to be addressed.

In terms of demographic and occupational data, findings include a higher number of non-clinical staff experiencing discrimination when compared with clinical staff (13% compared to 7% for clinical staff). This figure is even higher for BME staff (16%) compared to 7% for non BME staff. In addition, only 69% of BME staff felt that the Trust provides equal opportunities in career progression, compared with 90% for men, 83% for women and 89% for non BME staff.

## Action

The numbers attending equalities training needs to be improved upon. Apart from the mandatory INSET event, a number of other diversity training events take place throughout the year across the Trust. Staff need to be encouraged to attend these events and consideration should be given as to whether these should be made mandatory. Diversity training is now also included in induction and this may improve outcomes for this area. Consideration however should also be given to providing regular diversity training sessions at team meetings and team events.

Staff experiencing discrimination is also an issue, especially as these are not being reported through normal Trust formal channels. Staff should be encouraged to report these incidents. It is also anticipated that the recently introduced bullying and harassment helpline should help address some of these issues.

Ethnicity statistics and data regarding staff promotions and staff progression should be looked at to see whether there are any disparities. If it is identified that there are disparities then action has to be taken to assist and encourage promotion of under-represented groups. This could include career development programmes, mentoring, facilitated space for staff to discuss issues and engage



with each other in supporting promotion and career progression. However if no disparities exist, then it is essential that Trust data on promotions and appointments is shared regularly with staff, in order to address this perception.

***Responsibility for Action – HR Director, Trust Equalities Chair /Committee***

***Completion Date – June 2016***

### **3.6 Additional Theme 3: Patient Experience**

This new theme has been added this year and therefore there is no previous comparative data. This theme measures the percentage of staff agreeing that feedback from patients or service users is used to make informed decisions in their directorate/department. The Trust has been rated as above/better than average in this area with a score of 59%, which is just above the national average of 53%.

In order to improve results and get closer to the best score for mental health Trusts of 77%, more work will be required in publicising locally what interventions have taken place as a result of patient feedback.

## **4. Conclusion**

The survey results this year are good. As shown in Table 2, most of the areas noted as requiring improvements in the 2013 survey have shown improvements this year. As in previous years, there still remain number of areas that require further work, such as the numbers of staff working extra hours, the numbers undertaking health and safety and equalities training. In addition, responses in the equalities area are not good. The management Team's priorities for the coming year, some of which has been informed by the findings from the survey include continuing to tackle issues of bullying, mainstreaming equalities training with a focus on increasing staff attendance and ensuring that improvements continue in internal communication processes to ensure that staff are informed of and able to contribute to developments across the Trust.

The overall response rate in terms of the numbers completing the survey has declined substantially this year. This is possibly attributable to the fact that this year the survey was undertaken online. Also there has been an increase in the number of other staff surveys taking place in 2014, such as the Friends and Family Test. Two years ago the Trust gave staff participating in the survey the opportunity to win five Kindles as an added incentive; this increased the number of respondents, though only slightly. The Trust might want to once again consider offering incentives in the next survey round. Increased communication and encouragement from Managers and directors should also continue.

This year, as in previous years, unadjusted or unweighted scores have not been used in this report when making comparisons. Using raw unadjusted scores to analyse this Trust's data has usually improved the Trust's outcomes for most questions. Notwithstanding this, our results this year, without unweighted scores, still show that the Trust continues to improve and outperform many other Trusts

in its sector. Additionally, once again the Trust has been rated as being in the highest best category for overall staff engagement, when compared with Trusts of a similar type. This is once again a good result.

## Board of Directors : March 2015

**Item :** 14

**Title :** Children, Young Adults and Families (CYAF) Complex Needs Service Line Report

**Purpose:**

The purpose of this report is to give an update on the performance and issues facing the Complex Needs Service.

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

This report has been reviewed by the following Committees:

- Management team 19.3.15

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

- Quality
- Risk
- Finance

**For :** Discussion

**From :** Associate Clinical Director for Complex Needs service line, Sally Hodges

## **CYAF Complex Needs Service Line Report**

### **Executive Summary**

#### **1. Introduction**

- 1.1 This service line consists of a range of complex needs clinical services in CYAF, representing the services provided by CYAF such as the Family mental health team, Fostering, Adoption and Kinship Care team, the Lifespan team, Barnet YPDAS, First Step and the Adolescent and Young Adults (AYA) service. The service line also houses a number of smaller clinical projects such as the therapists in schools work and the RNOH contract. It does not include services that fall under the Camden contract, or FDAC or the Westminster Family Contact Contract.
- 1.2 The work of the service line is complex and involves negotiation with a large number of commissioners, including health, local authority and public health commissioning. A significant issue for the service line is that commissioners keep changing, so relationship management is difficult.

#### **2. Areas of Opportunity and Potential Growth**

In line with the Trust's overall strategy for large scale growth, service line resources have been focusing on the tendering for countywide CAMHS, rather than local developments. Two of the largest contracts, Barnet and Haringey are currently reviewing their overall CAMHS provision which may provide some opportunities for growth. This means that focusing on relationships with the commissioners and being responsive to local drivers is even more critical at these times.

#### **3. Areas of risk/concern**

- 3.1 Two key services are due to be retendered in the next 12 months, First Step in November 2015 and Barnet YPDAS in February 2016. Although feedback has been positive on our provision in both of these services, they are both reliant on LA funding which is under significant pressure.
- 3.2 This year all our main contracts were at least kept at the same level, however with the pressure on health contracts, there is an ongoing risk of contract reduction, particularly for the smaller contracts where we struggle to meet performance targets.
- 3.3 The service is about to implement CareNotes and this is likely to provide a challenge across the clinical services.

- 3.4 Services continue to struggle to keep in mind the wide range of targets set from all the different regulators, such as CQUIN's, quality targets, KPI's and systems for ensuring all priorities are kept in focus are not properly in place. It is envisaged that CareNotes will help with this process, but there is also a degree of 'culture change' needed.
- 3.5 The service line has recently gained the Adolescent and Young Adults Service and significant resources have been given to ensure this transition is as smooth as possible. However, having this service within the service line means that the vast majority of the clinical services in the service line are highly specialist and generally cost more to run than they bring in. Clinical services provide a training function and it is likely that further work will need to go in to ensuring that budgets represent the work that is undertaken. An anxiety for the staff group is that the ongoing reduction in specialism through cost savings will erode the specialist nature of the services and impact on the services capacity to provide services that are different enough from local services to warrant their existence.

Sally Hodges  
Associate Clinical Director

## **Main Report**

### **1. Overview of the Service**

- 1.1 The Complex Needs service line consists of ten clinical teams;
- The Lifespan Team
  - The Fostering Adoption and Kinship Care Team
  - The Family Mental Health Team
  - The Adolescent and Young Adult Service (AYAS) (3 teams)
  - The Barnet Young Peoples Drug and Alcohol Service
  - Haringey looked after children's assessment service (First Step)
  - Royal National Orthopaedic Hospital (RNOH)
  - The Schools therapy project
- 1.2 This service line does the majority of work on our main contracts in CAMHS (excluding Camden) such as Haringey, Barnet, Islington, Enfield as well as other smaller contracts, and as such the service has just over 20 commissioners potentially interested in its work.
- 1.3 The services are mostly based in the main Tavistock building, although outreach services are present in Haringey and Barnet. There is an issue about accommodation within Haringey which is currently in negotiation as Whittington health who have taken over the running of BEH estates have significantly increased costs.

### **2. The Lifespan Team**

- 2.1 The developmental team is a multidisciplinary CAMHS team with 3.8 WTE. The team is managed by Sarah Helps. The team works with children and families where there is developmental concern, such as autism, cognitive difficulties and ADHD. Commissioners have increasingly requested Autism assessments and work with children and adults with learning disabilities. The team is likely to need to be reconfigured as it has lost 14 sessions (1.4 WTE) through VSS and two staff leaving to take up other posts within the trust.
- 2.2 The Lifespan Team use the Trust standard CAMHS Outcome Measures for under 18s (The Children's Global Assessment Scale, The Strengths and Difficulties Questionnaire, The Goal Based Measure, and the Experience of Service Questionnaire). In addition, they use the Sheffield Learning Disabilities Outcome Measure, which specifically assesses the parent's views of and ability to manage their child's difficulties. For adult service users, they replace the CGAS, SDQ and SLDOM with the CORE or CORE-LD outcome measure as appropriate.

### 2.3 An example of the feedback obtained from a section of an Experience of Service Questionnaire (ESQ):



### 2.5 The teams follow up and DNA Statistics

These statistics cover the period 01.03.14 – 01.03.15

Referrals Accepted	93
First Appointments	87
Subsequent Appointments	3546
DNA's	187
DNA Rate	5.4%
First appt to subsequent ratio	1:40

### 2.6 The Lifespan Team reported a 56% return rate of paired Time 1 & Time 2 Goal Based Measures for their CQUIN cohort this financial year (Target = 75%). The team also reported 19% Goal Improvement rate (Target = 75%) That is, for this cohort, these service users rated an improvement in at least one of their treatment goals. This is a low rate and the team are working on improving this.

### 3. The Family Mental Health Team

3.1 The Family Team is a multidisciplinary team that takes its referrals from across all our contracts, and works with generic CAMHS cases as well as more specialist work with parents with mental health difficulties. The team is managed by Sarah Wynick and has 3.6 WTE staff.

3.3 The Family Team reported a 50% return rate of paired Time 1 & Time 2 Goal Based Measures for their CQUIN cohort this financial year (Target = 75%) They also reported a 53% Goal Improvement rate (Target = 75%). That is, for this cohort, these service users rated an improvement in at least one of their treatment goals.

3.4 The teams follow up and DNA Statistics

These statistics cover the period 01.03.14 – 01.03.15

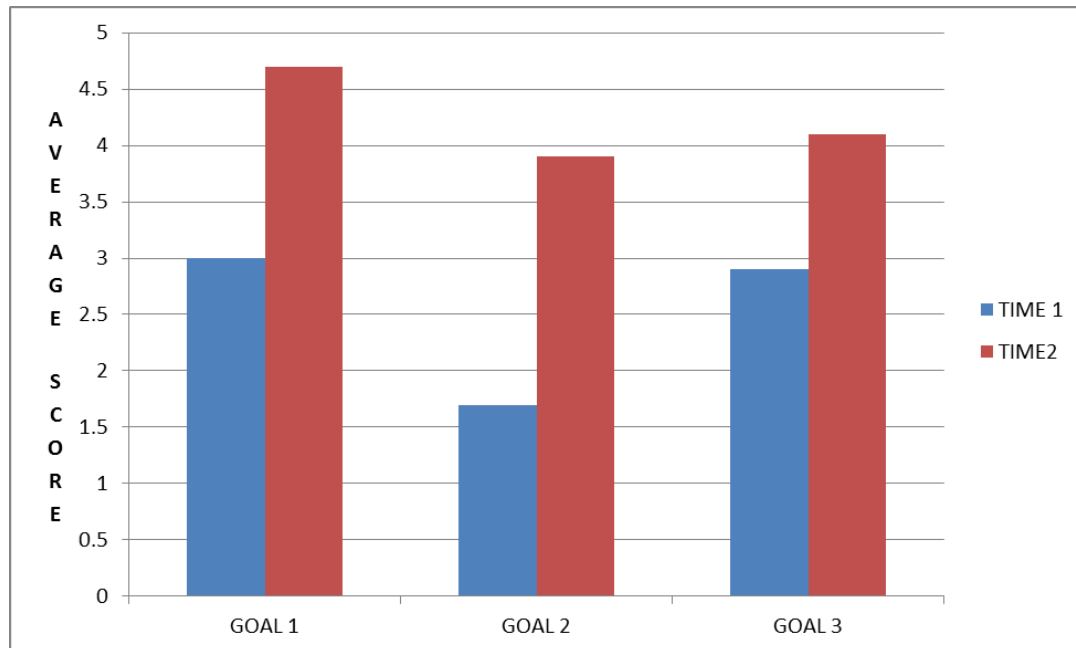
Referrals Accepted	90
First Appointments	84
Subsequent Appointments	5289
DNA's	315
DNA Rate	6%
First appt to subsequent ratio	1:63

### 4. The Fostering Adoption and Kinship Care Team (FAKC)

4.1 The FAKC Team is a multidisciplinary team with 3.25 WTE and is managed by Sara Barratt. The team is losing 1.05 sessions through VSS, so may need to reconfigure. There is an additional risk in that half of the team's income is from the Camden contract and the commissioner has indicated they may wish to cut some of this funding from April 2016.

4.2 The FAKC Team achieved a 88% return rate of paired Time 1 & Time 2 Goal Based Measures for their CQUIN cohort this financial year (Target = 75%). They also reported a 44% Goal Improvement rate (Target =75%). That is, for this cohort, these service users rated an improvement in at least one of their treatment goals.





*Graph showing the improvement in average goal rating for the CQUIN cohort during the first six months of treatment. (What are the goals that you have identified for treatment? How close are you to reaching these goals on a scale of 0-10?)*

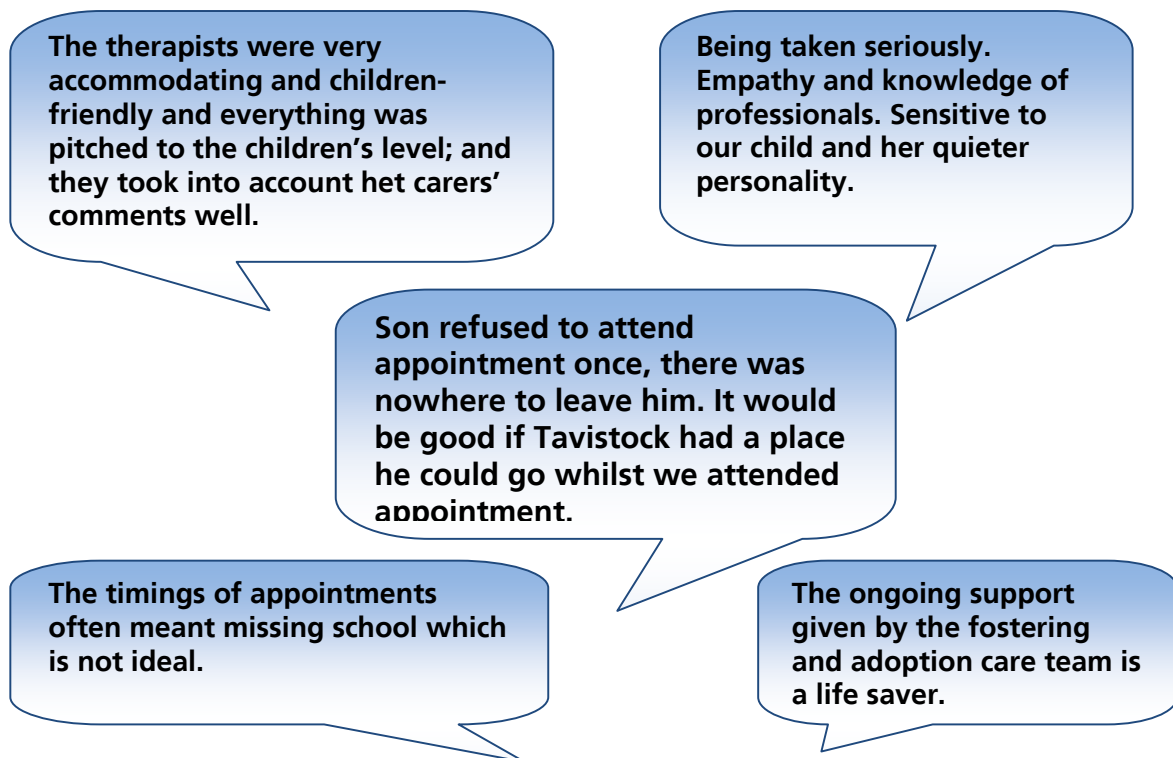
#### 4.3 The teams follow up and DNA Statistics

These statistics cover the period 01.03.14 – 01.03.15

Referrals Accepted	66
First Appointments	66
Subsequent Appointments	2669
DNA's	110
DNA Rate	4.1%
First appt to subsequent ratio	1:40

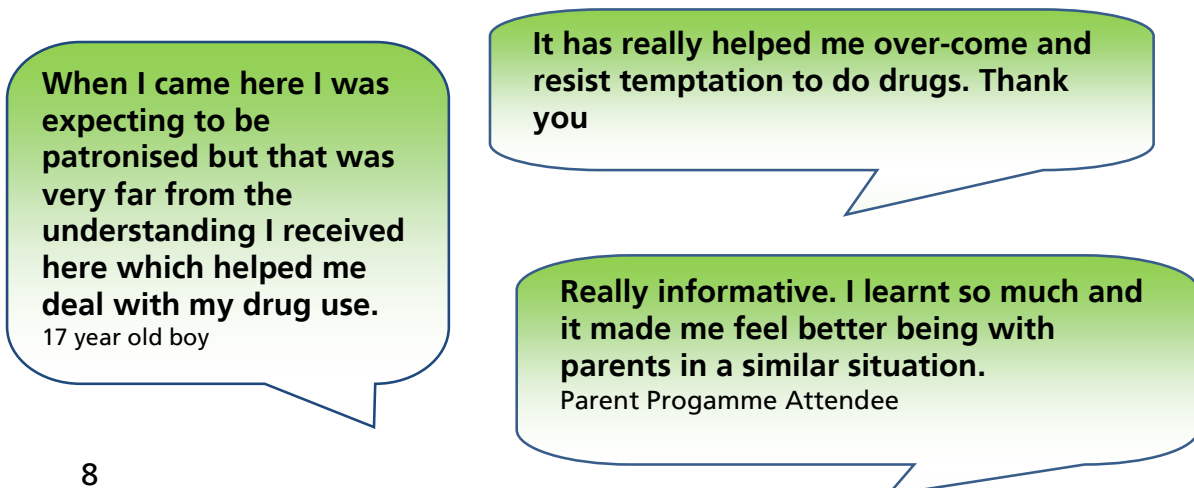
4.4 The Experience of Service Questionnaires collected this year by the FAKC Team provided a helpful balance of perspectives from both parents/carers and young people. Over 85% of respondents rated the statement "I felt listened to" as "Certainly True".

4.5 The following comments are responses from the qualitative section of the Experience of Service Questionnaire ("What has been really good about your care?" And "Is there anything else you would like to say about the service that you have received?") They highlight aspects of the service that users find particularly helpful, which include their experience of individual clinicians, as well as the team as a whole. They also point to the positive effects experienced by themselves and their families after seeing the FAKC Team.



## 5. Barnet Young People's Drug and Alcohol Service (YPDAS)

Barnet YPDAS is a public health/local authority commissioned service that has 3.25 WTE staff and is managed by Tanya Lisak. The service won a year's commission to provide the drug and alcohol PHSE work in schools across Barnet last year which enabled the team to take on a further 1.5 WTE, however this contract is due to end in July 2015. The team recently took on an apprentice to work on this contract, but after three unsuccessful attempts at recruiting, the YP selected was challenging to manage and decided to leave. This caused the service significant additional work. That said, the service engages with users in highly creative ways, developing films and events in partnership with service users. The team are all social media active and the service has a twitter and Facebook account that it uses to engage with service users.



**YPDAS**  
Young People's Drug and Alcohol Service  
Empowering young people in Barnet to live free from drug and alcohol misuse

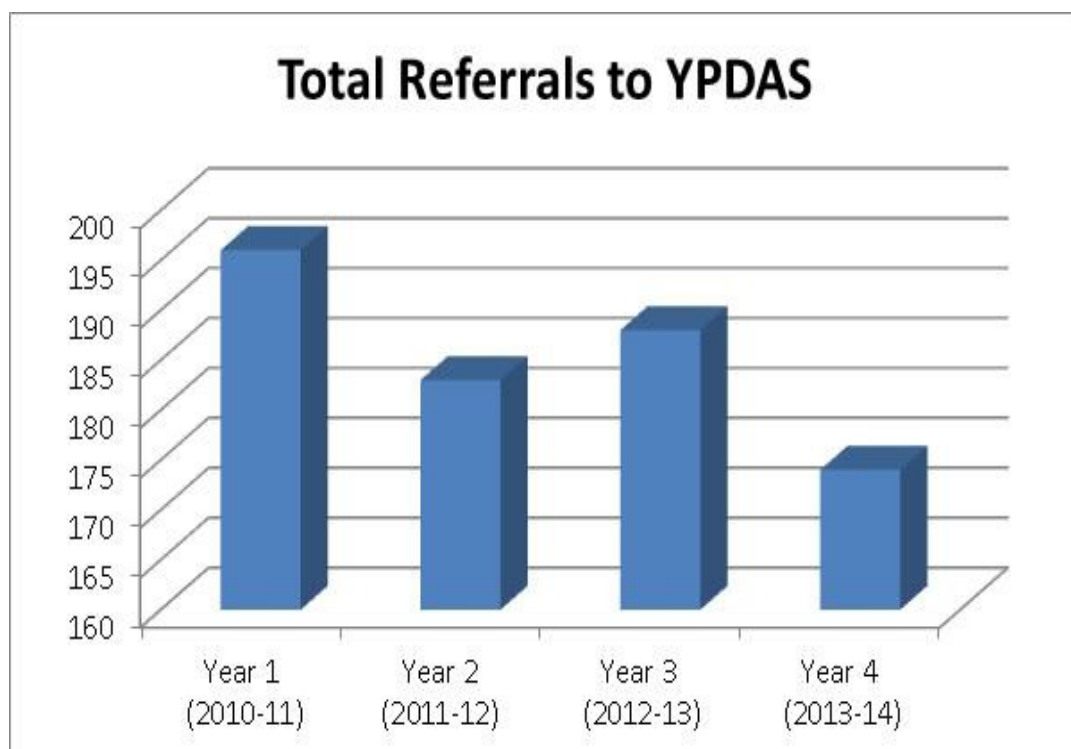
Barnet Young People's Drug and Alcohol Service

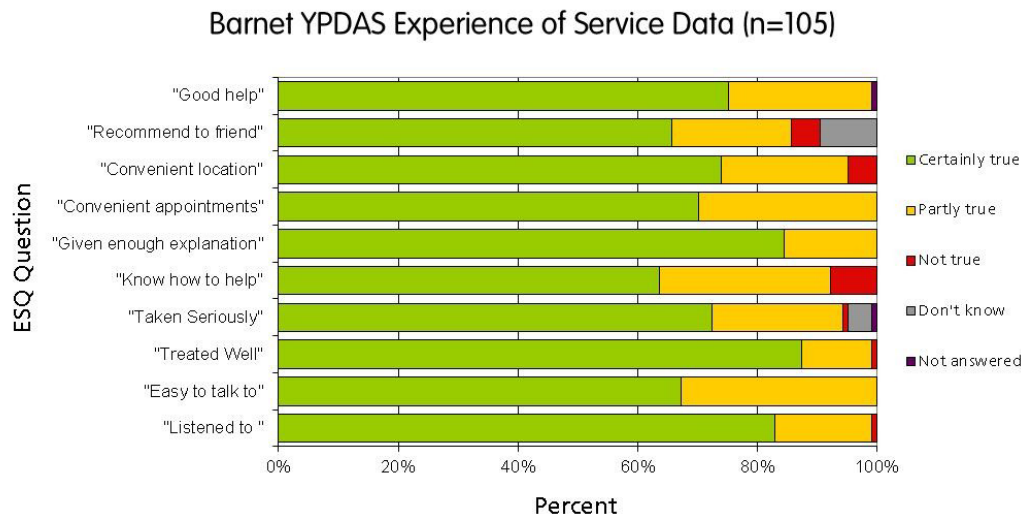
62 likes · 1 talking about this · 16 were here

Local business  
207 Crescent Road, EN4 8SB East Barnet, Barnet, Unit...  
020 8441 3595  
Today 09:00 - 18:00

See Your Ad Here  
Barnet Young People's Drug and Alcohol Service  
Free and confidential drugs information and support for young people in Barnet.  
Like · Barnet Young People's Drug and Alcohol Service likes this.  
Get More Likes

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## 6. The Adolescent and Young Adult Service (AYAS)

6.1 This service consists of three teams; Central and East, Camden and North and West, and overall has a combined WTE of 7.1 sessions. The service was previously located in the Complex Needs Adults service line, but was moved to the CYAF in order to be more in line with external direction of travel for CAMHS, i.e. more flexible services across the child-adult transition. The service has an overall lead, Justine McCarthy Woods, who also leads one of the teams. The service specialises in analytically informed work with adolescents, young adults and their families. The service takes referrals from a wide range of areas, and has established a self-referral pathway for some services, including the YPCS (Young People's Consultation Service), for Camden and Barnet. The AYA service is particularly concerned about the increased levels of complexity and risk with the adolescents and young adults referred and how best to manage this from an outpatient psychotherapy service perspective. Commissioners think well of the service, its flexibility with age range and quality and the service is currently working on objectives around growth and increased presence.

6.2 The team have recently joined the service line (from January 2015) and although they were in the adult service line previously, they had only been there for two years, prior to this they functioned as an independent directorate. They have been through many changes and have had significant cuts to their staff group, through productivity and movement in to the generic CAMHS service in Camden. The service is highly valued by commissioners and is considered to be one of the trust's 'USPs'. The service line manager is currently undertaking a leadership masters (the Leadership Academy EGA programme) and intends to focus her research dissertation as part of this programme on how best to support and

facilitate the AYAs service's movement into the service line, whilst promoting their growth and capacity to provide a valued and unique service.

### 6.3 The teams follow up and DNA Statistics

These statistics cover the period 01.03.14 – 01.03.15

Team	Referrals accepted	First appointments	Subsequent appointments	DNA rate	First appt to subsequent ratio
ADOLESCENT Camden Team	45	40	1291	12.8%	1:32
ADOLESCENT Central and East Team	54	44	1397	8.9%	1:32
ADOLESCENT Family Therapy	6	4	197	8.4%	1:49
ADOLESCENT North and West Team	43	39	1437	10.1%	1:36
ADOLESCENT Trauma Unit	4	4	153	19%	1:38
ADOLESCENT YPCS	42	42	121	13.6%	1:3

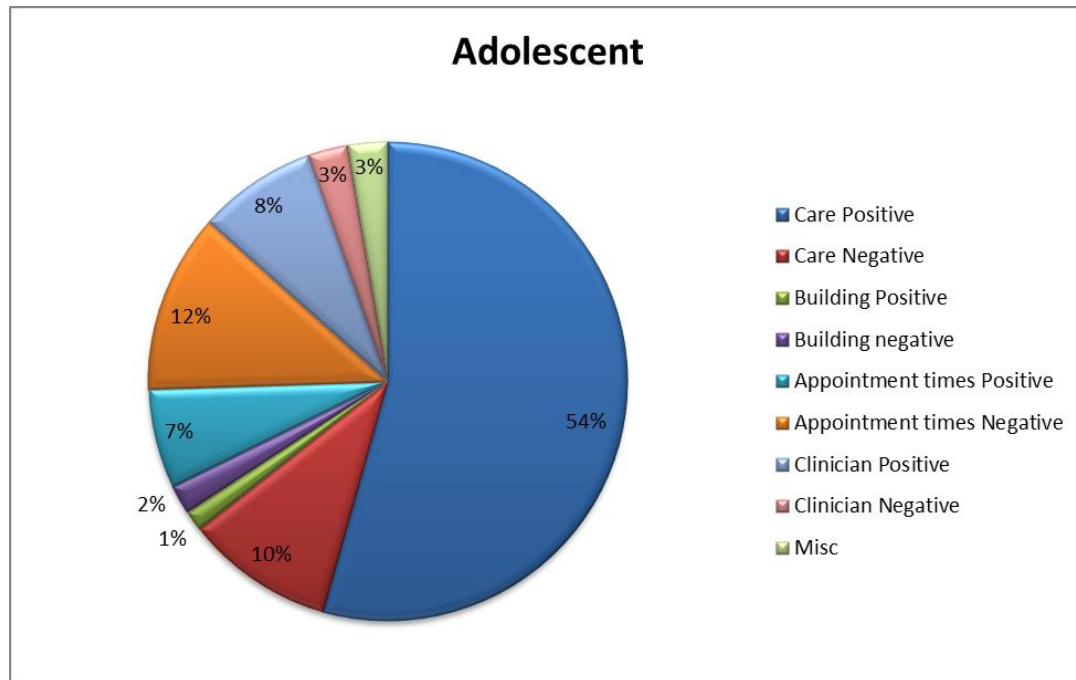
- 6.4 The service is focusing on including the Goal-Based Measure as one of its outcome measures over the coming year. However when looking at their CORE data on patients 16.5 years and older, the improvement rate for the 14 patients who completed the Pre and EOT (End of treatment) CORE showed that 79% of the patients had improved. Below is a summary of qualitative feedback from the ESQ about the services overall

**Care Positive:**

Everyone is very friendly and welcoming, they feel it's easy to talk about things they wouldn't usually talk about. The therapist listens to them and builds a good relationship with them so they feel they can trust them. They feel comfortable and not judged about anything they have to say or discuss.

**Appointment times negative:**

The hours are not work/school friendly. People felt they weren't referred quickly enough and felt they had to wait to long for their appointment.



## 7. First Step

- 7.1 First Step is a mental health assessment service for looked after children in Haringey. The team is multidisciplinary and consists of 2.3 WTE clinical staff, 0.5 managerial and 2.0 admin. The team currently have a 0.2 WTE vacancy. The service replaces the therapeutic service previously commissioned by the local authority, and one of the major issues for the service is that the local CAMHS (BEH) will not accept CAMHS referrals for looked after children, as they consider this is not within their contract.
- 7.2 First Step has the remit of ensuring that all children new into care in Haringey (about 350 children last year) are screened for mental health difficulties and all children screening above the threshold for difficulties are offered an assessment of need. This assessment can be up to six sessions, but given the size of the team and the numbers of children, it is typically no more than one or two meetings.
- 7.3 The service also has the remit of providing screening on a yearly basis of all children in care to Haringey, and following up positive screenings with a more detailed assessment. Haringey currently has just over 520 children in care, it is, perhaps unsurprisingly one of the highest numbers for London boroughs.

## 8. RNOH

- 8.1 The Trust is commissioned to provide a Paediatric Liaison Service to the Royal National Orthopaedic Hospital. This service has 0.8 WTE (psychiatry and psychology). The RNOH is the largest orthopaedic hospital in the UK and referrals to the hospital are from throughout the UK and from abroad. The hospital provides a comprehensive range of neuro-musculoskeletal health care, including acute spinal injuries, complex orthopaedic surgery and specialist rehabilitation services. Approximately 20% of the work of the hospital is in Paediatrics.

## 9. Schools work

- 9.1 We have a number of clinicians based in schools, and however the number has been cut owing to schools drivers to commission less expensive in house counselling services.

## 10. Financial Situation

10.1 The service line budget is just over 4.1 million. We are in the process of budget setting, so next year's budget will better reflect the actual composition of the service line as previously FDAC and the Westminster services were part of this service line as can be seen below. The service line has additional targets for court work, NPA's and autism diagnosis (ADOS) training.

	<b>2014/15 first 10 months</b>	
	<b><u>Budget</u></b>	<b><u>Actual</u></b>
	<b>£</b>	<b>£</b>
<b>INCOME</b>		
Core clinical contracts	881,121	881,121
Westminster Family Centre	689,580	690,483
Day Unit	539,425	544,757
FDAC (incl Milton Keynes)	667,613	680,153
First Step	297,540	297,983
Barnet YP D&A Service	170,550	212,630
Other clinical income	285,876	265,882
Total clinical income	3,531,706	3,573,008
Allocation from national training contract	511,759	511,759
Other income	7,849	6,528
<b>Total Income</b>	<b>4,051,314</b>	<b>4,091,295</b>
<b>EXPENDITURE</b>		
Core clinical contracts (incl family team and FKAC)	-989,219	-985,860
Westminster Family Centre	-617,458	-578,762
Day Unit	-436,522	-480,912
FDAC (incl Milton Keynes)	-601,883	-615,456
First Step	-264,920	-251,936
Barnet YP D&A Service	-148,500	-178,961
Other direct expenditure	-236,371	-221,288
Total direct expenditure	-3,294,872	-3,313,175
Service line and central CAMHS management	-277,146	-298,744
Buildings	-339,179	-349,676
<b>Total Expenditure</b>	<b>-3,911,197</b>	<b>-3,961,594</b>
<b>CONTRIBUTION</b>	<b>140,117</b>	<b>129,701</b>
Allocation of central function costs	-684,044	-630,235
<b>NET DEFICIT</b>	<b>-543,927</b>	<b>-500,535</b>

Note: the income and expenditure for the Adolescent and Young Adult service is not included above, but will be shown in this service line from April 2015.



## 11. Clinical Quality

- 11.1 High quality supervision of case work is embedded in the culture of the Tavistock and Portman NHS Trust, where reflective practice is a given. The team managers are members of the Clinical Governance and Quality Committee which meets on a monthly basis and is chaired by our Governance Lead (Caroline McKenna). This group looks at quality across all domains including outcomes and user involvement as well as audit, safety and clinical record keeping.
- 11.2 The service line has also been working on ensuring that the systems for obtaining the outcome measures are in place across all of the teams. The service line has as yet not been involved in embedding IAPT across its teams, as the services fell outside the contractual area of our IAPT services in Camden, however we are exploring how to roll out the principles across the service line.
- 11.3 The trust PPI lead manages this service line, and therefore patient experience data is regularly reviewed across the service line, for example data from the children's survey is fed into the service redesign work. CYAF also has a dedicated clinical PPI lead, Emiliós Lemoniatis, who has been working with the teams to further embed user involvement. This year, funds from the Bid for Better scheme were allocated for the purchase of outdoor benches at First Step for the parents and carers who fed back that they would prefer to wait outside during their children's consultations. Funds were also awarded to the FACK Team to set up a small lending library of books specifically written about the experience of fostering or residential placements for children and young people and their carers using the service. Additionally, a small library, comprising of books written for and by patients was purchased for the Lifespan team, with the aim of helping service users in their journey through treatment at the Tavistock and, money was allocated to buy toys and games for the Child and Family waiting room, after a bid was put in by a young service user. The PPI team designed posters to encourage service users to choose which toys and games they would like for the waiting room.

## 12. Complaints, Compliments and Patient Feedback

- 12. 1 There have been no formal complaints about any of the services in the service line over the last year. We do not have a formal mechanism for logging compliments, particularly as the majority of these are verbal. However the data from the experience of service questionnaire gives a good range of feedback and where this has been available this has been included in the individual sections above. We also ran a 'feedback fayre' in June last year in the waiting room and received overwhelmingly positive

feedback about services, though this feedback covers Camden also. Some more examples of feedback from the ESQ's and fayre are included below.

- 12.2 CYAF run a pizza evening once a month, where young people can come and give their views about their experiences as well as advice about service delivery. A number of young people from this service line have attended this group and have been part of working on a number of projects such as how to give doctors 360 feedback as part of their revalidation.
- 12.3 The service line is committed to including service users on its interview panels, and of the seven clinical appointments that have taken place in this service line over the last year; five have had service user representation on the panel.
- 12.4 Our young people's services, including the AYA service 'Your Welcome' are accredited, which means that they have been evaluated by young people against a set of young people designed standards. Young people mystery shoppers were part of the evaluation process.

**We were listened to and issues were taken seriously. Therapist offered constructive advice. Our therapy has had a transformative effect on family life. Therapist addressed whole range of Nicholas' needs. We felt involved in decisions about care.**

**The sessions were quite tiring.**

**Discussion and actions decided upon with team members sometimes seem a little slow.**

**It provided me with a confidential space to talk and I have been listened to. I have been able to get emergency appointments or telephone help very easily. I feel we have been taken very seriously.**

**Talking was nice, I feel like I was actually listened to.**

**At the start we might have expected more specific strategies on dealing with certain behaviours but as time went on we realised this was not really the ethos of the sessions.**

### 13. Clinical Governance and Audit

- 13.1 The team managers are all members of the directorate Clinical Governance and Quality committee, where governance, record keeping and audit are discussed. The generic teams all participated in the recent waiting times and DNA audits as well as the annual case note audit. We have also recently undergone an audit on consent and communication using case notes from the generic teams. All the action plans from these audits are fed through to the teams through this committee and the committee reviews the work done as a result of action planning. Several teams have run team based audits, which are also reported on through this committee. Forthcoming audits include auditing the increased complexity of clinical work team and on patient communication following actions generated from the recent work in this area. Each team has a NICE champion, in order to ensure that evidence based treatment is embedded in the services.
- 13.2 The service line has been trialling Cams Web which is an online shared decision making tool, as part of the mechanisms for ensuring that service users are able to consent to treatment and that shared agreement about the process is reached.

### 14. Patient Safety Incidents

There were no recorded patient safety incidents within this service line over the last year. There was however one SUI, the death by apparent suicide of a mother of a patient. There was a full investigation and recommendations regarding team working and case notes made, the action plan developed in response to these is currently being agreed.

### 15. Service Developments and proposed work plan

- 15.1 The focus of the clinical work plan of the service line is three fold:
- i) To provide evidence based treatments in a timely way, which are of good quality, that can be evidenced
  - ii) To ensure that provision is meaningful and relevant to users (i.e. that they are involved in the development and evaluation of services where ever possible)
  - iii) That the services grow and opportunities for growth are actively pursued.
- 15.2 This means ensuring that the service retain and develop their specialisms and are seen to be forerunners and thought leaders in their areas of specialism. This will require an increased presence

through publications, conferences and research, areas that will all need to be a focus in the coming year.

- 15.3 The service line will need to improve its data collection and outcome monitoring processes in order to provide robust evidence about effectiveness and this is a key priority for the coming year.
- 15.4 The service line manager is working with the individual team leaders to develop team specific objectives in order to hold a structure around the work plan described above.
- 15.5 The service line manager will be working to ensure that both First Step and YPDAS are retained by the trust when they are retendered.
- 15.6 The service line manager is working to complete the Leadership Academy masters and will be conducting action research within the service line as part of this process.

**16. Any risk issues not mentioned above e.g. significant additions to the risk register**

- 16.1 None to report

Sally Hodges  
Associate Clinical Director

BOARD OF DIRECTORS (PART 1)

Meeting in public  
Tuesday 31<sup>st</sup> March 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.11
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.12
7.	Finance & Performance Report Mr Simon Young, Deputy Chief Executive & Director of Finance	To note	Enc.	p.15
8.	2015/16 Budget Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Late	-
9.	Training and Education Report Mr Brian Rock, Director of Education & Training, Dean	To discuss	Enc.	p.25
10.	Annual Equalities Report Ms Louise Lyon, Equalities Lead	To discuss	Enc.	p.30

11.	360 Feedback Proposal for Manager's Appraisals Ms Susan Thomas, HR Director	To approve	Enc.	p.35
12.	2014 Staff Survey – analysis and recommendations Mr Namdi Ngoka, Deputy Director of HR	To approve	Enc.	p.38
13.	Patient Story – video presentation Dr Sally Hodges, Associate Clinical Director	To discuss	Verbal	-
14.	Service Line Report – CYAF Complex Needs Dr Sally Hodges, Associate Clinical Director	To discuss	Enc.	p.50
CONCLUSION				
15.	Any Other Business		Verbal	-
16.	Notice of Future Meetings <ul style="list-style-type: none"><li>Tuesday 28<sup>th</sup> April 2015: Board of Directors Meeting, 2.00pm – 5.00pm, Board Room, Tavistock Centre</li><li>Tuesday 26<sup>th</sup> May 2015: Board of Directors Meeting, 2.00pm – 5.00pm, Board Room, Tavistock Centre</li><li>Tuesday 9<sup>th</sup> June 2015: Directors' Conference 12.00am – 5.00pm, Lecture Theatre</li></ul>		Verbal	-