

Board of Directors Part One

Agenda and papers
of a meeting to be held in public

2.00pm–4.30pm
Tuesday 28th October 2014

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

BOARD OF DIRECTORS (PART 1)

Meeting in public

Tuesday 28th October 2014, 14.00 – 16.30

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

AGENDA

PRELIMINARIES				
1.	Chair's Opening Remarks Ms Angela Greatley, Trust Chair		Verbal	–
2.	Apologies for absence and declarations of interest Ms Angela Greatley, Trust Chair	To note	Verbal	–
3.	Minutes of the previous meeting Ms Angela Greatley, Trust Chair	To approve	Enc.	p.1
3a.	Outstanding Actions Ms Angela Greatley, Trust Chair	To note	Enc.	p.10
4.	Matters arising Ms Angela Greatley, Trust Chair	To note	Verbal	–
REPORTS & FINANCE				
5.	Trust Chair's and NED's Report Non-Executive Directors as appropriate	To note	Verbal	–
6.	Chief Executive's Report Mr Paul Jenkins, Chief Executive	To note	Enc.	p.11
7.	Finance & Performance Report Mr Simon Young, Deputy Chief Executive & Director of Finance	To note	Enc.	p.18
8.	Training and Education Programme Board Report Mr Malcolm Allen, Dean	To note	Enc.	p.31
9.	Gloucester House Day Unit Annual Report Ms Nell Nicholson, Day Unit Head teacher	To approve	Enc.	p.35
10.	Annual Safeguarding Report 2014	To note	Enc.	p.50

	Dr Rob Senior, Medical Director			
11.	Quality Performance Report – Quarter 2 Ms Louise Lyon, Trust Director & Ms Justine McCarthy Woods, Quality Standards and Reports Lead	To approve	Enc.	p.58
STRATEGY				
12.	Documentary Project Mr Paul Jenkins, Chief Executive	To note	Enc.	p.74

CORPORATE GOVERNANCE				
13.	Governance Declaration – Quarter 2 Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Enc.	p.90
14.	Duty of Candour and Fit & Proper Person Test Mr Gervase Campbell, Trust Secretary	To discuss	Enc.	p.94
15.	Charitable Fun Terms of Reference Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.101

PATIENT STORY				
16.	Patient Story	To note	Verbal	-

CONCLUSION				
17.	Any Other Business		Verbal	-
18.	Notice of Future Meetings <ul style="list-style-type: none"> • Tuesday 28th October 2014: Board of Directors Meeting, 2.00pm – 5pm, Board Room, Tavistock Centre • Tuesday 11th November 2014: Directors Conference, 10.00am – 4.00pm, Danubius Hotel Regents Park. • Tuesday 25th November 2014: Board of Directors, 2pm– 5pm, Board Room, Tavistock Centre • Tuesday 2nd December 2014: Directors Conference, 10.00am to 4.00pm, Danubius Hotel Regents Park. • Thursday 4th December 2014: Council of Governors Meeting, 2pm–5pm, Board Room, Tavistock Centre 		Verbal	-

Board of Directors

Meeting Minutes (Part One)

Tuesday 30th September 2014, 2.00 – 4.00pm

Present:			
Ms Angela Greatley Trust Chair	Mr Malcolm Allen Dean	Mr Martin Bostock Non- Executive Director (Senior Independent Director)	Dr Rita Harris CAMHS Director (non-voting)
Mr David Holt Non-Executive Director	Mr Paul Jenkins Chief Executive	Ms Lis Jones Director of Nursing (non-voting)	Ms Louise Lyon Trust Director
Dr Ian McPherson Non-Executive Director (Deputy Trust Chair)	Ms Joyce Moseley Non-Executive Director	Dr Rob Senior Medical Director	Mr Carl Doherty Deputy Director of Finance
Attendees:			
Mr Gervase Campbell Trust Secretary (minutes)	Dr Sally Hodges, PPI Lead (item 11)	Dr Emiliios Lemoniatis, PPI Lead CAMHS (item 14)	
Ms Ailsa Swarbrick Director of FNP (item 9)	Mr CJ Patient Story (item 14)		
Apologies:			
Ms Caroline Rivett Non-Executive Director	Mr Simon Young Deputy Chief Executive & Director of Finance	Ms Angela Haselton Governor	

Actions

AP	Item	Action to be taken	Resp	By
1	7	Query on cash flow and debtor figures to be circulated to the board	CD	Oct

1. Trust Chair's Opening Remarks

Ms Greatley opened the meeting and welcomed everyone.

2. Apologies for Absence and declarations of interest

Apologies as above.

3. Minutes of the Previous Meeting

The minutes were agreed.

4. Matters Arising

Action points from previous meeting:

AP1 – Amendments had been made to the minutes.

AP2– Ms Lyon reported that she had looked into the 3% missing PDPs and found that in most cases the gap could be explained by maternity leave or sickness, and the actual number who had simply not completed them was very small, that there was no pattern, and that they were being followed up.

AP3– The constitution had been written to leave the second commissioning post open to give flexibility.

AP4– We had written to Mr Rowswell to thank him for coming, and Ms Lyon had started to look into the points he had raised – for example, as we do not have a big enough patient body to support the night support phone line Ms Lyon had been in touch with Mind and the Samaritans. Dr McPherson suggested contacting the telephone helpline coordination group, and Ms Moseley suggested we ask Mr Rowswell to help us put together an information pack that we could give to future patients at discharge. Ms Greatley noted that Mr Rowswell also raised the point of having a route back into treatment, and the benefits of a follow up session after 6 months. Dr Harris commented that many services did offer a follow up, so there was a question of consistency, and Mr Jenkins commented that people do at times stay in treatment when they don't need to because they are scared they won't be easily able to re-join, which is an important issue to address.

AP5 – It has been agreed to hold a series of 3 or 4 patient stories, and then reflect on them all as a whole.

Outstanding actions:

AP7 – The status of the charitable funds briefing had been circulated.

AP6 – The follow up survey was in progress, and would be reported on at the next meeting.

AP8 – FNP was on the agenda for today's meeting.

5. Trust Chair and NEDs' Report

Ms Greatley noted that she had circulated the presentation from the FTN which again highlighted the dire financial situation of the sector, and the number of FTs in difficulty.

Ms Moseley commented that she had attended a joint meeting of the Camden CCG and Voluntary Action Camden, and noted the gulf between the professionals and voluntary sector despite both trying to hear each other, and how the conversation had quickly turned to budgets and cuts.

Dr McPherson noted he had attended the NHS Federation launch of the Digital Mental Health briefing, and suggested the board should schedule a report from their internal group soon.

6. Chief Executive's Report

Mr Jenkins noted that the University of Essex were taking the partnership agreement to their senate for approval, and were looking for further details and commitments regarding research, but there were no points for concern. UEL had responded constructively to the news, valued keeping the social work course, and were handling the communications constructively. The feeling within the Trust was that the decision was understood and welcomed.

The meetings with staff over Shaping our Future had now concluded, with good attendance (90 to 100 staff in total), and a generally positive reaction with understanding of the need for change and agreement with the major strands, albeit with some anxiety over the details. They would be looking to consolidate this with further communication laying out the next steps. Mr Holt asked whether this direct contact would continue, and Mr Jenkins confirmed that it would, both with CEO engagement and also by offering a space where colleagues could discuss issues with each other.

The Training and Education Programme Board had held its first meeting, setting the agenda and priorities. In future there will be a standing item reporting to the Board at each meeting.

Hampshire would be discussed in part 2, but Mr Jenkins noted the hard work that had been put into the bid and thanked all those involved.

Lastly Mr Jenkins noted that the Time to Change event had been very positive, with a good cross section of staff present, and whilst the external speakers had been impressive the best part had been hearing from a member of our staff who had felt able to tell her story to us.

The Board **noted** the report.

7. Finance & Performance Report

Mr Doherty highlighted from his report that the Trust had a £433k surplus, excluding the FNP underspend and deferred income, with the forecast for year-end being a slightly smaller surplus, and that the cash situation was healthy and above plan. Mr Bostock queried whether a 'what-if' scenario needed to be included in case we are unable to persuade the commissioner to defer the FNP income, and Mr Doherty replied that if that were to happen we would have a larger surplus, but with the problem that FNP were unable to access it.

Mr Bostock queried the underspend in GIDS, paragraph 2.2.7, given the pressure the service was under. Mr Doherty explained that they were still running with vacancies despite the demand, and Ms Lyon added that there was no problem in recruiting, just a delay, but acknowledged that keeping up with the demand was challenging.

Mr Holt noted that student numbers were shown as lower than anticipated, and asked whether there were problems with the courses. Mr Doherty noted that although below target the numbers were higher than

last year. Mr Allen added that it was a complicated issue and needed an in depth report, but agreed that it was disappointing and was due to a number of factors. Mr Jenkins added that it would be a key item for the programme board to look at, to do fundamental work on moving the planning earlier in the year, and look at the pattern of over and under recruitment. Ms Greatley commented that although the programme board would be looking at the detail, the larger questions would need to be asked at the Board.

API

Mr Holt queried the cash flow, where they had seen a significantly higher debtor figure at audit committee, and asked whether this was a forecasting inaccuracy and why if the late receipts were unexpected the actual and plan values were the same. It was agreed that Mr Doherty would clarify this with Mr Holt outside the meeting and circulate a simple explanation to the board.

The Board **noted** the report.

8. Family Nurse Partnership (FNP) Service Line Report

Ms Swarbrick took the Board through the report in some detail, highlighting key points:

The service would hit its targets despite turbulence in the system, and would meet its expansion trajectory, and had conducted service reviews to identify savings that could be made over the course of the contract.

Clinical Quality has remained the same, within the goals, which was comforting in a time of such change and expansion.

The transfer of funding to 150 local authorities involved some risk, and was not straightforward, so they were working with local partners, and were holding a large event soon to introduce the reassure local authorities.

The randomised controlled trial had been completed but not yet released – Cardiff would deliver it to the DoH, it would be peer reviewed, and publication should come in 2015. They were looking at having a message to send to their partners now to explain the delay before the results would be seen, and there would be work to do round the report when it came out as it was likely to present a complicated picture rather than a simple message, due to the complexity of the work, the number of sites and sub groups.

Lastly, Ms Swarbrick identified a risk to her staff of overload, commenting that they had had an intense year and it would not be letting up soon, and commending them on doing so well in delivering so much whilst going through the service review and the cultural change as the service grew.

Ms Moseley congratulated Ms Swarbrick on the work done so far, noted the risks, and asked whether there was a vision for how FNP could be more integral to the preventive social care agenda as it developed. Ms Swarbrick commented that it was an issue they wrestled with and needed to better articulate internally, and it was important to be able to demonstrate to the local authorities that FNP could fit into a range of integrated services. She noted that it was also an opportunity, and that as every area does integration differently they were in a good position with various models to fit into varying situations. Dr Senior noted that the bottom up philosophy of FNP led to good examples of integration on the ground from existing sites, such as Camden.

Ms Bostock asked whether being licenced by an American university constrained the service. Ms Swarbrick replied that there were areas the licence didn't touch, and overall they hadn't experience it as a constraint, but as an aid. However, going forward would be more complex and as they grew they would need a more collaborative relationship to negotiate issues such as including fathers, or client involvement.

Mr Holt noted the expansion plans and asked whether there was a sufficient supply of nurses. Ms Swarbrick explained that there were enough in the system for 20,000 places, and that the number of nurses involved was actually quite small in comparison to the overall nursing sector, and that it was an attractive job as nurses got to see the good outcomes of their work.

Dr Harris and Dr Senior noted the strain on both the staff, and on Ms Swarbrick, and thanked her for her candour in bringing this to the board and for her own hard work on the service. Mr Jenkins concluded by noting that now was the time to invest in looking forward to models that could be used after the end of the national contract.

The Board **noted** the report.

9. CQSG Quarter 1 report, 2014–15

Dr Senior presented the report, highlighting that the changed CQC standards had implications for the organisation of the work streams.

The Board **noted** the report.

10 CQSG Annual report

Dr Senior apologised that the report had come so late in the year, and explained that its format was a review of each work stream against its Terms of Reference.

Ms Lyon suggested some changes to the wording on page 66 of the report.

Mr Holt queried the reference to quality report recommendations in 2012–13 on page 76, and Dr Senior agreed it needed correction to 2013–14 and further explanation. Dr McPherson queried the wording in the Information Governance section on page 85, and Dr Senior commented that he didn't think there was an underlying significant issue, but he would clarify whether it was something that needed to be addressed or was poor phrasing.

The Board **noted** the report.

11 Patient and Public Involvement (PPI) Annual Report 2013–14

Dr Hodges introduced the report, noting changes in staff within the team with increased hours, and noting that the key drivers for the coming year were to be as open as possible, to focus on the CQUIN targets for service users on panels, where the aim was to have users on all interview panels, but noting this would require additional resources.

Dr McPherson accepted that there were logistical problems in including service users on panels, but suggested that the Trust's achievements so far were modest and we needed to put in the processes and structures to help PPI to more, and more quickly. Ms Greatley suggested that the PPI committee follow this up but noted that it was not an issue for them alone.

Ms Moseley noted that the key findings from the straw polls showed that therapy by Skype would be popular, and email communication, which tied in with what they had heard from Mr Jackson earlier today, and

asked how the Trust could make this happen. Ms Lyon commented that we did have a policy that allowed communication by email, if the patient gave consent. Dr McPherson commented that although Skype was not suitable, there were similar products that were secure, and there was no technical reason why we couldn't pursue them. Ms Greatley suggested this was an area Mr Jenkins could follow up on to report back to the Board. Mr Jenkins noted that the challenge is that ambitions cannot simply be set, they need resources to manage and so need to be addressed within a wider strategy that examines all priorities, and confirmed that this would be done and the practicalities and resource implications examined.

Ms Moseley also noted that the polls showed 45% thought the modality leaflets needed improving, which was sad given the work already done on them. Dr Hodges noted that the poll had been done before all the leaflets had been updated, and further commented that there was a lot of debate and opinions over the leaflets both amongst users and clinicians, and they would need to be constantly reviewed. Dr Senior noted that the leaflets were fantastic compared with where we were previously, but there was always room for improvement.

Mr Holt noted that PALS had 1,300 contacts in the year, which was a good resource, and asked whether the information gathered through those was used elsewhere. Dr Hodges confirmed that if anything is raised with wider implications it does get fed into PPI, and noted that a lot of the questions were about accessing services, which was difficult as each service and commissioner had different rules, so PALS often referred questions to the intake coordinators, but also helped them with understanding possible routes they might take, which was more helpful than providing a rigid list.

Ms Greatley concluded by thanking Dr Hodges for the excellent report, and noting that the challenges had been to the Trust as a whole and not to the work of PPI.

The Board **noted** the report.

12 Strategic and Commercial Programme Board – Terms of Reference

Mr Campbell commented that the ToR had been presented to the Board earlier in the year in a draft format, but were presented here in final format and were to be approved by the Board as a Committee of the Board of Directors.

Mr Jenkins noted that an additional paragraph concerning a responsibility for setting criteria for the acceptable levels of margin, and for reviewing whether the Trust was on target for meeting its goals needed to be added.

The Board **approved** the Terms of Reference, with the additional paragraphs.

13 Board of Directors’ Objectives, 2014–15

Ms Greatley presented the objectives, noting that they had been drafted later than usual in the year to enable them to include points from Shaping our Future. Ms Greatley asked if there were any major points that needed to be raised now, and suggested minor points could be agreed by email following the meeting.

The Board **approved** the Objectives.

14 Patient Story – Mr CJ

[this item was taken out of order, as the first item at 2pm]

Ms Greatley welcomed Mr Jackson and gave some background as to the purpose of Patient Stories in helping the Board learn from all levels of the organisation, and the Board introduced themselves.

Mr CJ explained that his son, who was now 13, had been happy when younger but started having problems in school from Year 1, getting left

behind by the system, with little independent play and depending on classroom assistants. In Year 4 he started pulling his hair out, and was originally diagnosed with alopecia, then trichotillomania, which led to a referral from his GP to the Trust four years ago.

At the Tavistock they had seen three people: CE, SH, and then HM. They had come to the Trust looking for a way to help their son cope with school, and had 'drifted' into the mental health field as the problems got worse. Worried about secondary school they had accepted an assessment for autism. This was partly with the hope that this would give a status which would make choosing a school easier, but they had very rightly been emphatically told that this would not be the case and the Trust had no influence with school admissions policies. The assessment had been thorough, and involved a number of sessions, some with family members, one involving observation from behind a two way mirror. Getting the diagnosis had proved very helpful to the family in managing the situation and in reassuring the parents that the problems weren't their fault. Since the diagnosis HM had been working with his son on methods to deal with stress of school.

Mr CJ had four main comments he wanted to share:

1. CE had been excellent, kind and sympathetic, but her final report was very technical and hard for lay people to understand – including a covering summary in simpler language for parents would be very helpful.
2. The appointments he had been offered had always been very considerate, but the process of confirming them by phoning an administrator was cumbersome and he would have preferred email confirmations and text message reminders.
3. Sharing information and reports with the SENCO at the schools was very important, and had been slow in practice. Mr CJ suggested that in the future it might be better to put the onus onto the parent, to give them the report to pass to the school.
4. Mental health issues never really end, they change as the child grows, but there needs to be a point where treatment stops. Although very grateful for the help from HM, the appointments were disruptive, and he thought it was a good point for it to come to an end, but commenting on his own personal history he noted that knowing you

were able to go back to clinicians allows you to stop treatment if you think you don't need it at a particular juncture in life.

Members of the Board talked to Mr CJ elucidating details of his experience with the Tavistock.

Mr Jenkins thanked Mr CJ by summarising the discussion by noting that the Trust needed to be aware of how the package offered was perceived by the patient, and that the appointment system may protect busy clinicians but be difficult for parents, with email preferred but not offered.

15 Any other business

None.

16 Notice of Future Meetings

The Board noted its future meetings.

Part 1 of the meeting concluded at 4.30pm

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	2015	Confirmed that Ms Chapman is still responsible for the report.
6	May-14	8. Staff Survey & Action Plan	To undertake an internal survey that is more qualitative on particular trends, for example bullying and harassment, or health and safety	NN	Sep-14	Survey has been completed, paper on the results is in part 2.

Board of Directors : October 2014

Item : 6

Title : Chief Executive's Report

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. Shaping our Future

- 1.1 I have provided an update to staff on the developments relating to the Shaping our Future strategy paper which I issued over the summer. This is attached as an Annex to this note.
- 1.2 In particular the Board of Directors will want to note the confirmation of the decision to move the Gender Identity Service and the Adolescents and Young Adults service to the CAMHS Directorate.

2. Training and Education

- 2.1 There have been a number of significant developments in the last month relating to Training and Education. These are covered in more detail in the report on the second meeting of the Training and Education Programme Board which is included in the agenda for this meeting.
- 2.2 In particular the Board of Directors will want to note:
 - the issuing of an important consultation paper on structures for Education and Training. Malcolm and I have had a very constructive meeting with the Clinics Committee about this on 17th October and two staff meetings are planned for 23rd and 27th October. A final decision on the proposals will be taken by the Training and Education Programme Board on 1st December.
 - interviews for the post of Director and Training and Education will be held on 29th October.
 - the proposal for a strategic partnership with Essex University goes to their University Senate on 29th October. Malcolm Allen, Rob Senior, I and other colleagues have had a constructive meeting with Dom Micklewright, the Dean of Academic Partnerships at Essex, to help them prepare for this.

3. CBBC

- 3.1 The Communications Team had been in discussions with a company called Nine Lives who have been commissioned to make a short 30 minute documentary as part of the 'My Life' CBBC documentary series. The target audience is 5-11 year olds.

- 3.2 The series is co-produced and narrated by children and covers a whole range of topics. One of our patients with the Gender Identity Service has been working with the company to make a film and we decided to contribute. Filming took place on 11th October and we should be aware shortly of the proposed broadcast date.
- 3.3 A further proposal to make a substantial documentary film, based on the work of the Tavistock is included in the agenda. In both cases I feel that participating in films offers a positive opportunity to showcase our work and to communicate proactively about mental health and the services available to support people, and in particular young people, with mental health problems.

4. Centre Heights

- 4.1 We have been given notice on the office space we have at Centre Heights and need to vacate the premises by 19th March. The landlords are looking to convert the property into residential accommodation. A paper on proposed response is tabled for Part 2 of the agenda.

5. World Mental Health Day

- 4.1 A "tea and talk" event for staff was held on 10th October to mark World Mental Health Day. 40-50 staff attended during the course of the morning.

Paul Jenkins

Chief Executive

20th October 2014

Annex A – Update on Shaping our Future

Dear Colleagues,

I thought it would helpful to update you on the next steps in relation to the proposals set out in my strategy paper, Shaping our Future.

I am extremely grateful for the views which a large number of staff have shared with me about the paper, either at my staff meetings, or elsewhere. I was encouraged by the general sense of recognition of the challenges facing us and the need for us to have a clear strategy to respond to them. Clearly there are some anxieties about some of the details of what is proposed and it has been very useful to hear some of these at first hand and understand how best we respond to any concerns in taking things forward.

Very significantly, I have heard a strong message that we need to make sure that we follow through the commitments and ambitions set out in the paper and that it is crucial that I, other senior managers and our Non-Executive Directors, maintain a dialogue with staff.

Training and Education

I highlighted the need in Shaping our Future for changes which helped us strengthen our focus and capacity in training and education and which enabled us to respond to the changing needs of commissioners and students.

To that end I have established the Training and Education Programme Board which has already met on two occasions and which will provide strategic leadership on the training and education agenda.

The Programme Board has considered and agreed proposals for structural changes in relation to the delivery of training. These will be shared on a wider basis for consultation very shortly.

The Board has also agreed a proposal to bring forward the cycle for planning our targets for student recruitment for 2015/6 to ensure we can take a systematic approach to addressing issues around course capacity and marketing which can enable us to maximise our numbers, income and impact. Details of this process will also be shared shortly

A process is underway to recruit a new Director of Education and Training to replace Malcolm Allen who will be retiring at the end of the year. Interviews are scheduled for 29th October.

We are continuing discussions with Essex University about our prospective partnership. The proposal is due to go the University's Senate on 29th

October and I hope we will be in a position to announce further news after that.

Development

As highlighted in *Shaping our Future*, and in line with our strategic plans over the last few years, we have been taking forward opportunities to bid for a number of CAMHS services. With thanks to colleagues from CAMHS, the Commercial Directorate and other parts of the organisation we have successfully submitted an excellent bid on 1st October for Hampshire CAMHS and have a further opportunity in Essex where we are one of three shortlisted bidders.

I am keen to support the development of plans in the other priority areas set out in *Shaping our Future*. While less immediate than is the case in CAMHS, I believe there are opportunities in these areas for us to develop what we can offer. I hope that ideas for possible growth in other areas will come from our continuing conversations within the Trust.

Research

I have been struck by the level of enthusiasm across the organisation for attempting to raise our profile on research. Our Medical Director, Rob Senior and Eilis Kennedy, the Director of Research are taking forward work on the development of a Research Strategy and will bring an initial paper to the Board of Directors in November. Following the Board discussion Rob will organise some wider engagement around the strategy to explore our best options for developing our organisational capacity in research. It will not be an easy task to make an instant change to our profile and standing but I believe we must make a long term organisational commitment to progress this.

Marketing and Communications

I have also been struck by the support from staff for efforts to improve our profile and the marketing of our activities. We will be advertising shortly for a new Associate Director of Marketing and Communications who will take the lead on this.

Adolescent and Young Adult Service

I have had a number of meetings with members of the Adolescent and Young Adult Service about the proposed move of the service to the CAMHS Directorate. I believe this an important and distinctive area of our work and expertise. The service will move to CAMHS on 5th January next year and will report, as a discrete service, to Sally Hodges as Associate Director in CAMHS. As part of the change we have agreed that we will create a leadership role in the team with capacity to champion

issues around the care of adolescents and young adults across the organisation. A process to fill this role will commence shortly and hopefully an individual will be in post by the beginning of December. The move to CAMHS will, I hope, create opportunities to extend our clinical and thought leadership in an area of national priority.

GIDS

I have also had the chance to discuss the proposed move of the Gender Identity Service to CAMHS. This will happen in the next couple of months and Polly Carmichael as Director of GIDS will report directly to Rita Harris, the CAMHS Director. I am committed to nurturing this significant and ground breaking service and to building links with other parts of the organisation representing our expertise in working with adolescents and young people in transition.

CAMHS and SAAMHS

With the implementation of these proposed changes in reporting it will be an appropriate time to revisit the names of both our clinical Directorates. Louise Lyon and Rita Harris will be leading a process of consultation to agree these.

Clinical Quality

Louise Lyon is developing her new role as the Executive Director with lead responsibility for clinical quality. This move signifies our public acknowledgement of the critical importance of the many issues raised by Robert Francis in his report on Mid Staffordshire Hospital and our growing understanding of demonstrating the Tavi approach to quality improvement. Louise's first priority will be to lead our preparations for CQC visit next year. This will be a crucial test for the Trust but it also provides an excellent focal point for us to review the effectiveness of our systems and processes for supporting and evidencing quality. To be well prepared will require engagement right across the Trust. Louise will be communicating our plans on this shortly.

Lived experience

Louise is also taking up her responsibilities as the Executive Director for patient experience. She will be working over the next couple of months with me, Sally Hodges, our PPI lead, and others to review our future ambition and approach to support the involvement of people with lived experience in the design and delivery of our activities. I hope we will be able to share the output of this review by the end of the year.

Staff engagement

I am firmly committed to ensuring that staff feel better engaged around key developments in the organisation. I have established a small working group to develop proposals for a new Clinical Professional Advisory Committee to support this. In line with the proposal in Shaping our Future to create a wider leadership group in the organisation who can be involved in shaping our strategy we are planning a Leadership Conference for December 2nd involving the direct reports of members of the Management Team and Heads of Discipline. In addition I also intend to hold a further round of general staff meetings in January.

2015/6 Finances

We have begun in earnest our detailed planning of our budget for 2015/6. As I have highlighted in my meetings with staff, this will one of the most difficult years which we, as an organisation, and the NHS as a whole will have faced for a very long time. There is no doubt that we will face some difficult choices as an organisation to ensure we deliver a balanced budget. I am committed to work openly with staff on how we address this.

Finally I recognise that, as an organisation, we are going through a period of very significant change and I have heard from staff about the unsettling impact this can have. I have been clear in Shaping our Future about the inevitability of change if we are to survive and prosper in what is a very difficult external environment. In taking this forward I am committed to working to preserve the best of our traditions and activities and to being as open and transparent as I can about the decisions we are taking and the reasons for them.

If you have any queries or issues about the information in this note please feel free to contact me.

Paul

Paul Jenkins

Chief Executive

The Tavistock and Portman NHS Foundation Trust

Board of Directors : October 2014

Item : 7

Title : Finance and Performance Report

Summary:

After six months a surplus of £587k is reported before restructuring and assuming that the FNP underspend is deferred; this is £493k above the revised budget surplus of £94k. Income from training and consultancy has fallen below expectations, but this has been offset by underspends across a number of services.

The current forecast for the year is a surplus of £195k (before restructuring costs of £29k).

The cash balance at 30 September was £2,647k 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 16 October.

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 The Monitor submission for the second quarter is due to be submitted at the end of October. The continuity of service risk rating (CoSRR) is expected to remain at 4, which is on plan; and governance rating of Green. The CoSRR is expected to reduce to 3 by the end of the financial year, but this remains satisfactory.
- 1.1.2 Monitor's assessment of our Strategic Plan is awaited.

2. Finance

2.1 Income and Expenditure 2013/14

- 2.1.1 After September the trust is reporting a surplus of £587k before restructuring costs, £493k above budget. FNP are currently £532k underspent, but the corresponding amount of income has been deferred: action is being taken to allow such a deferral at year-end. Income year-to-date is £427k below budget (mainly due to the FNP deferral), and expenditure £923k below budget.
- 2.1.2 Income is £127k below budget overall for the month which is primarily due to the FNP deferral of £189k for the month. This has been offset by CAMHS Training fees being £70k above budget. DET Training Fees are £129k under budget cumulatively but this is expected to improve by the end of the financial year. TC income is cumulatively £24k below target across Consultancy and Training but this is offset by an under spend of £50k on expenditure.
- 2.1.3 CAMHS Clinical was £37k below target cumulatively due to the Day Unit but this forecast to improve as new pupils start in the next academic year. 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 £22k under spend to date (within the Finance line) is matched by a £22k adverse variance on Other Income, since the funding is released in line with costs.
- 2.1.5 The key financial priorities remain to achieve income budgets; and to identify and implement the additional savings required for future years.
- 2.1.6 The favourable movement of £207k on the expenditure budget was due mainly to continued low expenditure on FNP September and a number of variances spread across the organisation. The cumulative under spend of £916k is primarily due to FNP at £532k and unused reserves totalling £213k.

2.2 Forecast Outturn

- 2.2.1 The forecast surplus before restructuring of £195k is £155k above budget. FNP are currently predicting a £650k under spend; we have assumed we can agree with the commissioner to defer the corresponding income to 2015/16, the effect on the Trust's surplus has been removed.

- 2.2.2 Clinical income is currently predicted to show £128k above budget due the release of deferred income from GIDU and Portman Mentalisation Based Therapy. The Portman MBT contract for 2014/15 was also significantly greater than the original budget; this has also been reflected in the Portman expenditure forecast.
- 2.2.3 CAMHS Training fees are currently £124k above budget and are expected to be £214k above budget by the end of the financial year.
- 2.2.4 SAAMHS Training is expected to be £75k favourable due to student numbers.
- 2.2.5 TC consultancy income is currently £20k below budget but they expect to be on target at the end of the financial year
- 2.2.6 Day Unit is £14k below budget after September but expected to achieve the £650k annual target, with higher income after the start of the academic year
- 2.2.7 GIDU expect to be £140k under spent at the end of the year.
- 2.2.8 Complex Needs are forecasting £120k underspend on vacancies which has been offset by £77k additional BUPA expenditure (which is offset by £77k additional SAAMHS Consultancy income).
- 2.2.9 SAAMHS identified £105k income from Clinical Income growth of which only £14k is expected in 2014/15.
- 2.2.10 CAMHS identified £96k income from Clinical Income growth of which only £35k is expected in 2014/15.
- 2.2.11 R&D Expenditure is expected to be £100k below budget due to Anna Freud recharge finishing. R&D income is forecast to be £64k above target due to 2013/14 income being invoiced in 2014/15. The forecast allows for the investment reserve of £120k to be fully utilised (further decisions on allocation are to be made shortly); and also for the remaining contingency reserve of £208k to be needed.
- 2.2.12 Depreciation is expected to be £31k above budget.

2.3 **Cash Flow (Appendix D)**

- 2.3.1 The actual cash balance at 30 September was £2,647k which is a decrease of £1,237k in month, due to the HEE quarterly funding having been paid in advance in July. The position is £886k above plan due payments for 2013/14 NHS contracts which were excluded from the plan in addition to the current 2014/15 surplus. The 2014/15 NHS contract payments are currently a month behind
- 2.3.2 The cash forecast is to be £1.5m above plan. This is due to the additional NHS old year payments (£0.5m is still outstanding), the FNP deferral/underspend and the forecast surplus.

	Cash Flow year-to-date		
	Actual	Plan	Variance
	£000	£000	£000
Opening cash balance	2,757	2,757	0
Operational income received			
NHS (excl SHA)	9,888	9,675	213
General debtors (incl LAs)	3,871	3,616	255
SHA for Training	5,380	5,578	(198)
Students and sponsors	1,085	925	160
Other	0	0	0
	20,224	19,794	430
Operational expenditure payments			
Salaries (net)	(7,991)	(8,343)	352
Tax, NI and Pension	(6,267)	(6,190)	(77)
Suppliers	(5,209)	(5,338)	129
	(19,467)	(19,871)	404
Capital Expenditure	(698)	(700)	2
Interest Income	6	3	3
Payments from provisions	0	(11)	11
PDC Dividend Payments	(175)	(211)	36
Closing cash balance	2,647	1,761	886

2.3.3 We are arranging for renewal of the Trust's financing facility for a further 12 months from 1 November. The amount of the facility has been reduced from £2.4m to £1.0m due to the forecast cash position. Though this no longer counts in Monitor's liquidity calculation, and though we do not expect to need to borrow, the facility provides a safety margin to ensure that in the event of temporary cash shortage (e.g. due to delayed payments from commissioners), the Trust could continue to pay staff and suppliers.

2.4 Capital Expenditure

2.4.1 Up to 30 September, expenditure on capital projects was £690k. This has included £156k so far on the Relocation/Refurbishment Project and also £156k for the IDCR project.

2.4.2 The capital budget for the year is £2,318k, but actual costs are expected to be some £300k below this.

Capital Projects 2014/15	Budget	Actual YTD September 2014
	£'000	£'000
33 Daleham Gardens	35	-
Portman Windows	70	51
Seminal Room Improvement	55	48
Build Management Systems	-	16
Fire door	-	3
Board Room air conditioner	-	7
Passenger lift	45	2
Studios	120	67
Boiler at the Portman Clinic	25	-
Library refurbishment	-	22
Relocation/Refurbishment Project	600	156
Others	25	-
Total Estates	975	372
UCLC Internet	-	9
IT Infrastructure	350	152
IDCR Project	529	156
DET Records Management	164	-
FNP Website and Records System	300	-
Total IT	1,343	318
Total Capital Programme	2,318	690

2.5 Statement of Financial Position (aka Balance Sheet)

2.5.1 Appendix E reports the SoFP at 30 September compared to the Plan figures for the same date, and also to the opening balances for the year. Cash is £886k above plan as mentioned in 2.3.1. For Current Assets, Accrued Income is above budget due to a delay in raising invoices due to staff absence. Current Liabilities are above budget as we have deferred FNP income and accrued for the SEEL partner invoices that we have not yet received.

3. Training

3.1 Income

3.1.1 Training income is £590k below budget in total after six months. Details are below. FNP income and expenditure is currently being reported as £534k below budget as it is assumed that this will be deferred to next year. Preliminary indications are that student numbers for the new academic year may be below target; while awaiting firm figures, an estimate of the shortfall

is included in our forecast for the financial year.

LDA income (lines 4-7 appendix B)	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast £'000
NHS London Training Contract	3,627	3,627	0	0
Child Psychotherapy Trainees	1,074	1,069	-6	0
Junior Medical Staff	478	513	35	0
Postgraduate Medical and Dental (budget incl. study leave)	47	19	-28	0
Sub Total	5,227	5,228	1	0
Fees and academic income (lines 8-11 Appendix B)				
DET	1,136	1,007	-129	-73
CAMHS	1,498	1,625	127	214
FNP	2,235	1,701	-534	-650
SAAMHS	699	647	-51	-181
TC	97	94	-3	-58
Sub Total	5,665	5,073	-591	-748
Grand Total	10,891	10,301	-590	-748

3.1.2 If we exclude FNP then training income is £57k below target year to date. This is mainly due to an LCCPD shortfall of £121k which has been partially offset by HEFCE and short course income.

3.1.3 The Training income forecast excluding FNP is £98k adverse. This is primarily due to fee income. Fee income for the full academic year 2014-15 is currently expected to be £200k below Plan.

3.1.4 The postgraduate medical and dental education income is £28k 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 £98k under spent at the end of September. The forecast at the end of the financial year is a balanced budget.

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[†] 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. After September actual income is £16k above budget.
- 4.1.4 Court report income has a reduced budget from £113k for 2013/14 to £28k in 2014/15. There has been no income to date, so we are £12k below budget. This income stream is expected to be £20k below budget at the end of the year.
- 4.1.5 Day Unit Income target was reduced by £210k in 2014/15 and is £14k below target after September. The service is expecting the additional income required to meet their revised target to be achieved from the start of the academic year.
- 4.1.6 Project income is forecast to be balanced for the year. When activity and costs are slightly delayed, we defer the release of the income correspondingly.

	Budget	Actual	Variance	Full year		Comments
	£000	£000	%	Variance based on y-t-d	Predicted variance	
Contracts - base values	6,510	6,541	0.5%	62	148	GIDU and MBT income deferred from 13/14. Plus MBT 2014/15 Contract
Cost and vol variances	163	163	0.0%	0	0	
NPAs	55	71	29.2%	57	0	
Projects and other	628	627		-	0	Income matched to costs, so variance is largely offset.
Day Unit	324	310	-4.3%	-28	0	
FDAC 2nd phas	387	399	3.2%	25	0	Income matched to costs, so variance is largely offset.
Court report	14	0	-99.8%	-28	-20	
Total	8,080	8,111		88	128	

[†] Commissioning for Quality and Innovation

5. **Consultancy**

- 5.1 TC are £26k net above their budgeted target after six months. This consists of expenditure £50k underspent, TC Training Fees £3k below budget and consultancy £20k below budget. TC are currently reviewing and revising their forecast income and expenditure for the rest of the year.
- 5.2 Departmental consultancy is £2k above budget after September; SAAMHS are currently £4k below budget. However, SAMHS expect to be ahead of budget for the year, whereas there may be a small shortfall in CAMHS.

Carl Doherty
Deputy Director of Finance
14 October 2014

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST											APPENDIX B
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2014-15											
All figures £000											
		Sep-14			CUMULATIVE			FULL YEAR 2014-15			
		BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	OPENING BUDGET	REVISED BUDGET	FORECAST	REVISED BUDGET VARIANCE
INCOME											
1	CENTRAL CLINICAL INCOME	593	590	(3)	3,604	3,643	38	7,054	7,163	7,263	100
2	CAMHS CLINICAL INCOME	319	306	(13)	1,947	1,911	(37)	3,987	3,863	3,779	(84)
3	SAAMHS CLINICAL INCOME	436	423	(13)	2,528	2,577	49	4,398	5,057	5,169	112
4	NHS LONDON TRAINING CONTRACT	605	605	0	3,627	3,627	0	7,254	7,419	7,419	0
5	CHILD PSYCHOTHERAPY TRAINEES	179	190	11	1,074	1,069	(6)	2,148	2,148	2,148	0
6	JUNIOR MEDICAL STAFF	80	79	(0)	478	513	35	1,022	957	957	0
7	POSTGRADUATE MED & DENT'L EDUC	8	6	(2)	47	19	(28)	94	94	94	0
8	DET TRAINING FEES & ACADEMIC INCOME	590	591	1	1,136	1,007	(129)	1,739	1,362	1,289	(73)
9	FAMILY NURSE PARTNERSHIP	372	182	(191)	2,235	1,701	(534)	4,469	4,469	3,819	(650)
10	CAMHS TRAINING FEES & ACADEMIC INCOME	256	326	70	1,498	1,625	127	2,274	3,033	3,246	214
11	SAAMHS TRAINING FEES & ACADEMIC INCOME	139	110	(29)	699	647	(51)	1,530	1,787	1,605	(181)
12	TC TRAINING FEES & ACADEMIC INCOME	24	18	(7)	97	94	(3)	282	257	199	(58)
13	TC INCOME	78	70	(8)	426	406	(20)	925	925	925	0
14	CONSULTANCY INCOME CAMHS	7	22	15	43	50	6	110	87	87	1
15	CONSULTANCY INCOME SAAMHS	40	57	17	240	236	(4)	492	480	537	57
16	R&D	10	8	(2)	61	123	62	123	123	196	73
17	OTHER INCOME	49	78	29	327	395	69	1,159	707	755	48
	TOTAL INCOME	3,785	3,658	(127)	20,069	19,642	(427)	39,059	39,931	39,490	(441)
EXPENDITURE											
18	COMPLEX NEEDS	298	298	(0)	1,787	1,723	65	3,560	3,575	3,533	42
19	PORTMAN CLINIC	119	126	(7)	663	678	(15)	1,225	1,379	1,475	(96)
20	GENDER IDENTITY	126	124	2	753	652	101	1,253	1,506	1,366	140
21	DEV PSYCHOTHERAPY UNIT	9	7	2	56	79	(22)	114	113	143	(30)
22	NON CAMDEN CAMHS	327	347	(20)	2,024	2,098	(74)	4,231	4,049	4,081	(33)
23	CAMDEN CAMHS	367	353	14	2,204	2,174	30	4,350	4,340	4,317	23
24	CHILD & FAMILY GENERAL	42	41	1	254	300	(47)	503	507	578	(71)
25	FAMILY NURSE PARTNERSHIP	339	150	189	2,033	1,501	532	3,575	4,066	3,416	650
26	JUNIOR MEDICAL STAFF	83	84	(1)	497	459	38	966	993	993	0
27	NHS LONDON FUNDED CP TRAINEES	179	190	(11)	1,074	1,066	8	2,148	2,148	2,148	0
28	TAVISTOCK SESSIONAL CP TRAINEES	2	3	(1)	9	15	(6)	19	19	29	(10)
29	FLEXIBLE TRAINEE DOCTORS & PGMDE	25	5	20	153	159	(6)	394	306	306	0
30	EDUCATION & TRAINING	768	778	(10)	2,101	2,011	90	3,447	3,640	3,548	92
31	VISITING LECTURER FEES	49	57	(8)	481	451	30	1,229	1,229	1,234	(5)
32	CAMHS EDUCATION & TRAINING	118	120	(2)	709	782	(73)	1,429	1,420	1,511	(92)
33	SAAMHS EDUCATION & TRAINING	78	85	(7)	466	449	17	939	1,189	1,171	19
34	TC EDUCATION & TRAINING	0	0	(0)	0	1	(1)	0	0	1	(1)
35	TC	79	43	36	369	319	50	815	787	787	0
36	R&D	20	8	12	120	36	85	169	241	145	96
37	ESTATES DEPT	173	200	(27)	1,036	1,093	(57)	2,078	2,072	2,167	(95)
38	FINANCE, ICT & INFORMATICS	162	192	(30)	973	986	(13)	2,326	1,946	1,942	4
39	TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	83	52	31	497	484	13	998	995	995	0
40	COMMERCIAL DIRECTORATE	53	73	(20)	446	393	53	738	837	822	15
41	HUMAN RESOURCES	52	45	8	314	391	(77)	632	629	649	(20)
42	CLINICAL GOVERNANCE	43	43	0	259	269	(10)	587	511	511	0
43	PROJECTS CONTRIBUTION	0	0	0	0	0	0	(73)	0	0	0
44	DEPRECIATION & AMORTISATION	46	47	(1)	275	281	(6)	550	550	581	(31)
45	IFRS HOLIDAY PAY PROV ADJ	8	0	8	50	0	50	100	100	100	0
46	PRODUCTIVITY SAVINGS	0	0	0	0	0	0	(134)	0	0	0
47	INVESTMENT RESERVE	10	0	10	60	0	60	120	120	120	0
48	CENTRAL RESERVES	19	0	19	103	0	103	315	208	208	0
	TOTAL EXPENDITURE	3,677	3,470	207	19,767	18,851	866	38,603	39,475	38,879	597
	OPERATING SURPLUS/(DEFICIT)	108	188	80	302	791	439	456	456	611	155
49	INTEREST RECEIVABLE	0	1	1	2	6	4	5	5	5	0
50	DIVIDEND ON PDC	(35)	(35)	0	(210)	(210)	0	(421)	(421)	(421)	0
	SURPLUS/(DEFICIT)	73	154	81	94	587	443	40	40	195	155
51	RESTRUCTURING COSTS	0	0	0	0	29	(29)	0	0	29	29
	SURPLUS/(DEFICIT) AFTER RESTRUCTURING	73	154	81	94	558	414	40	40	166	127

SLR Report M6 2014-15	Trust Total		SAMHS		CAMHS		Appendix C
	Budget M6 2014-15 £000	Actuals M6 2014-15 £000	Budget M6 2014-15 £000	Actuals M6 2014-15 £000	Budget M6 2014-15 £000	Actuals M6 2014-15 £000	
Clinical Income	8,168	8,259	3,529	3,655	4,640	4,604	
Training course fees and other acad income	6,166	5,645	1,455	1,349	4,711	4,296	
National Training Contract	3,627	3,627	1,220	1,220	2,407	2,407	
Total Training Income	9,793	9,272	2,675	2,570	7,118	6,703	
Consultancy Income	581	476	571	471	10	5	
Research and Other Income (incl Interest)	91	158	37	63	53	94	
Total Income	18,632	18,165	6,811	6,759	11,821	11,406	
Clinical Directorates and Consultancy	11,226	10,619	4,065	3,834	7,161	6,785	
Other Training Costs (in DET budget)	2,203	2,125	696	661	1,507	1,464	
Research Costs	161	78	61	30	100	48	
Accommodation	1,258	1,300	602	622	656	678	
Total Direct Costs	14,848	14,123	5,424	5,148	9,424	8,975	
Contribution	3,784	4,043	1,387	1,612	2,397	2,431	
Central Overheads (excl Buildings)	5,051	4,939	1,708	1,676	3,342	3,262	
Central Income	1,501	1,482	452	452	1,049	1,030	
Surplus (deficit)	235	586	130	388	104	198	
Unallocated Contingency	141						
Total Surplus	94						
SURPLUS as % of income	1.3%	3.2%	1.9%	5.7%	0.9%	1.7%	
CONTRIBUTION as % of income	20.3%	22.3%	20.4%	23.8%	20.3%	21.3%	

APPENDIX D													
2014/15 Plan	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash balance	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
Operational expenditure payments	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
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	0	(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	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash balance	2,757	4,441	3,357	4,330	5,086	3,884	2,647	4,865	4,590	3,216	4,921	3,949	2,757
Operational income received													
NHS (excl SHA)	1,852	1,312	3,498	691	1,548	987	1,300	2,137	1,209	1,199	1,138	1,059	17,930
General debtors (incl LAs)	1,016	564	412	442	971	466	721	692	769	664	1,032	868	8,617
HEE for Training	2,443	78	128	2,552	17	162	2,933	142	79	2,567	143	79	11,324
Students and sponsors	277	104	98	105	105	396	600	250	100	750	100	100	2,985
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Operational expenditure payments	5,588	2,058	4,136	3,790	2,641	2,011	5,554	3,221	2,157	5,180	2,413	2,106	40,856
Salaries (net)	(1,344)	(1,396)	(1,401)	(1,275)	(1,290)	(1,285)	(1,459)	(1,445)	(1,442)	(1,436)	(1,436)	(1,436)	(16,645)
Tax, NI and Pension	(1,033)	(1,052)	(1,060)	(1,093)	(1,011)	(1,018)	(1,068)	(1,092)	(1,081)	(1,079)	(1,075)	(1,075)	(12,737)
Suppliers	(1,499)	(679)	(660)	(607)	(1,240)	(524)	(709)	(709)	(709)	(709)	(709)	(709)	(9,465)
	(3,876)	(3,127)	(3,121)	(2,975)	(3,541)	(2,827)	(3,236)	(3,246)	(3,232)	(3,224)	(3,220)	(3,220)	(38,847)
Capital Expenditure	(29)	(16)	(43)	(60)	(303)	(247)	(100)	(250)	(300)	(250)	(166)	(250)	(2,014)
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Income	1	1	1	1	1	1	0	0	1	0	1	0	8
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments	0	0	0	0	0	(175)	0	0	0	0	0	(210)	(385)
Closing cash balance	4,441	3,357	4,330	5,086	3,884	2,647	4,865	4,590	3,216	4,921	3,949	2,375	2,375

	Plan	Actual	Variance	Actual	Appendix E
STATEMENT OF FINANCIAL POSITION	30 September 2014	30 September 2014	30 September 2014	31 March 2014	
	£000	£000	£000	£000	
Non-current assets					
Intangible assets	101	72	(29)	101	
Property, plant and equipment	14,530	14,426	(104)	13,981	
Total non-current assets	14,631	14,498	(133)	14,082	
Current assets					
Inventories					
Trade and other receivables	3,426	5,320	1,894	5,435	
Cash and cash equivalents	1,761	2,647	886	2,756	
Total current assets	5,187	7,967	2,780	8,191	
Current liabilities					
Trade and other payables	(2,833)	(3,981)	(1,148)	(4,436)	
Provisions	0	(6)	(6)	(6)	
Tax payable	(619)	(584)	35	(618)	
Other liabilities	(1,749)	(2,752)	(1,003)	(2,606)	
Total current liabilities	(5,201)	(7,323)	(2,122)	(7,666)	
Total assets less current liabilities	14,617	15,142	525	14,607	
Non-current liabilities					
Loans	0	0	0	0	
Provisions	(64)	(62)	2	(65)	
Total non-current liabilities	(64)	(62)	2	(65)	
Total assets employed	14,553	15,080	527	14,542	
Financed by (taxpayers' equity)					
Public Dividend Capital	3,474	3,474	0	3,474	
Revaluation reserve	8,840	8,840	0	8,840	
Income and expenditure reserve	2,239	2,766	527	2,228	
Total taxpayers' equity	14,553	15,080	527	14,542	

Board of Directors : October 2014

Item : 8

Title: Training & Education Programme Management Board
October report

Purpose:

To report on issues considered and decisions taken by the Training & Education Programme Management Board at its meeting of 6 October.

This report was reviewed by the Management Team on 16th October.

This report focuses on the following areas:

- Quality
- Risk
- Finance

For : Noting

From : Malcolm Allen, Dean of Postgraduate Studies

Training & Education Programme Management Board report October 2014

1. Introduction

- 1.1 The Training & Education Programme Management Board (TEPMB) had its second meeting on 6 October.

2. New structure for training and education delivery

- 2.1 The Dean presented a set of proposals that had been worked up with the Chief Executive and the Directors of CAMHS and SAAMHS, in turn working with the Associate Deans and Associate Director of Education and Training.
- 2.2 The proposals are now being circulated as a staff consultation paper with a deadline for comments of 14 November.
- 2.3 The proposal is to create a more integrated and coherent vehicle for the planning and delivery of training and education. In the proposed structure, the Associate Deans (currently located within CAMHS and SAAMHS) are managed directly by the Director of Education. The Associate Deans will manage a number of Portfolio Managers – a new role similar to the current ‘cluster leads’ but with more authority and corresponding accountability.
- 2.4 Special attention is given to the question of how best to maintain and strengthen the interrelationship between the trust’s clinical activities and training and education.
- 2.5 Following the consultation, the proposals will be presented to the TEPMB for approval at its meeting of 1 December.

3. Report on portfolio review

- 3.1 A report was presented on the first phase of the portfolio review that had coalesced around three programmes of work:

- Reinvigorating our training portfolio through the development of new courses, reconfiguring existing courses, introducing modularisation, dropping less successful courses.
- Installing the concept of a Tavistock & Portman 'community of practice' as an underlying principle of our approach to training and education
- Nurturing a student-centric culture of engagement with our trainees at all levels and at all stages of the student journey.

3.2 The report outlined the set of decisions that affected the current academic year (2014–15) and the work being undertaken on proposed changes for academic year 2015–16.

3.3 It was agreed that the portfolio review was ongoing and would be further strengthened by the other proposals being dealt with by the TEPMB, e.g. the structure proposals and the proposal to bring forward the planning and recruitment cycle (see next section).

4. Recruitment: 2014–15 report and proposed new planning and recruitment cycle for 2015–16

4.1 The Associate Director for Education and Training presented a report with early estimates for first year recruitment for 2014–15. On these estimates, we were likely to be around fifty short of our (fairly ambitious) target of 505 first year students. However, this estimate will be a slight increase (+7) on the recruitment figures for last year.

4.2 There were likely to be a number of factors at play. However, the report also addressed a long-identified problem of the 'eleventh hour' cycle of recruitment activity: late marketing; late timing for applications processing; late interviews (still going on in September).

4.3 The report outlined what a more effective cycle of activity would look like, pointing out this would require a radical shift in practices across the board. The TEPMB agreed to support the initiation of this proposed cycle in time for the academic year 2015–16.

5. Associate centres/ regional development strategy

5.1 The Dean presented an update of the review of the Associate Centres, which included a summary of what was said to each of them together with a general statement of intent in terms of the trust's plans to develop a regional strategy over the coming months.

5.2 The Dean would be convening a working group to start to develop the elements of a regional strategy.

6. Academic partnerships review

- 6.1 The Dean verbally reported on a meeting that morning with representatives of the University of Essex. Things were moving in the positive direction that had been anticipated. The University Steering Group had approved the proposal for the partnership which would now go forward to the Senate on 29 October. It was anticipated that this would go through.
- 6.2 Questions had been raised about the commitment to collaborative research activity, and the Essex representatives felt that together we had worked out a sufficiently robust set of principles in this respect.
- 6.3 There was also a discussion about the likely speed of the programme of validation assuming a positive decision on 29 October. Both sides were committed to migrating over the maximum number of programmes as was possible. However, we recognised that we probably would not manage to do everything in one year, and that we would need a two-year programme of validations. Both sides agreed to commit the resources that were needed to ensure a smooth and effective migration.

7. Risk register

- 7.1 The meeting discussed and updated the risk register for training and education.

Malcolm Allen
Dean of Postgraduate Studies

Board of Directors : October 2014

Item : 9

Title : Gloucester House Annual Report

Summary :

The following report has been reviewed by Gloucester House Steering Group (by email) and the Management Team.

This report focuses on the following areas:

- Quality
- Risk
- Finance

For : Discussion

From : Director of CAMHS & Gloucester House Head Teacher

Gloucester House, The Tavistock Children's Day Unit

1. Introduction

This last year has been a transformative time for Gloucester House. The devising of a new viable model, consultation in relation to this and implementation, have been the work of this period.

The need to develop the new model was in the light of a decrease in occupancy in the preceding eighteen months despite significant attempts at marketing by Gloucester House management (the director and headteacher), which led us to the conclusion that Gloucester House was no longer viable in its previous form.

In this paper we provide an update in relation to progress over the year alongside the commercial paper addressing viability of the new model (Part 2 paper). We also outline the current position and provide an overview of other significant developments and achievements at Gloucester House.

2. Occupancy

This time last year saw the lowest level of occupancy since 2005 with 7 children on roll. The table below gives the figures for the last four years. This Autumn Term sees numbers moving towards previous occupancy (in line with 2012) with the trajectory looking as if Gloucester House could reach the highest occupancy for four years this financial year. Numbers could exceed those numbers in 2015 if the referrals and enquiries we are currently processing become admissions. Whilst this is a very positive indicator, in terms of financial viability of the new model, we will need to ensure we meet the needs of higher numbers of children and families through adequate staffing and/or slowing down the rate of admission in in order to preserve quality and safety.

2.1 Occupancy 2011- present - plus predicted numbers:

	2011			2012			2013			2014			2015	
	Spring	Summer	Autumn	Autumn predicted	Spring predicted									
Occupancy	12.5	14	11.5	11.5	10	7.5	7.5	8	7	8	9	10	11-13	13-16
Referrals	2	1	0	0	1	4	2	1	0	2	2	5		
Admissions	1	1	3	0	0	1	2	1	0	2	1	2	2	
Discharges	0	5	0	2	2	3	0	1	2	0	1	0	1	

The Local Authorities who have used us during this financial year are Barnet, Haringey, Islington, Waltham Forest, and Hackney. This term Enfield will also be using us. The referrals we are currently processing are from Lewisham, Harrow, Hackney. We continue to get enquiries from Camden. We have also had interest from Ealing and Hounslow. Barnet increased their contract with us this year to 6 and have extended this to April 2016.

2.2 Current occupancy by borough and Key Stage – Autumn 2014

Borough	Number of children	Key Stage
Barnet	5	KS2 (junior school)
Haringey	1	KS3 (secondary school)
Islington	1	KS2 (junior school)
Enfield	1	KS1 (infant school)
Hackney	2	KS2 (junior school)
Total number of pupils	10	

2.3 Previous occupancy by borough and Key Stage

Summer Term 2014

Borough	Number of children	Key Stage
Barnet	5	KS2 (junior school)
Haringey	1	KS3 (secondary school)
Islington	1	KS2 (junior school)
Waltham Forest	1	KS3 (secondary school)
Total number of pupils	8	

Spring Term 2014

Borough	Number of children	Key Stage
Barnet	5	KS2 (junior school)
Haringey	1	KS3 (secondary school)
Islington	1	KS2 (junior school)
Waltham Forest	1	KS3 (secondary school)
Total number of pupils	8	

Autumn Term 2013

Borough	Number of children	Key Stage
Barnet	4.5	KS2 (junior school)
Haringey	1	KS3 (secondary school)
Islington	1	KS2 (junior school)
Waltham Forest	1	KS3 (secondary school)
Total number of pupils	7.5	

2.4. Referrals and enquires in date order since April 2014

Borough	Age/Year Group/Key Stage	Date received	Enquiry/Referral
Barnet	10 years/KS2	April 2014	Referral- now here in assessment period
Private	7 years/	May 2014	Enquiry from family
Barnet	7 years/	May 2014	Enquiry
Private	13 yrs/KS3	May 2014	Enquiry from family
Camden	7 years/	June 2014	Referral papers sent – case to panel. Decision reached that needs could be met 'locally'. Carer was going to appeal but decided against as didn't want to further disrupt child.
Lewisham	9 years/KS2	June 2014	Referral – assessment started; place offered; awaiting response from LA & family who are deciding between us & another placement.
Camden	7 years	June 2014	Enquiry
Hackney	8 years	June 2014	Referral – assessment started; awaiting response from LA & family who are deciding between us & another placement.
Harrow	Yr 7/KS3	June 2014	Referral- assessment in process for admission
Harrow	Yr 6/KS2	June 2014	Enquiry
Islington	10 years /KS2	June 2014	Enquiry
Hackney	Yr 5/KS2	June 2014	Referral - now here in assessment period

Borough	Age/Year Group/Key Stage	Date received	Enquiry/Referral
Hackney	Yr 4/KS2	July 2014	Enquiry now referral
Islington		July 2014	Enquiry
Camden	Yr 1/KS1	July 14	Enquiry
Hammersmith & Fulham	Yr 7/KS3	Sept 2014	Enquiry from grandparent not Borough
Camden	Details to be obtained	Sept 14	Enquiry via Isobel Pick
Hackney		Oct 14	Enquiry via Sarah Wynick
Enfield		Oct 14	Enquiry via Laverne Antrobus, visiting 15 th Oct
Islington	Yr 6	Oct 14	Enquiry via Islington children's services
Barnet	Details to be obtained	Oct 14	Discussed in recent mtg with Barnet

Referrals and enquiries by borough

Autumn Term 2014:

Borough	Enquiry	KS1 & 2	KS3	Referral
Barnet	1		1	
Islington	1	1	0	
Camden	1	1	0	0
Hackney	1	1	0	
Hammersmith & Fulham	1	1	0	0
Enfield	1	?	?	
Total	6			

2.5 April-July 2014

Borough	Enquiry	KS1 & 2	KS3	Referral	Admissions	KS
Barnet	3	2	1	2	2	1&2
Hackney	4	4	0	4	2	1&2
Harrow	2	1	1	1	1 pending	3
Islington	1	1	0	0	0	0
Private	2	2	0	0	0	0
Camden	4	4	0	0	0	0
Lewisham	1	1	0	1	possible	
Total	17			8	4 (+1 pending)	

Jan-March 2014

Borough	Enquiry	KS1 & 2	KS3	Referral	Admissions	KS
Barnet	4	3	1	1	2	1 & 2
Haringey	2		2			
Total	6			1	2	

Sept-Dec 2013

Borough	Enquiry	KS1 & 2	KS3	Referral	Admissions	KS
Barnet	2	1		2	1	2
Islington						
Camden	1	KS2				
Newham	1	KS2				
Private	1	KS2				
Total	5			2	1	

2.6 Interest from professionals:

Hounslow, Hackney, Harrow, Barnet, Ealing and Camden have shown interest in 'finding out' about the new model.

Borough	phone	Visit to them	Visit to us	enquiry	referral
Hounslow	√	x	X	x	x
Hackney	√	√	√	√	√
Harrow	√	√	√	√	√
Ealing	√	√ (Rita)	√	x	x
Camden	√	√	√	√	√

Camden Complex Outreach Team have requested a visit and information this term to inform them about changes to Gloucester House.

2.7 Background to increase in referrals and enquiries:

2013-14 was a key period in which a new model was developed working closely with commissioners and referrers to produce a model that meets their needs.

The key features of feedback from commissioners and referrers during the period of decreasing occupancy from 2012 onwards informed us that the main areas they would like us to change were:

- Price (lower)
- Age range (to include KS3)
- Length of stay (option for longer term placements)

What they wanted to stay the same was:

- Quality of educational and clinical input, particularly outcomes in relation to educational and social and emotional progress and attendance at clinical appointments by families
- Children and families satisfaction with provision/quality of service.

3. Development phase of New Model:

Due to serious financial concerns about Gloucester House during Autumn 2013 the headteacher/acting director worked in partnership with the commercial directorate to see if it was possible to develop a new financially viable, high quality model.

Several models were considered in the context of market analysis and were informed by on-going liaison and consultation with referrers and commissioners.

Initial models were looking at a pricing of £35 - £40 k per young person to be in line with many other providers for the client group. This pricing was only possible with much larger numbers of young people. These models, though financially viable in theory, were not realistic in the market analysis.

In January 2014 we proposed a model very similar to the model we are currently now implementing – with a slightly lower core price and individual pricing for additional input. This was not popular with Local Authorities and they were mistrustful of a provision where they couldn't be sure of costs. However enquiries were beginning to 'pick up' and marketing and networking drives seemed to be having an initial impact.

In February 2014 Ofsted visited. As a result of this visit two very significant changes happened that influenced potential future viability:

1. Gloucester House was awarded 'Outstanding' status.
2. Gloucester House was given 'material change' by Ofsted to work with KS3 young people.

In this context another model was developed with a slightly higher price but for a number of children that was realistic from the market analysis and in our current building. This is the current model that we are trialling.

The Trust Board agreed that Gloucester House would be given the opportunity to develop and implement this revised model.

4. Implementation phase of new model:

4.1 Implementation Aim

4.1.1 The primary aim was to implement a revised service model for Gloucester House School in accordance with proposals made in the March 2014 Staff Consultation Paper.

4.1.2 The new lower cost model was designed to preserve the key principles, aims, vision and quality of the original Gloucester House model. Whilst the ethos remained the same, the cost saving was achieved by adapting the management structure:

4.2 Features of the New Model

4.2.1 Shifting the emphasis to promote Gloucester House as a school within a mental health setting.

4.2.2 The head teacher leads the school supported by a deputy and senior clinicians and the director post has been removed.

4.2.3 The Social Worker and educational psychology posts, which have been vacant and frozen for some time, have not been recruited to and will not be replaced.

4.2.4 Whilst the role of Teaching Assistants remains there are also Nursing Assistants (to be named therapeutic support workers) to ensure a balance of clinical and educational provision.

4.2.5 With the deletion of the GH Director role, the head teacher undertakes more of the lead responsibilities and reports directly to the CAMHS Director. Psychiatric input is still being provided to the service but at a reduced volume (0.2 WTE).

4.2.6 Streamlining clinical work with children and families to increase emphasis on group work in line with the evidence base for these children and families.

4.2.7 Inviting referral for KS3 (secondary school) young people and working with young people through this KS as appropriate.

4.2.8 Enabling longer term placements – as necessary/required by Local Authorities.

4.3 Staffing Model Table

Expenditure	Pay Band	WTE
Central Staff		
Head Teacher	Teachers	0.9
Deputy Head	Teachers	0.8
Psychotherapist	Band 8a	0.55
Lead Nurse	Band 8a	0.8
Psychiatrist	Consultant	0.2
Total Central Staff		3.25
Class Type 1		
Teachers	Teachers	2.0
2 Teaching Assistants and 2 Nurse Assistants (4, term time only)	Band 4	2.96
Total Class Type 1		4.96
Admin Staff		
Admin Support	Band 5	0.90
Admin Support	Band 3	0.60
Total Admin Staff		1.50
Total Staffing wte.		9.71

4.4 Implementation phase:

Consultation phase: March/April 2014

Implementation phase: 22.4.14 onwards. Implementation Work Streams developed by commercial department:

Work streams	Work stream aims
Service Model	<ul style="list-style-type: none"> To ensure the service model is fully implemented by 23-Jul-14 To work with staff to co-produce a revised service model that meets the quality and outcome specifications as set by the commissioners.
Governance	<ul style="list-style-type: none"> To develop and implement governance framework To undertake initial risk assessment To establish various project steering groups and agree Terms of Reference for each
Staff Consultation	<ul style="list-style-type: none"> To engage with Gloucester House staff during a consultation period for feedback on proposed changes To implement any consultation outcomes
Marketing	<ul style="list-style-type: none"> To increase awareness of Gloucester House by targeted marketing To develop a marketing plan that will seek to increase the number of referrals and secure a longer term commitment from the commissioners
5: Commercial Assessment	<ul style="list-style-type: none"> To assess the viability of Gloucester House with the new model ready for presentation at the October 2014 Board Director meeting
6: Contracting & Pricing	<ul style="list-style-type: none"> To finalise and sign contracts with existing commissioners To establish a new contract with Barnet Local Authority To finalise new prices for 2014-15
6: Estates & Facilities	<ul style="list-style-type: none"> To finalise and sign contracts with existing commissioners

Work of the implementation period:

Consultation:

Staff: The CAMHS Director has made several visits to the team and a meeting was held with staff, the CAMHS Director and staff side. In recognition of the increased work during the implementation period some additional staffing has been allocated through the transition.

We have held INSET days with staff and the Senior Leadership Team has been developing the model during regular meetings.

We had a high return from our 'employee change impact assessment' questionnaire (12 responses out of 13 members of staff), 92% of staff were either 'neutral' or in agreement that outcomes and quality will be maintained in the new model. Staff generally felt they had been given enough information and were consulted and that their views and input had been valued. The majority of staff did, however, believe that the new model would increase pressure on their day to day work (92%). About half the staff felt their workload would increase and their work would become more challenging. 92% of staff were either neutral or felt that the revised service model was positive.

Service users: we have held several parent/carer meetings and forums and meetings with children to explain and think about the changes.

We have involved children in the interviews for the therapeutic support workers in which 3 self-selected children wrote questions which they asked to the candidates during their second interview. The children's questions included "what strategies will use you to help us when we are angry?" and "do you like having fun with children and how will you do that?". (See Appendix 1)

A parent is joining the Steering Group to ensure parental views are integral to our future development. This parent is also due to attend the 'Service Users on Interview Panels' training.

Local Authorities: At each stage of the process of consultation and feedback with local authorities, we have been updating our written materials. We have now developed a final version which is currently with the publisher.

5. Marketing

5.1 The aim of this work has been to market the revised model to both new and existing stakeholders, in the hope that this would increase the number of referrals to Gloucester House.

5.2 A marketing strategy was developed. This strategy consisted of four parts:

5.2.1 Mapping the commissioning landscape: Obtaining/updating contact details for key stakeholders in each referring and potential referring area.

5.2.2 Defining a specific marketing plan: depending on the level of contact that had been made with the local authority/organisation in the past, a plan of engagement activities was developed –

5.2.3 Developing marketing literature: the following documents were drafted to support the marketing efforts –

- On-going documents – regularly revised in response to LA feedback - outlining the new model and changes to the model.
- A one-page summary of our offer and outcomes including some of the Ofsted feedback.

- Website redesign

5.2.4 Undertaking the activities: this part of the strategy consisted largely of targeted mailshots, telephone calls and networking (which included face-to-face meetings and an open day with local authorities, etc.).

5.3 Stakeholders in each geographical area, namely those in the Local Authority and CAMHS were sent an email outlining changes to the new model and the Ofsted report.

Following that boroughs were contacted for 'conversations'. These were conducted either by telephone or face to face and informed the on-going development of the service. Though it can be difficult to engage commissioners in sustained dialogue, it is an important factor in maintaining the revival in enquiries and referrals.

We have been building new relationships e.g. with Hackney, Harrow, Enfield, Ealing, Hounslow, Lewisham and whilst we have approached 'old customers' (Camden, Westminster and Brent) these have not been the main focus of our recent efforts.

5.4 The Headteacher has met or had phone calls with key professionals from seven Local Authorities and North and West London Alliance. The general response from local authorities is that they are generally very appreciative of the more manageable price and the potential for the referral of KS3 young people.

Last term's open day was attended by a range of internal and external professionals.

We will continue to hold regular open days and aim to develop our networking contact list more fully. This work will continue during the academic year of 2014/15 and will:

- target boroughs we've not yet made successful contact with
- have a more proactive approach to CAMHS through our clinical lead
- make contact with local authority Parent Partnerships.
- check we feature on the Local Offer of the Local Authorities who use us and ensure that we feature in Camden's local offer as we are a locally available resource for Camden children and families.

5.5 Marketing literature: The strands to this have included brochure, website and online profile, open days and media.

We have launched a new website with support from the Tavistock Communications department.

The North London Alliance and the West London Alliance continue to promote our service as they believe we have a 'unique' offer and the WLA are developing a provider website that we will be included in.

A Guardian journalist spent a day at Gloucester House and wrote a very favourable piece which was published on 12.8.14 'Last refuge for children excluded from school/Education/The Guardian'.

<http://www.theguardian.com/education/2014/aug/12/exclusion-figures-special-school-repeatedly-excluded>

Following this the headteacher was interviewed by the Guardian's online teacher network for a series called 'Talking Heads'

<http://www.theguardian.com/teacher-network/teacher-blog/2014/sep/14/school-troubled-children-cuts-headteacher>

6. Service model:

There has been an enormous amount of work in this work stream including:

- on-going consultation
- job descriptions for new posts and re-banding of posts
- recruitment to education, psychiatry, therapeutic support worker, clinical lead and administrative posts
- induction for new staff
- training in the aims and delivery of the new model
- the development of aims, baseline assessments, consultation and training, risks and benefits of the new groups and changes to the model.

This process is not yet complete and we have sought input from members of the Steering Group and Transformation Group in relation to these strands.

7. Relocation/estates & facilities

Plans for the new building have been put on hold within the wider trust strategy in relation to relocation.

In this context the headteacher liaises with the estates department to ensure the current building and grounds are maintained to an acceptable standard.

The headteacher is also due to link with the CAMHS workplace consultant regarding the needs of the service if we are deemed to be viable.

8. Outcomes 2013-14.

- Academically, the Unit continues to significantly reduce the attainment gap for the children who come here, many of whom present with levels of learning significantly below age-related expectations.
- There continues to be excellent engagement with parents and carers and outstanding rates of attendance at clinical appointments.
- Almost 70% of Children attended 97% and above in 13-14- many of these having been out of school or attending education for less than 50% previous to placement in Gloucester House.
- 60% of pupils improving at double or more rates of progress in months/years in their reading age. For example one child progressed by 6 years in 16 months.

- 90% of children achieving in line with or above rate of progress in spelling.
- Outstanding in all areas in Ofsted, "Pupils' achievement is outstanding, as a result of an exceptionally supportive ethos underpinned by an excellent academic and therapeutic curriculum, outstanding teachers and pastoral care" (Ofsted 2014)
- 86% of children achieving above expected rates of progress in aspects of mathematics.
- 100% of children achieving above expected rates of progress in the speaking strand of speaking & listening.
- 100% of the children at Gloucester House made academic progress during 13-14 with 88% of children making expected and above rates of progress (in comparison to peers nationally) in several curriculum areas. Some children doubled and even tripled rates of progress in comparison to national expectations during 13-14 in particular curriculum areas.
- Surveys of both children and adults who use Gloucester House continue to show a high level of satisfaction in our service. For example, 100% of parents/carers felt well informed about what children were learning and felt that teaching at Gloucester House was good. 100% also felt that staff expected children to work hard. 100% of children said that they enjoyed the trips at Gloucester House and that staff helped them to know their academic targets.

Full details of these outcomes will be provided in the Outcome Monitoring Report 2013-14 – coming soon!

Achievements of 2013-14

Despite being on the brink of closure this time last year Gloucester House has performed extremely well in the following areas:

- Developing and implementing a new model that looks likely to be financially viable.
- Achieving 'outstanding' status from Ofsted.
- Continuing to get good and outstanding outcomes and remain stable through a period of significant change and external instability.
- Developing publicity and marketing to take us into a new era with positive media attention, a new website and new publicity leaflets.

9. Conclusion/ Effectiveness of Implementation:

Question: Has the new model effectively been implemented and what is the assessment of it?

- Perhaps our strongest selling point over time has been our consistently impressive outcomes. It is reassuring to know that during this initial period of implementation

and despite staff, parents and children having to manage momentous amounts of change, we seem to be maintaining our outcomes.

- The assessment/evaluation of the effectiveness of the new model will need to be considered using the following strands :
 - o Financial viability
 - o Quality and safety of work maintained/improved
 - o Impact on staff
- As we are still in the implementation phase it is too early to fully evaluate the model. However initial signs are positive. Gloucester House continues to provide a unique multi-disciplinary offer. A therapeutic school in which education and clinical work is truly integrated bringing together fragmentation within children, families and networks. "A key feature of the curriculum is the integrated education and clinical provision, which is seamless." (Ofsted 2014)
- It is a model that fits perfectly the government agenda of the integration of, education, health and care. It is situated in central London which can support children and families from many parts of the capital. And – if we can effectively provide this service at the reduced cost we are trialling- there is every indication that there is a future for this service. Our view is that there is a group of children that though small in numbers is best served by the sort of core service that we offer. It is for these children we are striving to keep Gloucester House going

The future:

It has been a singularly eventful year for Gloucester House and whilst the future is still uncertain there are signs that things may be picking up. If the Trust Board agrees to continue the implementation of this new model the work during the next period will be:

- Continuing to implement new model.
- Assessment, monitoring and evaluation of the new model (financial, quality and safety, impact on staff).
- Developing and investigating new work streams for example outreach packages and links with social care.
- Continuing to raise the profile of Gloucester House through blogging, online profile, and continued emphasis on networking.

Nell Nicholson

October 2014

Appendix 1

Therapeutic Support Worker Posts – questions from the children

What kind of strategies would you use when I'm cross?

Why would you like to work here?

Would you recommend this job to others, and why?

What strategies do you know that you could give me to help myself?

What jobs did you used to do that will help you at Gloucester House?

Are you honest and calm?

Can you have fun with children

Board of Directors : October 2014

Item : 10

Title : Annual Safeguarding Children Report 2014

Purpose:

This paper provides an update for the Board of Directors of the Child Protection training and procedures in the Tavistock & Portman NHS Foundation Trust in the context of local and national developments.

This report has been reviewed by the Management Team on 16th October 2014.

This report focuses on the following areas:

- Patient / User Experience
- Risk
- Quality

For : Discussion and noting

From: Dr Rob Senior, Named Doctor, and Sonia Appleby, Named Professional for Safeguarding Children.

Annual Safeguarding Children Report, 2014

1. Summary

- 1.1 Safeguarding of children and young people remains high on the political agenda both locally and nationally. The inquiries and investigations into Jimmy Savile's activity in the NHS and beyond and the sexual exploitation and abuse of young people in Rotherham and Rochdale have led to increased scrutiny. This is reflected in the commissioning targets (KPIs) and the Camden CCG governance and assurance in respect of safeguarding children sought via the Designated Nurse and Doctor. In addition, assurance is also required by Camden Safeguarding Children Board (CSCB) and Islington Safeguarding Children Board (ISCB) and evidence of our safe practice will be sought by the CQC when they inspect the Trust in 2015.
- 1.2 Many aspects of the safeguarding children work plan are proceeding well: Trust safeguarding training is well established, although we will need to consider how to evidence that training improves performance. Internal training processes are compliant with commissioning expectations and external requirements. We have been commissioned to provide specific trainings to other organisations including a local authority requiring safeguarding training for the children's multi-agency workforce; an international recruitment agency and the military. We are also processing enquiries from a northern England mental health trust to train their workforce.
- 1.3 We also support training events convened by Camden Safeguarding Children Board by attending courses and assisting in the delivery of some course programmes. The Named Doctor and Named Professional are members of the CSCB sub-committee processes: the Named Doctor is a CSCB Board member.
- 1.4 We experienced a somewhat slow response to the need for Safer Recruitment training, which has been addressed by making on-line Safer Recruitment training a minimum compulsory requirement for all staff with recruitment responsibilities. Compliance with this will be tested against an audit process in Quarter 4 2014/2015.
- 1.5 The Safeguarding Children Procedure was updated earlier this year to include additional expectations regarding the conduct and management of supervision. (See Safeguarding Procedures, paragraph 13).
- 1.6 We have also been required to update our assessment forms to reflect data collection on domestic violence, drug and alcohol misuse, private fostering, and now also recording of children and young people at risk of child sexual exploitation; FGM; exposure to child abuse through faith or beliefs and s.17 (child in need) and s.47 (child at risk of, or experiencing, significant harm) assessment processes.

1.7 The Clinical Governance team, named doctor and named professional have all worked hard to implement a system to record accurately all children and young people subject to child protection plans or about whom there have been safeguarding concerns and to ensure that, at least in Camden, our records agree with those provided by the Local Authority.

1.7 The work-load for the Trust in reporting accurately and in a timely manner on these expectations has increased substantially. The Trust will need to consider expending more resources regarding the safeguarding children agenda to ensure we are in step with commissioning expectations and our own aspirations to have a reputation, which stands up to scrutiny, as a leading organisation in the identification and treatment of children and young people subject to maltreatment and the training and support of the workforce involved in their care.

2. **Safeguarding Policy**

2.1 The Safeguarding Policy has been reviewed and updated. The salient matters were updating the change in external policy documents, which mainly related to Working Together to Safeguard Children and the Pan-London Child Protection Procedures. The Inter-Collegiate Document was published in November 2013 but we, alongside other providers, were requested by the CSCB to defer implementation until further advice, which is still extant.

2.2 The inclusion of specific supervision guidance had a long gestation and was eventually also incorporated as an appendix to the Clinical Supervision Policy. The Trust's position is that supervision must be a recorded activity. Ergo, any decisions and discussions that are case related must be evidenced on the case file. Inherent within this guidance is that supervisors are both responsible and accountable not only for the case management of cases but the supervisory process, which includes reading the file.

3. **Audits**

3.1 There have been three audit processes running concurrently. Firstly, auditing the numbers of children and young people subject to child protection plans (CPPs), using data provided by Camden Children's Social Care to provide assurance regarding the congruity between our patient electronic record (RiO) and external CPP records. Secondly, CSCB instigated audits, which in 2013-2014 included Child Sexual Exploitation; Domestic Violence and Hearing the Voice of the Child. Thirdly, there have been two internal audits regarding whether the adult department identify risks to children and young people using the model of 'Think Family' (2013). An audit by HR of Safer Recruitment practice was conducted in June 2013 (see below) and a further audit of training and practice will be conducted in Q4.

3.2 A Camden-wide safeguarding audit concerning the CPP, CIN and LAC populations took place in June and the data has yet to be reviewed and

disseminated. The Adult Department will be followed up in September 2014 regarding the Think Family model.

4. Safer Recruitment

- 4.1 In 2012 there was a joint Ofsted and CQC inspection and we were required as part of the subsequent action plan was to provide assurance regarding Safer Recruitment.
- 4.2 In consultation with the Camden Designated Nurse, who holds responsibility for all health action plans following joint and CQC provider inspections, it was decided to encourage all recruiting staff to undertake an e-learning safer recruitment training course. There were a number of inherent difficulties because Safer Recruitment was not considered to be a mandatory training and HR struggled to encourage compliance in spite of a number of emails and organised training events.
- 4.3 Given that it was proving more difficult than anticipated to get the right staff to train; again with the agreement of the Designated Nurse, we agreed to audit our practice. A suggested questionnaire was drafted in June 2013 related to the following domains:
- (a) Every Interview Panel Chair should establish whether any of the Interview Panel had undertaken SR training. The guidance stipulates that at least one member of any Interview Panel must be SR trained;
 - (b) Confirmation that each application form was scrutinized for employment gaps;
 - (c) Where such gaps exist to question the candidate, record their responses and refer to HR for verification.
- 4.4 However, by October 2013, HR reported no questionnaire had been used. Further agreement was undertaken to complete this work by March 2014. Unfortunately, the questionnaire was not used and the outcome of the audit did not reflect well regarding our recruitment practice.
- 4.5 The CSCB NHS committee and the CCG have since expressed concerns, which were managed by making Safer Recruitment training mandatory for all appropriate staff and Board members. Thus far of the 94 eligible staff, which including some Board members but not NEDs, 23% (N=22) have completed Safer Recruitment but the mandatory nature of this requirement has only recently come into force and we anticipate this figure improving substantially in the next quarter.
- 4.6 We will be auditing our safer recruitment processes before the end of the financial year.

5 Self-Harm

5.1 Dr Caroline McKenna is leading specific Self-Harm training for all clinicians under the auspices of a Risk Assessment Skills Update, which includes guidance related to self-harm; suicidality; risk management and incorporating assessing the impact of social media also referred to as the 'digital life' of our young and adult services users.

6. Allegations against Staff

6.1 In the last year, there have been three events where we informed the Local Authority Designated Officer (LADO) following allegations made by Day Unit children against teaching staff as follows:

(a) An allegation of anal abuse. The child called the police, who attended the Day Unit. The police conducted a thorough investigation and concluded the allegations were false;

(b) The same child rang Child Line impersonating a member of the Day Unit staff alleging the staff member was abusing children. The police were also involved in this investigation. It was found to be false;

(c) A child recently alleged that his tooth was knocked out of his mouth by a staff member.

6.2 All of the above were swiftly reported by Day Unit staff and we have worked transparently with appropriate agencies, the children and their families to investigate and resolve matters.

6.3 It should be noted that, despite the negative outcome of the investigations, the distress caused to staff, children and their parents following these allegations has been considerable.

7. Training

7.1 Training figures for Levels 1, 2 & 3 remain above the commissioners' expectation rate (85%).

7.2 Safeguarding training figures and rates as of 31st March 2014:

Level	Staff Eligible for Training	Staff Trained	Rate
Level 1	485	456	94%
Level 2	52	46	88%
Level 3	291	260	89%

7.3 Safeguarding training figures and rates for Q1 and Q2

Q1

Level	Staff Eligible for Training	Staff Trained	Rate
Level 1	495	469	94%
Level 2	48	43	89%
Level 3	294	276	93%

Q2

Level	Staff Eligible for Training	Staff Trained	Rate
Level 1	492	476	97%
Level 2	49	45	92%
Level 3	295	268	91%

7.4 Safeguarding training for Levels 2 and 3 includes training staff to know what to do when there is a safeguarding concern, being able to differentiate between safeguarding and child protection concerns, understanding the importance of significant harm; making a competent referral to Children’s Services, learning from Serious Case Reviews; understanding the impact of emotionally demanding work and awareness level training regarding CSE; FGM and DV.

7.5 In addition, there is consideration given to the import of the Savile allegations to contribute to an organisational culture where staff can be courageous to report concerns, and there are mechanisms within the organisation to listen and support.

7.6 In March 2014; we provided Level 3 CSE safeguarding training and will be running another course within this financial year.

8. New Safeguarding Performance Indicators

8.1 Dr Justine McCarthy-Woods is leading regarding the Camden contract and has advised we are required to report from April 1st 2014 - 95% participation in assisting the local authority to complete s.17 (CIN) and s.47 (significant harm/ child protection assessments) within six weeks.

8.2 In order to respond to this request, we need to advise staff and also update our assessment tool to ensure data is captured via RiO. In the interim, the Clinical Governance Team has developed a Safeguarding Alert Form to ensure staff advise the safeguarding team regarding any s.17 or s.47 process that the Trust instigates or is notified during a referral, assessment or treatment phase of the work.

8.3 In addition, we are also now required to collect data regarding safeguarding supervision and conference attendance.

9. Internal Auditors

9.1 Baker Tilly, our internal auditors were invited by the audit committee to undertake an internal audit of the Trust's arrangements for safeguarding children. The audit took place in July 2014 and arrived at an overall positive conclusion that 'the Board could take reasonable assurance that the controls upon which the organisation relies to manage this area were suitably designed, consistently applied and effective.'

9.2 They made a number of recommendations to address some weaknesses in the Trusts controls:

- TOR process to be signed off at the Safeguarding Committee in October;
- HR to maintain an accurate and up-to-date list of all staff outstanding in their safeguarding training and to make the use of sanctions, when appropriate, more transparent and implemented for non-compliance.
- Interim arrangement to be implemented to ensure capture of s.17 and s.47 data. This has been completed with the introduction of a safeguarding alert form and actively maintained data-base.

10. Recent Ofsted Inspection

10.1 Camden Children's Services were recently (29th September – 3rd October) subject to an Ofsted thematic inspection regarding child sexual exploitation (CSE). The Ofsted inspection identified 19 cases; 8 cases were known to the Trust's CAMHS services and 12 cases were known to MALT. A report will be made available from Ofsted in due course.

10.2 CSE is high on the national and local strategic agenda given the revelations following the scale of professional and organisational negligence in the Rotherham CSE cases, which on the one hand illuminated the complexity of managing vulnerability, behavioural difficulties, which might be compounded by criminality and lack of stability in young people. On the other hand, professionals were found to be complicit because of their lack of a joined up and effective multi-agency response.

10.3 In 2013, the Trust took part in a CSCB CSE audit and of the four cases identified only one case was formally known to be CSE, where the other cases were

related to CSE concerns, which were judged not relevant to the assessment at the time they were seen by the clinicians.

- 10.4 In a Trust audit in 2014, again under the auspices of the CSCB, we identified two cases: one was a very troubled young person with multiple difficulties receiving a multi-agency response and by contrast the other case, the young person refused to engage with our services despite heightened professional concern.
- 10.5 The Trust does not have a specific care pathway for CSE but should consider it. In the first instance, the most robust protective factor for children and young people vulnerable to CSE is a functional, proactive, professional network. Such service users by the nature of their life experiences do not trust adults, may be actively obstructed from using service/care agencies and/or by the nature of their lives cannot or will not engage with services.
- 10.6 We do not as yet know the outcome of the inspection but we are anticipating there will be a number of learning objectives for Camden Children's Services and Camden Provider Services, if for no other reason than the scale of the Rotherham debacle requires robust scrutiny of services and agencies.
11. Section 11 audits refer to the responsibility for effective multi-agency working to safeguard and promote the wellbeing of children in section 11 of the Children Act 2014. In this regard, reports were completed for both Islington and Camden LAs in Quarters 1 & 2 respectively.
12. **Safeguarding Consultations**
- 12.1 Staff seek advice and support from the Named Doctor and Named Professional typically relate to concerns about informing Children's Services, enabling staff to be clear about the domains of their concern and understanding the importance of significant harm. It is estimated that there are on average at least four consultations per week.

Rob Senior and Sonia Appleby

October 2014.

Board of Directors : October 2014

Item : 11

Title : Quarterly Quality Report 2014-15 for Quarter 2

Summary:

The report provides an update of the Quality Indicators for Quarter 2, 2014-15.

This report has been reviewed by the following Committee:

- **Management Team.**

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

This report focuses on the following areas:

- Quality
- Patient / User Experience
- Safety

For : Noting

From : Quality Standards and Reports Lead

Quarterly Quality Report for the Board of Directors

Quarter 2, 2014-2015

October 2014

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Section One: Quality Key Performance Indicators Table

Quality Key Performance Indicators														
No.	Target	Monitoring	Progress						% Progress for 2014/15				Actions for Next Quarter	
			Q1		Q2		Q3		Q4		Q1	Q2 ¹		Q3
			N	%	N	%	N	%	N	%				
I	Waiting time no more than 11 weeks (77 days from receipt of referral) excluding exceptions where this is outside of the Trust's control.	Quarterly	1	0.2%	0	0%								
II	Adult DNA rates. Target = no greater than 10%	Quarterly	7%	8.5%										
III	Patient Satisfaction (Adult + CAMHs): Target 90% or more report satisfied with the service.	Quarterly	93%	92%										
IV	Quality and Development of staff: Target 90% of staff to have a PDP.	Quarterly	97%	97%										
V	Sickness and absence rates. Target: <2% = green, (2-6% = amber, >6 = red).	6 monthly	N/A	0.92%			N/A					N/A		
VI	Trust Service cancellation rates. Target: <5% = green (5-9% = amber, >10% = red).	Quarterly	1.4%	1.7%										
VII	% of staff with up-to-date mandatory for infection control. Target > 95% = green (80-95% = amber, < 80% = red).	Annually										N/A	N/A	
VIII	% response to complaints within 25 days. Target: > 95% green (80-95% = amber, <80% = red.) ²	Monthly	July 14 33%		Aug 14 100%		Sept 14 100%							

IX	Trust's contribution to statutory assessments to be completed within 6 weeks. Target = 95%.	Annually	N/A							
X	Number and % of children reporting satisfaction with the service (as measured against CHI-ESQ). Target 70%.	Quarterly	N	%	N	%	N	%	N	%
			208	85%	178	92%				

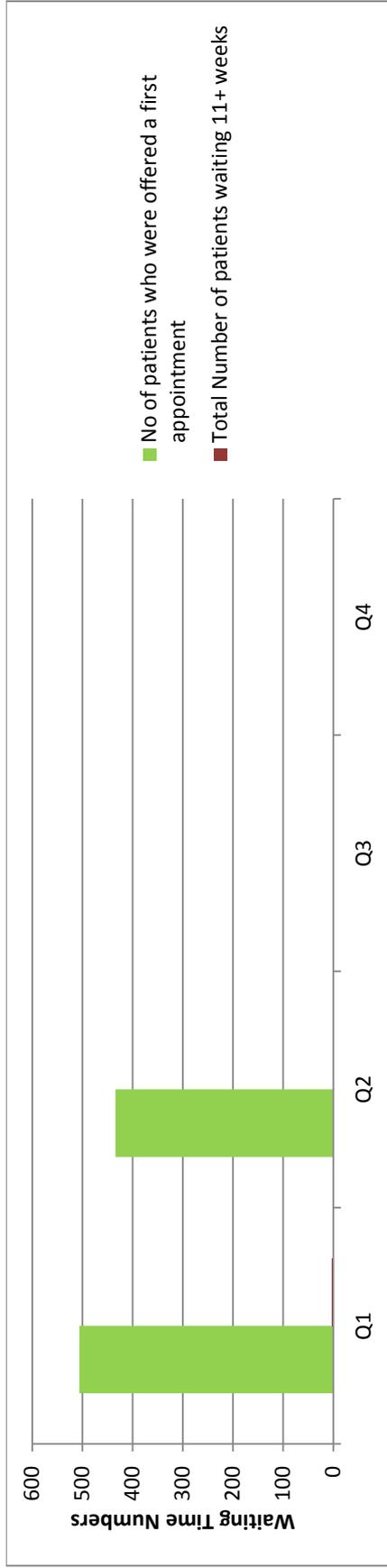
¹ RAG status for Q2. (Please note the Quality Standards and Reports Lead is not in a position to deliver these targets and only report on the progress. However, where every effort will be made to achieve the target by those responsible, it is not possible to provide assurance at this stage for the outcome at Q4).

² Three complaints were received in July with 2 taking more than 25 days to respond. This coincided with annual leave for the key staff who needed to respond and the complaints manager was also on leave. The complaints were dealt with ASAP and the complainants were kept informed of the slight delay.

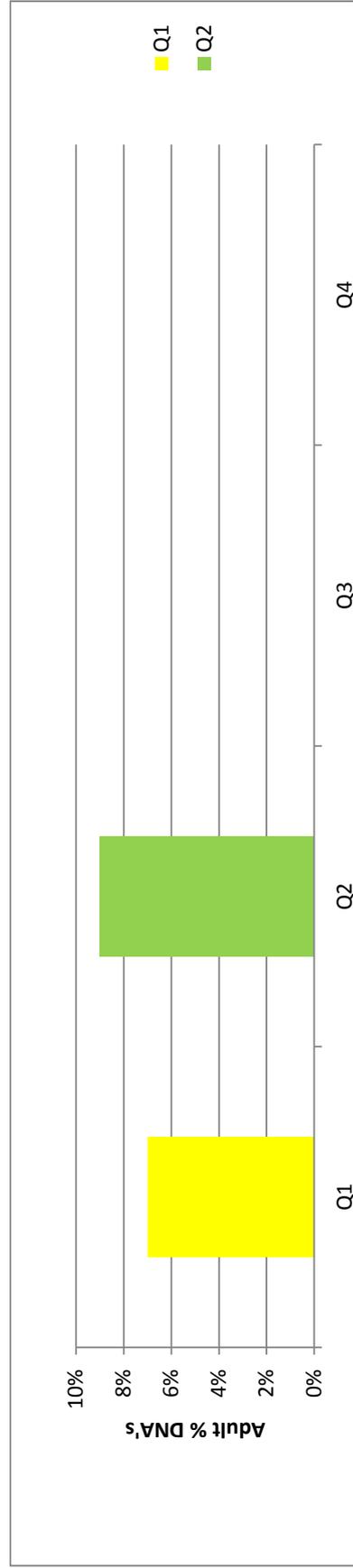
Quality Service Developments										
No	Target	Monitoring	Progress				% Progress for 2014/15			Actions for Next Quarter
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	
1	Attendance at Child Safeguarding Training, levels 1, 2 & 3. Target = 85%	Quarterly	Q1	Q2	Q3	Q4				
			L1- 95% L2- 90% L3- 94%	L1 - 97% L2 - 92% L3 - 91%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

Section Two: Explanatory Notes Quality Key Performance Indicators

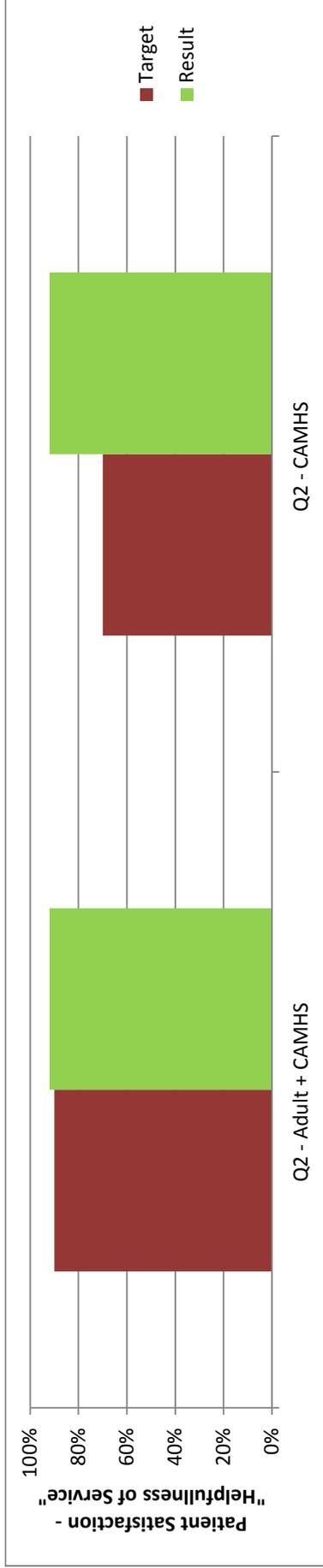
- I. **Waiting Times** - For Quarter 2, there were 5 waiting time breaches, where patients were required to wait eleven weeks or longer for their first appointment, but none of these breaches related to factors internal to the Trust and represented 0% of the total number of patients who were offered a first appointment in Quarter 2.



- II. **Adult DNA Rates** - The Adult DNA rate for Quarter 2 is 9% and below the target of no greater than 10%.



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

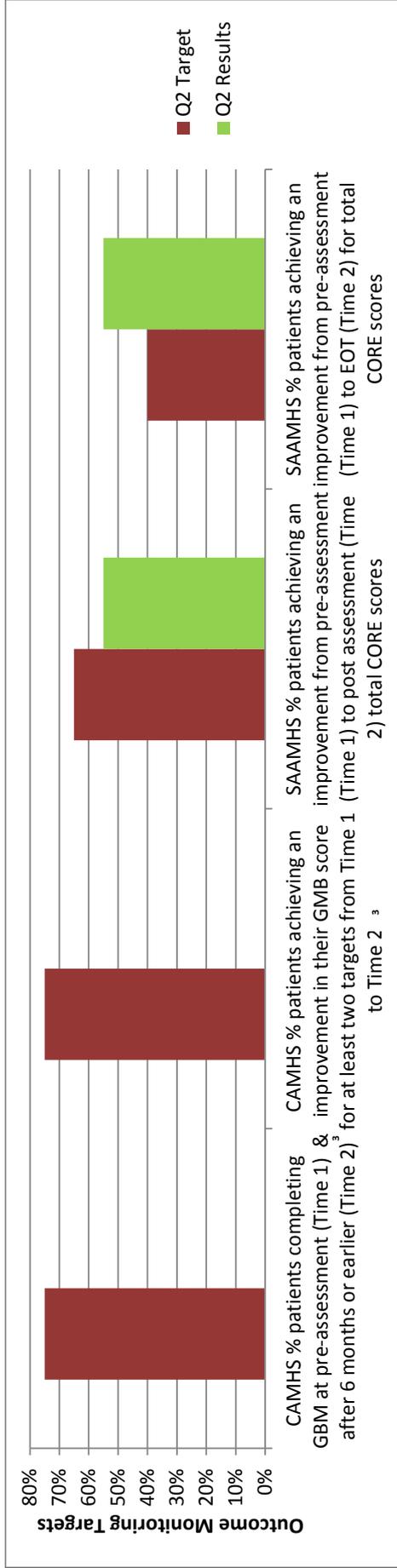


VII. Complaints – Response to complaints within 25 days.

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

Quarter 1		Quarter 2		Quarter 3		Quarter 4		RAG
Month	Response	Month	Response	Month	Response	Month	Response	
April	100%	July	33%	Oct		Jan 15		
	0/0		1/3			Feb		
May	100%	Aug	100%	Nov		March		
	1/1		0/0	Dec				
June	100%	Sept	100%					
	0/0		0/0					

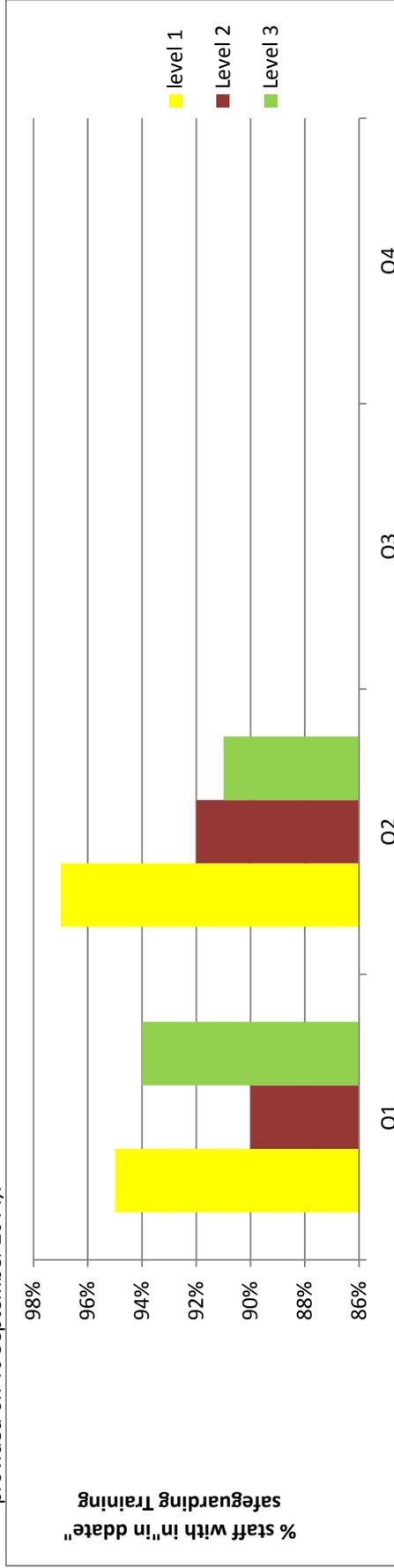
Outcome Monitoring - The data for the four Outcome Monitoring targets for Q2 are shown in comparison to the current target.



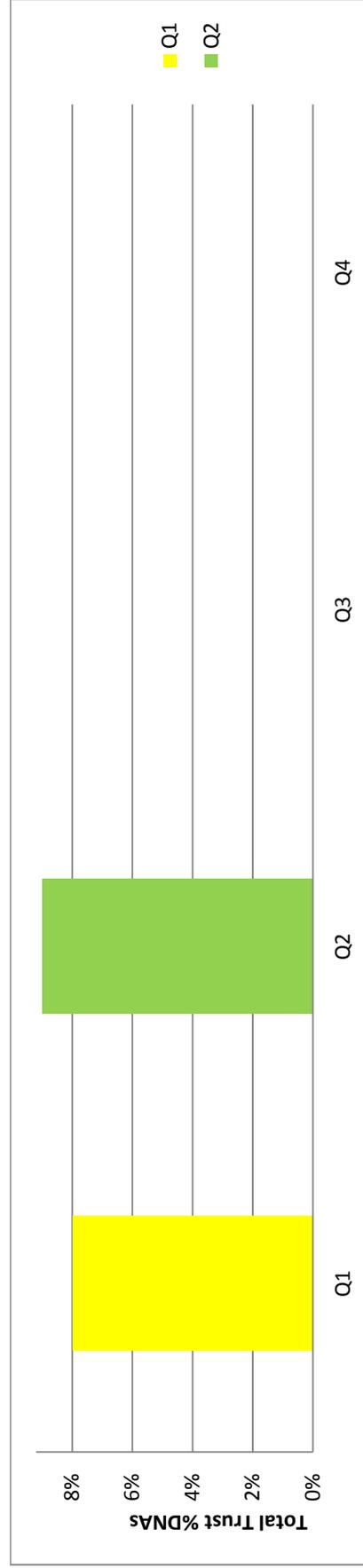
³ There is insufficient data for Time 2 reporting in a meaningful way. Both targets require data collection from 1 April 2014 onwards to be compared against data collected 6 months later. Therefore the Time 2 forms only start to be due from October 2014. The return rates of Time 1 and Time 2 forms have been regularly monitored and comparison data will be available in Q3.

Service Developments

1. **Child Safeguarding Training** - The percentage of staff with 'in date' Child Safeguarding training does not include those members of staff who have just recently joined the Trust and not yet attended the training, nor those staff who are on sick leave or maternity leave. (The training for Safeguarding Level 3 was provided on 10 September 2014).



2. **Trust-wide DNA Rates** – The DNA rate for Quarter 2 is 9% which below the target of no greater than 10%.



Section Three: Quality Priorities Progress

Quality Priorities											
	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2014/15			
								Q1	Q2 ¹	Q3	Q4
(1)Outcome Monitoring	1. CAMHS (Child and Adolescent Mental Health Service): For 75% of patients (attending CAMHS who qualify for the CQUIN) to complete the Goal-Based Measure (GBM) at the Pre-Assessment stage (known as Time 1) and after six months or, if earlier, at the end of therapy/treatment (known as Time 2).	Caroline McKenna	OM tracking system Monitoring of progress by the OM Lead Quarterly progress report	<ul style="list-style-type: none"> OM analysis of the % return rate for Time 1 and Time 2. 	1 April 2014	31/1/15	56% returned Time 1 + 100% (2/2) returned Time 2 GBM forms. Time 2 returns can only be reported properly from Q3. ³				
	2. CAMHS: For 75% of patients who complete the Goal-Based Measure (GBM) to achieve an improvement in their score on the GBM, from Time 1 to Time 2, on at least two targets (goals).					1 April 2014	31/1/15	50% (1/2) achieved an improvement in their GBM score. Progress can only be reported properly for this indicator from Q3. ³	N/A	N/A	
	3. Adult Department: For the Total CORE scores to indicate an improvement from pre-assessment (Time 1) to End of Treatment (Time 2) for 50% of patients.	Michael Mercer			<ul style="list-style-type: none"> OM analysis of the % of service users who achieve an improvement in their score from pre assessment to End of Treatment. 	1 April 2014	31/3/15		55% ⁴		

Priority	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2014/15			
								Q1	Q2	Q3	Q4
(2) Access to Clinical Services and Health Care Information for Patients and Public	1. To ensure that information from the patient story is on the patient section of the website.	Sally Hodges	<ul style="list-style-type: none"> Monitoring of progress by PPI Lead Quarterly progress report Quarterly review by the CQSG Committee and Board of Directors 	1. Link to the patient story on the relevant pages of the patient section of the website.	1 April 2014	31/3/15	1. The second patient story took place on the 30 September. We are awaiting consent from patient story sharer to publish story.				
	2. To run a visual straw poll on awareness of the patient stories.			2. Visual straw poll results.			2. The member's newsletter was sent out on the 23 September including the story. The visual straw poll will ask about interest in patient stories week commencing 6 October.				
	3. Based on the feedback from the visual straw poll, to revise the communications campaign to publicise patient stories if necessary.			3. Form the communications strategy around patients' stories.		3. This is dependant on the feedback from the visual straw poll next quarter.					

Priority	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2014/15			
								Q1	Q2 ¹	Q3	Q4
(3) Patient and Public Involvement	1. To run at least two staff trainings on having services users on panels.		<ul style="list-style-type: none"> Maintain minutes from the stakeholder quality meetings and patient forum 	1. Reports and action plans that come out of the training events.	1. April 2014	31/3/15	1. Training was provided by 'Young Minds' on the 23 September which was attended by 12 staff members, and an evening session with 7 patients/families. A further training will take place on the 15 October for both staff and patients.				
	2. To have at least three interviews with service users on the panel.		<ul style="list-style-type: none"> Monitoring of progress by PPI Lead Quarterly progress report 	2. Panel staffing lists for the interviews and questionnaires completed by service users about their experience on the appointment process.			2. The Service user attended the July interview and a successful appointment was made. The interview for the Director of Education and Training will comprise of 2 Service users and is taking place on the 29 of October.				
	3. To take a minimum of three real patient stories to the trust board in one of the following ways: a patient visiting the board, the board seeing a video or a transcript of the description of the journey.	Sally Hodges	<ul style="list-style-type: none"> Quarterly review by the CQSG Committee and Board of Directors 	3. NHS Board of Directors Minutes.				3. Two patient stories have now been told at the board (29 July and 30 September) both have been followed up with a communications plan and feedback is on the website with more to come once 2nd patient story sharer has given consent.			

¹ RAG status for Q2. (Please note the Quality Standards and Reports Lead is not in a position to deliver these targets and only report on the progress. However, where every effort will be made to achieve the target by those responsible, it is not possible to provide assurance at this stage for the outcome at Q4).

³ There is insufficient data for Time 2 reporting in a meaningful way. Both targets require data collection from 1 April 2014 onwards to be compared against data collected 6 months later.

⁴ Therefore the Time 2 forms only start to be due from October 2014. The return rates of Time 1 and Time 2 forms have been regularly monitored and comparison data will be available in Q3. CORE outcome scores to be improved from 35% (Q4 2013/14 reported position) to 40% by Q2 2014/15 and 50% by Q4 2014/15.

Justine McCarthy Woods
Quality Standards and Reports Lead
October 2014

Appendix One: CQUIN Targets

	Detail of indicator	Performance at Q2	Progress	Q2 RAG ¹
Friends + Family Test	Indicator 1a – Implementation of Staff Friends + Family (FFT) Test by TPFT by 30 May 2014.	Achieved in Q1		
Friends + Family Test	Indicator 1b – Early Implementation of Service User FFT by 1 October 2014	Report in Q3		N/A
Friends + Family Test	Indicator 1c – Full implementation of Service User FFT by 1 January 2015.	Report in Q4		N/A
Physical Health	Indicator 2 – Appointing clinical leader and training of Mental Health (MH) staff for Physical Health for People with MH Problems. (Q1 Appoint Trust Lead, End Q3 Develop and agree action plan to implement programme for ensuring staff are discussing and supporting service users and end Q4 Evidence all milestones set out in Action Plan have been achieved.)	Report in Q3	Q1 achieved.	N/A
CAMHS Experience of Service (ESQ)	Indicator 3a – User Satisfaction (Target 75% satisfaction). Percentage of service users reporting satisfaction with the service as measured against CHI-ESQ.	92%		
CAMHS ESQ	Indicator 3b – User Satisfaction with Explanation of Help (Target: 75% satisfaction). ESQ analysis 2012/13 identified a specific area for improvement in relation to the following statement “Satisfaction with explanation of help available”.	80%		
SAAMHS Outcome monitoring	Indicator 4a - For the Total CORE (Clinical Outcomes for Routine Evaluation) scores to indicate an improvement from pre-assessment (Time 1) to post assessment (Time 2) for 65% for patients over the age of 25 who qualify for the CQUIN.	55%	Based on the performance figures from previous years we expect the performance figure to improve further by Q4.	
SAAMHS Outcome monitoring – End of Treatment	Indicator 4b – For the CORE outcome scores to be improved from 35% (Q4 2013-14 reported position) to 50% by Q4 2014-15. ⁴	55%		

SAAMHS	Indicator 5a – Smoking Cessation - Recording of smoking status for all new service users (aged 18 and over) who have received 2 appointments during each quarter in 2014-15.	39%		
SAAMHS	Indicator 5b – Smoking Cessation - Provision of smoking cessation advice to all service users identified as smokers with advice on local stop smoking services. (Based on an audit of case notes of 25% of service users who have been identified as smokers in 5a.)	0%		Four out of 9 patients, who had received 2 appointments in the Quarter, and asked about their smoking, had their smoking cessation advice recorded. All 4 were non smokers and, therefore, smoking cessation advice was not required to be provided. These figures provide evidence the processes being developed are working and the figures in Q3 should reflect these improving processes.
CAMHS Outcome Monitoring + Clinical Effectiveness	Indicator 6 - For at least 75% of patients (attending CAMHS who qualify for CQUINS) to achieve an improvement in their score on the Goal Based Measure from Time 1 pre assessment and Time 2 (6 month or end of therapy) on 2 targets, but only for patients who have attended at least 4 appointments and who completed GBM at Time 1.	N/A		Progress can only be reported for this target from Q3.
CAMHS Length of Treatment	Indicator 7 – All new cases whose first treatment attendance was 1 November 2012, or after, should not be in treatment for longer than a maximum of 2 years EXCEPT where longer treatment is specifically agreed.	N/A		To be reported on after 1 November 2014.

¹ RAG status for Q2. (Please note the Quality Standards and Reports Lead is not in a position to deliver these targets and only report on the progress. However, where every effort will be made to achieve the target by those responsible, it is not possible to provide assurance at this stage for the outcome at Q4).

⁴ CORE outcome scores to be improved from 35% (Q4 2013/14 reported position) to 40% by Q2 2014/15 and 50% by Q4 2014/15.

Appendix Two: Quality Indicator Performance Supporting Evidence

1. Waiting times

QUARTER 2							
Target less than 77 days (11 weeks)	Adolescent	Adult	Camden CAMHS	Other CAMHS	Portman	Lifespan	TOTAL
Breaches: Cause internal to Tavistock	0	0	0	0	0	0	0
Breaches: Cause external to Tavistock	0	1	3	1	0	0	5
Total number of breaches	0	1	3	1	0	0	5
Number of 'breaches' shown after data validation shown to be 'no breach'	0	0	0	0	0	0	0
Total number of patients offered a first appointment in the quarter	72	113	162	67	8	12	434
The percentage of patients that are breached in the quarter	0.0%	0.9%	1.9%	1.5%	0.0%	0.0%	1.2%
% of internal breaches	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% of external breaches	0.0%	0.9%	0.0%	1.9%	0.0%	1.5%	1.2%

2. DNA Rates

QUARTER 2							
Target <10%	Adolescent	Adult	Camden	Other	Portman	Lifespan	Total
Total 1st appointments attended	30	51	137	52	8	12	290
Total first appointments DNA's	2	9	20	1	1	1	34
Total first appointments	32	60	157	53	9	13	324
% 1st appointments DNA'd	6.3%	15.0%	12.7%	1.9%	11.1%	7.7%	10.5%
Total subsequent appointments	820	1863	2543	1261	133	954	7574
Total sub. appointments DNA'd	149	172	245	69	7	79	721
Total subsequent appointments	969	2035	2788	1330	140	1033	8295
% DNA subsequent Appointments	15.4%	8.5%	8.8%	5.2%	5.0%	7.6%	8.7%

3. **Patient Satisfaction** – See ESQ Report 2014-2015 Q2. (A hardcopy of this Report can be provided by the Quality Standards and Reports Lead).
4. **Patient Experience** - See Annual PPI Report. (A hardcopy of this Report can be provided by the Quality Standards and Reports Lead, if required.)
5. **Patient Information** - See patient leaflets on Trust Website. (In addition, a hardcopy of these leaflets can be provided by the Quality Standards and Reports Lead, if required.)
6. **Outcome monitoring**- Please refer to CQUINs Targets in Section Two and see 2014-15 CQUINs Outline (A hardcopy of this CQUINs Outline can be provided by Quality Standards and Reports Lead, if required.)
7. **Quality and Development of Staff** - Patient Development Plans (“PDPs”) are managed on an annual cycle with performance reported at end March each year, for implementation over the course of the next year. Updated figure for Q2 in table below.

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

8. Safety (Children Safeguarding)				
Level 1 Safeguarding Training/Adults at Risk Training				
% of staff whose training is 'in date'	Q1	Q2	Q3	Q4
	95%	97%		
Level 2 Safeguarding Training				
% of staff whose training is 'in date'	Q1	Q2	Q3	Q4
	90%	92%		
Level 3 Safeguarding Training				
% of staff whose training is 'in date'	Q1	Q2	Q3	Q4
	94%	91%		

Board of Directors : October 2014

Item : 12

Title: Documentary Project

Summary:

This report seeks the Board of Directors agreement to proceed with the initial stage of a project to produce a documentary series for broadcast on Channel 4 based on the work of the Trust.

This report was reviewed by the Management Team on 16th October 2014.

For : Discussion and agreement

From : Chief Executive

The Tavistock – a proposal for a documentary series based on the work of the Trust

1. Introduction

- 1.1 The Trust has been approached on a number of occasions by production companies and others interested in making a documentary based on the work of the Trust.
- 1.2 Recently I have met with Liesel Evans, an Executive Producer from Century Films and Amy Flanagan, a Commissioning Editor from Channel 4 to discuss a specific proposal which in principle has support from Channel 4 and would build on the award winning series "Bedlam" which they broadcast last year.
- 1.3 At this stage the Board of Directors is asked to agree that the Trust agrees to Channel 4 and Century Films undertaking a research period in which they would explore, in consultation with the Trust,
- 1.4 The potential and practicalities of making a film. Agreement to this phase of the project would not entail a commitment on either party to a film being made and broadcast.
- 1.5 A more detailed proposal from Channel 4 and Century Films is attached as an annex to this paper.

2. Issues

- 2.1 There has been a growing interest in real life documentaries describing aspects of the work of the NHS. This includes "Keeping Britain alive: the NHS in a Day" and "24 hours in A&E." The approach was extended into mental health with "Bedlam" a 3 part documentary series on Channel 4, broadcast last year and based at SLAM.
- 2.2 These programmes have generally been well received and, while deliberately portraying the reality of everyday events in the NHS, have been sensitive in their presentation of patients and staff. The Bedlam series was particularly well received, presenting some difficult clinical situations with great sensitivity. The series won a BAFTA at this year's awards. Senior staff at SLAM have been very positive about the experience of working on this project.
- 2.3 Channel 4 are keen to build on the success of Bedlam and the Tavistock is an attractive venue for such a follow up series, given our reputation and the range of innovative services we provide. They

are particularly interested in undertaking a series with a focus on services supporting young people.

- 2.4 Such a series would be an attractive venture for the Trust to support. While due care would need to be exercised in its production, a well-made documentary series would be a good vehicle for showcasing areas of the Trust's provision and, equally importantly, would help challenge the stigma which surrounds mental health problems and help demystify services for those uncertain on whether to seek help.
- 2.5 The key considerations for the Trust in developing the project would be to:
 - Develop, with the documentary makers, appropriate systems for protecting the welfare of patients and staff including, crucially, the systems for obtaining consent for filming and broadcast of material.
 - The level of resources which the Trust would have to commit to the project and the level of disruption which might be caused by filming.
- 2.6 The proposal to initiate a period of research before undertaking a more formal commitment to making the documentary would give us adequate opportunity to explore these issues. There would also be the question of agreeing which services might feature in the filming. At present their interest is focused on some of our services for young people, including maltreated children. We may wish to decide whether there may be services which we wish to deliberately exclude from the project.
- 2.7 If we agree to taking the project forward to the next stage we would be obliged to commit to exclusive access to the Trust for this project for the period of the research phase and any subsequently agreed filming.

3. Recommendation

- 3.1 Our recommendation would be for the Trust to proceed with the project and agree to Channel 4 commissioning a research phase. We would bring back a further paper at the end of this period before any formal commitment was made to produce a film. It is proposed that I and Rob Senior will have initial senior oversight of the project working as appropriately with the relevant clinical directors.

3.2 Directors are invited to agree to the Trust supporting an agreement with Channel 4 and Century Films to undertake a research phase to look at the potential and practicalities of making a documentary series based on the work of the Trust.

Paul Jenkins
Chief Executive
15th October 2014

THE TAVISTOCK

A documentary series for Channel 4, by Century Films



Century Films' Statement of Intent, October 2014

This document is to propose a period of research, funded by Channel 4, during which Century Films will explore the work of the Tavistock and collaborate together on a no-obligation filming plan and protocol.

Profiles

The Commissioning Editor for Channel 4: Amy Flanagan

Amy recently joined C4 as a Commissioning Editor in Documentaries in January 2014. Her current remit is to commission high quality, prime time observational documentary series about contemporary Britain.

Previously, she worked in the independent sector as a producer with a track record in making award-winning blue chip documentaries, many of which were in collaboration with the NHS. Most recently, she was Executive Producer of 'Bedlam', winner of this year's BAFTA for Best Series which was made at the South London and Maudsley Trust over two years. She was

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also the Executive Producer of the landmark BBC series, 'Keeping Britain Alive: the NHS in a Day', also BAFTA-nominated, about the NHS captured at a single moment of time on one day last year; it was made in collaboration with over 60 hospital trusts. Previous to that she made the first series of '24 Hours in A&E', winner of the Royal Television Society award for Best Series. Other credits include 'The Victorian Sex Explorer with Rupert Everett', (winner of the Royal Television Society Best History award), 'Last Days of the Raj' about India's Partition and 'Feltham Sings', winner of the BAFTA Best Single Documentary, all of which were shown on C4.

The Production Company: Century Films

Century Films is an award-winning independent production company specialising in high-end, intelligent documentaries and dramas for UK and US broadcasters. We have a reputation for sensitive, innovative and collaborative film-making, with a focus on subject areas that have a broader social purpose.

We are particularly experienced at "access" based production, working with institutions, organisations and services – from care homes to refuges - which require us to develop and maintain clear protocols for dealing with sensitive and complex legal and compliance issues.

In all our programming, the welfare of contributors taking part takes precedence. Our ambition is very much to give people a voice – to make films **with** rather than **about** them. Safeguarding is a key part of the process for us, and it is testament to our approach that we have been invited to work with the same institutions time and again.

We have worked within schools (*Make Me Normal, Britain's Biggest Primary School*); hospitals and care homes (*Welcome to the World,*

Abortion, Care Home, Quitters) as well as with individual companies, organisations and families. We have also worked with the Ministry of Justice (*Feltham Sings, Lifers, Songbirds, Shopping the Family*); the police (*Mugged, Consent, Burglar in the House, Undercover Cop*); the Ministry of Defence (*The Not Dead*) and numerous local council and social services departments, private companies and public bodies.

We secured unprecedented access to Network Rail for last year's BBC Two series, *The Railway: Keeping Britain on Track* which offered a behind the scenes look at train travel in the UK. We also produced the critically-acclaimed, multi award-winning *Secret History of Our Streets* for BBC Two, revealing the dramatic social changes in British society through the prism of Charles Booth's Victorian street maps.

Trust is at the heart of all our projects. We believe that taking part in our programmes should be inclusive, reflective and enjoyable - and we work hard to ensure the end product is something that all of our contributors can be proud of.

The Executive Producer – Liesel Evans

Liesel Evans is an Executive Producer and Producer at Century Films. Liesel has worked with a wide range of directors from emerging talent to some of Britain's most celebrated filmmakers. Liesel has a passion for realizing great stories whether it be drama or documentary on the big or small screen.

Over the last 20 years Liesel has worked on many award winning films as both a producer and a director. The US version of *Angel Of Death Row* the 1995 BBC1 documentary she directed about Sister Helen Prejean (the death row nun who inspired the Hollywood film *Dead Man Walking*) won an EMMY in the US. She also produced two of the 1998 BAFTA and RTS Award winning series *The Human Body* presented by Lord Robert Winston.

At Century, Liesel executive produced the critically acclaimed documentary *The Life and Loss of Karen Woo* (ITV1, 2011) as well as *The Railway, Kids in the Middle, Welcome to the World* and more. Liesel specializes in overseeing some of our more sensitive productions, ensuring the welfare of contributors remains paramount and helping the production team realize their aims while adhering to crucial protocols. Liesel brings her experience of working with schools, prisons, hospitals, and a variety of sensitive situations, to bear and remains a key point of contact for the institutions and organisations we work with – from Network Rail, to the Roberts child contact centre in Portsmouth.

Research – Our approach

Century Films and Channel 4 are keen to develop a landmark documentary series highlighting the work of the Tavistock and Portman. We are excited about the range and innovation of services and the potential to produce something truly ground breaking, which reveals the state of the nation's young mental health while offering a genuinely insightful look at the staff, patients and families involved in treating and transforming it.

It is essential that right from the very start, protocols are developed which will ensure the welfare of everyone involved – the service users/patients, their families, the clinical staff and anyone else who may feature in or be affected by filming.

We propose a period of research, funded by Channel 4 to confirm their financial and editorial commitment to this project, to work out what, where, and especially, **how** we could make this series. In our experience, this is the best way of building welfare into production from the start, allowing us to work with you to identify which areas we may focus on during filming, nail down details about how, when and where to proceed,

and draw up a Filming Protocol to be followed during an ensuing period of production.

Crucially, this is an opportunity for the Tavistock to find out more about us, to contribute collaboratively to the editorial process, and to 'dip a toe' into the production process – without obligation. By Tavistock we mean the Tavistock as a whole, and the individual services, members of staff, patients and so on.

It is also the chance for Channel 4 to ensure that any production they finance would deliver a truly landmark series, without compromising the welfare of contributors or Channel 4's own values.

In practice, the research period would entail one or more persons employed by Century Films liaising with the communications team at the Tavistock to identify areas of interest. We would visit the key service teams to find out more about their work, arrange research trips and/or "shadowing", reflect on particular challenges or concerns within these specific services, and propose potential solutions, procedures and narratives. We may also at this stage identify particular members of staff, teams, and patients whom we would like to work with.

By the end of the research period, the aim is draw up a **production plan** for filming that reflects the needs of the services, staff, patients, families and also the ambitions of the production, to include:

Protocol – how we will proceed, with reference to consent, confidentiality and safeguarding; health and safety – particular procedures necessitated generally and with regard to specific services / situations; and communication – who will drive communication between the Tavistock and the production, how to feedback concerns and so on

Concerns and Challenges – outlining key challenges and/or concerns and our strategies for addressing them during the production process. For example we might address directly particular questions from staff which may come up during the research process; or detailing how we might respond in a particular sensitive situation. This is so we can demonstrate and hopefully reassure that we will be able to take on the responsibility of filming within the Tavistock without harm.

Logistics – staffing, timeframes, technology - how we will staff the production; how long we realistically need to film, and how; technology – what kind of equipment we will need and how.

The protocol should form the basis of agreeing both a **Schedule** / filming plan and the **Access agreement** – a signed contract between all three parties which outlines the precise agreement about filming, editorial rights and responsibilities, and which areas of the Tavistock services we will proceed with.

A word about **consent**:

While the specifics of obtaining consent would be worked out during the research period, we know that we would build on our previous experience of working with children and vulnerable people to ensure best practice. We pride ourselves in portraying our contributors in a fair and honest light, and enabling them to express their views and experiences. Working with you, we would proceed with a policy of dual consent. Contributors would have opportunity to consent at both the beginning of the process and again in advance of broadcast. Crucially, we would need to ensure *informed* consent – talking our contributors through all the implications and practicalities of being involved in our production. Each child and young person must also have consent from parents/guardians and give consent, where appropriate, themselves. We must ensure that as far as possible they understand the nature of the programme and are able to

give informed consent, taking into account their age, stage of development and degree of understanding.

In addition, we have a particular duty of care towards children and must ensure their physical and emotional welfare and dignity is protected at all times. This extends from the filming period, to the time of broadcast and after broadcast of the programme - irrespective of any consent given by them or by a parent / guardian. It is also worth stressing that we follow the clinical lead at all times regarding the appropriateness of filming.

EDITORIAL AMBITION:

We are proposing to make a series for Channel 4 exploring the unique, important and diverse work carried out by The Tavistock and Portman NHS Foundation Trust. Filming your work both on-site and in the community, we would showcase your innovations in mental health care and the compassion and dedication of your staff.

We would celebrate the Tavistock's outstanding provision for children and young people and highlight the effectiveness of psychodynamic/analytical therapy and systemic/family therapy. Throughout this series, we are interested in following the stories of young people at a range of different clinics.

We would also be very interested in filming members of staff in the course of their work. We would follow their daily lives as they experience both challenges and breakthroughs, all in the aim of making a difference and turning around the lives of their patients. We would like to meet the range of people whose commitment and expertise, at all levels of service, means the Tavistock is able to deliver a truly invaluable level of care.

This would be a genuine collaboration, working very closely with you to deliver a sensitive and thought-provoking series that we can all be proud of.

Our ambition is for the series to shine a light on mental health in the nation's children and young people – to give those young people a voice, to address or counteract the stigma they experience or fear, to represent their experiences of mental health honestly and with real care. We hope the series will stand as a piece of advocacy, showcasing as it would the essential varied work of the Tavistock and emphasising to viewers and policy makers just how essential it is that we protect and expand upon our mental health provision for young people.

Ultimately, we want to demonstrate through the series that mental illness is something that can happen to anyone, any family, any child: that each of us can be touched in some way by the experiences or issues revealed in the series. We hope to remove the stigma and shame, enabling children and young people and their families, as well as frontline staff, to speak candidly about their stories in a series that is intelligent, sensitive and passionate.

AREAS TO RESEARCH:

Without being prescriptive, we can outline here some areas of particular interest which we'd like to research further. We are also open to suggestions and thoughts from yourselves – and of course, there will be aspects of individual clinics which we may overlook through ignorance while we are still finding our way around the full scope of services, so we are keen to find out as much as possible about the range and detail of work you do.

Gloucester House

We feel that the outstanding work the team are doing here to help children get back on track would be both moving and inspirational to observe. What is life like for new arrivals? How are they prepared for mainstream education? We would focus on how therapy, classroom activities, play, art, music and how the careful attention of adults can help resolve attachment and other issues. We think this would be a great opportunity to see how education and clinical provision can be woven together.

The Family Drug and Alcohol Court (FDAC)

The idea of adopting an already successful American scheme and applying it to the UK sounds very exciting. We'd love to film with the teams engaged with this work and see how it is helping transform lives and keep families together, highlighting the importance of this coordinated response to Drug and Alcohol issues. Hopefully, this would involve filming with a big range of services, including drug and alcohol specialists, social workers and psychologists, as well as the patients and their families.

First Step

First Step offers an extraordinary service and approach to supporting the mental health and welfare of looked-after children and young people in Haringey. We would be very keen to explore ways of highlighting this vital and potentially transformative work – particularly the ways in which the programme aims to support families where children are returning after a period of care. Again, we'd like to know more about the **Kinship Care** programme. Both of these offer the chance to show viewers the vital and lesser-known ways that the Tavistock can directly intervene in the welfare of young people.

TOPS, and CAMHS in schools

TOPS (Tavistock Outreach Programme in Schools) feels like a genuinely fresh approach to tackling mental health and behavioural issues within very young children. We are very interested in finding out more about the

psychotherapeutic work with children and families, and also the ways in which you work with and support their teachers. Additionally, with drastic cuts affecting CAMHS presence in schools across the country, we'd like to be able to show how and why early intervention in mental, emotional, and behavioural difficulties is important. We'd like to show the difference these services can and do make to the education of young people in Camden – and to show sensitively and respectfully the experiences of the children affected, hopefully undermining the stigma they may sometimes encounter.

Refugee Service

The Refugee Service is of great interest. Promising to reveal how families and young peoples' mental health can be affected by periods of upheaval and acute stress, and how essential support and outreach work is to support them. Many of the service users may well be marginalised, vulnerable and otherwise lacking a voice or sympathetic ear – we would very much like to be able to highlight their experiences and those of staff within the service.

The Social Media Addiction Clinic

We would like to explore in detail how the Internet and other recent technology are having an impact on the lives of children and young people at this clinic. How are they treated? Where might this rapidly changing field be heading?

The Family Nurse Partnership (FNP)

We would follow nurses undergoing specialist training through the innovative FNP scheme, exploring the range of approaches and skills they learn here. We would also like to film the nurses in the community as they work with a variety of young parents and parents-to-be. Filming for this would take place over a period of many months enabling us to illustrate the depth of the training process and the on-going relationship between the nurses and the families they visit.

The Portman Clinic

Obviously access to any young people who might be receiving treatment at this clinic must be handled with great sensitivity (as is the case with all our filming). As well as touching on long and distinguished history of The Portman, we would be very interested in hearing from therapists about what factors they think are shaping their caseloads here today.

The Gender Identity Development Service (GIDS)

We would showcase the groundbreaking work of this specialist clinic, focusing on the well-established therapies that are used to help its patients. Ideally, we would like to film with a variety of patients of different ages – all of whom would be at different stages of treatment. The emphasis would be on the patients and the importance of their relationships both with the care teams at The Tavistock and with their families.

TERMS OF THE RESEARCH PERIOD:

In recognition of Channel 4's financial commitment to the project by funding the research period, we would require exclusive access to the Tavistock and Portman and all individual services for the duration of the research period, and during the production period should filming commence. This will give us the best possible chance of delivering a landmark, comprehensive service that feels genuinely distinctive and definitive.

Century Films will appoint a research team with the skills and experience necessary to undertake this sensitive project. They will be CRB-checked, and they will report directly to Liesel Evans. We will maintain open and clear communication with the Tavistock and Portman at all times. We suggest a weekly "debrief" by phone or email, to relay our thoughts,

interests and any concerns on either side – although communication should be as necessary and not restricted to the debrief.

All of us should recognise that this is as much a “trial” period as a pre-production period – we place no obligation on the Tavistock and Portman to proceed to full production. In turn, we cannot guarantee to make and broadcast a series. However both Century Films and Channel 4 are passionate about this project, and hope very much to work collaboratively with you to make this happen. We know from experience that if we get the planning and development stage right, with you, it is possible to make brilliant, transformative documentary television that we can all be proud to have had a part in.

Board of Directors : October 2014

Item : 13

Title : Quarter 2 Governance statement

Purpose:

The Board of Directors is asked to approve three elements of the governance statement to be submitted to Monitor for quarter 2.

For Finance

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

For Governance

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

Otherwise

The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 21, Diagram 6) which have not already been reported.

This paper has been reviewed by the Management Team on 16 October.

This report focuses on the following areas:

(delete where not applicable)

- Risk
- Finance
- Quality

For : Approval

From : Deputy Chief Executive and Director of Finance

Quarter 2 Governance Statement

1. **Introduction**

- 1.1 Monitor oversees NHS foundation trusts through the terms of our provider licence and through the Risk Assessment Framework.
- 1.2 A key element of the Risk Assessment Framework is the requirement to submit a governance statement each quarter.
- 1.3 This quarter's statement is to be returned to Monitor by 31 October.

2. **Finance declaration**

- 2.1 The financial forecast for the remainder of this year (6 months) is set out on this month's finance and performance report. Based on this, the Trust forecast for the two metrics which comprise the continuity of service risk rating (CoSRR) is as follows:
 - Our in-year Capital Service Cover rating (4 in Q1) is projected to be 4 or 3 for all quarters of 2014/15.
 - Our Liquidity rating (also 4 in Q1) will fall to 3 or possibly 2 during the year, though cash will remain satisfactory.
- 2.2 The two elements are each given a 50% weighting, and the result is rounded up to obtain the overall CoSRR. So with the lowest of the ratings predicted – Capital Service Cover 3 and Liquidity 2 – our CoSRR will be 3. With various combinations of higher ratings on the two elements, the CoSRR would be either 3 or 4.
- 2.3 In 2015/16, the Trust is currently working to develop a balanced budget with a small surplus, taking account of the annual efficiency target and other environmental factors. Subject to achieving this, which will be in line with the Operational and Strategic Plans approved by the Board in March and June respectively, both elements of the rating will remain at least at the levels set out above.
- 2.4 We are thus able to affirm that we anticipate that the trust will continue to maintain a continuity of service risk rating of at least 3 over the next 12 months.

3. **Governance Declaration**

- 3.1 **Declaration of risks against healthcare targets and indicators**
 - 3.1.1 The Monitor template for our quarterly return sets out a list of targets and indicators, in line with the Risk Assessment Framework. The targets and indicators which apply to this Trust are given in the table on the next page.
 - 3.1.2 All targets and indicators are being met; and plans are sufficient to ensure that they continue to be met. Further details are given below.

The Trust should therefore continue to receive a green governance rating.

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

3.2 Care Quality Commission registration

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

3.2.2 The Trust remains compliant with the CQC registration requirements.

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

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

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

3.4 Data Completeness

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

	Month 5 provisional
Valid NHS number	99.34%
Valid Postcode	100.00%
Valid Date of Birth	100.00%
Valid Organisation code of Commissioner	99.78%
Valid Organisation code GP Practice	99.30%
Valid Gender	99.87%

4. Other matters

4.1 The Trust is required to report any other risk to compliance with the financial and governance conditions of our licence. The Risk Assessment Framework gives – on page 21 – a non-exhaustive list of examples where such a report would be required, including unplanned significant reduction in income or significant increase in costs; discussions with external auditors which may lead to a qualified audit report; loss of accreditation of a Commissioner Requested Service; adverse report from internal auditors; or patient safety issues which may impact compliance with our licence.

4.2 There are no such matters on which the Trust should make an exception report.

Simon Young
 Deputy Chief Executive and Director of Finance
 16 October 2014

Board of Directors : October 2014

Item : 14

Title : Introduction to the Essential Standards, Duty of Candour, and the Fit and Proper Person Test for Directors.

Summary:

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are expected to come into force in November 2014. From that date the fit and proper person test and the duty of candour will apply, whilst all other fundamental standards of care come into force from April 2015.

This paper provides a briefing on the duty of candour requirements, and the fit and proper person test, and details what has already been done with the new NED appointments to try to ensure that they meet the requirements of the regulations.

This paper was reviewed by the Management Team on the 16th October.

This report focuses on the following areas:

- Governance
- Patient / User Experience

For : Discussion

From : Gervase Campbell, Trust Secretary

The Duty of Candour and the Fit and Proper Person Test for Directors

1. Introduction

- 1.1 The Department of Health has published the draft Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Regulations are expected to come into force in mid-November 2014.
- 1.2 The Regulations will introduce:
 - 1.2.1 A “fit and proper person” test for directors of health service bodies.
 - 1.2.2 Fundamental standards of care, including the duty of candour.
 - 1.2.3 A series of criminal offences where care standards do not meet new requirements.
- 1.3 It is intended that the fit and proper person test and the duty of candour will apply as soon as the regulations come into force, whilst all other fundamental standards of care come into force from April 2015.
- 1.4 The CQC and Monitor are promising to publish guidance on the regulations in the near future.

2. The Duty of Candour

- 2.1 The Duty of Candour is not entirely new, as it has been incorporated into the NHS Standard Contract for services since April 2013, as Service Condition 35, but it will now be a statutory duty that the CQC will ensure we adhere to.
- 2.2 It ties in to the recent work that has been done on the whistleblowing policy, which was discussed at the Board of Directors meeting in March 2014, and led to an updated policy being issued in September 2014.
- 2.3 The general statutory duty is to:

Regulation 20.1

“Act in an open and transparent way with service users (or, in certain circumstances, a person lawfully acting on their behalf) in relation to service user care and treatment”

Regulation 20.2

“As soon as reasonably practicable after becoming aware that a *notifiable safety incident* has occurred a health body must –

- (a) notify the relevant person that the incident has occurred in accordance with paragraph (3)
- (b) provide reasonable support to the relevant person in relation to the incident, including when giving such notification.

2.4 With the new regulations the Trust will have a statutory duty to inform service users when a notifiable safety incident has occurred:

“notifiable safety incident” means any unintended or unexpected incident that occurred in respect of a service user during the provision of a regulated activity that, in the reasonable opinion of a health care professional, could result in, or appears to have resulted in –

- (a) the death of the service user, where the death relates directly to the incident rather than to the natural course of the service user’s illness or underlying condition, or
- (b) *severe harm, moderate harm or prolonged psychological harm* to the service user:

“severe harm” means permanent physical damage;

“moderate harm” means –

- (a) harm that requires a moderate increase in treatment, and
- (b) significant, but not permanent, harm:

“moderate increase in treatment” means an unplanned return to surgery, an unplanned readmission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another treatment area (such as intensive care);

“prolonged psychological harm” means psychological harm which a service user has experienced, or is likely to experience, for a continuous period of at least 28 days;

2.5 What is a “notifiable safety incident” for this Trust

2.5.1 Due to the nature of our work we are unlikely to have many notifiable incidents, though there is some interpretation needed of the regulations and the Trust must be sure we understand how they apply to us.

2.5.2 The Trust will need to put in place a system that ensures we identify any incident that meets the threshold, and treat it appropriately. This is probably best done within the existing Serious Untoward Incident system.

2.6 Acting in an open and transparent way with service users is the other part of the duty of candour, and it is important that the Trust is able to demonstrate its compliance with this part of the regulations.

- 2.7 At a recent briefing for NHS Trusts by Hempsons Solicitors, it was suggested that there are a number of areas to cover in demonstrating compliance with the regulations:
- 2.7.1 Showing a board level commitment to openness and transparency
 - 2.7.2 Having policies and procedures to encourage openness and transparency, and the reporting of incidents.
 - 2.7.3 Making all reasonable efforts to ensure staff operate openly, including through training and support.
 - 2.7.4 Ensuring staff understand their responsibilities regarding identifying and reporting notifiable incidents.
 - 2.7.5 Having a system in place to identify notifiable incidents, and recording our actions.

3. Fit and Proper Person Test for Directors

- 3.1 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 introduce a set of requirements individuals must satisfy in order to be appointed. The relevant paragraphs from the Regulation can be found in Appendix 1.
- 3.2 The Regulations are an extension of existing CQC regulations, and Condition G4 of the Monitor Licence.
- 3.3 The regulations cover Executive and Non-Executive Directors, but also, "an individual...performing the functions of, or functions equivalent or similar to the functions of, such a director".
- 3.3.1 For our organisation this would mean the test should apply to anyone who acts up to the board as an interim director, but we would need to decide whether this would be extended beyond the Board to other senior staff, such as the directors on the management team.
- 3.4 The regulations cover existing Directors as well as newly appointed directors.
- 3.4.1 One suggestion from Hempsons to address this is to incorporate into the annual appraisals of all directors a number of tests to ensure that they remain Fit and Proper people, and the results recorded.
 - 3.4.1.1 DBS/CRB checks should continue at 3 yearly intervals as at present.
 - 3.4.1.2 Question whether there has been any relevant change in circumstance,
 - 3.4.1.3 Discuss their competence,
 - 3.4.1.4 Discuss their health,

- 3.4.1.5 Ensure an ongoing development process is in place.
- 3.4.2 These do not require large changes from our existing procedures for appraisals.
- 3.5 To satisfy the Regulations the major consideration is to ensure that our Human Resources procedures for pre-employment checks for these roles are satisfactory, and that explicit details of the checks done and the judgements made are kept as evidence.
- 3.6 In general the pre-employment checks that HR conduct as standard for these roles were already satisfactory, as we already:
 - 3.6.1 Take up references
 - 3.6.2 Check qualifications
 - 3.6.3 Conduct Occupation Health clearance
 - 3.6.4 Conduct DBS/CRB checks.
- 3.7 However, to ensure we complied with the regulations fully new procedures were introduced for the recent NED appointments and the appointment of the Director of Education and Training, and will be applied to all future Director appointments:
 - 3.7.1 Keeping detailed records of the checks done, according to the requirements of the Regulations and guidance from the CQC, with HR confirming explicitly to the Chair that the appointee meets the tests.
 - 3.7.2 Explicitly checking the CV for any gaps in service and addressing these in interview.
 - 3.7.3 Check online whether there were any CQC or Monitor concerns with any NHS Trust whilst the candidate had been employed there at a senior level, and ask the candidate what their role or knowledge of the issues had been. The CQC have indicated that they will gather all relevant issues with regulated providers (including criminal prosecutions, serious case reviews, public enquiries, special measures) into one section of their website for simpler reference in the future.
 - 3.7.4 Conduct a check of the insolvency list.
 - 3.7.5 Check the Companies House list of disqualified company directors.
- 3.8 When the CQC and Monitor publish their joint guidance on the essential standards, which will hopefully happen in November, we will need to re-examine our recruitment and appraisal processes for Directors to ensure that they are compliant with the regulations.

Gervase Campbell
Trust Secretary
October 2014

Appendix 1

Paragraphs of the Regulations covering the Fit and Proper Persons Employed

Regulation 5 (2)

Unless the individual satisfies all the requirements set out in paragraph (3), the service provider must not appoint or have in place an individual –

- (a) As a director of the service provider, or
- (b) Performing the functions of, or functions similar to the functions of, such a director.

Regulation 5(3)

The requirements referred to in paragraph (2) are that-

- (a) The individual is of good character,
- (b) The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed,
- (c) The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed,
- (d) The individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity, and
- (e) None of the grounds of unfitness specified in Part1 of Schedule 4 apply to the individual.

Schedule 4, Part 1 – Unfit Person Test

1. The person is an undischarged bankrupt of a person whose estate has had sequestration awarded in respect of it and who has not been discharged.
2. The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.
3. The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(b).
4. The person has made a composition or arrangement with, or granted a trust deed for, creditors and has not been discharged in respect of it.
5. The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list

maintained under an equivalent enactment in force in Scotland or Northern Ireland.

6. The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.

Schedule 4, Part 2 – Good Character

7. Whether the person has been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in any part of the United Kingdom, would constitute an offence.
8. Whether the person has been erased, removed, or struck-off a register of professionals maintained by a regulator of health care or social work professionals.

Board of Directors : Oct 2014

Item : 15

Title : Charitable Fund Committee Terms of Reference

Summary:

The Terms of Reference of Board Committees should be reviewed and approved by the Board.

Minor changes have been made to the ToR of the Charitable Fund Committee.

The updated document is attached, and the Board of Directors is asked to approve these ToR.

This proposal is of relevance to the following areas:

- Governance
- Finance

For : Approval

From : Trust Secretary

Charitable Fund Committee

Terms of Reference

Ratified by:	Board of Directors
Date ratified:	
Name of originator/author:	Angela Greatley, Committee Chair
Name of responsible committee/individual:	Charitable Fund Committee / Committee Chair
Date issued:	July 2007; June 2009; November 2010; October 2014
Review date:	October 2015

Charitable Fund Committee Terms of Reference

1. Constitution

- 1.1 The Tavistock and Portman Charitable Fund was established by a Declaration of Trust dated 4 September 1995, to contain all the funds held on trust by the Tavistock and Portman NHS Trust. Its objects cover *any charitable purpose or purposes relating to the National Health Service wholly or mainly for the services provided by the Tavistock and Portman Clinics.*
- 1.2 The Board of Directors hereby resolves to establish a Committee to be known as the Charitable Fund Committee (the Committee). This Committee has no executive powers other than those delegated in these terms of reference.

2. Membership

- 2.1 The Committee will be appointed from amongst the Executive and Non-Executive Directors of the Trust. The following will be members of the Committee:
 - 2.1.1 Trust Chair, or another Non-Executive Director (Committee Chair)
 - 2.1.2 Chief Executive
 - 2.1.3 Director of Finance
- 2.2 At the discretion of the Committee Chair, other persons (Trust managers and staff, and other interested persons) may be invited to attend and participate in Committee meetings. However, only members have the authority to vote and determine decisions on behalf of the Committee.

3. Quorum

- 3.1 This shall be a minimum of one Executive Director and one Non-Executive Director.

4. Frequency of meetings

- 4.1 The Committee will meet once annually, to fulfil the duties set out in section 8 of these *Terms of Reference*, and additionally on an ad hoc basis, as required.

5. Agenda & Papers

- 5.1 Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.
- 5.2 Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.

6. Minutes of the Meeting

- 6.1 The Committee Secretary will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.
- 6.2 Approved minutes will be forwarded to the Board of Directors for noting.

7. Authority

- 7.1 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee, and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain outside legal advice or other professional advice and to secure the attendance of outsiders with relevant experience if it considers this necessary.

8. Duties

- 8.1 To agree and recommend to the Board of Directors a strategic policy for utilising the assets of the Fund in pursuit of its stated purposes (see 1.1) and for the investment of the Fund's resources; and to review that policy at least every three years.
- 8.2 To consider and approve any proposals for expenditure above £20,000 from the Fund, except where these relate to external grants awarded for specific purposes.
- 8.3 To review the financial statements of the Fund annually and more frequently if appropriate.

- 8.4 To ensure that regular reports are made to the Board of Directors with regards to, inter alia, the receipt of funds, investments, and the disposition of resources.
- 8.5 To prepare an annual trustee's report for adoption by the Board of Directors.
- 8.6 To ensure that required returns are submitted to the Charity Commission on time.
- 8.7 To appoint a suitable Auditor or independent examiner, in accordance with Charity Commission requirements.
- 8.8 To identify all costs directly incurred in the administration of charitable funds and, in agreement with the Board of Directors, charge such costs to the appropriate charitable fund.
- 8.9 To ensure appropriate administration of the Trust's charitable funds in compliance with the Declaration of Trust and appropriate legislation.
- 8.10 To ensure that accounting records are kept in a way that identifies separately the different categories of fund between unrestricted funds, restricted funds and endowment funds.
- 8.11 To ensure that detailed codes of procedure are produced covering every aspect of the financial management of funds held on trust, for the guidance of Directors and employees.
- 8.12 To periodically review the funds in existence and make recommendations to the Board of Directors regarding the potential for rationalisation of such funds as permitted by the declarations of trust and charities legislation.
- 8.13 To provide guidance to officers of the Trust as to how to proceed with regards to donations, legacies and bequests, and trading income.
- 8.14 To advise the Trust on any fundraising activity.
- 8.15 To ensure that appropriate banking services are available to the Trust as corporate trustee.

9. Other Matters

- 9.1 At least once a year the Committee will review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Directors for approval.

10. Sources of Information

10.1 The Committee will receive and consider the accounts of the Fund supplied by the Finance Department and regular reports from any research or other projects which the Committee has agreed to fund.

11. Reporting

11.1 The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Directors for noting. The Committee Chair shall draw the attention of the Audit Committee or the Board of Directors to any issues in the minutes that require disclosure or executive action.

11.2 The Committee Chair shall attend the Annual General Meeting (AGM) prepared to respond to any Member's questions on the Committee's activities.

12. Support

12.1 The Committee will be supported by a Secretary from the Trust Secretary's team.

BOARD OF DIRECTORS (PART 1)

Meeting in public

Tuesday 28th October 2014, 14.00 – 16.30

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

AGENDA

PRELIMINARIES				
1.	Chair's Opening Remarks Ms Angela Greatley, Trust Chair		Verbal	-
2.	Apologies for absence and declarations of interest Ms Angela Greatley, Trust Chair	To note	Verbal	-
3.	Minutes of the previous meeting Ms Angela Greatley, Trust Chair	To approve	Enc.	p.1
3a.	Outstanding Actions Ms Angela Greatley, Trust Chair	To note	Enc.	p.10
4.	Matters arising Ms Angela Greatley, Trust Chair	To note	Verbal	-
REPORTS & FINANCE				
5.	Trust Chair's and NED's Report Non-Executive Directors as appropriate	To note	Verbal	-
6.	Chief Executive's Report Mr Paul Jenkins, Chief Executive	To note	Enc.	p.11
7.	Finance & Performance Report Mr Simon Young, Deputy Chief Executive & Director of Finance	To note	Enc.	p.18
8.	Training and Education Programme Board Report Mr Malcolm Allen, Dean	To note	Enc.	p.31
9.	Gloucester House Day Unit Annual Report Ms Nell Nicholson, Day Unit Head teacher	To approve	Enc.	p.35
10.	Annual Safeguarding Report 2014 Dr Rob Senior, Medical Director	To note	Enc.	p.50
11.	Quality Performance Report – Quarter 2 Ms Louise Lyon, Trust Director & Ms Justine McCarthy Woods, Quality Standards and Reports Lead	To approve	Enc.	p.58

STRATEGY				
12.	Documentary Project Mr Paul Jenkins, Chief Executive	To note	Enc.	p.74
CORPORATE GOVERNANCE				
13.	Governance Declaration – Quarter 2 Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Enc.	p.90
14.	Duty of Candour and Fit & Proper Person Test Mr Gervase Campbell, Trust Secretary	To discuss	Enc.	p.94
15.	Charitable Fun Terms of Reference Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.101
PATIENT STORY				
16.	Patient Story Ms Emma Ahmed Neale, Parent – CAMHS and Ms Claire Shaw, SAAMHS	To note	Verbal	-
CONCLUSION				
17.	Any Other Business		Verbal	-
18.	Notice of Future Meetings <ul style="list-style-type: none"> • Tuesday 28th October 2014: Board of Directors Meeting, 2.00pm – 5pm, Board Room, Tavistock Centre • Tuesday 11th November 2014: Directors Conference, 10.00am – 4.00pm, Danubius Hotel Regents Park. • Tuesday 25th November 2014: Board of Directors, 2pm-5pm, Board Room, Tavistock Centre • Tuesday 2nd December 2014: Directors Conference, 10.00am to 4.00pm, Danubius Hotel Regents Park. • Thursday 4th December 2014: Council of Governors Meeting, 2pm-5pm, Board Room, Tavistock Centre 		Verbal	-

