

Board of Directors Part One

Agenda and papers
of a meeting to be held in public

2.00pm–4.00pm
Tuesday 29th July 2014

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

BOARD OF DIRECTORS (PART 1)

Meeting in public
Tuesday 29th July 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.9
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.10
7.	Finance & Performance Report Mr Simon Young, Deputy Chief Executive & Director of Finance	To note	Enc.	p.13
8.	Quality Report, Quarter 1 Ms Louise Lyon, Trust Director & Ms Justine McCarthy Woods, Quality Standards and Reports Lead	To approve	Enc.	p.26
9.	Governance Report, Quarter 1 Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Enc.	p.41
10.	Responsible Officer's Revalidation Report Dr Rob Senior, Medical Director	To approve	Enc.	p.45
11.	Update on Workforce Statistics - Recruitment Ms Shilpi Sahai, Human Resource Manager & Ms Louise Lyon, Trust Director	To note	Enc.	p.56

CORPORATE GOVERNANCE				
12.	Constitution Changes Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.60
PATIENT STORY				
13.	Patient Story Mr Ken Rowswell, Service User and Ms Claire Shaw, PPI Lead	To note	Verbal	-
14.	Patient Story Proposal Ms Claire Shaw, PPI Lead	To approve	Enc.	p.64
CONCLUSION				
15.	Any Other Business		Verbal	-
16.	Notice of Future Meetings <ul style="list-style-type: none"> Thursday 11th September 2014: Council of Governors, 2pm-5pm, Lecture Theatre, Tavistock Centre Tuesday 16th September 2014, Director's Conference, 12pm-5pm, Board Room Tuesday 30th September 2014: Board of Directors, 2pm-5pm, Board Room, Tavistock Centre Tuesday 7th October 2014: Joint BoD/CoG Meeting, 11.30am-2pm, Lecture Theatre, Tavistock Centre 		Verbal	-

Board of Directors

Meeting Minutes (Part One) Tuesday 24th June 2014, 2.00 – 3.50pm

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	Ms Caroline Rivett Non-Executive Director	Dr Rob Senior Medical Director
Mr Simon Young Deputy Chief Executive & Director of Finance			
Attendees:			
Mr Gervase Campbell Trust Secretary (minutes)	Ms Fiona Fernandes Assistant Trust Secretary	Ms Mary Burd Governor	Ms Pat Key Director CGF (item 9)
Ms Sally Hodges PPI Lead (AOB)			
Apologies:			

Actions

AP	Item	Action to be taken	Resp	By
1	3	Amendments to be made to the minutes	FF	Immed.
2	7	Update on FNP to come to part 2 of the September board	SY & RH	Sept
3	7	Investigation of below budget E&T income to be circulated to board if required.	SY & MA	July
4	10	Risk register to come back to the July board	PK	July
5	AOB	First Patient Story to come to July board, with paper on future options	SH	July

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.

AP1

3. Minutes of the Previous Meeting

The minutes were agreed subject to amendments.

4. Matters Arising

AP4: training refunds, this would be covered in the finance report.

AP5: Mr Young explained the statistic from the staff survey which showed only 58% of staff who witnessed near misses reported them came from 23 staff who had reported witnessing a near miss, of whom 18 said they had reported it, 2 said they hadn't and 3 said they didn't know, which gave 76% who reported, which was altered by the weighting system to 58%. Mr Young commented that despite being a small number who had not reported a near miss it was not being taken lightly, and work had already been done to remind staff with emails and posters. Mr Holt asked how the board could get assurance between surveys. Dr Senior explained that this came via the CQSG committee, which scrutinised the reports of the workstream quarterly, and that the workstream leads would alert us to anything important as an exception.

AP6: it was agreed that the report on a follow up survey by Mr Ngoka should come to the board in September.

Mr Young gave some further information on the patient access within the chosen IDCR system, following on from his report in May, explaining that he had learnt that CareNotes included a product called MyCareNotes which allows patients to add comments, and was in use in SLAM, and had been cited within a DoH document as an exemplar.

5. Trust Chair and NEDs' Report

Ms Greatley reported that she had attended a recent event for the London Health Commission, an independent inquiry chaired by Professor the Lord Darzi which reports to the Mayor, and she had commented that not much on mental health was included yet, and that there needed to be more emphasis on children and young people, and employment needed to be more central.

Dr McPherson reported that the International Initiative in Mental Health Leadership had just had its leadership exchange event, and the Trust had been involved, with Dr Richard Graham hosting an e-mental health event at the Tavistock Centre, and Dr Harris presenting a paper in Manchester at the final plenary of the week, showcasing FNP and FDAC. He commented that this had been a good way to communicate the excellent work we were doing in areas we might not be so associated with.

6. Chief Executive's Report

Mr Jenkins introduced his report by commenting that he had recently

attended a London Mental Health CEOs group dinner with Lord Darzi, where they had tried to push the importance of employment and young people, and the aspiration to make London the best place to work for those with a mental health condition, and found there was a willingness to be listened to on these points.

Mr Jenkins went on to emphasise the good coverage FDAC had received yesterday, and how well the media opportunity had been handled; he commented that the 100 day consultation was going well, with reasonable engagement from staff; and he added that Dr Domenico Di Ceglie's retirement event had been a nice occasion, and the warm regard he was held in reflected his work championing a group who had previously received scant regard, which was something the Trust could be proud of.

Mr Bostock asked if Mr Jenkins could expand on the feeling of staff at the consultation events regarding the relocation. Mr Jenkins commented that the sense he got was that whilst people valued this building and were settled they acknowledged its limitations and he felt that enthusiasm for the move could grow, and that in areas such as the design of reception there was scope to involve staff constructively. Mr Young added that 115 staff had taken part in total and none had said that they didn't see any problems with the existing building, and there had been enthusiasm and the potential for good engagement, which would be carried forward by the work of the four Workplace Development Leads who had been appointed and would be attending team meetings and the programme development board to act as a two-way conduit between staff and the project team.

The board **noted** the report.

7. Finance & Performance Report

Mr Young introduced his report by explaining that the training refunds questioned in the May meeting were £10k in total, and so whilst a significant sum it did not represent a major gap in the accounts. He added that the revised cash forecast in Appendix D was out of date, and was now £1M rather than £1.5M.

Mr Young commented on the FNP underspend, explaining that they were taking action with their partners to look at a range of solutions, one of which might be the DoH re-phasing their funding, or for one of the partners to delay their additional funding. Mr Holt commented that the relationship with the partners and our ability to manage it had come up before, and asked if it needed to be looked at again. Mr Young explained that there was more open and active discussion happening this year, with

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everyone involved owning the problem and looking for solutions. It was agreed that Dr Harris and Mr Young would bring a brief update to the September meeting. Ms Rivett asked whether the FNP vacancies were having an impact on services. Mr Young explained that they were not: there were delays in the expansion due to the DoH, which meant there weren't people for us to train yet, hence we had not recruited yet.

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Mr Holt noted that the training income on page 18 was shown as £100k below budget, and commented that given our ambitions this was a slow start. Mr Young commented that this was in part due to short courses being cancelled in April, which might be a warning sign. Mr Allen commented that having discussed this with the management accountants the figure was due to phasing. It was agreed to look into this, and email an update to the board if required.

Ms Moseley noted that Tavistock Consulting was again below budget. Ms Lyon commented that TC had now secured 2/3 of their annual funding, but she was keeping an eye on this, and that TC were coming to the July board to make their annual report and would address this.

The Board **noted** the report.

8. Strategic Plan 2014- 2019

Mr Young introduced the plan by explaining that this was the narrative, with the supporting figures coming in part 2, and it built on and summarised discussions held over the past 6 months with management and governors, and he would be happy to take any suggestions on contents or presentation.

Ms Greatley commented that they had discussed it earlier, and she found it commendably brief, but thought that the emphasis might be changed to better show our ambitions, and that a more journalistic summary could be written for our website.

Ms Moseley commented that the market analysis on p27 seemed a little flat and didn't show a demand for transformational change.

Mr Holt commented that on page 28 the plan mentioned 'transformational' programmes, but that this step change didn't seem to be echoed through the rest of the document. Ms Greatley commented that plans such as the CAMHS expansion and our digital serviced were included, but perhaps their transformational elements needed more emphasis. Dr McPherson agreed but suggested that the plan was not a marketing document but was being

written for Monitor so it would be prudent to be cautious in our claims, which Ms Rivett echoed, reminding the board of the letter from Monitor last month. Mr Jenkins supported this point, adding that a new narrative on our ambitions would come out of the consultation and we would then be in a position to say more definite things, but in the mean time we should give Monitor a clear statement of our current position.

Ms Greatley summarised that the board accepted the narrative overall, but were in favour of a change of emphasis, and the addition of an introduction.

Following discussion of the finances in part 2, the board **approved** the Plan and the declaration of sustainability it contained.

9. Proposed Programme Boards for Education and Training, and for Development

Mr Jenkins commented on the advantages of programme boards in allowing a tight focus on strategic issues, whilst acting as a half-way house between the board and management team which could involve NEDs. He proposed creating a new programme board for Education and Training, and to modify the existing BDIC committee, and suggested that these would underpin key areas of the strategic plan.

On training and education, Mr Jenkins commented that although it accounted for half the Trust's income and was a significant part of future plans, it didn't receive enough senior management time at present, so this new programme board would meet regularly to give strategic direction.

On business development, Mr Jenkins commented that whilst we did have a committee, the BDIC, we needed to refocus the group on a more strategic view of the development landscape, our processes and our capability, to give substance to our growth plans. The BDIC would be renamed the Strategic and Commercial Programme Board. In addition there would be sub-committee of the Management Team called the Business Development Committee, which would focus on operational work and tenders, but that decisions on large tenders were not being delegated and would continue to be made by the full board.

Ms Rivett commented that she fully supported the new strategic direction for the BDIC, and would work with Ms Julia Smith on how to practically deliver this without adding too much burden to people's time. Dr McPherson supported the changes, and commented that it was important that the programme boards bring information back to the full board so that

all directors remained involved. Dr Senior commented that for strategic development clinical and training input were essential, so the programme board should co-opt staff as needed. Ms Greatley added that Governors might want the programme boards to periodically brief the council, so that they could hold them to account.

The board **supported** the proposed changes.

10 Operational Risk Register Annual Review

Ms Key introduced the risk register, explaining that it came to the board once a year for review, and that the format had been changed slightly to bring it in line with the Board Assurance Framework. Ms Key commented that whilst it was not possible to claim all possible risks were included, the document was much improved following the work of the CQSG in forwarding risks to the register, but noted that risks associated with the relocation programme and the IDCR were not included as they were held within those boards.

The board discussed the register in detail, commenting especially on the operational nature of the risks included and the gaps where some risks did not have associated action plans, and their concern that some departments were 'reluctant reporters', of both risks and their associated plans.

Mr Young and Ms Key explained that the risk register contained operational risks, and came to the board only once a year to give assurance that the process was in place for managing these risks, and that the strategic risks were contained with the Board Assurance Framework, which was now going to come to the July board, and came quarterly for the board to review. They further explained that as risks were reviewed and rated action plans were developed for the high scoring risks, but were not required for the low scoring ones, but agreed that there were some gaps.

Mr Holt asked how the annual review gave assurance that processes were followed and risks managed throughout the rest of the year, and Ms Greatley explained that this assurance came via the CQSG, which monitored the workstreams that addressed the risks. Ms Moseley suggested that the register could include a column showing where the risk had been reviewed, e.g. "at CQSG".

Mr Jenkins commented that this had been his introduction to the Trust's management system for risk, and it was apparent that there might be gaps that needed addressing, but he was also concerned with how we use risk and these tools to better manage the organisation.

AP4 The Board agreed that the risk register should return to the board in July with the Board Assurance Framework.

11 Monitor Self-Certificate, Declaration, part 2

Mr Young introduced the declaration, explaining that the reasons for approving the statements were contained within the paper, and was similar to the details within the Annual Governance Statement of the annual report.

The board **approved** the statements to be made to Monitor.

12 Audit Committee Terms of Reference

Mr Holt introduced the amended terms, and commented that the cover sheet incorrectly showed that the frequency of meetings was increasing to 5, when it should read 4.

The board **approved** the changes to the Audit Committee ToR.

13 Management Committee/ Management Team Terms of Reference

Mr Jenkins introduced the amended terms, highlighting the change in name from 'Management Committee' to 'Management Team', and the new schedule for the 3 monthly meetings, with two to cover business and one to be reserved for strategic discussions.

The board **approved** the changes to the Management Team ToR.

14 Any other Business

Ms Sally Hodges suggested that the PPI Committee could start to bring 'Patient Stories' to the board, and explained that this could be done in a number of ways, from video presentations and written letters, to personal appearances by a patient or a patient with their clinician. Ms Hodges suggested that they begin in July by having a patient who was involved with PPI come to tell their story, and warned the board that these presentations could be emotional both for the patient and the listeners. Ms Greatley suggested that we proceed with an experienced patient in July, and an accompanying paper giving options for how to follow up, as this would be more meaningful once they had had the experience. Dr Senior commented that the informed consent of the patient was important, and that having the clinician in attendance would give a richer story, but privileges those patients who had a good relationship with their clinician. Dr McPherson suggested that we should be flexible about the methods of presentation, and match them to the patient. Mr Bostock added that it was

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important this should be done not just to meet a target, but to make a practical difference to the work of the board. The board agreed that they should hear the first patient story in July, and then decide how to carry it forward.

15 Notice of Future Meetings

The Board noted its future meetings.

Ms Greatley commented that the September Director's Conference would be used for reflection on the outcomes and plans arising from the 100 Day Consultation.

Part 1 of the meeting concluded at 3.50pm

Outstanding Action Part 1

Action Point No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date	Progress Update / Comment
7	Nov-13	8. Charitable Funds Annual Report	Mr Young to circulate briefing on the two charitable funds.	Simon Young	Mar-14	
3	Apr-14	8. Annual Complaints Report	Time to respond to be added to future complaints reports	Jane Chapman	2015	
3	May-14	6. Chief Executive Report	Prepare a paper analysing the resources needed to support a significantly enhanced level of CAMHS work for the overall development plan	Rita Harris & Julia Smith	July meeting	
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	
7	May-14	11. Workforce Information	Action plan to look into BME recruitment and selection to be brought to the board.	LL/SS	July meeting	

Board of Directors : July 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 : Paul Jenkins, Chief Executive

Chief Executive's Report

1. Shaping our Future – 100 day consultation

- 1.1 I have completed my 100 day consultation exercise. A paper summarising my conclusions is in on the agenda for part 2 of the meeting.

2. Academic Partnerships

- 2.1 My most significant focus in the last month has been on taking forward work, with Malcolm, Rob and other colleagues, on selecting an academic partner. A paper on this is on the agenda for part 2 of the meeting.

3. London Mental Health Chief Executives

- 3.1 I have become the Vice Chair of the London Mental Health Chief Executives. At its last meeting the group committed to funding a programme of work to raise its profile and that of mental health. I will take the lead on this.

4. Hampshire and Thurrock CAMHS

- 4.1 The Commercial Team are engaged in a very busy period of tender work. This includes work on two major CAMHS tenders in Hampshire (worth £9.3m) and Thurrock (worth £9m). We expect to hear this week on whether we have been successful for the Hampshire PQQ and if so will be required to submit a tender in September.
- 4.2 Due to its value, the Hampshire tender, if we are required to submit it, will be a significant transaction which will need Board approval. Due to the timing of Board meetings we will have to seek this outside the normal meeting structure. We will use the new Business Development Committee to secure management sign off for the bid.

5. Marketing seminars

- 5.1 I have held, in the last month, marketing seminars for Tavistock Consulting and for our 2015/6 programme of recruitment for training and education. Both were productive events but, as I will highlight in my Shaping the Future paper, demonstrated some of the historic lack of join up in how we have approached marketing.

6. Integrated Digital Care Record System

- 6.1 There have been some delays in signing the contract for the Integrated Digital Care Record System. These are not substantial and we are hopeful that the issues will be resolved shortly.
- 6.2 Work has been continuing on the planning of implementation including the identification of services which could act as “early adopters”. We are not expecting that the delays in signing the contract will impact on the timetable for implementation.

7. Service visits

- 7.1 I have had the opportunity in the last month to visit a number of services. This included the First Steps working with children in care in Haringey and the Family Drug and Alcohol Court team working with parents at risk of losing their children as a result of drug or alcohol problems. Both services represented for me two good examples of where we have been very successful in adapting our approach to meet the specific needs of commissioners and service users. The FDAC service has recently attracted some very positive coverage and there is a significant opportunity to extend the model both in and outside London.
- 7.2 I was also pleased to attend a team meeting of the Fitzjohn Unit providing psychotherapy for individuals with complex and enduring needs.

8. Open Minds event

- 8.1 I was pleased to attend the event on 10th July to mark the launch of the new name “Open Minds” and logo for our CAMHS service in Camden which were chosen after an extensive programme of engagement with young people in the Borough.

9. Visit from Chris Hopson – CEO of the Foundation Trust Network

- 9.1 On 10th July Angela and I hosted a visit to the Trust of Chris Hopson, the CEO of the Foundation Trust Network. As well meeting with us Chris met a number of staff from services such as GIDS and FNP.

Paul Jenkins
Chief Executive
21st July 2014

Board of Directors : July 2014

Item : 7

Title : Finance and Performance Report

Summary:

After three months a surplus of £384k is reported before restructuring, £356k above the revised budget surplus of £28k. Income from clinical, training and consultancy has fallen below expectations, but this has been offset by underspends across a number of services but mainly due to FNP.

The current forecast for the year is a surplus of £958k.

The service line report is shown in Appendix C.

The cash balance at 30 June was £4,330k which is above plan due to payment in advance for the second quarter of the FNP contract. Cash balances are expected to be lower by the end of the financial year, as planned.

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

For : Information.

From : Director of Finance

1. External Assessments

1.1 Monitor

1.1.1 The first quarter results should lead to a continuity of service risk rating (CoSRR) of 4, which is on plan. The CoSRR is expected to reduce to 3 by the end of the financial year. It is also expected that the governance rating will remain Green

1.1.2 The two year Plan was submitted to Monitor at the end of March. The full five year Plan was submitted at the end of June. The Plan should lead to a Continuity of Service Risk Rating of 3.

2. Finance

2.1 Income and Expenditure 2013/14

2.1.1 After June the trust is reporting a surplus of £384k before restructuring costs, £356k above budget. Income is £158k below budget, and expenditure £515k below budget.

2.1.2 The improvement in month on income of £57k is due to Central clinical income rise due to confirmation of increased contracts backdated to April. Junior Medical staff funding is also above expectations and this is reflected in increased costs. This has been offset by Departmental Consultancy being below budget. TC income is cumulatively £6k below target across Consultancy and Training but this is offset by an underspend of £38k on expenditure.

2.1.3 There is a shortfall in clinical income in SAAMHS of £43k although much of this gap is expected to be recovered later in the year as non-recurrent projects commence. CAMHS was £29k below target 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 £43k under spend to date (within the Finance line) is matched by a £43k 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 £210k on the expenditure budget was due mainly to the Family Nurse Partnership (FNP) under spend of £78k due to vacancies and lower than expected non pay costs. FNP are expecting to under spend in the region of £650k by the end of the financial year (see 2.2.1 below). The remainder of the under spend was mostly vacancies spread across the organisation.

2.2 Forecast Outturn

2.2.1 The forecast surplus before restructuring of £958k is £918k above budget. FNP are currently predicting a £650k under spend; but if we can agree with the

commissioner to defer the corresponding income to 2015/16, the effect on the Trust's surplus will be removed

2.2.2 Clinical income is currently predicted to show £146k above budget due the release of deferred income from GIDU and Portman Mentalisation Based Therapy.

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

2.2.4 The forecast assumes that the investment reserve and contingency are fully utilised.

2.2.5 At this early stage in the financial year it is difficult to both the Finance Department and budget holders to make a robust forecast but after discussions with budget holders we have assumed the following

2.2.5.1 TC consultancy income is currently £3k below budget but they expect to be on target at the end of the financial year

2.2.5.2 Day Unit is £26k below budget after June but expect to achieve the £650k annual target, with higher income after the start of the next academic year

2.2.5.3 GIDU expect to be £100k under spent at the end of the year.

2.2.5.4 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).

2.2.5.5 SAAMHS had identified £105k and CAMHS £117k income from growth in 2014/15 which is expected to be achieved but is not yet secured.

2.2.6 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 £325k to be needed.

2.3 Cash Flow (Appendix D)

2.3.1 The actual cash balance at 30 June was £4,330k which is an increase of £973k in month and is £1,090k above plan. The increase is because PHE funding for FNP for the first and second quarter were received in month (the second quarter was in advance) offset by the training contract paid in advance.

		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)	6,842	5,615	1,227
	General debtors (incl LAs)	1,939	1,679	260
	SHA for Training	2,522	2,788	(266)
	Students and sponsors	479	625	(146)
	Other	0	0	0
		11,782	10,707	1,075
Operational expenditure payments				
	Salaries (net)	(4,141)	(4,100)	(41)
	Tax, NI and Pension	(3,145)	(3,031)	(114)
	Suppliers	(2,845)	(2,985)	140
		(10,131)	(10,116)	(15)
Capital Expenditure		(81)	(100)	19
Interest Income		3	1	2
Payments from provisions		0	(9)	9
PDC Dividend Payments		0	0	0
Closing cash balance		4,330	3,240	1,090

2.4 Capital Expenditure

2.4.1 Up to 30 June, expenditure on capital projects was £81k. This has included £30k so far on the Relocation/Refurbishment Project and £20k for the IDCR project.

2.4.2 The capital budget for the year is £2,318k, and actual costs are expected to be close to this.

Capital Projects 2014/15	Budget	Actual YTD June 2014
	£'000	£'000
Boiler Project	-	2
33 Daleham Gardens	35	-
Portman Windows	70	-
Seminal Room Improvement	55	-
Build Management Systems	-	16
Fire door	-	3
Board Room air conditioner	-	7
Passenger lift	45	2
Studios	120	-
Boiler at the Portman Clinic	25	-
Library refurbishment	-	1
Relocation/Refurbishment Project	600	30
Others	25	-
Total Estates	975	61
IT Infrastructure	350	0
IDCR	529	20
DET Records Management	164	-
FNP Website and Records System	300	-
Total IT	1,343	20
Total Capital Programme	2,318	81

2.5 Statement of Financial Position (aka Balance Sheet)

- 2.5.1 Appendix E reports the SoFP at 30 June, compared to the Plan figures for the same date, and also to the opening balances for the year. Cash is £1m above plan as is Other Liabilities (deferred income) due to the receipt in advance of the FNP quarter 2 income as mentioned 2.3.1.

3. **Training**

- 3.1 Training income is £55k below budget in total after three months, LDA Income is £5k above budget which is offset by Fee and Academic income which is £60k below budget. Details below:

LDA income (lines 4-7 appendix B)	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast £'000
NHS London Training Contract	1,814	1,814	0	0
Child Psychotherapy Trainees	537	527	-10	0
Junior Medical Staff	239	270	31	0
Postgraduate Medical and Dental (budget incl. study leave)	23	8	-16	0
Sub Total	2,613	2,618	5	0
Fees and academic income (lines 8-11 Appendix B)				
DET	120	71	-49	-37
CAMHS	1,863	1,872	9	59
SAAMHS	336	319	-17	-11
TC	44	41	-3	0
Sub Total	2,363	2,303	-60	11
Grand Total	4,976	4,921	-55	11

3.1.1 LDA income is £5k above budget due to the postgraduate medical and dental education income £16k adverse to budget, as the income for study leave is now incorporated in the junior medical staff tariff. Within junior medical staff, Less Than Full Time trainees (flexible trainees) are now paid at their actual salary and not the budgeted tariff rate, giving a further favourable variance which is offset against the related expenditure

3.1.2 The forecast for LDA income is currently expected to be on budget

3.1.3 Fee and Academic income is £60k adverse to date which is mainly due to DET income £49k adverse to budget. The budget reflects a number of the LCPPD commissions unallocated to specific trainings and currently held centrally and deferred. As London trusts commission against this unallocated activity throughout the academic year, the funds are released and reallocated to those service lines delivering the commissions and will be fully allocated by August 2014. CAMHS and TC benefited from the reallocation of LCPPD funds and CAMHS HEFCE and fees are above Plan. SAAMHS continue their adverse fee variance for academic year 13-14. The current assumptions for academic year 14-15 activity remain unchanged.

3.2 The Education and Training expenditure is currently £83k lower than budget due to a number of vacancies. The variance will reduce by the end of the year as posts

become filled. Visiting lecturer's expenditure is currently £14k higher than planned due to budget phasing. This is forecast to be within budget by the end of the year as the assumed visiting lecturer rate increase across all activity is postponed and only applied to supervision activity. CAMHS expenditure is facing a current cost pressure on staffing, the rate of which will reduce throughout the year to give a forecast pay spend £50k higher than budget. SAAMHS, however, has a current pay underspend but expects full year expenditure to be on 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 June actual income is £32k above budget.

4.1.4 Court report income has a reduced budget from £113k for 2013/14 to £28k in 2014/15. It was £7k below budget after June. This income stream is expected to be £10k below budget at the end of the financial year.

4.1.5 Day Unit Income target was reduced by £210k in 2014/15 and is £26k below target after June. The service is expecting the additional income required to meet their revised target to be achieved from the start of the next 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.

[†] Commissioning for Quality and Innovation

	Budget	Actual	Variance	Full year		Comments
	£000	£000	%	Variance based on y-t-d	Predicted variance	
Contracts - base values	3,177	3,270	2.9%	558	156	GIDU and MBT income deferred from 13/14
Cost and vol variances	81	81	-0.3%	-1	0	
NPAs	33	64	96.6%	188	0	
Projects and other	318	169		-	0	Income matched to costs, so variance is largely offset.
Day Unit	162	136	-15.7%	-102	0	
FDAC 2nd phase	193	202	4.6%	36	0	Income matched to costs, so variance is largely offset.
Court report	7	0	-99.6%	-28	-10	
Total	3,971	3,923		651	146	

5. **Consultancy**

- 5.1 TC are £33k net above their budgeted target after the first quarter. This consists of expenditure £38k underspent, TC Training Fees £3k below budget and consultancy £3k below budget. TC are currently reviewing and revising their forecast income and expenditure for the rest of the year.
- 5.2 Departmental consultancy is £24k below budget after three months. The majority of the shortfall is within SAMHS. Actions to recover the shortfall will be required to deliver against plan.

Carl Doherty
Deputy Director of Finance
16 July 2014

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2014-15											APPENDIX B
All figures £000		Jun-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	604	628	24	1,780	1,805	25	7,054	7,118	7,218	100
2	CAMHS CLINICAL INCOME	326	336	10	979	950	(29)	3,987	3,871	3,872	1
3	SAAMHS CLINICAL INCOME	417	420	3	1,212	1,169	(43)	4,398	4,849	4,894	45
4	NHS LONDON TRAINING CONTRACT	605	605	0	1,814	1,814	0	7,254	7,254	7,254	0
5	CHILD PSYCHOTHERAPY TRAINEES	179	182	3	537	527	(10)	2,148	2,148	2,148	0
6	JUNIOR MEDICAL STAFF	80	109	29	239	270	31	1,022	957	957	0
7	POSTGRADUATE MED & DENTL EDUC	8	3	(5)	23	8	(16)	94	94	94	0
8	DET TRAINING FEES & ACADEMIC INCOME	40	22	(18)	120	71	(49)	1,739	1,362	1,325	(37)
9	CAMHS TRAINING FEES & ACADEMIC INCOME	621	650	29	1,863	1,872	9	6,743	7,502	7,561	59
10	SAAMHS TRAINING FEES & ACADEMIC INCOME	112	113	1	336	319	(17)	1,530	1,530	1,518	(12)
11	TC TRAINING FEES & ACADEMIC INCOME	(1)	(2)	(2)	44	41	(3)	282	257	256	(0)
12	TC INCOME	81	117	36	231	229	(3)	925	925	925	0
13	CONSULTANCY INCOME CAMHS	9	0	(9)	27	24	(3)	110	110	77	(33)
14	CONSULTANCY INCOME SAAMHS	40	17	(23)	120	99	(21)	492	480	557	77
15	R&D	10	(20)	(30)	31	46	16	123	123	138	15
16	OTHER INCOME	63	71	8	188	160	(28)	1,159	915	963	48
TOTAL INCOME		3,194	3,251	57	9,544	9,403	(141)	39,059	39,495	39,758	263
EXPENDITURE											
17	COMPLEX NEEDS	303	284	19	894	866	28	3,560	3,575	3,532	43
18	PORTMAN CLINIC	103	102	1	305	297	8	1,225	1,379	1,379	0
19	GENDER IDENTITY	126	114	12	377	299	78	1,253	1,506	1,406	100
20	DEV PSYCHOTHERAPY UNIT	9	7	2	28	43	(15)	114	113	123	(10)
21	NON CAMDEN CAMHS	332	335	(3)	1,009	1,036	(27)	4,231	4,038	4,048	(10)
22	CAMDEN CAMHS	364	360	5	1,093	1,094	(1)	4,350	4,305	4,290	15
23	CHILD & FAMILY GENERAL	42	48	(7)	125	146	(21)	503	501	567	(66)
24	FAMILY NURSE PARTNERSHIP	339	261	78	1,016	722	295	3,575	4,066	3,416	650
25	JUNIOR MEDICAL STAFF	83	75	8	248	226	22	966	993	993	0
26	NHS LONDON FUNDED CP TRAINEES	179	177	2	537	530	7	2,148	2,148	2,148	0
27	TAVISTOCK SESSIONAL CP TRAINEES	2	3	(1)	5	8	(3)	19	19	31	(12)
28	FLEXIBLE TRAINEE DOCTORS & PGMDE	25	33	(8)	76	108	(32)	394	306	306	0
29	EDUCATION & TRAINING	199	175	24	598	517	80	3,447	3,435	3,425	10
30	VISITING LECTURER FEES	86	54	32	259	273	(14)	1,229	1,229	1,229	0
31	CAMHS EDUCATION & TRAINING	118	129	(10)	354	393	(39)	1,429	1,420	1,475	(55)
32	SAAMHS EDUCATION & TRAINING	78	73	4	233	224	9	939	933	935	(2)
33	TC EDUCATION & TRAINING	0	0	(0)	0	0	(0)	0	0	0	0
34	TC	66	60	6	197	159	38	815	787	787	0
35	R&D	20	16	4	60	51	9	169	241	167	74
36	ESTATES DEPT	173	177	(4)	518	536	(18)	2,078	2,072	2,083	(11)
37	FINANCE, ICT & INFORMATICS	162	143	20	486	456	31	2,326	1,946	1,946	0
38	TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	83	89	(6)	249	255	(7)	998	995	995	0
39	COMMERCIAL DIRECTORATE	101	68	33	228	196	32	738	798	798	0
40	HUMAN RESOURCES	52	83	(30)	157	204	(47)	632	629	669	(40)
41	CLINICAL GOVERNANCE	43	46	(2)	130	135	(5)	587	511	511	0
42	PROJECTS CONTRIBUTION	0	0	0	0	0	0	(73)	0	0	0
43	DEPRECIATION & AMORTISATION	46	47	(1)	137	140	(3)	550	550	581	(31)
44	IFRS HOLIDAY PAY PROV ADJ	0	0	0	0	0	0	100	100	100	0
45	PRODUCTIVITY SAVINGS	8	0	8	25	0	25	(134)	0	0	0
46	INVESTMENT RESERVE	10	0	10	30	0	30	120	120	120	0
47	CENTRAL RESERVES	16	0	16	53	0	53	315	325	325	0
TOTAL EXPENDITURE		3,167	2,957	210	9,428	8,916	512	38,603	39,039	38,384	654
OPERATING SURPLUS/(DEFICIT)		27	294	267	116	487	371	456	456	1,374	918
48	INTEREST RECEIVABLE	0	1	1	1	3	2	5	5	5	0
49	DIVIDEND ON PDC	(35)	(35)	0	(105)	(105)	0	(421)	(421)	(421)	0
SURPLUS/(DEFICIT)		(8)	260	268	12	384	372	40	40	958	918
50	RESTRUCTURING COSTS	0	18	(18)	0	29	(29)	0	0	29	29
SURPLUS/(DEFICIT) AFTER RESTRUCTURING		(8)	243	250	12	355	343	40	40	929	889

SLR Report M3 2014-15										Appendix C		
				Trust Total			SAMHS			CAMHS		
				Budget M3 2014-15 £000	Actuals M3 2014-15 £000		Budget M3 2014-15 £000	Actuals M3 2014-15 £000		Budget M3 2014-15 £000	Actuals M3 2014-15 £000	
Clinical Income				4,068	3,991		1,737	1,689		2,331	2,302	
Training course fees and other acad income												
National Training Contract				3,065	3,068		713	693		2,352	2,374	
Total Training Income				1,814	1,814		610	610		1,204	1,204	
				4,878	4,882		1,323	1,304		3,555	3,578	
Consultancy Income				290	231		285	229		5	2	
Research and Other Income (incl Interest)				45	58		19	23		27	35	
Total Income				9,282	9,162		3,364	3,245		5,918	5,916	
Clinical Directorates and Consultancy				5,596	5,229		2,007	1,850		3,590	3,379	
Other Training Costs (in DET budget)				1,125	1,118		355	368		771	750	
Research Costs				80	82		31	31		50	51	
Accommodation				629	641		301	307		328	334	
Total Direct Costs				7,431	7,071		2,693	2,556		4,739	4,515	
Contribution				1,851	2,091		672	689		1,179	1,401	
Central Overheads (excl Buildings)				2,049	1,950		706	674		1,343	1,276	
Central Income				280	244		84	74		196	170	
Surplus (deficit)				81	384		49	89		32	295	
Unallocated Contingency				53								
Total Surplus				28								
SURPLUS as % of income				0.9%	4.2%		1.5%	2.7%		0.5%	5.0%	
CONTRIBUTION as % of income				19.9%	22.8%		20.0%	21.2%		19.9%	23.7%	

														APPENDIX D			
	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	£000			
2014/15 Plan	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				
Opening cash balance																	
Operational income received																	
NHS (excl SHA)	2,908	1,468	1,239	1,414	1,338	1,308	1,299	1,337	1,309	1,299	1,338	1,309	17,566				
General debtors (incl LAs)	671	502	506	663	737	537	721	692	769	664	1,032	868	8,362				
HEE for Training	2,567	142	79	2,567	143	79	2,567	142	79	2,567	143	79	11,156				
Students and sponsors	325	150	150	100	0	200	800	250	100	750	100	100	3,025				
Other	0	0	0	0	0	0	0	0	0	0	0	0	0				
	6,471	2,262	1,974	4,744	2,218	2,124	5,387	2,421	2,257	5,280	2,613	2,356	40,109				
Operational expenditure payments																	
Salaries (net)	(1,346)	(1,346)	(1,408)	(1,407)	(1,408)	(1,428)	(1,459)	(1,445)	(1,442)	(1,436)	(1,436)	(1,436)	(16,997)				
Tax, NI and Pension	(991)	(995)	(1,045)	(1,053)	(1,053)	(1,053)	(1,068)	(1,092)	(1,081)	(1,079)	(1,075)	(1,075)	(12,660)				
Suppliers	(1,159)	(860)	(966)	(934)	(709)	(709)	(709)	(709)	(709)	(709)	(709)	(709)	(9,594)				
	(3,496)	(3,201)	(3,419)	(3,394)	(3,170)	(3,190)	(3,236)	(3,246)	(3,232)	(3,224)	(3,220)	(3,220)	(39,251)				
Capital Expenditure	0	0	(100)	(100)	(200)	(300)	(100)	(250)	(400)	(250)	(166)	(450)	(2,316)				
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0				
Interest Income	0	1	0	1	0	1	0	0	1	0	1	0	5				
Payments from provisions	0	0	(9)	(2)	0	0	0	0	0	0	0	0	(11)				
PDC Dividend Payments	0	0	0	0	0	(211)	0	0	0	0	0	(210)	(421)				
Closing cash balance	5,732	4,794	3,240	4,488	3,337	1,761	3,811	2,736	1,362	3,167	2,395	871	871				
2014/15 Actual/Forecast	April	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	£000			
Opening cash balance	2,757	4,441	3,357	4,330	5,368	3,786	1,779	3,830	2,755	1,381	3,186	2,414	2,757				
Operational income received																	
NHS (excl SHA)	1,982	1,362	3,498	1,084	1,008	978	1,299	1,337	1,309	1,299	1,338	1,309	17,803				
General debtors (incl LAs)	886	514	539	663	737	537	721	692	769	664	1,032	868	8,622				
HEE for Training	2,443	78	1	2,567	143	79	2,567	142	79	2,567	143	79	10,889				
Students and sponsors	277	104	98	100	0	200	800	250	100	750	100	100	2,879				
Other	0	0	0	0	0	0	0	0	0	0	0	0	0				
	5,588	2,058	4,136	4,414	1,888	1,794	5,387	2,421	2,257	5,280	2,613	2,356	40,193				
Operational expenditure payments																	
Salaries (net)	(1,344)	(1,396)	(1,401)	(1,407)	(1,408)	(1,428)	(1,459)	(1,445)	(1,442)	(1,436)	(1,436)	(1,436)	(17,038)				
Tax, NI and Pension	(1,033)	(1,052)	(1,060)	(1,053)	(1,053)	(1,053)	(1,068)	(1,092)	(1,081)	(1,079)	(1,075)	(1,075)	(12,774)				
Suppliers	(1,499)	(679)	(667)	(814)	(809)	(809)	(709)	(709)	(709)	(709)	(709)	(709)	(9,534)				
	(3,876)	(3,127)	(3,128)	(3,274)	(3,270)	(3,290)	(3,236)	(3,246)	(3,232)	(3,224)	(3,220)	(3,220)	(39,346)				
Capital Expenditure	(29)	(16)	(36)	(100)	(200)	(300)	(100)	(250)	(400)	(250)	(166)	(450)	(2,297)				
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0				
Interest Income	1	1	1	1	0	0	0	0	1	0	1	0	6				
Payments from provisions	0	0	0	(2)	0	0	0	0	0	0	0	0	(2)				
PDC Dividend Payments	0	0	0	0	0	(211)	0	0	0	0	0	(210)	(421)				
Closing cash balance	4,441	3,357	4,330	5,368	3,786	1,779	3,830	2,755	1,381	3,186	2,414	890	890				

Board of Directors : 29 July 2014

Item : 8

Title : Quarterly Quality Report 2014-15, for Quarter 1: June 2014

Summary:

The report provides an update of the Quality Indicators for Quarter 1, 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 : Justine McCarthy Woods, Quality Standards and Reports Lead

Quarterly Quality Report for the Board of Directors

Quarter 1, 2014-2015

July 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	Q3	Q4	
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	N	%	N	%	N	%	N	%					*Q1 figure does not include Portman data. This will be added to the Report when available.
			1*	0.2%											
II	Adult DNA rates. Target = no greater than 10%	Quarterly	7%												
III	Patient Satisfaction: Target 90% or more report satisfied with the service. ²	Quarterly	93%												
IV	Quality and Development of staff: Target 90% of staff to have a PDP.	Quarterly	97%												
V	Sickness and absence rates. Target:<2% = green, (2-6% = amber; >6 = red).	6 monthly	N/A				N/A				N/A				This will be reported in Q2.
VI	Trust Service cancellation rates. Target: <5% = green (5-9% = amber, >10% = red).	Quarterly	1.4%												
VII	% of staff with up-to-date mandatory for infection control. Target > 95% = green (80-95% = amber; < 80% = red).	Annually									N/A				
VIII	% response to complaints within 25 days. Target: > 95% green (80-95% = amber, <80% = red.)	Monthly	April 14		May 14		June 14								
			100% 0/0		100% 1/1		100% 0/0								

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%. ³	Quarterly	N	%	N	%	N	%	N	%				
			208	85%										

¹ RAG status for Q1. (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).

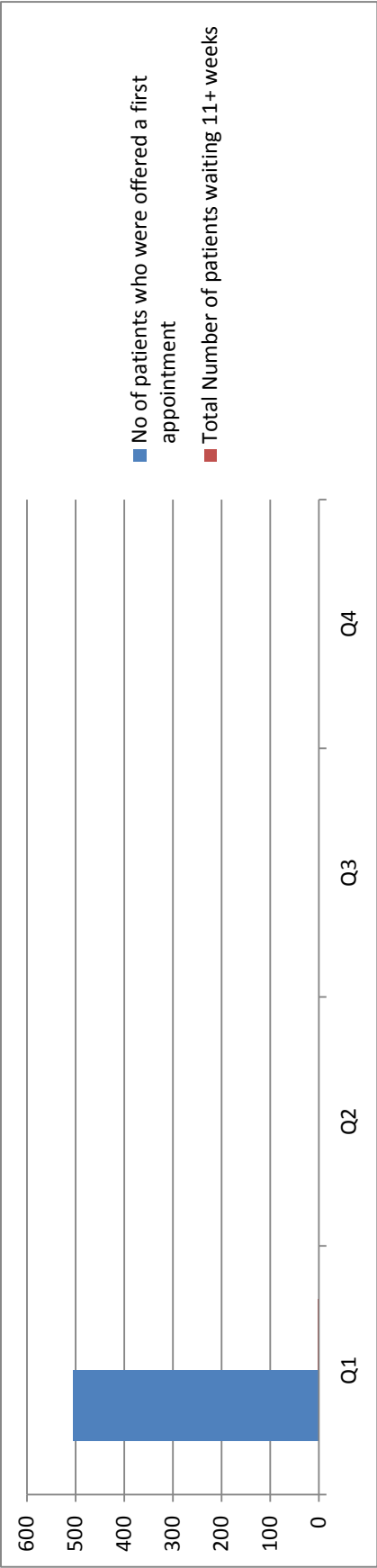
² The Q1 ESQ PPI data is not yet available, therefore data from the ESQ PPI Report 2013-14 for Q4 has been used.

³ The ESQ Data for this indicator has been provided by CAMHS.

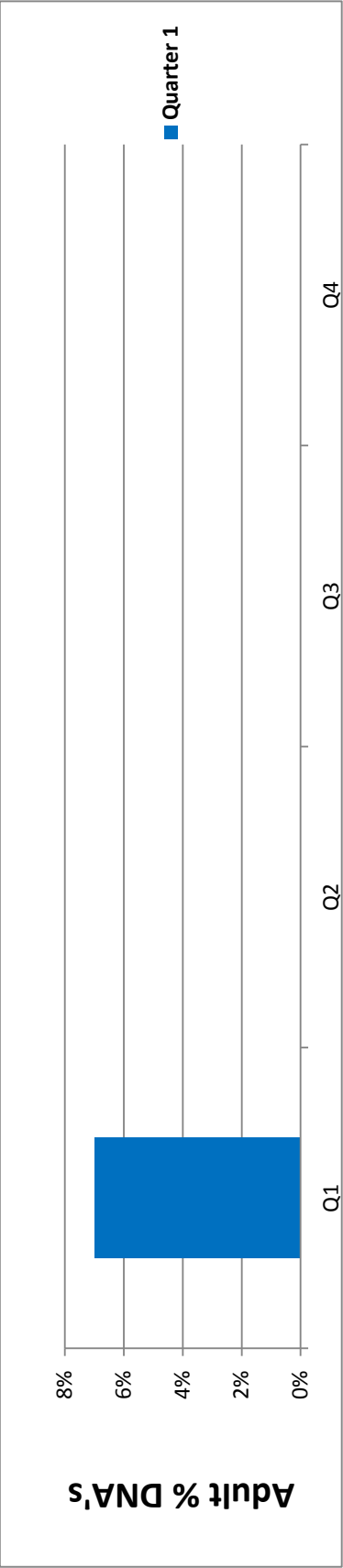
Quality Service Developments													
No	Target	Monitoring	Progress				% Progress for 2014/15				Actions for Next Quarter		
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
1	Attendance at Child Safeguarding Training, levels 1, 2 & 3. Target = 85%	Quarterly	Q1 L1- 95% L2- 90% L3- 94%	Q2	Q3	Q4							
2	Attendance at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

Section Two: Explanatory Notes
Quality Key Performance Indicators

I. **Waiting Times (*)** - For Quarter 1, there were 3 waiting time breaches, where patients were required to wait eleven weeks or longer for their first appointment, but only 1 of these breaches related to factors internal to the Trust and represented 0.2% of the total number of patients who were offered a first appointment in Quarter 1.

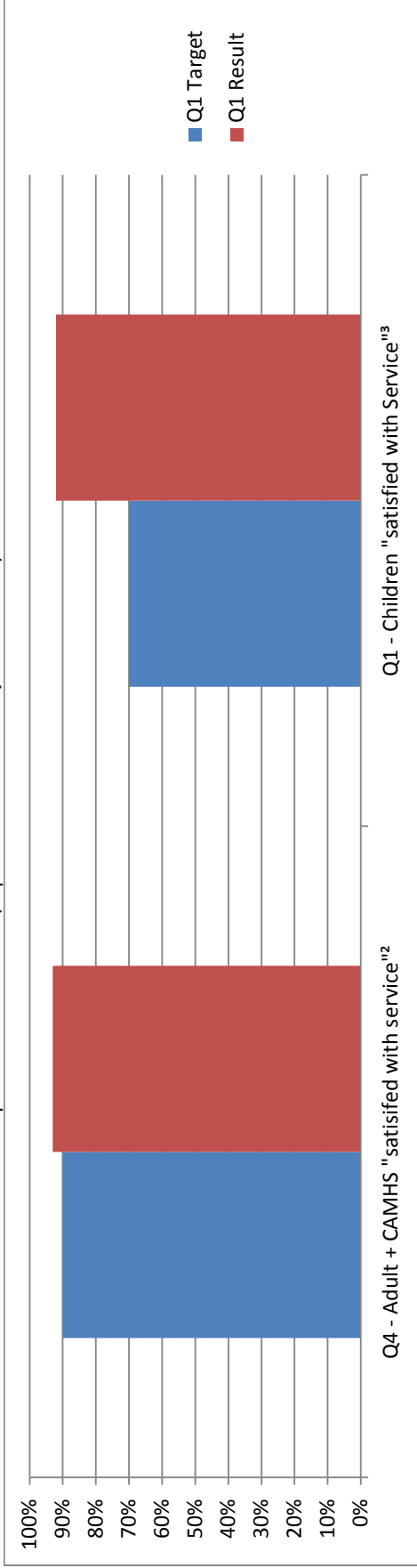


II. **Adult DNA Rates** - The Adult DNA rate for Quarter 1 is 7% and below our target of 10%.



III.

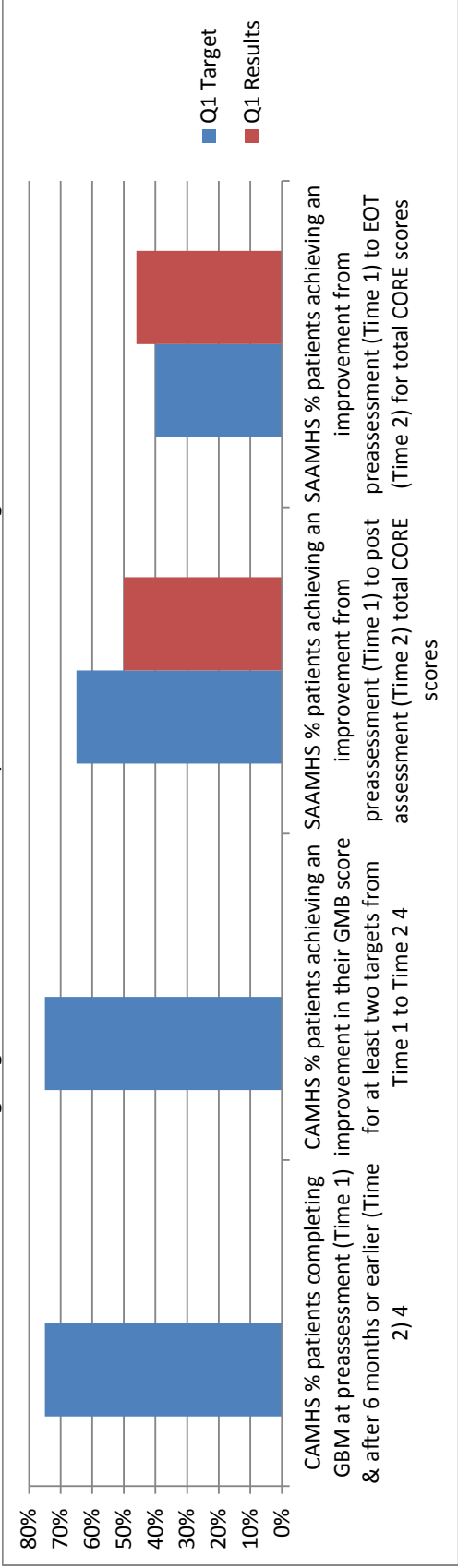
Patient Satisfaction – Satisfaction with “Helpfulness of Service” (Experience of Service Questionnaire)



IV.

Outcome Monitoring

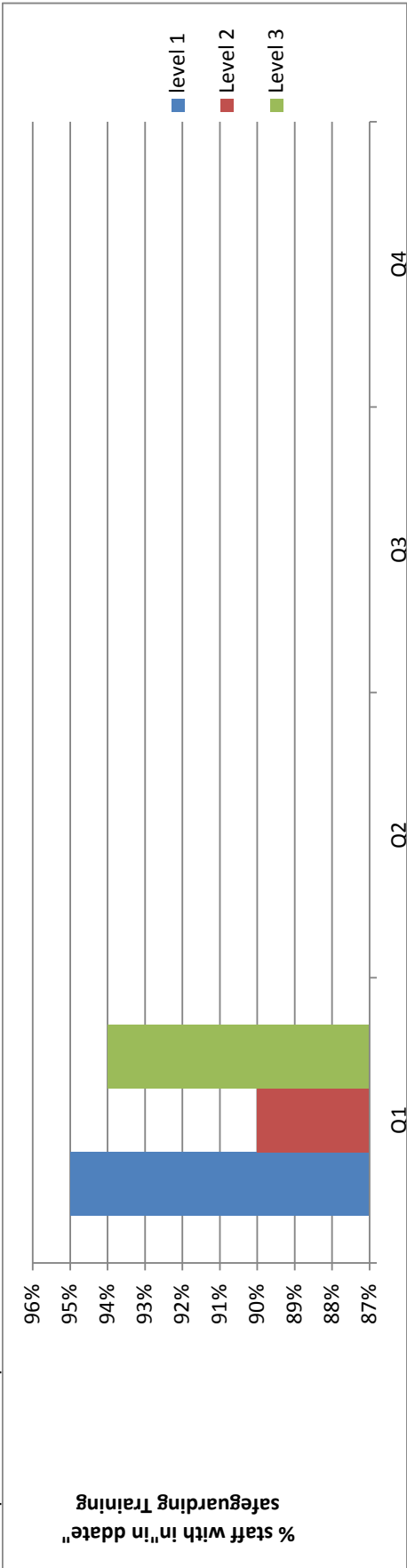
The data for the four Outcome Monitoring targets for Q1 are shown in comparison to the current target.



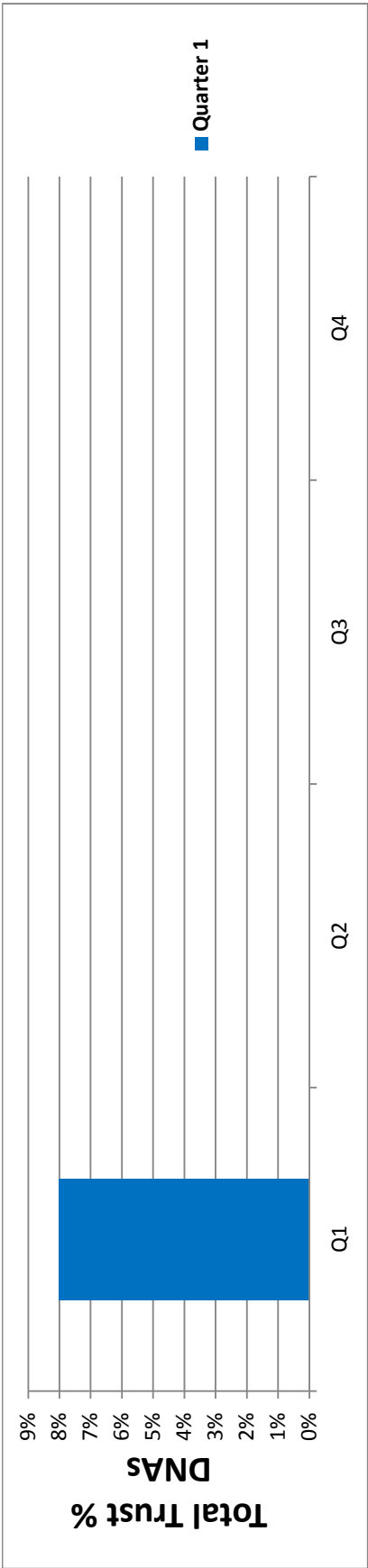
4 Time 2 data not available until Q3.

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 in April and June 2014).



2. **Trust-wide DNA Rates** – The DNA rate for Quarter 1 is 8% which is below our target of 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 ¹	Q2	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	• OM analysis of the % return rate for Time 1 and Time 2.	1 April 2014		55% returned Time 1 GBM form. Progress on Time 2 returns can only be reported from Q3.				
	Monitoring of progress by the OM Lead										
		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).		Quarterly progress report							
			Quarterly review by the CQSG Committee and Board of Directors	• OM analysis of the % of patients who achieve an improvement in their score for at least two GBM targets.	1 April 2014		Progress can only be reported for this indicator from Q3.	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		• OM analysis of the % of service users who achieve an improvement in their score from pre assessment to End of Treatment.	1 April 2014			46% ⁵			

Priority	Target	Priority Lead	Monitoring Processes	Evidence Required	Start Date	Achievement Date	Progress	% Progress for 2014/15			
								Q1	Q2	Q3	Q4 ¹
(3) Patient and Public Involvement	1. To run at least two staff trainings on having services users on panels.	Sally Hodges	<ul style="list-style-type: none"> Maintain minutes from the stakeholder quality meetings and patient forum Monitoring of progress by PPI Lead Quarterly progress report Quarterly review by the CQSG Committee and Board of Directors 	1. Reports and action plans that come out of the training events. 2. Panel staffing lists for the interviews and questionnaires completed by service users about their experience on the appointment process. 3. NHS Board of Directors Minutes.	1 April 2014	July 2014 July 2014 July 2014	1. The CAMHS PPI Lead will be leading on this in Q2. 2. The first interview will be taking place on 29 July. 3. The first will be taking place on 29 July, a patient story will also be on the website, a communication to staff and a tweet announcing the first patient story to the board will happen on the day.				
	2. To have at least three interviews with service users on the panel.										
	3. To take a minimum of three real patient stories to the trust board in one of the following ways: a patient visiting the board, the board seeing a video or a transcript of the description of the journey.										

¹ RAG status for Q1. (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).
 5 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, therefore Q1 score of 46% recorded as green having exceeded the Q2 target of 40%.

Justine McCarthy Woods
Quality Standards and Reports Lead

Appendix One: CQUIN Targets

	Detail of indicator	Performance at Q1	Progress	Q1 RAG ¹
Friends + Family Test	Indicator 1a – Implementation of Staff Friends + Family (FFT) Test by TPFT by 30 May 2014.	Achieved	TPFT Management Team discussed and approved on 8 May 2014 a paper detailing the recommendations for the implementation of the Staff FFT with an initial email being circulated to all staff on 2 June 2014.	
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.)	Achieved	Dr Caroline McKenna, Associate Medical Director and Dr Julian Stern, Medical Psychotherapy have been appointed as joint Clinical Leads.	
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.	85%		
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”.	85%		
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)	50%	Based on the performance figures from previous years, we expect the performance figure to improve further by Q4.	

¹ RAG status for Q1. (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).
5 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, therefore Q1 score of 46% recorded as green having exceeded the Q2 target of 40%.

	for 65% for patients over the age of 25 who qualify for the CQUIN.			
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. ⁵	46%		
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.	17%		We expect the recording status of new service users to improve when processes are firmly in place.
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%		Progress to be report in Q2. The Process for providing report to identify patients is currently under construction in the Informatics Service. When completed, patients identified in the report will be sent a letter giving information on relevant links to smoking cessation services, as well as pointing out the various smoking cessation leaflets/flyers around the Trust.
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.

Appendix Two: Quality Indicator Performance Supporting Evidence

1. Waiting times

QUARTER 1							
Target less than 77 days (11 weeks)	Adolescent	Adult	Camden CAMHS	Other CAMHS	Portman	LCDS	TOTAL
Breaches: Cause internal to Tavistock	0	0	1	0	0	0	1
Breaches: Cause external to Tavistock	0	0	1	1	0	0	2
Total number of breaches	0	0	2	1	0	0	3
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	65	88	274	68	0	11	506
The percentage of patients that are breached in the quarter	0.0%	0.0%	0.7%	1.5%	#DIV/0!	0.0%	0.6%
% of internal breaches	0.0%	0.0%	0.4%	0.0%	#DIV/0!	0.0%	0.20%
% of external breaches	0.0%	0.0%	0.4%	1.5%	#DIV/0!	0.0%	0.40%

2. DNA Rates

QUARTER 1							
Target <10%	Adolescent	Adult	Camden CAMHS	Other CAMHS	Portman	LCDS	Total
Total 1st appointments attended	44	55	188	48	33	11	379
Total first appointments DNA's	5	6	16	1	0	0	28
Total first appointments	49	61	204	49	33	11	407
% 1st appointments DNA'd	10.2%	9.8%	7.8%	2.0%	0.0%	0.0%	6.9%
Total subsequent appointments attended	1072	2122	3260	1973	1103	192	9722
Total sub. appointments DNA'd	234	158	260	74	98	6	830
Total subsequent appointments	1306	2280	3520	2047	1201	198	10552
% DNA subsequent Appointments	17.9%	6.9%	7.4%	3.6%	8.2%	3.0%	7.9%

3. **Patient Satisfaction** – See ESQ Report 2013-2014 Q4. (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 Q1 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%			
Level 2 Safeguarding Training				
% of staff whose training is 'in date'	Q1	Q2	Q3	Q4
	90%			
Level 3 Safeguarding Training				
% of staff whose training is 'in date'	Q1	Q2	Q3	Q4
	94%			

Board of Directors : July 2014

Item : 9

Title : Quarter 1 Governance statement

Purpose:

The Board of Directors is asked to approve three elements of the governance statement to be submitted to Monitor for quarter 1.

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 17 July.

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 1 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 July.

2. **Finance declaration**

- 2.1 The financial forecasts for the next four quarters are based on the 2014/15 budget approved in March and the Strategic Plan approved in June. The Trust's expected ratings on the two metrics which comprise the continuity of service risk rating (CoSRR) were detailed in last quarter's paper.
- 2.2 Our in-year Debt Service Cover rating is projected to be 3 for all quarters of 2014/15. Our Liquidity ratio starts at 4, but may fall to 2 during the year, though cash will remain satisfactory.
- 2.3 In 2015/16, the ratings are projected to remain at least at these levels, subject to achieving our targets for savings and for contribution from growth.
- 2.4 The two elements are each given a 50% weighting, and the result is rounded up to obtain the overall continuity of service risk rating (CoSRR). So with the lowest of the ratings predicted – Debt 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.
- 2.5 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 1 result	
Data completeness: 97% completeness on all 6 identifiers	0.5	Achieved	0
Compliance with requirements regarding access to healthcare for people with a learning disability	0.5	Achieved	0
Risk of, or actual, failure to deliver Commissioner Requested Services	4.0	No	0
CQC compliance action outstanding	Special	No	0
CQC enforcement action within the last 12 months	Special	No	0
CQC enforcement action (including notices) currently in effect	4.0	No	0
Moderate CQC concerns or impacts regarding the safety of healthcare provision	Special	No	0
Major CQC concerns or impacts regarding the safety of healthcare provision	2.0	No	0
Unable to declare ongoing compliance with minimum standards of CQC registration	Special	No	0
		Total score	0
		Indicative rating	

3.2 Care Quality Commission registration

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

3.2.2 The Trust remains compliant with the CQC registration requirements.

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

3.3.1 The Trust 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 two months of this year confirm that we are still meeting and exceeding this target: see table below.

	Month 2 provisional
Valid NHS number	99.52%
Valid Postcode	100.00%
Valid Date of Birth	100.00%
Valid Organisation code of Commissioner	99.65%
Valid Organisation code GP Practice	99.26%
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
17 July 2014

Board of Directors : July 2014

Item : 10

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

Purpose:

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

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

This report has been reviewed by the following Committees:

- Management committee, Thursday 17th July 2014

This report focuses on the following areas:

- Quality
- Patient / User Safety
- Risk

For : Noting

From : Dr Rob Senior, Medical Director & Responsible Officer

Summary

- 1) The amended RO regulations came into force on 1st April 2013.
- 2) We have agreed with the GMC all doctors for whom we are the designated body and all have been given a date for revalidation. The report which follows from the revalidation and appraisal lead outlines the systems and processes we have established to facilitate and support the revalidation of doctors in the Trust.
- 3) To date, seventeen doctors have been recommended for revalidation by Dr Senior, the responsible officer. None has been deferred or had their license to practice refused.
- 4) Of the 42 consultants for whom Dr Senior is their Responsible Officer, only one, who was returning from maternity leave, had not completed an annual appraisal under the new system by May 2014.
- 5) The Responsible Officer for our medical trainees is the Postgraduate Dean in HENCEL our Local Education and Training Board.
- 6) None of the doctors for whom the Tavistock and Portman NHS FT is the designated body is currently subject to any GMC fitness to practice procedures.

Dr Rob Senior
Medical Director,
Responsible Officer

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

Report for the Board

1. Background to revalidation

1.1 What is revalidation?

Revalidation is the process by which licensed doctors will have to demonstrate to the General Medical Council (GMC) that they are up to date and fit to practise and that they are complying with the relevant professional standards. This process aims to provide further assurance to patients and the public, employers and healthcare professionals that all doctors with a licence are up to date and fit to practise. The revalidation process formally started at the beginning of 2013 and all licensed doctors now need to revalidate regularly if they wish to keep their licence to practise medicine. Revalidation means that doctors need to demonstrate that they continue to meet standards that are set by the General Medical Council (GMC), and that they are continuing to learn and develop their skills and knowledge.

1.2 How does revalidation work?

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

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

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

1.2.2 All doctors must report to the 'Responsible Officer' (RO) of the organisation where the doctor works. This is a new statutory

role, and is usually the medical director of the organisation. Every five years, the RO makes a recommendation to the GMC about whether a doctor should be revalidated, basing their recommendation on the doctor's annual appraisals and the folder of information. The RO has to provide assurance about the quality of the appraisal system so does not usually conduct appraisals in their own organisation. The Trust therefore needs a number of consultant appraisers who are formally trained in appraisal for revalidation.

- 1.2.3 Revalidation does not involve a point-in-time assessment of a doctor's knowledge and skills but is based on a continuing evaluation of their practice in the context of their everyday working environment. It is designed to affirm the good practice of doctors, and encourage professional development. Areas for concern should be identified well in advance, followed up with local support or action – remediation and rehabilitation.

2. National implementation of revalidation

- 2.1 The GMC worked with other organisations to introduce revalidation (including the four UK health departments and doctors' representative bodies such as the BMA). Work was undertaken by the medical Royal Colleges and Faculties to develop standards for the appraisal and revalidation of specialist doctors and GPs.
- 2.2 The licence to practice was introduced on 16 November 2009. The licence was the first step towards revalidation.
- 2.3 Since 2009, all trusts have had to regularly complete an 'Assuring the Quality of Medical Appraisal' (AQMAR) self-assessments of their readiness for revalidation. This has required require organisations to return development plans to address any shortfalls.
- 2.4 Pilot studies were undertaken to test the mechanisms for revalidation. The GMC carried out an extensive consultation of their proposals in 2010 One of the outcomes of this consultation was to extend the pilots.
- 2.4 Revalidation began formally at the beginning of 2013. All doctors have received a letter from the GMC with a date for their revalidation in the next 5 years.

3. Royal College of Psychiatrists Recommendations on Revalidation

- 3.1 The Royal College of Psychiatrists has produced guidance regarding revalidation for psychiatrists *CR172: Revalidation Guidance for*

Psychiatrists (March 2012). The College has also issued [Good Practice Guidance for Appraisal](#) (2010).

3.2 Supporting information

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

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

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

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

Psychiatrists are expected to participate in three key quality improvement activities: 1) Case-based Discussion (10 in the 5 year cycle); 2) Clinical Audit (psychiatrists will need to participate in 2 audits of significant areas of their practice in each 5 year cycle); and 3) Clinical outcome measures.

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

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

4.1 Appointment of Responsible Officer

- 4.1.1 Rob Senior (RS), the Medical Director, was formally approved by the Board in September 2010 as the Responsible Officer for the Trust. His role is in line with the competency framework and job description for the role of the RO and he accesses a

regional Responsible Officer Support Network of peer support via NHS London.

4.1.2 Rob Senior, with the Appraisal Lead (Jessica Yakeley) and Medical HR Lead have completed the annual Organisational Readiness Self-Assessment (ORSA) exercise, designed to help designated NHS bodies in England develop their systems and processes in preparation for the implementation of revalidation, since 2009. The ORSA was replaced in 2014 with the Annual Organisational Audit (AOA) questionnaire from NHS England.

4.1.3 To date, the RO has recommended 17 Doctors to the GMC for revalidation.

4.2 Development of robust appraisal system

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

4.2.2 JY wrote a trust policy for medical appraisal for revalidation in line with GMC guidelines, which was approved by the Board in 2011. The policy was sent to all doctors in the Trust and is available on the Trust Intranet. JY has recently (May 2014) updated the policy reflecting to reflect the introduction of the electronic portfolio, SARD. She has also written a much shorter summary of the main points of this policy.

4.2.3 In 2010 we identified 8 consultant appraisers in the Trust across the three medical disciplines.

4.2.4 All of these appraisers received formal training in appraisal for revalidation from a company called Edgecumbe. Several newly identified appraisers subsequently received training from the London Deanery.

4.2.5 Last year, following discussion with the medical consultant body, we decided that all consultants in a substantive post for more than 2 years should be trained as appraisers. This was to ensure sufficient numbers of appraisers for all the doctors being appraised within the Trust, including honorary medical staff.

4.2.6 Further training has been arranged for November 2014 for these appraisers with a company MIAD (the London Deanery no longer provides this training).

- 4.2.7 A support system for consultant appraisers within the Trust was established in 2011, and since then appraisers meet termly to discuss the appraisal system.
- 4.2.8 In the last year we have developed a robust system to ensure that all doctors employed by the Trusts are appraised annually, including locums and non-consultant grade doctors, as well as some medically qualified honoraries (see below). All doctors in the trust are now registered on SARD (see below), as well as their named appraisers, and the dates of their annual appraisals are recorded.
- 4.2.9 We have initiated, via SARD, annual audits of missed or uncompleted appraisals.
- 4.2.10 This showed that at the end of April 2014, the Trust had a total of 42 Doctors on the SARD system and the overall number of doctors appraised at 30 April 2014 was 39 (93%) against the GMC target of 100%. The Responsible Officer has subsequently agreed dates to complete the three outstanding appraisals. One of these doctors had been on maternity leave, so that her appraisal had been deferred. The other two doctors completed their appraisals in May 2014.
- 4.2.11 We have initiated annual performance review of appraisers. All appraisees were sent a feedback form in June 2014 asking about the experience of their appraisals and their appraisers' performance. The results will be analysed by the Revalidation team and fed back anonymously to appraisers.

4.3 Electronic revalidation portfolio

- 4.3.1 Gervase Campbell and Jessica Yakeley researched the market for the provision of specifically designed electronic appraisal systems and E-portfolio for revalidation, and recommended that the Trust is better off purchasing a ready-made system than design its own. The Trust agreed to fund the purchase, implementation and training for this. We decided that the electronic appraisal system best suited to our needs was a system called Strengthened Appraisal & Revalidation Database (SARD) which was designed specifically for psychiatrists by a mental health trust (Oxleas), accessible and competitively priced.
- 4.3.2 The SARD system is web based and can be accessed at home and at work by tavi-port.sardjv.co.uk. SARD performs two functions: providing the forms for annual appraisal and a portfolio for gathering supporting information as evidence

against the GMC's Good Medical Practice Portfolio. The portfolio function within the system is like a filing cabinet in which it allows doctors to gather supporting evidence over a number of years and retrieve the evidence when it is time for their appraisals. It also has an in-built MSF for colleagues.

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

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

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

4.4 Informing our consultants about revalidation

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

4.4.2 Jessica Yakeley has circulated the revalidation and appraisal policy, as well as the summary of this policy, to all the consultants. The policy is also available on the Trust Intranet.

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

4.4.4 Jessica Yakeley and Rob Senior email regular updates on revalidation to all doctors in the Trust. All medical staff in the Trust have been informed that revalidation requires them to have a full appraisal which has to be recorded on the electronic system of SARD. They have also been informed that the Trust cannot allow medical staff who are not revalidated to continue to work with patients and that failure to have up to date appraisals, properly recorded, can impede incremental progression.

4.5 Clarifying and consolidating clinical governance systems

- 4.5.1 HR and the Clinical Governance Team have worked closely in the last year to clarify their respective roles and responsibilities in the overall process of appraisal and revalidation. Funding was approved in March 2013 to second a member of Bank Staff (Jemma de Wynter) to support Irene Henderson in establishing SARD and supporting all doctors to complete their appraisal on this system.
- 4.5.2 A system has been established to ensure that all complaints and clinical incident reports regarding medical clinicians come to the attention of the RO. The Appraisal Lead and RO requests a quarterly report from the Governance and Risk Advisor (Jane Chapman) of all complaints and clinical incident reports regarding doctors.
- 4.5.3 HR is establishing a robust system ensuring HR data regarding the appointment of all doctors (including honoraries) in the Trust is up to date. This will include information regarding the date of first appointment to a substantive consultant post. The HR team has also developed an exit form which has to be used for all consultant staff coming into the Trust, by obtaining information from previous employers and providing information to future employers. This is a further requirement of the revalidation process.

4.6 Doctors on honorary contracts and other 'external' doctors

- 4.61 We are obliged to appraise and revalidate any existing medically qualified honorary employed by the Trust who wishes to be revalidated and cannot be revalidated elsewhere. This includes doctors employed on an honorary contract. Currently there are 5 or 6 doctors in this position. If they are not receiving a salary from the Trust, we are charging these doctors £1,000 per annum for annual appraisals. We are also offering, on a case by case basis, appraisal and revalidation to a limited number of doctors who are not currently employed by the trust, but who have previously been employed by us. These doctors will have access to some of the mandatory training provided by the Trust's training such as CPR, as well as limited CPD opportunities, e.g. the Scientific Meetings.
- 4.62 However, because we have limited resources to appraise and revalidate our existing medical staff, we need to be very careful about accepting new medically qualified people as honoraries in future, and we cannot guarantee that revalidation and

appraisal will be offered as a condition of their employment with us.

5 Future work

5.1 Internal audit

An internal audit was conducted in June 2014, which was designed to assess the controls in place to ensure that the Trust's appraisal system for medical practitioners is 'revalidation ready' and that doctors perform to an acceptable level and deliver all of their work in line with their job plans. The auditors concluded that the Board can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective. However they identified several issues that, if not addressed, increase the likelihood of risk. They made several recommendations and an action plan has been agreed for the following areas:

1. The appraisal and revalidation policy needs to be updated (*this has been completed*).
2. Job descriptions for the RO and appraisal Lead should be reviewed to include the roles and responsibilities in relation to medical revalidation (*this has been completed*).
3. The Responsible Officer should complete the following modules of the Responsible Officer training designed by NHS England
 - Module 4: Responding to Concerns;
 - Module 5: GMC Protocol;
 - Module 6: Locally determined priorities

(The status of this recommendation is being taken up with the Trust GMC employment advisor and NHS England who conduct the RO's appraisal)

4. Annual appraisals should be completed for the remaining three doctors (*this has been completed*).
5. All Doctors who have been consultants for a minimum of two years should receive Appraiser's training (*training has been arranged*).
6. The terms of reference for the Patient Safety and Clinical Risk Work Stream should be reviewed to include an annual review of the document to ensure that the document is up to date and fit for purpose (*this has been completed*).
7. All doctors should obtain multisource feedback from patients within the five year revalidation cycle.

5.2 Multi-source feedback from patients

- 5.21 The GMC require that each doctor obtains patient feedback, including direct multi-source feedback once in each 5-year revalidation cycle. However, requesting such direct feedback may not always be in the best clinical interests for some of our patients as this may interfere with the therapeutic relationship. We have had extensive discussions with the consultant body how to best obtain feedback from patients, taking into account the complexities of our patient population and treatments offered. This may include obtaining feedback via service ESQs and other routine outcome measures asking about experience of service, but each clinician and service should decide how best to collect data from a variety of sources, which may sometimes include direct patient feedback.
- 5.22 Regarding obtaining direct patient feedback, two consultants, Dr Sarah Wynn and Dr Joanne Stubley, have drafted a feedback form for patients in line with GMC guidance that would be appropriate for most services within the Trust. It will be taken to the PPI Committee for service-user input. It will then be piloted by a small number of consultants in both adult and child services.

5.3 CPD and supporting professional activities (SPA)

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

Jessica Yakeley
Revalidation and Appraisal Lead
3.07.14
Rob Senior,
Medical Director and Responsible Officer

Board of Directors : July 2014

Item : 11

Title: Update on Workforce Statistics Board report 2013-14
Recruitment following Interviews

Purpose:

This report is in response to one of the questions asked by the Board (in May) as to why the proportion of BME candidates dropped significantly from interview to selection stage based on the workforce statistics provided for April 2013 to March 2014.

This report has been reviewed by the following Committees:

- Management Team, Thursday 17th July 2014

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:

- Workforce & Equalities

For : Approval

From : Shilpi Sahai, Human Resources Manager

Update on Workforce Statistics Board report 2013-14 – Recruitment following Interviews

The Board of Directors in May 2014 considered the Workforce Statistics report for 2013-14. In the area of workforce recruitment the report noted that the BME applicants shortlisted and interviewed based on job criteria did not necessarily get selected for the job.

One of the questions asked by the Board was why the proportion of BME candidates dropped significantly from interview to selection stage. The Chair suggested that this be investigated and an action plan on a way forward is prepared.

For all the jobs; person specification is used to shortlist the candidates for an interview, beyond which performance on those criterion at the interview determines selection. This approach minimises the risk of bias because of gender, race or any other factor not relevant to the job requirements. Selection decisions are validated from the application form & evidenced at the interview. Trusts Recruitment policy and Equal opportunities policy reinforce this approach.

Review work carried out to investigate the question

We have since reviewed interview records received by Human Resources for the last 6 months from December 2013 to May 2014. The total number of candidates describing themselves as Whites appointed for Trust posts is 27, the total number of BME applicants appointed is 8 and one appointee did not disclose their ethnicity (but we will collect this information when they start with the Trust). Some of the recent interview records are not yet available.

Table 1

Posts advertised since December 2013- May 2014	Total Number
Total Number of Clinical Posts	21 (including 3 with interviews pending)
Total Number of Non – Clinical Posts	16 (including 1 with interview pending)
Total number of post advertised	37 For one post 2 appointments were made & for another post 3 appointments were made so for two posts, we have 3 additional headcount. Therefore the total number of post is 37
Total number of Ethnic Minority applicants who were interviewed but not selected	
Indian	3

Pakistani	2
Any other Asian background	1
African	5
Caribbean	4
Mixed- White & Asian	3
Mixed-White & Black Caribbean	1
Any other ethnic group	1
Total number of applicants who were interviewed but did not disclose ethnicity	
I do not wish to disclose this	1
Total number of White applicants who were interviewed but not selected	
White	45
Total number of applicants who were interviewed and appointed	
White Appointed	27
BME Appointed	
Indian	4
Pakistani	1
African	1
Caribbean	1
Any other ethnic group	1
Total number of applicants who were appointed but did not disclose ethnicity	
I do not wish to disclose this	1
Ethnicity of Recruiting Managers	
White	35 (including 4 with interviews pending)
BME	
Indian	2

Outcome of the Review Carried out

The extent of gap between BME applicants interviewed and not appointed needs to be explored within the context of the reasons provided by the recruiting managers. The main reason for appointing candidates (which based on available data happens to be a white candidate) is that they fully met the person specification criteria and the skills & experience element of the person specification. From the interview records the recruiting managers rationale for not selecting BME or a white candidate where BME were selected ranged from "lack of evidence" to support candidature, "poor communication skills", "lack of understanding of the role" , "not enough experience", "lack of detail" about the criteria being assessed", "not sufficient knowledge of social work" and "not sufficient lecturing experience " "real experience in social work", " Stronger candidate at interview". It appears that the information on the application form

was appropriate for shortlisting but the evidence at the interview did not support this.

Recommendations for the Board approval:

1. As part of good practice and monitoring equality information on recruitment, Human Resources will maintain a data base of interview records on an on-going basis. This will help us identify trends if any & address accordingly. An annual report of the findings will be tabled at the Equalities Committee. This will also be reported to the Board as part of the annual workforce report (recruitment activity).
2. Training on Equalities for Recruiting managers will be included in the existing mandatory training systems of the Trust i.e. INSET, Induction. Outside these events HR & Trade Unions will continue to deliver bi – annual workshops and policy briefings on recruitment and will reinforce the message of equalities within recruitment.
3. Whilst Equalities Committee has plans to monitor emerging Trust trends and issues across all 9 protected characteristics, consider making race an important part of the Trusts Equalities strategy including addressing any recruitment concerns if relevant.

Shilpi Sahai

Human Resources, July 2014

Board of Directors : July 2014

Item : 12

Title : Constitutional Amendments

Summary:

Constitutional changes need to be approved by the Board of Directors, the Council of Governors and by the members at the Annual General Meeting. Monitor no longer has a role in approving foundation trusts' constitutions.

There are a number of minor changes, detailed in the appendix. In addition there is a question over the stakeholder governors which need to be resolved – at the moment the constitution states that we should have two governors from Camden CCG, but they are only able to provide one, so the Trust needs to decide whether we should consider another organisation to provide a stakeholder, or reduce the number of governors.

The Board is asked to approve these changes to the Constitution.

For : Approval

From : Trust Secretary

Constitutional Amendments

1. Introduction

- 1.1 Amendments to the Constitution need to be approved by the Board of Directors, the Council of Governors and at the Annual General Meeting. Monitor no longer has a role in approving foundation trusts' constitutions although trusts are still required to forward a copy of their amended constitutions to Monitor for publishing on Monitor's website.

2. Corrections, amendments and additions

- 2.1 Details of the proposed changes are detailed in Appendix 1.

3. Changes to the Appointed Members of the Council of Governors

- 3.1 Camden CCG are not able to provide us with two stakeholder governors, as is currently specified in the Constitution, so we must either choose another commissioning organisation to provide a governor, or reduce the number of governors by one.
- 3.2 One suggestion is to select an organisation involved with the Portman Clinic, for example the probation service.

Mr Gervase Campbell
Trust Secretary
26th June 2014

Appendix 1

Constitutional Amendments

The wording of the proposed constitutional amendments is shown in italics.

8 Restriction on Membership

Addition of a paragraph to allow the Council of Governors to remove an individual from membership if they deem it necessary:

8.4 A person may be disqualified from membership, or may have their membership revoked if, in the opinion of the Council of Governors, they have acted in a way that is detrimental to the interests of the Trust, for example committed an act of verbal or physical abuse against a member of Trust staff.

11 Schedule of powers reserved to the Board of Directors

11.6 – Heading to be corrected from Director to *Direct* Operational Decisions.

11.6.2 – ‘Significant’ to be replaced by *substantive* to reduce confusion, so paragraph will now read:

In consultation with the Council of Governors, the introduction or discontinuance of any substantive activity or operation. An activity or operation shall be regarded as substantive if it has a gross annual income or expenditure (that is before any set off) in excess of £100,000.

12 Council of Governors – disqualification and removal

Addition of a paragraph referencing the Code of Conduct as a possible reason for removal, but subject to the agreement of the Council. This was an amendment suggested by the Governor’s Performance Committee.

12.3.4 Violation of the Governor’s Code of Conduct.

29 Board of Directors – conflicts of interest of Directors

On the advice of our auditors the wording should be changed to reflect that used in the Bribery Act 2010, by addition of the word ‘advantage’.

29.1.2 A duty not to accept a benefit or advantage from a third party by reason of being a director or doing (or not doing) anything in that capacity.

29.3 The duty referred to in sub-paragraph 29.1.2 is not infringed if acceptance of the benefit or advantage cannot reasonably be regarded as likely to give rise to a conflict of interest.

Annex 1 of the Constitution – Composition of the Council of Governors

Paragraph 2 – Appointed Governors currently reads:

1. Appointed Governors

	Governor Seats
<i>Commissioners</i>	
<i>Camden CCG</i>	2
<i>Local Authorities</i>	
London Borough of Camden	1
<i>Partnership Organisations</i>	
Voluntary Action Camden	1
University of Essex	1
University of East London	1
<i>Total</i>	6

Gervase Campbell
Trust Secretary
June 2014

Board of Directors : July 2014

Item : 14

Title : Patient Stories – Proposal for the Board

Summary:

This paper proposes that patient stories are presented to the Board of Directors on a regular and planned basis to serve as a reminder of the impact of the trust's services on patients.

This report focuses on the following areas:

(delete where not applicable)

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

For : Discussion and Approval

From : Claire Shaw, Patient and Public Involvement lead,
SAAMHS

Patient Stories

1. Introduction

- 1.1 'Patient stories' enable people who have used our services to talk directly to those who develop and monitor the clinical services that the trust provides and can be a helpful reminder of the impact of these services on individuals. Patients may be motivated to talk to the board by a variety of factors, we hope that by talking to the board they are able to communicate a real sense of their experience of receiving treatment within the trust. As part of this process they will also share their thoughts on what they felt went well, as well as areas that could be improved upon. The sharing of a real story rather than a hypothetical scenario can have a strong emotional impact on listeners, who may be able to relate to the patient's experience or to the experience of those providing treatment. During times of organisational upheaval or change, stories, particularly those that show the trust in a more negative light, may be more difficult to consider. Patient stories may be shared in a variety of ways such as someone attending the meeting in person, a written account or through video link or film.
- 1.2 The inclusion of Patient Stories demonstrates the trust's commitment to listening to the experience of those who have used our services. The personal narratives will provide a real and valuable source of information that can be considered in relation to the development and improvement of the trust's services, both clinical and administrative. To reflect this commitment, there is a CQUIN target of 3 patient stories per annum being presented to the Board of Directors, so we propose bringing a minimum of 3 stories per year to the board.

2. Patient Experience

- 2.1 Patients will be supported in making the decision to share their experiences by a member of the trust's Patient and Public Involvement (PPI) team. They will have the opportunity to discuss the purpose, process and to ask any questions. We will also ask them to sign a consent form to confirm that they are making an informed and voluntary decision to talk about their experiences, without their treatment being affected. A member of the PPI team will meet with the patient in preparation for the board meeting, to help them consider what they wish to share and how they want to do this. The patient will be accompanied to the board meeting by a member of the PPI team who will also meet with them afterwards to discuss the experience.

- 2.2 Patients from both Adult and Adolescent services and Child and Family services will be invited to present their story to the board. Presentations will alternate between Adult/Adolescent patients and Child and Family patients/carers.
- 2.3 Patients will be given options as to how they wish to present their story to the Board; in person, a written narrative or transcript or a film recording. Patients will also have the option of having a family member or carer with them.
- 2.4 Patients will be offered a nominal payment for contributing a patient story for the Board meeting.
- 2.5 Feedback will be given to the patient from the Board of Directors following their story being presented and discussed. This will be in the form of a letter.

3. Expectations

- 3.1 It is expected that the introduction of patient stories to the Board meetings will generate discussion and inform service development. It would be beneficial if a response to the patient stories could be communicated i.e. if action plans are formed in response to particular issues being identified or if stories lead to further exploration and inform changes. This would assist in the experience being perceived as meaningful and constructive.

4. Proposal

- 4.1 The board is asked to agree that three patient stories per year be brought to their meetings.

Claire Shaw
Patient and Public Involvement lead SAAMHS
20th July 2014

Appendix 1

Information and Consent form for Patients

Patient Stories Project Information sheet and consent form

Sharing your story is a way to let others know about your experience. Your story may assist clinicians and managers improve the service for other patients and will help patients (both current and new) to understand what sort of problems patients that we help experience. Your story will also help those who commission (purchase) services for patients to understand how the Tavistock and Portman NHS Foundation Trust (the Trust) can help patients.

If you would like to become involved by sharing your experience we would like to make it clear that;

- Participation is **voluntary** and you can withdraw at any time, should you wish to.
- Participation in this project will have no effect on your current treatment or any future care you may receive from the Trust
- You will choose how you share your experience and how much detail you include
- You will be entitled to be receive a payment for your time (up to a fixed limit) and full travel costs for coming to the Trust in connection with this project
- Before you start a member of the Patient and Public Participation Team (PPI team) will meet with you to discuss this project and answer any questions that you have.

If you have any questions please contact the name below for the service that you are attending:

The contact details should you need them are;

For adult and adolescent services, please contact Claire Shaw, Specialist Mental Health Worker and Patient and Public Involvement Lead for the Specialist Adult and Adolescent Mental Health Services CShaw@tavi-port.nhs.uk

For Child and Family Services, please contact Dr Emiliós Lemoniatis, Consultant Child and Adolescent Psychiatrist and PPI Lead for Child and Adolescent Mental Health Services ELemoniatis@tavi-port.nhs.uk
Telephone: 0207 435 7111

Patient Stories Project Consent Form

I, (Full name) give permission to the Tavistock and Portman NHS Foundation Trust to use material recorded on behalf of the Public and Patient Involvement Team as part of the Sharing Stories Project in Trust official publications, including the newsletter, website, leaflets, brochures etc. produced by or for the Trust. I do so without restrictions on modifications or alterations.

I understand that:

- Participation in sharing my story is voluntary and that I am free to withdraw at any time.
- Any written material will be used without my name being included and every attempt will be made to keep my identity private this may involve changing some information in your story that could help identify you
- I understand that any of my comments used may be edited (for example summarised) and may appear anonymously in written form on the web-site or in print.
- I understand that I will be given the opportunity to review my story before it is shared.
- I understand that the TPFT above does not have to use my comments in any form and that an electronic copy will be kept by the TPFT.
- If video recorded, The Tavistock and Portman will hold the copyright to the video and it will not be made directly available to me.
- If filmed/photographed, I agree to the use of the images to be used on the Trust website.
- If I offer to talk to others about my experiences I understand that I will be supported throughout the process by a member of the Patient and Public Involvement Team.
- I confirm that I have understood the information sheet and have had the opportunity to ask questions and that any questions or concerns have been responded to satisfactorily.

Please identify the way/s in which you would be willing to share your story:
(please initial)

- Providing a written account of experiences

- Being recorded discussing your story/experiences with a clinician (audio or video recording, or a transcript)
- Attending meetings such as the Board of Governors to talk to those who review or commission services about your experiences
- Other (please state)

Name (please print):

Signed:

Contact telephone number/email (optional) /.....

Date:

Person who obtained consent:.....

Signed:.....

Date:.....

(Please sign 2 copies one for the Trust file and one for the patient)

BOARD OF DIRECTORS (PART 1)

Meeting in public
Tuesday 29th July 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.9
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.10
7.	Finance & Performance Report Mr Simon Young, Deputy Chief Executive & Director of Finance	To note	Enc.	p.13
8.	Quality Report, Quarter 1 Ms Louise Lyon, Trust Director & Ms Justine McCarthy Woods, Quality Standards and Reports Lead	To approve	Enc.	p.26
9.	Governance Report, Quarter 1 Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Enc.	p.41
10.	Responsible Officer's Revalidation Report Dr Rob Senior, Medical Director	To approve	Enc.	p.45
11.	Update on Workforce Statistics - Recruitment Ms Shilpi Sahai, Human Resource Manager & Ms Louise Lyon, Trust Director	To note	Enc.	p.56

CORPORATE GOVERNANCE				
12.	Constitution Changes Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.60
PATIENT STORY				
13.	Patient Story Mr Ken Rowswell, Service User and Ms Claire Shaw, PPI Lead	To note	Verbal	-
14.	Patient Story Proposal Ms Claire Shaw, PPI Lead	To approve	Enc.	p.64
CONCLUSION				
15.	Any Other Business		Verbal	-
16.	Notice of Future Meetings <ul style="list-style-type: none"> Thursday 11th September 2014: Council of Governors, 2pm-5pm, Lecture Theatre, Tavistock Centre Tuesday 16th September 2014, Director's Conference, 12pm-5pm, Board Room Tuesday 30th September 2014: Board of Directors, 2pm-5pm, Board Room, Tavistock Centre Tuesday 7th October 2014: Joint BoD/CoG Meeting, 11.30am-2pm, Lecture Theatre, Tavistock Centre 		Verbal	-