The Tavistock and Portman **NHS**

NHS Foundation Trust

Board of Directors Part One

Agenda and papers
of a meeting to be held in public

2.00pm–4.30pm
Tuesday 30th September 2014

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

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

BOARD OF DIRECTORS (PART 1)

Meeting in public
Tuesday 30th September 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 Carl Doherty, Deputy Director of Finance	To note	Enc.	p.14
8.	**Service Report – Family Nurse Partnership** Ms Ailsa Swarbrick, Director of FNP	To note	Enc.	p.25
9.	**CQSG Quarter One Report** Dr Rob Senior, Medical Director	To approve	Enc.	p.64
10.	**CQSG Annual Report** Dr Rob Senior, Medical Director	To note	Enc.	p.83
11.	**PPI Annual Report** Mr Sally Hodges, PPI Lead	To approve	Enc.	p.109
	CORPORATE GOVERNANCE			
12.	**Terms of Reference for Strategic and Commercial Programme Board** Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.128

13.	**Board Objectives 2014-15** Ms Angela Greatley, Chair	To approve	Enc.	p.134
PATIENT STORY				
14.	**Patient Story** Mr Crispin Jackson, Service User, and Dr Emilios Lemoniatis, PPI Lead	To note	Verbal	-
CONCLUSION				
15.	**Any Other Business**		Verbal	-
16.	**Notice of Future Meetings** • Tuesday 7th October 2014: Joint BoD/CoG Meeting, 11.30am-2pm, Lecture Theatre, Tavistock Centre • Tuesday 28th October 2014: Board of Directors Meeting, 2.00pm – 5pm, Board Room, Tavistock Centre • Tuesday 11th November 2014: Directors Conference, 10.00am – 4.00pm, Danubis Hotel Regents Park.		Verbal	-

Board of Directors

Meeting Minutes (Part One)
Tuesday 29th July 2014, 2.00 – 4.00pm

Present:			
Ms Angela Greatley Trust Chair		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
	Ms Joyce Moseley Non-Executive Director	Dr Rob Senior Medical Director	Mr Simon Young Deputy Chief Executive & Director of Finance
Attendees:			
Mr Gervase Campbell Trust Secretary (minutes)	Mr Handsen Chikowore Governor	Dr Justine McCarthy- Woods, Quality Lead (item 8)	Ms Shilpi Sahai, HR Manager (item 11)
Mr Ken Rowswell, Patient (item 13)	Ms Claire Shaw, PPI Lead SAMHS (item 13 & 14)	Dr Sally Hodges, PPI Lead (item 13 & 14)	Dr Emilios Lemoniatis, PPI Lead CAMHS
Apologies:			
Ms Caroline Rivett Non-Executive Director	Dr Ian McPherson Non-Executive Director (Deputy Trust Chair)	Mr Malcolm Allen Dean	

Actions

AP	Item	Action to be taken	Resp	By
1	3	Minor amendments to minutes	GC	Immed.
2	8	Look into the reason 3% of staff didn't have PDPs	LL	Sept.
3	12	Potential stakeholder organisation to be identified for CoG	PJ	Aug
4	13	Feedback to be given to Mr Rowswell on the points raised in his patient story.	SH	Sept.
5	14	Arrange a space to reflect on ideas from Patient Stories, to ensure they are learnt from and feedback can be given.	PJ	Sept.

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.

Ms Moseley declared that she had been appointed as Chair of The Social Research Unit at Dartington, and would start in September.

AP1   ## 3. Minutes of the Previous Meeting
The minutes were agreed subject to amendments.

4. Matters Arising

Mr Campbell reported that a contract extension for the Gloucester House Day Unit with the London Borough of Barnet had been sealed on the 22nd July.

Action points from previous meeting:

AP1 – amendments had been made to the minutes
AP3- information on E&T income included in the finance report
AP4- risk register on the agenda for part 2 of the meeting
AP5- patient story on the agenda for part 1 of the meeting

Outstanding actions:

AP7 – The status of the charitable funds has now been clarified, they are not controlled by the Trust and so don't have to appear in the consolidated accounts; the paper could now be circulated.

AP3 – Noted that the work on CAMHS resources had been folded into the wider strategic work.

AP7 – Workforce Information Update - On the agenda for this meeting.

5. Trust Chair and NEDs' Report

Ms Greatley noted that:

- Ms Rivett had joined the group preparing the Trust for the new CQC inspections.
- The board objectives were due to have been set this month, but it had agreed that it made more sense to set them after the Shaping our Future Consultation was completed, so they would come to the September meeting to be agreed in October, and in the interim the existing objectives would roll over.

Ms Greatley reported that she had attended a Foundation Trust Network Mental Health Group policy report on the finances of the NHS, and it had been alarming, with many organisations feeling they may be in trouble in two to three years' time.

6. Chief Executive's Report

Mr Jenkins reported that he had taken on the role of vice-chair of the London Mental Health Chief Executive Group, and would be leading a

programme of work to raise its profile and that of mental health in London. He reported that Dr Senior had taken on the role of chair of the medical directors group.

Mr Jenkins noted that there had been a delay in signing the contract for the Digital Care Record System, but it was going ahead now. He noted that the project board had made a good start to the implementation plan and to identifying potential early adopters.

The Board **noted** the report.

7.   Finance & Performance Report

Mr Young introduced the report by noting that the Trust was ahead of budget, in large part due to the timing of the FNP spending, and they were working with partners on options for flexibility in moving income between financial years.

Mr Young noted that the capital spending was budgeted at £2.3M, of which only £81k had so far been spent, but confirmed they expected to spend very close to the budget by the end of the year.

Mr Bostock asked whether paragraph 2.2.6 indicated that the contingency had already been allocated. Mr Young explained that it didn't, but noted that they were currently working on plans to use some of the contingency as additional investment.

Ms Moseley asked whether the Board should be concerned that income was £158k below budget. Mr Young replied that in proportion to the overall Trust position it wasn't an area for concern, and there were no major items involved, and some of it was due to timing.

Mr Holt commented on the presentation of the report, noting that the headline figure was a projected £1M surplus, but that this didn't account for the FNP situation detailed later in the report. Mr Young agreed that the presentation could be changed, but noted that internally it was important to be aware of the full figure, as it emphasized the importance of resolving the FNP funding.

The Board **noted** the report.

8.   Quarterly Quality Report, Q1

Dr McCarthy-Woods explained that the Key Performance Indicators (KPIs)

were agreed with commissioners each year, and so changed each year, and took the Board through them in detail, noting that we were above target on all of them for Q1.

Mr Holt enquired why targets were set at less than 100%, for example in item 4, PDPs for staff. Ms Lyon explained that targets are set in consultation with commissioners and that the targets had increased each year. She was interested in the 3% who had not completed PDPs, and would look into this.

AP2

Concerning section two of the report, the Quality Priorities, Dr McCarthy-Woods noted that the Goal Based Measure was only 55% returned at present, but they were on target for the end of the year. Dr Senior enquired whether clinical governance might be able to run the report retrospectively, or if it was only possible to look at new cases, and it was agreed this question would be referred to Dr Caroline McKenna. Ms Moseley noted that 55% looked low, and might impact on tendering. Dr McCarthy-Woods suggested that we could also supply the figure from last year, which showed the target had been achieved by year end. Dr Harris noted that it was a cumulative figure which always involved a delay in reporting, so although it had been requested by the CSU, it was not the most helpful.

Ms Greatley asked about the two red indicators in the CQUINN targets in appendix 1, indicators 5a and 5b regarding smoking cessation. Dr McCarthy-Woods explained that they wanted to be sure they were contacting the correct patients, but it was currently difficult to report on this from Rio, however Informatics were working on resolving this.

The Board **noted** the report.

9. Governance Report

Mr Young summarised that the indicators required by Monitor had not changed, and nor had our performance. The Trust anticipated its continuity of service risk rating would remain at least 3, and the governance rating green, and Mr Young asked the Board to support the three statements on page 41 for reporting to Monitor.

The Board **approved** the report and the statements.

10 Responsible Officer's Revalidation Report

Dr Senior noted that the revalidation process has been helpful in tightening the appraisal process and setting up systems for drawing in wider

information, for example regarding complaints, for consideration. He noted that he had not had to defer or decline any recommendations for revalidation.

Ms Moseley praised the system, which seemed well thought out, and asked how the doctors felt about it. Dr Senior replied that they had expressed reservations about it early in the process, but in practice they had been happy to comply and keep their licences. Mr Holt enquired whether there were any concerns from the 25 who had not been revalidated yet. Dr Senior explained that revalidation occurred on a 5 year rolling cycle, and the dates of revalidation were set by the GMC, and whilst it was the doctor's responsibility to keep up to date his team kept records of the dates, reminded doctors 3 months in advance, and followed up if there was any evidence they were not engaging with the appraisals.

The Board **noted** the report.

11 HR Workforce statistics update - recruitment

Ms Sahai introduced the report, explaining that they had looked at the gap between shortlisting and appointment for BME candidates, and had not found any identifiable trends. They had three proposals, on record keeping, training for managers, and working with the Equalities Committee.

Mr Holt asked whether it would be possible to compare ourselves to other Mental Health Trusts in this area, and whether we had asked patients for their perception of the clinicians they saw. Ms Sahai explained that PPI did look at the question of patient perceptions, and that at present they did not have benchmarking data on this area of recruitment from other Trusts. Ms Greatley commented that there was a report titled "The Snowy White Peaks of the NHS, from Middlesex University, which was sober reading, and showed that it was a similar problem across organisations despite various attempts to resolve it. She recommended that this should be a priority for the Equality Committee.

Mr Bostock commented that some of the verbatim comments on p.58 indicated a need for more training on how to shortlist, since a lack of experience should have been identified from the application form. Ms Sahai commented that in some cases candidates overstate their background on the application form and this is identified in interview.

The Board **noted** the report and accepted the recommendations, but suggested that they be sharpened up in conjunction with the Equalities Committee.

12   Constitution – changes to agree

Mr Campbell outlined four changes to the wording of the Constitution, and the need to look at the stakeholder Governors, as Camden CCG were not able to provide two Governors as currently written.

The Board accepted four of the changes but questioned the replacement of the word significant with substantive in paragraph 11.6.2, requesting more context from the document.

With regards to the stakeholder Governor, Mr Campbell mentioned that Mr Jenkins was exploring with the Director of the Portman whether a forensic related body might be a suitable choice. Ms Lyon commented that in case we were successful with the large CAMHS contracts it might be helpful to leave space for a commissioner from another borough. Mr Young clarified that the balance of elected to stakeholder Governors meant that we could still add another stakeholder in addition if required. Dr Harris asked whether a national body, such as the DoH or NHS England, might be possible. Ms Greatley explained that the specialist commissioner hadn't been able to provide one in the past, and NHS England would not be able to given the number of FTs they dealt with. Dr Senior asked about the possibility of another voluntary body, for example Young Minds. Mr Jenkins commented that for charities it was always a question of having the hours available to commit to the role.

AP3   Ms Greatley summarised that the Board wasn't entirely convinced by the forensic option, and the Mr Jenkins would follow this up with this and alternatives.

The Board approved four of the proposed changes.

13   Patient Story

Ms Greatley welcomed Mr Rowswell and introduced those present. Ms Hodges gave a brief reminder that the purpose of patient stories was to hear first-hand about our services from those that use them, so we could improve them.

Mr Rowswell told the story of how he had come into treatment at the Trust, first attending with his wife from 1991, then returning alone in 2002 and joining a therapy group. He gave a candid explanation of the difficulties he had suffered, and was grateful for the help the group, and the Trust, had provided, but also had some comments about areas that could be improved.

Members of the board engaged with him regarding his story and the points he raised.

Mr Rowswell commented on three main areas where improvements could be made:

- At the end of his therapy there was no follow up or further support – he suggested that even a single session 3 to 6 months after the end of therapy would be welcome, or some other way for the Trust to check up on an ex-patients progress.
- For those suffering panic attacks, which often occur late at night, a 24 hour help line staffed by those who had been through similar events would be enormously helpful, as it was the immediacy of assistance which was important, and the Samaritans weren't always familiar with the specific difficulties being faced. He commented that he had offered to be available to others by phone, but the Trust hadn't taken him up on this because he wasn't a clinician.
- His main source of support over the years had been his wife, but there had been no support available for her in her role as a carer.

Ms Lyon commented that the Trust was better at managing the end of therapy than it had been. Ms Shaw noted that PPI had started a small reference group to look at how the Trust might better support carers. Dr Senior noted that he had seen how important out of hours support could be for other groups, for example the frail elderly. Dr Harris commented that peer support was a way to address continuing support, and noted that FDAC had a strong system of mentors, albeit in a different context. Ms Jones commented that peer support was more common in the wider mental health environment, and the Trust should look into it.

AP4

The Board expressed its thanks to Mr Rowswell for bringing them their first Patient Story, and assured him that it had been valuable for them, and they would give him feedback on any actions they were able to take, or work they did, as a result of what they had heard.

14   Patient Story – future proposal

The Board discussed how to proceed with future patient stories, and agreed that they were very valuable and should become a regular addition to the Board agendas, with a minimum of 3 per year. Stories to be arranged by PPI, using a variety of methods to suit individuals, and patients to be invited from various services, especially community ones.

Ms Greatley commented that it opened up a two way process, a conversation, not just for the Board to learn but also to feedback. Dr Senior suggested that to guard against the stories becoming a token there should

AP5

be a space to follow up on them and then feeding back. Mr Holt suggested that the Board should ask itself a couple of times a year what it was doing differently as a result of the Patient Stories.

15   Any other business

None.

16   Notice of Future Meetings

The Board noted its future meetings.

Part 1 of the meeting concluded at 4.10pm

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	Status having been clarified, will be circulated in September.
3	Apr-14	8. Annual Complaints Report	Time to respond to be added to future complaints reports	Jane Chapman	2015	Confirmed that Ms Chapman is still responsible for the report.
6	May-14	8. Staff Survey & Action Plan	To undertake an internal survey that is more qualitative on particular trends, for example bullying and harassment, or health and safety	NN	Sep-14	Survey is being conducted, report will come to October Board.
8	Jun-14	7. Finance and Performance Report	Update on FNP to come to part 2 of the September board meeting	SY & RH	Sept meeting	

Outstanding Actions

The Tavistock and Portman **NHS**

NHS Foundation Trust

Board of Directors : September 2014

Item : 6

Title : Chief Executive's Report

Summary:

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

For : Discussion

From : Chief Executive

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Chief Executive's Report

1. Shaping our Future – 100 day consultation

1.1 Following discussion at the July meeting of the Board of Directors I published, on 13th August, my "Shaping our Future" paper, setting out my thinking on the future strategy of the Trust. I have held two, well attended staff meetings, with a third planned for 23rd September. These have, generally, been very positive with a broad level of support for the overall direction of travel.

1.2 Very naturally some issues have been raised by some of the teams directly affected by some of the proposed changes and I have held a meeting with senior members of the Adolescent Department to hear their issues and understand better how they can be addressed.

1.3 The paper was discussed at the Council of Governors meeting on 11th September. Governors were generally supportive of the proposals. Amongst a number of points raised in the discussion was the value of undertaking a piece of work to refresh the statement of the Trust's Mission and Values and this is included in the Board objectives document due to be discussed as part of the agenda for this meeting.

2. University Partnership

2.1 Following the decision at the last Board of Directors meeting further discussions continued over the summer to reach a firm recommendation for an academic partner for the Trust.

2.2 As Directors are aware the conclusion was reached to recommend the University of Essex. This was agreed at the Training and Education Programme Board on 1st September and confirmed by Directors by email.

2.3 Essex are taking the proposal through their own decision making processes are we expect the outcome of this on 29th September.

2.4 An announcement has been made to staff in the Trust on 15th September and in parallel UEL have made a similar announcement to their staff. I have been very appreciative of the constructive response of UEL senior management to the announcement and we will continue to work with them closely to manage the transition in an effective manner for both organisations.

2.5 I would like to offer my appreciation of the contribution made by

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Malcolm Allen, Rob Senior and other colleagues in managing a difficult process through to a successful conclusion.

3. Training and Education Programme Board

3.1 We held the first meeting of the Training and Education Programme Board on 1st September.

3.2 As well as considering the decision on University partners the Board considered an overview on the progress with the Transformation Programme, and in particular, issues around our regional strategy and portfolio review.

3.3 I am encouraged that the Programme Board will provide an effective means of providing a higher level of senior focus on progressing the changes we wish to make to our training and education portfolio.

4. Director of Education and Training

4.1 We are continuing to work with Odgers Berndston on the recruitment of a successor to Malcolm Allen as Director of Education and Training and Dean of Postgraduate Studies. Interviews are planned to be held on 29th October.

5. Hampshire and Thurrock, Essex and Southend CAMHS

5.1 The Commercial Team, working with other colleagues, are on track to produce a tender for the Hampshire CAMHS contract. A paper seeking approval to proceed with the tender is one the agenda for Part 2 of the meeting. A discussion of the issues relating to the contract was held at the first meeting of the Startegy and Commercial Programme Board.

5.2 We have also learnt that we have been successful in proceeding to the final stage of the process for the tender for CAMHS services in Thurrock, Essex and Southend.

6. Time to Change pledge

6.1 We held a very successful event on 22nd September, attended by a large number of staff, Governors and other stakeholders at which Angela Greatley signed the Time to Change pledge on behalf of the Trust.

7. Integrated Digital Care Record System

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7.1 We have now signed the contract with Advance Health and Care for the Care Notes Integrated Digital Care Record System. Work is on track to prepare for implementation. We have also completed the procurement for the hosting of the system which has also been awarded to Advance Health and Care.

8. Tavistock Consulting

8.1 I was very pleased to attend an event on 11th September celebrating the 20th anniversary of the establishment of Tavistock Consulting.

9. Service visits

9.1 I attended in August an excellent group session organised during the summer holidays for young people attending our Gender Identity Service.

9.2 In September I joined the Trust's Cleaning team on a morning shift. I would like to put on record my appreciation of the excellent job they undertake and their strong sense of commitment to the work of the Trust.

Paul Jenkins
Chief Executive
23rd September 2014

Board of Directors : September 2014

Item :	7

Title :	Finance and Performance Report

Summary:

After five months a surplus of £433k is reported before restructuring and assuming that the FNP underspend is deferred; this is £412k above the revised budget surplus of £21k. Income from training and consultancy has fallen below expectations, but this has been offset by underspends across a number of services.

The current forecast for the year is a surplus of £165k (before restructuring costs of £29k).

The cash balance at 31 August was £3,884k which is above plan due to supplier payments being lower than anticipated. Cash balances are expected to be lower by the end of the financial year, as planned.

For :	Information.

From :	Deputy Chief Executive and Director of Finance

Finance Report

1. <mark>External Assessments</mark>

1.1 <mark>Monitor</mark>

1.1.1 Monitor have confirmed our first quarter continuity of service risk rating (CoSRR) of 4, which is on plan; and governance rating of Green. The CoSRR is expected to reduce to 3 by the end of the financial year, but this remains satisfactory.

1.1.2 Monitor's assessment of our Strategic Plan is due to be completed by early October.

2. **Finance**

2.1 <mark>Income and Expenditure 2013/14</mark>

2.1.1 After August the trust is reporting a surplus of £433k before restructuring costs, £412k above budget. FNP are currently £343k underspent, but the corresponding amount of income has been deferred: action is being taken to allow such a deferral at year-end. Income year-to-date is £300k below budget (mainly due to the FNP deferral), and expenditure £678k below budget.

2.1.2 Income is £11k above budget overall for the month although DET Training Fees are £63k under budget for August which was offset by SAAMHS Clinical Income as Portman MBT income exceeded initial expectations. CAMHS Training is cumulatively £286k below budget due to the deferral of FNP income. TC income is cumulatively £9k below target across Consultancy and Training but this is offset by an under spend of £14k on expenditure.

2.1.3 CAMHS was £23k below target cumulatively due to the Day Unit but this forecast to improve as new pupils start in the next academic year. These main income sources and their variances are discussed in sections 3, 4 and 5.

2.1.4 For an externally funded Finance project, the £22k under spend to date (within the Finance line) is matched by a £22k adverse variance on Other Income, since the funding is released in line with costs.

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

2.1.6 The favourable movement of £107k on the expenditure budget was due mainly to low visiting lecturer fees in August and a number of variances spread across the organisation. The cumulative under spend of £709k is primarily due to FNP at £343k and unused reserves totalling £176k.

2.2 <mark>Forecast Outturn</mark>

2.2.1 The forecast surplus before restructuring of £165k is £125k above budget. FNP are currently predicting a £650k under spend; we have assumed we can agree with the commissioner to defer the corresponding income to 2015/16, the effect on the Trust's surplus has been removed.

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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. The Portman MBT contract for 2014/15 was also significantly greater than the original budget; this has also been reflected in the Portman expenditure forecast.

2.2.3   CAMHS Training fees is expected to be £647k below budget mainly due to the deferral of FNP contract income. FNP expenditure is forecast at £650k below budget for the same reason. CAMHS Fee income is expected to be £3k above budget.

2.2.4   SAAMHS Training is expected to be £96k adverse due to student numbers.

2.2.5   TC consultancy income is currently £12k below budget but they expect to be on target at the end of the financial year

2.2.6   Day Unit is £11k below budget after August but expected to achieve the £650k annual target, with higher income after the start of the next academic year

2.2.7   GIDU expect to be £135k under spent at the end of the year.

2.2.8   Complex Needs are forecasting £100k underspend on vacancies which has been offset by £97k additional BUPA expenditure (which is offset by £7k additional SAAMHS Consultancy income).

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

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

2.2.11 R&D Expenditure is expected to be £100k below budget due to Anna Freud recharge finishing. R&D income is forecast to be £64k above target due to 2013/14 income being invoiced in 2014/15. The forecast allows for the investment reserve of £120k to be fully utilised (further decisions on allocation are to be made shortly); and also for the remaining contingency reserve of £285k to be needed.

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

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

2.3.1   The actual cash balance at 31 August was £3,884k which is a decrease of £1,202k in month, due to the HEE quarterly funding having been paid in advance in July. The position is £547k above plan due payments for 2013/14 NHS contacts and in addition to the current 2014/15 surplus.

2.3.2   The cash forecast will continue to show a significant reduction during the rest of the year, mainly due to the planned capital expenditure.

Finance Report

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		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)	**8,901**	8,367	534
	General debtors (incl LAs)	**3,405**	3,079	326
	SHA for Training	**5,218**	5,499	(281)
	Students and sponsors	**689**	725	(36)
	Other	**0**	0	0
		18,213	17,670	543
Operational expenditure payments				
	Salaries (net)	**(6,706)**	(6,915)	209
	Tax, NI and Pension	**(5,249)**	(5,137)	(112)
	Suppliers	**(4,692)**	(4,629)	(63)
		(16,647)	(16,681)	34
Capital Expenditure		**(444)**	(400)	(44)
Interest Income		**5**	2	3
Payments from provisions		**0**	(11)	11
PDC Dividend Payments		**0**	0	0
Closing cash balance		**3,884**	3,337	547

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

3. Training

3.1 Income

3.1.1   Training income is £443k below budget in total after five months. Details are below. FNP income and expenditure is currently being reported as £343k below budget as it is assumed that this will be deferred to next year. Preliminary indications are that student numbers for the new academic year may be below target; while awaiting firm figures, an estimate of the shortfall is included in our forecast for the financial year.

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LDA income (lines 4-7 appendix B)	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Forecast £'000
NHS London Training Contract	3,023	3,023	0	0
Child Psychotherapy Trainees	895	879	-16	0
Junior Medical Staff	399	434	35	0
Postgraduate Medical and Dental (budget incl. study leave)	39	13	-26	0
Sub Total	**4,356**	**4,349**	**-7**	**0**
Fees and academic income (lines 8-11 Appendix B)				
DET	546	416	-131	-37
CAMHS	1,242	1,299	57	3
FNP	1,862	1,519	-343	-650
SAAMHS	560	538	-23	-96
TC	73	76	3	-10
Sub Total	**4,284**	**3,848**	**-436**	**-790**
Grand Total	**8,639**	**8,196**	**-443**	**-790**

3.1.2 The Child Psychotherapy income is only released / accrued to match expenditure. Costs are currently slightly below budget, hence the adverse income.

3.1.3 The postgraduate medical and dental education income is £26k 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 funded at their actual salary and not the budgeted tariff rate, giving a further favourable variance which is offset against the expenditure.

3.1.4 For total LDA income, the full year forecast will be reviewed at half year as we expect to receive actual trainee data shortly.

3.1.5 DET income is £131k adverse to budget due to lower than planned LCPPD income. Due to higher than planned LCPPD commissions for AY14-15, the current adverse variance is expected to reduce to approximately £37k by the end of the financial year.

3.1.6 CAMHS Training Fee income (excluding FNP) is £57k ahead of budget year-to-date. FNP income is £343k below budget, due to the deferral reported above.

3.1.7 The SAAMHS adverse fee variance for academic year 13-14 is now fully reflected at August. The current projection for academic year 14-15 activity is

Finance Report

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£144k below plan.

3.2 Expenditure

3.2.1   Education and Training cumulative expenditure is currently £91k lower than budget due to a number of vacant posts i.e. International Manager (now postponed) and Systems Analyst. The pay budget variance will reduce by the end of the year as posts become filled and vacant pay budgets are used to supplement the Registry and Quality office functions. Visiting lecturers expenditure is currently £39k higher than planned. This is forecast to be within budget by the end of the year as the projected visiting lecturer rate increase across all activity has been postponed, with increases only for supervisions in academic year 2014-15. CAMHS expenditure is facing a current cost pressure on staffing, the rate of which will reduce throughout the year. SAAMHS, however, has a current pay underspend but expects full year expenditure to be on budget

4. **Patient Services**

4.1 <mark>Activity and Income</mark>

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

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

4.1.3   The income budget for named patient agreements (NPAs) was reduced this year from £196k to £131k. After August actual income is £16k above budget.

4.1.4   Court report income has a reduced budget from £113k for 2013/14 to £28k in 2014/15. There has been no income to date, so we are £12k below budget. This income stream is expected to be £20k below budget at the end of the year.

4.1.5   Day Unit Income target was reduced by £210k in 2014/15 and is £11k below target after August. 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

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The Tavistock and Portman NHS
NHS Foundation Trust

	Budget	Actual	Variance	Full year		Comments
	£000	£000	%	Variance based on y-t-d	Predicted variance	
Contracts - base values	5,418	5,464	0.9%	111	166	GIDU and MBT income deferred from 13/14. Plus MBT 2014/15 Contract
Cost and vol variances	135	135	0.0%	0	0	
NPAs	46	62	35.0%	68	0	
Projects and other	518	565		–	0	Income matched to costs, so variance is largely offset.
Day Unit	270	259	-4.0%	-26	0	
FDAC 2nd phas	322	326	1.3%	10	0	Income matched to costs, so variance is largely offset.
Court report	12	0	-99.8%	-28	-20	
Total	6,721	6,812		135	146	

5. Consultancy

5.1   TC are £4k net above their budgeted target after five months. This consists of expenditure £13k underspent, TC Training Fees £3k above budget and consultancy £12k below budget. TC are currently reviewing and revising their forecast income and expenditure for the rest of the year.

5.2   Departmental consultancy is £29k below budget after August; £20k of the shortfall is within SAMHS. However, SAMHS expect to be ahead of budget for the year, whereas there may be a small shortfall in CAMHS.

Carl Doherty
Deputy Director of Finance
23 September 2014

Finance Report

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

APPENDIX A

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST

INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2014-15

		Aug-14			CUMULATIVE			FULL YEAR 2014-15		
		BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	REVISED BUDGET £000	FORECAST OUTTURN £000	BUDGET VARIANCE £000
INCOME										
1	CLINICAL	1,388	1,465	77	6,732	6,812	80	16,049	16,195	146
2	TRAINING	2,005	1,925	(80)	8,639	8,196	(443)	21,104	20,314	(790)
3	CONSULTANCY	88	93	5	584	543	(42)	1,492	1,504	12
4	RESEARCH	10	27	17	51	116	64	123	186	64
5	OTHER	9	1	(7)	278	317	40	742	790	48
TOTAL INCOME		**3,499**	**3,510**	**11**	**16,284**	**15,984**	**(300)**	**39,509**	**38,990**	**(519)**
OPERATING EXPENDITURE (EXCL. DEPRECIATION)										
6	CLINICAL DIRECTORATES	1,619	1,596	23	8,147	7,758	389	19,536	18,906	629
7	OTHER TRAINING COSTS	1,108	1,053	54	4,188	4,071	117	10,460	10,537	(77)
8	OTHER CONSULTANCY COSTS	28	59	(31)	290	276	14	787	787	0
9	CENTRAL FUNCTIONS	614	589	25	3,060	3,041	19	7,216	7,093	123
10	TOTAL RESERVES	29	0	29	134	0	134	505	505	0
TOTAL EXPENDITURE		**3,397**	**3,298**	**100**	**15,819**	**15,146**	**673**	**38,503**	**37,828**	**675**
EBITDA		**102**	**213**	**111**	**465**	**838**	**373**	**1,006**	**1,162**	**156**
ADD:-										
11	BANK INTEREST RECEIVED	0	1	(1)	2	5	(3)	5	5	0
LESS:-										
12	DEPRECIATION & AMORTISATION	46	47	(1)	229	234	(5)	550	581	31
13	FINANCE COSTS	0	0	0	0	0	0	0	0	0
14	DIVIDEND	35	35	0	175	175	0	421	421	(0)
SURPLUS BEFORE RESTRUCTURING COSTS		**21**	**131**	**109**	**63**	**433**	**371**	**40**	**165**	**125**
15	RESTRUCTURING COSTS	0	0	0	0	29	(29)	0	29	(29)
SURPLUS/(DEFICIT) AFTER RESTRUCTURING		**21**	**131**	**109**	**63**	**404**	**342**	**40**	**136**	**96**
EBITDA AS % OF INCOME		2.9%	6.1%		2.9%	5.2%		2.5%	3.0%	

		Aug-14			CUMULATIVE			FULL YEAR 2014-15			
	All figures £000	BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	OPENING BUDGET	REVISED BUDGET	FORECAST	REVISED BUDGET VARIANCE
	INCOME										
1	CENTRAL CLINICAL INCOME	597	605	8	3,011	3,053	42	7,054	7,163	7,263	100
2	CAMHS CLINICAL INCOME	315	318	4	1,628	1,605	(23)	3,987	3,863	3,798	(65)
3	SAAMHS CLINICAL INCOME	476	541	65	2,093	2,154	62	4,398	5,022	5,134	112
4	NHS LONDON TRAINING CONTRACT	605	605	0	3,023	3,023	0	7,254	7,254	7,254	0
5	CHILD PSYCHOTHERAPY TRAINEES	179	176	(3)	895	879	(16)	2,148	2,148	2,148	0
6	JUNIOR MEDICAL STAFF	80	81	1	399	434	35	1,022	957	957	0
7	POSTGRADUATE MED & DENT'L EDUC	8	3	(5)	39	13	(26)	94	94	94	0
8	DET TRAINING FEES & ACADEMIC INCOME	386	324	(63)	546	416	(131)	1,739	1,362	1,325	(37)
9	CAMHS TRAINING FEES & ACADEMIC INCOME	621	615	(6)	3,104	2,818	(286)	6,743	7,502	6,855	(647)
10	SAAMHS TRAINING FEES & ACADEMIC INCOME	112	106	(6)	560	538	(23)	1,530	1,530	1,434	(96)
11	TC TRAINING FEES & ACADEMIC INCOME	15	15	1	73	76	3	282	257	246	(10)
12	TC INCOME	48	45	(3)	348	336	(12)	925	925	925	0
13	CONSULTANCY INCOME CAMHS	(0)	8	8	36	27	(9)	110	87	72	(15)
14	CONSULTANCY INCOME SAAMHS	40	40	0	200	180	(20)	492	480	507	27
15	R&D	10	27	17	51	116	64	123	123	186	64
16	OTHER INCOME	9	1	(7)	278	317	40	1,159	742	790	48
	TOTAL INCOME	**3,499**	**3,510**	**11**	**16,284**	**15,984**	**(300)**	**39,059**	**39,509**	**38,990**	**(519)**
	EXPENDITURE										
17	COMPLEX NEEDS	298	275	22	1,489	1,425	65	3,560	3,575	3,572	3
18	PORTMAN CLINIC	119	128	(9)	544	552	(8)	1,225	1,379	1,437	(58)
19	GENDER IDENTITY	126	124	2	628	529	99	1,253	1,506	1,371	135
20	DEV PSYCHOTHERAPY UNIT	9	17	(7)	47	71	(24)	114	113	153	(40)
21	NON CAMDEN CAMHS	318	314	3	1,697	1,751	(54)	4,231	4,049	4,046	2
22	CAMDEN CAMHS	366	359	6	1,836	1,821	16	4,350	4,340	4,332	8
23	CHILD & FAMILY GENERAL	44	59	(15)	211	259	(48)	503	507	578	(71)
24	FAMILY NURSE PARTNERSHIP	339	319	19	1,694	1,351	343	3,575	4,066	3,416	650
25	JUNIOR MEDICAL STAFF	83	82	1	414	375	39	966	993	993	0
26	NHS LONDON FUNDED CP TRAINEES	179	177	2	895	877	18	2,148	2,148	2,148	0
27	TAVISTOCK SESSIONAL CP TRAINEES	2	2	(0)	8	13	(5)	19	19	29	(10)
28	FLEXIBLE TRAINEE DOCTORS & PGMDE	25	21	4	127	154	(26)	394	306	306	0
29	EDUCATION & TRAINING	537	526	10	1,333	1,233	100	3,447	3,413	3,403	10
30	VISITING LECTURER FEES	86	38	48	432	393	39	1,229	1,229	1,229	0
31	CAMHS EDUCATION & TRAINING	118	140	(21)	591	662	(71)	1,429	1,420	1,495	(75)
32	SAAMHS EDUCATION & TRAINING	78	67	10	388	364	24	939	933	935	(2)
33	TC EDUCATION & TRAINING	0	0	(0)	0	1	(1)	0	0	0	0
34	TC	28	59	(31)	290	276	14	815	787	787	0
35	R&D	20	(12)	33	100	28	73	169	241	137	104
36	ESTATES DEPT	173	184	(12)	863	894	(30)	2,078	2,072	2,123	(51)
37	FINANCE, ICT & INFORMATICS	162	145	17	811	794	17	2,326	1,946	1,921	25
38	TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	83	84	(1)	414	433	(18)	998	995	995	0
39	COMMERCIAL DIRECTORATE	81	64	17	393	320	73	738	822	737	85
40	HUMAN RESOURCES	52	80	(27)	262	346	(84)	632	629	669	(40)
41	CLINICAL GOVERNANCE	43	45	(2)	216	226	(10)	587	511	511	0
42	PROJECTS CONTRIBUTION	0	0	0	0	0	0	(73)	0	0	0
43	DEPRECIATION & AMORTISATION	46	47	(1)	229	234	(5)	550	550	581	(31)
44	IFRS HOLIDAY PAY PROV ADJ	8	0	8	42	0	42	100	100	100	0
45	PRODUCTIVITY SAVINGS	0	0	0	0	0	0	(134)	0	0	0
46	INVESTMENT RESERVE	10	0	10	50	0	50	120	120	120	0
47	CENTRAL RESERVES	19	0	19	84	0	84	315	285	285	0
	TOTAL EXPENDITURE	**3,452**	**3,345**	**107**	**16,090**	**15,381**	**709**	**38,603**	**39,053**	**38,409**	**644**
	OPERATING SURPLUS/(DEFICIT)	**47**	**165**	**118**	**194**	**604**	**409**	**456**	**456**	**581**	**125**
48	INTEREST RECEIVABLE	0	1	1	2	5	3	5	5	5	0
49	DIVIDEND ON PDC	(35)	(35)	0	(175)	(175)	0	(421)	(421)	(421)	0
	SURPLUS/(DEFICIT)	**13**	**131**	**119**	**21**	**433**	**412**	**40**	**40**	**165**	**125**
50	RESTRUCTURING COSTS	0	0	0	0	29	(29)	0	0	29	29
	SURPLUS/(DEFICIT) AFTER RESTRUCTURING	**13**	**131**	**119**	**21**	**404**	**383**	**40**	**40**	**136**	**96**

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

Finance Report

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SLR Report M5 2014-15

	Trust Total		SAMHS		CAMHS	
	Budget M5 2014-15 £000	Actuals M5 2014-15 £000	Budget M5 2014-15 £000	Actuals M5 2014-15 £000	Budget M5 2014-15 £000	Actuals M5 2014-15 £000
Clinical Income	6,803	6,875	2,932	3,031	3,872	3,844
Training course fees and other acad income	5,070	4,753	1,151	1,113	3,920	3,640
National Training Contract	3,023	3,023	1,017	1,017	2,006	2,006
Total Training Income	8,093	7,776	2,167	2,130	5,926	5,646
Consultancy Income	457	390	448	385	8	5
Research and Other Income (incl Interest)	75	140	31	56	44	84
Total Income	15,428	15,181	5,579	5,601	9,850	9,580
Clinical Directorates and Consultancy	9,312	8,937	3,342	3,159	5,970	5,777
Other Training Costs (in DET budget)	1,867	1,791	591	562	1,276	1,229
Research Costs	134	69	51	26	83	42
Accommodation	1,048	1,070	502	512	547	558
Total Direct Costs	12,361	11,866	4,485	4,259	7,876	7,607
Contribution	3,067	3,315	1,093	1,342	1,974	1,973
Central Overheads (excl Buildings)	3,820	3,690	1,310	1,270	2,510	2,420
Central Income	858	807	260	250	598	557
Surplus (deficit)	105	432	43	322	62	110
Unallocated Contingency	84					
Total Surplus	21					
SURPLUS as % of income	0.7%	2.8%	0.8%	5.7%	0.6%	1.2%
CONTRIBUTION as % of income	19.9%	21.8%	19.6%	24.0%	20.0%	20.6%

2014/15 Plan

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	2,757	5,732	4,794	3,240	4,488	3,337	1,761	3,811	2,736	1,362	3,167	2,395	2,757
Operational income received													
NHS (excl SHA)	2,908	1,468	1,239	1,414	1,338	1,308	1,299	1,337	1,309	1,299	1,338	1,309	17,566
General debtors (incl LAs)	671	502	506	663	737	537	721	692	769	664	1,032	868	8,362
HEE for Training	2,567	142	79	2,567	143	79	2,567	142	79	2,567	143	79	11,156
Students and sponsors	325	150	150	100	0	200	800	250	100	750	100	100	3,025
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
	6,471	2,262	1,974	4,744	2,218	2,124	5,387	2,421	2,257	5,280	2,613	2,356	40,109
Operational expenditure payments													
Salaries (net)	(1,346)	(1,346)	(1,408)	(1,407)	(1,408)	(1,428)	(1,459)	(1,445)	(1,442)	(1,436)	(1,436)	(1,436)	(16,997)
Tax, NI and Pension	(991)	(995)	(1,045)	(1,053)	(1,053)	(1,053)	(1,068)	(1,092)	(1,081)	(1,079)	(1,075)	(1,075)	(12,660)
Suppliers	(1,159)	(860)	(966)	(934)	(709)	(709)	(709)	(709)	(709)	(709)	(709)	(709)	(9,594)
	(3,496)	(3,201)	(3,419)	(3,394)	(3,170)	(3,190)	(3,236)	(3,246)	(3,232)	(3,224)	(3,220)	(3,220)	(39,251)
Capital Expenditure	0	0	(100)	(100)	(200)	(300)	(100)	(250)	(400)	(250)	(166)	(450)	(2,316)
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Income	0	1	0	1	0	1	0	0	1	0	1	0	5
Payments from provisions	0	0	(9)	(2)	0	0	0	0	0	0	0	0	(11)
PDC Dividend Payments	0	0	0	0	0	(211)	0	0	0	0	0	(210)	(421)
Closing cash balance	5,732	4,794	3,240	4,488	3,337	1,761	3,811	2,736	1,362	3,167	2,395	871	871

2014/15 Actual/Forecast

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	2,757	4,441	3,357	4,330	5,086	3,884	1,877	3,927	2,852	1,479	3,284	2,512	2,757
Operational income received													
NHS (excl SHA)	1,852	1,312	3,498	691	1,548	978	1,299	1,337	1,309	1,299	1,338	1,309	17,770
General debtors (incl LAs)	1,016	564	412	442	971	537	721	692	769	664	1,032	868	8,688
HEE for Training	2,443	78	128	2,552	17	79	2,567	142	79	2,567	143	79	10,875
Students and sponsors	277	104	98	105	105	200	800	250	100	750	100	100	2,989
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
	5,588	2,058	4,136	3,790	2,641	1,794	5,387	2,421	2,257	5,280	2,613	2,356	40,322
Operational expenditure payments													
Salaries (net)	(1,344)	(1,396)	(1,401)	(1,275)	(1,290)	(1,428)	(1,459)	(1,445)	(1,442)	(1,436)	(1,436)	(1,436)	(16,788)
Tax, NI and Pension	(1,033)	(1,052)	(1,060)	(1,093)	(1,011)	(1,053)	(1,068)	(1,092)	(1,081)	(1,079)	(1,075)	(1,075)	(12,772)
Suppliers	(1,499)	(679)	(667)	(607)	(1,240)	(809)	(709)	(709)	(709)	(709)	(709)	(709)	(9,757)
	(3,876)	(3,127)	(3,128)	(2,975)	(3,541)	(3,290)	(3,236)	(3,246)	(3,232)	(3,224)	(3,220)	(3,220)	(39,317)
Capital Expenditure	(29)	(16)	(36)	(60)	(303)	(300)	(100)	(250)	(400)	(250)	(166)	(450)	(2,360)
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Income	1	1	1	1	1	0	0	0	1	0	1	0	7
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments	0	0	0	0	0	(211)	0	0	0	0	0	(210)	(421)
Closing cash balance	4,441	3,357	4,330	5,086	3,884	1,877	3,927	2,852	1,479	3,284	2,512	988	988

Finance Report

Board of Directors : September 2014

Item : 8

Title : Family Nurse Partnership National Unit: service line report

Purpose:

To update the Board on Family Nurse Partnership (FNP) progress and on plans for the coming year.

This report has been reviewed by the following Committees:
- Management Team, 18th September 2014

This report focuses on the following areas:
(delete where not applicable)

- Quality
- Patient / User Experience
- Risk
- Productivity

For : Noting

From : Ailsa Swarbrick, Director, FNP National Unit

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FNP Service Report

Service Line Report – FNP National Unit, CAMHS

Executive Summary

1. Introduction

1.1 This paper gives an update on the FNP National Unit's progress in 13/14 and sets out its priorities for 14/15. Financial issues are addressed in a separate paper.

1.2 The Unit comprises approximately 25 staff and its services are delivered under a five year contract with Public Health England (PHE), from 2013 - 2018. The Trust manages the Unit as part of a consortium arrangement with the Dartington Social Research Unit (SRU) and Impetus-PEF, who deliver services through sub contracts. The total contract value is approx. £17.5m.

1.3 The National Unit has made excellent progress in delivering against a demanding expansion trajectory and conducting a robust service review. The Board will wish to note the draft Annual Report to the FNP licensing body, the University of Colorado (UCD). This has been prepared by the National Unit for formal submission by the Department of Health (DH), and documents clinical and performance data.

1.4 The paper is for noting.

2. Areas of Risk and/or Concern

2.1 Financial issues are addressed in a separate paper. Key risks are set out below. The Unit is actively managing these, we are confident we can mitigate them and they are monitored by the FNP Board which meets quarterly:

- That commissioning of some local FNP services may be at risk following the transfer of commissioning responsibilities for 0 – 5 public health from NHS England to local authorities in October 2015.

- Managing expectations around the publication of an initial RCT conducted to assess impact in 18 sites, up to the age of 2. The report will be published within the next year. We do not yet know the findings of the trial but they are likely to be complex, across a number of primary and secondary outcomes only up to the age of 2, and we know from the US that the strongest impacts are likely to come after the age of 2.

Main Report

3. Overview of the Service

3.1 FNP is an evidence based, licenced public health programme for first time young mothers and their babies. It offers structured home visiting from early in pregnancy until the baby is two, and aims to:

- improve pregnancy outcomes
- improve their child's health and development; and
- improve women's own life course

3.2 FNP has a robust evidence base. Over 35 years of US trial research shows significant benefits for vulnerable families in the short, medium and long term across health, education, social care and crime; and also positive cost benefits.

3.3 There is a commitment to building a rigorous evidence base in England. A multi-site RCT to assess impact and cost benefits to the age of 2 has been conducted and will report in the next year. Early formative evaluation has been promising. Take up is high, attrition low and the potential for impacts is good with mothers reducing smoking in pregnancy, returning to education and employment, very positive about their parenting capacity, having improved self-esteem, and a high proportion initiating breastfeeding. Children's development was also in line with the usual population at 2, which is significant for this group.

3.4 The local FNP service is currently funded and commissioned from local NHS providers by NHS England. The FNP National Unit comprises approximately 25 staff and its services are delivered under a five year contract with Public Health England, from 2013 - 2018. The contract covers: national leadership; communications; education and coaching of nurses; site preparation and support; quality improvement; commissioning support; research and analysis; business development and business management.

3.5 There is a Government commitment to increase the number of places on FNP nationally to at least 16,000 by 2015. This will cover 25 – 30% of the eligible population and will mean FNP will have a presence in 130 LA areas.

3.6 Government policy beyond 2015 will not be clear until after the general election but the National Unit and consortium partners, supported by pro bono specialist support sourced by Impetus-PEF, has developed a five year strategy for the Unit which sets goals to:

- Expand the programme to 20,000 places by 2018;

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- Identify and develop alternative income sources for FNP and the Unit, which would include offering other services;
- Develop an operating model to enable delivery against these goals, efficiently, cost effectively and with continued high quality.

4.   Progress

4.1   Delivery against the Government expansion goal and the strategy has been successful to date:

- The Unit has led significant expansion successfully in 13/14 and is on track to meet the goal of at least 16,000 places by 2015.
- We have successfully attracted funding from the Big Lottery for further expansion in some areas through its A *Better Start* programme, and some areas are also choosing to fund additional expansion locally.
- We have also secured investment formally from Impetus-PEF, to fund posts in business development, communications and finance.
- We have conducted a detailed and rigorous service review, which will lead to increased quality and cost savings in the future. For example, we are redesigning the FNP learning programme to improve learner experience, improve access to ongoing learning and create a strong focus on technology assisted learning. We expect this to produce cashable savings of approx. £450 - 500k over the remaining contract period.

4.2   DH/ PHE holds the licence for FNP in England, granted by the University of Colorado, Denver (UCD) and is required to submit a report annually addressing progress and plans for the future. The draft report for 14/15 is attached for information and has been drafted by the National Unit. We are due to discuss it shortly with UCD, DH and PHE.

4.3   The report comprises data and reflections on national delivery, client characteristics, the family nurse workforce, organisational characteristics, quality of programme replication and national capacity. It summarises that:

- Quality of implementation is generally good, with improving fidelity data and quality of family nurses and supervisors;
- Central capacity is good, and ongoing work on service improvement means the National Unit is in a good position to meet plans for growth, sustainability and high quality replication;
- there is funding for 16,000 places by 2015. A high priority for the Unit is to ensure this is sustainable beyond 2015, and also to explore other sources of programme funding;
- client feedback is overwhelmingly positive about their experience of taking part in the programme and the impacts it has had on them and their babies.

4.4   The report also suggests that four primary objectives for 14/15 are:

- Sustainability of and expansion to at least 16,000 places and to explore options for further expansion;
- The safe and sustainable transition of FNP commissioning to LAs, including funding;
- To implement and embed a new NU operating model;
- Appropriate handing and response to RCT findings.

4.5   Initial feedback from UCD is that they are deeply impressed with the quality of implementation.

Ailsa Swarbrick
Director, FNP National Unit
September2014

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

Board of Directors : September 2014

Item : 9

Title : CQSG Report, Q1, 2014/15

Purpose:

The purpose of this report is to give an overview of performance of clinical quality, safety, and governance matters in the opinion of members of the CQSG. 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 is based on assurance scrutinised by the following Committees:

- Clinical Quality, Safety, and Governance Committee
- Management Team

The assurance to these committees was based on evidence scrutinised by the work stream leads and the Management Team. Please note the improved presentation of IG findings

This report focuses on the following areas:

- Quality
- Patient / User Experience
- Patient / User Safety
- Risk
- Finance
- Productivity
- Communications

For : Discussion

From : Rob Senior, CQSG Chair

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CQSG Report, Q1, 2014/15

1. Introduction

1.1 The overview summary of areas already considered by the CQSG is set out in Appendix 1; the Board of Directors is reminded that ratings are not given in the same way as for the Risk Register.

1.2 The focus in this narrative is on areas of concern and interest to which the board should pay particular attention; it is not simply an amplification of red and amber rated elements.

1.3 The Committee noted the considerable amount of work that was required to be fully prepared for the new model CQC Inspection which can occur at any time from January 2015. The evidence generated by all the work-streams is relevant to the CQC standards.

1.4 The Committee agreed that much of the work required for the CQC visit was work we, as a Trust, wanted to take forward.

2. Findings

2.1 Appendix 1 sets out the detail by reporting line, the expected rating in column on the right of the table may change over that reporting period.

2.2 Having considered and discussed the reports, the committee set the level of assurance as demonstrated; this is recorded below.

2.3 Corporate Governance and Risk

2.3.1	*Substantial assurance was demonstrated*
2.3.2	All areas green
2.3.3	The committee commended the estates team in delivering much refurbishment over the summer
2.3.4	Attaining higher proportions of staff receiving induction training at team level was commended

2.4 Clinical Outcomes

2.4.1	*Adequate assurance was demonstrated*

2.4.2   Team managers have identified those not making the returns required as part of their clinical practice; sanctions are not being considered at this stage

2.4.3   Where outcomes are considered as part of clinical practice there is indication practice changes as a result

2.4.4   The committee commissioned a report on percentages of staff providing OM returns

2.4.5   Adult members of the PPI committee are enthusiastic about CO; it was thought that the TADS study might provide material for improving service delivery

2.5   Clinical Audit

2.5.1   Adequate assurance was demonstrated

2.5.2   The committee noted that work was being undertaken to ensure potential improvements identified in reports were implemented at clinical team level

2.6   Patient Safety and Clinical Risk

2.6.1   Substantial assurance was demonstrated

2.6.2   Reporting levels are being monitored to check assurance that clinical incidents are being reported

2.6.3   The committee directed that an audit of supervision be undertaken and the result considered at the MT

2.7   Quality Reports

2.7.1   Adequate assurance was demonstrated

2.7.2   The KPIs, CQUINS, and Annual action plan were not agreed promptly once again this year, causing operational difficulties in meeting targets.

2.7.3   The committee looked to improving relationships with the CQRG to the benefit of both parties

2.7.4   A group to address clinical data quality is to be led by the Clinical Governance Manager

2.8   Patient and public involvement

2.8.1   Substantial assurance was demonstrated

2.8.2   Extra resources has been secured for this work and had been employed in meeting work plans

2.8.3   Resistance at having users on interview panels was not accepted; the committee directed that all panels should have

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a user on them and directed that a report on progress be considered by the MT

2.9 Information Governance

2.9.1	*Adequate assurance was demonstrated*

2.9.2   The new report format was commended

2.9.3   The demise of the forum looking at clinical data quality and related matters was a concern; it is hoped that this gap will be filled by a new group under the Quality Reports Lead

3.   Conclusion

3.1   This report gives a comprehensive overview and summary of the level of assurance in the opinion of members of the CQSG.

- Please see the separate annual review from the committee for an overview of its work in 2013/14 and consideration of developments for 2014/15

Corporate Governance and Risk Work stream, Q1 2014/15 ■

Task	Q2	Q3	Q4	Q1	Comment and action plan for amber and red risks	Predicted position for end of Q4, 14/15
To maintain CQC registration without qualification	G	G	G	G	The latest risk profile published by the CQC shows no areas of significant concern.	G
To maintain a green governance rating with Monitor	G	G	G	G	Monitor's rating of the Trust remains green.	G
To maintain a highly effective workforce	G	G	G	G	All training targets achieved or exceeded, including one target level raised and achieved.	G
Estates and Facilities infrastructure improvement	G	G	G	G	All estates projects were completed on schedule; estates team commended for delivering high volume of work.	G

					Comment	
s and CQC and NHSLA compliance						G
Managing responses to recommendations and requirements of external bodies	G	G	G	G	Schedule up to date; no deadlines missed.	G
Maintain compliance with current NHSLA rating	G	G	G	G	Standards are being maintained pending the external introduction of a new system.	G
Non-clinical incident reports	G	G	G	G	Monitoring via work streams working well.	G
Specific case reports (serious incidents / SUIs)	G	G	G	G	No issues to report.	G
Central alert broadcast advice	G	G	G	G	No issues to report.	G
Operational Risk Register	G	G	G	G	No issues to report.	G

Relocation of Day Unit			This is on hold pending further consideration by the Board of Directors at their October meeting of the options for the day unit

Clinical Outcomes Work Stream, Q1 2014/15 ■

Task	Q2	Q3	Q4	Q1	Comment and action plan for amber and red risks	Predicted position for end of Q4, 14/15
Implementation of OM project plan	A	A	A	G	Each team to be considered a clinical outcome microsystem	A
Local ownership of outcome monitoring	A	A	A	A	SAMHS and CAMHS directors need to find out what proportion of their staff are fully engaged and using the system	A
Processes for data collection are robust.	A	A	A		Reporting line discontinued	
CQUIN targets CAMHS and SAAMHS		A	A	A	Targets were again missed in Q4 and a plan is in place to improve performance.	G
Data collection and data quality monitoring systems effective			A	A	This is now being reported to the Director of Adult Services and Quality	A

The Tavistock and Portman NHS Foundation Trust

Clinical Audit work stream, Q1 2014/15 ■

Task	Q2	Q3	Q4	Q1	Comment and action plan for amber and red risks	Predicted position for end of Q4, 14/15
NICE compliance	A	A	A	A		A
National audit requirements	G				Reporting line discontinued	
Compliance with plan	A	G	G	G	Activity was found across the Trust	G
Audit tracking	G	A	A	G	An effective register is in place	A
Implementing improvements recommended in audit reports		G	G	G	Development work is ongoing	G

Patient Safety and Clinical Risk Work stream, Q1 2014/15 ■

Task	Q2	Q3	Q4	Q1	Comment and action plan for amber and red risks	Predicted position for end of Q4, 14/15
Clinical incidents	G	A	A	G	Three incidents rated 9+ were reported (near misses) and all were resolved.	G
Specific case reports (serious incidents / SUIs)	G	A	A	A	The final reports on the two suicides have been drafted and were considered by the Board in May and the action plans were considered satisfactory and the SUIs were closed.	G
H/C acquired infections	G	G	G	G	No incidents reported.	G
New Clinical claims	G	G	G	G	None.	G
Complaints responses	G	G	G	G	1 complaint (clinical) was made in Q4; all open cases were resolved by the end of the quarter. 1 complaint is being considered by the ombudsman.	G
PSCR NHSLA compliance	G	G	G	G	See entry in CGR report.	G
PSCR CQC compliance	G	G	G	G	No areas of concern noted.	G

Item					Rating	Comments
Central Alert Broadcast advice	G	G	G		G	No areas of concern noted.
Supervision of clinicians	A	A	G		G	Plans are in place to explore clinical supervision in greater detail.
Revalidation	G	G	G		G	All doctors have been revalidated.
PSCR risk review	G	G	G		G	There are no 9+ risks
Safeguarding children	A	A	A	G	G	The Clinical Governance Team is checking lists of children to address anomalies with the Camden council list; no anomalies were outstanding.
Safeguarding adults	G	G	G		G	One referral was made to enhance care already being provided at the Trust

Quality reports work stream, Q1 2014/15 ■

Task	Q2	Q3	Q4	Q1	Comment and action plan for amber and red risks	Predicted position for end of Q4, 14/15
CQUINS and KPI targets are agreed for 2014/15	A	G	G	G	Agreed; action plan not agreed so far.	G
Arrangements in place to report on CQUINs and KPIs for SAAMHS	A	A	G	A		G
Arrangements in place to report on CQUINs and KPIs for CAMHS	A	A	G	A		G
Meeting Quality Priorities	G	G	G	A	A campaign highlighting what these are was initiated by the Clinical Governance Manager	G
Meeting quality reporting requirements of CCG	G	G	G	A	This is an area of ongoing development with the lead CCG.	G

The Tavistock and Portman NHS Foundation Trust

Quality report Recommendations from 2012-13	A	A	R	A	Progress is being made	A
Preparation for Quality Report 2014-15	-	G	G	G	A draft schedule has been drawn up	

PPI work stream, Q1 2014/15 ▪

Task	Q2	Q3	Q4	Q1	Comment and action plan for amber and red risks	Predicted position for end of Q4, 14/15
CQC compliance	G	G	G	G		G
Providing assurance that the Trust adheres to all PPI related policies and procedures	G	G	G	G	Departmental PPI leads promote procedures to teams	G
Discussing PPI issues arising from PALS, complaints or other forms of PPI input and making recommendations	G	G	G	G	These are analysed annually following local investigation/ resolution.	G
Discussing the findings of the experience of service questionnaire	G	G	G	G	Findings and action plans considered quarterly.	G

						Comments
and ensure delivery of action plans						
To ensure 3 issues identified at stakeholder meetings were addressed by March 2015	G	G	G	G	G	
To hold 3 patient forums	G	G	G	G	G	2 held so far
To audit accessibility of modality leaflets	G	G				Reporting line discontinued
Ensure that quality is continually improved through the development of patients centred services and within the organisation's culture [with QR lead and others]	G	G	G	G	G	Interviews are held with service users; patient experiences are relayed to the Board.

Information Governance Work Stream : Q1 2014/15 ■

New high level monitoring

Reporting	Assurance sought	Domain	Lead
To achieve a score of 3 for every item on the HSCIC toolkit. Results will be aggregated into the six domains, with specific assurance on key outcomes.	Evidence from domain leads considered at quarterly meetings; full toolkit to be presented in the Q3 meeting	Strategic IG management	Jonathan McKee, Governance Manager
		Confidentiality and Data Protection	Dr Caroline McKenna, Caldicott Guardian; Jonathan McKee, Governance Manager
		Information Security	Director of Information Management and Technology [Interim: Ade Sulaiman, IT Manager]
		Secondary use assurance	Director of Information Management and Technology [Interim: Muhammad Akram, Informatics Manager]
		Clinical Information Assurance	Dr Brian Rock, Interim Chief Clinical Information Officer SAMHS; Myooran Canagaratnam, Interim Chief Clinical Information Officer, CAMHS
		Corporate Records	Jonathan McKee, Governance Manager

Reporting topic	Assurance received	RAG Q4*	RAG Q1	Follow up on tracker Yes/no	Risk register Yes/no	Comments	Predicted position for end of Q4, 2015
1: Strategic IG management a) Policy and procedures b) Basic mandatory training	Termly policy status report to MT Monthly training returns from directorate managers Contracts log	G	A	Yes	Yes	There were no policies or procedures beyond their review date; procedures due for review in the next quarter were identified. The 2014/15 training programme began and is due to conclude on 31st December; the MT was updated on progress. DET needs to complete its project to provide secure storage for student data; this matter is on the risk register.	G
2: Confidentiality and data protection a) Subject access requests management b) Confidentiality audit c) New systems and services control	SAR management reports Caldicott Guardian's report Governance Manager's report on new systems and services implementation	G	A	Yes	Yes	Comprehensive Caldicott Guardian Plan in place. Exception report on group notes received by SIRO following complaint to ICO	G
3: IT Security Assurance a) Annual plan	Plan and quarterly progress report Annual risk	G	A	Yes	No	Incidents being managed appropriately; no outstanding concerns.	G

Reporting topic	Assurance received	RAG Q4*	RAG Q1	Follow up on tracker Yes/no	Risk register Yes/no	Comments	Predicted position for end of Q4, 2015
b) Risk assessments for information assets	assessment						
c) Incidents report	Incidents review at work stream						
d) Network controls	User log and spot check report						
e) Information asset report	Information asset register						
4: Secondary use assurance a) Data input checks	Quarterly Clinical Data Quality Procedure Reports	A	A	Yes	No	Lead for PbR/clustering confirmed. A forum for the consideration and validation of data quality evidence is required.	G
b) Data completeness checks	Notes from a meeting that discussed the data						
c) Clinical validation of input							
d) Clustering							

Reporting topic	Assurance received	RAG Q4*	RAG Q1	Follow up on tracker Yes/no	Risk register Yes/no	Comments	Predicted position for end of Q4, 2015
5: Clinical information assurance a) Healthcare records management b) Records audit	No action required as rating valid until further notice.	A	A	Yes	No	Missing files will be reported as data loss incidents from Q2 A joint appointment of two senior clinicians to the Chief Clinical Information Officer role has been made on an interim basis. A forum for the consideration and validation of data quality evidence is required. There is work to be done to ensure evidence produced to show compliance is presented in a form in which the group can receive as assurance	G
6: Corporate Records a) Management systems b) Lifecycle management and archiving	Reports indicate satisfactory management response	G	G	No	No	The project to transfer files of potential interest to researchers in 50 years' time to permanent archive is underway.	G

*As this approach is new, this is an indicative rating for comparison purposes. From Q2 the report will look like the other reports.

Board of Directors : September 2013

Item : 10

Title : CQSGC: Annual Performance Review, 2013/14

Summary :

The Board of Directors has directed all committees to review and report on their performance annually. Each work stream lead is also required to undertake a review of their performance against their terms of reference; this work contributes to the report overall and these submissions are attached as appendices.

The review indicates that the CQSGC has discharged its functions as required by the BD although improvements are indicated in some areas. The upcoming CQC inspection will draw heavily on the work of the CQSGC and the individual work-streams in addition to more specific leadership and capacity in preparing for the inspection.

For : Discussion

From : Rob Senior, CQSG Chair

CQSG Annual Report

CQSGC: Annual Performance Review 2013/14

1. Introduction

The Committee continues to provide assurance that the Trust is delivering on its operational and strategic plans within the CQSGC's areas of responsibility. The volume of work represented by each of the work-stream reports continues to grow to meet both our own aspirations as a Trust and the requirements of our inspectors, regulators and commissioners. The findings are based on the individual work stream leads' feedback on their own areas, the meetings of the CQSGC, and assurance provided for individual elements by both our internal and external auditors.

2. Findings

General

The committee reviewed each work stream's reporting lines. Some reporting lines changed during the year making comparisons and identifying trends challenging at times.

Aligning the work of work streams to operational and strategic plans was more difficult this year as the objectives in those plans were not set with the current structure of reporting in mind. For example, work on equality priorities has evolved but this was not reflected in reporting lines so work stream reporting was on previous priorities and not the current set.

Overall, however, the level of assurance was good and much improved following the Management Team's enhanced scrutiny and feed-back on the quarterly reports.

Corporate Governance and Risk

The CQC undertook an inspection under the old model resulting in a very positive report for the Trust.

The Trust maintained its compliance with the NHSLA's 'old' level 2 whilst new standards were being set. In recognition of the Trust's good management and inherent low risk service provision, no fee was payable to the NHSLA.

The CGR Lead benefited from an experienced and expert team who were able to support the other work stream leads as they developed their own systems and processes to support their work; this support is on-going.

A large value of improvements to the estate were made; a project to explore the options for the future estate was commissioned.

Clinical Outcomes

The demand for more and better quality evidence of effectiveness of our services from the perspective of our service users has continued to grow. New initiatives, particularly CYP IAPT, have added considerably to the work-load. The Clinical Governance Team continues to work hard to manage a large volume and range of activities with some notable successes eg. in delivering reports on patient determined outcomes in CAMHS. Implementation of the new

Integrated Digital Care Record poses some threats but also substantial opportunity around clinical engagement.

Clinical Audit

Clinical audit activity has been modest but underlying developments mean that the team is well placed to take advantage of additional resources and increase activity.

Patient safety and clinical risk

The Patient Safety work-stream has continued to review patient risk issues through the year. During the year a very low number of reportable incidents occurred, which continues to be the pattern due to the nature of the services that we run. This did, however, include on SUI from 2012/13, subsequently closed, and two new SUIs in 2013/14. Whilst this number is very low relative to other Trusts the cases were taken very seriously and appropriate action was taken and this was in turn reported to the CQSG.

Quality Reports

The report has two functions: one forms a section of the Annual Report, the other (Quality Accounts) is a stand-alone document used by the commissioners and others as a guide to quality of the Trust's clinical services. The 2012/13 report was validated by the external auditor and has been incorporated into the annual report having been accepted by the Board of Directors. Obtaining high quality validated data within the appropriate time-scale for reporting remains a substantial challenge

Patient and public involvement

Quarterly reports on the qualitative and quantitative feedback from patients provided us with more accurate and valid data on patient satisfaction than previous patient surveys, and we are now more able to be confident in the trends in feedback from patients.

Information Governance

It is very positive that the Trust did so well but slippage in a few key areas would have been highly compromising overall so the Trust continues to aim high.   The areas of highest performance reflect the areas which enjoy the highest resource; resourcing is to be addressed as part of ongoing development planning for this and related activity.

3.   **Conclusion**

The committee has done well to achieve its objectives though some further work to provide greater depth on achievement of Trust objectives is indicated; this review should consider matters that are not specified within the remit of the CQSG or the Audit Committee to ensure that the board has assurance on all relevant activity. Themes that the Trust has been addressing (e.g. data quality, data management) remains subject to greater interest externally, and this remains an area of development on many fronts.

Over the coming year, the Trust will continue to work closely with service users, commissioners and other providers in the provision of high quality services to local residents, and to people from across the country for our specialised services.

The new model of CQC inspection coming into play following a number of pilot inspections will be challenging for the Trust. The Trust has identified and provided resources for key leadership roles in preparation for the CQC inspection. The CQC will be asking whether the services inspected are safe, caring, effective, responsive to needs and well-led. Much of the preparation for the inspection, which can happen at any time from January 2015, will fall on the CQSGC work-stream leads, particularly around gathering evidence to support the safety, quality and effectiveness of our clinical services.

Rob Senior
CQSG Chair

Corporate governance and risk work stream annual review 2013/14

This paper is a review of performance against the terms of reference set by the CQSG: the duties are set out in the table below in the left hand column, and on the right the work stream lead has summarised the performance over the year. In addition, the work stream lead has set out highlights, risks, and recommendations for consideration by the CQSG.

Highlights for 2013/14

- Maintaining high standards of training delivery
- Completed a significant volume of improvement works
- Commenced a programme to relocate the Trust to new premises
- Initiated a project to enhance the Trust's archiving and storage capacity and capability
- Underwent a CQC inspection and achieved very good results

Duty	Review of performance
The Lead's primary duty is monitoring the Trust's management of corporate governance and non-clinical risk across all areas of the Trust and to provide assurances to the CQSG that regulatory and other external requirements in relation to corporate governance and non-clinical risk are being met, and that the Trust adheres to its approved process for responding corporate governance and non-clinical risk issues that arise in practice.	The CGR Lead is the only lead to attend another work stream meeting (IG); in addition, CGR colleagues provide much support to clinical governance activity and development.
The Lead shall seek assurance that prospective submissions to:	All submissions were received on time and were considered by the work stream group.

CQC (including evidence in support of continued compliance with standards pending an inspection)	There was an announced CQC inspection following the appointment of a new assessor by the CQC; full compliance with all standards was noted in the subsequent report.
NHSLA	The current regime is being reviewed, in the interim the Trust has maintained compliance with current standards to level 2.
Monitor	The Trust was designated 'green' for corporate governance risks by Monitor
are fit for purpose, and where there are short falls in performance that action plans are drawn up and then monitored	No action, apart from maintaining performance as business-as usual, was indicated.
that the Trust maintains an effective risk strategy and associated procedures that are fit for purpose,	The Risk Strategy, the Incident Reporting Procedure and the Serious Incident Procedure were all reviewed. Risk reporting remained brisk indicating staff were confident with the mechanism.
that non-clinical risks are effectively identified, assessed and managed and that the risk register is kept up to date with information about the management of these risks	A quarterly report was received and findings discussed where appropriate.
that non-clinical incidents are being managed effectively and in line with the Trust's procedures, and that all 9+ incidents are appropriately investigated, through receipt of a quarterly report	A quarterly report was received and findings discussed where appropriate, in addition, IG incidents were discussed in detail by the IG work stream.

that Health and Safety matters affecting staff are effectively managed as confirmed by receipt of notes from the Health and Safety Committee	Notes of the Health & Safety Committee were reviewed; no areas of concern were noted.
that the operational risk register continues to provide board level information, which will contribute to a risk-enabled board culture.	This operational risk register was discussed at each meeting, and the Board receive the full risk register annually. The risk register was reported to the Board, via the MC, if required. The Board reviewed its approach to governance in some depth and recommendations were made.
that HR submissions of compliance with mandatory regulations are fit for purpose	A quarterly report was received and findings discussed where appropriate. Significant improvements were noted over the year and data confidence was enhanced.
that reports on responding to the recommendations made by external bodies following reviews and inspections are made on time and that the risk register is updated where appropriate	A quarterly report was received and findings discussed where appropriate; no deadlines were missed.

Recommendations
1. None

Clinical Outcome Monitoring Work Stream Annual Review 2013/14

This paper is a review of performance against the terms of reference set by the CQSG: the duties are set out in the table below in the left hand column, and on the right the work stream lead has summarised the performance over the year. In addition, the work stream lead has set out highlights, risks, and recommendations for consideration by the CQSG.

Highlights for 2013

Duty	Review of performance
The lead's primary duty is monitoring the Trust's management of clinical outcomes and to provide assurances to the CQSG that regulatory and other external requirements in relation to outcome monitoring are being met, and that the Trust adheres to its approved process for responding to lessons learned from clinical audit in practice.	The work stream lead together with the clinical governance team, manage the Trust's OM programme. Regulatory and other external requirements are being met e.g. OM CQUIN targets for CAMHS 2012/13 were fully met
The Lead shall seek assurance on :	
that outcome monitoring methods in use in the trust reflect best practice for our patient population	Assurance can be given, for example, CAMHS is CORC (CAMHS Outcome Research Consortium) compliant
that adequacy of outcome measures reflect corporate planning and the needs of external assessors and commissioners	Compliant

that there is local monitoring in place on the levels of outcome monitoring and that action is taken at Directorate / Speciality level when levels of monitoring do not reach agreed target levels	Yes – at team level and service level. Action plans in place to achieve target levels and these are continuously reviewed.
that there are improvements in outcome monitoring over the long term	Partial assurance can be given. Planned role out of outcome monitoring tracker system to all clinicians May – July 2013 will support longer term monitoring

Key risks [if any]

- Clinician acceptance of direct entry of outcomes to tracker database
- Impact of roll out of CYIAPT Oct 2013.

Recommendations for 2013/14 [if any]

- Continue to make OM integral part of clinical practice

Clinical Audit Work Stream Annual Review 2012/13

This paper is a review of performance against the terms of reference set by the CQSG: the duties are set out in the table below in the left hand column, and on the right the work stream lead has summarised the performance over the year. In addition, the work stream lead has set out highlights, risks, and recommendations for consideration by the CQSG.

Highlights for 2013

-

Duty	Review of performance
The lead will ensure that assurance is provided to the CQSG showing that regulatory, and other external requirements in relation to clinical audit, are being met, and that any recommendations from audit exercises are implemented in practice where appropriate.	Achieved The workstream lead together with the Governance and Risk Adviser maintained a clinical audit register through the year and followed up on completed audits, we received evidence of cooperation with one national audit we were involved in during 12-13
The lead shall seek assurance on the areas of practice listed below and will provide a summary report to the CQSGC of assurance received and any areas of concern/ breaches in practice that need further action outside the scope of the work stream:	

compliance with the procedure for clinical audit	through close support of those involved in clinical audit there were no breaches of procedure in the year, all audit reports were produced on the Trust template
compliance with annual audit programme (including follow up of lessons learned)	The annual programme continued and lessons were fed back to Directorates
that the annual programme complements organisational priorities	the programme was set to reflect organisational priorities
that audits and reviews are commissioned as required	achieved
that clinical staff are engaged in audit of their practice	this is occurring to an increasing extend, all are involved in changing practice when feedback indicates this is required
that the trust follows its procedures for responding to, and following guidance relevant to, practice; including NICE, and other external guidance.	requirements met during the year
that the implementation of recommendations made as a consequence of audit exercises lead to improvements in patient care	some improvements in care have resulted as a direct result of audit in 2012-13 e.g. digital life awareness, consent procedure, record keeping for group notes

Key risks [if any]

- Clinical audit is not an integral part of practice and we are not able to show that all clinicians are actively involved in audit

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Recommendations for 2013/14 [if any]

- That CAMHS and SAAMHS identify an audit champion to work with the Governance and Risk Adviser and the Workstream lead to coordinate and promote audit practice in each Directorate/team

PSCR Work Stream Annual Review 2013/14

This paper is a review of performance against the terms of reference set by the CQSG: the duties are set out in the table below in the left hand column, and on the right the work stream lead has summarised the performance over the year. In addition, the work stream lead has set out highlights, risks, and recommendations for consideration by the CQSG.

Highlights and issues for 2013/14

- The Patient Safety work stream has continued to review patient risk issues through the year. There were two new SUIs reported during the year (suicides) which were fully investigated using the SUI policy and procedure, which worked well in practice. The work stream received detailed reports and actions plans arising from lessons learned, the full reports and plans will be presented to the Board of Directors in May 2014

- The remaining open SUI from 2012 has been closed by the trust following the inquest that took place in Jan 2014. At the inquest H M Coroner issued a 'Rule 43 letter' to the Department of Health about the importance of training on the digital lives of young people. The Coroner did not require any specific action from the Trust. However, we have continued on-going work highlighting awareness in clinicians of the potential risks posed by the digital lives of all our patients.

- An end of year validation exercise revealed under reporting of clinical incidents to the NRLS during the year. All cases were in the non-harm/minor harm category, and the situation has now been rectified and all incidents uploaded. A weekly check of all cases is now in place to avoid further late reporting.

CQSG Annual Report

- On-going risk continues in relation to the identification of children with a child protection plan, via our Rio data base. Audits continue to reveal some discrepancy between Camden list of CPP cases and those flagged on RiO, although the discrepancy has decreased since last year with improved systems in place. On-going work continues to address this.

Duty	Review of performance
The trust follows its processes on managing clinical incidents, complaints and claims	An end of year validation exercise revealed under reporting of clinical incidents to the NRLS during the year. In total 42 cases met the requirements for reporting but unfortunately only 4 had been reported. All cases were in the non-harm/minor harm category, and the situation has now been rectified and all incidents uploaded. This error has been reported to the Clinical Quality Review Group of the CCG, and the validated number of incidents reported in the year end figure in the Quality Report. All complaints have been handled correctly and within set timescales. There were no clinical claims in the last year.
The trust learns lessons arising from clinical incidents, complaints and claims	In response to a request from the Board of Directors following the presentation of the annual report for 2012-13 which showed an increase in complaint numbers across that year from 10 to 16, the Patient Safety Lead and the Governance and Risk Adviser provided a complaints update during 2013 to both CAMHS and SAAMHS. These served as awareness sessions on the nature and type of complaints received and encouraged clinical staff to be aware of issues that concern patients when delivering care treatment and explanations to their patients. During this year (2013/14) there was no evidence of a continued upward trend of increase in complaints. Although the Trust received 8 new complaints in Q1, it only received 2 in Q2, 1 in Q3 and 1 in Q4. All new complaints were of a clinical nature and have been fully investigated and responses sent to the complainants within 25 working days of receipt. None remain open at end of Q4. At the end of Q4 just one complaint remained open with HM Ombudsman (referred in 2012-13). No new referrals have been notified in Q4. Lessons from clinical incidents have been learned including: specific training and feedback on record keeping, management of transfer of acutely ill patients and management of 'lock down' at the Tavistock site in the event of unaccompanied children in the building.

	In the year 2013/14, there were two reported SUIs: both cases of suicide for adult patients. Case 1 who was receiving weekly therapy at the time of his death was also under the care of Camden and Islington NHS Foundation trust and therefore has not been centrally reported via the NHS central reporting system for serious incidents (STEIS). Case 2 was of the death of an adult who had completed assessment and had not proceeded to treatment. At the time of his death he had been discharged back to the care of his GP. This was reported via STEIS
In the event of an SUI the trust follows its investigation procedure in relation to investigation, whilst being open with patients and relatives, and supports staff directly involved	In both cases whilst lessons were learned from the review no evidence was found that either case could have been predicated or prevented by staff caring for the patients Both cases were fully and properly investigated with root cause analysis according to the trust procedure and reports prepared. The formal report on the second patient was submitted, accepted and closed by NHS London (Patient Safety). Action plans for both cases were prepared for presentation at the May 2014 Board meeting. The remaining SUI from 2012 has been closed by the trust following the inquest that took place in Jan 2014. At the inquest H M Coroner issued a 'Rule 43 letter' to the Department of Health about the importance of training on the digital lives of young people. The Coroner did not require any specific action from the Trust. However, we have continued on-going work highlighting awareness in clinicians of the potential risks posed by the digital lives of all our patients. In all of the above cases, Our Being Open procedure was followed and the findings of the reports provided to the families concerned. The staff involved have also been provided with support by the Trust.
The trust follows any agreed action plan arising from the investigation of an SUI	Action plan from SUI in 2012 implemented in 2013/14. All actions completed and case closed Compliances with action plans from 2 SUIs in 2013/14 approved by the Board May 2013 will be monitored via PSCR workstream in 2014/15.
The trust effectively supervises all clinical practitioners	No specific audit of supervision took place in 2013-14; An audit of compliance with the Supervision Procedure is scheduled for 2014-15. No evidence of lack of supervision received.
The trust follows robust record keeping practises (the audit	Guidelines for record keeping practises remain robust. Rolling audit of record keeping took place during the year with local feedback. Department wide training has been provided to Adult, Adolescent and City and Hackney

lead will monitor progress of annual records audit plans)	services following their audits in 2013-14. These sessions were well received.
Safeguarding arrangements for children and adults are effective and in line with the trust procedure and pan-London procedures	Safeguarding children: On-going risk continues in relation to the identification of children with a child protection plan, via our Rio data base. Audits continue to reveal some discrepancy between Camden list of CPP cases and those flagged on RiO, although the discrepancy has decreased since last year with improved systems in place. List is monitored by CP Lead on a monthly basis as the historical list is now flagged and the incoming cases are few in number. All cases of CPP known to the Trust are flagged irrespective of whether the case is closed, to ensure that should a case be re-referred there is awareness of CPP concerns, even if historical.

Safeguarding adults' arrangements remain effective. The trust did not make any formal referrals to adult social services in 2013-14 |
| Clinical risks are adequately assessed and reviewed | Clinical risks on risk register reviewed quarterly by lead. |
| The Trust responds in an appropriate and timely fashion to all relevant clinical safety alerts | No clinical safety alerts relevant to the Trust were received in 2013-14
The National reporting and learning system (NRLS) did not issued any alerts relevant to the Trust's clinical practice in 2013-14 |
| Clinicians' revalidation records are accurate | Revalidation arrangements remain on track to meet all external requirements.

Trust purchased and implemented an appraisal/revalidation e-portfolio system last year. All appraisals are now using this. HR and CG team providing extra support and all doctors have been trained on e-portfolio. Information systems have been consolidated to ensure HR data, complaints and incidents involving doctors are known to RO.

Recent internal audit of medical revalidation completed 12.5.14 with action plan recommending updating revalidation policy to reflect use of e-portfolio and training of appraisers, to be implemented in 2014/5, reported via PSCR workstream. |
| Reviews comply with the Health Act 2006 on reducing | No incident reports relating to infection control were received in the year.
Hand washing techniques and management of body fluid contamination injuries were covered at all induction |

HCAIs are undertaken and any recommendations are considered and implemented where appropriate	and INSET days during the year.

Key risks

- Identification of children with a CP plan on Rio: this remains on the risk register, graded 6.

Recommendations for 2014/15

- On-going monitoring by CP Lead on a monthly basis of all CP cases, and flagging of all cases of CPP known to the Trust irrespective of whether the case is closed, to ensure that should a case be re-referred there is awareness of CPP concerns, even if historical.

Quality reports work stream annual review 2013/14

This paper is a review of performance against the terms of reference set by the CQSG: the duties are set out in the table below in the left hand column, and on the right the work stream lead has summarised the performance over the year. In addition, the work stream lead has set out highlights, risks, and recommendations for consideration by the CQSG.

Highlights for 2013/14

- The Quality Account/Report was completed and submitted on time. The Quality Report was assessed by our external auditors and found to be more than satisfactory, specifically what we reported on for 'clinical effectiveness', to the extent that they will be using our QR as a template for other trusts.

Duty	Review of recommendations
The Lead shall seek assurance that prospective submissions to: • CQC (including evidence in support of continued compliance with standards pending an inspection) • NHSLA • Monitor • Connecting for Health are fit for purpose, and where there are short falls in performance that action plans are drawn up and then monitored.	All submissions were on time and fit for purpose.

The Lead's primary duty is monitoring the Trust's management of quality across all clinical areas of the Trust and to provide assurances to the CQSG that regulatory and other external requirements in relation to quality are being met, and that the Trust adheres to its approved process for responding to quality issues that arise in practice.	The lead provides quarterly reports to the CQSG confirming external requirements to the Clinical Quality Review Group (CQRG) have been met.
The Lead shall seek assurance on the areas of practice listed below and will provide a report to the CQSG with a summary of assurance received and any areas of concern/breaches in practice that need further action.	
The Lead shall seek and report on assurance that • The Trust produces and publishes Annual Quality Accounts and Report on time, and fully in line with external requirements, to a high standard and that addresses any issues identified by the Trust's external auditors during its preparation	The Quality Account/Report was completed and submitted on time. The Quality Report was assessed by our external auditors and found to be more than satisfactory, specifically what we reported on for 'clinical effectiveness', to the extent that they will be using our QR as a template for other trusts.
• The Trust has robust systems and process in place to monitor and report on all agreed CQUINs	The Trust had robust systems and process in place to monitor and report on all agreed CQUINs.
• The Trust has robust systems and processes in place to monitor and report on all agreed KPI's	The Trust had robust systems and processes in place to monitor and report on all agreed KPI's.
• The Trust maintains an effective approach to data	The Trust has maintained an effective approach to data

• quality management supported by a Data Quality Strategy and procedures	quality management supported by a Data Quality Strategy and the establishment of the Clinical Information Management Group (CIMG).
• The Trust effectively monitors achievement against any agreed Quality priorities published in the Quality Account	The Trust uses the data validation forms for this purpose, which need to be signed off by the relevant director and then submitted to the Management Committee for scrutiny, followed by submission to the external auditors.
• That the risk of inaccurate and/or inconsistent data publication is minimised, where the workstream and the Lead takes responsibility for the reliability of the reported data.	The Lead will review (and where relevant interrogate) the reported data before submitting the quarterly quality reports.
The lead will liaise with other work stream leads to ensure effective use of resource and collaboration where possible so that duplication of effort can be avoided.	The Lead has attended the bi-monthly SAAMHS Clinical Governance meetings and the CIMG when this group has been convened.
The lead will report to the CQSGC via the Management Committee on a quarterly basis. The report may be supplemented with other reports or documents in support of assurance. The report should identify any gaps in assurance and note any action to be taken to address gaps.	The quarterly reports to the CQSG ensure that any gaps are identified in assurance and action plans put in place.

Key risks [if any]

Recommendations for 2014/15 [if any]

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Patient and public involvement work stream annual review 2013/14

This paper is a review of performance against the terms of reference set by the CQSG: the duties are set out in the table below in the left hand column, and on the right the work stream lead has summarised the performance over the year. In addition, the work stream lead has set out highlights, risks, and recommendations for consideration by the CQSG.

Highlights for 2013/14

-

Duty	Review of performance
The Committee's primary duty is to oversee the Trust's management of patient and public involvement activity and to provide assurances to the CQSGC that regulatory and other external requirements in relation to patient and public involvement are being met, and that the Trust adheres to its approved process for responding to PPI issues that arise in practice.	
The Committee shall:	
develop and raise the profile of Patient and Public Involvement work across the Trust	PPI have appointed two directorate leads, who have been meeting with the service line managers, team managers and services to raise the profile of PPI. There has been a PPI slot on all the Inset days this year, and Childrens' IAPT services have been increasing participation.

ensure that PPI activities are coordinated across the Trust and that forums for departmental PPI work are available	The new PPI leads have been co-ordinating directorate work and there is a central PPI database in place.
support the PPI work of the Patient Advice and Liaison Service	The PALS officer is managed by the PPI lead and attends PPI team and committee meetings
review patient information material to ensure the patient perspective is considered	This has taken place in relation to the modality leaflets and PPI have been involved in the development of the new trust website
liaise with groups and stakeholders to ensure that consistent good quality information is made available to members, patients, stakeholders and relevant public groups about treatment options available at the Trust to support patients making informed decisions about their treatment	This work has taken place through the quality stakeholders meetings developing the modality leaflets.
receive feedback from the Experience of Service Questionnaire on a quarterly basis. The Committee will advise the Trust on the PPI aspects of the feedback received via the annual PPI report	This has been achieved.
ensure action plans based on the findings reports on patient feedback and other PPI work result in improved patient care, the patient environment and the patient experience	The team work from the action plan, which is currently being drawn up for 14-15.
provide details on how public members' views influence strategic planning	This is achieved through the Council of Governors.

provide support to membership activity, particularly the recruitment and retention of members	PPI have been running monthly 'membership stands' to support this work.

Key risks

- PPI is under resourced and we are not able to support PPI reps to sit on interview panels or attend board meetings with their stories as agreed in this years' work plan
- That DET are not able to access the PPI representation they need to ensure that training courses have PPI involvement
- That by involving greater numbers, we raise expectations in a way we cannot resource unless PPI becomes better embedded in clinical services and 'everyone's business'
-

Recommendations for 2014/15

- That PPI leads continue to work to embed PPI activity in the clinical services
- That support is provided to PPI reps in order to be able to help the trust with service strategy
- That the current participation worker role in CAMHS IAPT is extended
- That DET develop mechanisms for user involvement with the support of PPI

CQSG Annual Report

Information Governance work stream annual review 2013/14

This paper is a review of performance against the terms of reference set by the CQSG: the duties are set out in the table below in the left hand column, and on the right the work stream lead has summarised the performance over the year. In addition, the work stream lead has set out highlights, risks, and recommendations for consideration by the CQSG.

Highlights for 2013/14

The Trust achieved level 3 (top) on 28* of the elements of the IG toolkit; and level 2 on the remaining 17. (* this includes three which do not apply to us).

Task	Outcome
prospective submissions to the CfH/DH (or successor body) [HSCIC] are fit for purpose, and where there are short falls in performance that action plans are drawn up and then monitored	The submissions/plans for each requirement were reported to the IG Lead, who reviewed each before uploading it as evidence. The evidence submission was scrutinised at each IG group meeting. Internal Audit also reviewed the process and progress. The SIRO reviewed the final submission and approved it prior to submission.
that the Trust maintains an effective IG strategy and associated procedures that are fit for purpose,	This is set out in the IG framework and is up to date.
that IG risks are effectively identified, assessed and managed and that the risk register is kept up to date with information about the management of these risks	The IG group reviewed its risks, and risks of interest, at each meeting. Changes were made as necessary.

that IG incidents are being managed effectively and in line with the Trust's procedures, and that all 9+ incidents are appropriately investigated, out outcomes documented in a quarterly report	Risks were managed according to the Trust's procedure with support from the Risk Adviser.
that information security matters are effectively managed as confirmed by receipt of notes from the IT Manager	Evidence of compliance was logged as part of the toolkit exercise.
that information assets are managed in accordance with the respective procedures	Overall performance summaries were noted on the Information Asset Register.
that external information governance submissions are accurate	See above
that reports on responding to the recommendations made by external bodies following reviews and inspections are made on time and that the risk register is updated where appropriate	na
that all requests for information made under the Freedom of Information Act were responded to by the statutory deadline and that any trends are explored	A quarterly report is received and reviewed by the work stream meeting.
A comprehensive IG training programme has been delivered by the Governance Manager.	Evidence of compliance was logged as part of the toolkit exercise.

Key risks

- The work stream is reliant on others to deliver progress on several areas, e.g. improving data quality
- Risk on the risk register this time last year are still on the register unchanged, should an incident occur relating to these matters before they are resolved, then this would put the trust in a difficult position

Recommendations for 2014/15

- That requirement allocations are reviewed
- That the focus of work to gather evidence focus on practice at team level in 2014/15

Board of Directors : 30th September 2014

Item : 11

Title : PPI Annual Report 2013-2014

Summary:

This report provides a summary of the Trusts Patient and Public Involvement work stream for the past year and details an action plan for the following year.

This report has been reviewed by the following Committees:

- PPI Committee, 27 May 2014
- Management Team, 18 September 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:
(delete where not applicable)

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

For : Approval

From : Sally Hodges and PPI Team

PPI Annual Report

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PPI Annual Report 2013-2014

0. **Introduction**

1. **Experience of Service Questionnaire**

2. **Feedback from the Membership to the Foundation Trust**

3. **Complaints**

4. **Patient Advice and Liaison Service**

5. **Other Patient Feedback**

6. **Improving the Quality of the Patient Experience**

7. **Quality and CQUIN Targets**

8. **What we have done this year in response to feedback**

9. **Future Plans**

10. **Action Plan**

11. **Appendix (A)**

Sally Hodges
PPI Lead
23 September 2014

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

Patient and Public Involvement
Annual Report 2013-2014
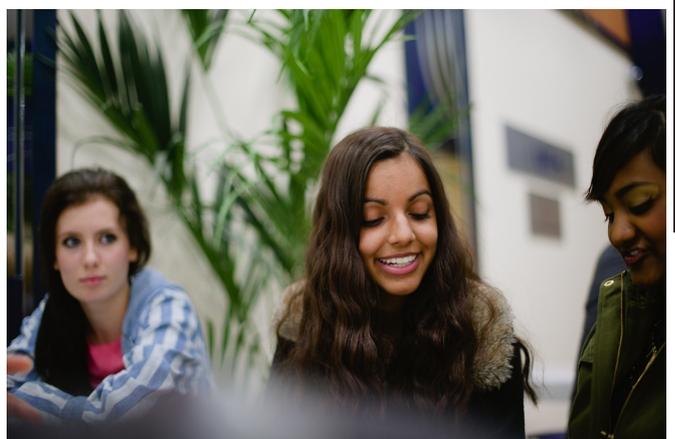
Introduction

This has been an exciting year for Patient and Public Involvement in the Trust with a number of significant developments and events.

These have included:
- The appointment of two directorate PPI leads, Claire Shaw for the adult services and Emilios Lemoniatis for children's services. They have joined the PPI team with the remit of ensuring PPI activity is developed and expanded within the teams in their services.
- The Trust has increased its Patient Advice and Liaison Service (PALS) to three days a week to improve accessibility. Debbie Lampon, our PALS Officer has been working with our outreach services to ensure that PALS is accessible to all our service users who may benefit from the service.
- The Trust was proud to host the first PPI Forum conference in February where mental health trusts and their users came together to share good practice and learn from each other how to improve involvement and engagement work. The conference was well attended by both users and staff responsible for engagement, and much lively learning and debate took place.
- We have been developing the processes for having service users influence staff recruitment and have had a number of trial interviews where service users were part of the appointment process, including that of appointing our new Chief Executive.
- The trust is a Children and Young Peoples Improving Access to Psychological Therapies (IAPT) provider. One of the key principles of IAPT is user involvement which has driven the embedding of participation work in our children's services forward at a great pace, which has enabled users to be involved in a number of service development projects.

In this report we will describe in more detail the kinds of activities the PPI team have been involved with, and our plans for the coming year. The patient and public involvement team consists of clinical leads from the two clinical directorates, representatives from central services, training and education services and research. We have up to five patient and public involvement representatives from the patient/local public population as well as two community representatives, three governors, and a non executive director. We link closely with the communications team to ensure that we optimise our communication with patients and the public.

1.Experience of Service Questionnaire

In 2011/12 the Trust discontinued using the Annual Patient Survey to gather patient feedback on its services and facilities due to the very low return rate of questionnaires. Instead for the past two years we have used the Experience of Service Questionnaire (CHI-ESQ) to gather feedback on the quality of the patient experience on a quarterly basis.

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Detailed quarterly reports were presented to the Stakeholder Quality Group and the PPI Committee to discuss the findings, identify areas of concern and make recommendations on how the Trust continues to improve the quality of the patient experience. A total of 898 ESQs were completed in 2013-14, compared to 775 in the previous year. Compared to other trusts using the Patient Survey, our results reveal a consistently high level of patient satisfaction with our Trust's facilities and services and their interactions with the people who work here. *See appendix A

Key overall findings from the survey:
- 96% satisfaction levels achieved for the statement 'I feel the people who saw me listened to me'.
- 87% patient agreement reported for how easy it is to talk to staff.
- 97% agreement with the statement that patients were treated well by staff.
- 94% satisfaction scored against the statement 'My views and worries were taken seriously'.
- 79% patient agreement with the statement that their appointment was at a convenient time of the day.
- 83% satisfaction scores with appointments being at a convenient location.
- 85% satisfaction levels with the facilities.
- 90% agreement with recommending the Trust to a friend or family member.
- 94% scored against patients rating the help they had received here as good.

Although the feedback was generally very positive there were two areas that need addressing.
- The availability and accessibility of written information about our treatments and services could be increased.
- Patient satisfaction with verbal explanations on the help available at the Trust could be improved.

2. Feedback from the Membership to the Foundation Trust

We have a membership of over 6000 people. Members are encouraged to give us feedback directly, through surveys we run in the newsletter or through the governor who represents them. We work closely with the Trust Secretary who is responsible for the membership, this year a new Trust Secretary, Gervase Campbell was appointed.

As always, we invited members to our Annual General Meeting and this year 70 people attended. The AGM is an opportunity to enter into dialogue with members about what aspects of the Trust's provision is important to them. This year the AGM was held on World Mental Health Day. A key note presentation was delivered by The Family Nurse Partnership which included a number of presentations by service users, who were interviewed on stage by their family nurses. Feedback about this event was very positive.

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3. Complaints

The Trust understands that complaints can help us understand areas where we might improve, so all complaints are carefully considered by the Trust. All complaints are seen and responded to by the Chief Executive. A record is kept of the complaints and all actions taken as a consequence. Over the past year we have received 12 formal complaints (compared with 16 last year). These have been about a range of issues related to clinical care and the arrangements around care delivery including access to treatment. All 12 complaints have been fully investigated and responded to. 2 of the 12 complaints had some part of the complaint upheld and the Trust has taken steps to reduce the risk of a recurrence. Actions taken include: training for staff on our administrative procedures and on completing the care plan section of the assessment form for patients being offered treatment to show that consent discussions have taken place. These findings are included in our thinking about which issues are most important to our service user group and what we might need to do in order to improve patient experience.

4. Patient Advice and Liaison Service (PALS)

The PALS service operates 22.5 hours a week, Monday, Tuesday and Fridays. From April to September 2013 it operated 11.5 hours weekly but increased in September 2013. There were a total of 1315 contacts over the year, compared with 942 in the previous year, which were broken down into:
- 1042 emails
- 252 phone calls
- 17 "drop-ins"
- 4 letters

The make up of those using the PALS service was as follows:
- current or ex-patients: 20%
- referral enquiries i.e. prospective patient or family member (looking for treatment or advice with our trust or elsewhere): 42%
- staff or other professionals (Includes staff referring their patient to PALS for help): 38%

The enquiries can be categorised as follows:
- accessing therapy or related services: 53%
- information request: 29%
- welfare/financial/housing help for patient: 14%
- concern with current or past treatment/assessment: 3%
- unknown or unreachable: 1%

5. Other Patient Feedback

Children's Survey
The survey was completed by children in the Child and Family Department's waiting room at the Tavistock Centre between December 2013 and January 2014. 9 questionnaires were completed and returned, compared with the previous year in which 37 completed surveys were returned. This disappointing result is likely to be as a result of the timing of the survey, although we are mindful that this methodology may need to be reviewed now the IAPT work is becoming more embedded in children's services.

Key findings from the survey:
- 7 out of 9 people said that staff listened to them and they felt looked after
- However only 4 of the 9 understood why they were here
- 5 out of 9 like the therapy room

Visual Straw Poll and Comments Book
Since June 2012 we have sought the 'real time' opinions of patients of all ages, patients' families, staff, trainees and visitors to the Trust to a number of questions displayed in a visual straw poll unit. Located in a prominent position by the main doors of the Tavistock Centre, each question was placed in the unit for a minimum of two weeks and each question offered participants three possible answers to choose from. The results from each poll were published on posters on every floor of the Tavistock Centre and articles have been included in the Members Newsletter. A comments book was also placed next to the unit to provide participants with an opportunity to elaborate on their answers.

Key findings from the polls:
- 52% knew the Trust was developing a new website.
- 45% thought it a good idea to have rolling information screens in our waiting rooms (an equal number thought it was not a good idea).
- 62% had heard about the T&P Talks.
- 73% were interested in receiving therapy online by Skype.
- 45% suggested that the modality leaflets needed improving
- 36% said that they preferred to be contacted via email
- 50% knew what PPI stands for

The comments book has also provided very useful feedback, both positive and negative, on our services and facilities. These included:
- High praise for the proposed photographs for the new website.
- High praise for the quality of treatment received.
- Criticism for the idea of rolling information screens in the waiting areas.
- I prefer face to face treatment as I know it's real
- Important to have appointments via email because it is easier to keep than a letter
- My Psychologist is the best

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Patient Information

We have continued with our commitment to develop information leaflets for patients on the types of therapy / treatment offered by the Trust. This year we have developed a further four information leaflets, two of which were written by and for children. The new modality leaflets were: Dynamic Interpersonal Therapy, Mentalization Based Therapy, Child Psychotherapy: Information for Children, and Family Therapy: Information for Children.

We have assessed the usefulness and accessibility of the patient information leaflets, and on patients' understanding of treatment through the mystery shopper project and the membership stand days. Feedback gathered from the mystery shoppers indicated that there is still work to be done in raising awareness of the treatment option leaflets. Visitors to the membership stand also suggested:

- To better publish the benefits of membership better, how to apply and who is eligible
- Several were interested in the roles of the governors and would welcome increased communication with them

6. Improving the Quality of the Patient Experience

Stakeholder Quality Consultations

We have undertaken a series of stakeholder engagement consultations with patient and public representatives, Non-Executive Director and Governors to consider issues around the quality of the clinical services offered by the Trust. Representatives have used data from a range of sources as well as their own experiences to bring thoughts to this group. These meetings have once more focused on the three issues raised at the Stakeholder Quality meetings in 2011/12 to improve the quality of the patient experience. Data collected during

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the year has sought to demonstrate that the availability of information leaflets about the different models of therapy available at the Trust supports patient choice and decision making when treatments are offered, that there is a clear process for obtaining patient consent for treatment; and that patients support the proposal to be offered a limited number of follow up sessions at the end of their treatment.

Mental Health PPI Forum and the PPI Conference
We are members of the Mental Health Patient and Public Involvement Forum which represents all the mental health trusts in London and the Home Counties. The Mental Health PPI Forum has a remit to ensure that the involvement of service users, carers and the wider community forms an integral part of the mental health services in London and the Home Counties. The group shares information about good practice and provides support to its members, through relevant talks and providing information. This year the group held its first national conference which was planned by and hosted at the Trust, and attended by an equal number of service users and other professionals. The PPI Conference was an opportunity to learn from others and to share our models of

co-production with service users, carers and members of the public. In response to the feedback received, the group agreed to hold a service-user led PPI national conference every year.

Involving Patients and Carers on Trust Interview Panels
Over the last year we have gathered information from a wide range of mental health providers including the Mental Health PPI Forum, voluntary organisations and charities to consider how best to involve and train service users to sit on interview panels. The result is that we have developed and piloted a protocol for the payment of service users for interviews, the selection and training of service users for interviews, and training for staff on including service users on interview panels. During the next year we will train members of staff and service users on working together on interview panels and we will collate service user feedback on the experience of the selection, training and interview processes to inform and improve the process.

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Involving Children and Young People

This year the Cam's Den appointment card was introduced in the Child and Family Department to increase patients' awareness of the Cam's Den website. Through the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) partnership in Camden we ran workshops and focus groups with children, young people and parents to develop a list of interview questions to be included when interviewing staff for posts within the Child and Adolescent Mental Health Service (CAMHS). This is a prelude to the involvement of young people, carers and parents on staff recruitment and selection panels. We have also engaged with children, young people, parents and members of

the public to find a more meaningful and less stigmatizing name for Camden CAMHS and have worked with schools to design a new brand to accompany the new name for the service.

Bid for Better

This year the Trust gave £1,200 to the Bid for Better member engagement scheme. Information about the scheme and an invitation to apply was distributed to staff, voluntary organisations and placed in waiting rooms to encourage services users to participate. A total of ten bids were received, including two from young service users and were carefully considered by a Review Panel consisting of a patient and public representative, PPI staff and staff members from Central Services and the Finance Department.

Five bids were awarded funding, which were:

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- Project Youth Drugs-Worker at Barnet Young People's Drug and Alcohol Service: four young people, preferably those out of education or on a youth offending order, to be trained to become Youth Drugs-Workers and then lead workshops for young people and professionals on issues of drugs.
- Creative Minds: funding for art materials and refreshments for weekly 90 minute art activities for Early Intervention Service clients, facilitated by two staff members. The sessions aim to provide a safe environment for service users to develop their creative and social skills.
- Library for Fostering, Adoption and Kinship Care team: funds were awarded to set up a small lending library of books specifically written about the experience of fostering or residential placements for children and young people or their carers using the service.
- Toys for the Child and Family Waiting Rooms: funds will be used to buy toys and games for the Child and Family Waiting rooms, after a bid was put in by a young service user. A colourful poster with options for which toys and games to choose will be used to gather feedback, after which time the most popular choices will be purchased and installed in the waiting rooms.
- Library for the Lifespan Learning Disabilities and Autistic Spectrum Disorder Service team: a small library, comprised of books written for and by patients will be purchased. The aim will be to help service users in their journey through treatment at the Trust.

We have received positive feedback from the successful 2012/13 Bid for Better schemes as follows:
- An Emergency Fund was set up to purchase supermarket vouchers for patients and families in crisis. These vouchers were used to help a range of patients from the Adult, Adolescent and Child and Family Teams, throughout the clinic and satellite services.
- A City and Hackney community photography group has been engaging individuals with chronic mental health difficulties who have struggled to engage with more traditional forms of individual/group therapy. This creative approach is proving successful and enjoyable for participants. A group exhibition to showcase the work produced is planned for the Tavistock artspace next January 2015.
- At Bounds Green Health Centre 'First Step' service a comfortable outdoor bench was purchased and gives children and carers the opportunity to enjoy a pleasant place to wait for their appointment.
- 'First Step' also set up a 'book service' where books were purchased for a variety of age groups for service users to take away with them. The idea was to acknowledge the trust that children place in therapists by coming for a one-off visit and talking about aspects of their lives, by thanking them with a book which they can choose.

T & P Talks (Patient Discussion and Information Groups)
The T&P Talks are a series of informative discussions run three times each year, aimed at patients, carers, families and the public. The Talks have been organised through the PPI team since 2011/12, and the purpose is to try to demystify therapeutic topics and allow for understanding of issues relating to therapy.

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The hope is that this will enable people to feel more engaged with their therapy, or to understand mental health issues more generally. Some of the therapies offered at the Trust have been seen as inaccessible or mysterious, and there often has been little information widely available in a format that is easy to understand and that may be helpful.

The topics of the talks and presenting clinicians in 2013/14 were as follows:
- 18th June 2013: "Couples Therapy: Why do people fall in love?" with Joanna Rosenthall.
- 25th September 2013: "Personality Disorder" with Heather Wood and Julia Blazdell.
- 11th December 2013: "Developing Services for Offenders" with Stan Ruszczynski.

Forthcoming Talks for 2014/15 will be:
- 14th May 14th 2014: "I dream in Autism" - an adult with Autism discusses his life in conversation with Emilios Lemoniatis.
- 25th June 2014: "Understanding Gender Identity Issues in Young People" with Sarah Davidson.
- 15th October 2014: "Suicide and Self Harm" with Marcus Evans.

Mystery Shoppers Project
The Mystery Shopper project was repeated this year. Six volunteers were recruited to the project from the Volunteer Centre Camden and Camden Carers Centre. Participants were asked to complete three main tasks as part of the project. This year volunteers were asked to assess our main reception and departmental telephone services, rate the Department of Education and Training (DET) and the Patient Advice and Liaison Service (PALS) email services, and to visit the Tavistock Centre main waiting area to evaluate our facilities.

Overall feedback from the mystery shoppers across all the areas reviewed was generally positive with only a few areas for improvement highlighted. Responses from Trust staff both in person and over telephone and email were found to be friendly, polite and helpful however responsiveness to emails was variable. Volunteers were generally satisfied with the waiting area and facilities provided for visitors to the Trust but the provision and organisation of information provided in the waiting area was again highlighted as an area that could be improved upon. The Trust has developed action plans to address the issues raised by the volunteer assessors, and we will repeat the methodology to ensure that the changes suggested have been successfully implemented.

Improving partnerships with the voluntary sector
The PPI team continues to develop relationships with local voluntary sector organisations, particularly those who have a mental health remit. We have worked with Voluntary Action Camden through their Mental Health Information and Networking sessions. These events have allowed us to meet with other organisations and members of the public from Camden to talk about

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our services, gain feedback on service developments and to recruit to our membership. We have established links with Camden Carers and Camden Volunteers organisations and they have worked with us to provide volunteers for our Mystery Shopper projects. We hope to work more with these organisations in the coming year in consultations on our website design, amongst other projects.

BME Engagement

We have a BME engagement strategy which the PPI team work to and link in with Camden's Council voluntary service enabling us to work with BME communities in Camden. We have visited several organisations these include: Bengali Workers Association (BWA), West Hampstead Women's Centre, Kings Cross and Brunswick Neighbourhood Centre, Hopscotch Asian Women's Centre, Voluntary Action Camden (VAC). We have a PPI rep on the trust Equalities Committee and a place on the PPI committee for VAC to ensure good community links.

7. Quality and CQUIN Targets

The PPI team have a responsibility to ensure that the Trust meets its targets in relation to user experience for our Quality indicators and our commissioner-led CQUIN (Commissioning for Quality and Innovation) targets. This work had fed into our strategy and action plan, which can be found in the appendix to this report. We report on these targets on a quarterly basis, through the Clinical Quality, Safety and Governance Committee, which in turn reports to the Board.

8. What We Have Done this Year in Response to Feedback

We review the feedback we receive on a regular basis through the PPI Committee and the Stakeholder Quality Forum. On a yearly basis we develop an action plan based on the feedback we have received in previous years, and that builds on the developments we are making in patient and public involvement.

Over the course of this last year we have achieved the following developments:
- Developed four new information leaflets on the different models of therapy used at the Trust including two written specifically by children for children. This has increased the set of leaflets from eight to twelve.
- Developed a protocol on the inclusion of service users on Trust interview panels.
- Planned and hosted a national PPI conference for Service Users, Carers and Professionals in partnership with the Mental Health PPI Forum.
- Expanded 'Bid for Better' to include children and young people bidding for funding to improve the quality of the patient experience.
- Repeated the mystery shopper project that identified several areas for improvement across a range of our interfaces with patients including the physical environment, telephone and email services. These areas have been addressed and we will reassess them over the coming year.

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- Developed and implemented elements of a BME/Community Engagement Strategy to improve access to services for BME communities and associated mental health groups, and ensured a Tavistock and Portman presence has been available to community mental health groups that we have developed links with.
- Included a session on patient and public involvement at the staff In-Service Education and Training (INSET) days to increase understanding.
- Continued to run the visual straw poll as an informal method of gathering 'real time' feedback from patients, staff and visitors on a wide range of questions about their experiences and perceptions of our services and facilities.
- Held three public talks over the year on topics suggested by attendees and have received positive feedback from each session.
- Designed and implemented the use of a Cam's Den appointment card for patients in the Child and Family department to increase awareness of the Cam's Den website.
- Contributed to the design of the new Trust website by supporting the Communications Team to recruit patients and members of the public to consultation groups on the website.
- Run a membership stand once a month across the Trust to recruit new members and to gather 'real time' feedback on our services.
- Identified a new name for Camden CAMHS through a series of participation events with children, young people, parents and members of the public.

9. Future Plans

CQUIN Targets
- To take a minimum of three patient stories to the Trust Board.
- To run at least two staff trainings on having service users on panels.
- To have at least three interviews with service users on the panel.

Other Plans
- To establish a policy regarding payment for service users who contribute to PPI activities.
- To develop a participation toolkit to support staff with PPI activities.
- To develop reference groups in CAMHS and SAAMHS for patients, carers and their families/caregivers to comment on our services, review our literature and contribute to public events.
- To expand the mystery shopper scheme to evaluate two additional services and refine the process to provide more accurate feedback.
- To continue to obtain 'real time' feedback from patients, visitors, staff and trainees through the visual straw poll and to ensure this method is more widely available by the regular relocation of the portable units to different services across the Trust.
- To continue to demonstrate the usefulness and accessibility of the patient information leaflets, including the modality leaflets, on patients'

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understanding of treatment through the mystery shopper, the visual straw poll and the membership stand days.

- To continue to hold at least one public talk per term on topics suggested by attendees and receive positive feedback from each session. To ensure at least 10 people attend the talks and that feedback is actively used to inform service delivery and development.
- To consult with service users and their carers on how the Trust might meet the needs of carers.
- To continue to run PPI sessions at staff INSET days to raise awareness and involvement across the Trust.
- To identify and address issues highlighted through the ESQ on a quarterly basis.
- To develop the PPI database containing details of all the PPI work undertaken within all services in the Trust. As well as documenting work undertaken this document will be used to promote PPI projects and encourage more services to engage in their own projects.
- To act as a resource to departments and services within the Trust who wish to undertake PPI projects and work.
- To run the membership stand at sites across the Trust to recruit new members.
- To ensure that the Quality Stakeholders group has information from a range of sources and is facilitated to challenge the Trust to improve areas that are highlighted through this work.
- To identify two annual public campaigns e.g. local or national charities or awareness days, to link with and run a related event for staff, patients and members of the Trust. The focus of the events will be the de-stigmatising of mental health issues and to raise the profile of our services.
- To continue to expand and promote Bid for Better and target engagement with our younger members and patients.
- To further build on the BME engagement strategy by visiting at least a further four community BME representative groups.
- To invite community group(s) representation on the Trust's PPI Committee.

Sally Hodges, Patient and Public Involvement Lead
Susan Blackwell, Patient and Public Involvement Projects Officer
June 2014

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PPI Annual Action Plan 2014-2015

The PPI Annual Action Plan 2014-2015 will cover the following three areas of activity:

- to develop Governor, member and public communications
- to improve patient experience
- to contribute effective outcome monitoring from a PPI perspective

1. Develop Governor, member and public communications

Develop Governor, member and public communications	Responsibility	Target Date
To continue to hold at least one public talk per term on topics suggested by attendees and receive positive feedback from each session. To ensure at least 10 people attend the talks and that feedback is actively used to inform service delivery and development.	Debbie Lampon	Feb 2015
To consult with service users and their carers on how the Trust might meet the needs of carers.	Talaat Qureshi Ruth Grey	Feb 2015
To run the membership stand at sites across the Trust to recruit new members.	Talaat Qureshi Ruth Grey Gervase Campbell	Feb 2015
To identify two annual public campaigns e.g. local or national charities or awareness days, to link with and run a related event for staff, patients and members of the Trust. The focus of the events will be the de-stigmatising of mental health issues and to raise the profile of our services.	Talaat Qureshi Ruth Grey Matt Cooper	Feb 2015
To continue to expand and promote Bid for Better and target engagement with our younger members and patients.	Susan Blackwell	Feb 2015
To further build on the BME engagement strategy by visiting at least a further four community BME representative groups.	Talaat Qureshi Ruth Grey	Feb 2015
To invite community group(s) representation on the Trust's PPI Committee.	Talaat Qureshi Ruth Grey	Feb 2015

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2. Improve Patient Experience

Improve Patient Experience	Responsibility	Target Date
To take a minimum of three patient stories to the Trust Board (CQUIN target).	Claire Shaw Emilios Lemoniatis	Feb 2015
To run at least two staff trainings on having service users on panels (CQUIN target).	Emilios Lemoniatis Claire Shaw	Oct 2015
To have at least three interviews with service users on the panel (CQUIN target).	Sally Hodges Emilios Lemoniatis Claire Shaw	Feb 2015
To establish a policy regarding payment for service users who contribute to PPI activities.	Sally Hodges Emilios Lemoniatis Claire Shaw	Oct 2014
To develop reference groups in CAMHS and SAAMHS for patients, carers and their families/caregivers to comment on our services, review our literature and contribute to public events.	Emilios Lemoniatis Claire Shaw Susan Blackwell Ruth Grey	Oct 2014
To expand the mystery shopper scheme to evaluate two additional services and refine the process to provide more accurate feedback.	Talaat Qureshi	July 2014
To ensure that the Quality Stakeholders group has information from a range of sources and is facilitated to challenge the Trust to improve areas that are highlighted through this work.	Sally Hodges Louise Lyon	Feb 2015
To act as a resource to departments and services within the Trust who wish to undertake PPI projects and work.	Emilios Lemoniatis Claire Shaw Susan Blackwell Ruth Grey	Feb 2015

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3. Contribute effective outcome monitoring from a PPI perspective

Contribute effective outcome monitoring from a PPI perspective	Responsibility	Target Date
To develop a participation toolkit to support staff with PPI activities.	Karma Percy	Sept 2014
To continue to obtain 'real time' feedback from patients, visitors, staff and trainees through the visual straw poll and to ensure this method is more widely available by the regular relocation of the portable units to different services across the Trust.	Talaat Qureshi Susan Blackwell	Feb 2015
To continue to demonstrate the usefulness and accessibility of the patient information leaflets, including the modality leaflets, on patients' understanding of treatment through the mystery shopper, the visual straw poll and the membership stand days.	Talaat Qureshi Susan Blackwell Ruth Grey	Feb 2015
To continue to run PPI sessions at staff INSET days to raise awareness and involvement across the Trust.	Sally Hodges	Feb 2015
To identify and address issues highlighted through the ESQ on a quarterly basis.	Susan Blackwell Sally Hodges	Feb 2015
To develop the PPI database containing details of all the PPI work undertaken within all services in the Trust. As well as documenting work undertaken this document will be used to promote PPI projects and encourage more services to engage in their own projects.	Talaat Qureshi Ruth Grey	Feb 2015

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A) NHS England produce a national Annual Report on Patient Experience* from community mental health services. We have looked at comparative questions from our ESQ data for the same time period and have been pleased to see that the Trust receives feedback at higher levels then national averages. These examples can be seen in the table below.

Our ESQ Questions	Our 13/14 average %	Comparative national Question from NHS England Patient Experience report	National 13/14 average %
I was satisfied with how quickly I was seen	81%	Access and waiting	72.4%
It was quite easy to get to the place where the appointments are	83%		
I feel that the people who have seen me are working together to help me	92%	Safe, high quality, coordinated care	67.4%
Were you given enough explanation about the help available here? / The written information I received about the Trust before I first attended was helpful	80%	Better information, more choice	65.4%
I feel that the people who saw me listened to me	96%	Building closer relationships	81.1%
Overall the help I have received here is good	94%	Overall patient experience	71.6%

*Information from NHS England overall Patient Experience Scores 13/14

PPI Annual Report

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Board of Directors : June 2014

Item : 12

Title : Strategic and Commercial Programme Board Terms
of Reference

Summary:

The Committee has changed its name from the Business,
Development and Investment Committee (BDIC) to the
Strategic and Commercial Programme Board, and made a
number of changes to its role within the Trust.

These changes were laid out in a proposal at the June
Board meeting, and the Terms of Reference are presented
here formally for approval, as required for a committee of
the Board.

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

This proposal is of relevance to the following areas:

• Risk
• Governance

For : Approval

From : Trust Secretary

Strategic & Commercial ToR

Strategic and Commercial Programme Board Terms of Reference

Ratified by:	Board of Directors
Date ratified:	
Name of originator/author:	Caroline Rivett/ Julia Smith
Name of responsible committee/individual:	Strategic and Commercial Programme Board , Committee Chair
Previous Name of Committee:	Replaces Business Development and Investment Committee (BDIC)
Date issued:	October 2007; June 2009; Sept 2014
Review date:	Sept 2015

Strategic and Commercial Programme Board
Terms of Reference

1. Constitution

1.1 The Board of Directors hereby resolves to establish a committee to be known as the Strategic and Commercial Programme Board (the Committee), previously known as the Business Development and Investment Committee. This Committee has no executive powers other than those delegated in these terms of reference.

2. Membership

2.1 The following will be members of the Committee:

    2.1.1 Three Non-Executive Directors

    2.1.2 Chief Executive

    2.1.3 Commercial Director

    2.1.4 Trust Director

    2.1.5 Trust CAMHS Director

    2.1.6 Director of Finance

    2.1.7 Director of Education and Training/Dean

    2.1.8 Associate Commercial Director

2.2 A Non-Executive Director shall be the Committee Chair.

2.3 At the discretion of the Committee Chair, other persons (Trust managers and staff, and other interested persons) may be invited to attend and participate in Committee meetings. However, only members of the Board of Directors have the authority to vote and determine decisions on behalf of the Committee.

3. Quorum

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

Strategic & Commercial ToR

4. Frequency of meetings

4.1 The Committee will meet quarterly.

5. Agenda & Papers

5.1 Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Commercial Officer and approved by the Committee Chair prior to circulation.

5.2 Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time if possible. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.

6. Minutes of the Meeting

6.1 The Commercial Officer will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.

6.2 Approved minutes will be forwarded to the Board of Directors for noting.

7. Authority

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

8. Duties

8.1 The Committee's primary duty is to ensure that the Trust's definition of its Core Purpose and the fit of its portfolio of services is kept under review and up to date, and that expansion plans are in line with this.

8.2 The Committee will assess the right level for growth in light of the Trust's wider economic strategy, market opportunities, capacity, likelihood of success and ability to implement without adversely impacting on current business.

8.3 The Committee will ensure there is clarity about the Trust's current markets and sufficient understanding of these markets including competitors, and to contribute to the development of our methods for market assessment.

8.4 The Committee will interrogate markets which are suggested as priority markets for growth.

8.5 The Committee will develop thinking about the most effective and efficient sales and growth strategies.

8.6 The Committee will examine medium and long term risks to retaining income/commissions for existing services and associated plans to reduce the risk.

8.7 The Committee will contribute to and to review the Trust's partnership strategy.

8.8 The Committee will contribute to and keep under review the economic strategy of the Trust e.g. the profitability of Trust Services, the ratio between the costs of support services and direct delivery, productivity strategy, pricing strategy.

8.9 The Committee will contribute to the development of methodologies for assessing progress against maintenance and growth strategies.

9. Other Matters

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

10. Sources of Information

10.1 The Committee will receive and consider sources of information from any individual or department relevant to the case under consideration.

11. Reporting

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

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Strategic & Commercial ToR

11.2 The Committee shall prepare and submit a summary Annual Report of its activities to the Board of Directors.

12.   Support

12.1 The Committee will be supported by a Secretary from the Commercial Directorate.

September 2014

Board of Directors : Sept 2014

Item : 13

Title :   Board of Directors Objectives 2014/15

Purpose:

This paper sets out the proposed objectives for the Board of Directors for 2014/15. The Board is asked to consider and approve these objectives, which will form the basis of individual objectives to be agreed at a later date.

For : Approval

From : Trust Chair

Special Emphasis for the Year, 2014-15

Special Emphasis for the year	Aim	Objective	Review Date
Strategy	Increase focus of Board on Training and Education	Appoint new director of Training and Education	January 2015
		Establish Training and Education Programme Board with NED representation	October 2014
		Strengthen Board experience in Education and Training	December 2014
		Agree and implement new University Partner arrangements	March 2015
		Agree a set of KPIs for training and education, by	January 2015
	Strengthen the voice of lived experience in the Trust's decision making and activities	Introduction and follow through of patient stories on Board agenda	March 2015
		Establishment of Lived Experience panel	January 2015
Strategy		Sign up to and implant Time to Change agenda, with support of Equalities committee and Human Resources	October 2014
		Reshape the PPI work to support the emerging agenda	March 2015
Performance	Ensure delivery of the Trust's two year Operational Plan,	Ensure the Trust maintains a Monitor green rating for Governance	Regular Board review

Special Emphasis for the year	Aim	Objective	Review Date
	including agreed plans for growth and savings	Ensure the Trust maintains a Continuity of Service risk rating of 3 or above	Regular Board review
		Put in place structures that will allow the Trust to achieve the goals of the 5 year strategic plan.	Regular Board review
		Monitoring of Board Assurance Framework and associated actions plans	Annually
Performance	Improve performance on assessment and delivery of business objectives	Establish the Business Programme board with NED engagement	Early 2015
Performance	Ensure effective introduction of IDCR	Hold the Executive to account for the successful introduction of the new Integrated Digital Clinical Record.	Regular Board review

Special Emphasis for the year	Aim	Objective	Review Date
Shaping our Future	Hold oversight of relocation/refurbishment project to ensure Trust is in a position to take a robust decision on the best option.	Ensuring appropriate engagement of Staff and CoG throughout the process	Quarterly
Shaping our Future	Implement evolving structures and new posts to address current and future challenges	Implement the new posts and structures agreed in the Shaping Our Future document.	January 2015
Governance	Ensure the delivery of clinical quality, safety and governance	CQSG to continue to develop its programme accounting for quality and safety, working with commissioners and other stakeholder; further develop metrics and measures to account for quality	Quarterly

Special Emphasis for the year	Aim	Objective	Review Date
		Preparation for new style CQC inspection, with NED involvement	February 2015
Governance	Ensure the Board is visible to and communicates clearly with stakeholders including members, Governors and staff	Use joint meetings to develop relationship with Governors	Twice yearly
		Involve Board members in meetings with staff, especially on relocation/redevelopment and Shaping Our Future	Regularly
		Ensure appropriate induction of newly appointed NEDs	December 2014
Governance	Ensure Board of Directors develops plans to support the roles of NEDs and Chair	Reshape Board and Committee responsibilities for NEDs and Chair	January 2015
		Support the CoG led appointment of a new Chair	Autumn 2015

BOARD OF DIRECTORS (PART 1)

Meeting in public
Tuesday 30th September 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 Carl Doherty, Deputy Director of Finance	To note	Enc.	p.14
8.	**Service Report – Family Nurse Partnership** Ms Ailsa Swarbrick, Director of FNP	To note	Enc.	p.25
9.	**CQSG Quarter One Report** Dr Rob Senior, Medical Director	To approve	Enc.	p.64
10.	**CQSG Annual Report** Dr Rob Senior, Medical Director	To note	Enc.	p.83
11.	**PPI Annual Report** Mr Sally Hodges, PPI Lead	To approve	Enc.	p.109

CORPORATE GOVERNANCE

12.	**Terms of Reference for Strategic and Commercial Programme Board** Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.128

Pullout Agenda

No.	Item			
13.	**Board Objectives 2014-15** Ms Angela Greatley, Chair	To approve	Enc.	p. 134
PATIENT STORY				
14.	**Patient Story** Mr Crispin Jackson, Service User, and Dr Emilios Lemoniatis, PPI Lead	To note	Verbal	-
CONCLUSION				
15.	**Any Other Business**		Verbal	-
16.	**Notice of Future Meetings** • Tuesday 7th October 2014: Joint BoD/CoG Meeting, 11.30am-2pm, Lecture Theatre, Tavistock Centre • Tuesday 28th October 2014: Board of Directors Meeting, 2.00pm – 5pm, Board Room, Tavistock Centre • Tuesday 11th November 2014: Directors Conference, 10.00am – 4.00pm, Danubis Hotel Regents Park.		Verbal	-