

Board of Directors Part One

Agenda and papers
of a meeting to be held in public

2.00pm–5.00pm
Tuesday 29th March 2016

Lecture Theatre,
Tavistock Centre,
120 Belsize Lane,
London, NW3 5BA

BOARD OF DIRECTORS (PART 1)

Meeting in public
Tuesday 29th March 2016, 14.00 – 16.30
Lecture Theatre, Tavistock Centre, 120 Belsize Lane, London NW3 5BA

AGENDA

PRELIMINARIES				
1.	Chair's Opening Remarks Mr Paul Burstow, Trust Chair		Verbal	-
2.	Apologies for absence and declarations of interest Mr Paul Burstow, Trust Chair	To note	Verbal	-
3.	Minutes of the previous meeting Mr Paul Burstow, Trust Chair	To approve	Enc.	p.1
3a.	Outstanding Actions Mr Paul Burstow, Trust Chair	To note	Enc.	-
4.	Matters arising Mr Paul Burstow, Trust Chair	To note	Verbal	-
REPORTS & FINANCE				
5.	Service User Story – Student Story	To note	Verbal	-
6.	Service Line Report – Education and Training Portfolio: Social Care, Management, Leadership Mr Paul Dugmore, Portfolio Manager	To discuss	Enc.	p.9
7.	Trust Chair's and NEDs' Reports Mr Paul Burstow, Trust Chair	To note	Verbal	-
8.	Chief Executive's Report Mr Paul Jenkins, Chief Executive	To note	Enc.	p.21
9.	Chair in Clinical Ethics Endowment Mr Paul Jenkins, Chief Executive	To approve	Enc.	p.24
10.	Finance and Performance Report Mr Simon Young, Deputy Chief Executive & Director of Finance	To discuss	Enc.	p.31
11	a. Budget 2016-17 b. Capital Budget 2016-17 c. Operational Plan 2016-17 Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Enc.	p.41 p.47 p.50
12.	PPI Garden Room Proposal Ms Louise Lyon, Director of Quality & Patient Experience	To discuss	Enc.	p.60
13.	Training and Education Report Mr Brian Rock, Director of Education & Training/Dean	To note	Enc.	p.66

14.	NHS Staff Survey Mr Craig DeSousa, Director of Human Resources	To discuss	Enc.	p.70
15.	Annual Equalities Report and 4 Year Objectives Ms Louise Lyon, Director of Quality & Patient Experience	To approve	Enc.	p.75
16.	IMT Project Update Mr Toby Avery, Director of IMT	To discuss	Enc.	p.87
17.	Corporate Governance – Charitable Committee ToR and Minutes Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.93
CLOSE				
16.	Notice of Future Meetings <ul style="list-style-type: none"> Tuesday 12th April 2016: Joint Boards' Meeting, 10.00am – 2.00pm, Lecture Theatre Tuesday 26th April 2016: Board of Directors' Meeting, 1.00pm – 5.00pm, Lecture Theatre Tuesday 24th May 2016: Board of Directors' Meeting, 1.00pm – 5.00pm, Lecture Theatre 		Verbal	-

Board of Directors

Meeting Minutes (Part One) Tuesday 23rd February 2016, 2.00 – 4.30pm

Present:			
Mr Paul Burstow Trust Chair	Prof. Dinesh Bhugra NED	Ms Jane Gizbert NED	Dr Sally Hodges CYAF Director
Mr David Holt NED	Mr Paul Jenkins Chief Executive	Ms Lis Jones Nurse Director	Ms Louise Lyon Director of Q&PE and A&FS
Dr Ian McPherson NED & Vice Chair of Trust	Ms Edna Murphy NED	Mr Brian Rock Director of E&T/ Dean	Dr Rob Senior Medical Director
Mr Simon Young Deputy CEO & Director of Finance			
Attendees:			
Mr Gervase Campbell Trust Secretary (minutes)	Mr Steve Bambrough, Service Lead (item 6)	Mr Toby Avery, Director of IMT (item 9)	Ms Marion Shipman, Deputy Director of Quality (item 11)
Apologies:			

Actions

AP	Item	Action to be taken	Resp	By
1	3	Minor amendments to be made to the minutes	GC	Immd.
2	9	Quarterly IMT reports, and monthly optimisation updates, to come to the Board	GC/TA	March.

1. Trust Chair's Opening Remarks

Mr Burstow opened the meeting.

2. Apologies for Absence and declarations of interest

Apologies as above. No interests specific to the meeting.

3. Minutes of the Previous Meeting

AP1 The minutes were approved subject to minor amendments

4. Matters Arising

Action points from previous meetings:

AP1 – (Minutes) – completed.

AP3 – (support for carers) –board lunch scheduled for March – completed.

AP4 – (correct denominator) – Ms Lyon confirmed that the wrong denominator had been used, and so the figure should be 100%, and they would raise this with commissioners.

OAP4 – (team summaries) – completed.

5. Service User Story

Two previous service users who now volunteered at FDAC as parent mentors, Ms G and Mr H, spoke to Board about their experience. They had both found it a positive and constructive experience, where they were kept well informed, with the various services (clinical, court, social services) well integrated and discussing the situation openly, together, in a way that allowed them to have their voices heard. Mr H stressed the importance of feeling part of the process, rather than having it done to him. Ms G noted that FDAC had insight into her as an individual, and she had received extensive treatment very quickly, and good support.

Prof. Bhugra asked if they received support as mentors, and whether they had received enough as they went through the court. Ms G explained that they received training, reflective practice with practitioners and ongoing supervision to keep them safe, and that in treatment she had received all she needed. Mr H confirmed that whilst going through the court he had received treatment, and enough time to put things in place and demonstrate change.

Ms Gizbert asked if they had had mentors themselves whilst in treatment. Ms G had been offered but hadn't taken it up, Mr H did, and it had helped a lot. Mr Jenkins asked about the role of the judges in FDAC. Mr H explained that they were able to build up a relationship with the judge, and felt he cared about them and about finding the best outcome. Ms G agreed that the consistency, and feeling able to speak to the judge, were important.

Mr Burstow thanked them both for coming and sharing their stories.

6. Family Drug and Alcohol Court, Westminster Family Services – Service Line Report

Mr Bambrough presented the service line report.

Dr Senior asked what impact the retirement of Judge Nick Crichton might have on the service. Mr Bambrough explained that it would be a real loss, as he had brought passion to the service and been a charismatic champion. However, there were a number of other judges involved who had been trained and were enthusiastic about the opportunity to deliver good outcomes outside the limitations of the traditional adversarial system.

Dr McPherson noted that the high number of serious untoward incidents was inevitable with the distressed people they engaged with, but asked if there was particular training provided for the staff. Mr Bambrough confirmed that they were all trained in de-escalation techniques, that staff safety was taken very seriously, and in FDAC they had a personalised, focussed approach of considering risks of particular clients in relation to specific events. In Westminster they were receiving more volatile clients, and did not always feel they had the full details in advance from the local authority, but were getting better at spotting these cases and discussing them openly with commissioners, and felt they could manage it safely.

The Board discussed the value of the model, how to promote it and the favourable research more widely, and how to extend it to young offenders, or

take the learning from it to other services, such as the Portman. Mr Jenkins confirmed that with the current interest from the Ministry of Justice and Department of Education there was an opportunity to change the whole family justice system, if they could work with partners to get a critical mass.

Ms Murphy asked about capacity and drop in case numbers for FDAC London. Mr Bambrough explained that they had dropped from 46 to about 20, due in part to Hackney not making any referrals, and they were attempting to redirect budgets to keep the team intact. Ms Murphy suggested linking with universities who were looking to do research of a more promotional nature, which could use the team's capacity creatively. Mr Holt asked whether the Trust needed to invest now to hold the team together, and about Mr Bambrough's capacity, especially given Dr Hodges had explained he now had all the vulnerable children's services in his service line. Mr Bambrough thought they needed to continue their work with local authorities to get their interest, which was hard work and took time. At present it was very hard to know which way they would go, with their budgets so stretched, and great variation across the country. Mr Young and Ms Murphy added that it was galling that existing commissioners were cutting back even in the face of the obvious benefits, and understanding why would help promotion of the service elsewhere.

The Board **noted** the report.

7. Trust Chair and NEDs' Reports

Mr Burstow noted the work everyone had dedicated to the CQC inspection. He commented on the Mental Health Taskforce report, which contained a great many opportunities, some of which aligned well with the Trust's work.

Dr McPherson noted the recent BBC Mental Health fortnight, which had included interviews with colleagues from the Trust, and commented that along with the forthcoming documentary these were opportunities to reach a different audience.

Ms Gizbert commented on the Time to Talk kiosk the Trust had run, and how pleased the PPI staff had been with the response they had received.

The Board **noted** the reports.

8. Chief Executive's Report

Mr Jenkins noted that the NHS Staff Survey had been published, and they would receive a report on it in March. The results were broadly similar to previous years, with good scores for engagement and staff recommending the Trust as a place for work and treatment. But scores for long hours worked, and bullying and harassment were, whilst not bad in comparison to other Trusts, worse than they would like, and the Trust needed to revisit the measures that had been put in place to tackle them.

Mr Jenkins gave an update on the North Central London Mental Health

Programme, and the collaboration with other providers on what might work better across the sector, which was looking positive. Dr McPherson asked whether there was a risk that budgets might be shared across places. Mr Jenkins commented it was too early to say, but the difference between inner and outer London boroughs was stark.

The Board **noted** the report.

9. IMT Strategy

Mr Avery introduced the strategy by explaining that the Trust's was not as mature or robust as it needed to be, and this was a risk for the Trust, especially as the complexity of systems and the threats increased. The strategy aimed to reach a stable and safe environment on which the Trust could build. This would involve investment not just in technology but also in the people to run and support it. Whilst the strategy presented was for two years, more would be needed at the end of it to build on the work done and to continue delivering the digital agenda.

Mr Holt complimented the strategy, but noted that cultural changes were also needed and asked who could drive these changes through. Toby noted that this was an important area, and a start had been made with Care Notes optimisation and the appointment of Myooran Canagaratnam to the liaison role. There was work to be done on general digital literacy, and it might in part be addressed in HR via training, and in updating recruitment criteria.

Ms Gizbert noted that the strategy did not include any details of the number of new staff that would be needed in IT, commenting that in her experience the requirement was often for more staff than was anticipated, and good IT staff were not easy to find. Mr Avery confirmed that they were reviewing the structure at the moment, but had not yet made any decisions about additional numbers of skill mix they needed. Dr McPherson commented that it was not just the technical ability of IT staff, but also their ability to work well with the Trust's staff that was important, and this applied to existing staff as well as new recruits. Mr Avery confirmed that this was an important consideration and they were already looking at development plan for soft skills for current staff, noting that they had not received any of this training in the past.

Mr Burstow summed up the discussion on the strategy and concluded that the Board would want to maintain a clear line of sight on delivery. In agreeing the strategy the Board would:

1. Consider and approve the Terms of Reference and work programme of the Steering Committee;
2. Consider and approve plans to strengthen the Trust's IM&T function;
3. Consider and approve plans to develop an integrated performance dashboard for reporting to the Board, which should be a priority;
4. Make clear its expectation that all services should fully adopt CareNotes and this should be reflected in staff objective setting and appraisal;
5. Receive a progress report on delivering the strategy and work programme

- on a quarterly basis and an update on the CareNotes optimisation programme at every meeting; and
- 6. Receive a report reviewing the state of digital literacy within the Trust and measures to improve it

The Board **approved** the strategy.

10 CQC Inspection Review

Ms Lyon introduced the paper, noting that they expected the final report from the CQC in April, but had already begun work on an action plan to address points raised in the informal feedback.

Mr Jenkins thanked Ms Lyon for all her hard work preparing for the visit; the CQC had commented on how welcome they had been made. He commented on the sense of common purpose that had been apparent across the Trust during the visit, and hoped they would be able to mobilise that feeling as we sought to make the improvements they would suggest.

The board **noted** the report.

11 Finance and Performance Report

Mr Young introduced the report by noting that the current financial position was positive, and they expected to spend some of the surplus before the year end. There was still a significant gap in the budget for the next year, though they had managed to reduce it this week and were still working on it.

Mr Holt noted that there seemed to be a familiar story with Tavistock Consulting, where they fell behind budget mid-year and did not recover. As this area had the potential to be a strong area for the Trust, did it now need more attention? Mr Jenkins confirmed that they were going to do work around it with Ms Susan Thomas and some external input, and noted that as the current directors was stepping down there was an opportunity to take stock and consider whether the work should be confined to a single business unit or be more integrated with the other service lines.

The Board **noted** the report.

12 CQSG Report

Dr Senior drew attention to the Clinical Quality and Patient Experience workstream, which was red for clinical outcomes. He explained that this was connected with the problems implementing Care Notes, which had occurred at the complicated interface between migration problems, clinicians' digital literacy and Informatics' capacity, and so been harder to solve than anticipated. He confirmed that there were plans in place to rectify the problems. Dr McPherson asked how the commissioners felt about these delays, and Dr Senior explained

that they had been very understanding, but their patience had understandably worn thin.

Ms Murphy enquired what “waiting time equivalence” meant in relation to PCPCS, p73. Dr Senior explained that when they delivered a service within primary care there was an expectation that patients would be seen at the point of need, without a waiting period. With the pressure of referrals and the capacity of the service this was a challenge, and a vulnerability in terms of GPs’ expectations.

Mr Young gave an update on two recent Information Governance incidents where papers had been stolen from staff members’ cars: the internal investigations had been signed off by the CEO, the cases were closed on STEIS and with the Information Commissioner’s Office, and action plans were in place to re-publicise guidance and prevent a reoccurrence.

The Board **noted** the report.

13 Training and Education Board Report

Mr Rock highlighted the QAA visit coming in April, noting the desk research stage had been completed, with over 400 documents submitted, and in March they would learn what areas the inspection team would be focussing on. He thanked colleagues for their support in the preparations. Ms Murphy noted that in terms of importance to the Trust this visit by the QAA was on a par with the CQC inspection. Mr Burstow offered the support of the NEDs if it was required. Mr Rock acknowledged that there was already representation on the management board, but he would pass on the support and commitment of the Board to the team.

He noted the immense work by the Associate Deans and others on the restructuring and especially on the National Training Contract and aligning the portfolio of course more closely with Health Education England’s priorities.

The Board **noted** the report.

14 Draft Annual Quality Report

Ms Lyon noted that the Quality Report was presented in outline for comments and suggestions. They still needed to add the Q4 data, and would be transparent about any data issues in doing so, but she noted that the current problem only affected a small number of specific indicators and should be resolved before the final report.

Ms Shipman noted that the priorities for 2016/17 were laid out on p.92, described them, and asked for comments from Directors on their suitability. Mr Burstow asked how they related to the Quality Strategy objectives, and Ms Shipman explained that some were the same, whilst others were driven more by the commissioners and an alignment with what they needed to report externally. Dr Senior supported the priorities chosen, but suggested adding self-harm and suicide as a key issue for safety.

Dr McPherson noted the Word of Mouth Project, p.99, and asked if there should be delivery targets in addition to the awareness ones. Ms Lyon explained that the examples given were placeholders, and a full action plan would be in place by the time the report was finalised. Mr Burstow suggested including a positive take on the FNP research outcomes, and a piece on the iThrive model.

The Board **noted** the report.

15 Corporate Governance – use of the Trust Seal

The Board approved the use of the Trust Seal for signing the agreement for provision of the Multi-Disciplinary Family Assessment Service.

16 Any other business

The Board noted its future meetings.

Part one of the meeting closed at 4.30pm.

Outstanding Action Part 1

Action Point No.	Originating Meeting	Action Required	Director / Manager	Due Date	Progress Update / Comment
3	Jan-16	Board to discuss support for carers	Paul Jenkins	Spring 2016	Support for carers to be discussed at April Board Lunch.

Board of Directors : March 2016

Item : 6

Title : SLR – Social Care, Leadership and Management Portfolio

Purpose:

The purpose of this report is to provide the Board of Directors with progress on Social Care, Leadership and Management portfolio within the Directorate of Education and Training (DET); its activity and identified contribution towards DET's 5 Year Ambitions and 2 Year Strategic Objectives.

This report has been reviewed by the following Committees:

- Executive Management Committee, 15th March 2016

For : Discussion

From : Paul Dugmore, Portfolio Manager, Social Care, Leadership and Management

Service Line Report Update
Department of Education and Training
Social Care, Leadership and Management Portfolio

1. Introduction

- 1.1 Following the structural change with the introduction of a new and separate service line for Education and Training, six Portfolio Manager roles were created with the purpose of affording our training endeavour a greater degree of operational and strategic management. The establishment of portfolio managers recruited to oversee Trust courses is complete with six new portfolios of courses, each managed by a Portfolio Manager and falling within the remit of one of the Associate Deans.
- 1.2 In keeping with the structural changes, Education and Training will now be submitting Service Line Reports to the Trust Directors. Previously the Associate Deans presented a report providing an overview of all six portfolios. This report is the first Service Line report focused on one portfolio.
- 1.3 The Social Care, Leadership and Management Portfolio delivers eight academically validated courses, approximately 20 CPD courses, events/conferences and bespoke courses for commissioning/provider organisations. It consists of one portfolio manager, six Course Leads, four other members of staff and over 40 visiting lecturers. Part of the portfolio includes staff from Tavistock Consulting.

2. Areas of Risk and Concern

Areas of risk within the portfolio mainly pivot on the need for greater alignment of some portfolio course provision with the HEE priorities. There is naturally a need for some divergence given that much of social care related activity takes place outside of the NHS/HEE remit and has different, whilst sometimes overlapping, priorities. As such, some course provision may be susceptible to changes in HEE funding areas. The HEE may also choose not to prioritise funding doctoral level study. Such decisions would have an impact on a number of courses within the portfolio. However, work has been undertaken to align these where possible, such as in relation to integrated care and safeguarding - we have invested in staff resources to develop our dementia offer and are collaborating

with Skills for Care and the National Council for Palliative Care. Another particular concern is the position of local government and the impact that successive spending reviews have had on local authority budgets. This is being keenly felt in relation to staff training and development with many of our historic and newer relationships suffering from a lack of funding. As such, employees are more likely to have to self-fund than secure funding agreements from their employers. To this end, we are working at making our provision more accessible through more flexible, modular opportunities for learners.

3. Proposed Action Plan

Work is being undertaken with the Communications and Marketing Team within DET and Tavistock Consulting to broaden the Trust's reach amongst the corporate sector and other public sector organisations in relation to Tavistock Consulting courses. Additionally, we are considering how these courses might be delivered in Associate Centres or Alternative Sites of Delivery in order to expand provision in other parts of the country. In light of the impending review of Tavistock Consulting, it is recognised that there might be closer synergies between TC and other parts of the the Trust's activities.

- 3.1 Earlier this academic year the Portfolio created and recruited a new post of Senior Clinical Lecturer with the specific remit of developing the Trust's education and training offer to the social care sector, an area the Trust has not had much prior experience or success in accessing. The post holder took up the role in December and is working with sector organisations and employers to identify and respond to specific workforce development priorities and widen the Trust's offer to social care employees at levels 1-5.

Main Report

4. Overview of the Portfolio

4.1 Core identity and purpose

The Social Care, Leadership and Management Portfolio comprises all Trust validated taught programmes for the social work profession and progressively, those working in other social care roles and

settings. It also includes aspects of Tavistock Consulting's academic provision namely leadership and management courses.

Currently this includes:

PGCert/Dip/MA in Consulting and Leading in Organisations:
psychodynamic and systemic approaches (D10)
Professional Doctorate in Consultation and the Organisation (D10D)
PG Cert/Dip/MA in Social Work and Emotional Wellbeing (D60M)
PG Cert/Dip/MA in Social Care and Emotional Wellbeing (D50M)
Professional Doctorate in Social Work and Emotional Wellbeing
(D60)
Professional Doctorate in Social Care and Emotional Wellbeing
(D50M)
PG Dip/MA in Leadership and Management (M26)
MA in Social Work (M23)

All programmes, with the exception of M23, are in the process of validation by the University of Essex. M23 is a joint programme with the University of East London (UEL) and may present certain challenges and opportunities as we embark on a very different relationship with UEL. We are using the pending validations with the University of Essex as an opportunity to review and rationalise some of our academic course provision. This will reduce the number of programmes in the portfolio from eight to five.

The Portfolio Manager for the Social Care, Leadership and Management portfolio took up post in July 2015 and has five sessions per week in this role.

The qualifying MA in Social Work (M23) and the pending Best Interests Assessor courses are regulated and approved/accredited by the Health and Care Professions Council and the Department of Health respectively.

Courses are delivered primarily across London and the South East either at the Tavistock Centre or in employer locations such as Camden Children's Services. We are in the process of exploring the viability of delivery in other geographical regions in our Associate and Alternative Delivery sites, such as the Northern School of Child & Adolescent Psychotherapy (NSCAP).

The Portfolio remains in a period of transition as the move to the new portfolio structure is embedded and as we move our courses from the University of East London to the University of Essex. Year 1 students are registered with Essex (apart from the MA in Social Work -M23). Existing students registered with UEL until the teach-out arrangement will ensure all students on UEL courses complete these within required timescales. All MA and doctoral programmes are in the process of full validation with respective validation events in March, April and May.

The portfolio team is working hard at preparing thorough, clear and good quality documentation for the validations. We are also working closely within new DET structures around issues such as recruitment, marketing and course administration. The impact of such change happening simultaneously is causing some anxiety, particularly within the context of validations and the pending QAA inspection that we are working with the Academic Governance and Quality Assurance Team to engage in fully. Additionally, there is some frustration about the quality of data and we look forward to the implementation of the recently procured Student Information Management System which should enable us to gain a clearer picture of student data with a view to understanding and analysing this more effectively in the future.

4.2 Overall vision and strategy

The portfolio's vision and strategy closely aligns to the DET strategic objectives:

- Increase intake of Y1 student numbers to 900 for 2017/8 Academic Year

In relation to Y1 student numbers, we are currently in the process of setting both ambitious yet achievable targets for each of the validated programmes within the portfolio. Of the existing programmes, the MA in Social Work and Emotional Well-being and the MA in Social Care and Emotional Well-being are being integrated into one new programme: MA in Safeguarding, Risk and Relational Practice. The rationale for this is to rationalise teaching resources so that more students

can access the same provision and it more closely aligns to the HEE priority of Vulnerable Children and Families, including Safeguarding. There will be different entry and exit points for the award of Postgraduate Certificate, Postgraduate Diploma and MA to enable more flexible provision to prospective students. The course is also modular enabling students to access all or specific components as stand-alone CPD courses in flexible ways and there will be specific pathways relevant to practitioner's professional roles/settings. The programme also includes a new Best Interests Assessor course to enable professionals to qualify under the Deprivation of Liberty Safeguards within the Mental Capacity Act. This is a new development for the Trust and market research leads us to believe that there are significant market gains to be made by offering this course. We are in the process of seeking both university validation and Department of Health approval to offer this from the new academic year.

- To broaden our portfolio of training interventions to reach a wider section of the workforce and respond to emerging issues in health and social care

As mentioned, a new appointment has been made with the specific remit of enhancing the Trust's offer to sections of health and social care previously not targeted by the Trust, predominantly those at lower bands 1-5. Further information about developments in relation to this objective is detailed in the following section.

- Increase the national reach of our training and education offer through greater regional presence.

A piece of work is being undertaken by the portfolio manager and Tavistock Consulting to identify the potential of establishing an Alternative Site of Delivery for D10, building on existing relationships with a centre such as NSCAP.

- Specific portfolio objectives include establishing more formal partnerships and relationships with employers and service user and carer groups to co-construct innovative courses to meet the emerging health and social care landscape. We are

exploring a potential partnership with Skills for Care to deliver aspects of their Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services (QCF). We are also in the process of establishing a collaborative relationship with the National Council for Palliative Care with a view to delivering some joint training.

4.3 Progress to date and current position

In this academic year there are 147 students enrolled on validated Trust-based courses within the portfolio. Feedback from our students has been consistently positive. The 2015 Student Feedback Survey reflected an overall satisfaction level across portfolio courses of over 90%, the quality of learning and teaching generated a satisfaction rating of over 90% and the relevance of our courses to the workplace had a satisfaction rating of over 80%. Less favourable outcomes included 54% satisfaction level in 'accessing support services' and in some areas of doctoral research provision where satisfaction levels are more variable, for instance, 'access to specialist resources necessary for my research' (63%) and 'other than my supervisor I know who to approach if I am concerned about any aspect of my degree programme' (60%). These are being addressed through the move towards an integrated doctoral programme which will bring together five current separate doctoral courses within the Trust.

5. Portfolio developments

5.1 Since the establishment of the portfolio in July 2015 the following developments have taken place:

Trust visit by Chief Social Worker for Adults

Lyn Romeo visited us on 2 November met with staff within the portfolio to talk about both our Trust training endeavours and to hear her thoughts on areas for training development in the current and emerging landscapes. This was both reassuring in terms of some of our planned development but also gave us a steer on other areas of development. She seemed open and disposed to our work and the idea of a conference on social work intervention was mooted which she was keen on being a part of. We will continue to develop this relationship and seek to strengthen the Chief Social Worker's positive predisposition to the Trust's work.

Think Ahead

A successful application to be a placement host site by Think Ahead, the new FastTrack qualifying social work training for mental health social work was made. This was in partnership with Camden and Haringey Councils and Camden & Islington NHS Trust. However, due to lack of funding from across the partnership we have had to withdraw. This is unfortunate as it would have been good for us to be involved in this new model of social work training but we have made some good links with both Think Ahead and local partners so we can pursue a similar application in the future, possibly next year.

Community Care Live

Staff from the portfolio attended at the two-day event in November where the Trust had a stand. We had much interest and spoke to many prospective (and former students) adding about 70 to our mailing list, giving course flyers to far more and as a result our open evening confirmations increased.

Course development

Various new courses, training programmes & events have been proposed or commissioned:

Video-feedback Intervention to Promote Positive Parenting

Following a successful bid to the Department of Education last year, the Trust, in partnership with a voluntary adoption agency secured a £400,000 grant to deliver this evidenced-based intervention to adoptive families over a two-year period. A further objective of the bid was to deliver training in this intervention to two cohorts of staff in London and the South East. The first cohort has almost finished with the second due to start at the end of March. VIPP is a Dutch intervention with a sound evidence base and was recently recommended in the NICE guideline for Children's attachment (November 2015) <http://www.nice.org.uk/guidance/ng26>. This grant is enabling the Trust to realise its joint vision with Leiden University to become the UK training centre for VIPP. The study is also being evaluated to measure the application of VIPP to a UK population.

Camden Children's Services have commissioned the Trust to deliver systemic training to all of their children's social work service over the next year. The portfolio manager has been working with the Head of Systems discipline to develop a year-long programme that is now underway. This contract is worth £140,000 in the first stage with a further commission for additional staff in the next financial year. Feedback to date is extremely positive.

A Motivational Interviewing 2-day course ran in January. The course met its target very quickly and further dates have been advertised for the following two courses. The Trust has also been commissioned to deliver this to NELFT as part of our LCPD workforce development contract.

Child Sexual Exploitation conference

This did not recruit sufficient numbers for a viable conference despite the high national profile of CSE. However, the day was redesigned into a smaller CPD event, which took place on 19th February with a range of external speakers, and workshops at which 30 delegates attended.

Islington Children's Service recently commissioned a two-day training course to their three Children Looked After teams on using knowledge around neuroscience, attachment and trauma to work with late entrants into care.

Other new courses advertised to run shortly include:

Reflective Practice Groups for Social Workers

Mental Capacity Act (aimed at levels 1-5)

Safeguarding Adults (aimed at levels 1-5)

Living well with dementia: A psychodynamic and person-centred approach

Best Interests Assessor (subject to DH approval)

Conferences /Other Events

Neurodevelopment and social work practice.

Living with Dying

Thinking Space events in Lambeth and Haringey

Future developments

The future of Tavistock Consulting is under review following the planned departure of the current Director. This will look at how to maximise the potential that is held with Tavistock Consulting. The Portfolio Manager will be part of this review.

6 Financial Situation

The tables below list the courses within the portfolio and show student numbers and projected income for AY 15/16 as well as expenditure for AY14/15 and projected contribution for AY 15/16.

It is anticipated that the upcoming validations of the majority of courses within the portfolio will lead to healthier recruitment; streamlining of teaching across courses and various doctoral programmes reducing reliance of visiting lecturers and therefore the variance between income and expenditure.

Additionally, work with TC and the Marketing Team we hope will lead to an increase in student numbers from the new academic year onwards.

6 Financial Situation

Portfolio: Social Care, Management and Leadership		Total Year 1 Student Numbers AY15/16	Total Student Numbers AY15/16	Total Fee Income	AY14-15 EXPENDITURE				AY14-15 EXPENDITURE	AY14-15 EXPENDITURE	AY14-15 EXPENDITURE	Contribution AY15/16
Course	Title				Staff sessions	VL contracts	VL Pools	Other	AY14/15 Expenditure			
D60/D60M/ D50/D50M M23	PG Cert/Dip/MA/PD in Social Work/Social Care and Emotional Well Being MA in Social Work	7 32	20 62	54,760 155,000	68,961 47,178	25,071 17,837	8,886 8,029	0 1,500	102,918 74,544			-48,158 80,456
D10	PG Cert/Dip/MA in Consulting and Leading in Organisations: Psychodynamic and Systemic Approaches	27	55	230,460	40,367	36,180	38,540	1,500	116,586			113,874
D10D	Professional Doctorate in Consulting to Organisations: Psychoanalytic Approaches	1	3	13,600	16,074	0	26,784	300	43,158			-29,558
M26	PG Dip/MA in Strategic Leadership and Management - Dissertation Y3	0	7	11,900	61	8,260	840		9,161			2,739
TOTAL		67	147	465,720	172,640	87,348	83,079	3,300	346,367			119,353

In addition to this total income for CPD provision across the portfolio for this financial year is projected as being £214,000, approximately £90,000 of which relates to the Camden commission.

Course Owner	Paul Dugmore				M23 remains the same as the pricing is led by UEL 7% increase for D10 / D10D. D50/60 uplift									
Portfolio	Social Care, Management and Leadership													
Course Code	Enrolment 2012/13	Enrolment 2013/14	Enrolment 2015/16	Enrolment Target 2015/16	Enrolment Target 2016/17	Income 2015/16	Contribution 2015/16	Closest Competitor	Competitor Price	TPFT Price 15/16	Average Market Price	Suggested 16/17 Course Price	Course Duration	% Difference on Last Year Price
D10	11	16	26	22	44	£ 220,280	£ 60,686	No competitors		£ 4,900		£ 5,245	2	7.04%
M23*	39	32	32	45	28	£ 157,500	£ 88,331	Royal Holloway	£ 6,400	£ 6,250	£ 6,096	£ 6,250	2	No change
D10D			6	6	2	£ 51,330	£ 5,297	No competitors		£ 5,700		£ 5,799	2	1.74%
M55					10					£ -		£ 3,995	2	New
D55					6					£ -		£ 4,995	2	New
TQC					4					£ -		£ 3,170	1	No change
Grand Total	50	48	64	73	94	£ 429,110	£ 154,314							

Paul Dugmore
Portfolio manager
March 2016

Board of Directors: March 2016

Item : 8

Title : Chief Executive's Report (Part 1)

Summary:

This report provides a summary of key issues affecting the Trust.

For : Discussion

From : Chief Executive

Chief Executive's Report

1. i-Thrive

- 1.1 We have been successful in securing a number of funding bids to support the development of the i-Thrive partnership. This includes two bids from the Health Foundation and two bids from Health Education England's Innovation Fund. The funded work includes support for the roll out of the model in NELFT and a number of projects in Camden, including work on shared decision making. The funding will ensure that core project costs for i-Thrive are covered.
- 1.2 A second community of practice event was held on 15th March with some encouraging signs of the progress which local sites are making in implementing the Thrive approach in their own localities.

2. Quality and Patient Experience

- 2.1 In anticipation of the work which will be required to address recommendations in our CQC Inspection report, and taking account of the breadth of objectives on quality and patient experience we have already set in our strategic plan, I have asked Louise Lyon to focus exclusively on these areas of work.
- 2.2 As a result we have advertised for an interim Director of Adult and Forensic Services. Interviews are scheduled for 8th April.

3. North Central London Mental Health Programme

- 3.1 We have continued to engage with work on the development of the Sustainability and Transformation Plan in North Central Plan. A first submission on this is due to be made by the end of March.
- 3.2 We have also continued to support the programme of work on North Central London on Mental Health. An initial list of potential areas of work which might be implemented across the sector has been identified. These will need, in the next phase of work, to be prioritised. We have engaged the Centre for Mental Health to support the programme to strengthen the policy and economic input into our plans.

4. QAA visit

- 4.1 We are continuing to prepare for the visit of the QAA (Quality Assurance Agency for Higher Education) who will be visiting the Trust in the week commencing 25th April.
- 4.2 We are still awaiting confirmation of the QAA's proposed Key Lines of Enquiry in response to our written submissions.
- 4.3 A preparation event, facilitated by staff from Essex University, is being held on 11th April for members of the Training and Education Programme Board and other staff involved in the visit.

5. Junior Doctors

- 5.1 With Rob Senior I met with the Trust's Junior Doctors on 14th March. They raised a number of issues with me. This included concerns about their out of hours responsibilities and, in particular, the growing intensity of this work and severity of some of the cases they were seeing. I agreed that the Trust should consider whether, working with partners in North Central London, there were steps we could take to address these concerns.

6. Mental Health Network Conference

- 6.1 Together with Paul Burstow I attended the NHS Confederation's Mental Health Network Conference on 9th March. Speakers included Jim Mackie and Simon Stevens. The key concern raised at the Conference was the transparency with which any new investment to support the implementation of the recommendations of the Mental Health Taskforce would reach front line services.

7. CQC Inspection

- 7.1 I will be chairing a CQC Inspection for Coventry and Warwickshire Trust between 11th and 15th April.

Paul Jenkins
Chief Executive
21st March 2016

Board of Directors: March 2016

Item : 9

Title : Chair of Clinical and Mental Health Ethics

Summary:

This report briefs the Board of Directors on a funding proposal made to the Tuixen Foundation to establish a Chair of Clinical and Mental Health Ethics at the Trust.

For : Approval

From : Chief Executive

Proposal to create a Chair of Clinical and Mental Health Ethics

1. Introduction

- 1.1 The Trust has been invited by the Tuixen Foundation, a small grant making charity with interests in the field of health and education and training, to submit a proposal for the funding of a named chair of Clinical and Mental Health Ethics.
- 1.2 A proposal has been submitted on 15th March and is attached at **Annex A**. We expect to hear the outcome of the proposal by the end of March.
- 1.3 The proposed post holder is Professor Deborah Bowman who is currently based at St Georges. Deborah is a distinguished academic in the field of clinical ethics. She also has done a significant amount of media work relating to her field. Her CV is available on request.

2. Opportunity

- 2.1 The proposal has been considered by the Management Team who believe this is an exciting opportunity to attract a leading expert in the field to the Trust. In putting together the proposal Brian Rock, Rob Senior and myself have met with Deborah.
- 2.2 We believe this proposal will create the opportunity to:
 - Use Deborah's expertise to develop our own thinking in the field of clinical ethics. It is proposed establishing Clinical Ethics Committee within the Trust.
 - Put together a range of education and training work in this field.
 - Take forward a research interest in this area.
 - Raise our profile building on Deborah's existing media work and links.
- 2.3 Much of the work which the Trust is engaged in has a strong ethical focus including areas of cutting edge practice such as GIDS. Clinical ethics in the field of mental health is less well developed than other areas of clinical practice and there is the opportunity for the Trust to establish a reputation in this area.

3. Funding

3.1 We have submitted a bid for 5 years funding. This includes direct staff costs and sufficient funding to provide administrative and other support. In discussion with the charity about the size of the available funding envelope we have not been able to include our normal organisational overhead.

3.2 We believe, however, there will be significant opportunities to use Deborah's expertise to generate an income stream for the Trust in relation to training and education in the field of clinical ethics.

4. Reporting

4.1 If we are successful it is proposed that Deborah will be based in the Department of Education and Training and will report to Brian Rock. We have included in the funding bid a proposal that there would be an annual report to the Board of Directors on this work.

5. University of Essex

5.1 While it would be possible for Deborah to keep her current chair we have provisionally explored with the University of Essex their willingness to award an honorary chair to Deborah if she was appointed at the Trust. They have responded positively in principle to this proposal.

6. Recommendation

6.1 The Board of Directors is invited to note this proposal and support the establishment of a Chair of Clinical and Mental Health Ethics if we are successful in securing the funding.

Paul Jenkins
Chief Executive
18th March 2016

Tavistock and Portman NHS Foundation Trust: Proposal to create a named Chair of Clinical and Mental Health Ethics

Executive Summary:

The Tavistock and Portman NHS Foundation Trust is delighted to have the opportunity to submit a proposal to the Tuixen Foundation for the funding of a named post of Professor of Clinical and Mental Health Ethics to lead on, and deliver, a programme of innovative clinical ethics support, education and training, research and public engagement. The proposal describes the principal functions of the post, its value and its potential to enhance and influence the provision of high quality mental health and therapeutic services for children, young people, families and adults. This document sets out costs of funding the role of 5 years and the proposed means of evaluating its impact and success. The proposed postholder is Professor Deborah Bowman, an eminent practitioner in this field.

Introduction

1. The proposal is for the funding of a Chair in Clinical and Mental Health Ethics at the Tavistock and Portman NHS Foundation Trust. The post would have four principal functions, namely to:
 - Lead and develop the provision of innovative clinical ethics support at the Trust;
 - Create and contribute to education, training and staff development in mental health and clinical ethics;
 - Develop a portfolio of research in mental health and clinical ethics; and
 - Contribute to public engagement and policy, in particular in relation to the moral dimensions of mental illness and distress.
2. The Tavistock and Portman NHS Foundation Trust is a leading provider of specialist and innovative mental health services, education, training, research and consultancy in the UK with an international reputation. All of its work has a significant ethical dimension. By creating such a post in an organisation with the reputation, history and influence of the Trust, there is capacity to create a world-leading, innovative and integrated approach to ethical practice and mental health that is unique in both content and impact.

The Organisation

3. The Trust has been at the forefront of psychological and mental health research, education, training and treatment since the early 20th Century. Today, it provides high quality and distinctive multi-disciplinary services for adults, adolescents and children and their families. As well as providing core and specialist mental health services, the Trust has a reputation for innovative responses to social change and challenge. For example, in establishing and evaluating the Family Drug and Alcohol Courts and its work in providing culturally sensitive therapeutic services to refugees and asylum seekers. It is the leading UK centre for postgraduate and specialist education in mental health. Education is developed in collaboration with key partners, notably the University of Essex. Its research and scholarship is of world-leading standard. The organisation also provides highly regarded consultancy in a range of settings. In 2015, the Trust was named by the Health Service Journal as one of the top 100 healthcare organisations for which to work in the UK and it scores highly in both staff and user evaluations.

The Post

4. The Chair in Clinical and Mental Health Ethics would lead on clinical and mental health ethics, working across the Trust to embed ethical excellence via four key areas, namely i) clinical ethics service and support; ii) education and training; iii) research; and iv) public engagement and consultancy.

Why is it important?

5. There is considerable and growing pressure on mental health services. Moral questions and choice abound both in the work of the Trust and in mental health in general: from the allocation of resources to balancing the interests of individuals, families and societies. There is, at present, nowhere in the UK that provides specialist ethical support and services for those working in mental health. By creating this post in an organisation with the reputation, history and influence of the Trust, there is capacity to create a world-leading, innovative and integrated approach to ethical practice and mental health that is unique in both content and

impact. Preliminary work and the literature suggests that staff working in mental health services often report moral distress. When burnout and 'compassion fatigue' are particular challenges in the NHS there is a need for a process to support the identification, discussion, analysis and management of ethical questions and conflict. The post would support the Trust's mission to show ethical leadership and to improve mental health through clinical work, education, research and public engagement. It is an opportunity to create an integrated approach that is genuinely groundbreaking and has value to both staff and those whom they serve.

Aims, Outcomes and Impact

6. In each of the four areas of activity, the post-holder would develop strategic and operational plans in conjunction with staff and stakeholders to ensure coherence with institutional priorities and values. A needs analysis would allow for the development of relationships and an understanding of organisational culture. In respect of the four areas of function: i) clinical ethics; ii) education and training; iii) research; and iv) public engagement and consultancy, outcomes and performance indicators will include (but are not limited to):
 - Uptake and engagement measures in all four domains;
 - Participation in, quality assurance and evaluation of, education and training including creation of new relationships and resources;
 - Publications, conference presentations and scholarly outputs, including impact case studies; and
 - Participation in, and outputs from, public events e.g. Changing Minds Festival, media work etc.
7. The overall aim is to provide high quality development in ethics that contributes to, and fosters, a culture of ethical curiosity, competence and confidence that is embedded within the institution and demonstrably contributes to clinical work, education and training, research and public engagement. The Trust is particularly keen to contribute to relevant public debate on ethical issues where it has an informed contribution to make.

Sustainability and Accountability

8. The intention is to create a post that is sustainable. This will be achieved by engaging and embedding its activities in the work of the Trust fostering ethical competence, confidence and profile such that staff become confident, effective systems are established that enhance

care, educational growth is achieved via self-funding and commercially successful courses and research is grant-funded. The post holder will be accountable for the delivery of their work programme to the Director Education and Training and Dean for Postgraduate Studies and will make an annual presentation to the Trust's Board of Directors. The proposal is also being considered at the meeting of the Trust's Board of Directors on Tuesday 29th March.

9. The Tavistock and Portman would propose producing an annual report for the Foundation on what has been achieved by the postholder and the progress which has been made in realising the objectives of the grant. The Director of Training and Education and the postholder would expect to meet with representatives of the Tuixen Foundation to consider the report.

The proposed postholder

10. The proposal is for the creation of a named post for Professor Deborah Bowman. Deborah is a leading practitioner in the field of clinical ethics. Her CV is attached at **Annex A**. As well as distinguished track record on research and training Deborah has extensive experience in the media.
11. In preparing this proposal Deborah has met with the Chief Executive, Director of Training and Education and Medical Director of the Trust who all fully support her suitability for the role.

Costings

12. Costings for the funding of the post over 5 years are set out at **Annex B**. These include both direct salary costs and support costs including the provision of part time administrative support for the postholder, IT and travel and accommodation costs.
13. In total the proposed costs for 5 years would be £689, 199 (£638,155 direct staff costs and £51,043 support costs).

Board of Directors : February 2016

Item : 10

Title : Finance and Performance Report

Summary:

After eleven months the Trust has a surplus of £1,769k before restructuring, £1,643k above the planned surplus of £126k. In February, the deficit before restructuring was £112k. There were 50 wte vacancies across the organisation, but these were covered by 32 bank staff and 11 agency staff. The favourable variance on expenditure was offset by shortfalls on income.

The current forecast for the year is a surplus of £1,292k before restructuring or £648k after restructuring.

The cash balance at 29 February was £3,773k, but this will reduce by year-end.

This report was reviewed by the Executive Management Team on 22 March.

For : Information.

From : Simon Young, Director of Finance

1. **External Assessments**

1.1 **Monitor**

- 1.1.1 Monitor's assessment on Quarter 3 confirmed that our Financial Sustainability Risk Rating (FSRR) is 4, and the rating for governance is green. We are now required to complete a monthly Monitor return; for the February submission the FSRR remained 4.

2. **Planning**

- 2.1 The draft operational plan for 2016/17 was submitted to Monitor on 8 February with a target surplus of £300k. The full budget will be presented for approval in a separate paper at this meeting, and will form the basis for the final operational plan due to be submitted in 11 April.

3. **Finance**

3.1 **Income and Expenditure 2015/16**

- 3.1.1 After February the trust is reporting a surplus of £1,769k before restructuring costs, £1,643k above budget. Income is £156k above budget, and expenditure £1,480k below budget.
- 3.1.2 The income surplus at February of £156k is due to shortfalls on Consultancy £250k and Training £64k which is offset by a Clinical surplus of £368k.
- 3.1.2.1 Training is £64k below plan due to Portfolio Fee income being £113k below plan and a £87k shortfall on FNP project income offset by Child Psychotherapy Trainees and Junior Medical Staff being above plan.
- 3.1.2.2 Consultancy is £250k below budget, £155k of which is due to TC.
- 3.1.2.3 Clinical Income was £368k above budget at the end of February which was mainly due to the release of a provision of £145k from 2014/15 for potential non-payment of GIDU over performances and £133k for Gloucester House due to high pupil numbers. All the main income sources and their variances are discussed in sections 3, 4 and 5.
- 3.1.3 The favourable expenditure position of £1,480k below budget was due mainly to the following areas.
- 3.1.3.1 Family Nurse Partnership (FNP) has a cumulative under spend of £374k due to £168k vacancies (4.77 WTE) and lower than expected non pay costs. This is forecast to reduce to a £297k under spend by the end of the financial year. Additional Restructuring costs of £160k relating to FNP have been included this month.
- 3.1.3.2 GIDS are under spent £148k cumulatively; but as discussed at previous meetings, vacant posts have now been filled and the Unit is currently overspending due to employing additional staff or sessions on a temporary

basis. There are also additional non-pay costs, including costs of the move to new premises in Leeds. The under spend is expected to reduce to £38k by the end of the financial year.

3.1.3.3 Education and Training is under spent by £175k on pay which includes £110k from E-learning (3.00 WTE); this under spend is anticipated to reduce to £88k by year end. The Portfolios are also £185k under spent on pay due to previous vacancies and this is expected to be £132k below budget at the end of the year.

3.1.3.4 Complex Needs is under spent £126k on pay cumulatively, due vacancies earlier in the year. The One Hackney project is £170k under spent on pay.

3.1.3.5 Portman is £187k under budget on pay: this is due to additional budget for the increased Probation Service income, and a vacant consultant post (0.70 wte).

3.2 Forecast Outturn

3.2.1 The forecast surplus allowing for restructuring costs of £644k is £648k, which is £598k above budget.

3.2.2 Clinical income is currently predicted to be £432k above budget due to GIDS over performance on NPAs and Gloucester House over performance.

3.2.3 There is also a release of a provision of £145k on Clinical Income relating to previous years.

3.2.4 Training Portfolio income is forecast to be £171k below plan for this financial year due to student numbers being below target. Further detail is in 3.1.3

3.2.5 Visiting Lecturer costs are forecast to be £102k below budget.

3.2.6 TC expect their income to be £787k which is £126k below target. To partially offset this loss they forecast their expenditure will be £61k under spent.

3.2.7 The Portman Clinic are currently £213k below their expenditure budget and expect this increase to £222k by the end of the year.

3.2.8 Commercial Directorate are currently £83k over budget and this is expected to increase to £84k over spent by the end of the financial year due to temporary staffing requirements.

3.2.9 The forecast assumes that £305k of the contingency remains unutilised.

3.3 Cash Flow (Appendix D)

3.3.1 The actual cash balance at 29 February was £3,773k which was a decrease of £1,869k in month and is £330k above Plan.

3.3.2 The balance was above Plan mainly due to the size of the surplus in addition

to over performance payments from this year and last from GIDU. However, the final quarter of the FNP contract has not yet been settled. Capital expenditure is £454k below Plan.

		Cash Flow year-to-date		
		Actual	Plan	Variance
		£000	£000	£000
Opening cash balance		2,761	2,761	0
Operational income received				
	NHS (excl HEE)	16,577	16,221	356
	General debtors (incl LAs)	10,967	12,040	(1,073)
	HEE for Training	11,589	10,638	951
	Students and sponsors	2,469	2,925	(456)
	Other	0	0	0
		41,602	41,824	(222)
Operational expenditure payments				
	Salaries (net)	(16,496)	(16,745)	249
	Tax, NI and Pension	(12,045)	(12,305)	260
	Suppliers	(10,049)	(9,616)	(433)
		(38,590)	(38,666)	76
Capital Expenditure		(1,816)	(2,270)	454
Interest Income		10	5	5
Payments from provisions		0	0	0
PDC Dividend Payments		(194)	(211)	17
Closing cash balance		3,773	3,443	330

3.4 **Better Payment Practice Code**

3.4.1 The Trust has a target of 95% of invoices to be paid within the terms. During January we achieved 87% (by number) for all invoices. The cumulative total for the year was 89%. In line with previous Board discussions, this is considered satisfactory; Finance will continue to work with colleagues to avoid delays as far as possible, but no additional action is planned.

3.5 **Capital Expenditure**

3.5.1 Up to 29 February, expenditure on capital projects was £1,815k. This included £894k on the Modular Building and £273k on the IDCR project.

3.5.2 The capital budget for the year was £2,433k in total and in September the Board approved a further £500k to take the Relocation/Refurbishment project up to Full Business Case. The forecast for the year is shown on the table below, totalling £2,103k.

Capital Projects 2015/16	Budget 2015/16	Actual YTD February 2016	Forecast 2015/16	Spend 2013/14	Spend 2014/15	Total Project	
						Spend to date	Budget to date
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Toilets	100	60	60			60	100
Fire door	40	8	8			8	40
Boiler at the Portman Clinic	-	23	23			23	25
Relocation Project up to OBC	200	200	200	12	420	632	600
Relocation Project up to FBC	500	104	240			104	500
Modular Building	825	894	894		14	908	925
DET refurbishment	63	40	40			40	63
Building Management system ext	10	-	10			-	10
Car Park Extraction Unit	70	-	-			-	70
Total Estates	1,808	1,328	1,475	12	434	1,774	2,333
IT Infrastructure	350	214	253			214	350
IDCR	400	273	325	-	389	662	789
Student record system	375		50			-	375
Total IT	1,125	487	628	-	389	876	1,514
Total Capital Programme	2,933	1,815	2,103	12	823	2,650	3,847

4. **Training**

4.1 **Income**

4.1.1 Training income is £64k below budget in total after eleven months.

4.1.2 FNP income is currently being reported as £87k below budget and is expected to be £117k below target by the end of the year.

4.1.3 Training income is significantly below Plan. Recruitment to the new academic

year 2015-16 has reached 77% of target, with 484 students compared to the target of 630. This is 5% up on last year. The academic year 2015-16 fee income is forecast £465k below Plan; £271k (7/12ths) of this in this financial year. Overall student numbers are 98 below plan (5% above target). Enrolment into all years at Associate Centres is 219, just ahead of the target of 215.

4.1.4 Short courses activity is currently £95k below Plan, and forecast to reach in the region of £147k below the full year Plan of £585k. This is due to a number of CPD's and conferences not attracting the level of attendance when compared with previous years. A number of new short courses are being developed to subject areas more aligned with the HEE strategic priorities.

4.1.5 Training expenditure is currently £554k lower than budget for all areas.

4.1.5.1 The majority of this is within FNP at £374k.

4.1.5.2 The Department of Education and Training is £20k over budget mainly due to some short-term posts that have been recruited to.

4.1.5.3 The Portfolio budgets are £186k under spent as some posts have only just been filled following later than planned recruitment to Portfolio Manager posts which in turn has resulted in delays in filling the course team posts. A review of all staff sessions of clinical/training posts is taking place as part of the budget setting process.

5. **Patient Services**

5.1 Activity and Income

5.1.1 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. The majority of contracts are now block rather than cost and volume.

5.1.2 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."

5.1.3 The income budget for named patient agreements (NPAs) was increased this year from £131k to £148k. After February actual income is £80k above budget. This is due to £36k from GIDU relating to 2014/15 in addition to continued GIDU over-performance.

5.1.4 Day Unit Income target was increased by £172k in 2015/16 and is £161k above target after February.

	Budget	Actual	Variance	Full year		Comments
	£000	£000	%	Variance based on y-t-d	Predicted variance	
Contracts - base values	16,438	16,586	0.9%	161	170	Release of prior year credit
NPAs	136	216	58.7%	87	90	Over performed on GIDU
Projects and other	1,015	926		–	-80	Income matched to costs, so variance is largely offset.
Day Unit	752	913	21.4%	175	175	
FDAC	2,131	2,200	3.2%	77	77	
Total	20,472	20,840		500	432	

6. **Consultancy**

6.1 TC are £99k behind budgeted target after eleven months. This consists of expenditure £56k underspent and consultancy income £155k below budget. TC have reviewed their forecast income and expenditure for the rest of the year and estimate income to be £126k below target and expenditure to be £61k under spent.

6.2 Departmental consultancy is £94k below budget after February; £53k of the shortfall is within Adults and Forensic Services.

Carl Doherty
Deputy Director of Finance
21 March 2016

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2015-16											APPENDIX B	
All figures £000			Feb 16			CUMULATIVE			FORECAST FOR FULL YEAR			
		BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE	OPENING BUDGET	REVISED BUDGET	FORECAST	VARIANCE FROM REV BUDGET	
	INCOME											
1	CENTRAL CLINICAL INCOME	617	626	9	6,787	6,956	169	7,035	7,404	7,684	280	
2	CYAF CLINICAL INCOME	373	640	268	5,431	5,663	232	6,868	5,964	6,170	206	
3	AFS CLINICAL INCOME	1,271	1,229	(42)	5,526	5,440	(86)	2,865	5,894	5,752	(142)	
4	GENDER IDENTITY	229	223	(6)	2,728	2,781	53	2,648	2,957	3,044	87	
5	NHS LONDON TRAINING CONTRACT	605	605	0	6,650	6,650	0	7,254	7,254	7,254	0	
6	CHILD PSYCHOTHERAPY TRAINEES	179	196	17	1,969	2,019	50	2,148	2,148	2,202	54	
7	JUNIOR MEDICAL STAFF	71	85	14	781	846	64	900	852	851	(1)	
8	POSTGRADUATE MED & DENT'L EDUC	7	6	(1)	77	34	(43)	111	84	79	(5)	
9	PORTFOLIO FEE INCOME	461	433	(28)	4,837	4,724	(113)	5,422	5,298	5,127	(171)	
10	DET TRAINING FEES & ACADEMIC INCOME	20	149	130	894	960	66	1,373	976	889	(87)	
11	FAMILY NURSE PARTNERSHIP	298	286	(12)	3,276	3,189	(87)	3,574	3,574	3,456	(117)	
12	TC INCOME	76	65	(11)	837	681	(155)	925	913	787	(126)	
13	CONSULTANCY INCOME CYAF	6	0	(6)	70	29	(41)	91	77	26	(51)	
14	CONSULTANCY INCOME AFS	17	13	(4)	232	179	(53)	624	248	189	(59)	
15	R&D	7	(1)	(8)	76	63	(13)	123	83	64	(18)	
16	OTHER INCOME	83	49	(34)	584	697	113	819	667	780	113	
	TOTAL INCOME	4,319	4,604	285	40,754	40,910	156	42,781	44,393	44,356	(37)	
	EXPENDITURE											
17	COMPLEX NEEDS	1,217	1,157	60	4,733	4,342	391	2,662	5,047	4,627	421	
18	PORTMAN CLINIC	134	120	14	1,471	1,258	213	1,421	1,605	1,383	222	
19	GENDER IDENTITY	183	230	(47)	2,008	1,860	148	2,079	2,191	2,153	38	
20	DEV PSYCHOTHERAPY UNIT	8	(8)	15	98	147	(49)	106	106	203	(97)	
21	NON CAMDEN CAMHS	407	454	(47)	5,730	5,568	162	7,222	6,235	6,089	146	
22	CAMDEN CAMHS	376	371	5	4,172	4,062	110	4,639	4,549	4,450	100	
23	CHILD & FAMILY GENERAL	62	75	(13)	591	690	(99)	762	691	820	(129)	
24	FAMILY NURSE PARTNERSHIP	252	291	(39)	2,798	2,424	374	3,112	3,051	2,754	297	
25	JUNIOR MEDICAL STAFF	83	65	18	911	787	123	993	993	879	114	
26	NHS LONDON FUNDED CP TRAINEES	179	179	(0)	1,969	1,997	(28)	2,148	2,148	2,179	(30)	
27	TAVISTOCK SESSIONAL CP TRAINEES	2	1	0	17	13	4	19	19	15	4	
28	FLEXIBLE TRAINEE DOCTORS & PGMDE	20	20	(1)	215	198	17	309	234	216	18	
29	EDUCATION & TRAINING	251	293	(41)	3,304	3,325	(20)	3,906	3,619	3,699	(81)	
30	VISITING LECTURER FEES	111	170	(59)	1,221	1,273	(53)	1,332	1,332	1,230	102	
31	CYAF EDUCATION & TRAINING	39	66	(27)	390	473	(83)	1,503	429	555	(126)	
32	ADULT EDUCATION & TRAINING	30	28	2	303	266	38	1,015	334	288	46	
33	PORTFOLIOS	143	132	11	1,571	1,385	186	0	1,714	1,577	137	
34	TC EDUCATION & TRAINING	0	1	(1)	0	4	(4)	0	0	4	(4)	
35	TC	64	68	(4)	701	646	56	787	765	704	61	
36	R&D	17	(3)	20	184	103	81	238	201	115	86	
37	ESTATES DEPT	229	217	11	1,931	2,201	(269)	2,090	2,166	2,436	(269)	
38	FINANCE, ICT & INFORMATICS	172	158	14	1,940	1,952	(11)	2,295	2,113	2,124	(11)	
39	TRUST BOARD, CEO, DIRECTOR, GOVERNS & PPI	139	199	(60)	1,163	1,223	(61)	981	1,302	1,363	(61)	
40	COMMERCIAL DIRECTORATE	37	30	7	412	496	(83)	454	449	533	(84)	
41	HUMAN RESOURCES	51	123	(72)	563	665	(102)	652	614	717	(103)	
42	CLINICAL GOVERNANCE	67	69	(2)	740	686	54	824	808	754	54	
43	CEA CONTRIBUTION	6	7	(2)	64	28	36	0	70	31	39	
44	DEPRECIATION & AMORTISATION	71	7	65	765	695	70	775	836	758	78	
45	VACANCY FACTOR	0	0	0	0	0	0	(134)	0	0	0	
46	PRODUCTIVITY SAVINGS	0	0	0	0	0	0	(80)	0	0	0	
47	INVESTMENT RESERVE	0	0	0	0	0	0	0	0	0	0	
	CENTRAL RESERVES	13	0	13	279	0	279	205	305	0	305	
	TOTAL EXPENDITURE	4,362	4,523	(161)	40,247	38,767	1,480	42,314	43,927	42,653	1,274	
	OPERATING SURPLUS/(DEFICIT)	(43)	81	123	508	2,144	1,636	466	466	1,703	1,237	
48	INTEREST RECEIVABLE	0	2	2	5	11	7	5	5	11	6	
49	DIVIDEND ON PDC	(35)	(35)	0	(386)	(386)	0	(421)	(421)	(421)	0	
	SURPLUS/(DEFICIT)	(77)	48	125	126	1,769	1,643	50	50	1,292	1,242	
50	RESTRUCTURING COSTS	0	160	(160)	0	453	(453)	0	0	644	(644)	
	SURPLUS/(DEFICIT) AFTER RESTRUCTURING	(77)	(112)	(35)	126	1,316	1,190	50	50	648	599	

2015/16 Plan													APPENDIX D				
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total				
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000				
Operating cash balance	2,761	5,420	4,596	4,150	4,621	3,087	1,788	4,108	3,170	1,794	4,126	3,443	2,761				
Operational income received																	
NHS (excl HEE)	2,500	1,915	1,923	1,388	1,305	1,275	1,166	1,204	1,175	1,166	1,204	1,176	17,397				
General debtors (incl LAs)	1,171	894	1,000	857	985	785	1,470	1,049	923	1,520	1,386	1,023	13,063				
HEE for Training	2,457	142	79	2,457	143	79	2,457	142	79	2,457	143	79	10,717				
Students and sponsors	325	150	150	100	0	200	800	250	100	750	100	100	3,025				
Other	0	0	0	0	0	0	0	0	0	0	0	0	0				
Operational expenditure payments	6,453	3,101	3,152	4,802	2,433	2,339	5,893	2,645	2,277	5,893	2,833	2,378	44,202				
Salaries (net)	(1,622)	(1,422)	(1,433)	(1,833)	(1,633)	(1,454)	(1,485)	(1,471)	(1,468)	(1,462)	(1,462)	(1,462)	(18,207)				
Tax, NI and Pension	(1,100)	(1,101)	(1,101)	(1,109)	(1,110)	(1,110)	(1,124)	(1,147)	(1,137)	(1,135)	(1,131)	(1,130)	(13,435)				
Suppliers	(1,072)	(838)	(865)	(1,090)	(865)	(565)	(865)	(865)	(865)	(865)	(865)	(865)	(10,481)				
Capital Expenditure	(3,794)	(3,361)	(3,399)	(4,032)	(3,608)	(3,129)	(3,474)	(3,483)	(3,470)	(3,462)	(3,458)	(3,457)	(42,123)				
Loan	0	(565)	(200)	(300)	(360)	(300)	(100)	(100)	(185)	(100)	(60)	(100)	(2,370)				
Interest Income	0	0	0	0	0	0	0	0	0	0	0	0	0				
Payments from provisions	0	1	0	1	0	1	0	0	1	0	1	0	5				
PDC Dividend Payments	0	0	0	0	0	0	0	0	0	0	0	0	0				
Closing cash balance	0	0	0	0	0	(211)	0	0	0	0	0	(210)	(421)				
5,420	4,596	4,150	4,621	3,087	4,403	2,794	2,360	4,985	4,298	4,304	5,642	3,773	2,761				
2015/16 Actual/Forecast													Total				
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	£000				
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000				
Operating cash balance	2,761	3,793	2,340	1,592	4,403	2,794	2,360	4,985	4,298	4,304	5,642	3,773	2,761				
Operational income received																	
NHS (excl HEE)	1,274	2,238	1,379	2,829	1,254	1,309	1,135	1,236	1,838	979	1,106	1,176	17,753				
General debtors (incl LAs)	1,120	125	828	1,104	495	1,428	1,493	1,211	1,156	1,425	582	1,876	12,843				
HEE for Training	2,471	118	202	2,597	60	107	2,696	0	200	2,944	194	79	11,668				
Students and sponsors	356	87	95	87	121	281	627	92	221	407	95	100	2,569				
Other	0	0	0	0	0	0	0	0	0	0	0	0	0				
5,221	2,568	2,504	6,617	1,930	3,125	3,125	5,951	2,539	3,415	5,755	1,977	3,231	44,833				
Operational expenditure payments																	
Salaries (net)	(1,541)	(1,455)	(1,499)	(1,527)	(1,641)	(1,381)	(1,403)	(1,445)	(1,490)	(1,658)	(1,457)	(1,462)	(17,958)				
Tax, NI and Pension	(1,068)	(1,127)	(1,062)	(1,086)	(1,043)	(1,110)	(1,040)	(1,103)	(1,082)	(1,089)	(1,236)	(1,130)	(13,175)				
Suppliers	(1,317)	(892)	(241)	(1,138)	(752)	(747)	(891)	(605)	(787)	(1,636)	(1,053)	(865)	(10,914)				
Capital Expenditure	(3,925)	(3,463)	(2,802)	(3,751)	(3,436)	(3,238)	(3,334)	(3,153)	(3,359)	(4,383)	(3,746)	(3,457)	(42,047)				
(264)	(559)	(451)	(56)	(104)	(128)	(128)	7	(74)	(51)	(35)	(101)	(287)	(2,103)				
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0				
Interest Income	0	1	1	1	1	1	1	1	1	1	1	0	10				
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0	0				
PDC Dividend Payments	0	0	0	0	0	(194)	0	0	0	0	0	(210)	(404)				
Closing cash balance	3,793	2,340	1,592	4,403	2,794	2,360	4,985	4,298	4,304	5,642	3,773	3,050	3,050				

Board of Directors : 29 March 2016

Item : 11a

Title : 2016/17 Budget

Summary:

The 2016/17 income and expenditure budget is presented for approval.

It will provide a surplus of £300k, meeting the control total set by NHS Improvement; and it includes a contingency reserve of £150k.

The 2% national efficiency savings target will be achieved through a combination of the productivity programme, growth and other savings. However, £441k of these savings have not yet been identified, and remain in the budget as a target to be achieved. The position will be reviewed in full at the end of quarter 1.

The capital budget and the narrative of the Trust's 2016/17 Operational Plan are presented separately.

This paper was reviewed by the Executive Management Team on 22 March.

For : Approval

From : Director of Finance

2016/17 Budget

1. Introduction

- 1.1 The revenue budget for 2016/17 is presented here for approval.
- 1.2 Key factors affecting the budget are summarised in section 2. The Trust's actions to ensure that we meet our financial targets are set out in section 3.
- 1.3 The proposed budget is summarised below and in Appendix A.

		<u>2015/16</u>	<u>2015/16</u>	<u>2016/17</u>	
		REVISED	FORECAST	OPENING	MOVEMENT
		BUDGET	OUTTURN	BUDGET	IN BUDGET
		£000	£000	£000	£000
INCOME					
1	CLINICAL	22,219	22,650	20,648	(1,571)
2	TRAINING	20,187	19,860	20,592	405
3	CONSULTANCY	1,238	1,001	1,104	(134)
4	RESEARCH	83	64	53	(30)
5	OTHER	667	780	571	(96)
TOTAL INCOME		44,393	44,356	42,967	(1,426)
OPERATING EXPENDITURE (EXCL. DEPRECIATION)					
6	CLINICAL DIRECTORATES	20,424	19,724	18,577	1,847
7	OTHER TRAINING COSTS	13,873	13,394	14,140	(267)
8	OTHER CONSULTANCY COSTS	765	704	687	78
9	CENTRAL FUNCTIONS	7,724	8,073	8,233	(508)
10	TOTAL RESERVES	305	0	150	155
10	PRODUCTIVITY SAVINGS	0	0	(441)	441
TOTAL EXPENDITURE		43,091	41,895	41,345	1,745
EBITDA		1,302	2,461	1,622	319
ADD:-					
11	BANK INTEREST RECEIVED	5	11	8	3
LESS:-					
12	DEPRECIATION & AMORTISATION	836	758	850	(14)
13	FINANCE COSTS	0	0	0	0
14	DIVIDEND	421	421	480	(59)
SURPLUS BEFORE RESTRUCTURING COSTS		50	1,292	300	250
15	RESTRUCTURING COSTS	0	644	0	0
SURPLUS/(DEFICIT) AFTER RESTRUCTURING		50	648	300	250
EBITDA AS % OF INCOME		2.9%	5.5%	3.8%	-22.4%

2. Cost increases, Growth and other key factors

- 2.1 Costs for the NHS are expected to rise nationally by 3.1%. Our pay budgets allow for the 1% rise in all NHS pay scales recently announced; and for individual pay increments. A further significant increase is in employer's National Insurance contributions, as the rebate for "contracted-out" schemes is abolished by the Pensions Act 2014.
- 2.2 Allowing for the 2% efficiency requirement, the prices or tariff paid by commissioners has been increased by 1.1%. This applies to most but not all of our clinical income.
- 2.3 There has been growth included in the budget for services such as GIDU and Training although this been offset by reductions in other areas. Final Clinical contract values have yet to be confirmed.
- 2.4 Within Adult and Forensic Services there are full-year-effect increases for Camden TAP of £372k, offset by the removal of non-recurrent £1.6m One Hackney project income.
- 2.5 CYAF income (excluding GIDS) has decreased by £0.5m due to the FDAC National Unit contract reduction by £1m, offset by an increase in FDAC Kent & Medway of £0.4m; and CAMHS expenditure has reduced accordingly. Much of the National Unit expenditure was with partner organisations, including the Trusts around the country that deliver the services; some funding now goes directly to these partners, with no net effect on this Trust.
- 2.6 The GIDS income contract baseline has been increased in the budget by £736k in 2016/17, reflecting some of the high activity level in 2015/16. The budget allows for additional service costs to account for 80% of this, leaving an increased contribution of £133k.
- 2.7 The National Training Contract value is expected to be unchanged for 2016/17. As part of our review of how this funding is utilised, the expenditure budget includes £100k new costs to develop education and training for perinatal services.
- 2.8 The Research income budget has fallen to £53k, which is believed to be largely secure.
- 2.9 The Family Nurse Partnership income has an estimated reduction of £300k (10%) in 2016/17. This has been offset by a proportionate reduction in the expenditure budget. The FNP contribution to overheads and margin remains a significant element of the Trust's overall financial balance.
- 2.10 Other income budgets (notably for departmental consultancy and Research) have also been reduced significantly from 2015/16 in the light of experience and the likely market conditions.
- 2.11 Education and Training income has increased by £405k due to increased student fees by both price and volume in addition to higher numbers of Child Psychotherapy Trainees.

- 2.12 The budgets for Depreciation and for the PDC dividend have been increased to reflect the increased investment in IT projects and to include an allowance for the potential effect of estate revaluation.
- 2.13 Expenditure budgets have been reduced by a vacancy factor of £202k, representing 1% of clinical staff costs, to reflect the short gap which normally occurs when posts fall vacant.
- 2.14 No major restructuring costs are budgeted.

3. Key Risks and Risk Management

- 3.1 We have aimed to ensure that all income budgets are prudent, in a situation where there is little certainty. The majority of our Clinical contracts have yet to be agreed. In particular, negotiations for nationally commissioned services are at an early stage. We are taking a robust stance in all negotiations, while recognising the challenges faced by the NHS as a whole.
- 3.2 In common with most organisations, some elements of income are variable and can only be secured during the year. There are particular risks for Education and Training fee income and Tavistock Consulting.
- 3.3 The Budget includes a Productivity savings target of £441k which will be reviewed after the first quarter. However, it also includes a contingency reserve of £150k.
- 3.4 The vacancy factor savings (2.13 above) assume prompt recruitment. However, all vacancies will be fully reviewed before recruitment continues, at least until the additional savings have been found.
- 3.5 There is a limited amount of expenditure for which the timing is discretionary. These costs will not generally be approved or incurred in quarter 1, before the additional savings have been found.
- 3.6 As noted in the Operational Plan, the Trust is continuing to seek growth in a number of areas where our services can contribute to the current priorities of the NHS.
- 3.7 We will conduct a full forecast of all risk areas quarterly, with budget holder involvement. These will be reported to the Board. In particular, the quarter 1 review, to be reported in July, will identify whether further savings are required.
- 3.8 In the intermediate months, forecasts will be updated on an exception basis.
- 3.9 Management responsibilities for all areas of the budget remain clear.
- 3.10 We need to ensure that we deliver at least a small surplus in quarter 1 and (cumulatively) in each subsequent quarter, and a FSRR of at least 3. Apart from delaying discretionary costs (3.5 above), there are no major phasing differences in the budget; so we would expect to achieve this in each quarter, though some of the risks listed above will apply.

4. Cash Flow

- 4.1 Cash flow projections for 2016/17 are being developed and will be presented at or before this meeting, to be considered as part of the budget approval.
- 4.2 The main factors to be taken into account will be:
- The current cash balance, which is high, but which includes some balances which will be utilised during 2016/17.
 - The income and expenditure budget presented here.
 - The capital expenditure plans.
 - Borrowing to fund the relocation project costs.

5. Conclusion

- 5.1 The Board is invited to approve the income and expenditure budget for 2016/17.

Simon Young
Director of Finance
22 March 2016

Budgets 2016/17	2015/16	Change	2016/17 Opening
All figures £000			
INCOME			
1 CENTRAL CLINICAL INCOME	7,404	-7	7,397
2 CYAF CLINICAL INCOME	5,964	-474	5,490
3 AFS CLINICAL INCOME	5,894	-1,620	4,274
4 GENDER IDENTITY INCOME	2,957	530	3,487
5 NHS LONDON TRAINING CONTRACT	7,254	0	7,254
6 CHILD PSYCHOTHERAPY TRAINEES	2,148	243	2,391
7 JUNIOR MEDICAL STAFF INCOME	852	-14	838
8 POSTGRADUATE MED & DENT'L EDUC	84	4	88
9 PORTFOLIO FEE INCOME	5,298	774	6,072
10 DET TRAINING FEES & ACADEMIC INCOME	976	-301	675
11 FAMILY NURSE PARTNERSHIP INCOME	3,574	-300	3,274
12 TC INCOME	913	-50	863
13 CONSULTANCY INCOME CYAF	77	-29	48
14 CONSULTANCY INCOME AFS	248	-55	193
15 R&D INCOME	83	-30	53
16 OTHER INCOME	667	-96	571
	44,393	-1,426	42,967
EXPENDITURE			
17 COMPLEX NEEDS	-5,047	1,544	-3,504
18 PORTMAN CLINIC	-1,605	225	-1,380
19 GENDER IDENTITY	-2,191	-603	-2,795
20 DEV PSYCHOTHERAPY UNIT	-106	-18	-124
21 NON CAMDEN CAMHS	-6,235	962	-5,273
22 CAMDEN CAMHS	-4,549	-254	-4,803
23 CHILD & FAMILY GENERAL	-691	-8	-699
24 FAMILY NURSE PARTNERSHIP	-3,051	158	-2,893
25 JUNIOR MEDICAL STAFF	-993	-0	-993
26 NHS LONDON FUNDED CP TRAINEES	-2,148	-222	-2,370
27 TAVISTOCK SESSIONAL CP TRAINEES	-19	0	-18
28 FLEXIBLE TRAINEE DOCTORS & PGMDE	-234	-7	-242
29 EDUCATION & TRAINING	-3,619	21	-3,598
30 VISITING LECTURER FEES	-1,332	103	-1,229
31 CYAF EDUCATION & TRAINING	-429	-105	-535
32 ADULT EDUCATION & TRAINING	-334	-179	-513
33 PORTFOLIOS	-1,714	-35	-1,749
34 TC EDUCATION & TRAINING	0	0	0
35 TC	-765	78	-687
36 R&D	-201	46	-155
37 ESTATES DEPT	-2,166	121	-2,045
38 FINANCE, ICT & INFORMATICS	-2,113	-449	-2,562
39 TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	-1,302	-155	-1,458
40 COMMERCIAL DIRECTORATE	-449	-14	-464
41 HUMAN RESOURCES	-614	-28	-642
42 CLINICAL GOVERNANCE	-808	18	-789
43 CEA CONTRIBUTION	-70	-47	-117
44 DEPRECIATION & AMORTISATION	-836	-14	-850
45 VACANCY FACTOR	0	0	0
46 PRODUCTIVITY SAVINGS	0	441	441
47 INVESTMENT RESERVE	0	0	0
48 CENTRAL RESERVES	-305	155	-150
TOTAL EXPENDITURE	-43,927	1,732	-42,195
49 OPERATING SURPLUS/(DEFICIT)	466	306	772
50 INTEREST RECEIVABLE	5	3	8
51 DIVIDEND ON PDC	-421	-59	-480
SURPLUS/(DEFICIT)	50	250	300

Board of Directors : March 2016

Item : 11b

Title : 2016/17 Capital Budget

Summary:

The 2016/17 capital budget is presented for approval.

The minor estates proposals were reviewed by the Executive Management Team on 22 March. The other elements of the budget were reviewed at earlier meetings.

For : Approval

From : Director of Finance

2016/17 Capital Budget

1. Introduction

- 1.1 The proposed capital budget for 2016/17 is set out in the table below, and is presented for approval.

	£000
IM&T general	300
IT Project posts (2 posts starting in June)	125
IM&T developments	650
CareNotes	50
Student Information Management System	325
Estates Programme	190
sub-total	1,640
Relocation *	1,100
Total	2,740

* to be funded by ITFF loan

- 1.2 The IM&T projects and posts were set out in the strategy approved by the Board in February.
- 1.3 The Student Information System was approved by the Board in January.
- 1.4 The minor estates projects proposed for 2016/17 are set out in section 2 of this paper, totalling £190k. They focus mainly on the educational and student space, while we also continue with improvements in sustainability.
- 1.5 The costs of the relocation project in 2016/17 are estimated at £1.1m. A separate paper to this meeting seeks approval for a loan from the Independent Trust Financing Facility (ITFF) to cover these costs. The Board has approved the first £500k of these costs; expenditure beyond this will be subject to approval of the next stage of the project.
- 1.6 In addition to the projects and costs listed in 1.1 above, projects approved for 2015/16 but not completed by 31 March will be completed in the new year. The total capital plan for 2016/17, to be submitted to Monitor on 8 April, will include an allowance for these costs.
- 1.7 Excluding the relocation project, the proposed expenditure will exceed the budgeted depreciation charge and surplus for 2016/17, leading to a net cash outflow of some £500k. A cash flow projection will be presented for the meeting, to support the approval of the 2016/17 budgets.

2. Estates Minor Projects

- 2.1 Secure waste compound in the underground car park, £25k

The existing waste compound at the rear of the garden wing allows for the safe storage of mixed recyclable waste. We are now looking at storage for additional recycling alternative such as redundant desks, tables and chairs. We also generate a quantity of waste electrical

equipment (WEE) that has to be secured prior to its disposal. A secure waste compound would allow for safer and controlled waste management while ensuring security for those WEE items of value; plus deliveries of new IT equipment when there is too much for internal storage.

2.2 Student meeting space (Ground floor Lift lobby), £50k

In the past three years all the ground floor seminar rooms have been upgraded. The predicted uplift in student numbers will place demand on how and where the students can gather and meet. It is proposed to separate the passenger lift main stair case by introducing a glass wall. This will enable us to divide the space between the staircase and student lobby while retaining fire compliance. We can then introduce seating and breakfast bar counters for students during and after breaks. There is also scope for additional seating at high level with a seating mezzanine. The existing flooring and lighting will be retained reducing costs. More detailed proposals to be approved by the Management Team in due course.

2.3 2nd and 3rd floor toilets, £20k

It is proposed to continue with the programme of upgrading the facilities this year. This will focus on revisiting facilities on the 2nd and 3rd floors.

2.4 I.T. training suite, £35k (excluding new PCs, funded from IT budget)

The current IT training suite is dated and the layout restrictive for those students who require one to one tuition. In order to improve the configuration of the space and to increase the number of students who can use it, a full redesign is needed.

2.5 Asbestos removal, £30k

The recent amendments in legislation to asbestos management and removal has allowed for a more balanced approach. The trust has implemented a programme of risk monitoring for the remaining asbestos not removed in 2010. To remove any potential risk (and assist with future cost penalties within the relocation project) remove all identified asbestos in the asbestos risk register.

2.6 Lecture theatre, £30k

The lecture theatre is a multi-functional space that is used both internally and externally. To meet the expectations of users, the worn tables and chairs need to be replaced, also a full redecoration with new curtains and carpet.

3. **Conclusion**

3.1 The Board is invited to approve the capital budget for 2016/17.

Simon Young
Director of Finance
22 March 2016

Board of Directors: March 2016

Item : 11c

Title : Operational Plan 2016-17

Summary:

The draft Operational Plan was submitted to Monitor on 8 February, based on the Trust's two-year objectives and including contributions from members of the Management Team. It was also reviewed by the Council of Governors at their meeting on 3 March. No feedback has yet been received from Monitor.

Some detailed updates have now been made, including (7.1) the pay awards announced.

The final plan document is now presented to the Board, with the separate paper on the 2016/17 budget, for approval.

This paper was reviewed by Executive Management Team on 15 March.

For : Approval

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

The Trust's Operational Plan for 2016/17

1. Introduction and Context

- 1.1 The Trust's future plans are being developed in accordance with the guidance entitled "Delivering the Forward View: NHS planning guidance for 2016/17 – 2020/21" published on 22 December by NHS England in conjunction with NHS Improvement, the Care Quality Commission, Public Health England, Health Education England and NICE; and the further detailed guidance issued since then.
- 1.2 This operational plan for one year, 2016/17, was submitted in draft on 8 February. The final version is to follow on 11 April.
- 1.3 The plan is set in the context of the local health and care system for the five boroughs of North Central London, for which a five year Sustainability and Transformation Plan (STP), covering the period October 2016 to March 2021, is being developed. The financial challenge for North Central London over this period is considerable.
- 1.4 As part of the work to develop the STP, a North Central London Mental Health Programme has been established. The programme will identify and address areas where there is potential to strengthen progress across the sector towards achieving the triple aim¹ as set out in the Forward View. As part of this the Trust will work closely with commissioners, partner mental health Trusts and acute and primary care services.
- 1.5 A letter from NHS Improvement on 15 January sets out specific requirements. This Trust is asked to plan for a surplus of £0.3m in 2016/17, or around 0.7% of income.
- 1.6 At the end of January, the Trust had its first inspection under the new CQC regime. The provisional findings and recommendations from the CQC report will be taken into account in the final version of this Plan.
- 1.7 The Trust's national contract with Health Education England (HEE) to provide education and training, which accounts for 17% of income (£7m), is currently under review. It is likely that the programme covered by the contract will both expand and alter over the next few years, but it may also reduce somewhat in value. Funding for medical training and child psychotherapy training is also at risk of some diminution in real-terms value, due to pressures on the HEE budget. No major changes are currently expected for 2016/17, however.
- 1.8 The Relocation project, for which the Outline Business Case was approved in September 2015, will be a significant part of the Trust's work programme during 2016/17.

¹ Better health; transformed quality of care delivery; and sustainable finances

- 1.9 The Board of Directors approved a comprehensive set of two-year strategic objectives in October 2015, and this plan reflects those objectives.

2. Clinical Service Quality and Patient Experience

- 2.1 The Board approved the Trust's clinical quality strategy in January 2016. The strategy sets out the Trust's overall clinical quality objectives and the key aims and indicators for the period 2016-17. It describes the governance arrangements and reporting processes which underpin and support the delivery of high quality care for all our service users and carers. The strategy provides for its further development in response to wider consultation with staff and services users and carers and the findings of the CQC following their inspection in January 2016. Next steps include the development of a Trust wide quality improvement plan. Further developments in our use of information are key to this, along with staff training and support in implementing quality improvement initiatives.
- 2.2 CQC, as mentioned, carried out an inspection of the Trust's clinical services during the week beginning 25 January 2016. The final report on the inspection will be published in April. The process of preparation for the inspection identified areas for improvement; and the informally conveyed headlines following inspection provided a clearer focus for our quality improvement plans which we are starting work on, pending the final report.
- 2.3 We continue to develop the involvement in the Trust of people with lived experience of mental health issues. During 2016/17, we are developing a community of people connected to our Trust through a range of activities, loosely held together under the 'word of mouth' project. This will include fostering range of creative activities and activities and opportunities which promote mental and physical health and well-being. We will further embed service users and carers at the heart of determining how we shape, deliver and evaluate all our clinical services.
- 2.4 A key area for further development in 2016/17 are our systems for capturing, analysing, reflecting on and acting on qualitative and quantitative data; including a particular focus on data from service users and carers.

3. Clinical Service Activity and Strategy: Children, Young Adults and Families

- 3.1 This directorate consists of six service lines, all of which have growth potential over the coming year.
- 3.2 The Gender Identity Development service for under-18s, commissioned nationally, has recently moved its Leeds base to larger premises. Overall activity has to be managed at the present contract level, which allows for the rapid growth in access in recent years but not for further growth. The contract is under review, as the only GIDS in the country, demand has been outstripping capacity for the last six months. The service model is under review, partly owing to demand, and partly owing to the changes in specification.

- 3.3 FDAC, our Family Drug and Alcohol court which originated in Camden is facing financial challenge within London owing to the pressure London boroughs are experiencing within social care budgets. Negotiations across London Local Authorities have ensured the London FDAC is sustainable for the next financial year, though at a significantly reduced activity level. Nationally the Department of Education has supported the roll out of the FDAC model across the country, which has resulted in the development of seven new FDAC's led by a national unit which we host. There is widespread support for the FDAC model across government departments, however there is some discussion about how it will continue to be supported in future. Regardless of this, the national FDAC unit has been tasked with working on a range of plans to ensure sustainability.
- 3.4 The national unit for the Family Nurse Partnership (FNP) is also facing financial challenge, as funding for FNP local teams is dependent on local authority funding. There is also a challenge in responding to the recent RCT report on FNP outcomes, which identified some areas where applying FNP to the UK population is not as effective as in the States where the model originated. The FNP unit has negotiated with the US licensors to make UK specific adaptations to the model and the team are working on an adapted logic model which will be rapidly tested in 10 sites across the UK.
- 3.5 We are the main CAMHS provider in Camden, and this has given us the opportunity, in partnership with commissioners and the Local Authority, to roll out the Thrive Model. This model has received national interest, and the roll-out will include thorough evaluation as part of the process.
- 3.6 Services for Vulnerable Children. We have a number of clinical services specialising in working with young people in care and who have experienced abuse and trauma, including FDAC (see 3.3 above), First Step (in Haringey) and our Westminster Family assessment service. We have ambition to be a lead provider in this area, and we are developing a training programme and clinical service that uses VIPP (Video Interaction for Positive Parenting) as a NICE-approved intervention for fostered and adopted children.
- 3.7 Gloucester House School. Our specialist education service has developed significantly with a revised model that ensures children achieve good outcomes in a timely way, while being more affordable financially to commissioners. The school has been able to open an additional class and the ambition is further develop our educational service, including the development of an outreach service.

4. Clinical Service Activity and Strategy: Adult and Forensic Services

- 4.1 The Portman Clinic holds a national specialist contract for clinical services. Developments include offering further specialised services in response to changing patterns of presenting problems e.g. internet pornography; interventions in prisons; and supporting the roll out of Mentalisation-Based Therapy for Anti-Social Personality Disorder. The Portman Clinic is increasing its contribution to training the wider criminal justice workforce.

- 4.2 The City and Hackney Primary Care Psychotherapy Consultation Service (PCPCS) was set up 2009; further developments linked to the PCPCS have included offering a service to the local A&E and supporting primary care through a Care Planning service for complex cases, often those presenting with mental and physical problems. A new Team Around the Practice (TAP) service was set up in Camden in 2015 which extended the model through working with MIND in Camden to deliver social prescribing; during 2016/17 there will be an initial independent evaluation of its contribution, which will inform our review with the commissioner of how it should develop.
- 4.3 The adult complex needs service provides a range of clinical services for patients presenting with complex and/or long standing problems. Many of our patients are referred to us after a long history of previous interventions which have not succeeded in addressing their difficulties. We work closely with other providers to provide complementary services for patients and consultation to staff. The Choice agenda may offer opportunities for growth in this service. An Adult Services Development Programme, chaired by the CEO, has been set up to clarify where we can most effectively contribute to the care of those with complex, long term conditions and the staff who work with them.

5. **Education and Training**

- 5.1 Through its education and training portfolio the Trust, as an accredited education provider regulated by the Quality Assurance Agency, has a unique contribution to make in conjunction with its clinical service provision.
- 5.2 The Tavistock & Portman has developed a centre of excellence for training in the mental health professions, social care, education and forensic services across the age range. We have an international reputation for our training, too.
- 5.3 Given the significance and profile of education and training in the Trust's activity and financial performance, we have been engaged in a significant transformation programme to support ambitious strategic objectives for growth. This includes the redesign of our faculty and professional support services and the procurement of a Student Information Management System. We have also recently changed our primary university partner to support our aspirations in this place.
- 5.4 The Trust is in receipt of a National Training Contract and is committed to developing new training initiatives to meet the workforce development needs of a modern health and social care sector, and to being responsive to national policy and developments.
- 5.5 In this area, sustainability is linked to growth and the extension of our reach and relevance. This means that we have set ambitious targets to increase student numbers, to diversify our training to include people working Bands 1 to 4, and to increase our national reach.

6. Research

- 6.1 The Trust aims to establish stronger relationships with senior academics whose research is linked to our work, and thus develop a faculty of high calibre researchers, building on our existing university partnerships and on the renewed and wider relationship with the University of Essex.
- 6.2 We plan to raise the profile and influence of research in the Trust, and to hold at least two events per year at which invited academics present their work, in addition to an annual research conference with Essex.
- 6.3 We were the lead partner in a successful bid in 2015 for an NIHR programme grant of £2.4m over six years starting in March 2016 looking at personalised approaches to the treatment of conduct problems in children.
- 6.4 Our structure to support further bids will continue to be developed, and we aim always to hold at least one grant as lead. We also aim to be co-applicants in at least two successful bids per year. We are the NHS partner on a new HTA² grant for a randomised controlled trial of Mentalisation-Based Therapy groups for Anti-Social Personality Disorder; and we are joint applicants on a bid to study Reactive Attachment Disorder in children in foster care.

7. Income and Expenditure 2016/17: External Factors and Requirements

- 7.1 Costs are projected nationally to rise by 3.1%: this allows for a 3.3% increase in pay costs, mainly due to higher National Insurance contributions, as the rebate for “contracted-out” schemes is abolished by the Pensions Act 2014. The pay settlement of 1% for all staff from April has now been announced and is allowed for in our budget. Taking this into account, the overall effect of inflation for this Trust is similar to the national projection.
- 7.2 The national efficiency target is 2%: a lower figure than in recent years. NHS tariffs and contract values will therefore rise by 1.1%, after two years in which they have fallen. As always, provider organisations have to make up the difference between the 3.1% cost inflation and the 1.1% income uplift.
- 7.3 The Trust has been set a control total of a £0.3m surplus for 2016/17. The Board of Directors has confirmed that our Plan should aim to achieve this target, which is slightly higher than we would otherwise have planned. We are likely to hold a slightly lower contingency reserve, and the planned surplus will be around the midpoint of our expectations, rather than at the lower end (see 8.5 below). At the beginning of any year, a number of elements of the Trust’s income (notably training fees for the academic year starting in September; consultancy; and Gloucester House) are unsecured, so there will now be a somewhat increased risk of falling behind plan. This will, as always, be closely monitored and reported to the Board.

² HTA = Health Technology Assessment, the largest programme of the NIHR (National Institute for Health Research)

- 7.4 The first allocations from the Sustainability and Transformation (S&T) fund of £1.8 billion in 2016/17 are available only to acute services. So at this stage, the Trust's plans do not include any funding from the fund. We will however have proposals which could be eligible for the "targeted element" of the fund which is due to be announced later, intended to support trusts drive efficiencies and go further faster, and targeted at leveraging greater than 1:1 benefits from providers.
- 7.5 "Delivering the Forward View: NHS planning guidance for 2016/17 – 2020/21" mentions (in paragraph 36) that the calculation of PDC dividend is to be revised; but as these changes have not yet been published, the effect is not known and cannot be taken into account in this draft Plan.

8. Trust Financial Projections 2016/17: Income and Expenditure

- 8.1 To achieve the 2% efficiency requirement for 2016/17, and allowing for additional factors, the Trust set a target of £1.05m to be met through savings and the contribution from growth.
- 8.2 In the Trust's budget, these targets have been largely achieved; however, a balance of £441k savings remains to be found. This is due partly to the requirement for a £300k surplus; and also to other factors, including the need to invest in certain key service developments.
- 8.3 The budget includes the full-year effects of service growth during 2015/16, notably the Camden TAP service (see 4.2); some further growth in the contract value for the GID service (see 3.2); gains from training developments (see 5.5); and savings in several areas, which also include some full-year effects. The projections also allow for expected reductions in some existing contracts, including FNP. Income from the national training contract is expected to be unchanged (in cash terms) from 2015/16
- 8.4 The Trust's estate will be revalued in March. Our projections allow for some increase in depreciation and PDC dividend as a result.
- 8.5 At the beginning of any year, a number of elements of the Trust's income (notably training fees for the academic year starting in September; consultancy; and Gloucester House) are unsecured, so there will now be an increased risk of falling behind plan. This will, as always, be closely monitored and reported to the Board.
- 8.6 The savings included in the Plan are not dependent on further restructuring, and no restructuring costs have been allowed for.

9. Capital Expenditure and Funding 2016/17

- 9.1 A capital budget, covering the essential expenditure on the Trust's estate and technology, is presented to the Board for approval in March. It includes £190k for minor Estates work and £1,450k for IM&T, including £325k for the new Student Information Management System (see 5.3).
- 9.2 The total planned expenditure of £1,640k will slightly exceed the Trust's planned surplus and annual depreciation charge, and will therefore reduce cash balances by some £500k, without adversely affecting the Trust's liquidity.
- 9.3 Expenditure on the Relocation project, and the funding for this, are covered separately in the next section.

10. Relocation

- 10.1 The Outline Business Case for relocation from the Trust's existing property to a new site was approved in 2015 by the Trust Board, and reviewed by Monitor and the Council of Governors.
- 10.2 The objective is to provide modern, accessible and sustainable facilities for clinical services, education and training, and central functions. We plan to purchase a site in Camden for a new build or for redevelopment of an existing building, to be ready for us to move in 2019.
- 10.3 The existing properties will then be vacated; and it is anticipated that sale of these sites for residential development will cover the cost of the project.
- 10.4 A Full Business Case is due to be ready in the first half of 2017/18 for approval by the Board and by the Council of Governors, and full assessment by NHS Improvement. The FBC will include full details of the new site, the design and the funding structure for the project.
- 10.5 The Trust has applied to the Independent Trust Financing Facility (ITFF) for a bridging loan which would be repaid from the sale proceeds. A firm decision may not be possible for some months, and alternative options are also being explored.
- 10.6 The ITFF has approved a more immediate request for funding for the pre-FBC work from April 2016 onwards; formal confirmation is awaited. In this draft Plan, it is assumed that £1.1m of pre-FBC work in 2016/17 is funded in this way, so as to protect the Trust's liquidity.

11. Financial Sustainability Risk Rating

- 11.1 The planned I&E margin of 0.7% gives a rating of 3 for this metric. Since the Trust's I&E margin for 2015/16 is expected to exceed Plan, there is also a rating of 4 for the Variance from Plan metric.
- 11.2 The Liquidity calculation shows around minus 5 days working capital balance, retaining a rating of 3. The Capital Service Capacity ratio of 3.4 gives a rating of 4 for this metric. The overall rating is therefore 3.5, which is rounded to 4.

- 11.3 The Liquidity metric could fall below minus 7 days with relatively small variances from Plan, which would reduce this rating to 2; but the overall rating of 3 would remain satisfactory.
- 11.4 These calculations assume a medium-term loan to cover the pre-FBC work on the Relocation project (see 10.6 above). Without this loan, the Trust could continue to fund this work from its own cash, and the projected cash balance would remain satisfactory at £2.5m at 31 March 2017, subject to achieving our planned I&E; but the liquidity metric as set by Monitor would fall just below the threshold of minus 14 days, for a rating of only 1. As noted in previous years, this calculation may sometimes be considered a misleading indicator.
- 11.5 With the higher Planned surplus and reduced contingency reserve (see 8 above), there is a somewhat increased risk that the actual surplus falls slightly below Plan. As long as the margin is less than 1% below Plan (i.e. breakeven or very slightly below), the Variance from Plan rating will only reduce from 4 to 3. So with a breakeven, the four ratings should be at least 3, 3, 2 and 3, for an overall rating of 3. The Trust's aim, however, is to achieve or exceed the Plan figures submitted here.

12. Information Management and Technology

- 12.1 The Trust implemented a new patient records system, CareNotes, in 2015. This has a much larger group of users than the previous electronic records which were largely an administrative system for appointments and related matters. CareNotes has also replaced the previous paper files for clinical records; and the Trust's own outcome monitoring tracker. Work to optimise the use of the new system will continue in 2016/17.
- 12.2 A new two-year overall strategy for IM&T, covering the infrastructure, information, and service, will be presented to the Board for approval in February; and begin to be implemented. It will include significant upgrading of our network, our telephone system, and our capacity for staff to access records at any location. The Trust's in-house e-mail system and partial use of nhs mail will be replaced by a unified system fully compliant with information security requirements.
- 12.3 As noted in earlier sections, we plan to implement a new student records system in 2016. As well as improving the efficiency of administrative processes, this will significantly enhance our communication with both existing and prospective students.

13. Workforce

- 13.1 The Trust is working with staff representatives on a staff health and wellbeing strategy. This will build on existing initiatives, which include a long-standing commitment to flexible working and an active response to staff survey results.
- 13.2 Incremental changes in the workforce profile and skill mix are built into our plans for 2016/17 and will continue over the coming years, as the Trust pursues the triple aim of better health, transformed quality of care delivery, and sustainable finances. The well-established programme of mandatory and developmental staff training will also continue to be modified to meet these aims.

14. Organisational Profile and Communications

- 14.1 The Trust and its staff have a good record of engagement with the media and with public policy. The BBC Radio 4 programme "Mending Young Minds" was made and broadcast in 2015, and a 3-part TV series on our work is currently in progress, for transmission in 2016.
- 14.2 Plans for 2016/17 will build on these projects and on the further development of our website; and we will be carrying out a survey of key stakeholders to inform our future strategy.

15. Key Performance Indicators

- 15.1 The Board and management monitor a wide range KPIs covering service activity levels; service quality including patient-reported measures and student satisfaction; workforce; and equality and diversity in all aspects of our work. These include mandatory requirements; and indicators agreed each year with commissioners (not yet determined for 2016/17).
- 15.2 Only a small representative sample of these has been entered on the Plan template.
- 15.3 A current project aims to develop dashboard presentations for the most important indicators at service level, directorate level and for the Trust overall; to be generated promptly and accurately, directly from existing data collections.

22 March 2016

Board of Directors: March 2016

Item: 12

Title: Proposal to build a 'garden room' to house additional PPI activities.

Purpose:

This report provides the Board with an outline of the proposal to build a 'garden room' to provide additional flexible and informal space for activities for service users and carers in line with our 'word of mouth' project. Funding for the construction of a 'garden room' (or shed) has been made available via the Camden Children's Commissioner. Additional PPI staffing resources have been included in cost pressure figures for 2016-7.

The Board is asked to approve this proposal.

This paper was reviewed by the Management Team on 15th March.

This report focuses on the following areas:

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

For: Approval

From: Louise Lyon, Director of Quality and Patient Experience

PROPOSAL FOR TPFT SERVICE USER 'SHED SPACE' PROJECT FEBRUARY 2016

Proposers: Louise Lyon, Paul Waterman, Emiliós Lemoniatis

Context

- 1) Service user involvement activity has grown considerably over the last few years at the Tavistock and Portman and there is impetus for it to continue developing. Particularly, with the introduction of 'Word of Mouth' our Involvement offer of activities, projects, groups and community connections. Relations with the voluntary sector are continuing to develop and we are engaging with many more community groups and third sector organisations.
- 2) Space is at a premium within the Swiss Cottage site and there are no areas that are designed specifically as Involvement, community or public spaces. There are no areas within the building which can be seen as a "user friendly" space despite regular requests from users for this facility. The PPI team have explored all options within the building.
- 3) Within the grounds of the building there are under-used spaces. There have been fairly recent developments in outdoor building design that have led to lower costs, quicker build processes and little or no planning permission required for 'outdoor offices' or 'garden rooms'.

Proposal

- 1) We are proposing the development of an outdoor space within the Tavistock grounds to be used as an informal space for Involvement activity.
- 2) The design and build of the space will be tendered to an organisation that is selected by the 'Shed Space Working Group'. This will be made up of Louise Lyon, Paul Waterman, Emiliós Lemoniatis and service user representatives (this is not an exclusive list of the membership).
- 3) Agreed plans after a period of user consultation will be re-submitted to the Management Committee for final sign-off.
- 4) Having looked at all possible options in terms of available space, planning requirements, building regulations and usability we consider that a user space in the Tavistock Garden is the most suitable location for such a space.
- 5) We think that by developing a space that is easily accessible to users and especially young people, this could shed some of the stigma that is attached both to mental illness and to attending the Tavistock building. In clinical experience, some young people in particular find the building very off-putting to the point that it can impinge significantly on their therapy. Although we do not think this space will be used for therapeutic work, it could be used as a way of limiting this impact and presenting a softer different side to our NHS premises. The hope is that this will have a greater impact on engagement and attendance and furthermore outcomes. Additionally, Involvement work that is offered to run alongside therapy could further help young people develop a stronger sense of self with less self-stigma and a stronger link to other young people and community.
- 6) We intend for the Shed to be used as a resource for all providers in Camden and potentially as a base point for the Thrive Community Co-Creation project under the supervision of the trusts PPI team. We see the Shed as being a space that partners from other organisations and the third sector will be able to book and use and can host a multitude of activities and events free of charge. Depending

on the size and availability of the space, we would also like to consider offering the space as a regularly available space to voluntary organisations that are in need of space.

- 7) As the Trust works across the age range the Shed space will be available for use of all Tavistock projects. There will however be a greater focus on CYAF projects as requested by Camden commissioners who are funding this project. Availability of Shed could possibly be utilised on the-weekends with small group sessions for specific activities.
- 8) The design of the shed space would be within limits for a large shed so that little or no planning permissions would be necessary. It would need services connected- electricity and possibly water. There will be no onsite toilet facilities. For organised events the trusts facilities could be utilised. The space would also need to be well insulated for all season use with double glazed windows and doors compliant to Part L of the building regulations.
- 9) The project will also be ideally suited to a 'community build' project. This would involve inviting service users, voluntary sector groups and community members to continue to be part of the process, involved in discussion around their needs with input toward the design. Young People from Pizza'n'Chat and parents from the CYAF Parent's Group have consistently voiced their support for this project and commitment to participating in it. In the scoping work MAC_UK (Music and Change UK) have young people who they have helped gain qualifications with a large building company. Some collaborative building works will also be encouraged for those youngsters with the right skill set.

Planning Requirements

At this stage it is not clear if we will need to apply for planning permission. This will depend on the designs The Shed Working Group develop together with the local community/users and the tender winning organisation. Please see Box 1 and 2 below to see planning requirements.

Planning Considerations

- a. Choosing a build that requires planning will add more time to the project and risk planning permission not being granted.
- b. Depending on the measurements of the garden space a building without planning permission may be too small and not fit for purpose. We would at this stage hope that the build will cater for groups of 10-15 people. We may also decide on a minimum of 2 using the space at any one time due to lone-working policies.
- c. How the space outside the building is able to be creatively used would also influence the design of the build, for example having an awning that can create an increased outdoor covered space.
- d. Whether the space has forms of lighting or heating that require special planning permissions.
- e. Whether the type of building proposed by the tender winning organisation will require a hardstanding.

<http://www.camden.gov.uk/ccm/content/environment/planning-and-built-environment/two/planning-applications/before-you-apply/residential-and-business-projects/hard-standings-or-paved-areas/>

Initial and Ongoing Costs

1. The capital cost of the project will be covered by Camden CCG. Camden CCG have transferred £50,000 in principle to funding this project. This will include the design process, build and alterations to surrounding structures that will be required as well as internal and external furnishings.
2. Given the greater Involvement work that will arise out of the Shed project as described above, we envisage that a Shed/'Word of Mouth' Coordinator will need to be employed to support the Shed activity that will need to be paid for by the Trust. This would require a PPI budget increase of .4WTE Band 5 to support the continued employment of a full –time PPI worker.

Proposed Project Timeline

Months from go-ahead	1/2	2/3	3/4	4/5	5/6	6/7
Activities	Competitive Tender	Competitive Tender	Competitive Tender	Co-Design	Co-Design and	Build
	Funding authorised	Agree Plan/ Space	Instruct Architects. Scope of works	User engagement. Tender project	Sign off Plans. Planning submission	Planning Authorised
Months from go-ahead	8/9	9/10				
Activities	Start build Project	Complete				

Recommended Location of Shed in the Tavistock Garden: (Images are only a 'mood board' example)

Advantages: lovely natural garden space with trees. We have had gatherings there as a trust and so this is a natural space that people use due to light availability. Least difficulty with regards to planning requirements and approval.

Disadvantages: A tucked away space that will require signposting. The proximity to the Portman may be difficult in terms of noise if children are using the space. The shed itself could be a standard box shape if some trees were felled. At least one of the trees in the garden has a TPO. If the apple tree was maintained the shed could be built around it but would mean a bespoke design (this may not be a disadvantage). The space might be considered 'tucked away' and not that easy to find. A shed on this ground would possibly need a base at extra cost. The access through the fence in the middle of the garden is considered a fire-exit point and will need to be maintained or re-directed. That part of the garden is a designated fire escape route and will need the authorised Fire compliance permission and a fire Risk assessment.

Conclusion

The Board is asked to approve the proposal in principle. Details will need to be finalised depending on considerations outlined above.

Box 1: Outbuildings are considered to be permitted development, not needing planning permission, subject to the following limits and conditions:

- No outbuilding on land forward of a wall forming the principal elevation.
- Outbuildings and garages to be single storey with maximum eaves height of 2.5 metres and maximum overall height of four metres with a dual pitched roof or three metres for any other roof.
- Maximum height of 2.5 metres in the case of a building, enclosure or container within two metres of a boundary of the curtilage of the dwellinghouse.
- No verandas, balconies or raised platforms.
- No more than half the area of land around the "original house"* would be covered by additions or other buildings.
- In National Parks, the Broads, Areas of Outstanding Natural Beauty and World Heritage Sites the maximum area to be covered by buildings, enclosures, containers and pools more than 20 metres from house to be limited to 10 square metres.
- On designated land* buildings, enclosures, containers and pools at the side of properties will require planning permission.
- Within the curtilage of listed buildings any outbuilding will require planning permission.

Ref: <https://www.planningportal.gov.uk/permission/commonprojects/outbuildings/>

Box 2: You will need to apply for householder planning permission to erect a garden building, greenhouse or shed if:

- the total area of ground covered by the garden building, greenhouse or shed will be greater than 50 per cent of the total land around the original house;
- it will be located at the front of the house;
- it will be located at the side of a house which is in a conservation area;
- it will be erected in the grounds of a listed building;
- it will be located at the side or front of a house covered by an Article 4 Direction;
- it will be more than one storey high;
- it will be more than 4m high with a pitched roof, 3m high with a flat roof, or 2.5m high if located within 2m of the boundary of the house;
- its eaves will be more than 2.5m high; or
- it will include a veranda, balcony or raised platform.

Ref: <http://www.camden.gov.uk/ccm/content/environment/planning-and-built-environment/two/planning-applications/before-you-apply/residential-and-business-projects/garden-buildings-greenhouses-and-sheds/>

Mood Board



Board of Directors : March 2016

Item : 13

Title : Department of Education and Training Board Report

Purpose:

To update on issues in the Education & Training Service Line.
To report on issues considered and decisions taken by the
Training & Education Programme Management Board at its
meeting of 7th March 2016

This report focuses on the following areas:

- Quality
- Risk
- Finance
- Productivity
- Communications

For : Noting

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

Department of Education and Training Board Report

1. Introduction

- 1.1 The Training and Education Programme Management Board met on Monday 7th March 2016 and discussed the areas set out in this report.

2. Student Recruitment

- 2.1 Laure Thomas, Director of Marketing & Communications, provided an update on student recruitment with a range of changes and developments in place, including:
- 2.1.1 Completion of market research
 - 2.1.2 Work is underway to ensure knowledge transfer from Course Administrators to Recruitment Advisors ahead of the full implementation of the department restructure on 1st April.
 - 2.1.3 A series of conversion events are being arranged to assist those students with incomplete applications, this includes taster sessions and careers advice drop-ins.
- 2.2 She advised the Programme Board that applications for the 2016/17 were continuing to be received:
- 2.2.1 258 applications have been started and 128 submitted.
 - 2.2.2 37 of these are with tutors for decisions with 3 interviews already scheduled.
- 2.3 A weekly recruitment group has been established comprising the student recruitment team as well as representation from systems, course development and course administration.
- 2.4 The group discussed the importance of keeping recruitment data accurate, being proactive in supporting those people who have not completed their applications in a timely manner to do so, and better managing the recruitment process through to acceptance of an offer. The Programme Board agreed there were a number of positive initiatives under way to support achievement of the forecasted growth in student numbers.

3. QAA Review

- 3.1 Elisa Reyes – Simpson, Associate Dean (Academic Governance and Quality Assurance) advised the programme board of the progress in preparation for the QAA visit in April.
- 3.2 The programme board discussed risks that had been identified and the steps that were being taken to address them. They include;

- 3.2.1 Highlighting the development of a range of standard operating procedures to address the issue on inconsistent practice across courses.
- 3.2.2 The establishment of a student data group to ensure consistency of data.
- 3.2.3 The development of the Commercial Engagement and Development Unit and how this will facilitate engagement with employers.
- 3.3 The QAA steering group are working to engage faculty in the visit as well as engaging students, Associate Centre colleagues their students.
- 3.4 The programme board were advised that there will be a QAA briefing event on 11th April that members were asked to attend.

4. Visiting Lecturers Review

- 4.1 The programme board were updated by Karen Tanner on the progress of the Visiting Lecturers review which is now well underway.
- 4.2 In the coming week's faculty will be contacted and asked to provide further data that is needed to continue the work already done.
- 4.3 The group discussed the feasibility of changing the current system of engaging VLs and moving towards a smaller number of employed, associate lecturers. This included giving consideration to accommodation, and overall cost including any risks associated to the possible loss of expertise.

5. ICT Project

- Brian Rock updated the programme board on the progress of the ICT project which is at this stage progressing well.
- 5.1 Discovery workshops have taken place earlier in the month with the supplier and there has been one meeting around contractual issues.
- 5.2 The Board will be kept informed of all developments.

6. Governance for Clinical Trainees

- 6.1 Elisa Reyes-Simpson updated the programme board on those students that have completed their Information Governance training and those that have received their Governance Passports.
- 6.2 While progress has been made their remain issues in relation to data accuracy and understanding which students were or were not on placements within the Trust as this was not always decided at the beginning of the academic year.

- 6.3 It is clear that improvements have been made with a more centralised, coordinated system but there is room for further improvement especially in determining a clear handover point to clinical services. A meeting will take place with the Directors of the Adult and Forensic and Child, Young Adult and Families services to discuss this and how it can be better managed in future.

7. Alumni Strategy

- 7.1 Laure Thomas presented a paper on the Alumni strategy that had been jointly drafted with Brian Rock.
- 7.2 The group discussed how this could be implemented and the issues that could arise such as over burdening staff to deliver alumni events.
- 7.3 It was agreed that though the primary focus of the strategy was not income generation the model should aim at being mutually beneficial to the organisation and to alumni. This would require the fleshing out of a business model even at this early stage of development.

8. HEE funding

- 8.1 Brian Rock brought the potential changes to funding for Child Psychotherapy training that has been flagged by senior colleagues in the discipline.
- 8.2 This situation is cause for concern and is being closely monitored.

Brian Rock

Director of Education and Training/Dean of Postgraduate Studies

16th March 2016

Board of Directors:

Item : 14

Title : The NHS Staff Survey - 2015

Purpose:

To share the initial results from the 2015 NHS Staff Survey and detail the next steps.

The national survey has identified a number of areas where we continue to hear positive messages from our staff but also consistent themes on where we need to focus our attention.

This report was reviewed by the Management Team in March 2016.

This report focuses on the following areas:

(delete where not applicable)

- Communications
- Quality
- Workforce

For : Board of Directors

From : Craig de Sousa, Director of Human Resources

The NHS Staff Survey – 2015

1. Introduction

The NHS Staff Survey takes place every year between September and December. The survey gives staff the opportunity to share their experience and help us to understand where we do things well and where there is room for us to improve.

Trusts receive an initial report from their survey provider around December which is not benchmarked against peer groups and a larger national report is released around February each year.

2. This Year's Survey

In 2015 we offered 560 staff the opportunity to complete the questionnaire with 256 responding. This gave us a response rate of 46% which is a positive increase from the previous year when 38% of our workforce contributed.

For another year there are a number of consistent positive messages but there are also similar messages of areas where we need to improve.

3. Highlights from the Survey

The survey shares a number of very positive messages. It is pleasing to be able to report that:

- We have higher than average levels of staff engagement;
- A high number of staff would recommend the Trust as a place to receive treatment and as a place to work;
- Staff value the recognition they receive from their managers;
- Our senior managers communicate better with staff, compared to other mental health and learning disability trusts; and
- Whilst staff witness errors or harmful incidents, they are fewer than average compared to our peer group.

Whilst there are some very good messages arising from the survey, there are areas that we need to focus our attention, some of which are recurring themes from previous years. These include:

- Staff witnessing errors and incidents and not reporting them;

- A higher than average number of staff working extra hours;
- Staff being unhappy with the opportunities that exist for them to work flexibly;
- A high number of staff experiencing violence, and not reporting it; and
- A lower than average number of staff having been appraised in the last 12 months.

The above points represent where we perform better or worse compared to other mental health and learning disability trusts. There are other areas where we will be placing our attention because the results suggest how we work with or manage staff may not be ideal. Areas like bullying and harassment from managers or colleagues and staff believing that managers communicate effectively.

4. The Next Steps

Following the national release of the survey, we have been working to distil the results and present them in a way which identifies hot spots across the organisation (Appendix A).

Having assessed our approach to responding to the staff survey we have implemented a different way of developing a corporate action plan. Our operational managers have been tasked with using the heat map to have conversations with their staff, gather intelligence and suggest how they will develop and implement localised plans to change some of our more stubborn issues.

We have had some feedback already from managers that the heat map is helpful, but going forward for future years that they would value more granular levels of reporting. In the 2016 survey we will work with our managers to agree meaningful reporting lines so that future action plans can be much more bespoke.

A corporate action plan will be developed, based on the localised discussions, and reported back to the April board of directors meeting.

5. Conclusions and Recommendations

Our new approach to responding to the staff survey is the right one. However, we also recognise that the way in which the national timetable for surveying, reporting and implementing actions may not have immediate impacts on our results for the coming year. That said, we will maximise opportunities through local surveys and also using the quarterly

friends and family test for staff to understand if our actions are making a difference.

Members of the board of directors are asked to note the contents of this report.

Craig de Sousa
Director of Human Resources

14 March 2016

NHS Staff Survey Results by
Directorates and Teams

* Lowest Score Best KF No		Key Finding	MMD Average (Median) Trust Average		Children Young Adult & Families Management & Administration Adult & Forensic Services Library DCT Mental Health Nurses Medical / Dental Other Allied Health Professionals General Management Admin & Clinical Central Functions / Corporate Services Social Care Staff Clinical Non-Clinical Male Female White Black & Ethnic Minority																		
		Departmental				Occupational												Clinical		Gender		Ethnicity	
KF1	Staff recommendation of the trust as a place to work or receive treatment	3.63	4.04	4.07	4.14	4.04	3.99	4.06	4.05	4.03	4.35	4.12	3.9	—	4.03	4.1	3.95	4.12	4.1	3.93			
KF2	Staff satisfaction with the quality of work and patient care they deliver	3.84	3.83	3.73	3.83	4.11	3.79	—	3.85	3.73	—	3.97	3.53	—	3.76	3.96	3.79	3.83	3.79	4.03			
KF3	% agreeing that their role makes a difference to patient / service users	89	86	89	86	97	88	73	86	92	93	91	82	—	91	87	88	90	91	85			
KF4	Staff motivation at work	3.88	3.99	3.96	3.92	4.15	3.91	3.88	3.89	4	3.86	4.07	3.72	4.12	3.95	4.04	3.96	4.01	3.97	4.13			
KF5	Recognition and value of staff by managers and the organisation	3.52	3.92	3.9	3.96	4.26	3.93	3.82	3.89	4.03	4.11	3.88	3.8	4	3.96	3.97	3.89	4.02	4	3.85			
KF6	% reporting good communication between senior management and staff	32	46	48	52	41	33	36	64	39	67	45	41	45	44	50	48	46	48	45			
KF7	% able to contribute towards improvements at work	73	80	81	87	91	81	64	86	82	89	87	86	82	81	88	81	86	86	83			
KF8	Staff satisfaction with level of responsibility and involvement	3.84	3.95	3.92	4.06	4.23	4.01	3.76	3.9	4.06	4.11	4.01	3.79	4.02	3.99	4.03	3.89	4.07	4.03	3.96			
KF9	Effective team working	3.82	3.87	3.93	3.98	4.15	3.85	—	3.98	4.08	4.04	3.69	4.02	4.36	4.03	3.85	4.14	3.91	3.99	3.78			
KF10	Support from immediate managers	3.85	3.95	3.93	3.9	4.24	4.06	3.83	3.99	4.03	4.03	3.89	3.9	3.98	3.97	4.01	3.95	4.01	4.02	3.88			
KF11	% appraised in the last 12 months	89	84	89	86	75	81	91	91	90	82	86	83	—	89	81	90	84	85	92			
KF12	Quality of appraisals	3.11	3.05	2.99	3.23	3.21	2.88	—	3.17	2.95	3.6	3	2.67	—	3.02	3.09	3.07	3.04	3.03	3.16			
KF13	Quality of non-mandatory training, learning or development	4.01	3.97	4.06	4.05	4.15	3.89	—	4.09	4.12	—	3.89	3.93	—	4.12	3.95	4.04	4.09	4.08	4.06			
KF14	Staff satisfaction with resourcing and support	3.31	3.42	3.42	3.53	3.31	3.26	3.34	3.49	3.37	3.56	3.38	3.34	3.25	3.37	3.49	3.38	3.43	3.43	3.4			
KF15	% of staff satisfied with the opportunities for flexible working patterns	57	40	46	49	48	52	9	76	45	67	39	41	73	48	48	47	50	52	33			
KF16	% Working extra hours	74	83	86	75	85	81	91	90	92	89	66	77	73	90	73	88	81	84	77			
* KF17	% suffering from work related stress in the last 12 months	39	39	48	25	24	33	55	24	50	47	26	27	45	47	26	38	39	40	28			
* KF18	% feeling pressure in the last 3 months to attend work when feeling unwell	55	56	67	37	47	64	—	35	69	60	43	40	—	66	47	59	57	57	57			
KF19	Org and mgmt interest in and action on health / well being	3.62	3.85	3.76	3.92	4.03	3.8	—	3.8	3.71	4.03	3.87	3.88	—	3.73	3.97	3.84	3.85	3.82	3.99			
* KF20	% experiencing discrimination at work in the last 12 months	14	12	14	11	12	4	18	0	18	6	11	5	18	14	9	10	11	11	13			
KF21	% believing the organisation provides equal opportunities for career progression / promotion	84	84	85	85	89	100	—	100	84	80	84	90	—	88	83	83	89	89	61			
* KF22	% experiencing physical violence from patients, relatives or the public in last 12 months	21	12	17	0	3	0	18	5	17	0	3	0	9	16	2	15	9	11	3			
* KF23	% experiencing physical violence from staff in last 12 months	3	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0			
KF24	% reporting most recent experience of violence	84	70	75	-	-	-	—	—	89	—	—	—	—	75	-	—	81	75	—			
* KF25	% experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	32	20	26	7	19	4	27	24	26	17	11	0	36	26	10	23	19	19	18			
* KF26	% experiencing harassment, bullying or abuse from staff in the last 12 months	22	19	15	25	6	19	27	24	10	22	22	27	0	14	20	18	15	17	11			
KF27	% reporting most recent experience of harassment, bullying or abuse	49	43	54	15	-	-	—	—	57	—	—	—	—	58	29	48	52	51	—			
* KF28	% witnessing potentially harmful errors, near misses or incidents in last 12 months	26	13	18	0	12	0	18	18	15	6	11	0	27	17	6	17	10	12	10			
KF29	% reporting errors, near misses or incidents witnessed in last 12 months	91	75	86	-	-	-	—	—	85	—	—	—	—	88	-	92	86	91	—			
KF30	Fairness and effectiveness of procedures for reporting errors, near misses and incidents	3.66	3.92	3.86	4.16	4.04	3.94	—	3.9	3.94	4.36	4.06	3.58	—	3.91	4.01	4.01	3.95	3.99	3.79			
KF31	Staff confidence and security in reporting unsafe clinical practice	3.62	3.78	3.77	4.03	3.98	3.75	3.55	3.89	3.83	4.08	3.8	3.7	4.05	3.83	3.89	3.92	3.85	3.9	3.72			
KF32	Effective use of patient / service user feedback	3.68	3.73	3.83	3.84	3.91	-	—	3.87	3.81	—	4.05	—	—	3.83	3.83	3.85	3.82	3.85	3.74			
Number of Responses Received		256		146	45	34	27	11	22	96	18	38	23	11	151	105	69	178	211	40			

RAG RATINGS:
Better than Specialist Trust Average or <5% variance = Green
Worse than Specialist Trust Average 5% to <10% = Amber
Worse than Specialist Trust Average >10% = Red

Board of Directors: March 2016

Item: 15

Title: Equalities Committee Annual Report, and Four Year Objectives

Purpose:

The purpose of this report is to update the Board of Directors on the work of the Equalities Committee during 2015/16 and inform them of the Committee's objectives for the forthcoming year.

In addition, this paper sets out the Trust's four-year equality objectives – A Vision of Inclusion, at Appendix A. The Equality Act 2010 (Specific Duties) Regulations 2011 (Section 3) requires public sector bodies to set and publish one or more specific objectives that seek to achieve the aim of the public sector equality duty. Objectives are required to be formally set by the 6th April 2016 and every four years after that. The Board is asked to approve the objectives

This report focuses on the following areas:

- Quality
- Patient / User Experience
- Equality
- Risk

For: Approval

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

Equalities Committee Annual Report

1. INTRODUCTION

- 1.1 The Trust has a strong record of promoting equality and diversity in all areas of our work and the remit of the Equalities Committee includes staff, clinical services and education and training.
- 1.2 The Committee is responsible for ensuring that the Trust fulfills its Equality Duty under the Equality Act 2010. This requires that in the exercise of our functions we must pay due regard to
- eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
 - advancing equality of opportunity between people who share a protected characteristic and those who do not;
 - fostering good relations between people who share a protected characteristic and those who do not.
- This involves:
- removing or minimising disadvantages suffered by people due to their protected characteristics;
 - taking steps to meet the needs of people from protected groups where these are different from the needs of other people;
 - encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
- 1.3 The Equalities Committee is chaired by the Director of Quality and Patient Experience and includes two NEDS, two governors and representatives from staff-side, HR, PPI, clinical services and Education and Training.
- 1.4 The Care Quality Commission places great emphasis on issues relating to equality and diversity. The initial feedback we received from the CQC following our inspection in January 2016, indicated that the Trust's work on equality and diversity was well-embedded
- 1.5 The Committee focuses on a priority area for each year, whilst continuing work on previous years' priorities and scoping work on areas to prioritise in coming years.
- 1.6 Much of the work is carried out through priority specific sub- groups. Over the last year, an equalities network in the Children, Young Adults and Families Directorate has developed and is gaining momentum. In the Department of Education and Training, equality and diversity is high on the agenda of the Learning and Teaching Strategy.

2. PROGRESS ON PRIORITIES 2015/16

2.1 Mental Health in the Workplace

- 2.1.1 Mental Health in the Workplace was chosen as the Trust's Equalities Objective for 2015/16 and a sub-group was formed to take this work forward.
- 2.1.2 The aims of this work stream are to:
- address the stigma which surrounds mental health issues
 - to provide the best possible support for staff who are experiencing mental health issues.

2.1.3 One of the sub-group's initial tasks was to conduct a staff survey, which revealed the following:

- staff are concerned about the culture of long working hours and heavy workloads;
- more publicity is needed about the support that is already available;
- some staff would prefer external consultation to discussing mental health issues in-house;
- mandatory training was requested for line managers.

The responses drew attention to staff experience of stress and highlighted the need for further work to address staff health and well-being. The remit of the Mental Health in the Workplace sub-group is not primarily to address stress at work, although it is recognised that stress can have an adverse impact on mental health conditions.

2.1.4 Existing Initiatives: The sub-group reviewed the Staff Consultation Service and Raising Concerns helpline to monitor their usage and effectiveness, and improve staff awareness and access to the services. Seven staff used the consultation service in 2015 and quarterly data on the Raising Concerns helpline revealed that it had only been used once. Information will be placed on the intranet to clarify the purpose of the helpline and what assistance is on offer.

2.1.5 Organisational Culture: The sub-group agreed that senior management and the Board should be made aware of the need to explore the culture of the organisation and the ways that it impacts upon staff, particularly in terms of increasing workloads and long working hours. This was raised at the Leadership Group Strategic Awayday on 15th December 2015, where senior management discussed initiatives for addressing this issue. The CEO has asked the Director of HR and the Director of Quality and Patient Experience to develop initiatives in this area for 2016-7.

2.1.6 Mental Health First Aid: Training is being organised for staff volunteers who wish to become Mental Health First Aiders. The training will enable them to spot the early signs of mental ill-health in colleagues, and aid their confidence in providing assistance. Managers, in particular, need help with recognising when a staff member is experiencing distress and support in responding to staff with mental health problems. Ideally, there will be twelve Mental Health First Aiders Trust-wide, including the remote services, and training will be available to both clinical and non-clinical staff.

2.1.7 Mental Health Events: We are currently planning two events for this year. The first, in April, will focus on how mental health is managed by the Trust and what can be offered by way of support and assistance to staff with serious or pre-existing mental health issues. The focus of the second event in June will be managing workplace stress and promoting staff well-being.

2.1.8 The mental health staff survey will be repeated in summer 2016 to find out whether actions taken have improved awareness of support available.

2.2 Sexual Orientation

2.2.1 As Stonewall Health Champions 2014/15, we were provided with free consultation from Stonewall for a year. We continue to work with their consultants to review our education and training provision in relation to LGBT issues, which was identified as an area of concern during our survey of students and trainees.

2.2.2 The aims of this workstream are:

- to tackle the historical legacy that pathologised homosexuality;
- to improve healthcare for the LGBT population;
- to increase the visible evidence that the Trust is LGBT friendly.

2.2.3 The Department of Education and Training has developed the following objectives to promote LGBT equality in our training courses and reading materials:

Objective 1: Establishment of a Working Group to co-develop and deliver a training event for teaching and other DET staff. The working group met for the first time on 10th December 2015 and included representatives from CYAF, GIDS and the Adult Department.

Objective 2: Working Group to become champions for LGBT equality in teaching and future delivery of training.

Objective 3: Training event to be informed by issues identified in student survey and action plan.

Objective 4: Ensure that Learning and Teaching Strategy addresses equalities issues and that CPD developments for staff are used to build on the work with Stonewall.

Objectives 5 & 6: Update inductions, handbooks and other material to promote positive LGBT messages and Course Teams are to review reading lists and other material, where relevant, using BPC guidance as a benchmark, and subsequently review the implementation of the required changes.

Objective 7: Promote student group and provide opportunities for concerns about teaching to be raised.

2.3 Promoting an LGBT-friendly Environment for Staff, Students and Service Users

2.3.1 Staff LGBT Network: The LGBT and Friends network was formed in December 2014. The Chair has since formed links with CNWL's LGBT network to arrange joint social events, and Trust staff have been invited to join their float at the 2016 gay pride event.

Initiatives are being considered that will enable discussions about LGBT issues to take place within clinical teams. Additionally, a Trust event is planned for the Summer to help demystify the issues around gender fluidity and the language that is being developed to address transgender.

2.3.2. Training: On 6th April, a training session, *Understanding Sexual Orientation and Gender in Patient Care* will be held to raise awareness amongst staff and trainees about why patients' sexual orientation and gender identity are important considerations in the provision of healthcare. Research and data on LGBT patient experience will be shared and some of the health and well-being issues that can disproportionately affect LGBT people will be identified. The session will be led by Dr Victoria Holt, a Trust staff member and member of Pink Therapy, and will be repeated later in the year. Work needs to continue to ensure that all clinical staff are aware of LGBT healthcare issues and are confident in working with LGBT service users and carers.

2.3.3 Plans are in progress to restock the written material that was distributed throughout the Trust last year. This includes leaflets, posters and children's books, which feature different types of family that can be placed in the children's waiting room.

- 2.3.4 Stonewall's Healthcare Index awards were held at the Tavistock Centre on 23rd April 2015. The Trust was ranked 30th in Stonewall's Health care Equality Index.

2.4 Inclusiveness in the Workplace

- 2.4.1 The Inclusiveness Sub-group was formed to work on the issue of career progression for BME staff.

The aims of the group are:

- to address inequalities with regard to career progression for BME staff;
- to complete our Workforce Race Equality Standard (WRES) submission for 2015 and monitor progress on the action plan;
- to promote discussion of racial discrimination issues and their impact on BME staff.

The sub-group, which includes representation from HR, DET and staff-side, met for the first time on 11 February 2016.

- 2.4.2 The Trust welcomed Roger Kline, author of *The Snowy White Peaks of the NHS*, as guest speaker at our 'Race Equality in the NHS' event on 2nd December 2015. During the event, he highlighted the lack of BME representation in NHS senior management and Boards nationwide and explained why progress in tackling race has been so difficult. He was encouraged by the Board's acknowledgement of the Trust's issues in relation to recruitment processes and looks forward to reviewing our progress in the next WRES submission. Roger repeated his presentation at the Leadership Group Strategic Awayday on 15th December.
- 2.4.3 The Equalities Committee will monitor progress on the WRES action plan and submit a progress report and updated action plan by July.

3. STAFF TRAINING IN EQUALITY AND DIVERSITY

- 3.1 Each INSET day includes a substantial section on equality and diversity with an invited external speaker, which means that all staff receive basic training very two years. The Staff Training Committee provides a range of Equality and Diversity training events. Specific events have been arranged by the Equalities Committee or through the work of the sub-groups.

4. DATA ON PROTECTED CHARACTERISTICS

- 4.1 Our existing equalities monitoring forms have been reviewed with a view to improving the data we collect on the Protected Characteristics. There are significant differences in the way that data is collected across the Trust. Forms are therefore being updated to create consistency.
- 4.2 Data collection on the Protected Characteristics has also undergone a review in DET, with a view to aligning their monitoring systems to the other service lines within the Trust and to other Higher Education institutions (HEIs). The data will then be analysed at key stages of the higher education cycle to create a deeper understanding of our students and the potential barriers they face. The Protected Characteristics are now included in the revised application form, which went live in January.

- 4.3 Clinical data will be collected and recorded consistently (unless otherwise indicated) across the Trust in line with NHE England requirements. Work is in progress to redesign data collection forms and reporting systems. Whilst we will continue to explore ways of describing protected characteristics which more closely link with service users self-identification, we will meanwhile comply with NHS England standards.

5. COMMUNICATIONS

- 5.1 The second Equalities Newsletter is due for publication in March 2016.

6. PRIORITIES FOR 2015-16

- 7.1 Priorities for the coming year were discussed at the Equalities Committee on 10th March 2015. In setting priorities, several factors were taken into account, including the salience of the area of work for the Trust and the capacity of the Committee to make significant progress. Alongside specific priorities outlined below, we will complete and mainstream processes for completing the equality delivery system and will identify and publish our four-year equality objectives, drawing on our already established workstreams.

- 7.2 We propose that our priority areas of focus in the coming year will be:

1. Main priority: Inclusion in the workplace for BME staff. We have made a commitment to deliver on the actions set out in the Workforce Race Equality Standard. Staff have frequently raised issues of BME staff progression, an area for action which has been relatively neglected in recent years. Work will lead to a comprehensive action plan with milestones spanning the next four years.
2. Continue work on Mental Health in the Workplace and repeat the mental health in the workplace survey to evaluate progress and identify areas for further work. Ensure that the work is linked with Time to Change.
3. Continue work on LGBT equality in the workplace, access to appropriate health care for LGBT service users and carers and the DET work on the promotion of equality in training courses.
4. Complete work on standardising terms for data collection on protected characteristics in clinical services and ensure that the data is included in performance dashboards and is used to analyse gaps and make informed decisions about how we address clinical service user, staff and student/trainee experience
5. Scope work on disabilities across staff, clinical services users and carers and students and trainees to address any inequalities which may exist

Louise Lyon
Chair, Equalities Committee
14 March 2016

A Vision of Inclusion

Diversity and Inclusion Objectives 2016 – 2020

1. Introduction and Background

- 1.1 As an NHS mental health trust, we see ourselves as a public benefit organisation. Our vision is focused on the type of communities and society that we want to contribute to creating and to be a part of. We want to make a positive difference. Beyond this, we are an organisation rooted in ideas and in their innovative translation into effective practice. We contribute to the pool of ideas through our own research and development, but are also committed to bringing together the best ideas of the time, old and new, from inside and out, together with the most gifted and able professionals in our fields of endeavour. We aim to share our ideas and practice through as many routes as possible.
- 1.2 As a trust, we aim constantly to be evolving in nature and form in relation to the environment in which we work, to ensure that our contribution remains relevant.
- 1.3 The Equality Act 2010 (Specific Duties) Regulations 2011 (Section 3) requires public sector bodies to set and publish one or more specific objectives that seek to achieve the aim of the Public Sector Equality Duty. Objectives are required to be formally set on 6th April 2016 and every four years after that.

2. Developing our Objectives

- 2.1 Having reflected on many years of good work, the recent CQC inspection, our submissions within the NHS England Equality Delivery System and also our commitments made in our Workforce Race Equality Standard, these objectives bring together the themes of our work and identify where we will focus our attention the most over the coming years.
- 2.2 In constructing these objectives we recognise that our efforts will need to focus on:
 - Our service users and their relatives and friends;
 - Attracting and developing people to work in our organisation – be it paid, honorary, voluntary or through contract service provision;
 - Open access to the broadest level of potential students wishing to benefit from our specialist courses and programmes; and
 - Our role in the local community and the impact that we have.
- 2.3 Our objectives have been formed on evidence gathered from best practise but also where we recognise that we have areas that we need to develop.

3. Engagement

3.1 Throughout the process of developing these objectives we have consulted with members of our diversity and inclusion committee which has representatives from:

- The Board of Directors – executive and non-executives;
- Our council of governors;
- Human resources;
- Staff partners from our recognised trade unions;
- Representatives of our clinical and our education and training services
- Patient and Public Involvement
- Managers;
- Staff with an interest in diversity and inclusion.

3.2 Their contributions have helped shape our ambitions and also formed a commitment that the diversity and inclusion agenda should be one that draws from best practise across our organisation and showcases it.

4. What we have said in our 2015/16 Annual Report

4.1 In our latest diversity and inclusion report to the Board we have identified that the follow areas need most attention.

- Completing and mainstreaming our processes for completing the Equality Delivery System;
- Focus our attention on management and leadership development for black and minority ethnic staff;
- Continue to work on mental health in the work place and how we embed our commitment to Time to Change;
- Develop and expand our work on the lesbian, gay, bisexual and transgender workstream;
- Use data to analyse gaps and make informed decisions about how we address user, staff and student experience;
- Explore how we might support people with disabilities and address any inequalities that exist.

4.2 Using the above, we have distilled our priorities into a number of strategic objectives, which set out the direction for the next four years.

5. Our Objectives – 2016 - 2020

Objective 1: To create an organisation that is increasingly sensitive to diversity and inclusion issues when dealing with service users, their relatives and visitors to the trust.		
2016/2017	2017 – 2020	
<ul style="list-style-type: none"> Engage with service users to understand gaps across service provision Review our approach to implementing the NHS accessible communications requirements To work with users with disabilities to understand their needs and how we plan our services Implement revised diversity monitoring requirements for transgender service users Promote our work on transgender monitoring guidance across the NHS 	<ul style="list-style-type: none"> To develop a cultural consultation service for clinicians To ensure that our relocation project maintains and enhances accessibility for all groups of service users and carers To increase our capacity to hear and respond to seldom heard voices through increasing our links with the diverse communities we serve To develop our capacity to look at and respond to any inequalities of quality of life outcomes for our service users with protected characteristics or other forms of disadvantage Develop service user and carer led training for staff to increase sensitivity to diversity and inclusion issues 	
Measures		
<ul style="list-style-type: none"> Service user demographic data on CareNotes Patient and user experience metrics reported through the quality account Clinical outcome data and team performance dashboards 		

Objective 2: To attract and develop a diverse workforce, ensuring that we harness our reputation and brand to attract the best talent.

2016/2017

- Distil actions from previous years and gather data on staff that have been recruited and the development they have accessed
- Use the NHS staff survey to understand where inequalities exist and develop processes to create confidence for BaME staff to progress
- Implement interview panel observers to positively challenge potential unconscious bias
- Implement the gender pay gap reporting requirement
- Review our data for non-mandatory training and identify
- Develop our behavioural framework for our living values

2017 – 2020

- Develop our talent management processes
- Widen access to non-mandatory training and leadership development
- Engage with our workforce about the diversity and inclusion agenda and what they wish to see in the coming years
- Develop our employer brand and our presence on social media
- Establish links with local and national charities that represent people with mental health issues and disabilities
- Implement placement and internships for underrepresented groups

Measures

- Staff diversity data from NHS Jobs and ESR
- Diversity data aligned to training and development records
- Pay and diversity data sets
- Changes to our diversity by grade mix
- Improvements in the NHS staff survey results – specific to discrimination and fairness in career progression

Objective 3: To recruit and attract students from diverse and underrepresented backgrounds	
2016/2017 <ul style="list-style-type: none"> • Review our current student recruitment data and report by protected characteristics • Develop and implement an approach of inclusivity in curriculum development • Introduce an equalities in learning and teaching CPD module which will be a requirement for Trust sponsorship of staff applying for membership of the Higher Education Academy • Engage with underrepresented students to understand barriers to access and what more we can do 	2017 – 2020 <ul style="list-style-type: none"> • Review our student marketing processes and ensure that these are accessible and reach out to groups of students who may not access our courses and programmes. • Engage with alumni about the diversity and inclusion agenda to learn about what we need to do differently. • Explicitly integrate the inclusion agenda within our brand. • Explore mechanisms for financially supporting underrepresented students to widen access.
Measures <ul style="list-style-type: none"> • Student demographic data on application forms • Introduce measures for more differentiated analysis of student satisfaction rates 	

6. Reporting Requirements

- 6.1 The four year strategic objectives will be published on 6th April 2016 and periodically refreshed to ensure that they remain relevant and accurate.
- 6.2 To fulfil the Public Sector Equality Duty reporting requirements, the Diversity and Inclusion Annual Report will be presented to each January Board of Directors and formally published on our website on 31st January each year. We will set specific objectives annually.

Louise Lyon
Director of Quality & Patient Experience

Brian Rock
**Director of Education &
Training/ Dean**

Craig de Sousa
Director of Human Resources

Board of Directors: March 2016

Item: 16

Title: IM&T Update

Summary:

This report provides:

- IM&T Strategy/Programme Plan update
- CareNotes Optimisation Scope

And in addition the IM&T Steering Committee (IM&T SC) Terms of Reference are provided for approval.

The Board are asked to receive the report, and to approve the Terms of Reference.

This report has been reviewed by the following Committees:

- Executive Management Team 22nd March 2016

This report focuses on the following areas:

(delete where not applicable)

- Quality
- User Experience
- Finance

For: Noting updates and approving optimisation project proposal and IM&T SC terms of reference

From: Director of IM&T

IM&T Strategy and CareNotes Optimisation update

Introduction

- 1) In February 2016 the Board approved the IM&T Strategy and noted that we were finalising funding and confirmation of the exact projects to be delivered.
- 2) There were several points made around the “human” side of delivering technology change regarding both the IM&T Department (capability and capacity) and the wider staff group (digital literacy especially around CareNotes). These aspects will need addressing and reporting back to the board on as plans develop.
- 3) The Chairman requested that the board keep sight of the IM&T Strategy delivery and particularly the CareNotes optimisation work going forward. This report is the first progress update to the board regarding these items.

IM&T Strategy

- 4) Funding has been agreed for the capital plans. This includes funding for two project management posts, to be capitalised.
- 5) The revenue implications have been reflected in the budget opening position.
- 6) The procurement process for the telecoms refresh has completed and is in the process of being ordered, with the intent to commence design workshops towards the end of March or early April and implementation as swiftly thereafter as possible.
- 7) We have started engaging with suppliers around the email replacement to determine the best approach for both implementation and procurement to ensure value for money.
- 8) The first IM&T Steering Committee has been scheduled for April with the purpose of reviewing the terms of reference and confirming the approach for monitoring delivery going forward.
- 9) We have started engaging with consultancies around approaches for completing a full review of capability and capacity within IM&T and aim to have a proposal at the end of April. Although the cost of this will need to be considered as it has not been factored into current budget plans.

CareNotes Optimisation

Approach

- 10) CareNotes was successfully implemented as an Electronic Patient Record (EPR) in the summer of 2015.
- 11) However the solution and use of the solution requires optimisation if the Trust is to derive the full benefits from this.
- 12) It should also be noted that national contracts are now being constructed to include the paperless agenda with deadlines for delivering certain aspects of the programme (details to be confirmed). This will need to be considered going forward and may need to be implemented alongside optimisation.

Current Position

- 13) During the latter part of 2015 and early 2016 work was carried out to identify the key challenges with CareNotes and an action plan developed to address these.
- 14) This action plan will be developed further and form the first part of our optimisation work but is already being implemented:
 - a) With 2 changes implemented, 1 in testing and 3 outstanding.
 - b) 3 reports developed to help improve data quality around Outcome Monitoring measures.
 - c) A significant number of data corrections have been made.
- 15) The volume of data corrections Informatics has been required to assist with has hindered the speed of changes.

Proposal

- 16) A fuller scope for optimisation is being developed which will include the following 4 work streams:
 - a) Technical – to address the system changes that can be made in CareNotes to improve usability and workflow. It should be clear that all requests may not be possible and some may have associated and un-planned costs. List of enhancements to be agreed and capped (based on action plan mentioned above).
 - b) Training – Review training requirements, complete refresher training, improved user guides and support mechanisms for advice. This could include the continued use of champion users to support staff.
 - c) Systemic/Cultural Change – Develop and implement a plan for improving clinical engagement in technology generally and CareNotes specifically. This could include a review of staff digital literacy and recommendations for improvement. The best way to achieve this must be explored further.
 - d) Further deployment – Rollout to Portman and any other services not currently using an EPR.
- 17) Exclusions from this project would be:
 - a) Patient Portal
 - b) E-booking or other projects required to achieve the paperless agenda.
- 18) We are working to identify the best person to manage this project and to establish a project group to be the decision-making body.
- 19) A table with proposed milestones identified so far can be found in Appendix A and we are aiming to confirm these and work up a draft project plan by the end of April.
- 20) The Board will receive regular progress reports.

Appendix A

Work stream	Milestone/Task	Owner	Deadline
	Draft full project plan	Toby/Myooran	22nd April
Technical	Informatics to continue to work through current action plan	Muhammad	TBC
Technical	Informatics to continue to address technical aspects of OM issues	Muhammad	TBC
Technical	Informatics to work with Freddie, Myooran etc... to identify and agree any further issues that should be addressed as part of this project.	Muhammad	31st March
Technical	IT and Informatics to work on increased access on remote sites/community where possible (problem sites need to be identified)	Muhammad	TBC
Training	CCIO and Quality Teams to identify continuing training needs and engagement needs	Myooran	1st June
Training	Training Team to roll out refresher training and possibly further champion training as agreed which may include on line videos, visits to team meetings or more formal training session	Myooran	30th June
Training	Quality team to roll out DQ training programme which may include on line videos, visits to team meetings or more formal training sessions as appropriate	Marion	30th June
Training	Directors of services to consider further training requirements as part of introduction of new ways of working such as Thrive, CYPIAPT	TBC	TBC
Systemic/Cultural Change	CCIO to work with Directors of CYAF and Adult and Forensic to broaden membership of Carenotes User Group (CUG) and agree membership for Optimisation Steering Group	Myooran	15th April
Systemic/Cultural Change	Clinical Governance/Quality Team to update Health records Procedure	Caroline	TBC
Systemic/Cultural Change	Develop processes to ensure greater embedding of CareNotes and other technology into clinical practice and ensuring digital literacy of staff both new and existing. This may include review of staff digital literacy.	Myooran	30th April
Further Deployment	Workshops with teams proposing to move to Carenotes (Portman, TAP etc) to ascertain needs, pending decisions being made to progress by senior management	TBC	TBC

DRAFT

Information Management & Technology Steering Committee (IM&TSC)

Terms of Reference

Purpose

To guide the cost-effective use of IM&T in the Trust so that investment reflects Tavistock and Portman Foundation Trust (TPFT) priorities and maximum benefits are achieved.

Membership

Deputy Chief Executive (chair)

Director of IM&T (deputy chair)

Director of Adult and Forensic Services

Director of Children's, Young Adults and Families' Services

Director of Education and Training

Director of Communications and Marketing

Chief Clinical Information Officer

Director of Human Resources

Non-Executive Director TBC

In attendance:

Head of Informatics

Head of IT

Head of Technology-Enhanced Learning

Service Manager (based externally) TBC

Frequency of meetings

Every 2 months.

Quorum

Chair and/or Deputy Chair, plus at least 3 other members.

Attendance

Members will be required to attend 75% of the meetings held and to send a deputy in their absence

Papers

Papers will be distributed one week before meetings. Decisions may be cleared by correspondence where appropriate, subject to appeal to the Chair.

Accountable to:

Accountable to the Management Team and onwards to the Trust Board.

DRAFT

Secretariat Support:

PA to Director of IM&T

Responsibilities

- 1) To develop, agree and maintain the Trust IM&T Strategy, including:
 - a) Encouraging wide discussion to gather information and ideas, and setting the vision for IM&T.
 - b) Agreeing the Information Management needs of the Trust and the systems and resources required to deliver them.
 - c) Ensuring that these needs are directly related to national and local policies, priorities and objectives; and reflect changes in those policies and priorities as they arise.
 - d) Overseeing the delivery of the strategy.
- 2) To approve the IM&T Annual Programme Plan, including:
 - a) Encouraging the effective use of IM&T to meet the clinical, training and business needs of the Trust and direct planning towards future developments
 - b) Agreeing a Trust-wide prioritisation mechanism and resolving any issues arising from its implementation
 - c) Reviewing and contributing to ratification of the Annual Programme Plan for IM&T, covering planned activities and projects, and associated resource estimates and budgets
 - d) Approval of IM&T Business Cases including any sponsored by other directorates prior to approval by Management Team or Board
 - e) Ensuring that benefits from investment in IM&T are realised
 - f) Making or recommending decisions on expenditure on IM&T within delegated available funding and subject to Trust Purchasing policy and SFIs
 - g) Ensuring that any additional revenue consequences have been identified
- 3) To monitor IM&T compliance activities, including:
 - a) Licensing
 - b) Security
- 4) To monitor the performance of IM&T business as usual activities such as general support, provision of storage, reporting services etc... so as to ensure that they are maintained to an appropriate and agreed standard.
- 5) To authorise capital expenditure from a budget agreed and delegated annually.
- 6) To receive and respond to reports from user groups and subgroups.

Approved by: Management Team

Date Approved: March 2016

Board of Directors : March 2016

Item : 17

Title : Terms of Reference, and minutes, of the Charitable Committee

Summary:

The Charitable Committee has reviewed its ToR and presents them for approval by the Board without any changes.

The minutes of the meeting are presented for noting.

For : Approval, noting.

From : Gervase Campbell, Trust Secretary

Terms of Reference for Approval: Charitable Committee

1. Introduction

- 1.1 The terms of reference for all board committees are periodically reviewed and updated, and changes need to be approved by the Board. Minutes of board committee minutes are brought to the Board for noting.

2. Charitable Committee

- 2.1 The Charitable Committee reviewed its ToR in February and recommends no changes be made.
- 2.2 The minutes of the February meeting are presented for noting.

3. Approval

- 3.1 The Board are asked to approve the Terms of Reference.

Gervase Campbell
Trust Secretary
Feb 2016

Charitable Fund Committee

Terms of Reference

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

Charitable Fund Committee Terms of Reference

1. Constitution

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

2. Membership

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

3. Quorum

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

4. Frequency of meetings

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

5. Agenda & Papers

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

6. Minutes of the Meeting

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

7. Authority

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

8. Duties

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

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

9. Other Matters

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

10. Sources of Information

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

11. Reporting

- 11.1 The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Directors for noting. The Committee Chair shall draw the attention of the Audit Committee or the Board of Directors to any issues in the minutes that require disclosure or executive action.
- 11.2 The Committee Chair shall attend the Annual General Meeting (AGM) prepared to respond to any Member's questions on the Committee's activities.

12. Support

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

Charitable Fund Committee**Meeting Minutes**

12.30 to 1.00 pm on Tuesday 23 February 2016 - Chair's Office, Tavistock Centre

Present:		
Mr Paul Burstow (PB) Trust Chair	Mr Paul Jenkins (PJ) Chief Executive	Mr Simon Young (SY) Deputy Chief Executive & Director of Finance (Minutes)
In Attendance		
Apologies		
None		

Actions

AP	Item	Action to be taken		By
1	4	Revision of the financial procedures for use of charitable funds	TC	Mar 16
2	4	Review Charity Commission guidance to establish whether the pooling scheme needs to be amended	TC, SY	Mar 16
3	4	SY to send members a note when the above two actions are complete	SY	Mar 16
4	4,5	Prepare a paper, reviewing funds and confirming the balances over which the Committee has discretion; and proposing possible strategies for their utilisation.	TC, SY	June 16

Actions**1. Chair's opening remarks**

PB welcomed Committee members to the meeting.

2. Apologies for absence

None received.

3. Minutes of the previous meeting

Minutes from 7 January 2015 were approved with no amendments.

4. Action points and matters arising

- AP1** Six action points had been agreed at the last meeting. Action Points 1 (update and revision of the financial procedures) and 2 (confirm whether any change to the pooling scheme is needed, to cover the M Pritchard legacy) had been started by **Mrs Tolu Cliffe (TC)** but not yet completed. SY agreed to set a target completion date of 31 March, and to send the Committee members a note to confirm completion.
- AP3**

Points 3 and 4 had been actioned in January 2015.

SY presented tables from TC relating to Action Points 5 (inactive funds) and 6 (the Margaret Pritchard bequest). The value of the bequest was £127k. Of this, £92k had been allocated to various projects, of which £57k has been spent up to 31 January 2016. So £35k is allocated but not yet spent; and a further £35k is not yet allocated.

After review of these two tables, it was agreed to provide the Committee with further information in the summer: see the next section of these minutes.

5. Terms of reference

The Committee reviewed its Terms of Reference, and noted that all the requirements are currently being met, except that item 8.1, a review of the strategic policy and the investment policy, is now due.

The Committee agreed to recommend no changes to the Terms of Reference.

- AP4** Taking account of the earlier discussion of inactive funds and also the Margaret Pritchard bequest, the following action was agreed:

A paper will be prepared by 30 June, for discussion at a meeting of the Committee in July, covering the following points:

- Review of inactive funds. Contact the fundholders (if still available) to establish whether there are any plans to use the funds; or if not, can they be amalgamated with general funds.
- Review of the Margaret Pritchard bequest. Check whether the balances allocated to projects but not yet spent are needed; and thus establish the balance available.
- Confirm other balances over which the Committee has discretion; notably Miss Shaw's legacy.
- Possible strategies for utilising the funds available, towards the objectives of the Charitable Fund.

6. 2014/15 report and accounts

Due to the change of Chair on 1 November, the Committee membership had been incomplete at the time the report and accounts were ready; so they had been approved by the Board in November, after e-mail confirmation from PJ and SY of their support.

The report and accounts were reviewed by the Committee now. There were no queries or concerns.

BOARD OF DIRECTORS (PART 1)

Meeting in public
Tuesday 29th March 2016, 14.00 – 16.30
Lecture Theatre, Tavistock Centre, 120 Belsize Lane, London NW3 5BA

AGENDA

PRELIMINARIES				
1.	Chair's Opening Remarks Mr Paul Burstow, Trust Chair		Verbal	-
2.	Apologies for absence and declarations of interest Mr Paul Burstow, Trust Chair	To note	Verbal	-
3.	Minutes of the previous meeting Mr Paul Burstow, Trust Chair	To approve	Enc.	p.1
3a.	Outstanding Actions Mr Paul Burstow, Trust Chair	To note	Enc.	-
4.	Matters arising Mr Paul Burstow, Trust Chair	To note	Verbal	-
REPORTS & FINANCE				
5.	Service User Story – Student Story	To note	Verbal	-
6.	Service Line Report – Education and Training Portfolio: Social Care, Management, Leadership Mr Paul Dugmore, Portfolio Manager	To discuss	Enc.	p.9
7.	Trust Chair's and NEDs' Reports Mr Paul Burstow, Trust Chair	To note	Verbal	-
8.	Chief Executive's Report Mr Paul Jenkins, Chief Executive	To note	Enc.	p.21
9.	Chair in Clinical Ethics Endowment Mr Paul Jenkins, Chief Executive	To approve	Enc.	p.24
10.	Finance and Performance Report Mr Simon Young, Deputy Chief Executive & Director of Finance	To discuss	Enc.	p.31
11	a. Budget 2016-17	To approve	Enc.	p.41
	b. Capital Budget 2016-17			p.47
	c. Operational Plan 2016-17			p.50
	Mr Simon Young, Deputy Chief Executive & Director of Finance			
12.	PPI Garden Room Proposal Ms Louise Lyon, Director of Quality & Patient Experience	To discuss	Enc.	p.60
13.	Training and Education Report Mr Brian Rock, Director of Education & Training/Dean	To note	Enc.	p.66

14.	NHS Staff Survey Mr Craig DeSouza, Director of Human Resources	To discuss	Enc.	p.70
15.	Annual Equalities Report and 4 Year Objectives Ms Louise Lyon, Director of Quality & Patient Experience	To approve	Enc.	p.75
16.	IMT Project Update Mr Toby Avery, Director of IMT	To discuss	Enc.	p.87
17.	Corporate Governance – Charitable Committee ToR and Minutes Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.93
CLOSE				
16.	Notice of Future Meetings <ul style="list-style-type: none">Tuesday 12th April 2016: Joint Boards’ Meeting, 10.00am – 2.00pm, Lecture TheatreTuesday 26th April 2016: Board of Directors’ Meeting, 1.00pm – 5.00pm, Lecture TheatreTuesday 24th May 2016: Board of Directors’ Meeting, 1.00pm – 5.00pm, Lecture Theatre		Verbal	-