

Board of Directors Part One

Agenda and papers
of a meeting to be held in public

2.00pm–5.00pm
Tuesday 24th November 2015

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

BOARD OF DIRECTORS (PART 1)

Meeting in public
Tuesday 24th November 2015, 14.00 – 17.00
Board Room, 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.	p.8
4.	Matters arising Mr Paul Burstow, Trust Chair	To note	Verbal	-
REPORTS & FINANCE				
5.	Service User Story Gloucester House Parent, with Claire Shaw, PPI Lead	To note	Verbal	-
6.	Service Line Report – Gloucester House Ms Nell Nicholson, Head Teacher	To note	Enc.	p.9
7.	Trust Chair's and NEDs' Reports Non-Executive Directors as appropriate	To note	Verbal	-
8.	Chief Executive's Report Mr Paul Jenkins, Chief Executive	To note	Enc.	p.40
9.	Strategy – Two Year Objectives Mr Paul Jenkins, Chief Executive	To approve	Enc.	p.43
10.	Finance and Performance Report Mr Simon Young, Deputy Chief Executive & Director of Finance	To note	Enc.	p.47
11.	Training and Education Report Mr Brian Rock, Director of Education & Training; Dean	To note	Enc.	p.57
12.	CQSG Quarter 2 Report Dr Rob Senior, Medical Director	To note	Enc.	p.61

13.	Equalities Monitoring Report - Clinical Ms Louise Lyon, Director of Quality & Patient Experience	To note	Enc.	p.67
14.	Education and Training Phase 2 Capital Works Mr Brian Rock, Director of Education & Training; Dean	To ratify	Enc.	p.77
15.	Intranet Investment Proposal Ms Laure Thomas, Director of Communications and Marketing	To approve	Enc.	p.87
16.	Corporate Governance: NED Links, Charitable Funds Annual Report, SCPB ToR, Use of Trust Seal, Register of Interests Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.91
CLOSE				
17.	Notice of Future Meetings <ul style="list-style-type: none"> • Thursday 3rd December 2015: Council of Governors' Meeting, 2.00-4.00pm, Lecture Theatre • Tuesday 15th December 2015: Leadership Group Away Day Conference, 10.00-5.00pm, Danubius Hotel. • Tuesday 26th January 2016: Board of Directors' Meeting, 2.00-4.00pm, Lecture Theatre 		Verbal	-

Board of Directors

Meeting Minutes (Part One) Tuesday 27th October 2015, 2.00 – 4.15pm

Present:			
Ms Angela Greatley Trust Chair	Ms Jane Gizbert NED	Dr Rita Harris CYAF Director	Ms Louise Lyon Director of Q&PE and A&FS
Mr David Holt NED	Mr Paul Jenkins Chief Executive	Ms Lis Jones Nurse Director	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)	Ms Marion Shipman, Associate Director Quality and Governance (item 11)		
Apologies:			
Prof. Dinesh Bhugra NED			

Actions

AP	Item	Action to be taken	Resp	By
1	3	Minor amendments to be made to the minutes	GC	Immd.
2	11	Provide updated version of the Quality Report	MS	Nov
3	11	Check and clarify the figures on the number of BME patients seen over the quarter.	MS	Nov
4	11	Provide comment on areas of the quality reporting which were most affected by the migration to Care Notes.	MS	Nov
5	11	Check the accuracy of the high DNA rates, and if they are correct to investigate why this hadn't been reported before.	MS/ RH	Nov

1. Trust Chair's Opening Remarks

Ms Greatley opened the meeting.

2. Apologies for Absence and declarations of interest

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

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

AP2 – (circulate the student story) – the student did not want to give their story in writing so this was not possible. Completed.

Ms Greatley asked for an update on GIDS accommodation. Mr Young

confirmed that the lease had been signed; there was building work to be done, but larger groups would be hosted there within a couple of weeks and the service would move in fully in early January.

5. Trust Chair and NEDs' Report

Ms Murphy reported she had made three visits:

- The Fitzjohn's Unit, run by David Bell and Birgit Kleeberg who had emphasised the difficult fit between long term psychotherapy and the NHS system.
- Mike Solomon and his team of 3 psychologists who work as part of Camden Centre for Learning, who felt somewhat isolated, and who were developing a model of mental health within the school curriculum which could have wider importance. Ms Harris noted that the Camden Centre was central to the Camden redesign, and they were looking to gather the outreach teams together and make them more connected.
- The North Camden Camhs team, where Hilary Stonebridge had been really helpful in helping her understand the work.

Overall she had felt reassured about their ability to raise concerns, their conscientiousness over safety, the way they could raise issues in multi-disciplinary teams and the support they gave each other.

Ms Gizbert reported she had made two visits:

- MALT, where they discussed the CQC, and wanted more help in knowing what to focus on. They also needed more help with Care Notes and with IT support in general. Some felt part of the Tavi, some not, and they would like it if sometimes the centre could come to them, for example hold meetings at their site.
- The mood disorder team, where she had sat in on a fascinating case discussion, seeing how one professional presented and then everyone contributed.

Dr McPherson reported he had visited the Lyndhurst Unit, sitting in on a team meeting and case study. They had been briefed on the CQC, but he'd been struck that there was no information about the team on the website. He had also attended a Health Foundation round table on new models of care in mental health, and suggested there might be scope to work with them.

Ms Greatley suggested visiting with the KLOEs in mind gave visits more structure and made them more productive, and it was clear that IT was not working perfectly yet. The board discussed to what extent they should expect remote teams to reflect the agenda important to the board over their local concerns. Dr Harris suggested that the teams who felt more connected were the ones whose managers attended the monthly CYAF management meeting, which was a point for her successor to take on. Mr Jenkins commented on how helpful it was having a range of people making visits with different perspectives, and hoped they could maintain this momentum. He suggested that visits to training events could be equally informative.

The Board **noted** the reports.

6. Chief Executive's Report

Mr Jenkins summarised his written report. On the TADS study he commented on how it was good not only to produce the evidence for the benefits of long term interventions, but also to get out and speak to the media about it, as David Taylor had done.

He noted that the FNP trial had been published on the 14th October, and the results were disappointing, though there was some encouraging data for longer term child development and safeguarding, and this had resonated with the patient story they had heard earlier in the meeting. There had been a range of balanced and encouraging comment from stakeholders, and he praised Ailsa Swarbrick and her team for all their work in supporting the teams as the news came out.

Mr Jenkins noted that it was the last board meeting for both Rita Harris and Angela Greatley, and he thanked them both for their enormous contribution, which the whole board echoed.

The Board **noted** the report.

7. Finance & Performance Report

Mr Young reported that they had received a letter from Monitor noting that we did not feel able to commit to an improved position, but asking us to continue to seek opportunities to improve, which provided a context for discussion of the financial report.

He noted that for income and expenditure we remained ahead of forecast mainly due to vacancies across the Trust. FNP was well underspent and although they were forecasting that this would reduce to almost nothing it was hard to see how they would achieve this given the uncertainties and their present priorities. There was some concern over how to reconcile the expectations of commissioners and the team if they did underspend, as it could not be carried over. GIDS had a more definite plan involving additional staff recently hired and additional sessions for current staff. In training there was an underspend, but also reduced income with student numbers down. Mr Young reiterated that none of these vacancies were imposed; they had all arisen from local operational causes.

Mr Young tabled a correction to the Capital Projects table (pg17), noting that they had not overspent as the incorrect figures had shown. He noted that £1/2M had been added to the capital budget for the cost of working on the FBC for the relocation project in the current financial year. Whilst it was hard to project, there was no reason to believe the capital figures for the year would differ materially from this forecast, which was important to consider for the Governance statements to Monitor that were due this

month.

Mr Holt noted that the Trust had been running below headcount for some time, and the Board had been assured that this was not affecting service provision or safety, so were there opportunities here to reduce the establishment. Mr Young confirmed that if posts could be identified as unnecessary they would contribute to savings, but noted that they had been present for months rather than years, and it wasn't necessarily the case that it was the same posts that had been vacant over the period. Dr Harris and Ms Lyon commented that the vacant posts were sometimes ones which needed to be filled to develop services.

Mr Holt commented on the size of the surplus, and asked whether it was time to identify projects that could use it now, to improve matters later. Mr Young explained that the Management Team had been funding additional spending where they could identify projects, and there were no helpful projects out there being deprived of funds. He noted that they would need cash available to fund the FBC next year, rather than be forced to borrow. He also commented in response to Dr McPherson's question about perception and the letter from Monitor that with the potential restructuring costs the final surplus was likely to be £171k at the end of the year.

The Board **noted** the report.

8. Training and Education Report

Mr Rock summarised his report, covering the office reconfiguration and the positive benefits it had given through breaking down silos and providing a more appealing working space. He noted that Phase 2 would come to the board for approval in November.

He gave an update on the work being done reviewing Visiting Lecturers, and the status of the three who had raised the concerns.

He noted that they were going to engage in a restructuring of the directorate's professional support services, and had been working with staff teams to look at how things could be done better. The proposal was for a focussed recruitment team, an admin hub, and an engagement unit that would work with employers, have business development skills, and link to portfolio development. The full consultation documents would be published shortly, and then there would be 30 day consultation so staff could give their input. Whilst they anticipated a small saving, most of the changes were about aligning roles to objectives, and they would attempt to balance roles at risk with new ones created.

Ms Gizbert commented that the restructure looked to be a move in the right direction, and asked if the engagement team would be a stand-alone unit. Mr Rock explained that they would at first so that they had a clear focus, but in time they might move into Communications and Marketing. Dr

McPherson commented that the proposed changes would involve a lot of work and support from HR and asked if they would be able to provide this given the staffing changes. Mr Young commented that they were interviewing for the director post next week, but did not want to underplay the challenges. Ms Murphy commented that the whole strategy and necessary changes to the directorate had come a long way in a very short time, and it was encouraging.

The Board **noted** the report.

9. Draft Clinical Quality Strategy

Ms Lyon presented the draft clinical quality strategy, explaining that it was an attempt to pull together existing material that had emerged over the past year, and to give a realistic reflection of where we were and what we want to do. In response to a question from Mr Holt she explained that the document contained both the specific priorities already agreed for the current year, and also ten areas newly identified for targeting efforts over the coming two years. Dr Senior noted that other Trusts had Quality Improvement Plans (QIPs), and whilst we didn't use that terminology, some of the aims were quite broad and might benefit from more practical details of what needed to be done. Dr McPherson noted that the ToR of the Quality Group was lacking in detail. Ms Lyon agreed with the points, and commented that the strategy was an evolving document which would be refined with the addition of more detailed plans.

The Board **noted** the report.

10 Q2 Governance Statement

Mr Young explained the four statements that the Trust was asked to return to Monitor, giving details of why he felt they could realistically make them. He explained the four metrics of the FSSR, noting the capital expenditure requirement was new, which was why they had discussed it in the finance report earlier. For governance, targets were being met and plans were in place to maintain this. For 'otherwise', the Management Team had reviewed it and felt there were no matters of exception that needed to be reported.

The board **approved** the Q2 Governance Statement.

11 Q2 Quality Report

Ms Shipman explained that the move to Care Notes had caused some problems with completing the Quality Report this month, and then gave a verbal update correcting some errors and adding details which had not been available at the time the report was written, commending the IMT staff for the work they had done pulling together the up to date data. It was agreed that in addition to the verbal update an updated version of the full report would be circulated. Dr Senior commented that whilst it

AP2

important for the board to understand the position, the granular details of the results and targets would be considered by the CQSG committee in full operational detail.

AP3 Dr McPherson noted the high numbers and percentages for BME access to therapies on page 56, and asked if these represented patients or appointments. It was agreed that these figures would be checked and clarified and details circulated to the board.

AP4 Mr Holt noted that the DNA rate for Adolescent and Young Adult services had risen to 25% for first appointments, and queried what the cause of this was and whether they shouldn't have been aware of it earlier if it was genuinely so high. Marion Shipman and Rita Harris agreed to investigate it and circulate an update to the board.

The Board **noted** the report.

12 Workforce Race Equality Standard

Ms Lyon explained the context of the report, whose purpose was to increase the chances of BME staff achieving parity, and noted that it followed up on issues they had discussed at the board previously and started trying to address. She commented that they were working with Roger Kline to put in place strategies he had seen work in other organisations. These would include having trained observers on all interview panels at band 8b and above to check that processes were completely open and transparent, with results to be reviewed after one year. One important criterion for success would be support from the top of the organisation, and she would be taking the opportunity of the Leadership Conference on the 10th December to involve all the senior managers and team leaders.

The Board **noted** the report.

13 CEO, NED and Chair Objectives

Ms Greatley commented that normally at this time of year they would be at the end of the objective setting process, but that NEDs were drafting theirs for agreement with the new Chair, and likewise the new Chair would agree his objectives once in post. Mr Holt commented that they had discussed building in behaviours into the objectives, and Ms Greatley noted that they had been looking into this with HR when Mr Ngoka was in post, and perhaps now was a time to look at changing the lay-out of the objectives.

The Board **approve** the CEO's objectives.

14 Service User Story

Ms E visited the board with her FNP nurse, Marianne, and her baby. Ms E explained that she had originally been living in Waltham Forest when her child was born, and had started being visited by an FNP nurse there, and

then had moved to Camden where Marianne had begun to work with her. She explained that her first visitor hadn't spent much time with her, but Marianne did a lot of activities in her visits, and kept her occupied. She explained that she enjoyed learning about how to look after her baby, and if there was anything she could change about the service, it would be more activities. She described that FNP listened to her, you could ask them for advice, and whilst she researched things on the internet it was good to have someone to talk to and from whom she could learn more about child care and safety and how to be a parent. Ms E described one of the activities they did, which was a family tree of support, and commented she had enjoyed the opportunity to do something artistic. Other activities involved the baby, such as reading to him from books that FNP provided.

Dr Senior asked how it had worked with moving across London. Ms E explained she'd had the baby in Whipps Cross, and hadn't actually moved into Camden until two weeks later. She had a different nurse after the move, but there was continuity with the service. She noted it was difficult living away from her family and support network.

Mr Holt asked how often FNP made visits, and if she got enough support in between. Ms E explained that it was once a week initially and now was once a fortnight, and she could call Marianne whenever she needed to and she got an answer right away, which was much better than social services who didn't always answer the phone.

Marianne explained that she had worked for FNP for about a year, and it was good to be able to build up the relationships and watch the children develop. She currently supported 14 or 15 mothers, but a full caseload would be up to 25, which was intense. The Camden service was quite new, but they worked jointly with Islington which was more established, and whilst the problems were similar, the systems in each borough were quite different.

Ms E's final message was: more activities, more art projects, and the education and hands on time were very important.

Ms Greatley thanked Ms E and the team from FNP.

15 Any other business

The Board noted its future meetings.

Part one of the meeting closed at 4.15pm.

Outstanding Action Part 1

Action Point No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date	Progress Update / Comment
3	Mar-15	10. Annual Equalities Report	Arrange a broad equalities/ Time to Change event	Louise Lyon	Sep-15	Event organised for 2nd December. Complete.
4	Apr-15	11. Draft Annual QR	Produce summary sheets for each service	Louise Lyon	Jul-15	Superseded by Team Descriptions, which will be circulated to board once complete.

Board of Directors : November 2015

Item : 6

Title : Gloucester House Annual Report

Purpose :

The purpose of this report is to monitor quality, safety and progress of Gloucester House during the academic year 2014-15.

The following report has been reviewed by Gloucester House Steering Group, and by the Management Team on 10th November 2015.

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

This report focuses on the following areas:

- Quality and Effectiveness
- Patient / User Experience and Responsiveness
- Patient / User Safety
- Risk
- Finance

For : Discussion

From : Director of CYAF & Gloucester House Head Teacher

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Gloucester House, The Tavistock Children's Day Unit

1. Introduction

The last year has been the implementation period of the revised service model. The key areas of work during the academic year have been recruitment of staff and families and reviewing the new model in terms of quality, effectiveness, safety and financial viability.

In this paper we provide an update in relation to progress over the year. We also outline the current position and provide an overview of other significant developments and achievements at Gloucester House.

2. Occupancy

2.1 - This last year has seen the highest level of occupancy since 2009/10 with 15 children on roll for most of the year. The table 2.4 gives the figures for the last four years. This Autumn Term sees numbers continuing to rise beyond previous occupancy. The significant and ongoing level of interest in the service led to a decision to increase capacity and open a third class. This new development is now in process taking us into another period of transition.

2.2 - This increase in occupancy has advantages as follows:

- Provides potentially more financial security with a broader gap between financial break even and capacity.
- Affords Gloucester House the opportunity to employ a wider range and number of clinical and education staff; to increase the range of expertise and skill mix within the team; to increase the numbers of teachers to fulfil the wide range of educational task in order to maintain high quality education.
- Provides opportunity for children to be placed in classes with different emphasis for age/ learning level and learning style.
- Provides greater opportunity for internal transition which is likely to increase resilience upon discharge transition.
- Provides opportunity to pilot the Gloucester House outreach service with minimal additional staffing.
- Provides opportunity for possible increased contribution to the Trust.

2.3 - Despite the rapid rise in numbers last year (continuing into this year) we have maintained quality and safety see [Appendix 1](#) – (Outcome Report) and [Appendix 2](#) – (Transformation Group subcommittee report). The main concern continues to be staff workload (particularly for senior staff) and this needs to be considered carefully.

We will continue to ensure adequate staffing with close monitoring of admission rates in order to preserve quality and safety.

2.4 Occupancy 2011- present - plus predicted numbers:

	2011/2012			2012/2013			2013/2014			2014/2015			2015	2016
	Autumn	Spring	Summer	Autumn	Spring predicted									
Occupancy	11.5	11.5	10	7.5	7.5	8	7	8	9	10	15	15	18-	18-
Referrals	0	0	1	4	2	1	0	2	2	5	5	2	4	
Admissions	3	0	0	1	2	1	0	2	1	2	3/4	1	4-7	
Discharges	0	2	2	3	0	1	2	0	1	1	0	1	0	2

2.4.1 - The Local Authorities who have referred to Gloucester House during the last academic year are Barnet, Haringey, Islington, Enfield, Lewisham, Harrow and Hackney. This term Ealing and Hounslow are also placing children. The referrals we are currently processing are from Ealing, Hounslow, Haringey, and Merton. Barnet contract runs until April 2016 and is for 6 children.

2.5 Current occupancy by borough and Key Stage – Autumn 2015

Borough	Key stage 1	Key stage 2	Key Stage 3	Total
Barnet	0	2	4	6
Haringey	0	1 (new)	1	2
Lewisham	0	1	0	1
Enfield	0	1	1	2
Hackney	0	1	2	3
Harrow	0	1	0	1
Ealing	0	1(new)	0	1
Merton	0	1(new)	0	1
Hounslow	0	0	1(new)	1
Total number of pupils		9	9	18

3. Demand and capacity:

3.1 - We have had 27 enquiries and 11 referrals in 2014-15. We have carried out one piece of outreach work and we have pending enquiries/referrals for outreach support.

We were not able to accept all referrals last academic year due to Gloucester House capacity, speed of admission and significant rise in numbers in a relatively short time frame.

As a result of increased interest in Gloucester House, developing new business and aiming for an increasingly secure financial model we have increased capacity to 21 this term. We are now already at 18 with a range of enquiries and referrals that are expected to materialise into requests for placements.

Whilst we are processing these we are also mindful that it has been many years since Gloucester House had 18 children (at least 15 years) and need to monitor quality and safety before taking numbers up to capacity.

3.2 - In addition to the increased demand, the range of boroughs has broadened. We think the following factors may have contributed to the increase demand:

- 30% price decrease in 2014 and the consultation process with Local Authorities (LA's) during this period.
- Positive publicity e.g. The Guardian articles and inclusion in Radio 4 programme, ("mending young minds".)
- Significant improvements to the website.
- Continuation of networking.
- Identifying Gloucester House primarily as a school.
- Including an increased range of clinical interventions.
- Improved consistency and efficiency of approach and systems at the initial enquiry stage.
- The changing landscape of provision for Social Emotional and Mental Health (SEMH) in light of the new SEN Code of Practice and Education Health and Care Plans with its emphasis on outcomes and joined up services.

3.3 Quality and Safety

We are monitoring quality and safety by:

- Only increasing to 18 this term despite ongoing referrals and enquiries.
- Regular monitoring of behaviour and incidents through our standardised systems (e.g. day sheets; incident forms processed by headteacher; weekly monitoring spreadsheet with themes shared in whole team meeting).
- Regular monitoring of academic and social progress through our standardised systems (e.g. regular monitoring meetings between headteacher and class teachers; regular clinicians meetings and nurses meetings)
- Focus in whole team meeting, senior leadership team meetings, community meetings and parent/carer meetings on the impact of opening the third class.

3.4 - As the Autumn Term progresses we will be in a position to decide whether increasing numbers to capacity will impact quality and safety – either positively or negatively and will decide whether:

1. to increase admissions to capacity in Spring 2016
2. to increase admissions to capacity later in the year
3. to leave numbers at 18

4. Staffing

4.1 - The increase in numbers last year precipitated a review of the staffing model. We found that the staffing originally allocated to the new model (breakeven at 12) was not adequate once the numbers increased beyond 12 as there was not enough clinical capacity (model 1). We then increased clinical capacity to address this with a new breakeven of 13 and capacity of 16 over two classes (model 2). This ensured we were able to meet costs, maintain quality and safety and provide a small surplus during the last financial year.

In the context of sustained demand (referrals and enquires for places and outreach services) we made a plan to further develop the model and increase capacity (model 3).

4.2 - Staffing models:

Expenditure	Pay Band	Model 1	Model 2	Model 3
		Original (breakeven 12; capacity 16)	Second revised (breakeven 13; capacity 16)	Third (breakeven 16/17; capacity 21)
Central Staff		WTE		
Head Teacher	Teachers	0.9	0.9	0.9
Deputy Head	Teachers	0.8	1	1
Psychotherapist	Band 8a	0.55	0.55	0.55
Lead Nurse (Clinical Lead)	Band 8a	0.8	0.9	0.9
Psychiatrist	Consultant	0.2	0.2	0.2
Clinical Nurse Specialist	Band 7		0.6	0.6
Family therapist	Band 8a		0.2	0.2
Clinician (TBA)	Band 7			0.6
Total Central Staff		3.25	4.35	4.95
Class staff				
Teachers	Teachers	2.0	2.0	3.0
Teaching Assistants and therapeutic support workers (term time only)	Band 4	3.2 (4 staff)	3.2 (4 staff)	4.8 (6 staff)
Total Class staff		5.2	5.2	7.8
Admin Staff				
Admin Support	Band 5	0.90	0.9	0.9
Admin Support	Band 3	0.60	0.6	0.6
Total Admin Staff		1.50	1.50	1.50
Total Staffing wte.		9.95	11.05	14.25

5. Implementation period - revised service model

5.1 Implementation Aim

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

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

5.2 Work of the implementation period:

The implementation phase of the new model began on 22.4.14 and was due to be completed by the end of the summer term 2014. The implementation phase was in fact much longer and took place between May 2014 and July 2015.

5.3 - In order to implement the service model the following activities took place:

- Service user involvement - extensive and ongoing consultation with staff, Local Authorities, parents/carers and children including questionnaires, meetings/forums, email and phone contact; a parent representative joined the Steering Group; children and the parent rep have been fully involved in the recruitment of new staff.
- Marketing -new brochures/leaflets; website and online profile; open days and media.
- Job descriptions for new posts and re-banding of posts
- Recruitment to education, psychiatry, therapeutic support worker, clinical lead, administrative posts, nursing and family therapy posts
- Induction for new staff; training in the aims and delivery of the new model;
- Clinical pre admission assessment and network liaison, induction/integration, initial assessment and care plans for new children and families (numbers almost doubled in a year)
- The development of aims, baseline assessments, consultation and training, risks and benefits of the new groups and changes to the model
- Review of the new model and subsequent developments/changes as a result of evaluation and monitoring of relative strengths and weaknesses.

We have recently had our last meeting of the Transformation Group (considering quality and safety) and have agreed that ongoing monitoring can return within the remit of the steering group as we are satisfied that quality and safety have been maintained (see Outcome Report and Transformation Group Report).

5.4 Features of the New Model and progress in relation to these

5.4.1 - Shifting the emphasis: To promote Gloucester House as a school with a uniquely integrated CAMHS provision within a mental health setting: The director post was removed. The head teacher reports directly to the CYAF Director. The Clinical Lead (Lead Nurse) has led on aligning clinical systems, processes and quality measures at Gloucester House more fully with the Trust, ensuring multi-disciplinary expertise is utilised most effectively and developed gate keeping systems to ensure care plans are responsive and needs led whilst in accordance with NICE guidelines .

Psychiatric input is still being provided to the service but at a reduced volume (0.2 WTE): This is working extremely effectively ensuring focused input to cases, psychiatric expertise to case review/discussion and

strategic input to systems/clinical interventions at Gloucester House. The psychiatrist has also been involved in a consultation outreach intervention in Kent alongside the headteacher.

5.4.2 - Vacant social worker and educational psychology posts not recruited to and were not replaced:

As an alternative, a consultant social worker monitors child protection concerns and cases and we have an effective link to the Tavistock EPS who have undertaken assessments as requested during the year.

These changes enabled us to be able to broaden the range of clinical staff -increasing nursing and introducing systemic therapy into the clinical part of the service.

5.4.3 - Whilst the role of Teaching Assistants (TAs) remains we also introduced a new clinical role at a lower band- therapeutic support workers (TSWs) who have joined the nursing team:

This has been very successful. We recruited extremely skilled practitioners who support the children's clinical needs within and outside of the classroom. It has also enabled us to distinguish between educational and clinical tasks when this is helpful. For example the TSWs have led on emotional regulation programmes, pro social functioning and mindfulness interventions. The TAs have led on reintegration to schools and the implementation of educational programmes.

5.4.4 - Streamlining clinical work with children and families to increase emphasis on group work in line with the evidence base for these children and families:

The implementation of the Discovery Group has enabled clinicians to assess new children's clinical needs when they join. The class groups and equine therapy have supported group social functioning. The regular clinicians' meeting enables multi-disciplinary clinical discussions and joint care planning therefore utilising the range of clinical expertise more fully.

As part of the second phase of the new model and increasing numbers, we are reviewing the group input. The class teachers with the TSWs will run class groups/meetings within the class to address classroom dynamics. Other therapeutic groups will be introduced and identified on a needs led basis in line with the evidence base.

The parent/carer group has been the most challenging to maintain regular and full attendance in. However, despite it being difficult to get the same quorum of parents/carers in attendance the quality of discussion within the groups has been impressive. The contact between the parents/carers and between them and us continues to be an important factor in the success of our work. We are in the process of evaluating this intervention and have agreed that over the forthcoming period we will further streamline parent/carer work to provide focused group intervention and individual family work to reflect the needs and wishes of our parent/carer group. We are currently piloting some innovative approaches to family work and parental engagement through targeted nursing interventions - including interventions such as Mindful Cooking (Family Work) and pro social video feedback work (children's group).

5.4.5 - Inviting referral for KS3 (secondary school) young people and working with young people through this KS as appropriate:

We had one referral last year at KS3 and one this year. The remaining KS3 cohort are children we have been working with since KS2. Most of our current KS3 young people are in Y7 but last year we had two Y8s and this year we have one Y9. KS3 currently accounts for half the cohort.

5.4.6 - Enabling longer term placements – as necessary/required by Local Authorities: This has precipitated some pre-emptive referrals for future placement which enables us be able to plan ahead for admissions, which is a more proactive approach to the service.

5.5 Relocation/estates & facilities

Plans for the new building have been put on hold within the wider trust strategy in relation to relocation. In this context the headteacher liaises with the estates department to ensure the current building and grounds are maintained to an acceptable standard.

There is currently work being undertaken to remodel for the new class and bring the building and outside space up to a good standard.

5.6 Increasing capacity / Phase 2 revised service model.

Work is underway for this development and has included:

1. DfE approved material change to increase the pupil numbers applied for and granted in summer 2015.
2. Involvement and consultation of stakeholders (staff, parents/carers/children/Local Authorities).
3. Costing of building adaptations and resourcing.
4. Development of new staffing structure to accommodate changes.
5. Recruitment of supply and bank staff to meet need during implementation/trial phase.
6. Recruitment of new children and families including refreshing relationships with known boroughs (e.g. Haringey) and developing relationships with new boroughs (e.g. Merton and Ealing).
7. Work with finance and commercial department to ratify staffing model/budget.

5.7 Areas of Risk and/or Concern:

As outlined throughout this paper the implementation of the new model has been successful and identified areas of risk and concern during to its implementation have been carefully monitored by the Transformation Group. In the context of increasing capacity and increasing numbers of children and families we work with we have identified ongoing risks that we will monitor alongside the Gloucester House Steering Group. These are as follows:

- Continued pressure on staff through a further period of change and expansion could lead to staff exhaustion/burnout.
- Possible impact on children and families of further change.
- Possible impact on quality and safety with increased numbers of children/families.
- Further recruitment of permanent staff to Gloucester House and the new outreach service which may not remain viable if referral/ interest in our service wanes.

5.8 Proposed Action Plan to mitigate risk:

- We will Increase numbers/range of staff to manage current level of demand.
- We are currently using bank and supply staff for some of these posts.
- We will continue to consult through questionnaires/ meetings and forums with all our stakeholders.
- We will monitor incidents proportionally and compare with other periods during the implementation period.

5.9 Next steps:

1. Continue consultation process with staff, children, parents/carers and LAs about the changes.
2. Recruit permanent staff.
3. Continue to monitor quality and safety carefully.

6. Outcomes 2014-15.

6.1 - Outcome measures gathered show that: Gloucester House continues to significantly reduce the attainment gap for the children who come here, many of whom present with levels of learning significantly below age-related expectations.

- 100% of the children at Gloucester House made expected and above rates of progress (in comparison to peers nationally) in at least one area and 93% in two or more curriculum areas.
- 50% of children doubled and even tripled rates of progress in comparison to national expectations during 14 -15 in particular curriculum areas.
- 93% of children achieved above expected rates of progress in aspects of mathematics.
- 86% of children achieved above expected rates of progress in the speaking strand of speaking & listening.
- Noticeable improvement in overall functioning. 91% of children improving in measures of mental health, wellbeing and general functioning (CGAS/HONOSCA/SDQs).

6.2 - There continues to be excellent engagement with children, parents and carers though the pattern of this is evolving and includes a range of interventions/bespoke approaches suitable for different families:

- Attendance rates in school improve significantly from prior attendance. There was an average attendance of 91% at Gloucester House in 2014-15 and 36% of Children attended 95% and above. 36% of the children improved their attendance in school by 85% or more compared to attendance in a school setting previous to placement.
- 95% attendance at clinical appointments
- Surveys of both children and adults who use Gloucester House continue to show a high level of satisfaction in our service. For example, 100% of parents/carers felt well informed about what children were learning and felt that teaching at Gloucester House was good. 100% also felt that staff expected children to work hard. 100% of children said that they enjoyed playtimes at Gloucester House and 90% reported that staff helped them to know their academic targets.

6.3 - Parent/Carer survey comments:

- 'My son feels very safe in this school, he always says staff understand him which means he can trust them, which then has a good effect on his progress'
- 'My child really enjoys Gloucester House and has made a lot of progress with his behaviour and academically'
- 'Thank you all very much'
- 'Very happy with my child's progress'
- 'We are still very pleased with the support we get. We have great communication with school staff, it's very appreciated.'

Full details of these outcomes are in the Outcome Monitoring Report 2014-15.

7 Achievements of 2014-2015

7.1 - During the last academic year Gloucester House has performed extremely well in the following areas:

- Developing and implementing a new model that is financially viable.
- Continuing to achieve good and outstanding outcomes and remain stable through a period of significant change.
- Developing publicity and marketing to take us into a new era with positive media attention.
- Achieving DfE Approved School Status.
- Patient involvement and initiatives including pop up café; children and parent representation on interview panels; baking and selling cakes for charity; children's involvement in new developments and ongoing service matters – e.g. representatives from the children on a Building Committee with Paul Waterman; representatives on a nurture committee to continue to develop and maintain a nurturing environment. Parent representative on the Steering Group; parent/carer days and events including winter celebration, tree of life workshop and cultural diversity day.
- Achieving DfE approved material change to increase capacity for third class.
- Development of relationships with new boroughs.
- Sustained continued interest in Gloucester House.
- Interest in Outreach work – Kent: worked with and completed a successful piece of outreach work; Barnet – embarking on a piece of outreach work; Ealing interested in various pieces of outreach work.

8 Conclusions/ Effectiveness of Implementation:

8.1 Outcomes

The new model has been effectively implemented. Our strongest selling point over time has been consistently impressive outcomes evidencing that we are a responsive and effective service. It is reassuring to know that during this period of implementation and despite staff, parents and children having to manage momentous amounts of change, we have been able to maintain and improve outcomes. We have improved value for money by decreasing our costs by 30% and as a result are very much in demand in the market place as an intervention for children with complex social, emotional and mental health difficulties across a wide range of inner and outer London boroughs.

8.2 Quality and safety of work maintained/improved:

The Transformation Group are satisfied that this is achieved. Once the new children were in and settled we saw a significant reduction in reportable incidents.

Autumn term 2014 had the same number of incidents proportionally to numbers of children as the Autumn Term the previous year. The Spring Term saw an anticipated rise in incidents due to recruitment of new staff, significant numbers of new children and anxiety about SATs for half the children in Gloucester House. The summer term however was extremely settled with numbers reducing by almost half on the first term and more than half between term 2 and term 3.

8.3 Financial viability

The model has been financially successful and had a surplus at the end of the financial year. As the new model evolved we found that though a breakeven of 12 with capacity of 16 children made sense financially it did not provide enough clinical input once numbers exceeded 12.

A breakeven of 16/17 with capacity of 21 provided more financial security allowing enough staff to be in place to meet capacity. The pattern of referrals, enquiries and interest indicated that this was a realistic and viable plan. We are now implementing this as phase 2.

8.4 Feedback from staff

8.4.1 - The initial period indicated that generally staff felt quality and safety were maintained but some felt increased pressure on their workload. We will be administering questionnaires to further evaluate this during the forthcoming period.

8.4.2 - Staff Story

Working at Gloucester House is both challenging and rewarding. I started working at Gloucester House last December as a Therapeutic Support Worker. Therapeutic Support Worker was a new role when I came into the post. The role grew organically with the whole staff input. There were several meetings where the team could think together about what different duties and tasks were more suitable for this role. All the staff ideas and input were taken into account, enriching the role this way.

This is one of the things that I appreciate working at Gloucester House, the way the staff thinks together. All the opinions are taken into account, and honesty is not only encouraged but celebrated. This makes staff members feel free to express ideas without fearing that there are not going to be good enough, and to express difficult feelings that might emerge due to the nature of the job.

I really enjoyed being part of developing the Therapeutic Support Worker role. I feel confident to suggest new ideas and interventions and feel encouraged by my managers and team to do so. I started running Mindfulness sessions and applied some of the Mindfulness techniques when working with the children. I felt empowered and supported by the staff doing this. I enjoyed seeing the benefits of using this Mindfulness techniques with the children and feel that the support given by the staff has helped me integrating this to the Gloucester House routine. I was also supported to do a specific Mindfulness training for schools to help me develop my Mindfulness skills.

Working at Gloucester house is also very challenging and difficult at times. Working with children with emotional difficulties requires some emotional investment that can be intrusive at times. It is difficult to separate your personal life from work when your emotions and feelings become intertwined with the children's feelings. In a normal day working at Gloucester House you can get chairs thrown at you; you can get spat on and sworn at. This requires a lot of self-resilience but also helps you cultivate compassion. When times are difficult the team support is really important. Some days you might have a terrible session/day with one of the kids and your compassion goes out of the window but during the debrief, at the end of the day, someone else had seen something positive about that child that helps remind you that it is not all doom and gloom. The team allows space for you to feel however you are feeling without judgement, letting you express yourself honestly.

By Miriam Munoz-Ruiz

8.5 Feedback from stakeholders

Stakeholders including children, families and Local Authorities continue to be very pleased with the intervention Gloucester House provides.

8.6 The future:

It has been an extremely buoyant year for Gloucester House seeing numbers rise to the highest level since 2009/10. The future is looking much more certain and we are continuing to develop financial security by increasing capacity and developing the outreach service. The work during the next period will be:

- Phase 2 of new model/ increasing capacity.
- Developing and investigating new work streams - outreach packages and links with children's home.

Nell Nicholson
October 2015



GLOUCESTER HOUSE THE TAVISTOCK CHILDREN'S DAY UNIT ACTIVITY AND OUTCOME MONITORING

Academic Year
September 2014 – July 2015

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OUTCOME MONITORING

Academic Year 2014 - 15

1. INTRODUCTION

This report presents measures of outcomes and activity for all children at Gloucester House, The Tavistock Children's Day Unit over the last academic year Sept 2014 – July 2015.

The outcome figures themselves are not the only way the progress of each individual child is monitored. Review meetings (to assess progress and make decisions about future management) attended by members of the professional network, the child and the family, are held regularly in Gloucester House; minimum frequency is six-monthly. Gloucester House provides a written report on the child for these meetings. There are also reports provided for the annual reviews of special educational needs/Education, Health and Care Plans for each of the children, and an end of year education report on every child in July. All of these reports are submitted to the relevant Multi Agency Commissioning body, and give a more qualitative overview of an individual child's progress and outcomes.

As a result of consultation with Local Authorities we remodelled our service to become more cost efficient. We reduced our price by one third. We were able to do this and maintain quality by rethinking our work with children and families to include more group work with children and parents. This was both cost efficient and in line with the evidence base for the children and families we work with. We have changed the management structure and the service is now led by the head teacher. The senior leadership team includes education, psychiatry, psychotherapy and clinical nursing. We will be employing a family therapist this autumn.

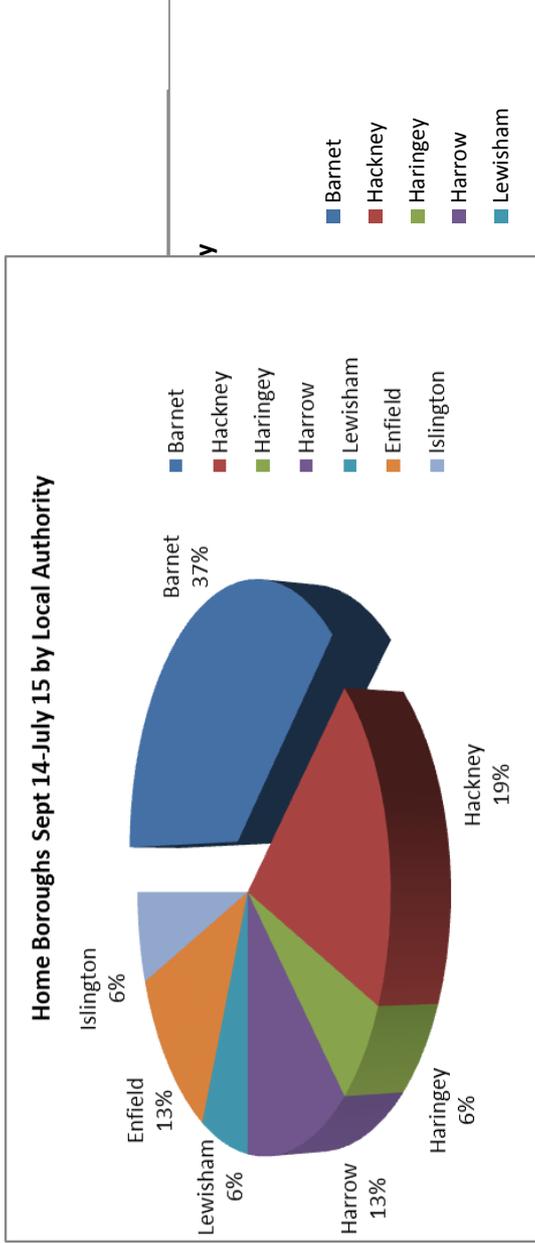
We also agreed with Local Authorities that we would offer longer term placements as required and have increased the age range to include all of KS3 as necessary. This outcome report is very important as it provides the evidence that we have maintained quality and continue to offer an effective intervention during the transition to the new model.

Summary of our outcomes this year demonstrate that:

- The school continues to significantly reduce the attainment gap for these children, many of whom have levels of learning significantly below age-related expectations at baseline.
- The intervention continues to be successful in achieving both short-term and longer-term targets for the children who come here.
- Feedback from stakeholders about quality of provision continues to be extremely positive.
- We continue to have outstanding engagement with parents/carers

2. PROFILE OF CHILDREN/YOUNG PEOPLE 2014-15

The children came from the following seven local authorities: Barnet; Hackney; Haringey; Islington, Enfield, Lewisham and Harrow



In the section below outlining the cohort on roll during 14-15, I am including the 16 children we have worked with this year, including one who left in October 2014 and one who joined us in June 2015

- 100% of our learners have 1 or more of the following risk factors in their backgrounds -family breakdown, mental health issues, drug & alcohol misuse, poverty, actual or suspected abuse.
- 100% of the children and families at Gloucester House have been previously referred to CAMHS.
- 7% of the 2014/15 cohort are 'looked after children'. A further 14% are adopted (i.e. 21% of the cohort live with people other than their birth parents).
- 40% have social care involvement and were subject to a safeguarding plan during 2014/15.
- 100% of our learners have Statements of Special Educational Needs/EHCs.
- 100% of our learners have complex and severe SEMH difficulties.
- 53% of the children have language and communication difficulties either identified in their Statement of SEN or identified by us.
- 73% of the children have other specific learning needs or global delay identified in their Statement of SEN or identified by us.
- 100% of the children have had a disrupted education many with at least two prior schools/placements -and often more -before joining Gloucester house.
- 36% were out of school; 28% attended a PRU or tuition service before joining Gloucester House; 28% came from a primary school where they had been attending part time. The one child who attended a primary school full time was educated separately from the other children.

3. ATTENDANCE

Expected outcome: Improved attendance, (both) at school, and at clinical appointments **Method of evidencing:** School register / RiO appointment system

School Attendance Results

Pupil Number**	Local Authority	Attendance Prior to Admission (percentage)	Autumn 2014	Spring 2015	Summer 15	Average for 2014 – 15	Percentage change (prior attendance compared to average attendance at Gloucester House)
72	Haringey	PRU (82% attendance at previous school)	96%	96%	100%	97%	+15%
74	Barnet	Part-time: 50%	96%	98%	98%	98%	+48%
75	Barnet	Part-time: 57%	88%	87%	93%	89%	+32%
76	Barnet	Out of school	85%	90%	82%	85%	+85%
77	Barnet	Part-time ½ day per week in school – 10%	100%	100%	98%	99%	+89%
78	Enfield	50% attendance in school until Feb 14 then out of school	94%	94%	98%	95%	+95%
79	Hackney	Full time PPRU: 83%	96%	89%	95%	93%	+10%
80	Hackney	Part time attendance in school 50%	90%	96%	85%	85%	+45%
81	Barnet	Full time in school 89% (mostly out of class with 1:1 support)	96%	84%	81%	88%	-1% (mostly in class)
82	Harrow	Out of school	84%	71%	100%	76%	+76%
83	Enfield	Out of school	100%	89%	98%	94%	+94%
84	Hackney	Out of school	-	90%	91%	91%	+91%
85	Lewisham	Part time in a tutorial centre – 50%	-	80%	98%	90%	+40%
86	Harrow	Tutorial centre full time – 100%	-	100%	100%	100%	No change

**Pupil initials have been replaced by numbers throughout the document

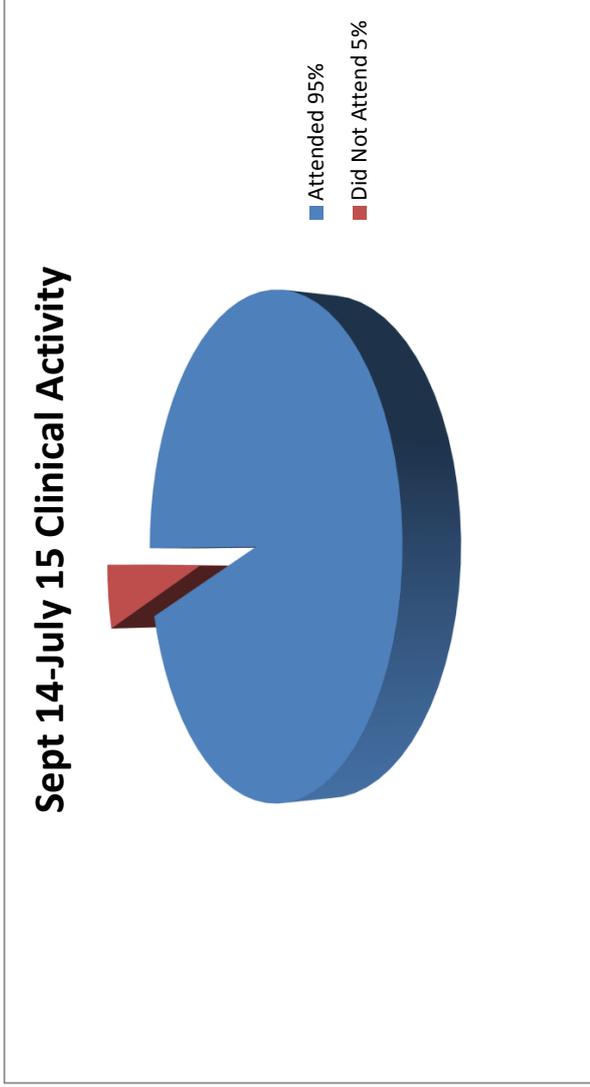
Commentary

Our data illustrates very good progress in this outcome measure. As is apparent the majority of the children were either out of school on part time timetables before joining us and are now able to participate in fully in school life - attending for over 91% of a school week.

In 2014-15, 36% of our children had an attendance rate of 95% and above. There is an impressive prior attendance increase from baseline and most children have improved their attendance significantly with 86% improving their rates by more than 10% and 36% improving attendance rates by 85% or more.

Attendance at Clinical Appointments

Results



Commentary

Our data demonstrates a very low level of non-attendance/cancellation in all clinical appointments, with 95% attendance for the academic year.

These are particularly impressive rates of engagement for a difficult to reach client group, many of which come with a history of repeated DNA's or refusals of treatment.

4. MEASURES OF MENTAL HEALTH.

Results:

Expected Outcome: "Improved Mental Health"

Method of Evidencing:

- At admission – CGAS, HoNOSCA, SDQ
- Annually (for each annual review of special educational needs) – CGAS, HoNOSCA
- At discharge - as at admission

Key:

- CGAS
- >60 mild;
- 60>40 severe;
- <40 very severe

HoNOSCA

- <15 slight problems;
- 16<25 moderate problems;
- 26<35 definite problems;
- 40>severe problems

Child	Admission Date	Admission				1st Annual Review			2nd Annual Review			Discharge			
		SDQ	CGAS	HoNOSCA	Review Date	CGAS	HoNOSCA	Review Date	CGAS	HoNOSCA	Date	SDQ	CGAS	HoNOSCA	
82	12/11/2014	Child Parent/Carer Teacher	38	30				23/07/2015				34			
76	28/11/2013	Child Parent/Carer Teacher	45	23	13/01/2015	52	15								
SD	29/03/2011	Child Parent/Carer Teacher	41	34	05/02/2013	51	27	06/12/2013	38	23	01/10/2014				
72	24/10/2012	Child Parent/Carer Teacher	51	20	25/10/2013	62	11	13/06/2015	60	12					
83	12/12/2014	Child Parent/Carer Teacher	46	21											
79	19/05/2014	Child Parent/Carer Teacher	41	23	17/06/2015	44	20								
75	06/06/2013	Child Parent/Carer Teacher	48	14	23/04/2014	55	14	30/04/2015	60	11					
77	07/02/2014	Child Parent/Carer Teacher	47	21	04/02/2015	54	15								
84	14/01/2015	Child Parent/Carer Teacher	58	9	11/06/2015										
78	24/04/2014	Child Parent/Carer Teacher	40	22	14/01/2015	50	22								
74	12/02/2013	Child Parent/Carer Teacher	50	22	14/02/2014	55	14	25/02/2015	56	14					
86	25/02/2015	Child Parent/Carer Teacher	47	15											
85	20/01/2015	Child Parent/Carer Teacher	45	14	13/07/2015	60	16								
81	24/09/2015	Child Parent/Carer Teacher	40	23	16/07/2015	50	17								
80	17/09/2014	Child Parent/Carer Teacher	48	21	02/07/2015	60	16								

Measures of Mental Health (continued)

Commentary

The majority (91%) of the results show a significant improvement over time on measures of mental health, well being and general functioning. Where the outcome figures do not show this pattern of progress there are contextual factors.

Evaluation of data for children who have been at Gloucester House for over 1 year.

CGAS (Children's Global Assessment Scale 0 -100) used by mental health clinicians to rate the general functioning of children under the age of 18. **An increase in the CGAS figure indicates an improvement in general functioning.**

The **median baseline CGAS at admission was 45** (range 40-51) - Serious problems. Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor to inappropriate social skills, frequent episodes of aggressive or other antisocial behaviour with some preservation of meaningful social relationships

The **median CGAS at most recent measure was 54.5** (range 44-60) – Some noticeable Problems. Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.

10 (91%) of the 11 children who have been at Gloucester House for over a year or who have had an annual review have had an increase in their CGAS rating. The increases were between 3 and 15 with a **median increase of 9.5/100.**

28% of the children's outcomes indicated a **move from the severe range to the mild range** as measured by CGAS.

The 1 child who did not follow this pattern of progress was removed into local authority care during his admission.

HONOSCA – (Health of the Nation Outcome Scales for Children and Adolescents was developed for children and adolescents (under the age of 18) in contact with mental health services). The HONOSCA scores; behaviour impairments, symptoms, language skills, physical illness/disability, social functioning, current and historic familial/environmental context. It screens for severity of difficulty (need). **A decrease in the figure indicates a decrease in the severity of need.**

The **median baseline HONOSCA at admission was 22** (range 14 – 34)

The **median HONOSCA at most recent measure was 15** (range 11 – 23)

In all but 1 child the **HONOSCA had decreased with a median reduction of 5** (range between +2 and -8). This indicates that for the majority there is a decrease in the level of severity and need.

40% of children's outcomes indicated a move from the **moderate problems range (26-35) down to the slight problems range (15 or less).**

Overall these outcomes indicate that the interventions at Gloucester House continue to have a positive impact on mental health, wellbeing and general functioning and that this has remained the case with the introduction of the 'new model'.

5. EDUCATION

**Expected outcome: "educational improvements" in a range of areas.
Method of evidencing: Performance Indicator of Value Added Target Setting (PIVATs) (at admission and subsequently termly.)
Improvement is measured in Average Point Scores (APS) over 12 months and overall Progress From Baseline (PFB)**

Commentary

This section includes the 14 children who studied at Gloucester House during this academic year

Attainment on entry to Gloucester House

Baseline data for this group illustrates that:

- 64% were below age related expectations in speaking and listening, reading and maths
- 79% were below age related expectations in writing
- 100% were well below age related expectations in personal and social development (PSD)

NATIONAL CURRICULUM LEVELS PROGRESS (PIVATS)

The nationally expected rate of progress is one point per term (Average Point Score – APS)

Our results demonstrate that children can make remarkable progress in their academic work over their time here. For some children there are periods when academic progress plateaus or even deteriorates. This is to be expected in a therapeutic context and losses are made up and exceeded for most of the children.

Progress in 2014-15

- 100% of children have made better than expected progress in at least one area and 93% in several areas.
- 57% of pupils made better than expected rates of progress in half or more curriculum areas.
- 50% of children made double or triple rates of progress in between 1-3 subject areas.

Maths

- 93% have made expected and above average rates of progress in Number in 2014/15
- 35% of children made double or triple rates of progress in Maths

Writing

- There is an improving picture but needs continued focus. 59% are achieving expected and above rates of progress with 79% starting below age related expectations.

Speaking & Listening

- 86% have made expected and above average rates of progress in Speaking and Listening in 2014/15

Personal and Social Development

- 75% have made expected and above average rates of progress in 2014/15

Year 6 SATs

Starting points: 83% of Year 6 pupils working at levels 2/3 in January 2015

Eng. reading (4 children)	Eng. grammar, punctuation & spelling (4 children)	Maths (3 children)
0% Lv 5	25% Lv 5	33% Lv 5
75% Lv 4	0% Lv 4	0% Lv 4
25% Lv 3	75% Lv3	66% Lv 3

We had a relatively large group of Year 6 pupils this year 6 children - (43%). Two came half way through the academic year, two at the beginning of the academic year and two during Year 5.

We were pleased that 5 of the children had the confidence and ability to sit some or all of the tests.

75% did better than expected and 25% achieving levels we expected in the reading SATs and the English grammar punctuation and spelling.

Maths showed a more mixed picture with 67% achieving expected and above and 33% achieving less well than we hoped due to the stress of test conditions.

Overall this group of children challenged themselves both in terms of preparing for the tests and sitting them despite being new to the setting and having come from very challenging circumstances.

Year 2 SATS

English	Maths
Lv2	Lv2
P Scales	Lv2

The two Year 2 children achieved at expected and above rates of progress in Maths and English and both achieved age related expectations in Maths

Exit data: We had two leavers this academic year – one in October 2014 and one in July 2015. Both children were underachieving on entry; one significantly below age related expectations (some p scales at the end of Y3)

Child A: made progress in all the areas assessed with better than expected rates of progress in speaking and listening, maths, science, independent and organisational skills & attention.

Child B: Made progress in all areas we were able to assess with better than expected rates in speaking and listening and aspects of mathematics.

Both children's destinations as yet unknown and in complex living situations.

Summary

Progress from baseline indicates that despite their academic underachievement on entry and their very significant barriers to learning we are able to positively impact both their behaviour for learning and their academic learning alongside positively impacting their emotional development and working with family and network.

We believe Gloucester House as an intervention service gives value for money over time, at least matching and exceeding national average progress rate expectations. This is evidence of the value and impact of the work we do for a group of children who come in with levels of learning often significantly below age related expectations, and for which learning progression has often "halted" in other previous schools.

6. GOAL-BASED MEASURES

**Expected outcome: Behavioural improvements including a decrease in anti-social behaviours and an increase in pro-social functioning.
Method of evidencing – see below**

This outcome measure involves using data from Goal Based Measures. Goals are set termly with each individual child and tailored to their particular needs and difficulties. Goal Based Measures are assessed and re-set at the beginning of each term. 3-4 goals are set, with at least one linked loosely with each of education, mental health, and home/school linking. They are set jointly by the child, their parent/carers, teacher and case co-ordinator. They are then “scored” at the end of term. This provides a measure that is specific to each child and sensitive to individual development.

These are two examples of Goal Based Measures from the year 2014- 2015.

Example 1

Goal 1, Education – I will use my phonics strategies and a dictionary to progress in my spelling

Goal 2, Mental Health – I can play games with another person fairly, even if I do not win.

Goal 3, Home/School linking-I will help mum to cook dinner at home once a week.

Example 2

Goal 1, Education – I will try to settle down and get on my work more quickly

Goal 2, Mental Health – I will usually use my words to talk to adults when I am not happy about something

Goal 3 – Home/School linking – I will take homework home on Friday and bring it back on Tuesday.

Scoring involves a four point scale (2 = target met, 1 = target part-met, 0 = not met, -1 = if there is a deterioration).

Pupil Number	72	74	75	76	77	78	79	80	81	82	83	84	85	86
Maximum possible score/actual score	18/10	18/11.5	18/12	18/10	18/10	18/10	18/10	12/11	12/8	4/1	12/7	6/4	6/3	6/5
% achieved	56%	64%	66%	56%	69%	56%	56%	93%	66%	25%	58%	66%	50%	83%

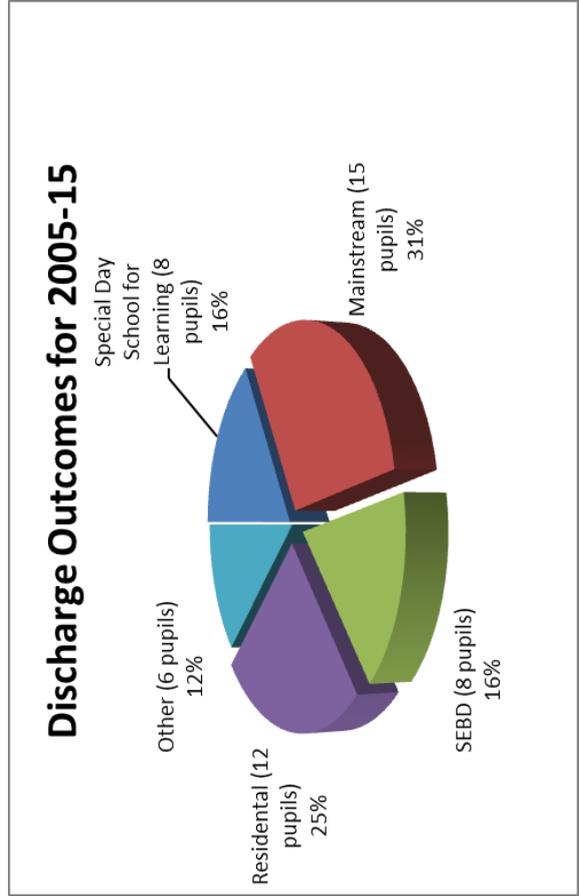
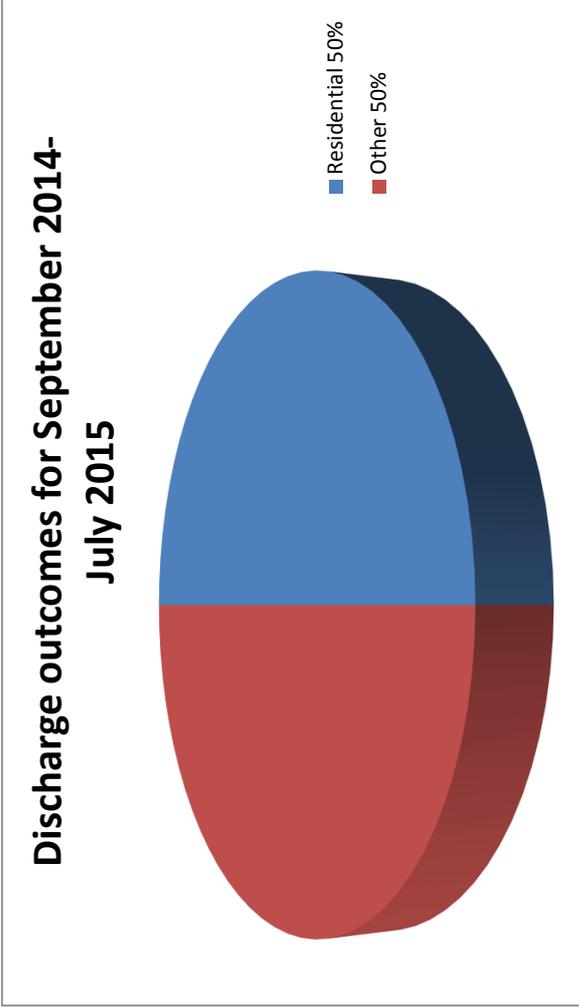
Commentary

The results demonstrate that all the children were more than half way (50%) towards achieving the maximum score, where the maximum score would mean that they had achieved all their targets fully over the year. Seven of the fourteen were over 60%.

7 Reintegration

Commentary

One of the achievements we are most proud of is being able to work successfully with a child who is not able to access education but also struggling in their home/care situation as well as not responding or engaging with recommended treatment plans, and turn the situation around to the extent they are able to stay in their community setting. Over the past ten years we have managed to do this successfully with, with about half of the children returning to mainstream or special schools for learning. Nevertheless, there will always be a proportion of children who come to Gloucester House who move on to residential schools or establishments. We strongly believe such a move should not be seen as "failure", either on the part of the child or of Gloucester House; rather it should represent a joint recognition that all involved agree this would be overtime the best way of meeting the child's complex and individual needs.



**8. USER FEEDBACK
Children, Parents/Carers**

Parents & carers are regularly involved in assessment of their children's learning - 100% of parents attended their child's annual review of statement and gave their views for the children's Annual Reviews and 100% attended the meetings. The quality of input demonstrates that parents and children have a clear idea of strengths and areas for development in this context.

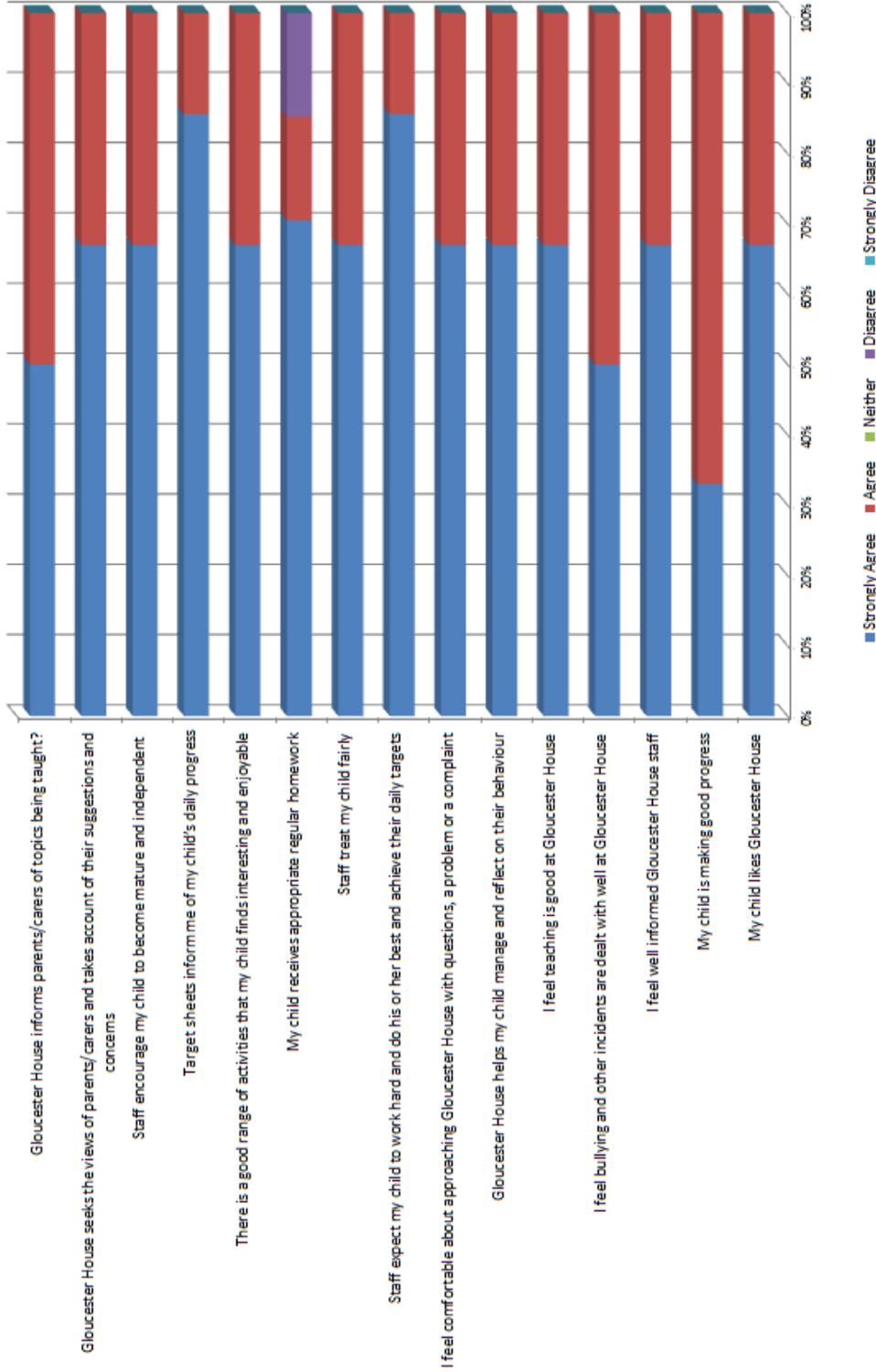
The high attendance rate we have for parents/carers at individual meetings, group meetings, celebration days demonstrates their appreciation of our work and their involvement in the life of Gloucester House. 100% of parent/carers attended at least one of the parents' days during the year and 100% the garden party. 100% of parents/families are engaged and attending parent/family work meetings

Parents/carers and children have positive views of the provision. This is evidenced by questionnaires in which parent/carers and children express very positive views about the academic and social aspects at Gloucester House.

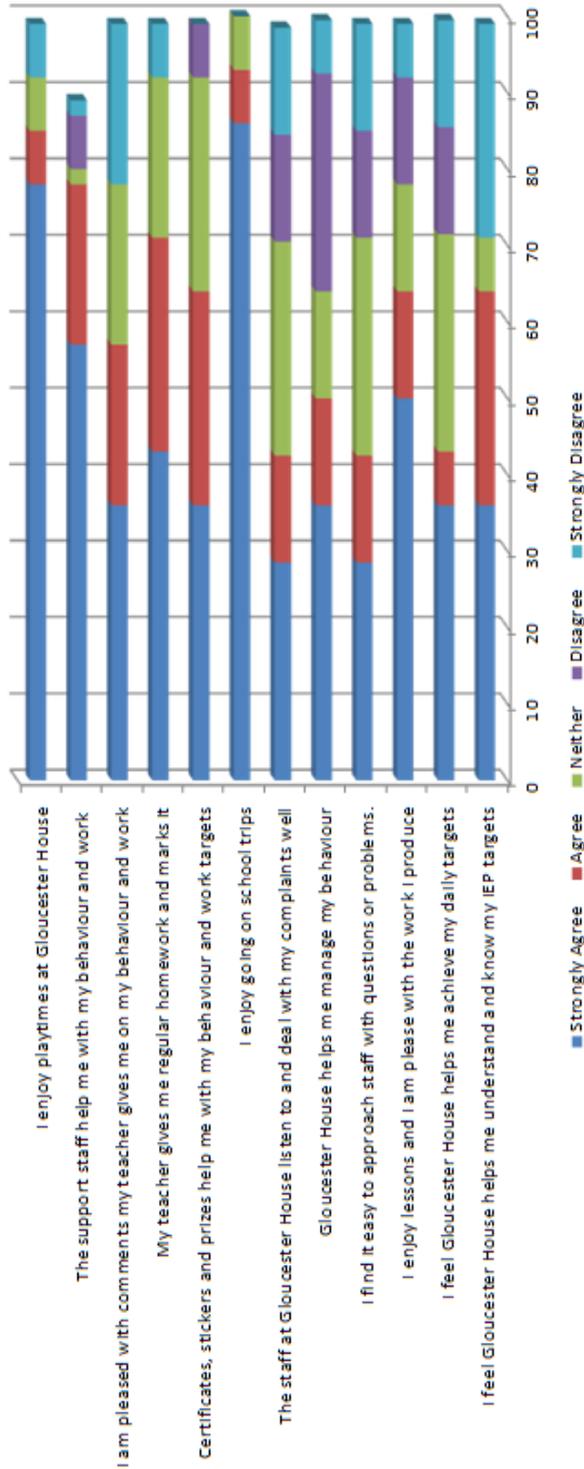
Parent/Carer Questionnaires

Parents surveyed in April 2015 continue to be extremely positive about the work we do with them and their children with all of the questions receiving 100% in the 'agree or strongly agree' category except one parent who felt we did not provide regular homework. Particular highlights were 'staff expect my child to work hard and do his/her best to achieve daily targets' (83% strongly agree) And 'I find the daily target sheets helpful'. ((83% strongly agree)

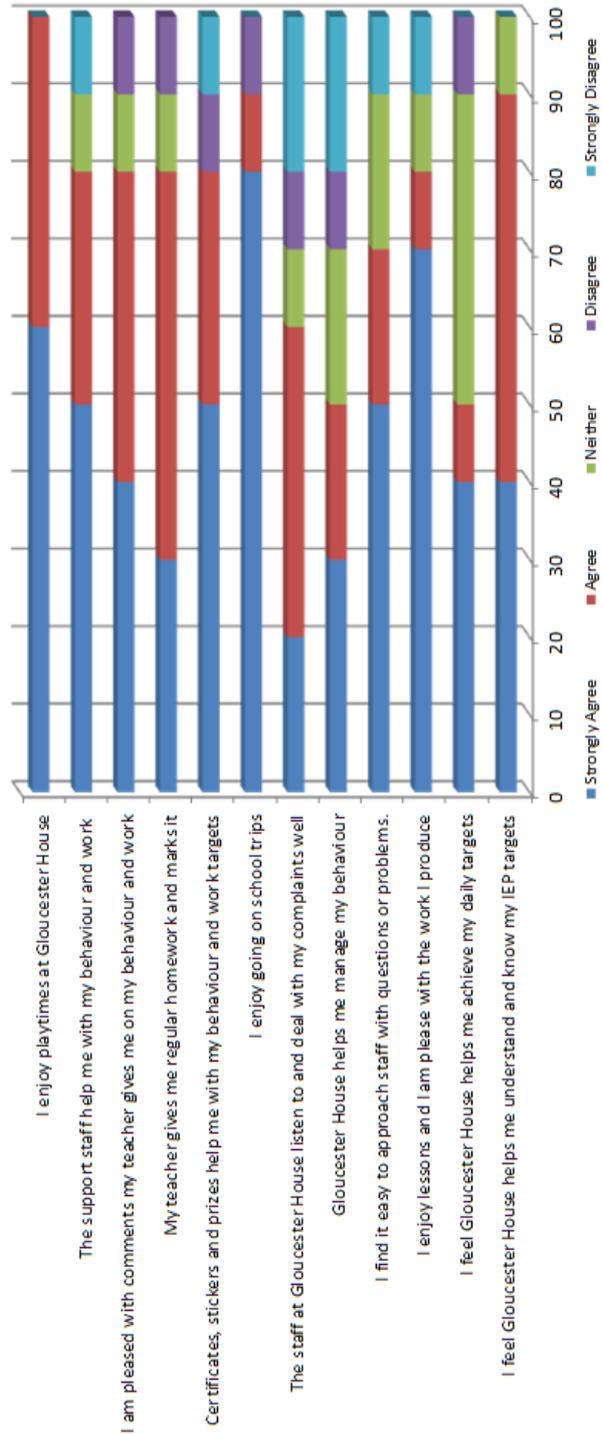
Response to Parent / Carer's Survey April 2015



Response to children's survey March 2015



Response to children's survey July 15



Questionnaire data:

We have administered two questionnaires to pupils one in March and one in July. In March there were areas identified by the children that we wanted to address. When we re-administered the questionnaires in July we were delighted that all except one of our results had improved following focus on this data at our April INSET day getting more positive responses than previously.

Children's Questionnaires July 15

100% of children report enjoying playtimes at Gloucester House
 90% report enjoying trips
 90% think Gloucester House helps them know and understand their IEP targets
 90% enjoy lessons

9. CONCLUSION

The report illustrates that the service provided by Gloucester House for this particular group of children and their parents/carers continues to meet both our own standards and those agreed with the various agencies that choose to commission us. We would like to reiterate that these figures can never provide a sufficient measure of outcome if taken in isolation, and need to be complemented by the regular written in-depth reports we submit on each child.

At a time of wide spread economic restructuring it is important for a service to demonstrate that it is cost effective as well as capable of producing worthwhile results. We believe that Gloucester House has demonstrated its willingness and capacity to respond to market feedback and develop a service which is cost efficient and continues to implement a responsive service which is very child and family centred and offers interventions in line with evidence based clinical practice.

We believe that Gloucester House's unique selling points are:

- An intervention that provides as a "stepping stone" for children with a history of severe difficulties in their emotional and educational development that allows them to move on to stable and successful subsequent placements.
- A unique and genuinely integrated education and mental health model in which education and therapeutic approaches are holistically combined and children and their families are thought about from a full range of perspectives.
- Close involvement of children, parents/carers and professional networks in talking and working together regularly with teachers and clinicians.
- A flexible and well-resourced outreach service and tuition that allows a high degree of success in reintegration into mainstream provision.
- Capacity to coordinate and work with complex multi-agency treatment packages.
- A sought-after training resource for a range of disciplines.
- Good value for money.
- A resource that allows children to stay in their communities.

Work for next period:

We have been focussing on developing our outreach provision following feedback from Local Authorities. We will be further developing this part of our service during 2015-16. We would like to work in partnership with our Local Authority referrers and will be circulating suggested models for the outreach service for feedback.

Report compiled by:
Nell Nicholson (Head Teacher)
September 2015

APPENDIX 2

GLOUCESTER HOUSE (GH) IMPLEMENTATION PROGRAMME

GH Transformation Group report to the Steering Group meeting, 21 October 2015

Introduction

The GH Transformation Group was established in 2014 as a short-term working group with the function of *ensuring that the new model continues to deliver a safe, effective and high quality service.*

The group is responsible for reviewing whether the revised model delivers a fit for purpose service, in light of changes to both the staffing model and pupil age range. The group's standing agenda includes a progress report from the Head Teacher, including measures of quality and safety.

Notes from our 4th meeting on 6 October 2015

Present:

Simon Young, Chair Deputy Chief Executive and Director of Finance	
Jane Gizbert	Non-Executive Director
Rob Senior	Medical Director
Rita Harris	CAMHS Director
Nell Nicholson	Gloucester House Head Teacher

- 1) NN reported that pupil numbers have increased significantly. There had been 15 children throughout the 2014/15 academic year. Yet incident numbers had been very low in the April to June quarter.
- 2) With some pupils leaving in the summer and new admissions this term, we have 14 now, with a further 4 visiting and expected to join in the next few weeks.
- 3) The plans to open a third class and the influx of new children has led to some turbulence at the beginning of term, as was be anticipated. There had been some damage to property.
- 4) We were able to identify the children struggling most with the changes through providing a range of forum for discussion. We respond in a range of proactive ways to ensure time is given to process the changes. We respond to any difficult behaviour that arise through the systems outlined in our behaviour policy.
- 5) With the increased numbers expected after half-term, NN plans to move from 2 classes to 3. We have one new teacher, one student teacher and one clinician. Though no major building modifications can be done in this short timescale, some work is being planned.
- 6) Parents and children are involved in thinking out the changes that are taking place.

- 7) The class groups are going well; and the Discovery group helps to identify the best clinical intervention for each child. To assist in improving attendance at the parents group, a new family therapist will be asked to supervise the staff who lead this group.
- 8) The increased demand enables us (a) to be selective, not accepting pupils who do not fit our criteria; and (b) not to keep pupils for too long.
- 9) It is helpful that we are now able to continue to work with children in KS3 who may have joined in KS2 without having to seek specific agreement for this. We have had one referral last year who came in during KS3 who we worked with for the academic year and one this year. We have not yet been able to set up a link with a local secondary school for science teaching despite several attempts with different schools. As the local authority schools are under a range of pressures, a possible link with a private school might be explored.
- 10) Kirsty Brant, as clinical lead, has continued to work on a number of initiatives. It is likely that she will be asked to continue in this role when her initial year ends soon.
- 11) As noted by the Steering Group in April, this was our last meeting. We propose that governance matters for Gloucester House should be managed by the Trust's existing structures. A meeting will be set up between NN, RS and the new CYAF Director when appointed.

Simon Young, Chair 15 October 2015

Board of Directors: November 2015

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. CQC Inspection

- 1.1 We have been notified that the Chair for our CQC Inspection will be Professor Tim Kendall, Medical Director of Sheffield Health and Social Care Trust. Tim is a very well respected psychiatrist who has previously chaired the NICE guideline group on schizophrenia.

2. Appointments

- 2.1 I am very pleased that we have been able to make strong appointments to two key roles on the Management Team.
- 2.2 Sally Hodges has been appointed as Director of Children, Young Adults and Families. Sally will take up duties with immediate effect.
- 2.3 Craig de Sousa has been appointed as Director of HR. Craig is currently Associate Director of HR at Moorfields. Craig will be taking up his role in the middle of February.

3. Haringey Thinking Space

- 3.1 On 12th November I attended the launch of Haringey Thinking Space. This expanded service builds on the very successful pilot service Tottenham Thinking Space which was first set up in 2011 in the wake of the Tottenham riots. It has been a very successful example of an effective public mental health initiative integrating the Trust's clinical expertise with community resources.

4. HSJ Summit

- 4.1 On 5th and 6th November I attended the annual HSJ Summit. The event was addressed by a wide range of senior speakers including Simon Stevens and the Secretary of State. Much of the discussion focused on the likely outcome and consequences of the spending review and the issues around the development of new models of care. There was an important presentation by Bill Kirkup who carried out the investigation into the events at Morecambe Bay. This highlighted again the significance of psychological and relationship issues as key factors in the breakdown of standards of care.

5. Adult Services Development Group

- 5.1 We held the first meeting on 16th November of the Adult Services Development Group. The Group has the objective of developing with input from adult services staff a strategy for how we can best promote and develop our adult services work.

6. A Good Death

- 5.1 On 28th October I chaired a seminar on "A Good Death" a joint initiative with the Institute of Classical Studies in the School for Advanced Study at the University of London. The event presented a mixture of ancient and modern perspectives on the issue and I hope can be part of an on-going collaboration.

Paul Jenkins
Chief Executive
16th November 2015

Board of Directors : Nov 2015

Item : 9

**Title : A Medium term Strategy for the Tavistock and Portman
NHS Trust**

Purpose:

Following the discussion at the October Board this paper seeks the Board's agreement for the Trust's 2 Year Strategy, to last until 31st October 2017. The Strategy has been updated to reflect further comments from Board members.

Please note the objectives have been bound separately.

This report focuses on the following areas:

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

For : Discussion and agreement

From : Paul Jenkins Chief Executive

Developing a medium term Strategy for the Tavistock and Portman NHS Trust

1. Introduction

- 1.1 At their July meeting the Board of Directors agreed a revised statement of Mission and Values and a set of 5 Year Ambitions for the Trust. In line with this a strategic plan including detailed two year objectives has been prepared and was discussed at the October Board of Directors meeting. The plan has been updated in in the light of subsequent comments from Directors.
- 1.2 The plan is presented for final sign off by the Board of Directors prior to publication.

2. Key messages

- 2.1 The strategy sets out a significant programme of work aligned with the direction of our 5 Year ambitions. There are a number of key drivers:
 - The ongoing need to deliver efficiency gains in order to deliver a sustainable future financial future for the Trust.
 - The requirement to transform our training and education work if we are to maintain our national contract with a strong focus on broadening our geographical reach and diversifying our portfolio with more emphasis on reaching a broader range of the workforce.
 - The desire to maintain and enhance our reputation for quality both in relation to clinical services and training and education.
 - The wish to raise our profile as a thought leader, in particular highlighting our relevance to contemporary problems facing the NHS and other systems.
 - The ambition to modernise our systems and organisational capability.
- 2.2 The delivery of this programme will be challenging but it is hard to see where we can scale down significantly what we hope to do if we are to meet key external challenges and ensure a positive future for the Trust.

- 2.3 There is inevitably at this stage some unevenness in the objectives reflecting that some represent well established areas of work while in others we have only more recently started to scope what is required. The plan will be updated to reflect further work to clarify key objectives and related action plans.
- 2.4 External events may have a significant impact on the delivery of the plan. In particular decisions by HEE about the future of the national contract and other commissioning decisions will be crucial. There may be wider developments in the shape of the provider landscape in London which are highly relevant. A key tension will be how to maintain the capacity to respond to external developments while not losing focus on key deliverables in the plan.
- 2.5 Internal capacity is an issue. With the need to find savings we have not had the ability to make the investment which, ideally, it would be desirable to make to drive this programme of work. To respond to this we will have to be intelligent in how we manage resources. The plan is intended to provide a framework for allowing us to view pressures across the organisation and make the most sensible tactical decisions about how we deploy resources across different objectives.

3. Alignment with Board Assurance Framework (BAF)

- 3.1 In developing the new format for the BAF we have been keen to align this document (and our approach to managing organisational risk) to the 2 Year strategy. In particular we have been concerned to link the risks described in the BAF with objectives in the strategic plan and to match, wherever appropriate, action being taken to mitigate risks with the work planned to deliver strategic objectives.
- 3.2 In this way it is hoped to avoid duplication of effort and to ensure a joined approach to managing risk and strategic objectives in the organisation.

4. Monitoring the Plan

- 4.1 The development of the plan represents a significant shift in the Trust's approach to strategic planning and performance management. The aim will be to provide an overall report to the Board of Directors on quarterly on progress being made against the plan. Exception reports will be made between these meetings where performance against any particular objective gives a cause for concern.

- 4.2 To support a more detailed scrutiny of progress against the plan it is proposed to ask the Strategic and Commercial Committee to undertake a quarterly review of progress against the plan with a resulting report to the Board. The proposed revised Terms of Reference (also on the agenda) reflect this additional duty.

5. Recommendations

- 5.1 The Board of Directors is invited to consider agree the Trust's medium term strategy.
- 5.2 The Board of Directors is invited to agree the proposed arrangements for monitoring and reporting on progress against the Plan.

Paul Jenkins
Chief Executive
November 2015

Board of Directors : November 2015

Item : 10

Title : Finance and Performance Report

Summary:

After seven months a surplus of £1,397k before restructuring is reported, £1,283k above the planned surplus of £114k. The main reason for the surplus is the number of vacancies which currently stands at around 40 WTE across the organisation, including FNP and GID; partly offset by shortfalls on income.

The current forecast for the year is a surplus of £561k before restructuring.

The cash balance at 31 October was £4,985k.

This report was reviewed by the Executive Management Team on 17 November.

For : Information.

From : Simon Young, Director of Finance

1. External Assessments

1.1 Monitor

1.1.1 Monitor's assessment on Quarter 1 has 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 October submission the FSRR remained 4.

2. Finance

2.1 Income and Expenditure 2015/16

2.1.1 After October the trust is reporting a surplus of £1,397k before restructuring costs, £1,283k above budget. Income is £245k below budget, and expenditure £1,499k below budget.

2.1.2 The income shortfall at October of £245k is due to shortfalls on Training £269k and Consultancy £132k which is partially offset by a Clinical surplus of £134k.

2.1.2.1 Training is £269k below plan due to Portfolio income being £102k below plan and a £61k shortfall on FNP project income.

2.1.2.2 Consultancy is £132k below budget, £77k of which is due to TC.

2.1.2.3 Clinical Income was £134k above budget at the end of October which was mainly due to an over performance payment of £200k for GIDU which relates to 2014/15 which has been offset by a provision for the Hackney element of the FDAC service as there is a dispute over case provision. All the main income sources and their variances are discussed in sections 3, 4 and 5.

2.1.3 The favourable expenditure position of £1,499k below budget was due mainly to the following areas.

- 2.1.3.1 Family Nurse Partnership (FNP) has a cumulative under spend of £321k due to £98k vacancies (3.07 WTE) and lower than expected non pay costs of £223k. This is forecast to reduce to a £245k under spend by the end of the financial year.
- 2.1.3.2 GIDU are under spent £245k. Pay is £224k below budget due to a number of previous vacancies which will be covered by temporary staff which commenced in October. The under spend is expected to reduce to £43k by the end of the financial year.
- 2.1.3.3 Education and Training is under spent by £128k on pay which includes £77k from E-learning (3.00 WTE); this under spend is anticipated to reduce to £94k by year end. The Portfolios are also £144k under spent on pay due to previous vacancies and this is expected to be £247k below budget at the end of the year.
- 2.1.3.4 Complex Needs is under spent £75k on pay due vacancies as staff transferred to Camden TAP, One Hackney project is £97k under spent on pay.
- 2.1.3.5 Portman is £118k under budget on pay this is due to a vacant consultant post (0.70 wte) plus additional budget due to the increased Probation Service income.
- 2.1.3.6 The remainder of the under spend was mostly vacancies spread across the organisation.
- 2.1.4 The key financial priorities remain to achieve income budgets; and to identify and implement the future savings required through service redesign.

2.2 Forecast Outturn

- 2.2.1 The forecast surplus allowing for restructuring of £204k is £154k above budget.
- 2.2.2 Clinical income is currently predicted to be £93k above budget due to £200k of old year funding for GIDU over performance offsetting the provision for under performance on the FDAC Service.
- 2.2.3 Training Portfolio income is forecast to be £290k below plan for this financial year due to student numbers being below target. Further detail is in 3.1.3
- 2.2.4 Visiting Lecturer costs are forecast to be £77k below budget.
- 2.2.5 TC expect their income to be £750k which is £163k below target. To offset this loss they forecast their expenditure will be £149k under spent.
- 2.2.6 The Portman Clinic are currently £150k below their expenditure budget and expect this increase to £255k by the end of the year.
- 2.2.7 Commercial Directorate are currently £62k over budget and this is expected

to increase to £104k over spent by the end of the financial year due to temporary staffing requirements.

2.2.8 The forecast assumes that £150k of the contingency remains unutilised.

2.3 **Cash Flow**

2.3.1 The actual cash balance at 31 October was £4,985k this is an increase of £2,625k in month and is £877k above Plan.

2.3.2 The balance was above Plan mainly due to the size of the surplus although this has been offset by delays in payment from Local Boroughs for a number of small contracts which are being pursued although the majority have paid in November. Capital expenditure is £270k 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)	11,418	11,472	(54)
General debtors (incl LAs)	6,593	7,162	(569)
HEE for Training	8,251	7,816	435
Students and sponsors	1,654	1,725	(71)
Other	0	0	0
	27,916	28,175	(259)
Operational expenditure payments			
Salaries (net)	(10,446)	(10,882)	436
Tax, NI and Pension	(7,535)	(7,755)	220
Suppliers	(5,968)	(6,158)	190
	(23,949)	(24,795)	846
Capital Expenditure	(1,555)	(1,825)	270
Interest Income	6	3	3
Payments from provisions	0	0	0
PDC Dividend Payments	(194)	(211)	17
Closing cash balance	4,985	4,108	877

2.4 **Better Payment Practice Code**

2.4.1 The Trust has a target of 95% of invoices to be paid within the terms. During October we achieved 91% (by number) for all invoices. The cumulative total for the year was 90%.

2.5 **Capital Expenditure**

2.5.1 Up to 31 October, expenditure on capital projects was £1,555k. This included £898k on the Modular Building and £263k on the IDCR project.

2.5.2 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 £2,892k.

Capital Projects 2015/16	Budget 2015/16	Actual YTD October 2015	Forecast 2015/16	Spend 2013/14	Spend 2014/15	Total Project	
						Spend to date	Budget to date
	£'000	£'000					
Toilets	100	17	100			17	100
Fire door	40	1	40			1	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	24	500			24	500
Modular Building	825	898	898		14	912	925
DET refurbishment	63	16	63			16	63
Building Management system ext	10	-	10			-	10
Car Park Extraction Unit	70	-	70			-	70
Total Estates	1,808	1,179	1,904	12	434	1,625	2,333
IT Infrastructure	350	146	350			146	350
IDCR	400	230	400	-	389	619	789
Student record system	375		238			-	375
Total IT	1,125	376	988	-	389	765	1,514
Total Capital Programme	2,933	1,555	2,892	12	823	2,390	3,847

3. **Training**

3.1 Income

3.1.1 Training income is £269k below budget in total after seven months.

3.1.2 FNP income is currently being reported as £61k below budget and is expected to be £117k below target by the end of the year.

3.1.3 Training income is significantly below Plan. Recruitment to the new academic year 2015-16 has reached 82% of target, with 514 year 1 students to date, compared to the target of 630. This compares with 474 enrolled in year 1 for academic year 2014-15, and therefore year 1 student numbers are 8% up on last year. The academic year 2015-16 fee income is forecast at £596k below Plan; £348k (7/12ths) of this in this financial year. Overall student numbers are 58 above plan (5% above target). Enrolment into all years at Associate Centres is 175, short of the target of 215

3.1.4 Short courses activity is currently £73k below Plan, and forecast to reach in the region of £100k below the full year Plan of £585k by the end of the financial year. This is due to a number of CPD's and conferences not attracting the level of attendance when compared with previous years and a decline in the levels of bespoke activity.

3.1.5 Training expenditure is currently £728k lower than budget for all areas.

3.1.5.1 The majority of this is within FNP at £321k.

3.1.5.2 The Department of Education and Training is £184k below budget mainly due to a number of key posts being vacant to date. Some short-term posts have been and are being recruited to

3.1.5.3 The Portfolio budgets are £153k under spent as some posts have only just been filled following later than planned recruitment to Portfolio Manager posts which in turn has result in delays in filling the course team posts.

4. Patient Services

4.1 Activity and Income

4.1.1 Total contracted income for the year is expected to be in line with budget, subject to meeting a significant part of our CQUIN targets agreed with commissioners; achievement of these is reviewed on a quarterly basis. The majority of contracts are now block rather than cost and volume.

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

4.1.3 The income budget for named patient agreements (NPAs) was increased this year from £131k to £148k. After October actual income is £117k above budget. This is due to £36k from GIDU relating to 2014/15 in addition to continued GIDU over-performance.

4.1.4 Day Unit Income target was increased by £172k in 2015/16 and is £20k above target after October.

	Budget	Actual	Variance	Full year		Comments
	£000	£000	%	Variance based on y-t-d	Predicted variance	
Contracts - base values	9,375	9,511	1.4%	233	126	Over performed on GIDU relating to 2014/15
NPAs	87	204	135.6%	201	121	Over performed on GIDU
Projects and other	687	621		-	-117	Income matched to costs, so variance is largely offset.
Day Unit	478	498	4.1%	34	35	
FDAC	1,411	1,339	-5.1%	-123	-72	
5. Total	12,038	12,172		345	93	

Consultancy

5.1 TC are £57k behind budgeted target after seven months. This consists of expenditure £20k underspent and consultancy income £77k below budget. TC have reviewed their forecast income and expenditure for the rest of the year and estimate income to be £163k below target and expenditure to be £149k under spent.

5.2 Departmental consultancy is £55k below budget after October; £27k of the shortfall is within Children's, Young Adults and Families Services.

Carl Doherty
Deputy Director of Finance
17 November 2015

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST				APPENDIX A					
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2015-16									
	Oct-15			CUMULATIVE			FULL YEAR 2015-16		
	BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	REVISED BUDGET £000	OPENING BUDGET £000	FORECAST OUTTURN £000
INCOME									
1 CLINICAL	1,768	1,983	214	12,038	12,172	134	20,377	19,416	20,471
2 TRAINING	1,623	1,513	(109)	11,874	11,605	(269)	20,187	20,783	19,673
3 CONSULTANCY	99	56	(43)	743	611	(132)	1,238	1,640	1,010
4 RESEARCH	7	16	10	50	44	(6)	83	123	77
5 OTHER	34	24	(10)	288	316	28	457	819	463
TOTAL INCOME	3,530	3,593	62	24,992	24,747	(245)	42,342	42,781	41,693
OPERATING EXPENDITURE (EXCL. DEPRECIATION)									
6 CLINICAL DIRECTORATES	1,629	1,482	147	11,006	10,229	778	18,775	18,891	18,076
7 OTHER TRAINING COSTS	1,097	1,027	70	8,232	7,503	728	13,920	14,337	13,476
8 OTHER CONSULTANCY COSTS	64	46	18	446	426	20	765	787	616
9 CENTRAL FUNCTIONS	601	682	(81)	4,312	4,560	(248)	7,319	7,535	7,650
10 TOTAL RESERVES	23	0	23	187	0	187	321	(9)	171
TOTAL EXPENDITURE	3,414	3,237	178	24,184	22,719	1,465	41,101	41,539	39,989
EBITDA	116	356	240	809	2,028	1,220	1,241	1,241	1,704
ADD:-									
11 BANK INTEREST RECEIVED	0	1	(0)	3	6	(3)	5	5	8
LESS:-									
12 DEPRECIATION & AMORTISATION	65	64	1	452	418	34	775	775	775
13 FINANCE COSTS	0	0	0	0	0	0	0	0	0
14 DIVIDEND	35	35	0	246	219	27	421	421	375
SURPLUS BEFORE RESTRUCTURING COSTS	17	258	240	114	1,397	1,283	50	50	561
15 RESTRUCTURING COSTS	0	(42)	42	0	68	(68)	0	0	357
SURPLUS/(DEFICIT) AFTER RESTRUCTURING	17	300	282	114	1,329	1,215	50	50	204
EBITDA AS % OF INCOME	3.3%	9.9%		3.2%	8.2%		2.9%	2.9%	4.1%

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST											APPENDIX B
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2015-16											
All figures £000											
		Oct-15			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	614	(3)	4,319	4,341	22	7,035	7,404	7,425	21
2	CYAF CLINICAL INCOME	543	532	(11)	3,570	3,468	(102)	6,868	5,802	5,672	(131)
3	AFS CLINICAL INCOME	379	373	(6)	2,544	2,459	(85)	2,865	4,420	4,307	(113)
4	GENDER IDENTITY	229	464	235	1,605	1,903	299	2,648	2,751	3,067	316
5	NHS LONDON TRAINING CONTRACT	605	605	0	4,232	4,232	0	7,254	7,254	7,254	(0)
6	CHILD PSYCHOTHERAPY TRAINEES	179	113	(66)	1,253	1,184	(69)	2,148	2,148	2,109	(39)
7	JUNIOR MEDICAL STAFF	71	56	(15)	497	497	(1)	900	852	851	(1)
8	POSTGRADUATE MED & DENTL EDUC	7	(17)	(24)	49	15	(34)	111	84	79	(5)
9	PORTFOLIO FEE INCOME	479	437	(42)	2,993	2,891	(102)	5,422	5,298	5,008	(290)
10	DET TRAINING FEES & ACADEMIC INCOME	(15)	34	49	766	763	(3)	1,373	976	914	(62)
11	FAMILY NURSE PARTNERSHIP	298	285	(12)	2,085	2,024	(61)	3,574	3,574	3,456	(117)
12	TC INCOME	76	67	(9)	533	456	(77)	925	913	750	(163)
13	CONSULTANCY INCOME CYAF	6	0	(6)	45	17	(27)	91	77	24	(53)
14	CONSULTANCY INCOME AFS	17	(11)	(27)	166	138	(28)	624	248	236	(12)
15	R&D	7	16	10	50	44	(6)	123	83	77	(6)
16	OTHER INCOME	34	24	(10)	288	316	28	819	457	463	6
	TOTAL INCOME	3,530	3,593	62	24,992	24,747	(245)	42,781	42,342	41,693	(649)
EXPENDITURE											
17	COMPLEX NEEDS	305	255	49	1,986	1,760	226	2,662	3,527	3,369	159
18	PORTMAN CLINIC	133	99	34	930	779	150	1,421	1,605	1,350	255
19	GENDER IDENTITY	183	143	39	1,278	1,033	245	2,079	2,191	2,148	43
20	DEV PSYCHOTHERAPY UNIT	8	20	(13)	68	74	(6)	106	106	107	(2)
21	NON CAMDEN CAMHS	553	510	43	3,737	3,610	127	7,222	6,107	5,967	140
22	CAMDEN CAMHS	420	367	53	2,664	2,572	92	4,639	4,549	4,409	141
23	CHILD & FAMILY GENERAL	29	87	(59)	344	400	(57)	762	691	726	(36)
24	FAMILY NURSE PARTNERSHIP	259	183	77	1,815	1,494	321	3,112	3,112	2,867	245
25	JUNIOR MEDICAL STAFF	83	80	2	580	512	68	993	993	917	76
26	NHS LONDON FUNDED CP TRAINEES	179	217	(38)	1,253	1,284	(31)	2,148	2,148	2,201	(53)
27	TAVISTOCK SESSIONAL CP TRAINEES	2	1	0	11	9	2	19	19	15	4
28	FLEXIBLE TRAINEE DOCTORS & PGMDE	20	16	4	137	111	26	309	234	207	28
29	EDUCATION & TRAINING	250	227	23	2,244	2,060	184	3,906	3,604	3,510	94
30	VISITING LECTURER FEES	111	103	9	775	684	90	1,332	1,332	1,255	77
31	CYAF EDUCATION & TRAINING	30	53	(23)	235	309	(74)	1,503	429	626	(197)
32	ADULT EDUCATION & TRAINING	21	29	(8)	183	193	(9)	1,015	334	409	(75)
33	PORTFOLIOS	143	117	26	1,000	846	153	0	1,714	1,467	247
33	TC EDUCATION & TRAINING	0	1	(1)	0	2	(2)	0	0	2	(2)
34	TC	64	46	18	446	426	20	787	765	616	149
35	R&D	17	10	6	117	58	60	238	201	109	92
36	ESTATES DEPT	159	224	(65)	1,164	1,351	(187)	2,090	1,960	2,176	(215)
37	FINANCE, ICT & INFORMATICS	172	179	(7)	1,251	1,284	(33)	2,295	2,113	2,163	(50)
38	TRUST BOARD, CEO, DIRECTOR, GOVERNS & PPI	92	86	6	643	636	7	981	1,103	1,098	6
39	COMMERCIAL DIRECTORATE	37	47	(10)	266	328	(62)	454	449	553	(104)
40	HUMAN RESOURCES	51	58	(7)	358	397	(39)	652	614	682	(68)
41	CLINICAL GOVERNANCE	67	65	3	471	433	38	824	808	745	63
42	CEA CONTRIBUTION	6	13	(7)	41	73	(32)	0	70	125	(55)
43	DEPRECIATION & AMORTISATION	65	64	1	452	418	34	775	775	775	0
44	VACANCY FACTOR	0	0	0	0	0	0	(134)	0	0	0
45	PRODUCTIVITY SAVINGS	0	0	0	0	0	0	(80)	0	0	0
46	INVESTMENT RESERVE	0	0	0	0	0	0	0	0	0	0
47	CENTRAL RESERVES	23	0	23	187	0	187	205	321	171	150
	TOTAL EXPENDITURE	3,479	3,301	178	24,636	23,137	1,499	42,314	41,876	40,764	1,111
	OPERATING SURPLUS/(DEFICIT)	51	292	241	356	1,610	1,254	466	466	929	463
48	INTEREST RECEIVABLE	0	1	0	3	6	3	5	5	8	3
49	DIVIDEND ON PDC	(35)	(35)	0	(246)	(219)	27	(421)	(421)	(375)	46
	SURPLUS/(DEFICIT)	17	258	241	114	1,397	1,283	50	50	561	511
50	RESTRUCTURING COSTS	0	(42)	42	0	68	(68)	0	0	357	(357)
	SURPLUS/(DEFICIT) AFTER RESTRUCTURING	17	300	283	114	1,329	1,215	50	50	204	154

2015/16 Plan		April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash balance		2,761	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	100	750	100	79	10,717
Students and sponsors		325	150	150	100	0	200	800	250	100	0	0	100	3,025
Other		0	0	0	0	0	0	0	0	0	0	0	0	0
		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
Operational expenditure payments														
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)
		(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)
Capital Expenditure		0	(565)	(200)	(300)	(360)	(300)	(100)	(100)	(185)	(100)	(60)	(100)	(2,370)
Loan		0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Income		0	1	0	1	0	1	0	0	1	0	1	0	5
Payments from provisions		0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments		0	0	0	0	0	(211)	0	0	0	0	0	(210)	(421)
Closing cash balance		5,420	4,596	4,150	4,621	3,087	1,788	4,108	3,170	1,794	4,126	3,443	2,055	2,055
2015/16 Actual/Forecast		April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
		£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash balance		2,761	3,793	2,340	1,592	4,403	2,794	2,360	4,985	4,147	2,900	5,132	4,249	2,761
Operational income received														
NHS (excl HEE)		1,274	2,238	1,379	2,829	1,254	1,309	1,135	1,204	1,175	1,166	1,204	1,176	17,343
General debtors (incl LAs)		1,120	125	828	1,104	495	1,428	1,493	1,249	1,103	1,520	1,386	1,023	12,874
HEE for Training		2,471	118	202	2,597	60	107	2,696	142	79	2,457	143	79	11,153
Students and sponsors		356	87	95	87	121	281	627	250	100	750	100	100	2,954
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	5,951	2,845	2,457	5,893	2,833	2,378	44,324
Operational expenditure payments														
Salaries (net)		(1,541)	(1,455)	(1,499)	(1,527)	(1,641)	(1,381)	(1,403)	(1,471)	(1,468)	(1,462)	(1,462)	(1,462)	(17,771)
Tax, NI and Pension		(1,068)	(1,127)	(1,062)	(1,086)	(1,043)	(1,110)	(1,040)	(1,147)	(1,137)	(1,135)	(1,131)	(1,130)	(13,215)
Suppliers		(1,317)	(882)	(241)	(1,138)	(752)	(747)	(891)	(865)	(865)	(865)	(865)	(865)	(10,291)
		(3,925)	(3,463)	(2,802)	(3,751)	(3,436)	(3,238)	(3,334)	(3,483)	(3,470)	(3,462)	(3,458)	(3,457)	(41,277)
Capital Expenditure		(264)	(559)	(451)	(56)	(104)	(128)	7	(200)	(236)	(200)	(260)	(200)	(2,651)
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	8
Payments from provisions		0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments		0	0	0	0	0	(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	4,147	2,900	5,132	4,249	2,761	2,761

Board of Directors : September 2015

Item : 11

Title: Training & Education 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 2nd November 2015.

This report focuses on the following areas:

- Risk
- Finance
- Productivity

For : Noting

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

Training & Education Board Report

1. Introduction

- 1.1 The Training and Education Programme Management Board met on Monday 2nd November 2015 and discussed the following areas.

2 Visiting Lecturers

- 2.1 Brian Rock informed the programme board that a review looking into the use of Visiting Lecturers has now begun and that a temporary member of staff has been recruited to assist in data collection in relation to this.
- 2.2 The review will be bringing an initial report to the January Trust Board meeting.

3 Office Reconfiguration Phase 2

- 3.1 Brian advised the programme board that phase 1 of the reconfiguration had been completed and brought a proposal for phase 2 for approval.
- 3.2 Phase 2 is to be divided into 2 parts with some initial works taking place in December this year and then the remaining works taking place in March 2016
- 3.3 The programme board was informed that a survey had been carried out amongst staff in the new office. The responses had been largely positive with some expressing concerns on the amount of space available and noise levels which are issues we hope to address in phase 2 by moving staff into offices with others with similar roles and providing slightly larger desks.
- 3.4 He explained that Fiona Hartnett had met with the Course Administration Supervisor and their representative to discuss this works and a much more positive view seems to have been taken amongst this group and they provided helpful input into the design of phase 2.
- 3.5 Concerns regarding the timing of the works in light of the CQC and QAA visits were acknowledged and assurance given to the programme board that the works would be completed well in advance of these visits.
- 3.6 The programme board approved phase 2 of the works and the Trust Board were asked to approve them by email which they did on 5th November 2015.

4 ICT Project

- 4.1 Brian Rock advised the programme board that due to a change in the advice given to the Trust by LPP we had not been able to go forward in making a recommendation as to a supplier for the student record system
- 4.2 The Trust is now engaged in a further tendering process and is awaiting bids. They have been advised that a streamlined evaluation process can be followed this time to speed up decision making.
- 4.3 The project team will be meeting to consider how the directorate will work in the coming months going into academic year 16/17 in the event that the records system is not in place by then.
- 4.4 It is hoped that a decision will be reached in time for presentation to the Board in January 2016.

5 Restructuring

- 5.1 Brian Rock presented a paper on the proposed restructuring of the Education and Training directorate to the programme board.
- 5.2 He explained that the proposal had been discussed widely with human resources, portfolio managers and with the staff side chair, Angela Haselton.
- 5.3 It was agreed that the timetable included in the proposal would be amended slightly to take into account the Christmas break.
- 5.4 The programme board gave their approval for the proposal which was circulated to staff in the Directorate on 3rd November 2015 thus beginning a four week consultation process.

6 LCPPD Contract

- 6.1 Brian explained to the group that Fiona Hartnett had taken on managing this contract after Will Bannister left. The work that has been done so far has indicated that while organisations want to commission training from us, they wanted to have more input into what is delivered and that they want to train more staff for reduced costs
- 6.2 Fiona will be taking this forward ahead of the commissioning portal opening for academic year 2016/17 in the form of devising targeted advertising to commissioning organisations and looking into why Trusts that have commissioned in the past may not do so again.

7 Marketing Update

- 7.1 Laure Thomas updated the programme board on the work of the marketing and communications team.

- 7.2 They are currently carrying out a review of course information and fees for 16/17 as well as finalising the prospectus for printing. The aim is to have the prospectus ready ahead of the first open evening of the year on 17th November.

8 National Contract

- 8.1 Paul Jenkins explained that the Trust has resubmitted the document based on feedback from Chris Caldwell and Liz Hughes.

Brian Rock

Director of Education & Training / Dean of Postgraduate Studies

Board of Directors : November 2015

Item : 12

Title : CQSG Committee Report, Q2, 2015/16

Purpose:

This report gives an overview of performance of clinical quality, safety, and governance matters according to the the opinion of the CQSGC. The Board of Directors is asked to confirm whether this paper is accepted as adequate assurance, and where not, whether the Board of Directors is satisfied with the action plans that have been put in place.

This report is based on assurance scrutinised by the following Committees:

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

The assurance to these committees was based on evidence scrutinised by the work stream leads and the Management Team.

This report focuses on the following areas:

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

For : Discussion

From : Rob Senior, CQSG Chair

Clinical Quality, Safety, and Governance Committee

Notes from a meeting held at 11:00, Tuesday 3rd November 2015, Boardroom

2

Members	Present?
Rob Senior, Medical Director, CQSGC Chair	Y
Paul Burstow, Trust Chair	Y
Dinesh Bhugra, Non-Executive Director	Apologies
Anthony Levy, Public Governor	Apologies
Public Governor	-
Paul Jenkins, Chief Executive	Y
Simon Young, Senior Information Risk Owner	Y
Louise Lyon, Quality and Adult & Forensic Director	Y
CYAF Director	-
In attendance	
Sally Hodges, PPI Lead	Y
Caroline McKenna, CO & CA Lead	Y
Jessica Yakeley, PSCR Lead	Y
Elisa Reyes Simpson, Associate Dean for Academic Governance and Quality Assurance	Y
Marion Shipman, Associate Director Quality and Governance	Apologies
Jonathan McKee, Governance Manager (& CQSGC Secretary)	Y

AP	Item	Action to be taken	By	Deadline
9	6	A glossary would be useful; it was agreed to use that in the Quality Report in the Members' Guide	LL, JM	30.11.15
1	4	A special report on trainees' mandatory training will be presented at the February meeting	ERS	31.12.15
2	5 (b)	<i>A risk assessment on possible ligature points be undertaken, focussing on areas where patients were unattended [via PSCR work stream report]</i>	JY	31.12.15
3	5 (b)	<i>A report to be made on the management of and learning from complaints [via CQPE work stream report]</i>	LL	31.12.15
4	5 (c)	<i>Internal Audit to be commissioned to produce a report on NICE guidance conformance in clinical practice [via CQPE work stream report]</i>	LL	31.12.15
5	5 (c)	<i>A report assuring the CQSG that the MT is actively monitoring the implementation of users-on-interview panels initiative [via the CGR work stream report]</i>	MS	31.1.15
6	6	Work stream leads were asked to produce Q3 reports by 25 th January so that the latest progress could be reported as part of the CQC inspection	LL, SY, JY, MS	24.1.15

Items in italics are to be reported through the respective work streams.

	Preliminaries	
		Action
1	Chair's opening remarks	

CQSG Jan 15 **A**
Page 2 of 6

	Everyone was welcomed, especially Paul Burstow attending for the first time.	
3	Notes from the last meeting These were accepted as a true record.	
4	Matters arising The CQEPE work stream is to be known as the CQPE work stream. Rob Senior reminded work stream leads to respond to prompts to update the action tracker in good time so that the action table could be updated before sending it out. Work stream leads confirmed that actions [in italics] transferred to respective leads were addressed in their reports. There was some uncertainty as to how operational reporting on trainees' mandatory training was managed and monitored. There was also a lack of regular reporting of assurance of this task. A special report will be provided at the next meeting at which point permanent arrangements for each can be agreed.	1ERS
5	Reports from work stream leads	
	a) Information Governance Simon Young presented his previously circulated report and highlighted: <ul style="list-style-type: none"> • Good progress generally, but a few matters that were the focus of ongoing resolution meant that an overall green rating could not be applied to most of the domains, though completion was anticipated by the deadline in March • The long-running issue about trainees' data storage had been resolved • Due to the indisposition of the ICT Manager, implementing the data loss protection might not be complete as planned The committee <ul style="list-style-type: none"> ❖ Noted that progress on developing the management of clinical data systems was underway and was the operational responsibility of the Quality Directorate coordinating work with the Clinical Governance Team; the assurance will be monitored according to the recently approved clinical quality strategy. The committee accepted the report as assurance on performance or as	

	satisfactory progress towards attaining assurance where action plans were in place. The proposed amber rating was confirmed.	
	<p>b) Patient Safety and Clinical Risk</p> <p>Jessica Yakeley presented her previously circulated report and highlighted:</p> <ul style="list-style-type: none"> • Suicide and self-harm prevention procedures had been introduced • A report on potential ligature points had been produced; though such considerations were very important in a residential context, the report would address relatively low risks at the Trust, though was deemed useful nevertheless • There had been 9 complaints in Q2 –this is a highly unusual number. The complaints had been reviewed and no shortfall in clinical practice had been found. There was an underlying theme of poor communication/ failure to address unrealistic expectations • A wide range of feedback, formal and informal is considered at various forums, but no one senior level forum <p>The committee</p> <ul style="list-style-type: none"> ❖ Directed that a risk assessment on possible ligature points be undertaken, focussing on areas where patients were unattended ❖ Wanted a plan to convey learning beyond teams addressing complaint action plans ❖ Wanted a plan to convey learning beyond teams addressing incident action plans <ul style="list-style-type: none"> ➤ A report on implementation of the above will be put to a December management team <p>The committee accepted the report as assurance on performance or as satisfactory progress towards attaining assurance where action plans were in place; subject to the directions given to be addressed on the work stream action tracker, the proposed green rating was confirmed.</p>	<p>2JY</p> <p>3LL</p>
	<p>c) Clinical Quality and Patient Experience</p> <p>Louise Lyon tabled a replacement report, respective leads highlighted:</p> <ul style="list-style-type: none"> • some unfamiliarity with clinical audit methodology was found and this will be addressed in workshops • the vast range of therapeutic tools had prompted a cost-effectiveness review • CYAF data had been submitted to the benchmarking network; an approach to AF data needs to be devised 	

	<p>Reports on clinical outcomes and clinical audit were tabled.</p> <p>The committee</p> <ul style="list-style-type: none"> ❖ Looked for a prompt resolution of resourcing issues, noting that work was underway to agree solutions in Q3 ❖ Noted that recording of NICE compliance would be different in AF and CYAF ❖ Looked for progress by Q3 in recruiting audit champions to ensure the roll-out of guidance; and commissioned an Internal Audit on compliance ❖ Noted that the MT would review benchmarking report findings as part of service line reporting ❖ Wanted the MT to be informed of progress of implementing the users-on-interview panels to be monitored by the MT; and note assurance that this was being done in the Q4 CGR report <p>The committee accepted the report as assurance on performance or as satisfactory progress towards attaining assurance where action plans were in place. The proposed amber rating was confirmed.</p>	<p>4LL, SY</p> <p>5MS</p>
	<p>d) Corporate Governance and Risk</p> <p>Louise Lyon presented the previously circulated report and highlighted that all targets had been met.</p> <p>The committee</p> <ul style="list-style-type: none"> ❖ was pleased to note good performance <p>The committee accepted the report as assurance on performance or as satisfactory progress towards attaining assurance where action plans were in place. The proposed green rating was confirmed.</p>	
	<p>Conclusion</p>	
<p>6</p>	<p>Any other business</p>	
	<p>Work stream leads were asked to produce Q3 reports by 25th January so that the latest progress could be reported as part of the CQC inspection</p>	<p>6SY, JY, LL, MS</p>
<p>7</p>	<p>Notice of future meetings</p> <p>11am, Tuesday 2nd February 2016 11am, Tuesday 3rd May 11am, Tuesday 6th September 11am, Tuesday 1st November</p>	

Board of Directors : November 2015

Item : 13

Title : Equalities Monitoring of Clinical Services

Summary:

This paper is presented to the Board for discussion. It contains a review and analysis of data collected on the relevant protected characteristics of those using our clinical services and some examples of our approach to addressing equality and diversity issues in our clinical services. This report will be made publicly available on our website.

In line with our Equalities Annual Plan priorities for 2015-6, we are currently engaged in a project to review the data on protected characteristics which we routinely collect across the Trust. We wish to improve the consistency of data collection across the Trust and to ensure that it is collected in forms which are compatible with NHS guidance so that we can clearly benchmark externally and internally. We are reviewing which data needs to be collected in order to monitor equitable access, to monitor the effectiveness of interventions aimed at improving access and to examine any differences in patient satisfaction across groups of patients.

This report focuses on the following areas:

- Patient / User Experience
- Equality

For : Noting

From : Louise Lyon, Director of Quality and Patient Experience; AFS

2014/15 Equalities Report: Clinical Services

Introduction

In line with our Equalities Annual Plan priorities for 2015-6, we are currently engaged in a project to review the data on protected characteristics which we routinely collect across the Trust.

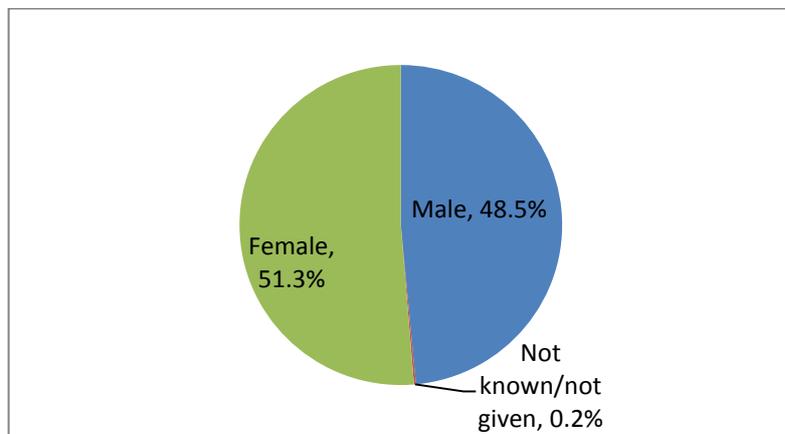
We wish to improve the consistency of data collection across the Trust and to ensure that it is collected in forms which are compatible with NHS guidance so that we can clearly benchmark externally and internally.

We are reviewing which data needs to be collected in order to monitor equitable access, to monitor the effectiveness of interventions aimed at improving access and to examine any differences in patient satisfaction across groups of patients.

This report gives first the statistics for 2014/15; and then a narrative on the Trust's approach to ensuring equality of access and treatment, with examples of the work already done in this area and our further action plans.

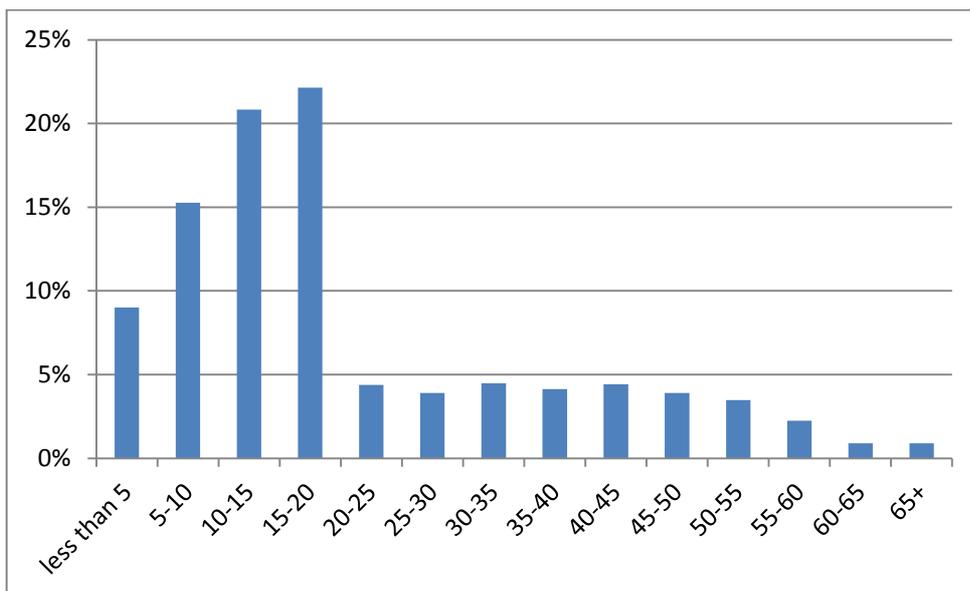
Gender

48.5% of patients seen by the Trust in 2014/15 were male; 51.3% female; and 0.2% not known or not given.

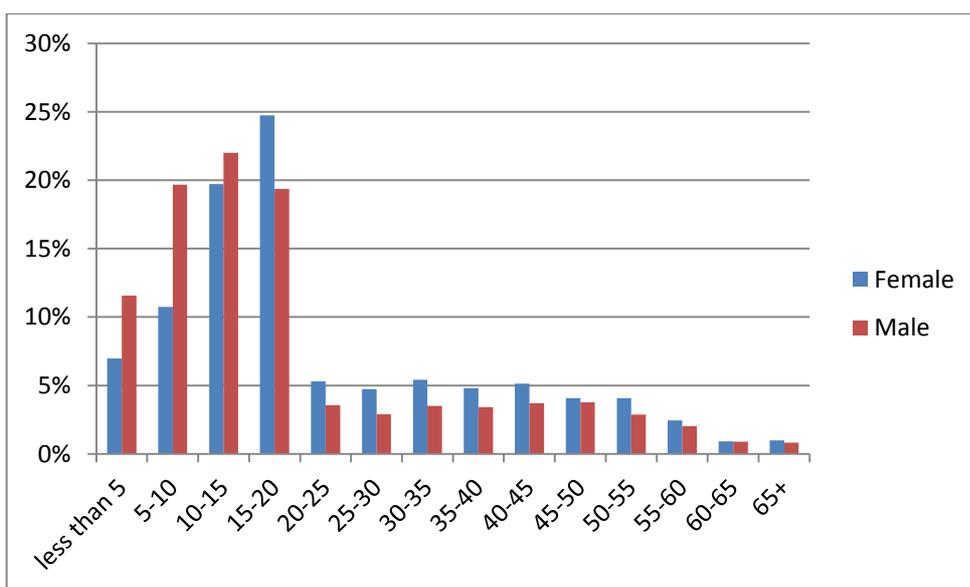


Age

The age at referral for the patients seen by the Trust in 2014/15 is shown in the chart below:



The age profiles for male and female patients are slightly different, and are shown in the chart below.



Disability

Information on disability was only stated by 22% of the patients seen in 2014/15. The Trust plans to review this incompleteness, as we regard this information as relevant to a high quality service delivery.

	Yes	No	Not stated
Learning disability	0.3%	21.5%	78.2%
Physical disability	0.7%	21.1%	78.2%

Gender reassignment

We do not currently ask for this data but we are exploring ways of doing so which are appropriate to our services.

Marital status and civil partnership

We decided that this data was not sufficiently relevant to our offering clinical services, and it is therefore not routinely requested.

Religion

This data is collected in some services but is not routinely collected across the Trust. As part of our review process, we will explore whether we should roll out routine collection of this data across our services.

Pregnancy and maternity

We do not collect this data as it is not relevant to service delivery.

Sexual orientation

At present this is only collected routinely in one of our services. The Management Team have approved our plan to collect this data for all adult patients now that our new CareNotes system is in place.

Ethnicity

Comparators

The proportions of ethnic groups vary significantly across the country and across London: e.g. Black groups make up 3.4% of the population of England; 13.3% in London; 8.2% in Camden; and 18.8% in both Haringey and Brent.

There are also some significant age differences: White groups account for 59.8% of the total London population, but only 46.6% of the London population under 18 (in 2011).

Since the catchment areas and ages for our services vary significantly, a single comparator such as the London population will not be the most appropriate; though it is used here as the best approximation if we wish to take all our services together.

Clinical services	Comparator
Camden CAMHS	Camden under 18s in 2011.
CAMHS Complex Needs	Under 18s in 2011. Weighted average (in proportion to their activity levels) of the 3 boroughs from which our patients mainly come, Barnet, Haringey and Islington.
Adolescent and Young Adults	Aged 12 to 20 in 2011. Weighted average (in proportion to their activity levels) of the 5 boroughs from which our patients mainly come, Camden, Barnet, Haringey, Islington and Westminster.
Gender Identity Development	England under 18s in 2011.
Adult Complex Needs	21 – 69s in 2011. Weighted average (in proportion to activity levels) of the 6 boroughs/counties from which our patients mainly come, Camden, Hertfordshire, Westminster, Haringey, Barnet and Islington.
Portman Clinic	21 – 69s in 2011. Weighted average (in proportion to activity levels) of the 5 boroughs/counties from which the largest numbers of our patients come, Camden, Barnet, Haringey, Islington and Hertfordshire.
City and Hackney Primary Care Psychotherapy Consultation	City and Hackney 21 – 69s in 2011.
Total of all clinical services	London total population in 2011. As noted above, this is not a very good comparator.

All these figures are comparators. For various reasons, notably the potential for variation in illness and need between ethnic groups, they should not necessarily be viewed as targets.

Patient numbers

The percentages of patients for each service, and for the Trust overall, are given in the two pages of the Appendix.

As shown at the foot of each table, the data is incomplete. Action is currently in hand to address the difficulties experienced in collecting ethnicity for some patients. This is believed to be partly caused by features of our previous patient record system, now replaced. We are confident of substantially increasing our collection rates, though it is expected that some patients will not wish to provide this information.

Though incomplete, the data gives a high sample to allow comparisons with the populations served. In general, there is a good degree of correlation. More specifically:

- a) White groups are generally represented in similar proportions to the population. Main exceptions: White British are over-represented in Adolescent, Adult and Portman. White Other are over-represented in City and Hackney PCPCS. In CAMHS Complex Needs, White British are under-represented and White Other are over-represented.
- b) Mixed groups are over-represented in several services. (This seems to be especially in "Other Mixed" but there could be scope for confusion here over the exact description given.)
- c) Black groups overall are generally represented in similar proportions to the population, though with some variation both over and under. Black Africans are more significantly under-represented in several services, however, with Black Caribbean sometimes over-represented.
- d) Asian groups are significantly under-represented in all services; though the proportion in Camden CAMHS is high, but still lower than the comparator.

Equality and Diversity

Our approach in our clinical services

Our clinical services span a wide range of geographical areas with varying demographics and levels of need. We work with children, young people families and adults and therefore provide services across the life span, tailoring our services to the needs of our service users according to their stage of life.

We aim to identify hard to reach communities through analysis of data and intelligence from a variety of sources including the third sector, local authorities, CCGs, Public Health and Joint Strategic Needs Assessments.

Having identified hard to reach communities, we look for organisations or staff who work with these communities and members of the community itself who can provide more information about their needs and how best to engage the community

Where we can identify partners to work with, we will co-produce a service model or project, develop appropriate information, pilot the intervention and refine on the basis of feedback.

We provide interpreters where service users indicate they are needed. We provide information in a range of formats and languages. We enquire about access requirements before first appointments and can offer appointments in wheelchair accessible buildings with disabled lavatory facilities. We have an induction loop system for those with hearing problems and ensure our buildings are DDA compliant.

Examples of our approach to addressing equality and diversity in practice.

This is not an exhaustive report on our approach but gives some examples from a range of services

1 The Child and Family Refugee Team is a specialist team within CAMHS. We offer multi-disciplinary interventions, based on our experience, service user feedback and knowledge of research, to children and families from Refugee and asylum seeking communities to improve their emotional and mental health.

We are good at engaging hard to reach families through outreach projects and community interventions, and through the work of our three community mental health practitioners in the team who share language and culture with two of the biggest refugee communities in Camden. We co-lead groups with Somali and Congolese communities to produce leaflets in an extensive range of languages including Farsi and Pashto .

Feedback from service users included ““having leaflets in our languages helps understand what we they are offering and builds trust. It shows the Trust is respectful and interested in being our culture.”

Work with these communities led to the training and employment of people from these communities as CAMHS workers.

We also work closely with interpreters and cultural advocates. Our outreach projects have included narrative groups for children and their parents in schools, youth clubs and sports centres (Arsenal in the Community); parenting skills groups; and mental health awareness raising sessions. In addition, we use our specialist expertise to improve the knowledge, capacity and competence of other health and social care staff in their work with children and families from refugee communities through consultation and training.

2 In our City and Hackney Primary Care Psychotherapy Consultation Service we have set up specific projects to cater for ‘hard to reach’ or BME groups . These projects are embedded within the service’s local delivery model. They include the Horticultural Therapy Group (for Turkish speakers) and Community Photography Group. The aim was to develop therapeutic interventions tailored to the needs of those less likely to engage with more ‘traditional’ psychotherapeutic approaches. Through this and other measures BME groups are ‘over-represented’ in our City and Hackney service, when compared to the ethnic make-up of the area. This service won the Royal College Psychiatric Team of the year and British Medical Journal Mental health Team of the Year 2015. In our new Camden Team Around the Practice Service, a primary care based service for adults, we are seeking to appoint a Sylheti speaking clinician as the Sylheti speaking community has been identified as a hard to reach group. We are also

making links with Irish voluntary sector bodies in order to increase our reach with the Irish community in Camden as they have been identified as a group in need.

3 Religious groups

Within some religious groups, people feel stigmatised in approaching mental health services. Our services seek to de-stigmatise people experiencing mental health problems and to make contact with religion based groups. For example, in Hackney we have good links with Bikur Cholim, an orthodox Jewish care centre; we have linked with the Muslim Youth Helpline, based in Swiss Cottage, learning from them about the need for faith sensitive services.

4 Learning disabilities

We draw on learning from our work with People First to ensure our services are more accessible and appropriate to people with learning disabilities, for example by using pictures in literature when appropriate. We offer a Life span service which offers a dedicated service for people with learning disabilities and autism across the life span

5 Sexual orientation

We are a Stonewall Health Champion and benefitted last year from their Department of Health funded consultation to us to improve access and appropriate provision for lesbian, gay, bisexual and trans communities. We recognise that there are high rates of mental health problems amongst LGBT people. Over the year 2014-5, training in addressing the health care needs of LGBT people was offered to staff and we plan to arrange further training opportunities.

On Stonewall's advice, we will start to routinely ask people about their sexual orientation in 2015-6 in order to assess whether or not LGBT people are accessing our services. Locally we have fostered links with the LGBT community through linking with a local LGBT youth club. We offer a service for adoptive parents in same sex couples.

6 Deprived communities

We are aware that areas of higher mental health need match areas of greatest deprivation. We undertook a study of our Camden patients and as reported in the Trust's Quality Report for 2010/11, this showed that 53% of patients came from the 40% most deprived section of the borough's population; and only 29% from the 40% least deprived.

	Camden CAMHS		Other CAMHS		Adolescent		Gender Identity	
	Patients 2014/15	Census Comparator						
<u>percentages of those for whom the ethnicity information was collected</u>								
White: English/Welsh/Scottish/Northern Irish/British	35.5%	35.7%	31.5%	36.6%	55.4%	36.7%	85.9%	74.5%
White: Irish	1.3%	1.0%	1.0%	0.9%	1.3%	1.1%	2.0%	0.3%
White: Gypsy or Irish Traveller	0.1%	0.1%	0.2%	0.2%	0.0%	0.1%	0.0%	0.2%
White: Other White	13.9%	12.9%	19.5%	14.2%	17.1%	13.0%	4.0%	3.6%
Total : White	50.8%	49.7%	52.3%	51.8%	73.7%	50.8%	91.9%	78.6%
Mixed/multiple ethnic groups: White and Black Caribbean	4.6%	3.0%	5.9%	3.6%	1.8%	2.8%	1.6%	1.8%
Mixed/multiple ethnic groups: White and Black African	2.1%	1.8%	1.6%	2.1%	0.8%	1.6%	0.2%	0.8%
Mixed/multiple ethnic groups: White and Asian	2.2%	4.6%	2.3%	3.2%	2.0%	2.5%	0.9%	1.5%
Mixed/multiple ethnic groups: Other Mixed	7.9%	3.8%	7.9%	3.6%	5.6%	2.6%	1.4%	1.1%
Total : Mixed/multiple ethnic groups	16.9%	13.1%	17.7%	12.5%	10.2%	9.5%	4.2%	5.2%
Asian/Asian British: Indian	0.4%	1.3%	1.5%	2.9%	1.0%	3.7%	0.3%	2.6%
Asian/Asian British: Pakistani	0.5%	0.6%	0.4%	1.2%	0.8%	1.2%	0.2%	3.6%
Asian/Asian British: Bangladeshi	9.2%	12.4%	1.2%	2.2%	1.8%	4.6%	0.0%	1.5%
Asian/Asian British: Chinese	0.9%	0.9%	0.4%	1.2%	1.8%	3.3%	0.5%	0.5%
Asian/Asian British: Other Asian	3.2%	2.7%	1.2%	4.3%	1.8%	4.4%	0.4%	1.8%
Total : Asian/Asian British	14.1%	17.9%	4.8%	11.7%	7.1%	17.2%	1.4%	10.0%
Black/African/Caribbean/Black British: African	8.0%	8.9%	5.6%	10.8%	2.3%	9.4%	0.3%	2.9%
Black/African/Caribbean/Black British: Caribbean	2.4%	3.2%	11.2%	4.1%	3.6%	3.4%	1.0%	1.0%
Black/African/Caribbean/Black British: Other Black	2.8%	3.3%	3.4%	4.0%	0.8%	3.2%	0.8%	1.0%
Total : Black/African/Caribbean/Black British	13.2%	15.4%	20.3%	18.8%	6.6%	16.0%	2.0%	4.9%
Other ethnic group: Arab	0.3%	1.9%	0.0%	1.6%	0.3%	2.8%	0.0%	0.6%
Other ethnic group: Any other ethnic group	4.8%	2.0%	5.0%	3.6%	2.0%	3.6%	0.6%	0.7%
Total : Other ethnic group	5.0%	3.8%	5.0%	5.2%	2.3%	6.4%	0.6%	1.3%
Totals (with ethnicity info collected)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Client refused or unable to choose	2.5%		2.4%		4.0%		0.1%	
Not requested or other null codes	27.1%		40.6%		37.7%		34.7%	
Total not collected	29.6%		43.0%		41.8%		34.8%	

percentages of those for whom the ethnicity information was collected

	Adults		City and Hackney		Portman		Grand Total	
	Patients 2014/15	Census Comparator	Patients 2014/15	Census Comparator	Patients 2014/15	Census Comparator	Patients 2014/15	Census Comparator
White: English/Welsh/Scottish/Northern Irish/British	51.0%	47.6%	40.9%	39.1%	63.7%	48.9%	48.1%	44.9%
White: Irish	2.4%	3.0%	3.1%	2.5%	1.8%	3.0%	1.7%	2.2%
White: Gypsy or Irish Traveller	0.0%	0.1%	0.3%	0.2%	0.0%	0.1%	0.1%	0.1%
White: Other White	22.3%	20.1%	24.6%	18.4%	12.2%	18.8%	15.3%	12.6%
Total : White	75.6%	70.7%	69.0%	60.2%	77.7%	70.8%	65.3%	59.8%
Mixed/multiple ethnic groups: White and Black Caribbean	1.5%	0.7%	2.5%	1.4%	1.1%	0.8%	3.3%	1.5%
Mixed/multiple ethnic groups: White and Black African	0.3%	0.6%	0.8%	0.9%	0.7%	0.6%	1.2%	0.8%
Mixed/multiple ethnic groups: White and Asian	1.1%	1.1%	0.8%	1.2%	1.4%	1.0%	1.7%	1.2%
Mixed/multiple ethnic groups: Other Mixed	2.6%	1.3%	2.7%	1.8%	3.2%	1.3%	5.4%	1.5%
Total : Mixed/multiple ethnic groups	5.6%	3.7%	6.7%	5.3%	6.5%	3.7%	11.5%	5.0%
Asian/Asian British: Indian	2.5%	3.4%	2.5%	2.9%	1.8%	4.0%	1.1%	6.6%
Asian/Asian British: Pakistani	0.6%	0.8%	0.8%	0.7%	1.4%	0.9%	0.5%	2.7%
Asian/Asian British: Bangladeshi	1.1%	2.7%	1.3%	1.9%	0.4%	2.0%	3.5%	2.7%
Asian/Asian British: Chinese	0.7%	2.5%	0.5%	1.6%	0.0%	2.3%	0.7%	1.5%
Asian/Asian British: Other Asian	2.4%	4.2%	0.5%	2.8%	1.1%	4.1%	1.8%	4.9%
Total : Asian/Asian British	7.2%	13.7%	5.5%	10.0%	4.7%	13.4%	7.6%	18.5%
Black/African/Caribbean/Black British: African	2.1%	4.3%	3.4%	10.0%	3.6%	4.8%	4.5%	7.0%
Black/African/Caribbean/Black British: Caribbean	3.8%	2.0%	7.7%	6.7%	4.3%	2.4%	4.6%	4.2%
Black/African/Caribbean/Black British: Other Black	1.1%	1.2%	2.7%	3.2%	2.2%	1.2%	2.4%	2.1%
Total : Black/African/Caribbean/Black British	7.0%	7.5%	13.8%	19.8%	10.1%	8.4%	11.5%	13.3%
Other ethnic group: Arab	0.6%	1.8%	0.0%	0.7%	0.0%	1.1%	0.2%	1.3%
Other ethnic group: Any other ethnic group	4.0%	2.6%	5.0%	4.0%	1.1%	2.7%	3.8%	2.1%
Total : Other ethnic group	4.6%	4.4%	5.0%	4.7%	1.1%	3.7%	4.1%	3.4%
Totals (with ethnicity info collected)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Client refused or unable to choose	12.3%		0.9%		0.9%		3.0%	
Not requested or other null codes	23.3%		48.7%		39.0%		34.0%	
Total not collected	35.6%		49.7%		39.8%		37.1%	

Board of Directors : November 2015

Item : 14

Title : Capital Project: DET office reconfiguration
Phase 2a & 2b

Purpose:

In July this year the Board approved office reconfiguration works in the Department of Education and Training creating one open plan office where there were once four smaller offices. This has allowed for the accommodation of a greater number of staff, working more collaboratively. At this time, the Board were notified that there were a second set of proposals in development and that these would be worked up once the first phase was completed and staff were settled in the new office space. This proposal sets out the case for Phase 2a and 2b for approval.

At its 1st November 2015 meeting, the Training & Education Programme Management Board (TEPMB) discussed and agreed the need for further works to continue the development of the department to continue to address significant cultural issues and needed integration of functions, workflows and communication.

The Board of Directors gave approval to proceed with Phase 2a and 2b by email on the 5th November, after the proposal was circulated. This decision is presented here for ratification.

The Board are asked to ratify their approval for the project.

This report focuses on the following areas:

- Risk
- Finance
- Quality

For : Approval

From : Director of Education & training / Dean of Postgraduate Studies

Capital Project: DET Office reconfiguration Phase 2a & 2b

1. Proposed Office Reconfiguration

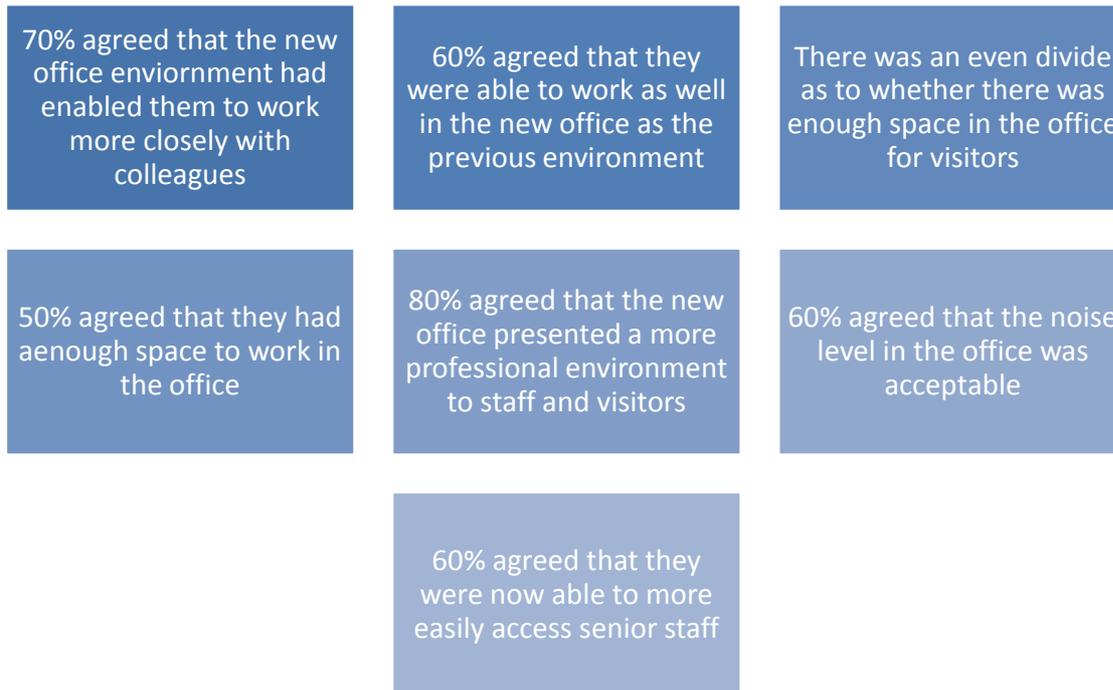
- 1.1 Significant work has already taken place in DET to improve the ways we work through the reconfiguration of offices on one side of the corridor on the 2nd Floor of the building.
- 1.2 As outlined in our previous proposal there are considerable constraints that remain within the current configuration of the office footprint in DET, and there is potential for improvement of the use of available space for a changing workforce.
- 1.3 These proposals will enable us to use space more efficiently and provide more space for staff. Phase 2b will lead to the creation of a dedicated student reception that will improve the student experience and allow for better management of staff time through the improved facilitation of ad hoc queries from students, staff, and VLs.

2. Phase 2

- 2.1 Phase 2 would address the west side of the corridor. This will be divided into 2 phases. Phase 2a will merge room 259 and 260 into one and create a break space for staff in room 268. Phase 2b will see rooms 261 and 263 merged into one and a student reception area created.
- 2.2 The Academic Governance & Quality Assurance unit will remain in its current space but the change will enable us to include the Business Intelligence team. The other large open plan office shall have a student reception installed and the remaining space shall accommodate the Course Administrators, Registry, CPD and Finance.
- 2.3 As well as meeting the practical needs of accommodating staff this new environment will provide a more welcoming environment for students that appears professional, well organised and modern. The inclusion of a student reception offers a number of benefits including:
 - 2.3.1 Presenting a professional student facing environment with a clear place for students to go when they have queries and a welcoming area for new students.
 - 2.3.2 Providing new ways of communicating with students such as video screens detailing events taking place and location of seminars thereby reducing the amount of repetitive person-to-person interaction in non-essential areas
 - 2.3.3 Reducing the amount of non-essential queries directed at course administrators and better managing the flow and direction of work

3. Concerns

- 3.1 When Phase 1 of the works were proposed staff expressed a number of concerns, including: the amount of space that would be available to carry out one’s role; office noise; privacy and storage.
- 3.2 To assess how this was working in practice, after completion of the work, a survey was carried out amongst staff in the new office. The responses are detailed overleaf:



- 3.3 In addition staff made the following comments:
 - *“More storage would be useful.”*
 - *“There are times I now have to work in other quieter offices to enable me to concentrate on my work which is not ideal. It would be great to have more leg room under the desks and storage space options on the desks for staff that don't have the option to work in a less 'plugged in' way.*
 - *“Really enjoying it. Bit annoying having to trek down the corridor to the kitchen and common room for the microwave, but apart from that - it's great.”*
- 3.4 We will be working to address these concerns in phase 2 in the following ways;
 - 3.4.1 Some staff currently on the left of the corridor will move to the right to sit with colleagues that will be doing similar tasks. This should reduce noise levels. Course Administration, CPD and Registry will also be situated in one hub, which fits with current proposals for restructuring.
 - 3.4.2 We will be having slightly larger desks in the phase 2 as well as providing more

space beyond desks for activities such as collating papers.

- 3.4.3 Room 234 is usually available as a room for staff wishing to work quietly and for meeting room space. There is existing provision for laptops available to staff at any time that can be used for this purpose. Staff will be reminded of this and encouraged to use them.
- 3.4.4 There will be increased storage in phase 2 offices. As functions move across to the newly configured space the issue of insufficient space will be resolved.
- 3.4.5 Students will now only see course administrators, registry and others after engaging with the proposed Student Support and Administration Officer. They will manage the flow of staff into the main office to enable students to have privacy when speaking to these teams.
- 3.5 Fiona Hartnett, Dean's Office Manager, has also met with the Course Administration Supervisor and the CA representative to address current concerns in one of the groups that is most affected by the proposed changes. The meeting was very positive and the feedback and experience gained from phase 1 allowed us to be flexible with the proposed layout. As a consequence, we are proposing to set up desks differently in phase 2b with squares of four desks rather than rows of six, as in phase 1 (this is not reflected in the image below which is only to illustrate the space itself).
- 3.6 At this meeting assurance was given that the proposed student reception area would not prevent CAs having contact with students but would rather be a way to channel and better target this contact and save them time in managing more general enquiries. They were also pleased that we would be making additional staffing provision for the reception rather than it being staffed by CAs on a rota basis. We also agreed to use screens to divide the area as this would mean they could place storage against it and will represent a saving on the glass wall that was originally proposed.
- 3.7 We are also gathering feedback from members of the student experience committee as to what they would find helpful and enhance their experience.
- 3.8 At the November TEPMB concerns were raised as to whether the works could be completed before the Christmas period to ensure that there was no slippage into the period before the CQC visit. We have now received assurances from our Estates Manager, Paul Waterman that this is achievable. In fact, some key work for this phase was undertaken during Phase 1 because the builders were able to do this fairly quickly.

4. Costings

- 4.1 The proposal has been fully developed with the support of Paul Waterman, who has provided a comprehensive costing for all the work, including fixtures, fittings and furniture. Phase 2a is expected to cost £32,279 and Phase 2b £56,712 including a 10% contingency. This is detailed in Appendices 2 and 3.
- 4.2 Phase 2a will make a small addition to the 15/16 capital expenditure budget, and Phase 2b to the 16/17 budget.

5. Summary

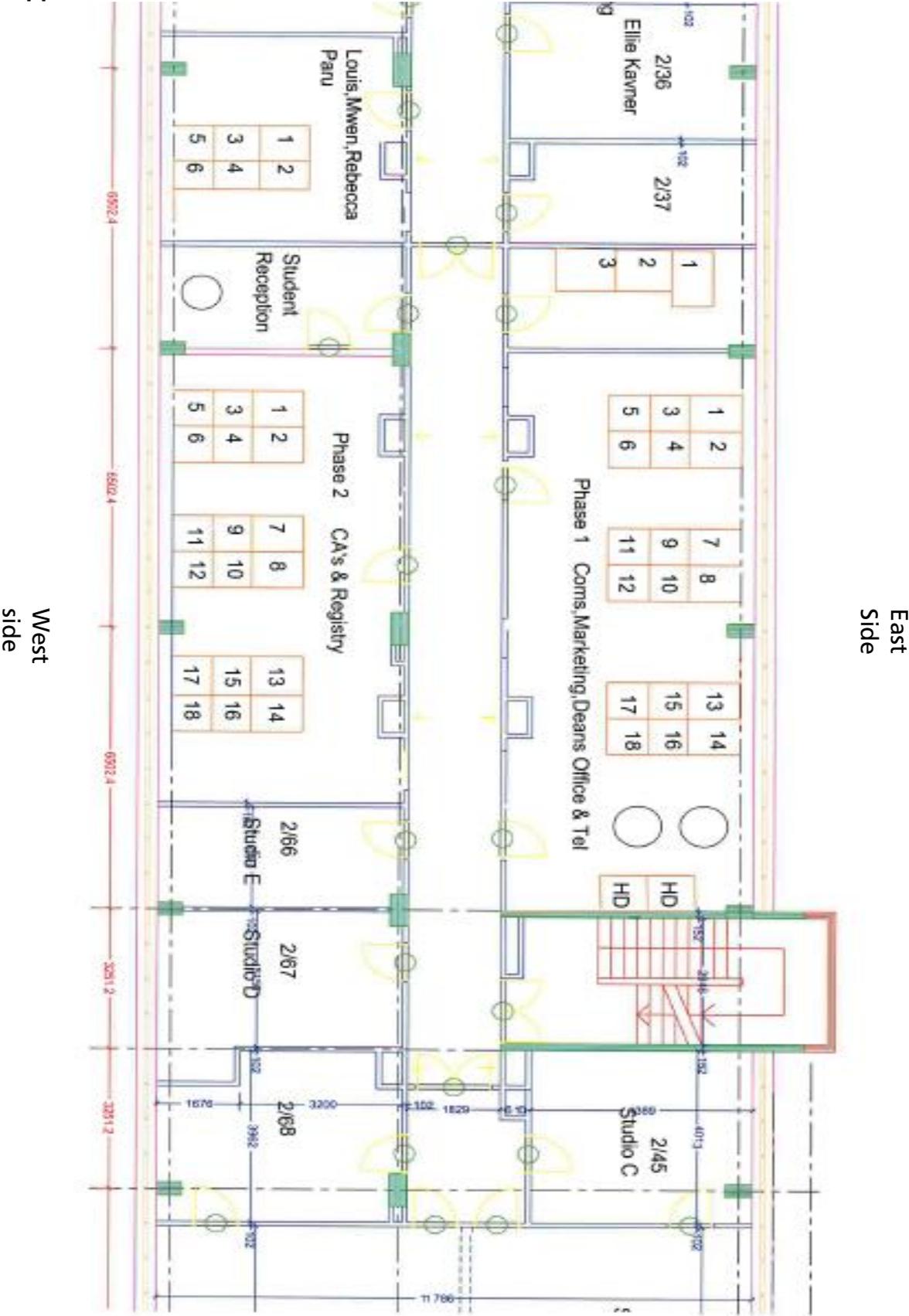
- 5.1 In summary in order to continue the work of Phase 1 and enable us to provide a more professional and welcoming environment to students as well as enabling the department to accommodate all staff to better align with our restructuring plans, the Board of Directors is being asked to approve Phases 2a and 2b of the DET reconfiguration.

Brian Rock

Director of Education and Training /Dean of Postgraduate Studies

4th November 2015

Appendix 1



Appendix 2

DET: Phase 2 259/260/268

Date : 26 th Oct 2015

SCOPE OF WORKS

Planned Works

Variations : Christmas

BUDGET ESTIMATE Code	Description of work item	Unit M ²	Labour £	Material £	Total £
Item					
1	Demolitions, alterations & strip out				
1.01	Demolish walls and make good				£2,494.00
1.02	Remove ceiling & grids replace				
1.03	Supply and install new ceiling				£3,077.00
2	Enabling and access works:				
2.01	Protection to site during works				
2.02	Clear site on completion of works				
2.03					
3	Raised floors				
3.01					
4	Floor finishes				
4.01	Remove existing flooring prepare and make good check level and screed				
4.02	Allow to supply and install new carpet integral skirting and all designated designs				£1,740.00
5	Wall finishes				
5.01	Apply 1 mist & 2 full coats of acrylic emulsion to walls Lightly sand between coats: See finishes schedule for colours				£1,119.54
5.02	Block up wall				£696.00
5.03	Supply and Install 1000 baseunit 1640 work top				£686.00
8	Small power				
8.01	Supply and install floor compartment trunking Connect to island desks Test and issue certification				
9	Lighting & fittings				£4,822.00
9.01	Allow to take down and dispose of under WEE regs Fit trust issued fittings Test and issue certification				
9.02	Office light fittings				£600.00
11	Data and telecommunications;				

11.01	Relocate existing data lines.				£320.00
14	Mechanical and air handling				
14.01	Relocate heating pipes into ceiling void	See Phase 1			
20	Textiles/Blinds				
	Replace blinds	4			£1,200.00
24	Furniture installation	6			£8,075.46
	Desks Approx. £ 1,345.91 Dual beam monitor arm Floor standing screen etc. see drawing				
SUB - TOTAL					£24,830.00
CONTINGENCY @ 10%					£2483.00
BUDGET CONSTRUCTION COST					£27,313.00
M&E	N/A				0.00
	PROFESSIONAL FESS @ 8.5%				0.00
SUB-TOTAL					
Plus VAT @20%					£4,966.00
TOTAL PROJECT COST					£32,279.00

Variations:

Appendix 3 – Costs, Phase2b

DET: Phase 2 263/264

Date : 26 th Oct 2015

SCOPE OF WORKS

Variations : Planned Works Easter

BUDGET ESTIMATE		Unit	Labour	Material	Total
Code	Description of work item	M ²	£	£	£
Item					
1	Demolitions, alterations & strip out				
1.01	Demolish walls and make good				£2,644.00
1.02	Remove ceiling & grids replace				
1.03	Supply and install new ceiling				£3,272.00
2	Enabling and access works:				
2.01	Protection to site during works				Inc above
2.02	Clear site on completion of works				Inc above
2.03					
3	Raised floors				
3.01					
4	Floor finishes				
4.01	Remove existing flooring prepare and make good check level and screed				
4.02	Allow to supply and install new carpet integral skirting and all designated designs				£2,835.00
5	Wall finishes				
5.01	Apply 1 mist & 2 full coats of acrylic emulsion to walls Lightly sand between coats: See finishes schedule for colours				£786.00
5.02	Block up wall				
5.03	Supply and install Glass aperture (Wall or door)				£6,911.00
8	Small power				
8.01	Supply and install floor compartment trunking Connect to island desks Test and issue certification				£4,294
9	Lighting & fittings				
9.01	Allow to take down and dispose of under WEE regs Fit trust issued fittings Test and issue certification				£740.00
9.02	Office light fittings				£2,450.48
11	Data and telecommunications;				
11.01	Relocate existing data lines.	12			£480.00

14	Mechanical and air handling				
14.01	Relocate heating pipes into ceiling void				
20	Textiles/Blinds				
	Replace blinds	8			£2,400.00
24	Furniture installation				
	Desks Approx. £ 1,345.91	12			£16,150.92
	Dual beam monitor arm				
	Floor standing screen etc.				
	see drawing				
SUB - TOTAL					£42,963.40
CONTINGENCY @ 10%					£4,296.30
BUDGET CONSTRUCTION COST					£47,260.00
M&E	N/A				0.00
PROFESSIONAL FESS @ 8.5%					0.00
SUB-TOTAL					
Plus VAT @20%					£9,452.00
TOTAL PROJECT COST					£56,712.00

Variations:

Board of Directors : November 2015

Item : 15

Title : Procurement of a New Intranet for the Trust

Summary:

The current Trust intranet is dated and unengaging with limited functionality. From across the organisation there is a desire to bring in a more modern, appealing and useful platform which would both serve as an enhanced internal communications and engagement channel and improve some of our processes and ways of working.

Initial scoping work has been carried out and reviewed by management team on two occasions. This paper requests approval for:

- an external contractor to be brought in part-time to project manage this.
- a tender to go out to procure an intranet with the maximum budget set out below and based on the approach agreed by management team

This report has been reviewed by the following Committees:

- Management Team, 17 November

This report focuses on the following areas:

- Communications
- Finance

For : Approval

From : Director of Communications and Marketing, Director of IM&T

Procurement of a New Intranet for the Trust

1. Introduction

1.1 Background

It has been felt for some time that the Trust's current intranet is inadequate and underperforming. A survey of trust staff in the May found that 81% used the intranet but most found unappealing and not fit for purpose:

'Very hard to access from non-Trust PCs'

'Hassle to log on, and boring once you're there'

'Not very user friendly or navigable'

'The content is hard to find and often out of date'

It also had very limited functionalities – it is really just a repository for documents – and many struggle to access it from outside the network, let alone non-Tavi hardware.

1.2 Imperatives

A number of circumstances have brought this issue to the fore. A review of the website has found that it hosts a large number of internal-facing documents, situated there to ensure these can be readily accessed by staff off-site if necessary. These are not easily searchable and this is not the best place for them. As this platform is aimed at an external audience, we cannot entirely resolve these issues on the website.

Preparation for the upcoming CQC inspection has also demonstrated some of the ways in which a modern intranet could improve information dissemination: as well as an engaging communications platform, they offer a number of tools to enhance our ways of working, e.g. the ability to create team specific forums to help share learnings and best practice, the ability to create mandatory reading and data about who has completed this, etc...

There is also over-reliance on all-staff emails which is counter-productive as staff are 'switching off'. Staff engagement is crucial to delivering our 2-year objectives. There is also a real need to engage with staff more about developments around the Trust, including around the relocation project which is picking up pace.

While there was a pressing need for certain functionalities, MT felt not everything would have to happen at once and more complex functionalities (e.g. dashboards or intricate digitalisation of business processes) or those that would require the most internal 'clean-up' work (e.g. files-sharing) could form part of the second phase.

2. Work to date

The Communications Team and the Director of IM&T have done some initial research and scoping to inform next steps.

2.1 Scoping / consultation

As well as the staff survey, we have spoken to a number of organisations (in particular North East London FT and NICE) who have recently introduced new intranets.

We have also called in demos from their intranet providers and a number of other companies based on expert advice and desk research. These were: Sorce, Smallworlders, Creode, and Orchid Software. One of these companies is developing an intranet for West London Mental Health Trust at the moment.

The Director of IM&T also organised an initial discussion with Microsoft / Sharepoint, which will be followed by a demo.

2.2 Stage reached

We feel we have seen a wide enough selection of different types of providers to confidently take this to the next stage. While costings provided at demo stage are rough estimates and the final outlay will depend on our final specifications, we have a broad idea of how much such a project will cost (there is some variability between providers on capital vs. running costs).

All options we have seen would use active directory (the Microsoft directory service we have that controls and authenticates users and computers on our network) to identify users so there would not need to 'log in twice' or have separate passwords for the platform. All of the options are web-based.

A fundamental requirement was also that each platform was accessible to all our staff and remote sites and could easily accommodate new staff, in new regions in line with our ambitions to run more services and deliver more training in the regions. All of these options would meet this requirement.

3. Next steps

We will need a clearer sense of our requirements to go to tender.

Hence we propose bringing in a project manager to:

1. Set up a small working group with reps from key areas: corporate, clinical, DET.
2. Fully scope requirements
3. Consider wider IM&T issues that might relate to the Intranet
4. Develop statement of requirements and tender documentation based on 1 & 2
5. Proceed to tender

We will then need to go through a formal procurement process which we hope to manage in house. We propose going out with an ITT.

What we are seeking from the board is clearance to proceed, including an 'in principle' agreement for a maximum budget for the programme. The board or the EMT would have sign off before we proceed to contract.

3.1 Budget

We propose setting a maximum budget of £50,000 for the initial cost and implementation (this should cover phase 2 – i.e. the file-sharing and other functionalities we may wish to build in though they may take longer and aren't critical to launch). The ongoing maintenance costs should be kept to less than £10,000 per annum unless a major additional function was introduced which required linking with other systems for instance, and could be justified through resulting efficiency gains elsewhere.

In terms of timescales, most of the options we have seen could be implemented within 6 months.

3.2 Project Manager

Both the Communications and IM&T teams are currently working at full capacity and could not deliver this project in the timescales specified above. In order to progress this project quickly and stay on top of the tender process and project, we propose bringing in part-time external support into the Communications Team.

We feel we would want to bring this resource in immediately to help scope the Invitation to Tender and Statement of Requirements which will require some initial internal coordination.

3.3 Longer-term resourcing

Longer term, the communications team do not have sufficient resource to manage a substantial additional channel. We have also been discussing the need to bring in a more senior person to manage our existing digital channels. We would like to revisit this once we have a better idea of the requirements of both the intranet and the website.

4. What we require from the Board

What we are seeking from the board is clearance to proceed, including:

- Bringing in external resource to project manager the procurement and implementation
- An 'in principle' agreement to tender for a new intranet within the maximum budget of £50,000 specified above. The board or the EMT would have sign off before we proceed to contract.

Laure Thomas
Director of Communications and Marketing
16 November 2015

Board of Directors : November 2015

Item : 16

Title : Corporate Governance – NED Links, Charitable Funds Annual Report, SCPB ToR, Trust Seal, Register of Interests

Summary:

1. NED Links and Committee Memberships – to approve
2. Charitable Funds Annual Report – to approve
3. Strategic and Commercial Programme Board (SCPB) ToR– new Committee name and ToR to approve.
4. Use of Trust Seal – to approve
5. Register of Interests – to approve

This report focuses on the following areas:

- Corporate Governance

For : Approval

From : Gervase Campbell, Trust Secretary

Corporate Governance

1. NED Roles, Committee Memberships and Links

1.1 Introduction

- 1.1.1 NED Roles, Committee memberships and Committee Chairmanships were last agreed by the board in November 2014. With the change of Chair some of these memberships also need to be changed, and the others confirmed.
- 1.1.2 NED Links and areas of interest are usually reviewed once a year. They were last approved in November 2014, and will probably be reviewed in the new year.

1.2 NED Committee Memberships

- 1.2.1 We propose that Mr Burstow continue as a member of the CQSG committee, as agreed by the Board in the September meeting.
- 1.2.2 We propose that Mr Burstow take up the roles of Chair of the Executive Appointment and Remuneration Committee, and of Chair of the Charitable Fund Committee. These are both roles previously held by Angela Greatley.
- 1.2.3 We propose that all the other Committee memberships and Chairs remain unchanged for the time being, a full list can be found in **Appendix A**.

1.3 NED Key Roles

- 1.3.1 We propose Dr McPherson continue to serve as Deputy Chair of the Board of Directors, as appointed by the Council of Governors.
- 1.3.2 We propose that Mr Holt continues in the role of Senior Independent Director.

1.4 NED Links

- 1.4.1 We propose that Mr Burstow should take the role of Non-Executive Lead for Safeguarding and Child and Adult Protection. This link was previously held by Angela Greatley.
- 1.4.2 We propose that Mr Burstow join the Committee for Clinical Excellence Awards as the lay member. This role was previously held by Angela Greatley.
- 1.4.3 We propose that all other NED links and roles remain unchanged at present. See **Appendix A** for details.

1.5 Approval

- 1.5.1 The Board is asked to **approve** these links, memberships and roles as detailed above and in Appendix A.

2. Charitable Funds Annual Report

- 2.1 The annual report and accounts of the Charitable Fund are presented for approval by the board, see Appendix B.
- 2.2 The report and accounts have been reviewed by two members of the Charitable Funds Committee, the CEO and Director of Finance.
- 2.3 The Board of Directors is asked to approve the annual accounts

3. Strategic and Commercial Programme Board

- 3.1 As part of the strategy work conducted this year it was recognised that a more systematic monitoring process was required to review progress and ensure resources are allocated effectively.
- 3.2 Further to Board's discussion of the Trust's Strategy, it is proposed that the the Strategic and Commercial Programme Board be renamed the Strategic and Commercial Committee and that the key role of the Committee will be to review progress against the Trust's Strategic Plan, to provide the board with a quarterly report highlighting plans which are not on track or wider issues which affect the plan and what mitigating actions could be taken.
- 3.3 In addition it is proposed that the Committee considers the commercial aspects of the Trust's strategy including how ambitious our growth strategy should be, in what markets and what partnership strategy is required to support this. The Committee will also continue to review very large tenders such as the CAMHS bids we have submitted over the last year and lessons learnt.
- 3.4 Currently it is proposed that there are three non-executive directors on the Committee. The Board is asked whether they believe the committee could work well with two non-executive directors and if so, whether this would be more realistic given non executives current commitments.
- 3.5 Please see Appendix C for the new Terms of Reference.
- 3.6 The Board are asked to **approve** the new ToR.

4. Use of the Trust Seal

- 4.1 The Trust's constitution states that the Board of Directors is responsible for approving use of the Trust Seal before it is affixed to any document. Where it is not possible to get approval in advance, the use must be reported to the Board of Directors at their next meeting.
- 4.2 On the 28th October 2015 the Trust sealed an agreement with the London Borough of Haringey for a new service: Haringey Thinking Space. The contract runs from 1st October 2015 to 30th September

2018, and is for £41k per annum. The winning of this contract had been previously reported to the board in July 2015.

- 4.3 The agreement was sealed by Mr Paul Jenkins, CEO, and Mr Simon Young, Deputy CEO and Director of Finance. The sealing was witnessed by Mr Gervase Campbell, Trust Secretary.
- 4.4 The contract itself was agreed by the usual management processes; it is coming to the Board because Haringey requested we use our seal as well as signing it.
- 4.5 The Board are asked to **approve** this use of the Trust Seal.

5. Register of Interests

- 5.1 The register is kept to ensure there are no material conflicts of interest within the Board of Directors, and is presented for the board to approve.
- 5.2 The register can be found in Appendix D.
- 5.3 The Board are asked to **approve** the register.

Gervase Campbell
Trust Secretary
November 2015

Director Links to Trust Work

Areas where NED involvement is mandatory (nb - where membership of committees is large only key Executive Director link is given)			
Board Committees	Name	Title	Responsibility
Audit Committee	David Holt	Non-Executive Director	Committee Chair
	Ian McPherson	Non-Executive Director	Member
	Edna Murphy	Non-Executive Director	Member
	Simon Young	Finance Director	Attendance
Strategic and Commercial Programme Board (formerly BDIC)	David Holt	Non-Executive Director	Interim Committee Chair
	Ian McPherson	Non-Executive Director	Member
	Edna Murphy	Non-Executive Director	Member
	Paul Jenkins	Chief Executive	Member
	Simon Young	Finance Director	Member
	Paul Burstow	Trust Chair	Committee Chair
Charitable Fund Committee	Paul Jenkins	Chief Executive	Member
	Simon Young	Finance Director	Member
	Rob Senior	Medical Director	Committee Chair
	Paul Burstow	Trust Chair	Member
CQSG	Dinesh Bhugra	Non-Executive Director	Member
	Paul Jenkins	Chief Executive	Member
	Sally Hodges	Director of CYAF	Member
	Louise Lyon	Director of Quality, Patient Experience and AFS	Member
	Paul Burstow	Trust Chair	Committee Chair
	Dinesh Bhugra	Non-Executive Director	Member
	Jane Gizbert	Non-Executive Director	Member
Executive Appointment and Remuneration Com (formerly separate Appointment & Remuneration)	David Holt	Non-Executive Director	Member
	Ian McPherson	Non-Executive Director	Member
	Edna Murphy	Non-Executive Director	Member
	Paul Burstow	Trust Chair	Committee Chair
	Dinesh Bhugra	Non-Executive Director	Member

Director Links to Trust Work

Areas where NED involvement is helpful			
Name	Title	Responsibility	
Paul Jenkins	Chief Executive	Committee Chair	
Jane Gizbert	Non-Executive Director	Member	
Edna Murphy	Non-Executive Director	Member	
Dinesh Bhugra	Non-Executive Director	Member	
Ian McPherson	Non-Executive Director	Member	
Brian Rock	Director of Educational and Training/ Dean	Member	
Ian McPherson	Non-Executive Director	Member	
Jane Gizbert	Non-Executive Director	Member	
Louise Lyon	Director of Quality, Patient Experience and AFS	Executive Lead	
Sally Hodges	Director of CYAF	Trust Lead	
Jane Gizbert	Non-Executive Director	Non-Executive Lead	
Ian McPherson	Non-Executive Director	Non-Executive Lead	
Edna Murphy	Non-Executive Director	Non-Executive Lead	
Jane Gizbert	Non-Executive Director	Non-Executive Lead	
David Holt	Non-Executive Director	Non-Executive Lead	
Dinesh Bhugra	Non-Executive Director	Non-Executive Lead	
Edna Murphy	Non-Executive Director	Non-Executive Lead	
Sonia Appleby	Consultant Social Worker	Clinical Lead	
Paul Burstow	Trust Chair	Non-Executive Lead	
Rob Senior	Medical Director	Trust Lead	
Paul Jenkins	Chief Executive	Committee Chair	
Paul Burstow	Trust Chair	Lay Member	
Ian McPherson	Non-Executive Director	Lay Member	
Jane Gizbert	Non-Executive Director	Non-Executive Lead	
Emma Heath	Communications & Stakeholder Communications Mngr	Management Lead	
Amanda Hawke	Complaints Manager	Management Lead	
Marion Shipman	Associate Director of Quality and Governance	Management Lead	
Edna Murphy	Non-Executive Director	Non-Executive Lead	
Simon Young	Deputy CEO & Finance Director	Trust Lead	
David Holt	Non-Executive Director	Non-Executive Lead	
John Keogan	Local Counter Fraud Specialist	(Baker Tilley)	

Director Links to Trust Work

Equality; Disability Issues; Human Rights; Mental Health Act	Louise Lyon	Director of Quality, Patient Experience and AFS	Trust Lead
	Ian McPherson	Non-Executive Director	Non-Executive Lead
	Dinesh Bhugra	Non-Executive Director	Non-Executive Lead
	Rob Senior	Medical Director	Trust Lead
	Susan Thomas	Director of Human Resources	Trust Lead
Estates and Security Management	Paul Waterman	Estates and Facilities Manager	Trust Lead
	David Holt	Non-Executive Director	Non-Executive Lead
Legal Issues	Gervase Campbell	Trust Secretary	Trust Lead
	Edna Murphy	Non-Executive Director	Non-Executive Lead
Research & Development Committee	Ellis Kennedy	Director of Research & Development	Trust Lead
	Dinesh Bhugra	Non-Executive Director	Non-Executive Lead
Data/Informatics/IT	Simon Young	Deputy CEO & Finance Director	Trust Lead
	Jane Gizbert	Non-Executive Director	Non-Executive Lead
HR	Susan Thomas	Director of Human Resources	Trust Lead
	David Holt	Non-Executive Director	Non-Executive Lead
Quality Stakeholders Group	Ian McPherson	Non-Executive Director	Non-Executive Lead
	Louise Lyon	Director of Quality, Patient Experience and AFS	Trust Lead

Non-Executive Director Links to Trust Work (by name)

Name	Committee/Area	Responsibility
Paul Burstow	Charitable Fund Committee	Committee Chair
	CQSG	Member
	Executive Appointment & Remuneration Committee	Committee Chair
	Safeguarding and Child and Adult Protection	Link
	Clinical Excellence Awards Committee	Lay Member
Dinesh Bhugra	CQSG	Member
	Executive Appointment & Remuneration Committee	Member
	Training & Education Programme Management Board	Member
	Link area: T&E Directorate	Link
	Link area: Equalities; Disability Issues; Human Rights; MHA	Link
	Research and Development Committee	Member
Jane Gizbert	Executive Appointment & Remuneration Committee	Member
	Training & Education Programme Management Board	Member
	PPI Committee	Corresponding member
	Gloucester House Steering Group	Link
	Link area: Communications	Link
	Link area: Data/Informatics/IT	Link
David Holt (SID)	Audit Committee	Chair
	SCPB	Interim Chair
	Executive Appointment & Remuneration Committee	Member
	Link area: Finance	Link
	Link area: Counter Fraud	Link
	Link area: Estates & Security Mngt	Link
Ian McPherson (Deputy Chair of the Trust)	Audit Committee	Member
	SCPB	Member
	Executive Appointment & Remuneration Committee	Member
	Training & Education Programme Management Board	Member
	PPI Committee	Member
	Link area: Adult and Forensic Services	Link
	Clinical Excellence Awards	Member
	Link area: Equalities; Disability Issues; Human Rights; MHA	Link
	Quality Stakeholders Group	Member
	Edna Murphy	Audit Committee
SCPB		Member
Executive Appointment & Remuneration Committee		Member
Training & Education Programme Management Board		Member
Link area: CYAF		Link
Link area: T&E		Link
Link area: Complaints and whistleblowing		Link
Link area: Legal issues		Link

Tavistock and Portman Charitable Fund

Annual Report and Unaudited Accounts

2014/15

TAVISTOCK AND PORTMAN CHARITABLE FUND

ANNUAL REPORT OF THE TRUSTEE

2014/15

1. Reference and Administrative details

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 (since 1 November 2006, an NHS Foundation 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.*

Two legacies are registered as separate charities under the “umbrella” of the Charitable Fund, and are included in its accounts.

Correspondence should be addressed to:

Trust Secretary
Tavistock and Portman NHS Foundation Trust
120 Belsize Lane
London NW3 5BA

Independent Examiner:

A G Rich
c/o HW Fisher and Company
Acre House
11-15 William Road
London NW1 3ER

Bankers:

National Westminster Bank plc
3rd Floor
Argyll House
246 Regent Street
London W1R 6PB

Charity registration no. 1049530

2. Structure, Governance and Management

The Tavistock and Portman NHS Foundation Trust is Trustee of the Charitable Fund. The Trust's Board of Directors has appointed a Charitable Fund Committee, whose main duties as listed in its terms of reference are:

- To agree and recommend to the Board a strategic policy for investing and utilising the assets of the Fund in pursuit of its stated purposes; and to review that policy at least every three years.
- 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.
- To review the financial statements of the Fund annually, and more frequently if appropriate.

The Directors of the NHS Foundation Trust during 2014/15 were as follows:

Chairman

Ms Angela Greatley *

Non-Executive Directors

Professor Dinesh Bhugra – from November 2014

Mr Martin Bostock – to October 2014

Ms Jane Gizbert – from November 2014

Mr David Holt

Dr Ian McPherson

Ms Joyce Moseley – to October 2014

Mrs Edna Murphy – from November 2014

Ms Caroline Rivett – to September 2014

Executive Directors

Mr Paul Jenkins – Chief Executive *

Ms Lis Jones – Nurse Director

Mr Malcolm Allen – Director of Education and Training, and Dean – to December 2014

Mr Brian Rock – Director of Education and Training, and Dean – from January 2015

Dr Robert Senior – Medical Director

Ms Louise Lyon – Director of Quality and Patient Experience and Director of Adult and Forensic Services.

Dr Rita Harris – Director of Children, Young Adults and Families Services

Mr Simon Young – Deputy Chief Executive and Director of Finance *

* indicates the members of the Board's Charitable Fund Committee.

The Trust Chair and the Non-Executive Directors are appointed by the Council of Governors of the NHS Foundation Trust.

The Chief Executive is appointed by the Trust Chair and the Non-Executive Directors. The other Executive Directors are appointed by the Trust Chair, the Non-Executive Directors and the Chief Executive.

3. Objectives and Activities

In pursuit of the objects set out above, the main activities of the Fund in 2014/15 were research relating to the Clinics' services; the Tavistock Society of Psychotherapists; and smaller projects for the welfare of patients, staff and trainees.

4. Achievements and Performance

The Fund does not actively raise funds at present, but will continue to manage grants, donations and legacies towards the important objectives of the Trust, especially its research projects: see section 6 below.

5. Financial Review 2014/15 *(2013/14 figures in brackets for comparison)*

Income was £103,000 (£77,000), and expenditure £159,000 (£92,000).

No new investments were made during the year.

Overall, funds decreased by £56,000 in 2014/15, compared to a £15,000 decrease in 2013/14. The Fund's current policy is not to hold significant general reserves, since the commitments to projects do not exceed the funds specifically held for those projects. The total value of the Fund at 31 March 2015 was £304,000, being £250,000 in restricted funds and £54,000 in unrestricted funds.

The Committee has started to allocate the generous legacy to the Tavistock Clinic from the estate of the late Miss Margaret Pritchard, and projects funded from this legacy incurred expenditure in 2014/15.

The independent examiner has carried out an examination on the 2014/15 accounts, of which copies can be obtained from the address on page 2.

6. Plans for Future Periods

The Charitable Fund committee has been pleased to be able to help fund a significant outcome research project at the Tavistock Clinic over several years from two generous legacies. This project has published its findings recently: <http://onlinelibrary.wiley.com/doi/10.1002/wps.20267/abstract>

The committee welcomes further donations or legacies, which are likely to be directed towards this or similar projects as part of the Trust's future research strategy.

External grants and the Tavistock Society of Psychotherapists' funds will continue to be used for their intended purposes.

7. Public Benefit Statement

The Trustees have complied with their duty in section 17 of the Charities Act 2011 and guidance issued by the Charity Commission in deciding what activities to undertake.

Signed:

Chair

Chief Executive

Date

Date

Tavistock and Portman Charitable Fund

Unaudited Accounts for the year ended

31 March 2015

Statement of Financial Activities for the year ended 31 March 2015

	Note	Unrestricted Funds £000	Restricted Funds £000	2014-15 Total Funds £000	2013-14 Total Funds £000
Incoming resources					
Incoming resources from generated funds					
Donations and Gift Aid		3	1	4	0
Grants		0	16	16	0
Legacies	2.1	0	0	0	0
Total Incoming resources from generated funds		3	17	20	0
Operating Activities					
Charitable activities		32	51	83	77
Total Operating Activities		32	51	83	77
Total incoming resources		35	68	103	77
Resources expended					
Charitable expenditure	3.1	22	130	152	86
Governance	3.2	1	6	7	6
Total resources expended		23	136	159	92
Net incoming/(outgoing) resources before Transfers		12	(68)	(56)	(15)
Gross		0	0	0	0
Net incoming/(outgoing) resources		12	(68)	(56)	(15)
Fund balances brought forward at					
31 March 2014		42	318	360	375
Fund balances carried forward at 31 March 2015		54	250	304	360

Balance Sheet as at 31 March 2015

	Notes	Unrestricted Funds £000	Restricted Funds £000	Total at 31 March 2015 £000	Total at 31 March 2014 £000
Current Assets					
Debtors: Amount falling due					
within one year:	4.1	8	48	56	47
over one year:	4.2	0	0	0	0
Cash at bank and in hand		46	202	248	320
Total Current Assets		<u>54</u>	<u>250</u>	<u>304</u>	<u>367</u>
Creditors: Amounts falling due					
within one year	5.1	0	0	0	7
Net Current Assets		<u>54</u>	<u>250</u>	<u>304</u>	<u>360</u>
Total Assets less Current Liabilities		<u>54</u>	<u>250</u>	<u>304</u>	<u>360</u>
Total Net Assets		<u>54</u>	<u>250</u>	<u>304</u>	<u>360</u>
Funds of the Charity					
Income Funds:					
Restricted	6.2	0	250	250	318
Unrestricted		54	0	54	42
Total Funds		<u>54</u>	<u>250</u>	<u>304</u>	<u>360</u>

The notes at pages 3 to 9 form part of this account.
All the above results are derived from continuing operations

Approved and authorised for issue by the Board on and signed on its behalf by

Signed:

Date:

Notes to the Account

Accounting Policies

1

1.1 Accounting Convention

The financial statements have been prepared under the historic cost convention and in accordance with applicable United Kingdom accounting standards and the Statement of Recommended Practice "Accounting and Reporting by Charities" issued by the Charities Commissioners in 2005.

1.2 Incoming Resources

a) All incoming resources are included in full in the Statement of Financial Activities as soon as the following three factors can be met:

- i) entitlement - arises when a particular resource is receivable or the charity's right becomes legally enforceable;
- ii) certainty - when there is reasonable certainty that the incoming resource will be received;
- iii) measurement - when the monetary value of the incoming resources can be measured with sufficient reliability.

b) Legacies

Legacies are accounted for as incoming resources once the receipt of the legacy becomes reasonably certain. This will be once confirmation has been received from the representatives of the estates that payment of the legacy will be made or property transferred and once all conditions attached to the legacy have been fulfilled.

1.3 Resources Expended

The funds held on trust accounts are prepared in accordance with the accruals concept. All expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party.

The Fund's main expenditure is on research and other activities in furtherance of its objectives. As shown in the Statement of Financial Activities on page 1, a small amount is spent on administration and there has been to date no expenditure on fundraising.

Governance costs include a charge of £4,500 from the Tavistock and Portman NHS Foundation Trust.

1.4 Structure of funds

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified in the accounts as a restricted fund. Funds where the capital is held to generate income for charitable purposes and cannot itself be spent are accounted for as endowment funds. Other funds are classified as unrestricted funds.

1.5 Pooling Scheme

An official pooling scheme is operated for investments relating to the following funds:

Tavistock and Portman Charitable Fund
Shaw Legacy

The Scheme was registered with the Charity Commission on 17 March 1998.

2.1 Material Legacies received

TAVISTOCK AND PORTMAN CHARITABLE FUND ACCOUNTS - 2014/15

Details of Resources Expended - Other	3 3.1	Unrestricted Funds	Restricted Funds	Total 2015 Funds £000	Total 2014 Funds £000
Other:		£000	£000		
Staff welfare and amenities		12	39	51	42
Research		10	91	101	44
Governance		1	6	7	6
		<u>23</u>	<u>136</u>	<u>159</u>	<u>92</u>

No staff are employed directly by the Charitable Fund. Instead, they are employed by the Tavistock and Portman NHS Foundation Trust and this is reimbursed as shown in note 10.

Analysis of Governance Costs	3.2	Unrestricted Funds	Restricted Funds	Total 2015 Funds £000	Total 2014 Funds £000
		£	£000		
Independent examiner's fee		-	1	1	1
Legal and Professional fees		1	5	6	5
		<u>1</u>	<u>6</u>	<u>7</u>	<u>6</u>

Analysis of Debtors	4		31 March 2015 £000	31 March 2014 £000
	4.1	Amounts falling due within one year:		
		Student loans	6	8
		Tavistock Clinic Foundation	19	3
		Tavistock Foundation Trust T001	4	5
		Season Ticket Loan	26	21
		Kids Company	0	10
		Other debtors	1	0
		Total debtors falling due within one year	<u>56</u>	<u>47</u>
	4.2	Amounts falling due over one year:		
		Other debtors	0	0
		Total debtors falling due after more than one year	<u>0</u>	<u>0</u>
		Total debtors	<u>56</u>	<u>47</u>

Analysis of Creditors	5		31 March 2015 £000	31 March 2014 £000
	5.1	Amounts falling due within one year:		
		Other creditors	0	6
		Accruals	0	1
		Total creditors falling due within one year	<u>0</u>	<u>7</u>
		Total creditors	<u>0</u>	<u>7</u>

Analysis of Funds**6****6.1 Endowment Funds**

There are no endowment funds held.

6.2 Restricted Funds

	Balance 31 March 2014 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains and Losses £000	Balance 31 March 2015 £000
Material funds						
Margaret Pritchard Legacy	125	-	32			93
Tavistock Soc. of Psychotherapists	49	53	49			53
Centre for Social Work research	27	-	5			22
Shaw Legacy	21	-	-			21
Hosp and Hosp Drs Research	17	2	1			18
Families with Precarious	14		13			1
Journal for Social Work Practice	17	13	30			-
Family Therapy	9	-	-			9
The Unconscious at Work	7	-	-			7
Others (24 funds)	32	-	6			26
Total	318	68	136	0	0	250

Details of material funds - restricted**6.3 Name of fund****Description of the nature and purpose of each fund**

Margaret Pritchard Legacy

This is a legacy "to the Tavistock Clinic" from the estate of the late Miss Margaret Pritchard. The Committee is allocating funds for a range of purposes related to the work of the Tavistock Clinic.

Shaw Legacy

Purposes connected with the Tavistock Clinic, namely for research and grants for students.

Contingencies 7 The Directors of the Tavistock and Portman NHS Foundation Trust are not aware of any material contingent liabilities relating to the Charitable Fund.

Commitments, Liabilities and Provisions 8 There were no commitments under capital expenditure contracts or under charitable projects at the balance sheet date.

Trustee and Connected Persons Transactions 9

9.1 Details of transactions with trustees or connected persons

The Charitable Fund reimburses the Tavistock and Portman NHS Trust for staff and other expenses borne on its account.

2014/15		2013-14	
Total charge for the year	Balance due to the Trust at 31 March	Total charge for the year	Balance due to the Trust at 31 March
£000	£000	£000	£000
5	(4)	5	(5)

No trustee received any remuneration during the year and there were no other expenses reimbursed to any trustee other than those shown above.

No staff are employed directly by the Charitable Fund. Instead, they are employed by the Tavistock and Portman NHS Foundation Trust and this is reimbursed as above.

9.2 Trustee Indemnity Insurance

The Charitable Fund provided no indemnity insurance cover during the year.

Loans or Guarantees Secured against assets of the charity 10

There were no loans or guarantees secured against assets of the charity.

Connected Organisations 11

There were no transactions with connected bodies, except as disclosed in note 10.1 above.

Related party transactions 12

Related party transactions

The Charitable Fund has made revenue payments to the Tavistock and Portman NHS Foundation Trust which is the sole trustee of the Fund. Details are given in note 10.1 above.

Strategic and Commercial Committee

Terms of Reference

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

Strategic and Commercial Programme Board Terms of Reference

1. Constitution

- 1.1 The Board of Directors hereby resolves to establish a committee to be known as the Strategic and Commercial Committee, previously known as the Strategic and Commercial Programme Board. This Committee has no executive powers other than those delegated in these terms of reference. This committee will review progress against the Trust's Strategic Plan and act as a forum to discuss a range of strategic issues relating to our commercial strategy including growth plans and strategies and assessing large tenders.

2. Membership

- 2.1 The following will be members of the Committee:

- 2.1.1 Three Non-Executive Directors
- 2.1.2 Chief Executive
- 2.1.3 Commercial Director
- 2.1.4 Director Adult and Forensic Services
- 2.1.5 Director Children, Young Adults and Families
- 2.1.6 Director of Finance
- 2.1.7 Director of Education and Training/Dean

- 2.2 The following will be in attendance

- 2.2.1 The Associate Commercial Director
- 2.2.2 Other staff such as the Deputy Finance Director as appropriate

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

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

3. Quorum

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

4. Frequency of meetings

- 4.1 The Committee will meet quarterly.

5. Agenda & Papers

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

6. Minutes of the Meeting

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

7. Authority

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

8. Duties

- 8.1 The Committee's primary duty is to review progress against the Trust's Strategic Plan, to provide the board with a quarterly report highlighting plans

which are not on track or wider issues which affect the plan and what mitigating actions could be taken.

- 8.2 The Committee will assess the right level for growth in light of the Trust's wider economic strategy, market opportunities, capacity, likelihood of success and ability to implement without adversely impacting on current business.
- 8.3 The Committee will develop thinking about the most effective and efficient sales and growth strategies.
- 8.4 The Committee will contribute to and review the Trust's partnership strategy.
- 8.5 The Committee will review major bids before they are taken to the Board for the Board's approval to submit.
- 8.6 The Committee will identify and review lessons learnt from successful and unsuccessful bid submissions.

9. Other Matters

- 9.1 Once year the Committee will review its terms of reference and recommend any changes it considers necessary to the Board of Directors for approval.

10. Sources of Information

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

11. Reporting

- 11.1 The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Directors for noting. The Committee Chair shall draw the attention of the Board of Directors to any issues in the minutes that require disclosure or executive action.
- 11.2 The Committee shall prepare and submit a summary Annual Report of its activities, targets, goals and growth targets to the Board of Directors.

12. Support

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

November 2015

Register of Directors' Interests 2015/2016 – Nov 2015

1. Introduction

All existing Directors shall declare relevant and material interests forthwith and the Trust shall ensure that those interests are noted in the *Register of Directors' Interests*. Any Directors appointed subsequently shall declare their relevant and material interests on appointment.¹ At the time the interests are declared this shall be recorded in the minutes of the Board of Directors meeting as appropriate. Any changes in interest shall be officially declared at the next meeting of the Board of Directors following the change occurring. It is the obligation of the Director to inform the Trust Secretary in writing within seven days of becoming aware of the existence of a relevant or material interest and the membership.² If a Director has a doubt about the relevance or materiality of any interest this should be discussed with the Trust Chair.³

2. Declaration

Please complete the table below, stating all relevant and material interests. If none are applicable, put "none". Interests which shall be regarded as "relevant and material" and which for the avoidance of doubt should be declared and should be included in the Register of Directors' Interests are:

Disclosure Requirement	Disclosure ⁴
Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those directorships of dormant companies)	<p>Dinesh Bhugra:</p> <ul style="list-style-type: none"> • Director, DKB Consulting • Secretary, Porism Limited <p>Paul Burstow:</p> <ul style="list-style-type: none"> • Director, Indy Associates Ltd <p>Jane Gizbert: None</p> <p>David Holt: None</p> <p>Sally Hodges: None</p> <p>Paul Jenkins: None</p> <p>Lis Jones: None</p> <p>Louise Lyon: None</p> <p>Ian McPherson: None</p> <p>Edna Murphy: None</p>

¹ Tavistock & Portman NHS Foundation Trust, *Constitution, Election Rules, Standing Orders*, 2014, Annex 5, Paragraph 9.1

² Ibid, Paragraph 9.4

³ Ibid, Paragraph 9.3

⁴ A lack of disclosure from any Director indicates a nil return on the Declaration of Interest

Disclosure Requirement	Disclosure ⁴
<p>Ownership, part-ownership or directorships of private companies, businesses or consultancies likely or possibly seeking to do business with the National Health Service</p>	<p>Brian Rock: None Rob Senior: None Simon Young: None Dinesh Bhugra: None Paul Burstow: <ul style="list-style-type: none"> • Part owner, Indy Associates Ltd Jane Gizbert: None David Holt: None Sally Hodges: None Paul Jenkins: None Lis Jones: <ul style="list-style-type: none"> • Lis Jones Associates, Consultancy Louise Lyon: None Ian McPherson: None Edna Murphy: None Brian Rock: None Rob Senior: None Simon Young: None Dinesh Bhugra: None Paul Burstow: <ul style="list-style-type: none"> • Indy Associates Ltd Jane Gizbert: None David Holt: None Sally Hodges: None Paul Jenkins: None Lis Jones: None Louise Lyon: None Ian McPherson: None Edna Murphy: None Brian Rock: None Rob Senior: None Simon Young: None</p>
<p>Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the National Health Service</p>	<p>Jane Gizbert: None David Holt: None Sally Hodges: None Paul Jenkins: None Lis Jones: None Louise Lyon: None Ian McPherson: None Edna Murphy: None Brian Rock: None Rob Senior: None Simon Young: None</p>
<p>A position of authority in a charity or voluntary organisation in the field of health and social care</p>	<p>Dinesh Bhugra: <ul style="list-style-type: none"> • Trustee, Care-IF, • Trustee, Sane • President, Mental Health Foundation </p>

Disclosure Requirement	Disclosure ⁴
	<ul style="list-style-type: none"> • President, World Psychiatric Association <p>Paul Burstow:</p> <ul style="list-style-type: none"> • Trustee, The Silverline • Trustee, Action on Smoking and Health (ASH) <p>Jane Gizbert:</p> <ul style="list-style-type: none"> • Director of NICE <p>David Holt:</p> <ul style="list-style-type: none"> • Hanover Housing Association, Non-Exec Director and Chair of Audit Committee <p>Sally Hodges: None</p> <p>Paul Jenkins: None</p> <p>Lis Jones:</p> <ul style="list-style-type: none"> • Trustee, North London Hospice <p>Louise Lyoni:</p> <ul style="list-style-type: none"> • Chair of Tavistock Clinic Foundation <p>Ian McPherson:</p> <ul style="list-style-type: none"> • Trustee/Director, Centre for Mental Health • Trustee/Director, Mental Health Provider Forum • Trustee/Chair, International Initiative in Mental Health Leadership • Trustee, Birmingham MIND <p>Edna Murphy:</p> <ul style="list-style-type: none"> • Faculty Manager, UCL Faculty of Medical Sciences • Magistrate, Cambridge Bench <p>Brian Rock: None</p> <p>Rob Senior: None</p> <p>Simon Young: None</p> <p>Dinesh Bhugra: None</p> <p>Paul Burstow:</p> <ul style="list-style-type: none"> • Trustee, The Silverline • Trustee, Action on Smoking and Health (ASH) <p>Jane Gizbert: None</p>
Any connection with a voluntary or other organisation contracting for National Health Service services or commissioning National Health Service services	

Disclosure Requirement	Disclosure ⁴
	<p>David Holt:</p> <ul style="list-style-type: none"> Whittington Health NHS Trust, Chair of Audit Committee <p>Sally Hodges: None</p> <p>Paul Jenkins:</p> <ul style="list-style-type: none"> Member and previous CEO of Rethink Mental Illness <p>Lis Jones: None</p> <p>Louise Lyon: None</p> <p>Ian McPherson:</p> <ul style="list-style-type: none"> Chair, Improving Health and Wellbeing UK, Community Interest Company Director, 121 Support, Community Interest Company <p>Edna Murphy:</p> <ul style="list-style-type: none"> Trustee, Cambridge Youth Music Trustee, Cambridge Project for the Book <p>Brian Rock: None</p> <p>Rob Senior:</p> <ul style="list-style-type: none"> Married to City & Hackney Clinical Commissioning Group Chair <p>Simon Young: None</p> <p>Dinesh Bhugra: None</p> <p>Paul Burstow: None</p> <p>Jane Gizbert: None</p> <p>David Holt:</p> <ul style="list-style-type: none"> Ebbsfleet Development Corporation, Deputy Chair, Chair of Audit Committee <p>Sally Hodges: None</p> <p>Paul Jenkins: None</p> <p>Lis Jones: None</p> <p>Louise Lyon: None</p> <p>Ian McPherson: None.</p> <p>Edna Murphy: None</p> <p>Brian Rock: None</p> <p>Rob Senior: None</p> <p>Simon Young: None</p>
<p>Any connection with an organisation entity or company considering entering into or having entered into a financial arrangement with the Trust including but not limited to lenders or banks</p>	