

## Board of Directors Part One

**Agenda and papers**  
of a meeting to be held in public

2.00pm–5.00pm  
Tuesday 26<sup>th</sup> July 2016

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



## BOARD OF DIRECTORS (PART 1)

Meeting in public  
Tuesday 28<sup>th</sup> July 2016, 14.00 – 17.00  
Lecture Theatre, Tavistock Centre, 120 Belsize Lane, London NW3 5BA

### AGENDA

PRELIMINARIES				
1.	<b>Chair's Opening Remarks</b> Dr Ian McPherson, Trust Vice Chair		Verbal	-
2.	<b>Apologies for absence and declarations of interest</b> Dr Ian McPherson, Trust Vice Chair	To note	Verbal	-
3.	<b>Minutes of the previous meeting</b> Dr Ian McPherson, Trust Vice Chair	To approve	Enc.	p.1
3a.	<b>Outstanding Actions</b> Dr Ian McPherson, Trust Vice Chair	To note	Verbal	-
4.	<b>Matters arising</b> Dr Ian McPherson, Trust Vice Chair	To note	Verbal	-
REPORTS & FINANCE				
5.	<b>Student Story – Adult Complex Needs</b>	To discuss	Verbal	-
6.	<b>Service Line Report – Complex Needs, AFS</b> Dr Michael Mercer, Interim Service Lead	To discuss	Enc.	p.9
7.	<b>Trust Chair's and NEDs' Reports</b> Dr Ian McPherson, Vice Chair	To note	Verbal	-
8.	<b>Chief Executive's Report</b> Mr Paul Jenkins, Chief Executive	To note	Enc.	p.24
9.	<b>Q1 Strategic Objectives Progress Report</b> Mr David Holt, NED	To note	Enc.	p.27
10.	<b>IMT Q1 Report</b> Mr Toby Avery, Director of IMT	To note	Enc.	p.32
11.	<b>Finance and Performance Report</b> Mr Simon Young, Deputy Chief Executive & Director of Finance	To note	Enc.	p.38
12.	<b>Training and Education Report</b> Mr Brian Rock, Director of Education and Training/Dean	To note	Enc.	p.48
13.	<b>Q1 Dashboards</b> Ms Julia Smith, Commercial Director	To note	Enc.	p.54
14.	<b>Q1 Quality Report</b> Ms Marion Shipman, Associate Director of Quality and Governance.	To note	Enc.	p.63

<b>15.</b>	<b>Q1 Governance Report</b> Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Enc.	p.100
<b>16.</b>	<b>Q1 HR Report</b> Mr Craig DeSousa, HR Director	To note	Enc.	p.105
<b>17.</b>	<b>Equalities – WRES Report</b> Ms Louise Lyon, Director of Quality and Patient Experience	To note	Enc.	p.114
<b>18.</b>	<b>Register of Interests</b> Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.127
<b>19.</b>	<b>Sustainability and Transformation Plan Update</b> Mr Paul Jenkins, Chief Executive	To note	Enc.	p.132
<b>CLOSE</b>				
<b>20.</b>	<b>Notice of Future Meetings</b> <ul style="list-style-type: none"> <li>• Tuesday 13<sup>th</sup> Sept 2016: Directors’ Conference, 12.00-5.00pm, Lecture Theatre</li> <li>• Thursday 22<sup>nd</sup> Sept 2016: Council Meeting, 2.00pm – 5.00pm, Lecture Theatre</li> <li>• Tuesday 27<sup>th</sup> Sept 2016: Board Meeting, 2.00pm – 5.00pm, Lecture Theatre</li> <li>• Tuesday 4<sup>th</sup> Oct 2016: Joint Boards Meeting, 12.30pm – 5.30pm</li> <li>• <b>Wednesday 5<sup>th</sup> Oct 2016: AGM, 4.00pm – 7.00pm, Tavistock Centre</b></li> </ul>		Verbal	-

## Board of Directors Meeting Minutes (Part One)

### Tuesday 28<sup>th</sup> June 2016, 2.00 – 4.20pm

<b>Present:</b>			
Prof. Paul Burstow Trust Chair	Prof. Dinesh Bhugra NED	Ms Jane Gizbert NED	Mr David Holt NED
Dr Sally Hodges CYAF Director	Mr Paul Jenkins Chief Executive	Ms Lis Jones Nurse Director	Ms Louise Lyon Director of Q&PE and A&FS
Dr Ian McPherson NED & Vice Chair of Trust	Ms Edna Murphy NED	Mr Brian Rock Director of E&T/ Dean	Dr Rob Senior Medical Director
Mr Simon Young Deputy CEO & Director of Finance			
<b>Attendees:</b>			
Dr Julian Stern, Director of Adult and Forensic Services	Mr Gervase Campbell Trust Secretary (minutes)	Ms Marilyn Miller, Governor	Ms Anne Hurley, Portfolio Lead (items 5,6)
<b>Apologies:</b>			

#### Actions

AP	Item	Action to be taken	Resp	By
1	3	Minor amendments to be made to the minutes	GC	Immd.
2	13	Timescale for MCA work to be given to Board	RS	July

#### 1. Trust Chair's Opening Remarks

Prof. Burstow opened the meeting.

#### 2. Apologies for Absence and declarations of interest

Apologies as above.

Prof. Burstow noted, in relation to item14, that he was a Trustee for Action on Smoking and Health (ASH).

#### 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

Outstanding Actions:

OAP2 –(Monthly/Quarterly IMT reports) – first update came in May, Quarterly scheduled for July – completed

OAP3 –(3/5 year financial forward view) – scheduled for Board Away Day.

It was noted that the Visiting Lecturer report would come to the Board in September.

## **5. Service User Story – Education and Training, Psychoanalytical Clinical Portfolio**

Ms Hurley introduced Ms L, a student finishing her studies this term.

Ms L explained she had come from Greece to study at the Trust 7 years ago, initially full time on M16, psychoanalytic studies. She had then taken M7, a psychoanalytic observational course, part time whilst working with children, and was now on M80, the clinical training in child and adolescent psychotherapy.

Overall her experience had been excellent. Working in a CAMHS team made her realise how much she had gained from studying at the Trust. She had come from a continental educational background and found the experience of studying here very different: instead of large lecture halls there were small groups which allowed you to find your own voice, which was especially relevant to this profession.

Mr Holt asked whether the experience of the courses matched what she had expected in advance. Ms L commented that she had found it very helpful talking to existing students, it had been that which convinced her to take the courses.

Dr McPherson asked whether the experience of working and studying simultaneously had been beneficial. Ms L explained that for M7 especially the essence of the course had been to provide a place to think about the work being done, through the work discussion groups, and to reflect on their experience and learn from each other. In addition staff were always very understanding of the needs to balance study with work commitments.

Ms Lyon asked about what had persuaded her to come here to study initially, and how the Trust might help those new to the culture or language. Ms L explained that she had initially come as the course had been recommended by Tavistock trained staff she met in Greece. Once here she had found some difficulties in adjusting, but was helped by tutors on the courses who had experienced the same transition and had a lot of practical advice. She added in response to a question from Ms Murphy that one of the biggest challenges had been understanding the system around child care more generally, and she felt that one helpful change would be to include more context in child development courses, perhaps as a separate class for those from abroad.

Dr Stern asked what elements it would be important to preserve if the Trust were to change location. Ms L felt the library was essential, and commented that there were currently problems with space and finding rooms for supervision.

Mr Rock asked for her view of how the Trust supported students as they finished courses and moved into employment, and what we should be doing to help continue the relationship once studies were completed. Ms L commented that she had received a lot of support from tutors in looking for work. She felt that there was an issue around how to receive course information once students left the Trust email system which needed to be addressed, but added that most important were the personal relationships and keeping in touch with both tutors and colleagues.

Prof. Burstow thanked Ms L for her time and her helpful ideas on what they did

well and could do better, and wished her well for the future.

## **6. Service Line Report – Psychoanalytical Clinical Portfolio**

Ms Hurley introduced her report, noting that the reorganisation of Education and Training had provided an exciting opportunity to bring two related adult and child trainings together under one umbrella.

Prof. Burstow noted the consultation underway on education funding reforms, and asked if it was having any effect on students. Ms Hurley agreed it was a concern and a cause of anxiety, but was not having any immediate effect on recruitment. The team were being active on the issue and in response to a question raised in Parliament had learnt that there was no plan in place at present to cut the funding.

Prof. Bhugra noted that M80 was in transition between two university partners, and asked if that was causing any problems. Ms Hurley explained that there was some extra work involved in having two sets of course materials, but there were no major difficulties. She noted that the new M80 course would have more focus on research, and finding enough doctoral supervisors might be a challenge.

Prof. Bhugra asked about blended learning, and Ms Hurley explained it involved students watching theoretical lectures online and then coming in for direct teaching in clinical supervisions, and the combination meant more flexibility and less travelling for students and also reduced pressure on space. Mr Young asked whether it was possible in the future that some of the discussion groups could also be held online. Ms Hurley commented that there was not any real substitute for direct learning in small groups, as forming relationships was key, and whilst technologies like Skype were a good option for those who had to travel long distances, they were not an ideal substitute for physical meetings.

Dr McPherson asked whether the CPD elements were proving attractive, given that there was a lot of competition in that area. Ms Hurley commented that recruitment was holding steady, and they were always on the lookout for new opportunities and adapting to the changing NHS agenda and HEE priorities. They were also looking at courses that could be marketed as both parts of a core course but also as CPD. Mr Jenkins noted the potential for packaging up nuggets of their approach in a way that could reach the wider workforce, and make their learning available in areas where there was an increasing need.

Mr Holt noted the contributions table on p19, where the D59c course showed a loss. Ms Hurley explained that it was a couples therapy course, and there was strong competition in that area from another similarly named organisation, Tavistock Relationships, and so difficulty in recruiting students. Prof. Burstow noted that it was an organisation which shared a history with the Trust, and was in the past based on site. He added that this was an important area given the impact of couple dynamics on childhood resilience. Mr Rock noted that it was an area where collaboration across child and adult departments could provide real opportunities, and Dr Stern confirmed that it was an area Adult Complex Needs was investing in.

The Board discussed IAPT and the opportunities for training in the broader modalities beyond CBT.

Prof. Burstow thanked Ms Hurley for her report, which included so many areas of encouragement.

The Board **noted** the report.

## **7. Trust Chair and NEDs' Reports**

Prof. Burstow noted that he had been part of a group of medical directors, directors of public health and commissioners to visit New York to look at their city wide approach to mental health, "NYC Thrive" A key part of their approach was to go beyond traditional delivery methods developing a population approach, and in some ways they were moving towards elements of our Thrive model.

Prof. Burstow noted that the NHS Confederation conference had been held last week, and the presentations had been honest about the scale of the challenges that were coming.

Prof. Bhugra noted that the World Psychiatric Association was about to publish a report on laws concerning mental health around the world, and the discrimination that people with mental health problems experience.

Dr McPherson noted that he had attended the staff Wellbeing Day, and there had been good attendance, especially from non-clinical staff. He commented that this event and the recent mental health day were important ways to show staff that their wellbeing was taken seriously.

Ms Gizbert noted that the new website would be launched soon, and the team had done excellent work on preparing it. She had recently attended a 5yr Forward View event hosted by Simon Stevens, where much of the focus had been on diversity and equal opportunities, and valuing staff.

Ms Murphy reported that she had been involved in the recent recruitment exercise for the Portman director, which had been well run and had a good result.

The Board **noted** the reports.

## **8. Chief Executive's Report**

Mr Jenkins presented his report, highlighting the CQC report, and stressing that having a Good rating across all the services was a significant achievement for the Trust.

He noted that the executive team continued to dedicate a lot of time to the STP process in North Central London, and that he was now the Senior Responsible Officer for the Mental Health workstream. The initial submission of the plan

would be made on the 30th June, and would come to the Board in July. He drew attention to the work Ms Jones had been doing on perinatal mental health, noting how much transformation was required to ensure women in need got access to services. He noted that Dr Jessica Yakeley had been appointed as the director of the Portman clinic, and would take up post on the 1<sup>st</sup> August. Dr Yakeley was a longstanding and distinguished member of the Portman team, and they were very glad she had stepped up to the role of director.

Mr Jenkins noted that the CareNotes update had not been included in the report, and would instead be circulated after the meeting. Mr Young added that they had appointed Mr David Wyndham Lewis to the role of interim director of IMT, and he would be starting in mid-July, initially for a period of nine months.

The Board approved the Quality Report, subject to the amendments discussed.

### **9. CQC Action Plan**

Ms Lyon noted that the CQC had identified three areas that required improvement, and the action plan presented addressed these three areas. There was also a longer list of 'should improve' areas, and action plans had also been drafted by the management team to address these.

The Quality Summit would be held on the 7<sup>th</sup> July. The CQC would present their report and the Trust would present their response. It would be a relatively small event, but invited participants included commissioners, service user representatives and other stakeholders.

Mr Holt suggested it was important not to think addressing the CQC's points would be enough to take the Trust to 'outstanding', and asked how they were going to change day to day practice to improve quality, especially given everyone's workload. Ms Lyon suggested that aiming for the Trust's own definition of 'outstanding' was important, and noted that they would start the process on the 12<sup>th</sup> July with the leadership event, to which clinical team leaders had been invited. The aim was to start a bottom up process of improvement within the Trust, one that clinicians could own, with a focus on making a difference to their day to day experience, for example in data gathering. Dr Senior added it was important to put in place a model of quality improvement that was relevant to our services and our patients.

The Board **noted** the report.

### **10. Board and CEO Objectives**

Prof. Burstow thanked colleagues for their comments on the circulated draft version, which had been incorporated.

Mr Holt commented that there were a large number of objectives. Prof. Burstow agreed, but commented that it had been hard to see any that could be omitted in the drafting, and added executive directors would each be responsible for only a few of them. Mr Jenkins commented that they were all important, but there

was a valid question about where to focus the most resources, and that was something they could follow up on in detail at the Board Away Day.

Ms Gizbert wondered if the dashboards were for strengthening culture, rather than monitoring performance, and Mr Jenkins explained that this was a deliberate choice of emphasis, as the dashboards were symbolic of a different use of data in the culture of the trust. Ms Murphy asked about the purpose of the governance review, and Prof. Burstow explained that was to ensure that the current structure was still fit for purpose, and did not contain any overlaps or inefficiencies in the use of executive directors' time. The Board discussed the aspiration to move from 'good to 'outstanding', and agreed that it was important to do so in the Trust's own terms, and that it was one priority amongst many. Prof. Burstow added that they would continue the discussion when they reviewed the Quality Strategy.

Mr Jenkins suggested that he would include updates on progress against the objectives within his monthly reports, which would give a more systematic approach. Prof. Burstow agreed this would be good for accountability.

The Board **approved** the objectives.

## **11. Finance and Performance Report**

Mr Young presented the report, noting the additional allocation of £500k from the 'targeted element' of the STP had been added to the revised 2016/17 plan, but was not available for additional expenditure as the control total had been increased by the same amount.

Mr Young took the board through the reference costs addendum, explaining that whilst they were more applicable to the acute setting, they were required of mental health trusts for comparison. He noted some of the difficulties encountered, here and elsewhere, in working with patient clusters. Mr Holt asked if he was confident that the reference costs as calculated were a genuine reflection of the true costs. Mr Young confirmed that he felt they were; that the quantum of costs was a reasonable estimate, that he was confident unrelated costs had been removed, and that whilst there would always be some uncertainty over the number of days in a cluster which might cause distortion, this was not a major factor.

The Board **noted** the report and **approved** the methodology used in calculating the Trust's reference costs.

## **12. Training and Education Report**

Mr Rock presented the report, noting that extra granularity on recruitment data had been provided in appendix 1. He highlighted that the QAA draft report was positive, and that no significant concerns had been raised. Once the report had been finalised it would be circulated to the board.

Mr Holt noted that 154 offers had been accepted, and asked if that was where

the department had hoped to be at this stage in the cycle. Mr Rock explained that planning was based on number of applications, with forecasts using a prudent conversion rate, and the expectation that this year's closer attendance to applicants should mean a higher rate in practice. They were using this to review over-recruitment and consider operational constraints which might prevent delivery to the additional students, as well as looking at areas of under-recruitment to see if further promotion or the reassignment of staff might be possible.

Mr Holt noted the uncertainty Brexit might be causing for foreign students, and asked if they thought it might have an impact this year. Mr Rock explained that EU students formed a high proportion on some courses, and it was a critical time, so communications would be sent out to try and assuage any concerns. Ms Murphy agreed that communication to students was important, and the message should include the welcome they could expect and details of student bursaries.

Dr Stern noted that the psychoanalytic clinical portfolio was doing well, and asked if they could identify any reasons for this. Mr Rock explained that it was difficult to identify specific causes, especially as the decision to take those trainings often took years to be made, however they had changed their marketing approach and messages.

The Board **noted** the report.

### **13. Annual Safeguarding Report**

Dr Senior highlighted three areas of his report: firstly, the level of activity in the safeguarding domain had increased, with legislative and CQUIN targets around domestic abuse and the Prevent Duty. Secondly, there were significant changes occurring with the structures in local authority children's services, and a perception that the new system was more difficult to negotiate, as reflected in the increased number of consultations staff were requesting on adult safeguarding issues. Thirdly, there had been issues around reporting due to Care Notes, and these were being addressed, with the aim of building a more user-friendly integrated system.

**AP2**

Prof. Burstow asked about a timescale for the work needed on the Mental Capacity Act, and Dr Senior agreed to check with his colleagues and report back to the Board with the details via the Patient Safety workstream of the CQSG.

Dr McPherson noted the impact on children of witnessing domestic abuse, and how having adult clinicians highlighting possible risks to children was an important development for safeguarding. Dr Senior agreed that witnessing incidents had direct impacts in addition to the impact made through parenting, and noted the Trust was rolling out comprehensive training in this area.

The Board **noted** the report

### **14. Statement of Support for Tobacco Control**

Ms Lyon introduced the paper, explaining the work the Trust had done which

put it in a position to be able to sign up to the statement, and emphasising the positive effects reducing smoking had on mental health as well as physical health. She noted that in parallel with the work for patients, the Trust was looking to review its policy on smoking for staff, and the support it offered to them, as part of the wellbeing work.

The Board **approved** the statement.

#### **15. ToR of Management Team and Audit Committee**

Mr Campbell explained the small changes that had been made to the terms of reference of the two committees.

The Board **approved** the terms of reference.

#### **16. Scheme of Delegation of Powers**

Prof. Burstow explained that most of the changes set out in the report were due to the changes in director roles over the past year, and the board discussed some of the details.

The Board **approved** the scheme of delegation of powers.

#### **17. Second Self-Certification for Monitor**

Mr Young introduced the paper, and the board discussed some of the wording of the paper around how the views of the governors were taken into account through discussion of the reports presented to them over the year.

The Board **approved** the self-certification.

#### **18. Any Other Business**

The Board noted its future meetings.

Part one of the meeting closed at 4.20pm

## Board of Directors : July 2016

**Item :** 6

**Title :** Service Line Report – Complex Needs, Adult and Forensic Services

**Purpose:**

The purpose of this report is to update the Board on the current activities, performance and development of the Service.

This report has been reviewed by the following Committees:

- Management Team, July 2016

**This report focuses on the following areas:**

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

**For :** Noting

**From :** Michael Mercer , Interim Service Lead

## SERVICE LINE REPORT – ADULT COMPLEX NEEDS

### Executive Summary

#### 1. Introduction

Adult Complex Needs has undergone changes in its structure since the last report to the Board in 2014. It no longer provides services to Adolescents and Young People, and the Directorate now includes a distinct service line for Primary Care. A relationship with the new Directorate of Education and Training is developing. Two special projects, Mednet and the Homebase Veteran's Project have closed at the end of their contracts. External projects which continue are the Pain Clinic at the Royal Free Hospital and the work with refugees in the Red Cross. Special outreach clinics exist in Herts for primary care, alongside a psychotherapy clinic in Watford. The Tottenham Talking Space Project is newly included in the Service.

Core clinical psychotherapy services for patients with long term and severe mental health problems continue in the Tavistock Clinic and are organised around 2 generic units (Lyndhurst and Belsize), the Fitzjohns Unit for personality and severe disorders, the Trauma Unit, the Couples Unit, and a training Unit (Maresfield) for the D58/9 Foundation Course.

#### 2. Areas of Risk and/or Concern

The service line is currently under interim management following the reorganisation. The major concern for the service line is the review of staffing following the retirement and the departure of significant senior staff in meeting savings targets. Succession planning is a priority. The current skeleton management provides little resource for clinical supervision, innovation and development.

#### 3. Proposed Action Plan

Maximise recruitment of new younger staff to permanent positions within budget and review Unit staffing needs.

### Main Report

#### 4. Overview of the Service

- 4.1 Core identity and purpose. The Complex Needs Service continues to provide psychoanalytically based psychotherapy to meet a range of needs.

It helps patients who otherwise fall between local forms of provision, or who increasingly fail to reach the higher thresholds for secondary and tertiary services. The bulk of the service is provided within the block contracts of CCGs across north and west London and Herts. Camden remains the largest contract. Individual contract value has fluctuated but the overall value has been maintained allowing for the savings targets.

Overall vision and strategy. It remains a core vision to offer services and training opportunities in psychoanalytic psychotherapy not available elsewhere and to develop new forms of application when contracting opportunities arise. It is increasingly difficult to maintain a collaborative stance with local providers, particularly towards service development. It is also essential to continue to provide some form of professional leadership in the field whether through research or the promotion of clinical and service models. Our aim is to maintain the reputation of the Tavistock Adult Services for high quality attention to the needs of users.

- 4.2 Clinical contracts seem to have stabilised after much effort. Depending on the level of savings required over the next period, the effort must be towards an orientation towards development. However, any further retrenchment of the core service will be certain to reduce this capacity.

#### 5. Core Clinical Services and Activity Data

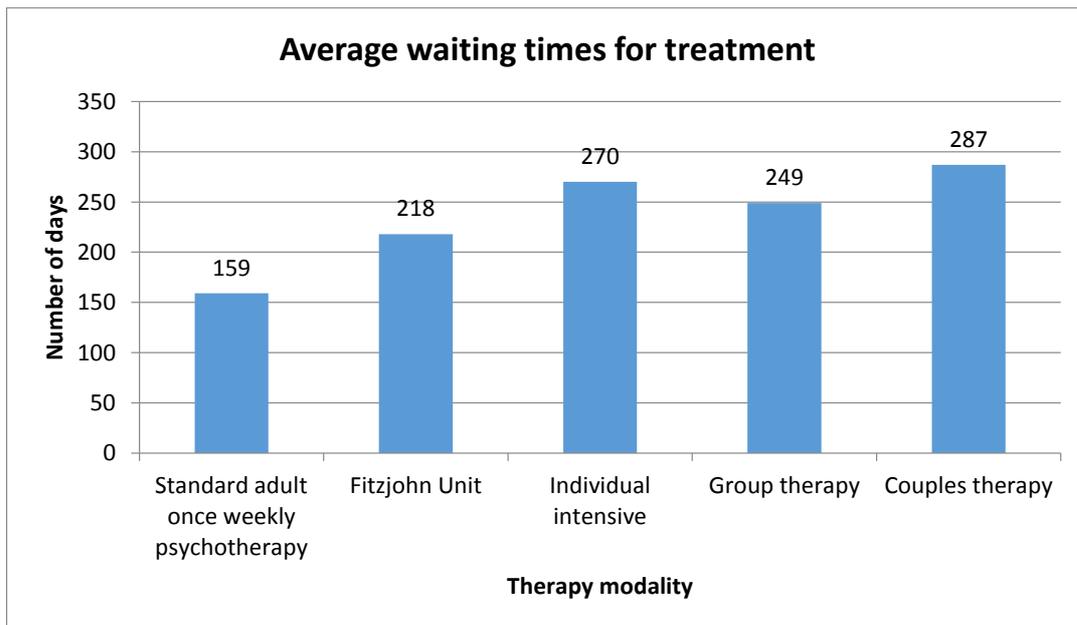
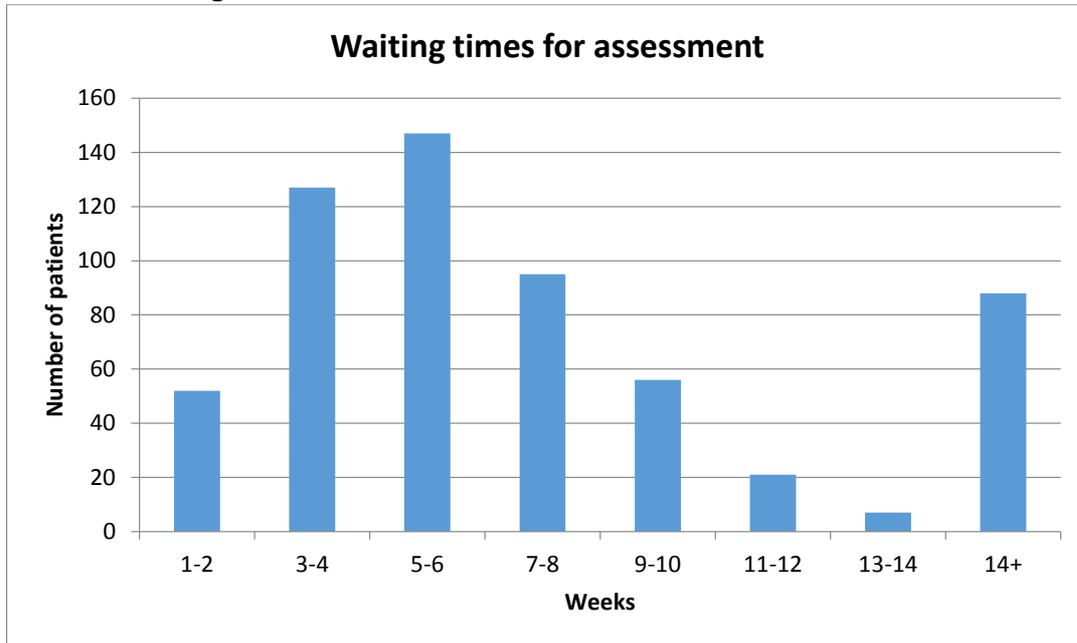
Performance against contracts are currently in approximate balance overall. Camden overperforms and West London, under acute Single Point of Entry pressure is underperforming.

- 5.1 Interpretation of performance. On the demand side, referrals are constrained by rigid Single Point of Entry Systems, controlled by local providers. Commissioners try to limit the use of our contracts and maximise local provision. Only Camden allows direct GP referral and a flexible understanding exists with CIFT psychological therapies. Recently the impact of TAP in Camden, has reduced GP referrals, but this reduction has been compensated by direct TAP referrals. Our capacity to exploit patient choice is so far undeveloped.

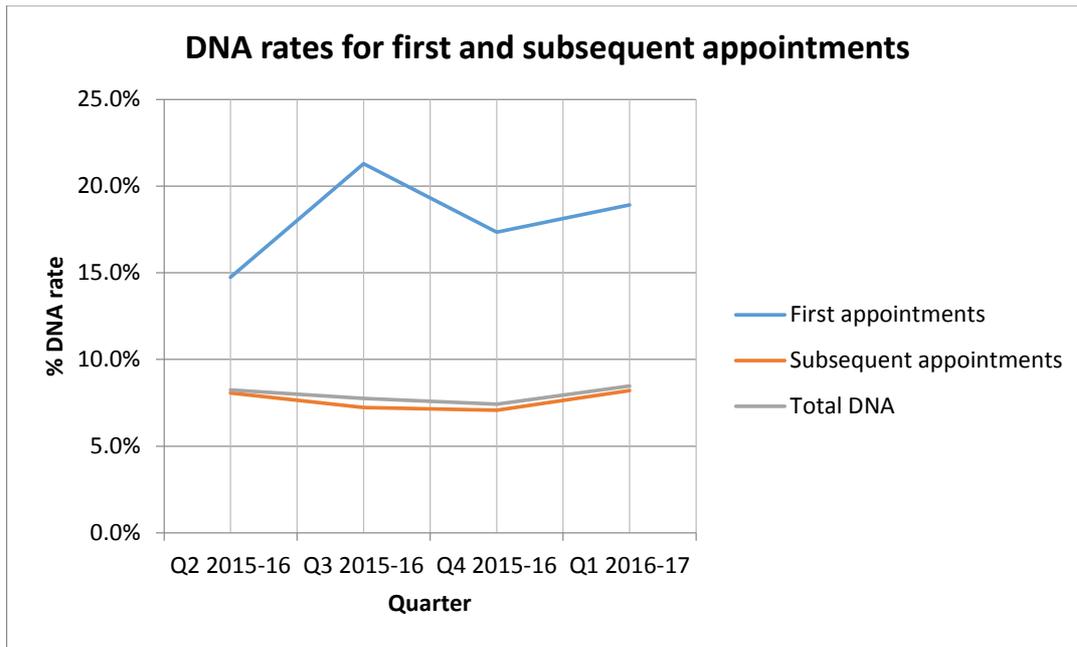
On the supply side, we struggle to keep acceptable waiting times for treatment. This particularly applies to the Fitzjohns Unit which has increased prospectively to two years for some patients where experienced staff are most required. The data below reflects the average over the last

year. Waiting times for the patients seen in the Maresfield training Unit are less.

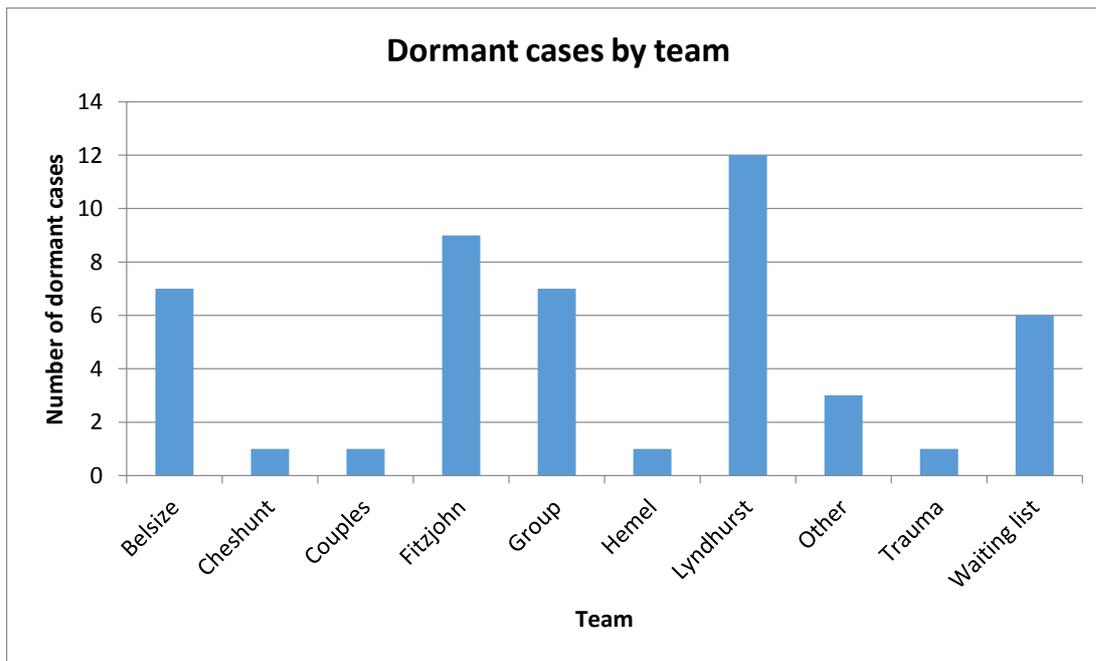
## 5.2 Waiting times.



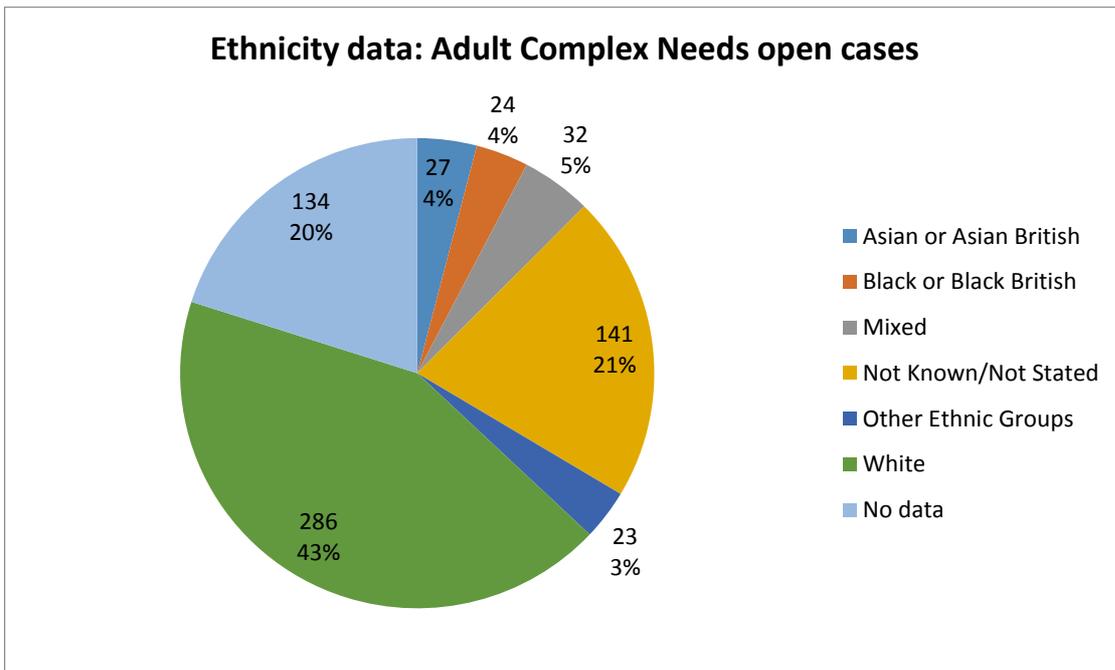
### 5.3 DNA rates



### 5.4 Dormant Case data



### 5.5 Ethnicity comparison



5.6 Supervision. Providing sufficient supervision for the trainee and less experience staff is a major challenge, but it is still the case that all work is overseen by senior level staff. In addition the practice of each clinical unit discussing cases weekly in depth remains central to our model of practice.

## 6. Tottenham Thinking Space

6.1 Tottenham Thinking Space (HTS) was funded by Haringey Public Health as a pilot service (2013 -2015). The Service was independently evaluated by UEL and as a result of the positive evaluation, the service was tendered and we won the 3 year contract (2015 -2018) to roll out the service across Haringey as Haringey Thinking Space (HTS).

6.2 TTS was awarded the Bernard Ratigan Award for Psychoanalysis & Diversity by the British Psychoanalytic Council in 2015.

6.3 The budget for the HTS contract reduces each year with the expectation that the Project is run by the Community by Year 3, with minimal support from T&P. The project is receiving increased enquiries and interest e.g. a request from the Community Links Trust would like to list on their website HTS as an Early Action case study to support their campaign for early intervention.

6.4 A German multidisciplinary mental health team from Frankfurt visit our team as part of a European study of innovative community mental health

services, and there are discussions about a proposal to run Thinking Space for adolescents in Camden Schools.

- 6.5 Islington Council have agreed in principle for us to run a pilot of 9 Thinking Space events in Adult Social Care & Housing Directorates and if successful this will be rolled out across the Council and community. We are awaiting their formal agreement to this work.
- 6.6 The Thinking Space model is highly adaptive and is being used as a model of staff support, training and development and as a community mental health intervention.

## 7. Pain Clinic at the Royal Free Hospital

- 7.1 The Complex Needs Services provides two staff, a Consultant Psychologist and a psychotherapist to the Pain Management Service. As part of the psychology service in the Pain Management Clinic, they consult to the team and assess and treat patients with unexplained pain symptoms or when there are particular stresses associated with their physical pain.
- 7.2 This successful and highly regarded work applying psychoanalytic understanding, has a long history of connection with the Tavistock which has developed into the present consolidated position with a secure contract. It is closely connected with our concerns about Medically Unexplained Symptoms, which in spite of considerable efforts has otherwise not been successful in attracting new funding except in the Primary Care domain.

## 8. Financial Situation

Contract title	13/14 Budget	14/15 Budget	15/16 Budget	16/17 Budget
Camden CCG - Adult	442,050	518,775	560,830	667,589
Barnet - Adults	109,500	167,858	168,683	133,869
Enfield CCG - Adults	41,665	67,290	44,649	87,347
Haringey CCG - Adults	58,754	195,939	134,113	102,729
Ealing CCG - Adults	54,480	41,383	38,597	29,110
Central London CCG - Adults	113,046	121,584	109,065	101,390
Islington CCG - Adults	110,675	117,766	115,085	69,119
Hammersmith & Fulham CCG - Adults	23,146	32,986	36,083	42,356
West London CCG - Adults	90,142	88,824	70,057	44,319

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Brent CCG - Adults	16,243	19,146	31,799	19,594
Hertfordshire CCG - Adults	2,894	44,809	59,162	50,826
Hertfordshire Outreach	87,026	88,767	72,313	62,444
Adult Pain Clinic at RFH	89,898	89,898	89,898	92,595
Tottenham Thinking Space				
Total CCGs	1,239,519	1,595,025	1,530,334	1,503,287

8.1 The main income for Complex Needs comes from the clinical contracts with the CCGs. The last 3 years have shown overall that they keep steady, with a small reduction of 4% and 2% in the last 2 years. Some contracts have increased substantially, e.g. Camden, whilst other contracts have shrunk, largely associated with Single Point of Entry pathways designed to favour local providers. A major loss has been the ending of contracts in East London CCGs, and the competition from CNWL is threatening to similarly restrict West London.

## 9. Clinical Quality and Outcome Data

- 9.1 Two primary tools are used. The CORE outcome measures which have been used for more than 10 years. Plus the patient experience measurement uses the CHI-ESQ. The CORE can potentially be used against national standards, and although not specifically designed for psychotherapy as a form of treatment, it has nevertheless been accepted as a good enough measure. The CHI Experience of Service Questionnaire is quite good from our point of view.
- 9.2 It has been difficult to get reliable rates of return. Rates have improved when we have been able to provide consistent support to staff from a dedicated psychologist/data officer. It was also complicated by the adoption of electronic case records which incorporates the CORE system. A new permanent post has been established to increase returns and consolidate these processes. Such a post has shown important improvements in return rates.
- 9.3 Below is a table of responses as shown by the ESQ over time for one of the Units (Belsize) which is also representative of the other Units, indicating a consistency of approach and result across the service over time.
- 9.4 Some of the values rise to 100% . Although the work of improving the data quality is ongoing, and the details of whether there are specific issues which should be attended to can then be improved, the overall picture

remains of a high quality service with a method of listening to and understanding patients which works well.

	JUL-DEC 2013	APR-JUN 2014	JUL-DEC 2014	JAN-JUN 2015	JUL-DEC 2015	JAN-JUN 2016
Listened to	94%	97%	94%	94%	92%	94%
Easy to talk	81%	77%	83%	83%	82%	75%
Treated well	95%	93%	98%	96%	98%	94%
Views and worries	93%	97%	96%	94%	92%	100%
Know how to help	83%	90%	87%	81%	88%	93%
Given enough explanation	82%	79%	76%	60%	86%	71%
Working together	89%	93%	90%	85%	90%	100%
Comfortable facilities	83%	93%	81%	81%	86%	94%
Convenient appointments	77%	89%	88%	83%	79%	81%
Convenient location	74%	97%	79%	72%	75%	75%
Recommend to friend	90%	89%	93%	93%	98%	100%
Options	79%	79%	93%	84%	93%	88%
Involved	79%	81%	91%	86%	89%	75%
Quickly Seen	62%	89%	68%	60%	65%	75%
Good help	93%	89%	98%	95%	98%	94%

## 10. Serious Untoward Incidents and Safety Issues

- 10.1 There have been none in the last 2 years.
- 10.2 There have been a small number of incidents in the last year of confusions in the room bookings system resulting in sessions being interrupted. We are hoping to contain this, but the software has been an issue which has not allowed amendments to be easily made.
- 10.3 Acquiring experience of using the appointment system on Care Notes has similarly been a data issue.
- 10.4 For the first time it was necessary to take out a Harassment Order against an ex-patient who became paranoid, coming into the building, sending threatening emails and was deemed below threshold by local mental health services.
- 10.5 It remains the case that the Fitzjohns Unit, our personality disorder service has never experienced a patient suicide.

## 11. Clinical Governance, Audit and Research

- 11.1 Audits are currently being undertaken include.  
Herts services: intake profiles, patient pathways, GP survey  
Trauma Service: intake profiles  
Follow up to Tavistock Adult Depression Study - Impact Study jointly with Essex University.  
Planned events with patients, GPs, focus groups and analysis of data
- 11.2 A permanent Assistant Psychologist is being appointed to facilitate data collection, audit and management information. This should provide a much needed resource to direct this kind of work to improve clinical quality.

## 10. Education and Training

- 10.1 The effect of the separation of Training and Clinical Directorates had a serious impact. Since the primary training within the former Adult Department was a clinical one, based on close supervision and the apprenticeship model, the separation of the resources devoted to training and clinical service was difficult and confusing. As well as such a division being only approximate, it also inhibited the potential for flexible and creative movement across activities. This is especially so since much of the development that has taken place over the years, involved both elements of training and service provision.

At the same time the value placed on our work was demonstrated by the steady increase in fee-paying trainee numbers at both the foundation and advanced levels. As the attention to detailed clinical work of the kind we practice declines in the mental health field at large, in favour of simplified case management, so the need for clinicians to study in more depth and over time to help them understand their clients and to survive the stresses of the work increases. The satisfaction they experience in the work is demonstrable. – see staff story below.

As the new structures in the Trust become established and the need to respond to changes in the Training Contract become pressing, it has been possible to begin to form a new partnership between DET and Complex Needs, largely at this point through the psychoanalytic psychotherapy portfolio. This is becoming a regular review, combining sessions from each

Directorate to continue the joint project of clinical trainings. Staff will thus be able to provide training on an agreed basis within DET priorities, alongside priority clinical work required by Complex Needs. It is intended to continue with these developments and work with DET in the future.

## 11. Staffing.

- 11.1 This is a most serious issue. The consequences of the savings have led to the departure of 9 senior experienced clinicians with leadership profiles in the field over the last 5 years, all of whom had a record of innovation and publication. Only one was replaced by an equally experienced person. The present staffing condition of the whole service is on the limit of what is sustainable, whilst achieving the accepted standards of service and training. With the interim promotion of Dr Stern to Clinical Director, the immediate situation of the loss of management capacity within Complex Needs is critical.

Personally at this point I continue to manage a clinical unit, and I am the AFS lead on relocation in addition to the Clinical Lead role. The future management of Complex Needs should be established on a secure basis for the next period and plans made to attract experienced senior clinicians from outside the Trust.

Three younger colleagues have been advanced to the role of managing clinical units and in addition the M1 tutor who also provides clinical time to the Fitzjohns Unit liaises closely with the management of the service. A new appointment from outside the service, of a Consultant Psychiatrist working across Complex Needs, the Family Court Service and Primary Care is in place for the autumn.

- 11.2 The pattern of offering only time limited contracts to protect the service against savings targets has meant that the transitional arrangements necessary when the contract renewal is uncertain has led to a loss of service which has built up over time. This applies in particular to the Fitzjohns Unit which remains in high demand as a specialist service for complex personality disorder and severe borderline patients and now has a waiting list of two years. It also applies to the Couples Unit, which continues to provide an outstanding example of a service not provided elsewhere in the NHS whilst having a high take up of students for the training based in the Unit.

- 11.3 Financially this has led to underspends which the Service has then lost, when there are patients waiting for services.
- 11.4 Our present intention is to try to stabilise and simplify the staffing arrangements with the modest savings being required for next year.
- 11.5 This situation has had a deleterious impact on the normal development work which in the past has led to new initiatives. Management roles have been concentrated in the Clinical Director/Service Lead posts, at the expense of the leadership of other Units. This reduces our capacity to create new opportunities, and we are now more dependent than ever on the market place for new contract possibilities.
- 11.6 The Service is now very dependent on two senior staff, Dr Bell and myself, for continuity and clinical leadership who are within the normal window for retirement at a time when supervision and management tasks are growing. New younger and talented clinicians, recently qualified must be recruited to provide the future.
- 11.7 Staff Story: Dr Sophie Atwood.

*Before medical school I studied Social & Political Sciences at University where I began to read papers giving a psychoanalytic perspective on people's actions, motivations and difficulties. I spent my free time acting in and directing plays. It was the character analysis involved in this that that fascinated me. I decided that I wanted to understand more about the body as well as the mind, so went to Medical School, with an aim to eventually work in psychological medicine.*

*Medical School and house jobs gave me very little chance to explore the psychological aspects of medicine, and it wasn't until I began as an SHO in Psychiatry, and started looking for explanations beyond the biological, and I began to find my way again towards a more psychoanalytic understanding of people and their difficulties, and things started to make more sense to me than by a psychiatric explanation alone.*

*I started attending Medical Psychotherapy conferences, hearing David Bell, Marcus Evans and Jessica Yakeley talk there, I attended Institute of Psychoanalysis events and did the Institute of Group Analysis Introductory Course which as available in Brighton where I then lived and worked.*

*I applied for ST4-6 training in Medical Psychotherapy, putting the Tavistock Centre as my first choice, and was excited to be allocated to train here. I also enrolled on M1 - The Interdisciplinary Training in Psychoanalytic Psychotherapy. At my Trust induction, Matthew Patrick, the then Chief Executive came to speak to the new staff. As he spoke I became aware of a new and different perspective from anything I had experienced in previous NHS work. I was hopeful about working in a place of real thinking and understanding, applied to staff and the organisation as well as to patients.*

*My 5 years here have born this out to be true. Many of the ideas and ways of thinking and working here take quite some time to get used to. The first few months and even years I felt often out of my depth and in a land with a new culture and language. Trainees further on in the training reassured those arriving that this feeling is an ordinary part of the process, to be patient, immerse yourself in the culture and language, and soon things will start to become clearer. This is a place of such diversity, which I love, and this brings such wealth to the thought happening here. Discussions about cases bring perspectives from trainees and staff from all over the world, and from many different professional backgrounds. The difference is respected and seen as an enriching and adding to our potential understanding. I believe people come here to learn about psychoanalytic work, and the department is open and interested to hear their ideas and to learn from them too.*

*The work here is fascinating. There is close supervision of all assessments and therapy sessions, which is challenging as a trainee but also containing for often difficult work. Senior staff are available if a difficulty or crisis arises, and are open to think through with the trainee what is really going on, helping the trainee to learn to think, rather than act before sufficient thought. I believe patients are thought about as individuals, and their care is considered in such depth. As all senior staff have been in their own analysis or therapy, and all trainees currently are, there is a clear understanding of people's difficulties as a being on a continuum, that parts of a person can be functioning well whilst other parts struggle. There is an understanding of what it is to be the patient, and this understanding informs the work done as a clinician with each individual patient.*

*I have been glad in the last year to be able to apply my combined perspectives of psychoanalytic psychotherapy and psychiatry to work in general practice through TAP. This applied work is very interesting, and allows me to use the more in depth understanding to new services and interactions with professionals working quite differently with patients.*

*As I begin working myself as a member of senior staff and I look forward to providing new trainees with opportunities that I feel grateful to have gained through my 5 years here.*

*(Dr Atwood has now been offered a Consultant Medical Psychotherapist position in Brighton.)*

## 12. Public and Patient Involvement

Over the last two years the service has contributed to these developments appointing a staff member to join the PPI team. The take up by Complex Needs patients has been low, just one or two patients depending on the activity. It remains difficult to accommodate therapeutic forms of relating to patients alongside providing social settings. However, patients participated in the recent CQC visit and gave excellent accounts of their experience to the inspectors.

Recently a new appointment, Claire Kent who is a social worker by background, is hoping to take new initiatives forward.

## 13. Patient Story

A patient who is a current member of Complex Needs psychotherapy group will present her story at the Trust Board meeting.

## 14. Future direction

It is clear that the Trust is becoming a more diverse place in many ways. The former Adult Department is in an important transition, trying to preserve the years of clinical experience and a model for development which produces high quality and creative results. The current common NHS models of quality which are quantifiable have to be fitted in alongside the less quantifiable experiences of depth and meaning. But there remains demand for the services provided in Complex Needs and commissioners have not stopped wanting the Trust to continue to provide alternatives to the main providers. It requires ongoing work to maintain this work in the face of the competitive and contradictory environment of Single Point of Entries.

Potential new areas of work and growth, if they can be contracted, continue to be in the general field of severe and complex needs – a

broad category around personality disorder – and various specialist services, such as trauma and couples.

The Trauma Unit is about to develop a model of group work for the survivors of HCSA. The Couples Unit has a plan to use group work for victims of Domestic Violence. Both projects will be resourced out of our existing budget, but will lead to new training opportunities.

We have tried for some time to develop services around the physical health boundary, with Medically Unexplained symptoms and Pain Management, but so far with limited success. It nevertheless remains a highly desirable project if it can be realised. An Institute of Psychosomatic Medicine could be a huge achievement.

The Thinking Space Project is an innovative and very successful model in providing community based mental health care, especially when professional services are being cut back or increasing their thresholds.

The Primary Care model in TAP and City and Hackney has equivalents that could be used around the interface with acute services. Mostly our style of understanding the interaction between user and professional carries great advantages and is welcomed by GPs, rather than the simple provision of low skilled services. We are already in competition, e.g. Camden for the commissioning of different styles of mental health work in primary care, and this may be a new opportunity on the boundary of hospital acute care.

Michael Mercer  
Interim Service Lead  
July 2016



## Board of Directors: July 2016

**Item :** 8

**Title :** Chief Executive's Report (Part 1)

**Summary:**

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

**For :** Discussion

**From :** Chief Executive

## Chief Executive's Report

### 1. Deputy Chief Executive and Director of Finance

- 1.1 We held the interviews for the post of Deputy Chief Executive and Director of Finance on 5<sup>th</sup> July. In the light of these we have appointed Terry Noys to the role. Terry is currently Chief Operating Officer at St Mary's University, Twickenham and has extensive experience across a number of sectors. We have yet to agree a final start date for Terry but are hoping he will be able to join us before Simon Young retires at the end of September.

### 2. North Central London STP

- 2.1 We have continued to be engaged in the development of the mental health work stream for the North Central London. A paper on the STP is scheduled for later in the agenda.

### 3. CQC Quality Summit

- 3.1 The Quality Summit following our CQC report was held on 7<sup>th</sup> July. There was a lot of positive feedback from CQC and others about the clinical work of the Trust.
- 3.2 On 12<sup>th</sup> July we held a Leadership Event which included team managers from across the Trust. The focus of the event was how we should develop our work on clinical quality and, in particular, how we should define outstanding and what strategies we should follow to get there. This event is part of a programme of work which will feed into the revised clinical quality strategy which we will bring back for Board agreement in September or October.

### 4. National Training Contract

- 4.1 We have been continuing to work with HEE contracts to agree a new shape to our National Training Contract. With Brian Rock I am attending on 18<sup>th</sup> July the first review meeting for this work with Liz Hughes, the Director of Education and Quality who has the lead responsibility for the National Contract.

### 5. Brexit

- 5.1 The result of the referendum on membership of the EU on 23<sup>rd</sup> June raises a number of significant issues for the Trust which has the second highest percentage in the NHS of staff from other parts of the EU.
- 5.2 Paul Burstow and I wrote to all members of staff in the aftermath of the referendum result highlighting our support for those staff affected. We have

also supported holding a “Thinking Space” event for staff to address the issues coming out of the Referendum result.

## 6. Chief Executive Question Time

- 6.1 Recognising the scale, at present, of both internal and external change I have decided to establish a regularly month question time to allow staff to raise questions and concerns. The first session is planned for 19<sup>th</sup> July.

Paul Jenkins  
Chief Executive  
17<sup>th</sup> July 2016



## Board of Directors July 2016

**Item :** 9

**Title :** Q1 Review of Trust Objectives

**Purpose:**

A system for reviewing Trust strategic objectives on a quarterly basis is now fully in place.

The Strategic and Commercial Committee reviewed progress at Q1 on 5 July 2016, the paper outlines key points noted by the committee.

A summary of progress against the objectives is appended.

**For :** Discussion

**From :** Paul Jenkins, Chief Executive Officer

## 1.0 Introduction

A system for reviewing Trust strategic objectives on a quarterly basis is now fully in place. It consists of

- Directors setting milestones for the next quarter and reviewing progress.
- Two RAG ratings for each objective. One RAG for achievement of milestones in the previous quarter. A second RAG for overall progress towards meeting the objective. A summary sheet contains RAG ratings for each objective.
- The Management Team and Strategic and Commercial Committee then review the objectives quarterly and select 1-2 objectives to consider in more detail.

## 2.0 Quarter 1 Review of Progress

The Strategic and Commercial Committee met on 5 July, reviewed progress and noted the following points:

Whilst unsurprisingly no objective overall is yet green, good progress has been made in a number of areas. Several objectives have been rated green with regard to progress against Q1 milestones. This is a significant achievement given our ambitious set of objectives and workload pressures. Progress in Q1 has been green rated for the following areas:

A1 progress on Thrive

B3 To build on the work of FNP

F1 Achieving a good CQC result

F3 To improve information to support quality strategy

G1 Media Coverage and Profile

I1 Finance, growth and losses

All other areas are rated as amber. On the overall progress all areas are amber apart from Tavistock Consulting (TC), as we do not anticipate TC being able to meet their income targets for 2016/17. This is part due to changes in the leadership in TC. As the board is aware, a review of TC is underway and due to report in September 2016.

## 3.0 Objective Refresh

The Board of Directors agreed an objective refresh will be finalised in October 2016. A number of objectives will need to be revised in response to changes in the external environment including:

B1 CAMHS namely acquisition of a CAMHS  
D2 and 3 DET objectives, so they are aligned more closely to changes  
required as part of our contract with HEE.  
C2 Primary Care

As we have always recognised there is serious pressure on capacity, which  
has been compounded by developments in the external environment,  
such as the Strategic & Transformation Plan process. The review of  
objectives in the autumn will need to take this into account and  
consideration will be given to the further prioritisation of objectives.

## Summary of Progress against Objectives, July 2016

	Objective	Rating Last Q	Rating Overall
A1	With partners to establish Thrive as the leading model for the provision of CAMHS services	A	A
A2	With partners to develop service models such as One City and Hackney as demonstrator sites for a psycho-social model of integrated care.	A	A
A3	To develop the work of Tavistock Consulting, targeting opportunities relating to mental health in the workplace, new models of care and the 5 Year Forward View promote increasing income and profitability year on year.	G	R
B1	To widen our portfolio of CAMHS services	A	A
B2	To further establish our reputation as experts in the support of vulnerable children and families	A	A
B3	To build on the work of the Family Nurse Partnership National Unit to provide effective support for vulnerable families	G	A
B4	To develop our role as a specialist education provider	A	A
C1	To maintain and develop our existing portfolio of services for adults with clear descriptions of interventions, practice- based evidence of clinical effectiveness and service user support and to promote these options for patients through the Choice agenda.	A	A
C2	To implement the Camden TAP successfully and to work towards being commissioned to deliver another similar service.	A	A
C3	To maintain our contract for specialist forensic psychotherapy at the current level and develop further applications of the Portman Clinic's approach to support a wider criminal justice workforce nationally through direct clinical service developments, consultation and training.	G	A
D1	Increase intake of Y1 student numbers to 900 for 2017/8 Academic Year	G	A
D2	To broaden our portfolio of training interventions to reach a wider section of the workforce and respond to emerging issues in health and social care	G	A
D3	Increase the national reach of our training and education offer through greater regional presence	A	A
E1	To develop a faculty of high calibre researchers both within and outside of the Trust by establishing working relationships with senior academics nationally and internationally whose research is linked with the work of	A	A

	the Trust.		
<b>E2</b>	To secure further prestigious external grant funding for research, contributing to raising the Trust's profile as a leader nationally and internationally in the clinical and training domains.	A	A
<b>E3</b>	Embed research competences across our training portfolios with particular emphasis on our clinical trainings	A	A
<b>F1</b>	To meet and exceed all our external regulatory requirements, including external inspections from CQC and QAA.	A	G
<b>F2</b>	To set out an aspirational clinical quality strategy for the whole trust, developed with staff, service users, commissioners and taking into account the regulatory environment.	A	A
<b>F3</b>	To develop systems for capturing, analysing, reflecting upon and acting upon qualitative and quantitative data to support the implementation of the clinical quality strategy with a particular focus on capturing the experience of people who use our services.	A	G
<b>F4</b>	To develop and implement a new strategy for patient involvement which makes the involvement of people with lived experience we drive innovation in the organisation.	A	A
<b>F5</b>	To set out a robust Equality and Diversity Strategy to increase inclusiveness for staff, service users, students and trainees	G	A
<b>G1</b>	To deliver a significant growth in media coverage and wider public profile for the Trust establishing its position as a thought leader on relevant issues.	G	A
<b>G2</b>	To develop, deliver and maintain an alumni function which creates a 'community of practice' and significantly reinforces the lifelong relationship between the Trust and its alumni.	A	A
<b>H1</b>	Develop our workforce to deliver the Trust's overall strategy and support staff health and wellbeing	A	A
<b>H2</b>	To develop and implement an IM&T strategy for the Trust	G	A
<b>H3</b>	To agree a Full Business Case for the best long term accommodation for the Trust's businesses	A	A
<b>I1</b>	Continue steady growth, so as to widen the reach of our influence and leadership and also contribute to the Trust's overall financial position. Minimise reductions in all current income sources.	A	G
<b>I2</b>	Identify and implement productivity improvements, to optimise the use of resources in all services and departments.	A	A



# Board of Directors : July 2016

**Item :** 10

**Title :** IM&T Strategy/Programme Update

## **Summary:**

- IM&T is currently amber against the plan as we are slightly behind on some targets and will probably struggle to catch up.
- Having said that some good progress has been made in a number of areas as shown in the update.
- The key to maintaining progress over the next 6 months is to complete the procurement exercises swiftly and get the suppliers committed to delivery dates.

This report has been reviewed by the following Committees:

- EMT, 19<sup>th</sup> July

Attached as an appendix is an update on progress with CareNotes Optimisation.

## **This report focuses on the following areas:**

- Quality
- Patient / User Experience
- Risk

**For :** Noting

**From :** Director of IM&T



## IM&T Strategy and Programme update

### Introduction

- 1) In February 2016 the Board approved the IM&T Strategy and plan.
- 2) The Chairman requested that the board keep sight of the IM&T Strategy delivery.

### Summary

- 3) I have suggested that IM&T is currently amber against the plan as we are slightly behind on some targets and will probably struggle to catch up.
- 4) Having said that some good progress has been made in a number of areas as shown below.
- 5) The key to maintaining progress over the next 6 months is to complete the procurement exercises swiftly and get the suppliers committed to delivery dates.

### IM&T Strategy and Programme Update

- 6) Telecoms project (phase 1) has been completed with all the back-end systems being upgraded. This brings the system back into a supported position and delivers capacity for growth which we didn't have previously.
- 7) Network refresh requirements are now clear so that a specification for procurement can be defined in Q2. This is behind schedule.
- 8) Email replacement has been agreed by the IM&T Steering Committee and the Management Team. Procurement is underway and implementation will be in 2 phases:
  - a) Local upgrade and connection to Office 365 (Office 365 early adopter in place)
  - b) Migration of staff to Office 365
- 9) Timescales for delivery of the email element of Office 365 will be available following formal engagement with the supplier, expected to be in early August.
- 10) Implementing Office 365 also opens up the potential to move data storage to the cloud, using Skype for Business to video conferencing and telemedicine as well as opening up new ways of working for the Trust.
- 11) IM&T Capability review order will be placed by the end of July with an aim to start in August.
- 12) CareNotes Optimisation project has been progressing satisfactorily with a target to conclude the agreed scope by the end of September, see full update in separate CareNotes Optimisation Update paper.
- 13) Evaluation of various risk management systems has been carried out and a recommendation provided to the Management Team.
- 14) A patch management system has been implemented with software licence management being added to it in July. Processes need to be developed to support patch management going forward.
- 15) Data Leak Prevention for email has been implemented in monitoring only mode, this is reporting to the IG Manager on likely data leaks through email. Nothing

overly concerning has been reported to date. The next stage will be to switch on active blocking of suspicious messages.

- 16) All faxes have now been removed from the Tavistock Centre in support of government targets around the paperless agenda. E-fax has replaced fax where services deal with 3<sup>rd</sup> parties who have not moved away from faxes.
- 17) N3 network resilience has been assessed and deemed sufficient at this time but should be reviewed when the new HSCN network replaces N3 next year. This project has been closed.
- 18) ULCC network resilience has been ordered with installation expected by early September. Full resilience is dependent on the internal network refresh as well.
- 19) Active Directory review has made significant progress with several thousand aged accounts being removed from the system and improved leavers processes being put in place. Further work continues to bring the total number of accounts down to an appropriate working level.
- 20) Improved power distribution has been implemented in the Computer Room as a temporary measure until a more permanent and robust solution can be implemented. It is expected that a completely new power supply will be delivered during the summer however this will require 3 periods of downtime for all IT systems to run in and further downtime to configure new failsafe devices such as uninterruptable power supplies and improved local cabling.
- 21) The first batch of replacement devices have been ordered, this is running several months behind schedule.
- 22) Initial reporting dashboards have been delivered for board and team level, these have been well received, however there is limited resource to deliver further developments in this area. It has also been identified that the current processes are fairly manual. Consideration should be given to the best way to move this project forward.
- 23) We now have a robust change management process in place for CareNotes and reporting changes which provides a much clearer and safer approach although at times it can appear a little bureaucratic. IT are developing similar process for infrastructure related changes to ensure suitable control is in place this should lead to a more reliable infrastructure.

## **Other Successes**

- 24) We have successfully recruited to 2 posts that have been proving very difficult to obtain competent staff for at the pay points agreed for the roles:
  - a) Informatics – System Analyst to deliver CareNotes improvements.
  - b) DET Systems Support Team – Business Intelligence Developer
- 25) These posts should help relieve some of the day to day pressure in both teams and over time lower the DET risk around support capacity/capability.
- 26) We have responded to a contractual demand for swifter than anticipated implementation of E-referrals and have setup kick off meetings for this project and requested costs from Advanced Health and Care. However we will need to recruit a project manager to support this and other projects ASAP.
- 27) It should be noted that as part of 'business as usual' there are various upgrades of existing systems that have to take place on a regular basis and these are often small projects in their own right. Recent examples include the WIFI solution, IT Helpdesk system and Proofpoint email security solution.

## Concerns

- 28) Following a complete IT outage in June it was identified that the IT Computer Rooms were pulling more electrical load than was safe. Short term steps have been taken to balance the load better and IT/Estates are working together to deliver a series of upgrades to the infrastructure to improve things in the longer term.
- 29) The power failure also highlighted a limitation in the resilience of the network design which should be addressed in the network refresh project.
- 30) An unexpected and unplanned for demand for Informatics resource is creating additional pressure, for example:
  - a) CAMHS transformation, including THRIVE and CYPIAPT changes
  - b) Contracts demanding delivery of E-referrals in this financial year
- 31) Of immediate concern is training capacity, to deliver business as usual training as well as supporting the various projects that are ongoing, and technical resource to support dashboard development.
- 32) Connectivity problems being experienced in remote sites where we don't fully manage the infrastructure are causing issues for the staff in those services and also costing a disproportionate amount of IT staff time to try and resolve.
- 33) The necessity for the Director of IM&T to spend a significant amount of time on operational issues has been impacting on delivery of strategic plans, this needs to be managed better moving forward.
- 34) Toby Avery is leaving the Trust at the end of this month, to take up a new role at Surrey and Borders NHS FT. David Wyndham Lewis has been appointed as Interim Director, starting on 25 July. It is envisaged that this appointment will be for nine months.



# Carenotes Optimisation Project – July Update

05.07.16

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## Overview:

- A training plan for the new students and trainees starting in September 2016 has been developed. Approximately 250 to 300 students will need to undergo training. The view of the COP team is that it is not possible to meet these training needs based on current resources (1 full time trainer). This is particularly in the context of additional training needs related to other projects such as the roll out of CYPIAPT and Thrive implementation, and the expansion of GIDS. A paper requesting additional training resources is being submitted to the management team meeting.
- User feedback has highlighted that the main issues of concern to users are issues with the speed of the system and connectivity. This is a significant barrier to timely and accurate recording of clinical data which poses a clinical and financial risk.
- We developed and sent out to staff a comprehensive online survey to further understand these issues, and have drawn several conclusions based on analysis of the results:
  - The speed of the system, rather than connection issues, is the #1 problem reported, both from off-site and on-site respondents. This is not something that had been reported widely before so may be a new issue
  - This suggests the problem is most likely a widespread performance issue in the CareNotes system, rather than a connectivity issue
  - The Director of IM&T, Head of Informatics and Head of IT met with Advanced Health and Care representatives to escalate this issue w/c 11<sup>th</sup> July. It was acknowledged that there have been widespread performance issues affecting many Trusts with the system however 'fixes' have been implemented to address them. It seems that performance for the Tavi has worsened since the implementation of these 'fixes' while it has improved elsewhere.
- The Quality team have been continuing to work on addressing issues around the quality of data already on the system. This includes removing duplicate Outcome monitoring forms and cleansing migrated data. There is also work underway to increase standardisation of clinical forms across the trust.

## Milestones:

- User survey completed
- Training plan for September intake developed
- Began testing SMS Reminder functionality in the test environment

- Further tests run on Patient View to determine reasons for varying response times and whether this is a wifi capacity issue, hardware problem or system issue

#### Next Steps:

- Arrange training with Advanced Health Care for Informatics in order to build Mobile Solution
- Informatics to test SMS reminders in live environment and then rollout to pilot team
- Informatics to determine how OM Graphs can be delivered; embedded within CN or through the use of reporting services
- IT to investigate the issues affecting the slow performance of the Patient View on iPads
- Incorporate new training materials into training package
- Paper has been sent to management team requesting further training resources

#### Risks:

- The demand on the training team in the autumn is expected to exceed current capacity
  - ❖ **HIGH PRIORITY**
    - Additional trainer needed ASAP
- Network upgrade. While an upgrade has provisionally been approved, the tendering and implementation process is expected to take a further 6 months.
  - ❖ **HIGH PRIORITY**
    - Clinical Governance and Quality Manager has advised that this timeframe poses a risk to data quality and both she and the head of IT agree a waiver should be requested in order to update the system ASAP. One survey respondent stated, *'Slow network and connection speeds create significant financial and safety risks as busy clinicians have too little time with a slow system to enter data in a timely way.'*

*Myooran Canagaratnam and Freddie Peel*

## Board of Directors : July 2016

**Item :** 11

**Title :** Finance and Performance Report

**Summary:**

After the third month of the new year, a surplus of £698k is reported after restructuring costs, £280k above the revised planned surplus of £418k.

We aim to have a surplus of £800k by the end of the year, after the control total was revised due to additional funding.

Analysis by service line is not provided this month, but will be included in future reports: Management Accounts are working with colleagues to finalise the allocation of key elements of income and expenditure.

The cash balance at 30 June was £3,790k, which is £282k less than Plan. Late payments have been offset by the higher surplus and lower capital expenditure.

**For :** Information.

**From :** Simon Young, Director of Finance

## 1. **External Assessments: NHS Improvement**

- 1.1 A revised 2016/17 Plan has been submitted to NHS Improvement. The Plan should lead to an FSRR of 4. The two changes from the original plan were:
  - 1.1.1 The Trust will receive an allocation of £500k from the “targeted element” of the Sustainability and Transformation Fund.
  - 1.1.2 The Trust’s control total – i.e. our required surplus – is increased by £500k to £800k. There is therefore no funding available for additional expenditure.
- 1.2 The return for June will be submitted on 22 July with an FSRR of 4.
- 1.3 NHS Improvement have announced that the present Risk Assessment Framework, which includes the FSRR, will be replaced during 2016/17 by a new Provider Oversight Model which will apply both to Trusts and Foundation Trusts. Details are not yet available.

## 2. **Finance**

- 2.1 **Income and Expenditure 2016/17** (Appendices A and B)
  - 2.1.1 The budget has been revised to reflect the changes outlined in 1.1 above. The additional £500k income, spread evenly across the year, is shown on line 2 in Appendix B; and is included in Clinical Income on Appendix A.
  - 2.1.2 After June, the Trust is reporting a surplus of £698k after restructuring costs, £280k above the revised budget. Income is £24k below budget, and expenditure £345k below budget.
  - 2.1.3 The income shortfall to date of £24k is mainly due to Training and Consultancy:
    - 2.1.3.1 Training is £51k below plan due to LCPPD income deferred to reflect activity in a later period.
    - 2.1.3.2 Consultancy Income is £34k below target mainly due to TC Income £40k below budget. This has been offset by savings.
    - 2.1.3.3 Clinical Income is £43k above budget overall. Adult and Forensic Services income is £49k under budget due to a shortfall on NPA income and credit notes relating to last year; which is offset by a GIDU over-performance payment from 2015/16.
  - 2.1.4 The favourable position of £345k on the expenditure budget was due mainly to the under spends of £184k in GIDU, £104k in Primary Care and £72k in Tavistock Consulting due to vacancies and lower than expected non pay costs.
  - 2.1.5 There are currently 581 Whole Time Equivalent (WTE) funded posts in June, of which 546 were occupied including 44 WTE bank and agency staff.

Additional posts will be added as the increased funding for GIDS is phased in later in the year.

- 2.1.6 The contingency reserve is a shortfall of £65k; however, cost centres with significant underspending in the first quarter are expected still to have at least part of this underspend by the end of the year.
- 2.1.7 The Executive team is working on proposals for some additional short-term investment in development work for the future. This will be funded from the underspending reported above.
- 2.1.8 Though the surplus is ahead of plan after three months, some of this may be due to phasing of costs; and income for the remainder of the year is not all secured.

## 2.2 Forecast Outturn

- 2.2.1 The forecast surplus of £819k after restructuring is £19k above budget. This consists an income surplus to budget of £269k which is offset by an expenditure overspend of £250k.
- 2.2.2 At this early stage in the financial year it is difficult for both the Finance Department and budget holders to make a robust forecast but after discussions with budget holders we have assumed the following.
- 2.2.3 Clinical income is currently predicted to be £118k above budget due GIDS Named Patient Agreements (NPA's) and the Day Unit over-performing against targets.
- 2.2.4 Training income is expected to be £143k above plan due to an additional £286k funding for Dev. Psychotherapy Unit (the additional expenditure is also forecast) which is offset by a shortfall on student fee and HEFCE income.
- 2.2.5 TC Consultancy income is expected to be £63k below target but expenditure is also forecast to be below budget
- 2.2.6 Clinical expenditure is expected to be £83k below budget. GIDS is expecting to maintain their £184k under spend and Primary Care are also £98k under spent. Both are due to vacancies which are expected to be filled later in the year. These under spends are offset by additional Day Unit staff due to increased pupils.
- 2.2.7 Training expenditure is expected to be £128k over budget due to £286k additional DPU expenditure mentioned above off set by vacancies in DET.
- 2.2.8 The Central functions are currently forecasting an overspend of £128k due to agency staff in addition to unfunded Relocation revenue costs.

## 2.3 Cash Flow

- 2.3.1 The actual cash balance at 30 June was £3,790k this is a decrease of £792k on last month and is £282k below Plan. The decreased balance was mainly due to the quarterly payment in advance from Health Education England. The

balance is below plan due to the first quarter FNP contract invoice for £707k not being raised due to Public Health England not passing on relevant information. There are also old year payments still outstanding of £1m which have been offset by a larger than planned surplus and capital being below plan.

	Actual	Plan	Variance
	£000	£000	£000
Opening cash balance	<b>3,356</b>	3,356	0
Operational income received			
NHS (excl HEE)	<b>4,227</b>	4,794	(567)
NHS England (GIDS)	<b>1,631</b>	1,584	47
PHE (FNP)	<b>748</b>	1,455	(707)
General debtors (incl LAs)	<b>2,602</b>	3,010	(408)
HEE for Training	<b>2,658</b>	2,779	(121)
Students and sponsors	<b>433</b>	625	(192)
Other	<b>118</b>	0	118
	<b>12,417</b>	14,247	(1,830)
Operational expenditure payments			
Salaries (net)	<b>(4,362)</b>	(4,566)	204
Tax, NI and Pension	<b>(3,591)</b>	(3,735)	144
Suppliers	<b>(3,652)</b>	(4,266)	614
	<b>(11,808)</b>	(12,711)	903
Capital Expenditure	<b>(178)</b>	(821)	643
Interest Income	<b>3</b>	1	2
Payments from provisions	<b>0</b>	0	0
PDC Dividend Payments	<b>0</b>	0	0
Closing cash balance	<b>3,790</b>	4,072	(282)

## 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 June we achieved 91% (by number) for all invoices. The cumulative total for the year was 92% by number and 93% by value. In line with previous Board discussions, this is considered satisfactory; Finance will continue to work with colleagues to avoid delays as far as possible, but no additional action is planned.

## 2.5 **Statement of Financial Position (aka Balance Sheet)**

2.5.1 Appendix E reports the SoFP at 30 June, compared to the Plan figures for the month.

2.5.2 Property, Plant and Equipment was £609k below plan due to the slower progress than anticipated on the Relocation and IM&T projects.

2.5.3 Trade and Other Receivables and Other Liabilities are both well above plan due to the necessary early raising of the second quarter 2016/17 Contract income in addition to outstanding old year debts and the delayed FNP first quarter invoice.

2.5.4 As mentioned above in 2.3.1, cash is below plan due to the size of the surplus plus capital expenditure being below plan.

## 2.6 Capital Expenditure

2.6.1 The capital budget for the year is £2,480k in total which includes £1,100k for the Relocation Project up to Full Business Case.

2.6.2 Up to 30 June, expenditure on capital projects was £178k. This included £134k on IM&T and £30k on the Relocation project. This is £643k below plan due to the Relocation Project and the various IM&T projects not making the expected progress at this stage. The expenditure for the year is forecast to be on budget.

2.6.3 The Relocation project cumulative capital costs up to 31 March 2016 were £575k but this was reduced to £112k on the advice of our external auditors with the balance being charged to revenue. (These figures exclude £76k for the portacabin extension, which has been capitalised as a separate asset).

Capital Projects 2016/17	Budget 2016/17	Actual YTD June 2016	Forecast 2016/17	Spend 2014/15	Spend 2015/16	Total Project	
						Spend to date	Budget to date
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Estates General	190	-	190			-	190
Relocation Project up to OBC	-	-	-		50	50	50
Relocation Project up to FBC	1,100	30	1,100		62	92	1,162
DET Works Phase 1		14				14	-
<b>Total Estates</b>	<b>1,290</b>	<b>44</b>	<b>1,290</b>	<b>-</b>	<b>112</b>	<b>156</b>	<b>1,402</b>
IM&T Infrastructure	300	110	300			110	300
IM&T Project Posts	125	-	125			-	125
IM&T Developments	390	-	390			-	390
IDCR	50	(30)	50	389	268	627	707
Student Info. Mgmt System	325	22	325			22	325
Det Intranet		32			16	48	31
<b>Total IT</b>	<b>1,190</b>	<b>134</b>	<b>1,190</b>	<b>389</b>	<b>284</b>	<b>807</b>	<b>1,878</b>
<b>Total Capital Programme</b>	<b>2,480</b>	<b>178</b>	<b>2,480</b>	<b>389</b>	<b>396</b>	<b>963</b>	<b>3,280</b>

## 3. Patient Services

### 3.1 Activity and Income

3.1.1 All the major contracts have now been agreed. Total contracted income for the year is expected to be in line with budget. Part of the budgeted income for the year is dependent on meeting our CQUIN<sup>1</sup> targets agreed with commissioners and achievement is reviewed on a quarterly basis.

3.1.2 After three months the income budget for named patient agreements (NPAs) is £21k above plan.

3.1.3 Day Unit income budget was increased by £215k to £1,054k in 2016/17 and is £20k above target after June.

<sup>1</sup> Commissioning for Quality and Innovation

#### 4. **Consultancy**

- 4.1 TC income was £176k at the end of June, compared to the phased budget of £216k. Offsetting this shortfall, however, the expenditure budget was under spent by £72k. Our forecast for the year assumes at present that there will be a £63k shortfall on income and reduced expenditure will offset this.
- 4.2 Departmental consultancy is £6k above budget after three months.

#### 5. **Training**

- 5.1 Training income is £51k below budget after June, with the shortfall mainly on LCPPD income due to a deferral and CP Trainees due to lower numbers than expected. Education and training expenditure was £86k below budget spread across the service mainly due to vacancies.
- 5.2 The key area of uncertainty is, as always, fee income from students and sponsors for the academic year starting in October. Recruitment to date is reviewed each month by the Training and Education Programme Board

Carl Doherty  
Deputy Director of Finance  
19 July 2016

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST										APPENDIX A	
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2016-17											
	Jun-16			CUMULATIVE			FULL YEAR 2016-17				
	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		
<b>INCOME</b>											
1 CLINICAL	2,214	2,229	15	6,658	6,702	43	23,619	20,500	23,737		
2 TRAINING	1,579	1,581	1	4,738	4,687	(51)	20,506	20,740	20,650		
3 CONSULTANCY	90	86	(3)	269	235	(34)	1,076	1,104	1,010		
4 RESEARCH	4	4	0	13	13	0	53	53	53		
5 OTHER	53	62	9	131	148	17	536	571	608		
<b>TOTAL INCOME</b>	<b>3,941</b>	<b>3,962</b>	<b>22</b>	<b>11,810</b>	<b>11,785</b>	<b>(24)</b>	<b>45,789</b>	<b>42,967</b>	<b>46,058</b>		
<b>OPERATING EXPENDITURE (EXCL. DEPRECIATION)</b>											
6 CLINICAL DIRECTORATES	1,859	1,754	105	5,616	5,294	322	20,664	18,454	20,581		
7 OTHER TRAINING COSTS	1,044	1,097	(53)	3,219	3,133	86	14,055	14,263	14,183		
8 OTHER CONSULTANCY COSTS	57	38	18	177	105	72	687	687	623		
9 CENTRAL FUNCTIONS	699	785	(87)	2,051	2,170	(119)	8,261	8,233	8,404		
10 TOTAL RESERVES	(20)	0	(20)	(16)	0	(16)	(65)	(291)	0		
<b>TOTAL EXPENDITURE</b>	<b>3,639</b>	<b>3,674</b>	<b>(36)</b>	<b>11,047</b>	<b>10,701</b>	<b>345</b>	<b>43,602</b>	<b>41,345</b>	<b>43,791</b>		
<b>EBITDA</b>	<b>302</b>	<b>288</b>	<b>(14)</b>	<b>763</b>	<b>1,084</b>	<b>321</b>	<b>2,187</b>	<b>1,622</b>	<b>2,267</b>		
<b>ADD:-</b>											
11 BANK INTEREST RECEIVED	1	1	(1)	2	3	(1)	8	8	8		
<b>LESS:-</b>											
12 DEPRECIATION & AMORTISATION	68	61	7	202	183	19	815	850	815		
13 FINANCE COSTS	0	0	0	0	0	0	0	0	0		
14 DIVIDEND	48	48	(0)	145	145	(0)	580	480	580		
<b>SURPLUS BEFORE RESTRUCTURING COSTS</b>	<b>186</b>	<b>180</b>	<b>(7)</b>	<b>418</b>	<b>759</b>	<b>341</b>	<b>800</b>	<b>300</b>	<b>880</b>		
15 RESTRUCTURING COSTS	0	0	0	0	61	(61)	0	0	61		
<b>SURPLUS/(DEFICIT) AFTER RESTRUCTURING</b>	<b>186</b>	<b>180</b>	<b>(7)</b>	<b>418</b>	<b>698</b>	<b>280</b>	<b>800</b>	<b>300</b>	<b>819</b>		
<b>EBITDA AS % OF INCOME</b>	<b>7.7%</b>	<b>7.3%</b>		<b>6.5%</b>	<b>9.2%</b>		<b>4.8%</b>	<b>3.8%</b>	<b>4.9%</b>		

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST  
INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2016-17

APPENDIX B

All figures £000		Jun-16			CUMULATIVE			OPENING BUDGET	REVISED BUDGET	FORECAST	VARIANCE FROM REV BUDGET
		BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE				
<b>INCOME</b>											
1	CENTRAL CLINICAL INCOME	623	626	3	1,929	1,928	(1)	7,397	7,536	7,536	(0)
2	SUSTAINABILITY AND TRANSFORMATION FUND	42	42	0	125	125	0	0	500	500	0
3	CYAF CLINICAL INCOME	444	458	14	1,418	1,456	39	5,490	5,357	5,429	72
4	AFS CLINICAL INCOME	691	652	(39)	1,942	1,893	(49)	4,127	5,248	5,198	(49)
5	GENDER IDENTITY	415	451	36	1,244	1,299	55	3,487	4,978	5,074	96
6	HEALTH EDUCATION ENGLAND TRAINING CONTRACT	605	605	0	1,814	1,814	0	7,254	7,254	7,254	0
7	CHILD PSYCHOTHERAPY TRAINEES	175	172	(3)	524	512	(12)	2,391	2,318	2,349	32
8	JUNIOR MEDICAL STAFF	70	79	9	209	224	15	838	838	852	14
9	POSTGRADUATE MED & DENT'L EDUC	7	2	(5)	22	6	(16)	88	88	88	0
10	PORTFOLIO FEE INCOME	415	409	(6)	1,243	1,275	32	6,072	5,892	5,624	(268)
11	DET TRAINING FEES & ACADEMIC INCOME	51	55	4	155	82	(73)	823	1,031	1,386	355
12	FAMILY NURSE PARTNERSHIP	257	260	3	772	774	3	3,274	3,086	3,097	(10)
13	TC INCOME	72	68	(4)	216	176	(40)	863	863	800	(63)
14	CONSULTANCY INCOME CYAF	2	3	1	5	13	8	48	20	37	17
15	CONSULTANCY INCOME AFS	16	16	(0)	48	46	(2)	193	193	173	(20)
16	R&D	4	4	0	13	13	0	53	53	53	0
17	OTHER INCOME	53	62	9	131	148	17	571	536	608	72
<b>TOTAL INCOME</b>		<b>3,941</b>	<b>3,962</b>	<b>22</b>	<b>11,810</b>	<b>11,785</b>	<b>(24)</b>	<b>42,967</b>	<b>45,789</b>	<b>46,058</b>	<b>268</b>
<b>EXPENDITURE</b>											
18	COMPLEX NEEDS	135	130	5	404	383	21	1,618	1,618	1,618	0
19	PRIMARY CARE	460	431	30	1,323	1,219	104	1,885	2,936	2,838	98
20	PORTMAN CLINIC	120	126	(7)	359	350	9	1,380	1,378	1,384	(6)
21	GENDER IDENTITY	265	209	55	794	610	184	2,795	4,027	3,843	184
22	NON CAMDEN CAMHS	414	409	5	1,347	1,376	(29)	5,273	5,119	5,281	(162)
23	CAMDEN CAMHS	405	382	23	1,209	1,162	47	4,803	4,866	4,859	7
24	CHILD & FAMILY GENERAL	60	67	(7)	180	194	(14)	699	720	757	(37)
25	FAMILY NURSE PARTNERSHIP	230	228	2	636	615	21	2,893	2,706	2,690	16
26	DEV PSYCHOTHERAPY UNIT	10	10	0	31	29	2	124	124	407	(283)
27	JUNIOR MEDICAL STAFF	83	71	12	248	208	40	993	993	953	40
28	NHS LONDON FUNDED CP TRAINEES	173	185	(12)	519	538	(20)	2,370	2,296	2,356	(60)
29	TAVISTOCK SESSIONAL CP TRAINEES	2	1	0	5	4	1	18	18	18	(0)
30	FLEXIBLE TRAINEE DOCTORS & PGMDE	20	17	3	60	72	(11)	242	242	254	(12)
31	EDUCATION & TRAINING	265	229	36	780	733	47	3,598	3,913	3,956	(43)
32	VISITING LECTURER FEES	127	155	(28)	380	405	(25)	1,229	1,215	1,202	13
33	PORTFOLIOS	135	200	(65)	560	529	31	2,796	2,546	2,345	202
34	TC EDUCATION & TRAINING	0	0	(0)	0	1	(1)	0	0	1	(1)
35	TC	57	38	18	177	105	72	687	687	623	63
36	R&D	23	19	4	49	48	1	155	293	293	(0)
37	ESTATES DEPT	164	225	(60)	493	578	(85)	2,045	1,972	2,057	(85)
38	FINANCE, ICT & INFORMATICS	218	222	(4)	649	644	5	2,562	2,623	2,632	(9)
39	TRUST BOARD, CEO, DIRECTOR, GOVERNS & PPI	136	139	(3)	382	383	(2)	1,458	1,472	1,476	(4)
40	COMMERCIAL DIRECTORATE	43	44	(1)	120	120	0	464	504	510	(5)
41	HUMAN RESOURCES	52	73	(20)	173	208	(35)	642	642	680	(38)
42	CLINICAL GOVERNANCE	53	54	(0)	156	161	(5)	789	637	638	(1)
43	CEA CONTRIBUTION	10	11	(2)	29	29	(0)	117	117	117	(0)
44	DEPRECIATION & AMORTISATION	68	61	7	202	183	19	850	815	815	0
46	PRODUCTIVITY SAVINGS	0	0	0	0	0	0	(441)	0	0	0
48	CENTRAL RESERVES	(20)	0	(20)	(16)	0	(16)	150	(65)	0	(65)
<b>TOTAL EXPENDITURE</b>		<b>3,707</b>	<b>3,735</b>	<b>(28)</b>	<b>11,248</b>	<b>10,884</b>	<b>364</b>	<b>42,195</b>	<b>44,417</b>	<b>44,606</b>	<b>(188)</b>
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>234</b>	<b>227</b>	<b>(7)</b>	<b>561</b>	<b>901</b>	<b>340</b>	<b>772</b>	<b>1,372</b>	<b>1,452</b>	<b>80</b>
49	INTEREST RECEIVABLE	1	1	1	2	3	1	8	8	8	0
50	DIVIDEND ON PDC	(48)	(48)	(0)	(145)	(145)	(0)	(480)	(580)	(580)	0
<b>SURPLUS/(DEFICIT)</b>		<b>186</b>	<b>180</b>	<b>(6)</b>	<b>418</b>	<b>759</b>	<b>341</b>	<b>300</b>	<b>800</b>	<b>880</b>	<b>80</b>
51	RESTRUCTURING COSTS	0	0	0	0	61	(61)	0	0	61	(61)
<b>SURPLUS/(DEFICIT) AFTER RESTRUCTURING</b>		<b>186</b>	<b>180</b>	<b>(6)</b>	<b>418</b>	<b>698</b>	<b>280</b>	<b>300</b>	<b>800</b>	<b>819</b>	<b>19</b>

APPENDIX D													
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
<b>2016/17 Plan</b>													
Opening cash balance	3,356	4,349	4,382	4,417	4,346	4,410	4,289	4,404	4,473	4,586	4,707	4,785	3,356
Operational income received													
NHS (ex cl HEE)	1,388	1,888	1,518	1,088	1,288	1,088	1,088	1,088	1,088	1,088	1,088	1,088	14,786
NHS England (GIDS)	528	528	528	528	528	528	528	528	528	528	528	528	6,336
PHE (FNP)	984	236	236	236	236	236	236	236	236	236	236	236	3,576
General debtors (incl LAs)	1,300	1,010	700	1,000	700	700	700	972	970	773	970	1,071	10,866
HEE for Training	926	926	926	926	926	926	926	926	926	926	926	926	11,116
Students and sponsors	325	150	150	100	0	200	800	200	200	400	200	100	2,825
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
	5,451	4,738	4,058	3,878	3,678	3,678	4,278	3,950	3,948	3,951	3,948	3,949	49,505
Operational expenditure payments													
Salaries (net)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(18,264)
Tax, NI and Pension	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(14,940)
Restructuring	0	(144)	0	0	(219)	0	0	0	0	0	0	0	(363)
Suppliers	(1,600)	(1,559)	(1,107)	(929)	(509)	(729)	(1,328)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(12,761)
Capital Expenditure	(4,367)	(4,470)	(3,874)	(3,696)	(3,495)	(3,496)	(4,095)	(3,767)	(3,767)	(3,767)	(3,767)	(3,767)	(46,328)
Loan	(206)	(351)	(264)	(269)	(134)	(79)	(218)	(264)	(219)	(154)	(154)	(114)	(2,485)
Interest Income	115	115	115	15	15	15	150	150	150	150	50	60	1,100
Payments from provisions	0	1	0	1	0	1	0	0	1	0	1	0	5
PDC Dividend Payments	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	(240)	0	0	0	0	0	0	(480)
Closing cash balance	4,349	4,382	4,417	4,346	4,410	4,289	4,404	4,473	4,586	4,707	4,785	4,673	4,673
<b>2016/17 Actual/Forecast</b>													
Opening cash balance	3,356	5,071	4,582	3,790	3,719	3,783	3,662	3,777	3,846	3,959	4,080	4,158	3,356
Operational income received													
NHS (excl HEE)	1,275	1,820	1,132	1,088	1,288	1,088	1,088	1,088	1,088	1,088	1,088	1,088	14,219
NHS England (GIDS)	45	661	925	528	528	528	528	528	528	528	528	528	6,383
PHE (FNP)	748	0	0	236	236	236	236	236	236	236	236	236	2,869
General debtors (incl LAs)	1,179	729	694	1,000	700	700	700	972	970	773	970	1,071	10,458
HEE for Training	2,391	133	134	926	926	926	926	926	926	926	926	926	10,995
Students and sponsors	306	56	71	100	0	200	800	200	200	400	200	100	2,633
Other	25	27	66	0	0	0	0	0	0	0	0	0	118
	5,969	3,426	3,022	3,878	3,678	3,678	4,278	3,950	3,948	3,951	3,948	3,949	47,675
Operational expenditure payments													
Salaries (net)	(1,499)	(1,429)	(1,434)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(18,060)
Tax, NI and Pension	(1,167)	(1,189)	(1,235)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(14,796)
Restructuring	(4)	(199)	0	0	(219)	0	0	0	0	0	0	0	(422)
Suppliers	(1,473)	(1,199)	(1,060)	(929)	(509)	(729)	(1,328)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(12,147)
Capital Expenditure	(4,143)	(3,936)	(3,729)	(3,696)	(3,495)	(3,496)	(4,095)	(3,767)	(3,767)	(3,767)	(3,767)	(3,767)	(45,425)
Loan	(112)	20	(86)	(269)	(134)	(79)	(218)	(264)	(219)	(213)	(154)	(114)	(1,842)
Interest Income	0	0	0	15	15	15	150	150	150	150	50	60	755
Payments from provisions	1	1	1	1	0	1	0	0	1	0	1	0	7
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments	0	0	0	0	0	(240)	0	0	0	0	0	(240)	(480)
	5,071	4,582	3,790	3,719	3,783	3,662	3,777	3,846	3,959	4,080	4,158	4,046	4,046

STATEMENT OF FINANCIAL POSITION	Plan	Actual	Variance	Appendix E
	30 June 2016	30 June 2016	30 June 2016	31 March 2016
	£000	£000	£000	£000
<b>Non-current assets</b>				
Intangible assets	110	98	(12)	110
Property, plant and equipment	21,350	20,741	(609)	20,733
<b>Total non-current assets</b>	<b>21,460</b>	<b>20,839</b>	<b>(621)</b>	<b>20,843</b>
<b>Current assets</b>				
Inventories				
Trade and other receivables	4,216	9,825	5,609	8,451
Cash and cash equivalents	4,417	3,791	(626)	3,356
<b>Total current assets</b>	<b>8,633</b>	<b>13,616</b>	<b>4,983</b>	<b>11,807</b>
<b>Current liabilities</b>				
Trade and other payables	(4,044)	(4,975)	(931)	(5,381)
Provisions	0	(6)	(6)	(6)
Tax payable	(690)	(688)	2	(707)
Other liabilities	(3,909)	(7,187)	(3,278)	(5,659)
<b>Total current liabilities</b>	<b>(8,643)</b>	<b>(12,856)</b>	<b>(4,213)</b>	<b>(11,753)</b>
<b>Total assets less current liabilities</b>	<b>21,450</b>	<b>21,599</b>	<b>149</b>	<b>20,897</b>
<b>Non-current liabilities</b>				
Loans	(345)	0	345	0
Provisions	(129)	(123)	6	(123)
<b>Total non-current liabilities</b>	<b>(474)</b>	<b>(123)</b>	<b>6</b>	<b>(123)</b>
<b>Total assets employed</b>	<b>20,976</b>	<b>21,476</b>	<b>155</b>	<b>20,774</b>
<b>Financed by (taxpayers' equity)</b>				
Public Dividend Capital	3,474	3,474	0	3,474
Revaluation reserve	14,126	14,126	0	14,126
Income and expenditure reserve	3,375	3,876	501	3,174
<b>Total taxpayers' equity</b>	<b>20,975</b>	<b>21,476</b>	<b>501</b>	<b>20,774</b>

## Board of Directors : July 2016

**Item :** 12

**Title :** Department of Education and Training Board Report

**Purpose:**

To update on issues in the Education & Training Service Line.  
To report on issues considered and decisions taken by the  
Training & Education Programme Management Board at its  
meeting of 4<sup>th</sup> July 2016.

**This report focuses on the following areas:**

*(delete where not applicable)*

- Quality
- Risk
- Finance
- Communications

**For :** Noting

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

## **Department of Education and Training Board Report**

### **1. Introduction**

1.1 The Training and Education Programme Management Board met on 4<sup>th</sup> July 2016 and discussed the issues presented in this report.

### **2. QAA Review**

2.1 The programme board was advised that our response to the QAA draft report had been submitted and that we were awaiting the final publication.

2.2 Overall the draft report indicated that the Trust has met all of the four expectations in relation to the maintenance of academic standards; the quality of student learning opportunities; the quality of information around student learning opportunities; and the enhancement of learning opportunities.

2.3 Our chosen theme was Digital Literacy.

2.4 We are expecting the report to be published in the week commencing 18 July 2016.

### **3. Education Funding Reforms**

3.1 The Department of Health's consultation on Education Funding Reforms ended on 30 June 2016.

3.2 Our Chair Paul Burstow made a submission to the consultation on behalf of the organisation and the M80 programme.

3.3 It is yet unclear what the likely outcome of the consultation will be for those professional trainings, such as the IAPT workforce, clinical psychology, clinical scientists, and most importantly for us, child and adolescent psychotherapy.

3.4 It has been important for the Trust to make a visible contribution not least because of the importance of supporting staff who are concerned about the possible implications.

## **4. Student Recruitment Update**

- 4.1 The current data since on student recruitment can be found in Appendix 1. Headlines include;
  - 4.1.1 There have been a further 274 applications since last month's board report bringing the total to 1030.
  - 4.1.2 An additional 214 applications have been submitted bringing the total to 659 with 371 incomplete.
  - 4.1.3 An additional 110 offers have been accepted bringing the total to 264.
- 4.2 A Saturday Open Day was held on 9<sup>th</sup> July 2016 and was well attended, deploying a new format to these types of events that was appreciated by the attendees; most of whom had not yet applied for courses.
- 4.3 Brian Rock is currently in close discussion with Dominic Micklewright, Dean of Academic Partnerships, Essex University about the possibility of offering student loans to our students.

## **5. National Training Contract**

- 5.1 The programme board discussed the continuing work that was taking place in relation to the national strategy.
- 5.2 A task and finish group has been established, which includes representatives from the Trust and Health Education England. Paul Jenkins will be meeting with Liz Hughes, Director of Education & Quality (London and the South East), bi-monthly to provide oversight for the work of the task & finish group.
- 5.3 Paul Jenkins now chairs an internal NTC implementation group with three related workstreams. These have been established to develop proposals for the transformation of the NTC over the next 2-3 years. These are:
  - 5.3.1 Portfolio Review working group looking into how our portfolio aligns with HEE priorities and where changes could be made.
  - 5.3.2 Educational Consultancy working group looking at how the Trust could develop an Educational Consultancy to support HEE.

- 5.3.3 Reporting and Outcomes working group looking at how we monitor and report on the contract.
- 5.4 The working groups will be taking forward a number of areas including:
  - 5.4.1 The realignment of our training portfolio to better fit HEE priorities.
  - 5.4.2 Developing an educational consultancy
  - 5.4.3 Improving mechanisms for performance and financial monitoring.
- 5.5 Work continues to develop our national offer with visits taking place this month to Pen Green and Gloucester Counselling Service.

## **6. Alumni**

- 6.1 Laure Thomas advised the programme board that now that the new website was live alumni events would start being added and that alumni would be contacted through email and social media.
- 6.2 She confirmed that we do not have details for all those people that have completed short courses but do have data for most people who completed our long courses.
- 6.3 Part of the engagement with alumni at this initial stage will be to survey what people would wish to see from an alumni function.

## **7. CEDU Update**

- 7.1 Victoria Buyer presented a paper on the work of the Commercial Engagement and Development Unit.
- 7.2 To date 63% or 34 of the new courses taken to the Course Approvals and Implementation Team (CAIT) have run or are planned for this summer/autumn term. 17 are in the planning phase or being reworked following recommendations from the CAIT team.
- 7.3 CPD work needs to align with what we are doing across the portfolio and that we need to ensure that we get the balance right between encouraging creativity of ideas with some of the logistical requirements of recruiting to and running a successful course.

## **8. Strategic Objectives**

- 8.1 The strategic objectives continue to be reviewed and have recently been submitted for this quarter.
- 8.2 It was noted that the risk rating for student recruitment is currently green.

**Brian Rock**  
**Director of Education and Training/Dean of Postgraduate Studies**  
**18<sup>th</sup> July 2016**

## Appendix 1: Student recruitment as of 18<sup>th</sup> July 2016

1030 applications

659  
submitted

371  
incomplete

## Board of Directors July 2016

**Item :** 13

**Title :** Q1 Dashboards

**Purpose:**

The Trust dashboards were first reviewed at the April Trust Board. The feedback was very positive and a small number of requests were made to improve the presentation.

The Board will continue to receive the dashboard once a quarter.

The board is asked to consider

- How would you sum up our performance overall?
- What are the key points the board should note?
- Are there any areas which require further investigation?

**For :** Discussion

**From :** Julia Smith, Commercial Director

## 1. The Development of the Dashboards

The Dashboard has been developed further

- As requested by the Board, the staff survey results in the Well Led and Quality Safety Dashboards have been re-presented so that they are easier to read.
- We have introduced more data points for a number of items e.g. DNAs, Experience of Service Questionnaire (ESQ) questions and information on collection rates for ESQ.
- We have introduced a friend and family benchmark for staff recommend the Trust as a place to work.

It has not yet been possible to 'band' the bar chart on referral to first attendance, by service.

The data is not fully validated. We are in the process of reviewing and finalising our data validation process and agreeing a programme for systematic validation of each data item. Therefore the dashboards come with a health warning.

The current informatics workload means that the ability to validate and develop the dashboard further has been and is limited. Priorities and resources are therefore being reviewed to ensure that this important work can be taken forward.

## 2. Further improvements

Looking back at the Q4 Effective Dashboard, the outcome data between the two quarters varies significantly. This set of data will be a priority for validation. We also aim to change the presentation, so that you can see change over time showing all quarters in a year, rather than just comparing the past quarter with the same quarter in previous years.

## 3. Points to Note

**Reach:** The number of patient attendances YTD does not include services which are not on CareNotes (i.e. Camden TAP, Mosaic and Early intervention Service). The number of people we are helping via our patient services continues to increase year on year, with the most significant increases being in Gender Identify Development Service and Camden CAMHS.

**Quality Well Led:** Most indicators suggest the Trust is performing extremely well in this domain and compares very favourably when benchmarked to other Trusts. The quality of appraisals and staff training are two areas of concern.

**Quality Safety:** A drop in safeguarding alerts is noted.

**Quality Effective:** The outcome data requires full validation. The data tells a positive story.

**Quality Responsive:** The large numbers of patients who are waiting more than 11 weeks is primarily due to a significant increase in demand for our Gender Identity Service. NHS England has increased funding significantly and a key aim this year is to clear as much of the waiting list as possible.

**Education and Training:** Around the same number of applications were made for longer courses, but we accepted a higher number than in previous years and therefore we have a higher number of students than in previous years. There was a drop in students who attended CPD and conferences in 2015-16. Student feedback outlined indicates good outcomes and high levels of satisfaction.

#### 4. What to focus on?

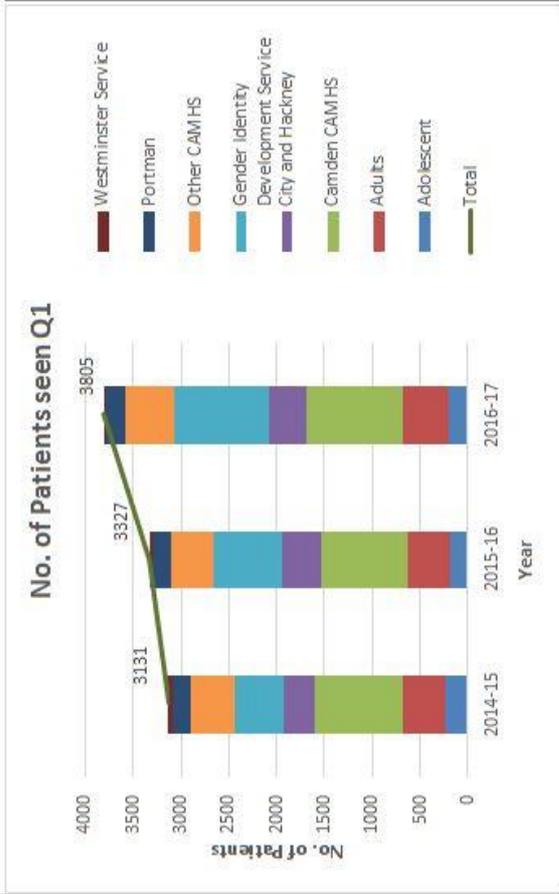
The temptation is focus on what data might be missing and how the data can be further improved. Whilst these are important considerations, the priority should be to reflect on what the data tells us. The questions you might therefore want to ask are

- How would you sum up our performance overall?
- What are the key points the board should note?
- Are there any areas which require further investigation?

Julia Smith  
Commercial Director  
18<sup>th</sup> July 2016

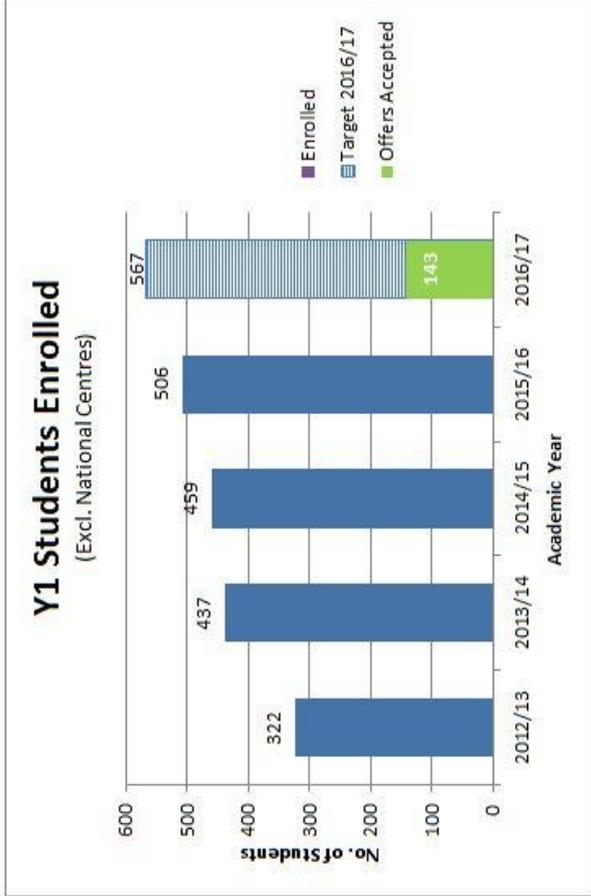


# Trust Reach



NB: Excludes MOSAIC, BYDAS, EIS, Camden TAP

Social Media and Media coverage to follow



Intellectual Output KPI to be developed

## Quality - Well Led

### MORALE

Staff sickness	<b>1.5%</b>	<b>4.1%</b>
Trust	Benchmark (MHS) - all NHS Trusts	

Source: TPNHSFT HR

### Staff motivation at work

Trust 2014/15 Score	<b>3.91</b>
Trust 2015/16 Score	<b>3.99</b>
MH Trust 2015/16 Average	<b>3.88</b>

Source: NHS Staff Survey

### Staff recommend Trust as place to work

Q4	<b>69%</b>	Q1
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Source: TPNHSFT HR

### Disclosure and Barring Service Compliance

% of staff with a compliant DBS Check	<b>95%</b>
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Source: TPNHSFT HR

### TRAINING

Staff appraised	<b>99%</b>	<b>98%</b>
2015/16	2016/17	

Source: TPNHSFT HR

### Staff opinion on quality of appraisals

Trust 2015/16 Score	<b>3.05</b>
MH Trust 2015/16 Average	<b>3.11</b>

Source: NHS Staff Survey

### Mandatory training: % staff

Q3	<b>96%</b>	Q1
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Source: TPNHSFT HR

### Staff opinion of training

Trust 2015/16 Score	<b>3.97</b>
MH Trust 2015/16 Average	<b>4.01</b>

Source: NHS Staff Survey

### MANAGEMENT

Support from immediate managers	<b>4.01</b>
Trust 2014/15 Score	<b>4.01</b>
Trust 2015/16 Score	<b>3.95</b>
MH Trust 2015/16 Average	<b>3.85</b>

Source: NHS Staff Survey

### % staff reporting good comms between senior mgmt and staff

Trust 2014/15 Score	<b>43%</b>
Trust 2015/16 Score	<b>46%</b>
MH Trust 2015/16 Average	<b>32%</b>

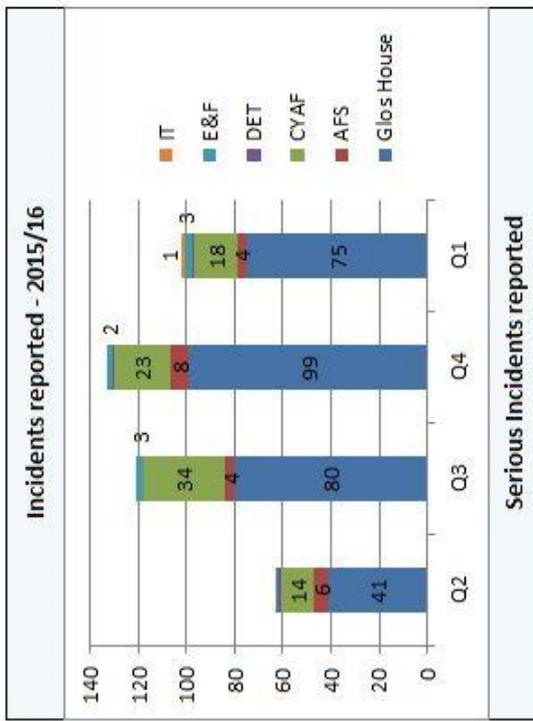
Source: NHS Staff Survey

### Recognition and value of staff by managers and the organisation

Trust 2015/16 Score	<b>3.92</b>
MH Trust 2015/16 Average	<b>3.52</b>

Source: NHS Staff Survey

# Quality - Safety



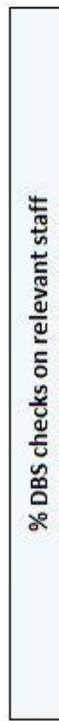
**Q2: Death: Patient jumped in front of train Family MH**

**Q3: Data: Personal data stolen from staff's locked car**

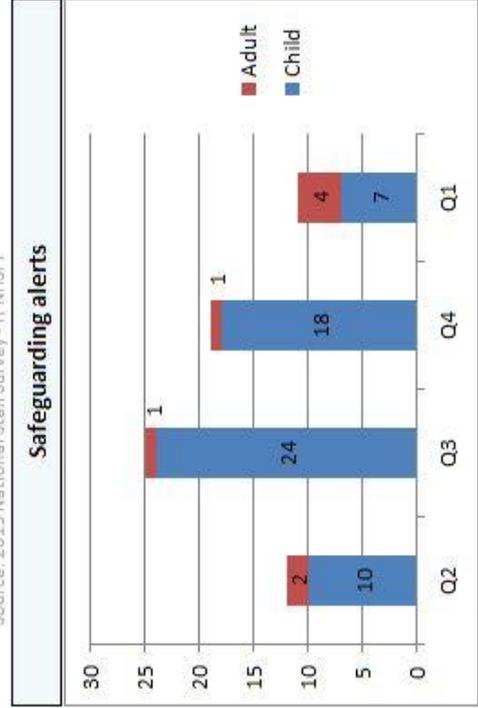
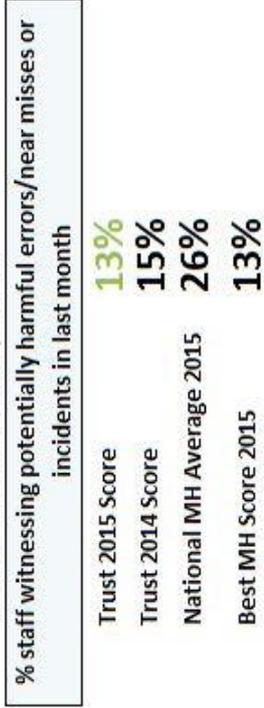
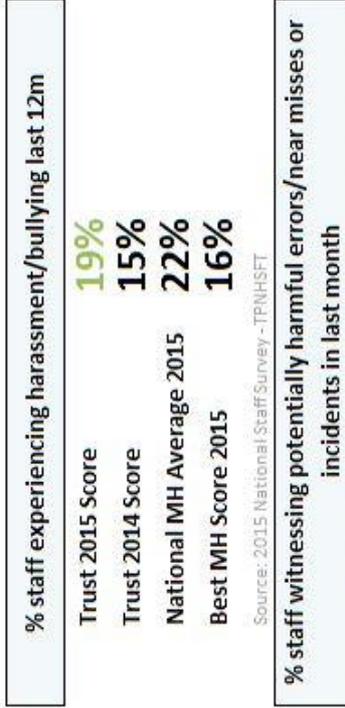
**Q4: No Serious Incidents Reported**

**Q1: No Serious Incidents Reported**

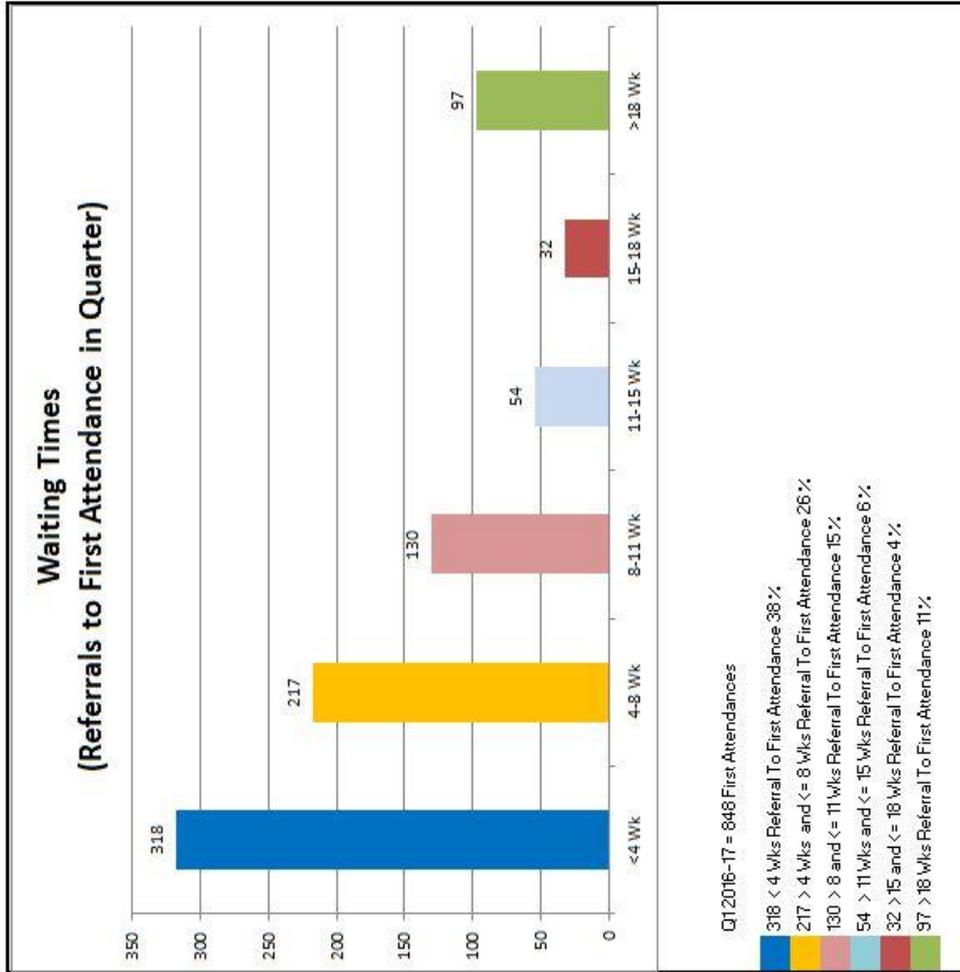
Source: TPNHSFT H&S Manager



**96%** Q4     **95%** Q1



## Quality - Responsive

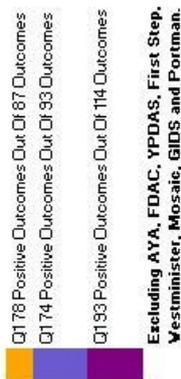


ESQ	2015-16				2016-17
	Q1	Q2	Q3	Q4	Q1
Views And Worries Were taken Seriously	95%	94%	94%	94%	93%
Involved With Important Decisions	90%	88%	88%	87%	85%
ESQ Scores Collected YTD	67.0%	74.7%	70.6%	74.3%	80.8%

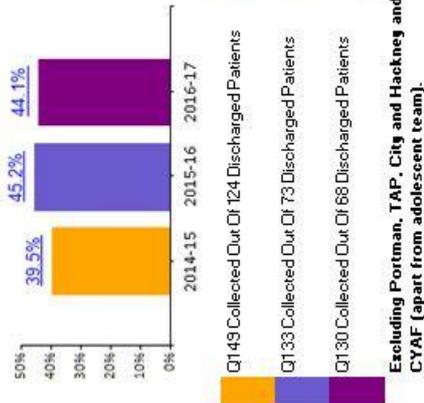
No. of Complaints	2015-16		2016-17	
	Q3	Q4	Q1	Q2
	3	7		12

# Quality - Effective (YTD Service)

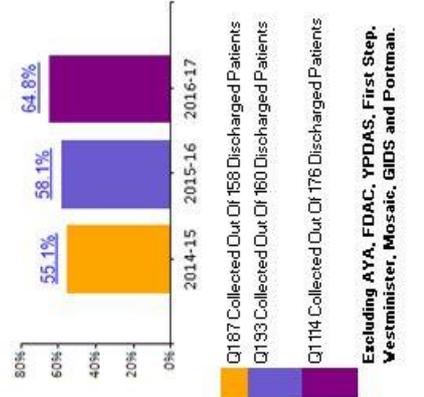
## Outcomes



### Over 18s Core OM Data Collected



### Under 18s Core OM GBM Scores Collected



KPI/Data Point	2015-16				2016-17	Target Value
	Q1	Q2	Q3	Q4	Q1	
DNA Rate	9.3%	9.7%	9.4%	9.1%	9.0%	10.0%
Patient Experience	78%	78%	78%	78%	82%	
Patient Satisfaction	92%	92%	93%	93%	94%	
Help I Received At Trust Is Good	88%	88%	89%	89%	92%	
ESQ Scores Collected	67.2%	74.8%	70.6%	74.3%	79.9%	

## Directorate of Education and Training (DET)

### Student Experience and Outcomes

Satisfaction with Quality	
	Benchmark Tavistock
2013/14	88.3%
2014/15	87.0%
2015/16	83.0%
*excludes associate centres	

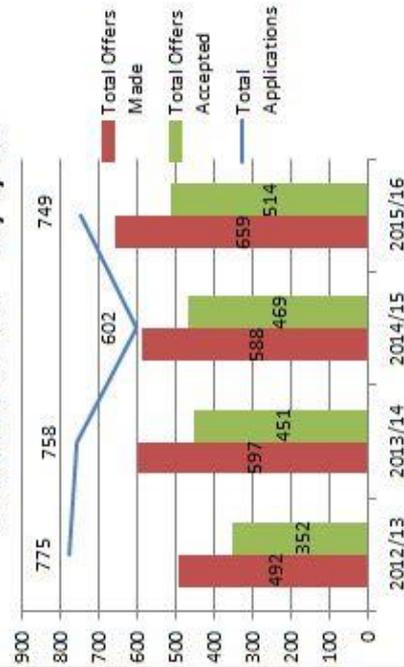
Student Preparation: "I feel better prepared for my future career"	
	Benchmark Tavistock
2013/14	72.4%
2014/15	77.9%
2015/16	81.0%
*excludes associate centres	

"Attending a course has increased my effectiveness in undertaking my job"	
	Benchmark Tavistock
2013/14	80.3%
2014/15	77.0%
2015/16	78.0%
*excludes associate centres	

Benchmark UK data: [www.hefce.ac.uk/it/nss/results](http://www.hefce.ac.uk/it/nss/results) (UK)

### Activity

Student Offers - 15/4/16



CPD and Events				
	12-13 FY*	13-14 FY	14-15 FY	15/16 FY
Number of Courses / Conferences / Events	39	45	58	70
Number of Students / Delegates	1195	2079	2738	2063
Income excluding LCPPD	£347,455	£533,547	£638,702	£500,678
Percentage income growth on previous year	-44%	35%	16%	-11%

\*anomalous data due to inconsistency with data collection

## Board of Directors : July 2016

**Item : 14**

**Title : Quarterly Quality Report 2015-16 , Quarter 1**

### **Summary:**

The report provides an update of the Key Performance Indicators (KPIs), CQUIN and Quality Indicator targets for Quarter 1, 2016-17. The report combines performance data reported to the Board and commissioners (CQRG) for the main Trust contracts.

The Board is asked to note the commentary against a number of metrics with a RED RAG status. Data has been validated by Director or Service Leads. The direction in travel in data against Q4 2015/16 is denoted by an arrow to provide greater understanding of issues.

In respect of Waiting Time data the Trustwide % has increased from 0.6% in Q4 2015/16 to 10.1% in Q1. However, it should be noted that data against the 8 week waiting time standard introduced from 1 April 2016 includes a number of cases referred during Q4 when the standard was 11 weeks. Both GIDS and City and Hackney (C&H) services have seen increases. GIDS has increased from 250 patients waiting in Q4 to 427 in Q1. C&H from 2.6% patients waiting in Q4 to 4% in Q1.

For Did Not Attend (DNA) rates there is also an increase for Trustwide data from 7% in Q4 to 9.1% in Q1 and 11% in Q4 to 13.2% for C&H.

Core Scores show a decrease from 76% in Q4 to 64% in Q1 but this is likely to increase significantly over the year. The recording of smoking status, whilst not reaching the target of 80% has nevertheless increased from 33.6% in Q4 to 50.7% in Q1. Additionally, the offer of interventions to smokers has increased from 4% to 12.5%. The newly appointed Physical Health Specialist Nurse commenced during Q1 and is taking the lead on the physical health CQUIN.

This report has been reviewed by the following Committee:

- **Management Team, July 2016**

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

**This report focuses on the following areas:**

- Quality
- Patient / User Experience
- Safety

**For :** Noting

**From :** Marion Shipman, Associate Director of Quality and Governance

# Tavistock and Portman NHS Foundation Trust Quarterly Quality Report for Board of Directors & CQRG

Quarter 1: April, May & June 2016

**Section One: KPIs for TPFT**

Quality Key Performance Indicators – KPIs rolled over from last financial year													
Target	Target%	Progress						% Progress for 2016/17 RAG					
		Q1		Q2		Q3		Q4		Q1	Q2	Q3	Q4
Waiting Times		N/% Trustwide	N/% London Contracting	N/% Trustwide	N/% London Contracting	N/% Trustwide	N/% London Contracting	N/% Trustwide	N/% London Contracting	N/% Trustwide	N/% London Contracting		
Waiting time no more than 8/11/18 weeks (56/77/126 days) dependent on service from receipt of referral). <b>INTERNAL BREACHES PRESENTED ONLY</b>		75 / 10.1%	73 / 13.0%										
<b>Total waiters*</b>		9 / 14.3%	9 / 14.3%										
Adolescent Service**	1 <sup>st</sup> April 16= < 8 weeks- 56 days (threshold 1-10%)	44 / 13.4%	44 / 17.6%										
Camden CAMHS**		15 / 8.4%	15 / 13.0%										
Other CAMHS**		5 / 3.7%	5 / 3.7%										
Adult Service	< 11 weeks- 77 days (threshold 1-5%)	0 / 0%											
NHS England Portman													
NHS England GIDS	< 18 weeks- 126 days (threshold 1-10%)	427 / 66.2%											
City & Hackney		13 / 4.0%											
Westminster Service	< 6 weeks- 42 days	2 / 11.1%											
Camden TAP	< 2 weeks- 14 days	n/a											

\*Please note Total waiters data includes Adolescent, Camden CAMHS, Other CAMHS, Westminster, Adult and Portman services.

\*\*Please note that 9 patients in Adolescent service, 12 in Camden CAMHS and 2 in Other CAMHS were referred before the 1 April and therefore were subject to the 11 week wait time window. The cases were seen within this timeframe. As these cases were seen after the 1 April, the new wait time parameters have been implemented therefore showing this case as a breach.



**Section One: KPIs for TPFT**

Quality Key Performance Indicators – KPIs rolled over from last financial year														
Target	Monitoring	Target%	Progress								% Progress for 2016/17			
			Q1		Q2		Q3		Q4					
			N	%	N	%	N	%	N	%	Q1	Q2	Q3	Q4
<b>Patient Satisfaction (Q15 from ESQ)</b> Patient Satisfaction: Target 92% or more report satisfied with the service	Quarterly	92%	264	93%										
<b>Personal Development Plan</b> Quality and Development of staff: Target 90% of staff to have a PDP.	Quarterly	90%		99%										
<b>Sickness and Absence</b> Sickness and absence rates. Target: <2% green (2-6% amber, >6% red)	6 monthly	<2%												
<b>Staff Training*</b> % of staff with up-to-date mandatory training for infection control. Target >95% green. 80-95% is amber < or = 80% red.	Annually	>95%												
<b>Trust Service cancellation rates</b> Target: <5% green (5-9% amber, >10% red)	Quarterly	<5%		2.3%										

\*Please note that the Trust delivers mandatory training via INSET day in Q1 and Q3 each year.

Quality Key Performance Indicators													
Target	Monitoring	Target %	Progress								% Progress for 2016/17		
			Q1		Q2		Q3		Q4				
			N	%	N	%	N	%	N	%	Q1	Q2	Q3
Explanation of Service (Q6 in ESQ) Number and % of children who answer certainly agree that they received a clear explanation of service	Quarterly	75%	119	77%									
Care Plans A - % of care plans evidencing co-production with service users	6 monthly	80%											
B - % of care plans where the plan has been shared with the GP, where consent has been given.													

Quality Key Performance Indicators																			
Target	Monitoring	Target %	Progress				% Progress for 2016/17												
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4									
<b>Complaints</b>																			
<b>% Response to Complaints</b>																			
A - 90% of complaints acknowledged within 3 working days.		>90%	0																
B - 80% of complaints responded to within 25 working days.		>80%	50% (3/6)*																
C - Achieve a downward trajectory of number of complaints that have a concern about staff attitude by end of Quarter 3		n/a	n/a																
D - 100% of upheld complaints identify learning and improvements as a result.	Quarterly	100%	100%																
E - Trends and themes of PALS concerns and complaints identified and published on a quarterly basis.**		n/a	Achieved																
F - Implementation of actions plan		n/a	Achieved																
<b>Complaints and Claims</b>																			
<b>A - Provide quarterly complaints and claims update to include:</b>																			
i) no. of complaints where response is outstanding at 3 months and reasons why			0																
ii) Number of complaints reported to CQC			0																
iii) Numbers of complaints partially and fully upheld by Parliamentary Ombudsman		n/a	0																
iv) Number of re-opened complaints.			0																
v) all legal claims acknowledged within 14 days			n/a																

\* In Q1 there were 12 complaints received by the Trust with six complaint responses not due at the end of the quarter. Delays in final response for two complaints were due to the length of internal investigations. Both complainants were kept informed. In one case there was delay in agreeing appropriate investigator and the response was overdue by 1 day. \*\*See Corporate Governance and Patient Safety Risk report for Complaints information and the PALS report, which will go to the Clinical Quality and Patient Experience Workstream in July.

Quality Key Performance Indicators										
Target	Monitoring	Target %	Progress				% Progress for 2016/17			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
B - Provide bi-annual complaints and claims lessons learnt report with: i) Themes of lessons learnt including breakdown of clinical policy/clinical pathway areas where complaints are made ii) Detail of actions undertaken as a result of complaints	6 Monthly	n/a								
	Monthly		April 16	May 16	June 16					
Serious Incidents Improvement trajectory agreed for the following: A- No. of Serious Incidents (SI) submitted within the designated timescale B - Where SI reports are returned incomplete, % returned complete within 10 working days.	Quarterly	n/a	0	0	0					
	6 Monthly Audit									
C - Evidence of implementation of action plans	Q4									
D - Organisational learning identified and actions embedded as a result in 100% of SIs.										
Safeguarding Completion and submission of the NCL Safeguarding Children and Adult Metrics Return	Quarterly	n/a	To be returned by 1 <sup>st</sup> August.							
Female Genital Mutilation* A - To include FGM as part of mandatory safeguarding training levels 1, 2 & 3, 80% of staff will be trained in safeguarding	Quarterly	80%	L1: n/a	L1: n/a	L1: n/a					
			L2: 92%	L2:	L2:					
			L3: 93%	L3:	L3:					
B - Safeguarding alerts raised and number counted within service in accordance with NICE guidance **		n/a	3 Adult SG Alerts 7 Children SG Alerts							

\*At levels 2 & 3 of safeguarding training, clinical staff are trained at as basic level of awareness for FGM, as considered appropriate for mental health staff.

\*\* Results published in Q1 Corporate Governance and Patient Safety and Risk Compliance Report

Target	Monitoring	Target %	Quality Key Performance Indicators				Progress						
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4			
<b>Compliance</b> Compliance with relevant standards of the Mental Capacity Act are completed and DOL applications and outcomes.*	Q3	50% audited cases by Q3											
<b>Audit of Trust Consent Policy standards</b> To perform an audit on 20 patient notes in Q2.	Q2 Audit	n/a											
<b>Assessment Reports</b> Provide CCGs with a copy of all internal process and compliance assessment reports, action plans and progress updates	Quarterly	n/a											
<b>Clinical Audit</b> A - Provide CCGs with copy of Trust wide audit programme in Q2. B - Provide CCGs with bi-annual findings and recommendations of audits carried out, evidence of action plans and Board Involvement C - Provide CCGs with copies of Clinical Audit Annual report to include learning the lessons from audit, demonstrating achievement of outcomes	Q2 Audit  6 Monthly Audit  Annual												
<b>Reporting on Guidelines</b> Report on compliance with new relevant NICE Clinical Guidelines, Quality Standards and Technology appraisals within 3 months of publication date.	6 Monthly	n/a											
<b>Mandatory Training**</b> % of eligible staff are currently compliant on all of their mandatory training	Quarterly	80%	94%										
<b>Enhanced DBS checks</b> % of staff that require an Enhanced DBS check and have one within the 3 year renewal period	Quarterly	100%	96%										

\*The Trust to provide 11 MCA training dates to staff over the course of 2016/17

KPIs NCL Trusts

Quality Key Performance Indicators										
Target	Monitoring	Target %	Progress				% Progress for 2016/17			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>Staff FFT and Annual Staff Survey</b> To improve trajectory from 15/16 baseline and provide organisational response to results Last year result: Fully achieved for Q1, Q2 and Q4	Quarterly	n/a	Increased response rate 26.4% compared to Q1 2015/16 (11.9%)							
<b>Friends and Family Test (Patient test - from Experience of Survey Questionnaire) (Q11 in ESQ)</b> i) % of positive responses on the FFT ii) Provide a thematic analysis of negative feedback (unlikely and very unlikely responses) and evidence of organisational learning in response to addressing negative feedback	Quarterly	80%	101 returns / 92%							
<b>Staff Appraisals</b> Number of Staff Appraisals completed	Quarterly	n/a	PPI Report to be available by 22 <sup>nd</sup> July 2016							
<b>Duty of Candour</b> A - 100% of conversations informing patients and/or family that a patient safety incident have taken place within 10 working days of the incident being reported to local risk management systems for Medium harm, Severe Harm, Death or Profound Psychological Harm categories of incidents; and an apology has been given.	Quarterly	80%	99%							
B - 100% of incident investigation reports shared within 10 working days of being signed off as complete and the incident closed by the relevant authority for Medium Harm, Severe Harm, Death or Profound Psychological Harm categories of incidents.	Quarterly	100%	0 to report							
			0 to report							

Quality Key Performance Indicators										
Target	Monitoring	Target%	Progress				% Progress for 2016/17			
			Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
<b>GP satisfaction with communication received from Trusts</b> > above 60% of GPs who respond to be satisfied with communication from MH Trust Services	Annual	>60%	GP satisfaction survey to be send out in September.							
<b>Local participation in Suicide Prevention</b> Trust will comply with requirements on Mental Health Trusts outlined in the National Suicide Prevention Strategy (2012)	Quarterly	n/a	Achieved							
<b>Clinical Risk Assessments</b> Annual Audit presented to CQRG	Annual Audit	n/a								
<b>Adherence to Crisis Concordat standards</b> Improvement from 2015/16 baseline	Annual	n/a								
<b>Crisis Concordat standards - Crisis plan</b> i) percentage of patients who have been offered a crisis plan for emergency mental health situations	6 monthly	n/a								
ii) response time and % within target for MH crisis team										
iii) iii) number of CAISS avoidable admissions to CAMHS Tier 4 services										
<b>Equality and Diversity - BME access to 'talking therapies'</b> Percentage BME access to 'talking therapies' (Baseline in 2015/16)	Quarterly	n/a	Q1: 42.3% BME							
<b>NICE guidance - Bipolar Disorder (CG185, Sept 2014) - CBT/psychological treatment</b> Baseline in 2015/16, Proportion of patients with a diagnosis of bipolar disorder offered CBT/psychological treatment	Quarterly	n/a	100% (7 patients out of 3151 patients)							

## Outcome Monitoring KPI Targets

Target	Detail of indicator	Reported	Performance at Q1	Target %	Progress	Q1 RAG	Q2 RAG	Q3 RAG	Q4 RAG
Children Young Adult and Families (CYAF) (Outcome monitoring)	For 80% of patients (attending CAMHS who qualify for the CQUIN) to complete the Goal-Based Measure (GBM) at Time 1 and after six months or, if earlier, at the end of therapy/treatment (known as Time 2).	Q1-Q4	n/a this quarter	80%	Unable to report in Q1 because Time 2 data not available yet. Progress can only be reported for this indicator from Q2.				
Children Young Adult and Families (CYAF) (Outcome monitoring)	For 80% of patients who complete the Goal-Based Measure (GBM) to achieve an improvement in their score on the GBM, from Time 1 to Time 2, on at least two targets (goals).	Q1-Q4	n/a this quarter	80%	Unable to report in Q1 because Time 2 data not available yet. Progress can only be reported for this indicator from Q2.				
ADULT & Adolescent and Young Adult (Outcome Monitoring)	70% total CORE scores to indicate an improvement from Pre-assessment (Time 1) to End of Treatment (Time 2) for 50% of patients.	Q1-Q4	64% combined (AYA =56%, Adult =100%)	70%	Achieved target: Improvement rate for period April 1 <sup>st</sup> 2016 – 30 <sup>th</sup> June 2016: Adult and Adolescent (combined) = 64%  Improvement by individual services: Adolescents = 56%* Adults = 100%				

\*This compares with 76% for Q4 2015/16.

**Physical Health KPI Targets  
Trustwide, Patients Age 14+ assessed by a Physical Health Form – Excluding Portman and GIDS**

Target	Detail of indicator	Reported	Performance at Q1	Target %	Progress	Q1 RAG	Q2 RAG	Q3 RAG	Q4 RAG
PHYSICAL HEALTH – Smoking Cessation	80% of patients have smoking status recorded	Q1-Q4	50.70%* 	80%	All patients aged 14+ that attended first appointment in Q1 = 375 Of these, 190 have their status recorded (50.7%) Of these, 59 have smoking status = 'yes' (59/190 = 31%) 185 patients have no record of smoking status (49.3%).				
	50% of smokers have been offered intervention (e.g. NRT, brief advice, etc.).	Q1-Q4	12.5%* 	50%	Out of the 48 smokers, 6 were given brief advice (12.5%). 5 out of the 48 smokers wanted help to quit (9.3%). 4 out of the 5 who wanted to help quit were referred to the physical health nurse (80%).				

\*This compares with 33.6% recording smoking status and 4% offering brief advice for Q4 2015/16. Monthly Team reports on physical health form completion are being sent out from July 2016 to increase awareness of rates and increase completion.

### CAMHS Transformation KPI Targets

Target	Detail of indicator	Reported	Performance at Q1	Target %	Progress
CAMHS Transformation Targets	80% Care plans reviewed every 6 months (jointly developed with young people; increased evidence of collaborative working) by March 2019.	Q1-Q4		80%	
	80% completed care plans (by March 2018)	Q1-Q4		80%	
	70% of CYP on paediatric wards seen by community CAMHS within 24 hours of receipt of a referral (Monday to Friday) by March 2018	Q1-Q4		70%	This task will fall to the Camden Intensive Support Service, but they are not fully staffed yet. Recruitment should be complete by November 17. Then this task will be actioned. Need to have a protocol written and reporting method agreed. These tasks are in the work plan
	85% CYP in relevant services (CAMHS in CSF integrated service) reporting 'certainly true' or 'partly true' to CHI-ESQ question 7 ('I feel that the people who have seen me are working together to help me') by March 2018	Q1-Q4		85%	Report has been requested by has not been done yet. We will then get a baseline. We will almost certainly find that there are very few ESQs done in the CSF integrated service, so part of the work plan is for the service managers, team managers and administrators to work together to work out a way of increasing the number of young people and families who are asked to do the ESQ
	85% responding positively to new Integrate measure by March 2018 (to be finalised with the commissioner for in-year reporting)	Q1-Q4		85%	This is a new measure and will need to be trialled within the LA. Plan is to liaise with Dartmouth in the USA and develop a validation exercise. The target is to get this work done by the end of March 2017

CQUINS - 1. NHS Staff health and wellbeing CQUINS

Target	Detail of indicator	Reported	Target	Quarter 1 Performance	Q1 RAG
Introduction of health and wellbeing initiatives	<p>A) Physical activity schemes for staff:                      i) Update the Trust policy on cycle to work scheme, communicate and promote this to staff across the organisation.                      ii) Develop and agree staff physical health activities/plan with commissioner (including: walking meetings).</p>	Q1 ONLY	n/a	<p>i) Achieved - Cycle to Work Scheme Procedure has been updated. Has been submitted to PASC (Jonathan) for approval. Scheme was featured at the Health Event (June 16).                      ii) Achieved - a number of suggestions were received from the Health Event which will be further developed and implemented Quarter 1. To share report with Commissioners.</p>	
	<p>B) Access to physiotherapy services for staff:                      i). Brief report to commissioners on the numbers of staff accessing OH for MSK related problems in 2015/16.                      ii). Establish a fast track physiotherapy service for staff suffering from MSK issues with Occupational Health Provider.                      iii) Evidence of communication plan to staff around MSK and how to access the service.                      iv). Continue to review and update processes for referral for physiotherapy services and inform staff of the service.</p>	Q1 ONLY	n/a	<p>i) Achieved. The Royal Free London NHS FT, our health at work provider, confirmed that 7 referrals were received last year which would have benefited from a fast track physio service.                      ii) Achieved - Fast Track Physiotherapy is now part of the OH contract.                      iii) Achieved. The current service is providing on clinical assessment through management referrals. Therefore, when a manager completes an occupational health referral it is determined whether the MSK fast track pathway is the most appropriate. Communications plan for this CQUIN has been drafted.                      iv) Achieved. This forms part of the monthly performance indicator monitoring with the Royal Free London NHS FT.</p>	
	<p>C) Mental Health Initiatives:                      i) Deliver mental health and wellbeing awareness training event in the Trust.                      ii) Identify a range of mental health initiatives or training needs for staff on stress management courses, line management training, mindfulness courses, counselling services including sleep counselling and mental health first aid training and agree staff access arrangements and how use of the initiatives will be monitored.                      iii) Publicise in-house staff consultation service and externally sourced counselling resources to all staff.</p>	Q1 ONLY	n/a	<p>i) Achieved. Mental Health First Aid Training delivered                      ii) Achieved. Taster Mindfulness Training offered as part of the Health Event held on 16 June. A Staff Survey has been developed and issued Trust-wide to gain further feedback on what staff mental health well being group sessions they want to see offered. Lunch time mindfulness drop in sessions to commence in early July. Further feedback will be known in Q2.                      iii) Achieved - the service is advertised on the home page of the intranet</p>	

CQUINS - 1. NHS Staff health and wellbeing CQUINS

Target	Detail of indicator	Reported	Target %	Progress	Q1 RAG
Healthy food for NHS staff, visitors and patients	<p>Quarter 1: The responses to the proposed questions below will form part of a national data collection.</p> <p>Providers will submit the responses via UNIFY following locally agreed sign off process by the commissioner.</p> <ol style="list-style-type: none"> <li>1) Name of franchise holder</li> <li>2) Name of supplier or vendor(s)</li> <li>3) Type of sales outlet (restaurant, café, vending, shop/store, trolley service)</li> <li>4) Start date of existing supplier contract</li> <li>5) End date of existing supplier contract</li> <li>6) Remaining length of contract (time to expiration) with external supplier(s)</li> <li>7) Total contract value</li> <li>8) Value of contract for the financial year 2015/16</li> <li>9) Profit share agreements that are in addition to the contract value (percentage of profit that is received by the NHS Provider from the supplier)</li> <li>10) Free text box: Contract break clauses</li> <li>11) Volume of Sugar Sweetened Beverages sold</li> </ol>	Q1 ONLY	n/a	Achieved. Report including contract information to be submitted to the Camden commissioner along with relevant contract details for sign off in advance of the UNIFY submission.	

Target	Detail of indicator	Reported	Target %	Progress	Q1 RAG
Healthy food for NHS staff, visitors and patients	1). Quarterly referrals to PHSN for further intervention - smoking, alcohol for all new patients aged 14 and above.	Q1 - 4	n/a	A total of 23 referrals for smoking and alcohol patient age 14+.	
	2). Quarterly report - numbers, issues and outcomes, (number of 1:1/group sessions / external referrals) with evidence of GPs being informed within 2 weeks of attending appointment (improvement would be monitored against Q1 as baseline).			Achieved	
	3). Improve use and completion of physical health form details (current baseline at end of 2015/16 was 27%).			33.9%	
	1). Evidence of consultation with service users and carers (minimum of 100 participants) as to what forms of intervention they would find helpful - programme scope and content.	Q1 ONLY		Achieved	
	2). Review NICE guidance on improving physical health of mental health patients, including children and provide a report showing how the programme is in line with NICE guidance.			Achieved	
	3). Scope information, leaflets, online resources etc available to provide a repository of material for the Living Well Programme.			Achieved	
	4). Improve use and completion of physical health form details with an audit of at least 35% Physical Health Form completed in Q1.			33.9% Physical Health Forms completed	

Target	Detail of indicator	Reported	Target %	Performance Q1	Q1 RAG
Healthy food for NHS staff, visitors and patients	1). Train the trainer completion of CAADA-DASH training course (refresher) by Named Professional Safeguarding Children.	Q1 ONLY	n/a	Trainer the Trainer CAADA-DASH tool undertaken on 19th May by the Named Professional for Safeguarding Children;	
	2). Identify Team managers to be identified for CAADA-DASH training and establish dates for Q2-4 with 100% completion by end of Q4.		100%	33 team managers identified including two safeguarding leads from the Adult and Portman services. 9 training sessions (CAADA-DASH) have been booked from September 2016 to March 2017	
	3). Identify Clinical Staff for Level 2 and Level 3 Domestic Violence and Abuse Training and establish dates for Q2-4 with 100% completion by end of Q4.		100%	Currently 13 Level 3 training sessions booked for April 2016 to March 2017. Level 2 staff will attend Level 3 trainings	
	4). Baseline data on numbers of SAFs with domestic violence / abuse presentation; number of referrals of victims to specialist agencies / number of referrals to MARAC / number of perpetrators referred to specialist agencies.			n/a	A) Safeguarding children Level 2 - 22 staff need training for 2016 – 2017 B) Safeguarding children Level 3 - 99 staff need training for 2016 – 2017. These figures may be subject to adjustment according to staff retention levels; <b>Baseline 2016 Domestic Abuse Data</b> Quarter 1 2016-2017 there was one case subject to a s.17 alert related to reported historical domestic abuse. Quarter 1 2016-2017 CareNotes; there were 4 cases within Child and Young People's services where domestic abuse was flagged as a risk: 3 cases low and 1 case medium risk.

**Portman CQUIN**

CQUIN	Detail of indicator	Reported	Performance at Q1	Target %	Progress	Q1 RAG
SAFE AND TIMELY DISCHARGE	Audit on 10% discharge to identify baseline rate of Discharge letters being issued to GPs and originating agencies.	Reported in Q1		10%	To be completed in July 2016 on Q1 data.	

**GIDS CQUIN**

CQUIN Target	Detail of Indicator	Reported	Performance at Q1	Progress	Q1 RAG
Telemedicine / Virtual Patient Sessions	The purpose of this CQUIN is to incentivise the trust to develop a platform within which these virtual sessions can take place or to procure existing platforms that can be used for the purposes of undertaking virtual patient sessions. This would create an innovative new way of service delivery.	Q3 onwards	n/a	Data to be collected and reported Q3 onwards	
Transition arrangements across the Gender Identity Pathway	The CQUIN will focus on three main themes that have been identified with providers as developments that will support the smooth transition of patients between one provider to another;	Q2 onwards	n/a	Data to be collected and reported Q2 onwards	

**Appendix: Quality Indicator Performance Supporting Evidence**

**1. Waiting Times**

QUARTER 1 - TRUSTWIDE (8 WEEK WAITERS)				<6 WEEK WAIT		11 WEEK WAITERS			Run time
	AYAS	Camden CAMHS	Other CAMHS	Westminster	Adult	Portman	TOTAL		
Internal Breach	9	44	15	2	5	0	75		
External Breach	5	5	10	0	11	2	33		
<b>Total number of breaches</b>	<b>14</b>	<b>49</b>	<b>25</b>	<b>2</b>	<b>16</b>	<b>2</b>	<b>108</b>		
Number of 'breaches' shown after data validation shown to be 'no breach'	4	18	19	17	15	0	73		
<b>Total first attended ONLY</b>	46	294	94	11	67	32	544	<b>Data run on: 4-7-16</b>	
<b>Total Waiting as 30 June 2016</b>	17	34	61	7	69	8	196		
<b>Total (denominator)</b>	63	328	155	18	136	40	740		
The percentage of patients that are breached in the quarter	22.2%	14.9%	16.1%	11.1%	11.8%	5.0%	14.6%		
% Internal	14.3%	13.4%	9.7%	11.1%	3.7%	0.0%	10.1%		
% External	7.9%	1.5%	6.5%	0.0%	8.1%	5.0%	4.5%		

Waiting Time Breaches – Adolescent Service (Target <8 Weeks)

Patient ID	Team	Referral Date	Clock Restart Appointment	First Attended Appointment	Wait Weeks	Commentary from service	Internal/external
24689	ADOLESCENT North and West Team	15-Dec-15	09-Feb-16	26-May-16	15.29	Patient did not respond to opt in letter sent.	External
17948	ADOLESCENT North and West Team	19-Jan-16	28-Jan-16	13-Apr-16	10.86	Case had to go to Barnet CCG for SPE approval first, therefore delay in accepting case	External
24667	ADOLESCENT North and West Team	03-Feb-16	04-Feb-16	18-Apr-16	10.57	Lack of correspondence	External
23378	ADOLESCENT North and West Team	27-Oct-15	27-Jan-16	04-Apr-16	9.71	Patient was offered 1st appt on 1st Feb 2016 after multiple attempts to contact her, however she did not respond to calls or texts. Letter was sent with appt dates and times however patient rang to change her availability due to work pattern change. This happened a number of times before she finally accepted and attended her appt in April 2016	External
25343	ADOLESCENT YPCS	26-Feb-16	26-Feb-16	28-Apr-16	8.86	Breached because of no response from client , then client unable to attend as they were away	External
24847	ADOLESCENT Camden Team	05-Feb-16	18-Feb-16	04-May-16	10.86	Clinical Capacity	Internal
24453	ADOLESCENT Central and East Team	11-Jan-16	22-Jan-16	06-Apr-16	10.71	Clinical Capacity	Internal
24574	ADOLESCENT Camden Team	11-Jan-16	28-Jan-16	11-Apr-16	10.57	Clinical Capacity	Internal
24365	ADOLESCENT North and West Team	06-Jan-16	18-Jan-16	22-Apr-16	13.57	This one is breached because intake thought the referral was from Haringey but it was from Barnet, then it had to go back to referrals to funding before it came back to us.	Internal
24844	ADOLESCENT Camden Team	17-Feb-16	26-Apr-16	30-Jun-16	9.29	Clinical Capacity	Internal
24844	ADOLESCENT Camden Team	17-Feb-16	26-Apr-16	30-Jun-16	9.29	Clinical Capacity	Internal
24120	ADOLESCENT Camden Team	26-Feb-16	26-Feb-16	16-May-16	11.43	Clinical Capacity	Internal
24687	ADOLESCENT Camden Team	05-Feb-16	05-Feb-16	05-Apr-16	8.57	Clinical Capacity	Internal
24788	ADOLESCENT Camden Team	12-Feb-16	12-Feb-16	11-Apr-16	8.43	Clinical Capacity	Internal

\*Please note patients that in red were referred before the 1 April and therefore was subject to the 11 week wait time window. The cases were seen within this timeframe. As these cases were seen after the 1 April, the new wait time parameters have been implemented therefor showing this case as a breach.

Waiting Time Breaches (Page 1 of 2) – Camden CAMHS (Target <8 Weeks)

Patient ID	Team	Referral Date	Clock Restart Appointment	First Attended Appointment	Wait Weeks	Commentary from service?	Internal/External
17165	SOUTH Service	10-Jun-15	12-Jun-15		54.86	Unable to contact family for an appointment - this will now be closed.	External
15691	Refugee Service	07-May-15	29-Jun-15		52.43	Only one appointment was offered and this was cancelled by the client.	External
18645	Camden Adolescent Intensive Support Service	04-Mar-16	04-Mar-16		16.86	Breach - Family not engaging	External
7794	SOUTH Primary Care	07-Mar-16	09-Mar-16	26-May-16	11.14	Waiting for client to opt in - when they did that was the next available appt the clinician had	External
25470	NORTH Service	07-Apr-16	07-Apr-16	08-Jun-16	8.86	Breach - Family not engaging	External
25746	Gloucester House	24-Nov-15	25-Nov-15		31.14	Appt offered 7.4.16 cancelled by patient	Internal
16804	Complex Needs Outreach	27-Nov-15	04-Dec-15		29.86	Lack of clinical capacity	Internal
24476	SOUTH Service	11-Jan-16	12-Jan-16		24.29	Lack of clinical capacity	Internal
6518	SOUTH Service	13-Jan-16	13-Jan-16		24.14	Appt to be logged	Internal
24368	SOUTH Service	18-Jan-16	19-Jan-16		23.29	Appt to be logged	Internal
13953	SOUTH Primary School Service	07-Dec-15	07-Dec-15	16-May-16	23	A professional meeting was attended on 7.3.16 with the Senco (this is on Carenotes)	Internal
6409	SOUTH Service	26-Jan-16	26-Jan-16		22.29	Lack of clinical capacity	Internal
19291	MALT	26-Jan-16	26-Jan-16		22.29	Lack of clinical capacity	Internal
24602	SOUTH Primary School Service	29-Jan-16	29-Jan-16		21.86	Appt to be logged	Internal
14566	Gloucester House	12-Feb-16	14-Feb-16		19.57	Lack of clinical capacity	Internal
14618	SOUTH Service	25-Feb-16	25-Feb-16	24-Jun-16	17.14	Lack of clinical capacity	Internal
18518	Camden Adolescent Intensive Support Service	04-Mar-16	04-Mar-16		16.86	Lack of clinical capacity	Internal
25114	NORTH Service	08-Mar-16	09-Mar-16		16.14	Appt offered 7.4.16 cancelled by patient	Internal
25221	Refugee Service	11-Mar-16	11-Mar-16		15.86	In Feb 16 we were working to 11 weeks - seen within this	Internal
24372	NORTH Service	08-Dec-15	22-Mar-16		14.29	Lack of clinical capacity = Dawn responded=Will contact clinician on this one and feedback	Internal
23221	Complex Needs Outreach	15-Jan-16	15-Jan-16	18-Apr-16	13.43	Lack of clinical capacity	Internal
25381	Camden Adolescent Intensive Support Service	31-Mar-16	31-Mar-16	30-Jun-16	13	Lack of clinical capacity	Internal

\*Please note patients that in red were referred before the 1 April and therefore was subject to the 11 week wait time window. The cases were seen within this timeframe. As these cases were seen after the 1 April, the new wait time parameters have been implemented therefor showing this case as a breach.

Waiting Time Breaches (Page 2 of 2) – Camden CAMHS (Target <8 Weeks)

Patient ID	Team	Referral Date	Clock Restart Appointment	First Attended Appointment	Wait Weeks	Commentary from service?	Internal/External
12889	SOUTH Service	15-Jan-16	15-Jan-16	13-Apr-16	12.71	Didn't receive referral until 28/1/16 from Joint Intake. 13/4 was our next available CaR clinic slot	Internal
25398	IEYS	17-Mar-16	04-Apr-16		12.43	Lack of clinical capacity	Internal
19731	SOUTH Primary School Service	04-Apr-16	04-Apr-16		12.43	Appt to be logged	Internal
25483	IEYS	18-Mar-16	06-Apr-16		12.14	Lack of clinical capacity	Internal
18611	SOUTH Primary School Service	08-Apr-16	08-Apr-16		11.86	Appt to be logged	Internal
8658	SOUTH Service	11-Apr-16	12-Apr-16		11.29	Andy Wiener needs to log a professional meeting - no appt offered as of yet	Internal
25115	NORTH Service	08-Mar-16	09-Mar-16	26-May-16	11.14	Lack of clinical capacity	Internal
24590	SOUTH Service	21-Jan-16	29-Jan-16	13-Apr-16	10.71	Lack of clinical capacity	Internal
10096	SOUTH Service	29-Jan-16	01-Feb-16	13-Apr-16	10.29	Lack of clinical capacity	Internal
26449	IEYS	20-Apr-16	20-Apr-16		10.14	Lack of clinical capacity	Internal
25325	SOUTH Primary Care	10-Feb-16	10-Feb-16	21-Apr-16	10.14	Lack of clinical capacity	Internal
25521	SOUTH Primary Care	10-Feb-16	10-Feb-16	21-Apr-16	10.14	Lack of clinical capacity	Internal
25554	SOUTH Service	30-Mar-16	14-Apr-16	24-Jun-16	10.14	Lack of clinical capacity	Internal
25068	MALT Court/PLO	26-Feb-16	03-Mar-16	09-May-16	9.57	There was a professionals meeting on the 10/03/2016. The first direct appointment with the family was offered on the 09/05/2016. This was due to team's capacity.	Internal
11994	Camden Adolescent Intensive Support Service	04-Mar-16	04-Mar-16	04-May-16	8.71	Lack of clinical capacity	Internal
10604	SOUTH Service	02-Feb-16	05-Feb-16	05-Apr-16	8.57	Lack of clinical capacity	Internal
9966	SOUTH Service	28-Apr-16	03-May-16		8.29	Will be seen on 20/7/16 - put on hold as clinician didn't have capacity to see family, 11 week applies	Internal
24938	NORTH Service	25-Feb-16	21-Mar-16	06-Jun-16	11	Lack of clinical capacity	Internal
6876	NORTH Service	02-Feb-16	02-Feb-16	18-Apr-16	10.86	Lack of clinical capacity	Internal
25672	NORTH Service	17-Dec-15	22-Apr-16	04-Jul-16	9.86	Lack of clinical capacity	Internal
25074	NORTH Service	03-Mar-16	04-Mar-16	10-May-16	9.57	Lack of clinical capacity	Internal
25219	NORTH Primary Care	08-Feb-16	08-Feb-16	14-Apr-16	9.43	Lack of clinical capacity	Internal
24978	NORTH Service	29-Feb-16	29-Feb-16	05-May-16	9.43	Lack of clinical capacity	Internal
18821	NORTH Service	03-Mar-16	04-Mar-16	09-May-16	9.43	Lack of clinical capacity	Internal
24979	NORTH Service	25-Feb-16	29-Feb-16	03-May-16	9.14	Lack of clinical capacity	Internal
25034	NORTH Service	25-Jan-16	02-Mar-16	05-May-16	9.14	Lack of clinical capacity	Internal
18030	NORTH Service	02-Feb-16	04-Feb-16	07-Apr-16	9	Lack of clinical capacity	Internal
25120	NORTH Service	09-Mar-16	10-Mar-16	10-May-16	8.71	Lack of clinical capacity	Internal
8347	NORTH Service	03-Feb-16	08-Feb-16	05-Apr-16	8.14	Lack of clinical capacity	Internal

\*Please note patients that in red were referred before the 1 April and therefore was subject to the 11 week wait time window. The cases were seen within this timeframe. As these cases were seen after the 1 April, the new wait time parameters have been implemented therefor showing this case as a breach.

Waiting Time Breaches – Other CAMHS (Target <8 Weeks)

Patient ID	Team	Referral Date	Clock Restart Appointment	First Attended Appointment	Wait Weeks	Commentary from service?	Internal/External
22898	Lifespan	26-Aug-15	22-Sep-15	12-Apr-16	29	External - complex case that required extra input from external services	External
24754	Lifespan	01-Feb-16	12-Feb-16		19.86	External - following liaison with herts services, will be closed as not appropriate	External
24122	Family Service	16-Dec-15	25-Feb-16		18	Appt was offered within a month - dna'd Family difficult to contact and needed to be seen at BG - unlimited capacity at BG clinic. Case to be closed. External breached.	External
24854	Lifespan	12-Feb-16	19-Feb-16	13-Jun-16	16.43	External - clarification needed from Enfield	External
25480	Lifespan	26-Feb-16	08-Apr-16		11.86	External - more information needed as unclear whether case was suitable	External
23492	Fostering and Adoption	29-Oct-15	28-Jan-16	19-Apr-16	11.71	(External - 2 cancelled appointments)	External
25463	Family Service	29-Mar-16	06-Apr-16	15-Jun-16	10	Family difficult to contact. Letter sent to opt in. Parents said never received letter. Tried to engage social worker into 1st appt. External breached	External
24104	Lifespan	04-Dec-15	08-Feb-16	14-Apr-16	9.43	Referral came in just before Christmas, funding request was made to Brent and case accepted only at end of Jan	External
22459	Lifespan	04-Mar-16	07-Mar-16	11-May-16	9.29	External difficulties with SW and patient engagement	External
25547	Lifespan	12-Apr-16	18-Apr-16	21-Jun-16	9.14	External - more info needed from referrer	External
24490	Lifespan	22-Jan-16	25-Jan-16		22.43	Internal - case not suitable and not seen. Closing paperwork only just received	Internal
24317	Lifespan	07-Jan-16	12-Jan-16	01-Jun-16	20.14	Internal - Lack of staff	Internal
23771	Lifespan	22-Jan-16	26-Jan-16	27-May-16	17.43	Internal - Lack of staff	Internal
24823	Lifespan	09-Feb-16	16-Feb-16	10-Jun-16	16.43	Internal - Lack of staff	Internal
25217	Lifespan	10-Mar-16	17-Mar-16		15	Internal - lack of staff. not waiting, but wait time accurate	Internal
25039	Lifespan	26-Feb-16	01-Mar-16	08-Jun-16	14.14	Internal - lack of staff	Internal
11786	Lifespan	02-Feb-16	17-Mar-16	02-Jun-16	11	Delay as case went first to adult dept before being passed to CYAF intake	Internal
13732	Family Service	29-Mar-16	30-Mar-16	15-Jun-16	11	Case came to Lifespan then to FMH team, then back to CAR. Internal breached	Internal
25548	Lifespan	18-Apr-16	18-Apr-16		10.43	Internal - lack of staff	Internal
24896	Family Service	18-Feb-16	18-Feb-16	26-Apr-16	9.71	Case was with Sarah Wynick trying to sort out best treatment for family. Internal breached.	Internal
19690	Lifespan	19-Apr-16	25-Apr-16		9.43	Internal - Query of whether suitable referral, correct team to see	Internal
25738	Fostering and Adoption	19-Apr-16	28-Apr-16		9	Internal Breach - Clinical capacity	Internal
24124	Lifespan	16-Nov-15	09-Mar-16	11-May-16	9	Staff availability (internal)	Internal
25765	Lifespan	26-Apr-16	29-Apr-16		8.86	Internal - Seen on 28th June - lack of staff	Internal
25498	Lifespan	11-Apr-16	11-Apr-16	09-Jun-16	8.43	Internal - Lack of staff	Internal

\*Please note patients that in red were referred before the 1 April and therefore was subject to the 11 week wait time window. The cases were seen within this timeframe. As these cases were seen after the 1 April, the new wait time parameters have been implemented therefor showing this case as a breach.

**Waiting Time Breaches – Westminster (Target <6 Weeks)**

Patient ID	Team	Referral Date	Clock Restart Appointment	First Attended Appointment	Wait Weeks	External/Internal	Summary
24963	FAS Family Assessment	22-Feb-16	22-Feb-16	04-May-16	10.29	Internal	Social Worker hospitalised off 3 weeks
16480	FAS Family Assessment	05-Feb-16	01-May-16	06-Jul-16	8.57	Internal	Referral received 1st May delay re: worker above over running with previous case

**Waiting Time Breaches – Portman (Target <11 Weeks)**

Patient ID	Team	Referral Date	Clock Restart Appointment	First Attended Appointment	Wait Weeks	External/Internal	Commentary
19743	PORTMAN Limentani	06-Jan-16	15-Feb-16		19.43	External	Referral received 6 <sup>th</sup> January – 1 <sup>st</sup> appt 11 <sup>th</sup> Jan; 2 <sup>nd</sup> appt 28 <sup>th</sup> Jan; 3 <sup>rd</sup> appt 15 <sup>th</sup> Feb (all DNA'd)
21397	PORTMAN Glasser	06-Jan-16	11-Jan-16	11-May-16	17.29	External	Referral (child case) received 11 <sup>th</sup> Jan: delay in 1 <sup>st</sup> appt owing to referrer having to liaise with commissioner to secure agreement for risk assessment to be undertaken.

Waiting Time Breaches – Adult (Target <11 Weeks)

Patient ID	Team	Referral Date	Clock Restart Appointment	First Attended Appointment	Wait Weeks	Commentary from service	internal/external
21043	ADULTS Hemel Team	04-Mar-15	12-Jun-15		54.86	Cancelled by client, then DNA	External
10257	ADULTS Belsize	13-Jan-15	14-Jul-15		50.29	Appointments offered last year, did not attend any – to be closed	External
22789	ADULTS Lyndhurst	14-Sep-15	15-Sep-15		41.29	Changed mind in regards to appt - patient still open - possibly to be closed.	External
17319	ADULTS Hemel Team	28-Aug-15	04-Dec-15		29.86	Lack of correspondence	External
22364	ADULTS Watford	24-Apr-15	11-Dec-15		28.86	Patient DNA twice - possibly to be closed	External
23663	ADULTS Lyndhurst	11-Nov-15	14-Jan-16		24	Due to health issues, patient had to reorganise appt	External
23451	ADULTS Hemel Team	16-Oct-15	15-Jan-16		23.86	DNA numerous times, to be closed	External
24614	ADULTS Maresfield	27-Jan-16	02-Feb-16		21.29	Lack of correspondence	External
23985	ADULTS Hemel Team	17-Nov-15	12-Feb-16		19.86	Lack of correspondence	External
24741	ADULTS Watford	02-Feb-16	21-Mar-16		14.43	Patient cancelled numerous times	External
25489	ADULTS Hemel Team	26-Feb-16	11-Apr-16		11.43	Patient cancelled numerous times	External
24613	ADULTS Lyndhurst	15-Jan-16	02-Feb-16		21.29	Cancelled by trust - reorganising appt	Internal
23944	ADULTS Trauma Unit	01-Dec-15	07-Dec-15	03-May-16	21.14	Lack of clinical capacity	Internal
24955	ADULTS Hemel Team	22-Feb-16	29-Feb-16		17.43	Lack of clinical capacity	Internal
24986	ADULTS Lyndhurst	01-Mar-16	01-Mar-16		17.29	Lack of clinical capacity	Internal
10536	ADULTS Lyndhurst	04-Jan-16	08-Jan-16	07-Apr-16	12.86	Lack of clinical capacity	Internal

Waiting Time Breaches – City and Hackney (Target <18 Weeks)

Patient ID	Team	Referral Date	Clock Restart Appointment	First Attended Appointment	Wait Weeks	Commentary from service	Internal/External
3553	CHPC Team A	15-Aug-14	16-Sep-14		93.29	Did not engage - Admin will now process to discharge- DNA appointment	External
2571	CHPC Team A	12-Jun-15	12-Jun-15		54.86	Did not engage - Admin will now process to discharge	External
4607	CHPC Team C	15-Apr-15	03-Jul-15		51.86	Did not engage - Admin will now process to discharge	External
5092	CHPC Team B	15-Jul-15	15-Jul-15		50.14	Did not engage - Admin will now process to discharge	External
279	CHPC Team B	18-Jun-15	11-Aug-15		46.29	Did not engage - Admin will now process to discharge- Assessment appointment seen 2012	External
4749	CHPC Team C	11-May-15	25-Sep-15		39.86	Did not engage - Admin will now process to discharge	External
24148	CHPC Team A	23-Dec-15	23-Dec-15		27.14	Did not engage	External
24099	CHPC Team A	17-Dec-15	17-Dec-15	22-Jun-16	26.86	Was waiting for an assessment appt nearer to home	External
2338	CHPC Team B	02-Dec-15	05-Feb-16		20.86	Unable to contact patient- Group Treatment 2014	External
23271	TCPS Care Planning Team	19-Oct-15	09-Feb-16		20.29	Did not engage	External
107	CHPC Team B	06-Oct-15	16-Feb-16		19.29	Did not engage- Assessment 2012	External
1386	CHPC Team A	02-Nov-15	16-Feb-16		19.29	Did not engage- Assessment 2012	External
4284	CHPC Team B	08-Feb-15	08-Feb-15		72.57	No opt in letter sent	Internal
4333	CHPC Team A	27-Feb-15	27-Feb-15		69.86	No opt in letter sent	Internal
4399	CHPC Team B	27-Feb-15	27-Feb-15		69.86	No opt in letter sent	Internal
4411	CHPC Team B	05-Mar-15	05-Mar-15		69	No opt in letter sent	Internal
4192	CHPC Team B	13-Apr-15	13-Apr-15		63.43	No opt in letter sent	Internal
22416	CHPC Team B	23-Jul-15	23-Jul-15		49	No opt in letter sent	Internal
22314	CHPC Team C	31-Jul-15	31-Jul-15		47.86	No opt in letter sent	Internal
23573	CHPC Team B	08-Sep-15	08-Sep-15		42.29	No opt in letter sent	Internal
22757	CHPC Team A	08-Sep-15	08-Sep-15	09-Jun-16	39.29	Awaiting for treatment	Internal
23645	CHPC Team C	10-Nov-15	10-Nov-15		33.29	No opt in letter sent	Internal
23900	CHPC Team A	01-Dec-15	01-Dec-15	04-May-16	22.14	Awaiting for treatment	Internal
24805	CHPC Team A	08-Feb-16	08-Feb-16		20.43	No opt in letter sent	Internal
24053	CHPC Team B	15-Dec-15	15-Dec-15	21-Apr-16	18.29	Awaiting for treatment	Internal

## Waiting Times

### Trustwide Waiting Times for Q1 (Data run 15-7-16)

Service	Target	Total patients	Median (Weeks)	Average (Weeks)
Adolescent and Young Adult*	8 weeks	63	6.3	7.2
Adults	11 weeks	131	6.1	8.9
Camden CAMHS**	8 weeks	349	3.1	4.6
Other CAMHS***	8 weeks	129	6.0	8.3
Portman	11 weeks	44	5.4	6.2
Westminster	6 weeks	19	4.0	4.1
<b>TOTAL</b>	<b>n/a</b>	<b>735</b>	<b>5.7</b>	<b>6.5</b>

### National Waiting Time Services for Q1 (Data run 15-7-16)

Service	Target	Total patients	Median (Weeks)	Average (Weeks)
City and Hackney	18 weeks	373	6.9	10.7
<b>GIDS****</b>	<b>18 weeks</b>	<b>797 (786)</b>	<b>20 (19.4)</b>	<b>20.5 (19.7)</b>

\*AYA: Note this cohort does not include the following contract: 901 NPA Assessment

\*\*Camden CAMHS: Note this cohort does not include the following contracts: 060 First Step, 025 TOPS (Tavistock Outreach Project) & 903 Gloucester House Day Unit – as these services are not waiting list based; they are a direct assessment/treatment service

\*\*\*Other CAMHS: Note this cohort does not include the following contracts: 030 New Rush School, 060 Haringey First Step, 123 CVVA Grant, 900 NPA Awaiting Funding, 901 NPA Assessment, 904 Adoption Supporting Fund & 999 Legacy.

\*\*\*\*GIDS: 11 dormant files are due to be closed. Data in brackets reflects the change.

### Waiting Times

#### London Contracting\* Waiting Times for Q1 (Data run 15-7-16)

Service	Target	Total patients	Median (Weeks)	Average (Weeks)
Adolescent and Young Adult	8 weeks	63	6.3	7.2
Adults	11 weeks	131	6.1	8.9
Camden CAMHS	8 weeks	348	3.1	4.6
Other CAMHS	8 weeks	112	5.1	6.7
<b>TOTAL</b>	<b>n/a</b>	<b>654</b>	<b>5.6</b>	<b>6.9</b>

\*Please note London Contracts include contract numbers:

001, 002, 003, 004, 005, 007, 010, 011, 012, 013, 014, 015 & 018.

#### London Contracts

Camden - Adult	001	Camden - CAMHS	010
Barnet	002	Islington	011
Enfield	003	Hounslow	012
Haringey	004	Hammersmith & Fulham	013
Ealing	005	West London	014
Central London	007	Brent	015
		Herts	018

## 2. DNA Rates

Trustwide DNA Rates*			
QUARTER 1			
	2014/15	2015/16	2016/17
Target <10%			
Total 1st appointments attended	779	817	837
Total first appointments DNA's	117	113	123
Total first Cancelled	193	221	247
Total first appointments	1089	1151	1207
% 1st appointments DNA'd	13%	12.2%	12.8%
Total subsequent appointments attended	13640	14012	16021
Total sub. appointments DNA'd	1219	1258	1562
Total subsequent appointments Cancelled	3092	3253	3736
Total subsequent appointments	17951	18523	21319
% DNA subsequent Appointments	8.2%	8.2%	8.9%
<b>Total % DNA</b>	<b>8.5%</b>	<b>8.5%</b>	<b>9.1%</b>
Adult DNA Rates			
QUARTER 1			
	2014/15	2015/16	2016/17
Target <10%			
Total 1st appointments attended	62	84	67
Total first appointments DNA's	6	7	15
Total first Cancelled	22	54	41
Total first appointments	90	145	123
% 1st appointments DNA'd	8.8%	7.7%	18.3%
Total subsequent appointments attended	2415	2569	2826
Total sub. appointments DNA'd	179	205	254
Total subsequent appointments Cancelled	580	607	593
Total subsequent appointments	3174	3381	3673
% DNA subsequent Appointments	6.9%	7.4%	8.3%
<b>Total % DNA</b>	<b>7.0%</b>	<b>7.4%</b>	<b>8.5%</b>

\*Please note CAMDEN TAP Service is not included in this data set. A separate report is produced to commissioners from the EMIS system.

## DNA Rates

Adolescent DNA Rates			
QUARTER 1			
	2014/15	2015/16	2016/17
Target <10%			
Total 1st appointments attended	42	53	46
Total first appointments DNA's	5	9	10
Total first Cancelled	13	8	15
Total first appointments	60	70	71
% 1st appointments DNA'd	10.6%	14.5%	17.9%
Total subsequent appointments attended	1105	1135	1515
Total sub. appointments DNA'd	235	180	176
Total subsequent appointments Cancelled	387	453	336
Total subsequent appointments	1727	1768	2027
% DNA subsequent Appointments	17.5%	13.7%	10.4%
<b>Total % DNA</b>	<b>17.3%</b>	<b>13.7%</b>	<b>10.7%</b>

Camden CAMHS DNA Rates			
QUARTER 1			
	2014/15	2015/16	2016/17
Target <10%			
Total 1st appointments attended	312	235	294
Total first appointments DNA's	32	30	40
Total first Cancelled	45	52	90
Total first appointments	389	317	424
% 1st appointments DNA'd	8.8%	11.3%	12.0%
Total subsequent appointments attended	4189	4306	4997
Total sub. appointments DNA'd	329	406	571
Total subsequent appointments Cancelled	814	884	1390
Total subsequent appointments	5332	5596	6958
% DNA subsequent Appointments	6.9%	8.6%	10.3%
<b>Total % DNA</b>	<b>7%</b>	<b>8.8%</b>	<b>10.4%</b>

## DNA Rates

City & Hackney DNA Rates			
QUARTER 1			
	2014/15	2015/16	2016/17
Target <10%			
Total 1st appointments attended	136	165	163
Total first appointments DNA's	41	44	34
Total first Cancelled	39	43	42
Total first appointments	216	252	239
% 1st appointments DNA'd	23.1%	21.1%	17.3%
Total subsequent appointments attended	977	1170	1040
Total sub. appointments DNA'd	180	160	149
Total subsequent appointments Cancelled	305	423	268
Total subsequent appointments	1462	1753	1457
% DNA subsequent Appointments	15.6%	12%	12.5%
<b>Total % DNA</b>	<b>16.6%</b>	<b>13.3%</b>	<b>13.2%</b>
Gender Identity Service DNA Rates			
QUARTER 1			
	2014/15	2015/16	2016/17
Target <10%			
Total 1st appointments attended	93	131	130
Total first appointments DNA's	20	17	14
Total first Cancelled	43	35	33
Total first appointments	156	183	177
% 1st appointments DNA'd	17.7%	11.5%	9.7%
Total subsequent appointments attended	1022	1102	1356
Total sub. appointments DNA'd	95	134	136
Total subsequent appointments Cancelled	201	235	294
Total subsequent appointments	1318	1471	1786
% DNA subsequent Appointments	8.5%	10.8%	9.1%
<b>Total % DNA</b>	<b>9.4%</b>	<b>10.9%</b>	<b>9.2%</b>

## DNA Rates

Other CAMHS DNA Rates			
QUARTER 1			
	2014/15	2015/16	2016/17
Target <10%			
Total 1st appointments attended	86	111	94
Total first appointments DNA's	11	4	6
Total first Cancelled	21	23	18
Total first appointments	118	138	118
% 1st appointments DNA'd	11.3%	3.5%	6.0%
Total subsequent appointments attended	2474	2317	2877
Total sub. appointments DNA'd	101	82	174
Total subsequent appointments Cancelled	558	392	530
Total subsequent appointments	3133	2791	3581
% DNA subsequent Appointments	3.9%	3.4%	5.7%
<b>Total % DNA</b>	<b>4.2%</b>	<b>3.4%</b>	<b>5.7%</b>
Portman DNA Rates			
QUARTER 1			
	2014/15	2015/16	2016/17
Target <10%			
Total 1st appointments attended	34	23	32
Total first appointments DNA's	0	2	3
Total first Cancelled	10	5	5
Total first appointments	44	30	40
% 1st appointments DNA'd	0%	8%	8.6%
Total subsequent appointments attended	1104	1114	1262
Total sub. appointments DNA'd	98	88	91
Total subsequent appointments Cancelled	237	254	292
Total subsequent appointments	1439	1456	1645
% DNA subsequent Appointments	8.2%	7.3%	6.7%
<b>Total % DNA</b>	<b>8%</b>	<b>7.3%</b>	<b>6.8%</b>

## DNA Rates

Westminster DNA Rates			
QUARTER 1			
	2014/15	2015/16	2016/17
Target <10%			
Total 1st appointments attended	14	15	11
Total first appointments DNA's	2	0	1
Total first Cancelled	0	1	3
Total first appointments	16	16	15
% 1st appointments DNA'd	12.5%	0%	8.3%
Total subsequent appointments attended	354	299	148
Total sub. appointments DNA'd	2	3	11
Total subsequent appointments Cancelled	10	5	33
Total subsequent appointments	366	307	192
% DNA subsequent Appointments	0.6%	1%	6.9%
<b>Total % DNA</b>	<b>1%</b>	<b>1%</b>	<b>7.0%</b>

### 3. Safety – Safeguarding Training

Level 1 Safeguarding Training – Adult + Children			
Quarter	Q1	Q2	Q3
% of staff whose training is 'in date'	94%		
<b>Quarter 1 results</b>			
Total numbers requiring training:	559		
Number of staff trained:	528		
Number of staff NOT trained:	31		
Rationale (Reason for non-attendance):	12 new starters and 11 have booked onto September induction and 1 booked on the December induction. 13 staff were due to attend INSET day and have exemptions from their Director. 3 staff have returned from MAT Leave this year and are within policy compliance. 3 are overdue have completed some online training and will attend the rest of the session in November 2016. All have booked on the November date. 3 staff were not invited and now been booked.		
Level 2 Safeguarding Training – Children only			
Quarter	Q1	Q2	Q3
% of staff whose training is 'in date'	92%		
<b>Quarter 1 results</b>			
Total numbers requiring training: 36	36		
Number of staff trained:	33		
Number of staff NOT trained:	3		
Rationale (Reason for non-attendance):	3 staff due to attend are due and have booked for July or Sept dates.		
Level 3 Safeguarding Training – Children only			
Quarter	Q1	Q2	Q3
% of staff whose training is 'in date'	93%		
<b>Quarter 1 results</b>			
Total numbers requiring training:	301		
Number of staff trained:	282		
Number of staff NOT trained:	19		
Rationale (Reason for non-attendance):	10 staff booked for 19th April training which was cancelled at the last minute and they have all rescheduled. Three staff have had MAT or CB. Five staff are new starters and all have dates booked. One staff due had not been invited and has now booked for July.		

#### 4. Glossary

**AYA (AYAS):** Adolescent and Young Adult Service

**BME:** Black Minority Ethnic

**BTS:** British Thoracic Society

**CAMHS:** Children, Adolescent, Mental Health Service

**Care Plans:** A documented plan that describes the patient's condition and procedure(s) that will be needed, detailing the treatment to be provided and expected outcome, and expected duration of the treatment prescribed by the clinician

**CCG:** Clinical Commissioning Group

**Clinical Outcomes in Routines Evaluation (CORE) Form:** This is a client self-report questionnaire designed to be administered before and after therapy. The client is asked to respond to 34 questions about how they have been feeling over the last week, using a 5-point scale ranging from 'not at all' to 'most or all of the time'.

**CQUIN:** Commissioning for Quality and Innovation Payment Framework

**CYAF:** Children, Young Adult and Family Service

**DA:** Domestic Violence

**DBS:** Disclosure and Barring Service

**DNA:** Did not attend

**DV:** Domestic Violence

**ESQ:** Experience of Service Questionnaire

**GBM:** Goal Based Measure

**GIDS:** Gender Identity Service

**KPI:** Key Performance Indicator

**MDT:** Multi-Disciplinary Team

**NCL:** North Central London

**NICE:** National Institute for Health and Care Excellence

**NRT:** Nicotine Replacement Therapy

**OM:** Outcome Monitoring

**PCT:** Primary Care Trust

**PDP:** Personal Development Plan

**PPI:** Patient Public Involvement

**PROM:** Patient Reported Outcome Measure

**SWAP:** The Shedler-Westen Procedure

**TPFT:** Tavistock and Portman Foundation Trust

**V:** Violence

**VSP:** Visual Straw Poll

Marion Shipman  
Associate Director Quality & Governance  
April – May – June 2016

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## Board of Directors : July 2016

**Item :** 15

**Title :** Quarter 1 Governance statement

### **Purpose:**

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

#### For Finance

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

The Board anticipates that the trust's capital expenditure for the remainder of the financial year will not materially differ from the amended forecast in this financial return.

#### For Governance

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

#### Otherwise

The board confirms that there are no matters arising in the quarter requiring an exception report to Monitor (per the Risk Assessment Framework page 22, table 3) which have not already been reported.

This paper was reviewed at the Executive Management Team on 19 July. Members supported all these statements and confirmed that we are not aware of any risk to compliance with any conditions of our licence.

### **This report focuses on the following areas:**

- Risk
- Finance
- Quality

**For :** Approval

**From :** Deputy Chief Executive and Director of Finance

## Quarter 1 Governance Statement

### 1. Introduction

- 1.1 NHS Improvement oversees NHS foundation trusts through the terms of our provider licence and through the Risk Assessment Framework.
- 1.2 A key element of the Risk Assessment Framework is the requirement to submit a governance statement each quarter.
- 1.3 This quarter's statement is to be returned to Monitor by 31 July.
- 1.4 The Risk Assessment Framework is due to be replaced during this year. The proposed new Single Oversight Framework has been issued for consultation; its implementation date is not yet known.

### 2. Finance declaration

- 2.1 Based on the Trust's Operational Plan the results for the four metrics which comprise the financial sustainability risk rating FSRR are:
  - Our I&E margin is projected to be 1.75% of income (thanks to the inclusion of the £500k ST funding), and is therefore be rated at **4** for all quarters of 2016/17.
  - Our current rating on "Variance from Plan" is **4**, due to exceeding Plan in 2015/16. To retain this rating at each quarter through the year, we need to achieve or exceed the Plan I&E margin. If the margin is less than 1% below Plan, the Variance from Plan rating will only reduce from 4 to 3.
  - Our Liquidity rating is projected to be **3** or **4** throughout the year; though this could fall to 2 with a relatively small variation in performance.
  - Our Capital Service Cover rating is projected to be 4 for all quarters of 2015/16.
- 2.2 The four elements are each given a 25% weighting; so based on the ratings predicted, our FSRR will be 3.75 which is rounded to **4**, the highest rating.
- 2.3 If the Variance from Plan rating reduces to 3 *and* the Liquidity rating reduces to 2, then the overall FSRR will be 3.25, which is rounded to 3 and remains satisfactory.
- 2.4 The liquidity rating is assisted by the securing of the medium-term loan from ITFF to fund the capital expenditure on continuing preparatory work for the relocation project.

- 2.5 The three ratings relating to surplus (the Capital Service Cover and I&E margin) are all calculated without including certain exceptional items such as restructuring costs.
- 2.6 The plan for the first quarter of 2017/18 is to remain at these levels, though we do not yet have detailed plans to achieve this.
- 2.7 Based on the above, we are able to affirm that we anticipate that the trust will continue to maintain a financial sustainability risk rating of at least 3 over the next 12 months.
- 2.8 Though capital expenditure is below plan in the first quarter, we are currently forecasting that it will be in line with plan for the year as a whole. This will be reviewed after the second quarter.

**3. Governance Declaration**

**3.1 Declaration of risks against healthcare targets and indicators**

- 3.1.1 The Monitor template for our quarterly return sets out a list of targets and indicators, in line with the Risk Assessment Framework. The targets and indicators which apply to this Trust are given in the table below.
- 3.1.2 All targets and indicators are being met; and plans are sufficient to ensure that they continue to be met. Further details are given below. The Trust should therefore continue to receive a green governance rating.

Target/Indicator	Weighting	Quarter 1 result	
Data completeness: 97% completeness on all 6 identifiers	1.0	Achieved (see 3.4 below)	0
Compliance with requirements regarding access to healthcare for people with a learning disability	1.0	Achieved (see 3.3. below)	0
Risk of, or actual, failure to deliver Commissioner Requested Services	Report by exception	No	0
CQC compliance action outstanding		No	0
CQC enforcement action within the last 12 months		No	0
CQC enforcement action (including notices) currently in effect		No	0
Moderate CQC concerns or impacts regarding the safety of healthcare provision		No	0
Major CQC concerns or impacts regarding the safety of healthcare provision		No	0

Governance statement

Target/Indicator	Weighting	Quarter 1 result	
Unable to declare ongoing compliance with minimum standards of CQC registration		No	0
		Total score	0
		Indicative rating	

### 3.2 Care Quality Commission

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

3.2.2 The Trust remains compliant with the CQC registration requirements.

3.2.3 Following the CQC inspection in January, their report was published at the end of May, and has been fully discussed by the Board. The overall rating was Good; ratings for four of the five domains were also Good, while the rating for safety was Requires Improvement. An action plan covering all five domains has been approved and is being implemented; the CQSG Committee will continue to monitor the progress and completion of these actions. In management's view, the points raised in the report do not amount to 'moderate concerns or impacts' regarding safety, though clearly it is essential that the agreed actions are completed promptly.

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

3.3.1 The Lifespan team manager carried out the Green Light audit, the self-assessment tool for our services for people with a learning disability, in January. This confirmed that the Trust meets the access requirements for this group. Action is being taken on two points for further development: (a) continue to develop the gathering and recording on CareNotes to show how we meet the needs of people with a Learning Disability via CareNotes; and (b) continue to develop literature describing our services for patients with a learning disability.

3.3.2 The Trust has continued to develop its services for LD service users, and actively involves users to further refine and tailor provision. The Lifespan team has introduced Photosymbols, a picture based system, to ensure that where necessary correspondence is written in ways that fit the communication needs of service users. They are also continuing to work on a phone App to act as an adjunct to therapeutic support; though this is initially being tested for people with autism spectrum conditions, it may later be applicable to a wider population.

**3.4 Data Completeness**

3.4.1 The target is 97% completeness on six data identifiers within the Mental Health Services Data Set (MHSDS). This replaced the MHLDDS on 1 January, and includes children and young people’s services; so the number of patients covered for this Trust has almost doubled. Current statistics confirm that we are still meeting and generally exceeding the completeness target: see table below.

	Month 2, provisional	Month 1, final
Valid NHS number	99.24%	99.43%
Valid Postcode	99.68%	99.69%
Valid Date of Birth	100.00%	100.00%
Valid Organisation code of Commissioner	99.55%	99.39%
Valid Organisation code GP Practice	99.70%	99.25%
Valid Gender	100.00%	100.00%

3.4.2 The proposals for the new Single Oversight Framework include a target of 85% completeness by March 2017 for five additional “priority” identifiers within the MHSDS. We are currently assessing the feasibility of achieving this target. Action is already being taken to improve our collection of Ethnicity, which is one of the five; we aim to develop action plans for all five. Our response to the consultation will cover this proposal.

**4. Other matters**

4.1 The Trust is required to report any “incidents, events or reports which may reasonably be regarded as raising potential concerns over compliance with [our] licence.” The Risk Assessment Framework gives – on page 22 – a non-exhaustive list of examples where such a report would be required, including unplanned significant reduction in income or significant increase in costs; discussions with external auditors which may lead to a qualified audit report; loss of accreditation of a Commissioner Requested Service; adverse report from internal auditors; or patient safety issues which may impact compliance with our licence.

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

Simon Young  
 Deputy Chief Executive and Director of Finance  
 19 July 2016



## Board of Directors: July 2016

**Item :** 16

**Title :** Human Resources and Organisational Development 2016/17 –  
Quarter 1 Report

**Purpose:**

This paper outlines progress made against the strategic HR and organisational development business plan, which overall is progressing as planned.

Incorporated within this report are the quarter 1 workforce key performance indicators and metrics.

**This report focuses on the following areas:**

*(delete where not applicable)*

- Quality
- Workforce

**For :** The Board of Directors

**From :** Craig de Sousa, Director of Human Resources

## Human Resources and Organisational Development Quarter 1 Report

### 1. Introduction

This quarterly report details a number of active pieces of work that has been led or supported by the trust's Human Resources (HR) Directorate during quarter 1 of 2016/17.

This paper sets out progress made against the strategic HR and organisational development business plan, set in April this year, which details a number of deliverables that will lead to the creation of an organisational development and people strategy.

Included within this report are a set of key workforce metrics which are monitored by a number of internal and external stakeholders.

### 2. Staff Survey Action Plan

The HR business partners have been working with their managers to continue to implement the corporate and localised action plans. Some of the actions are a little behind schedule but are progressing with close oversight by the director of HR and through a range of established groups, like the joint staff consultative committee (JSCC).

In quarter two the directorate will be starting to prepare for the 2016/17 survey. We will be working closely with managers to agree the best reporting mechanisms for the next survey process to allow the granular level of reporting and much more meaningful action planning.

### 3. Health and wellbeing

In June 2016 we held a trust wide health and wellbeing event to showcase what we offer to our staff and also to explore what more we can do as an employer. The event was well attended with 97 staff visiting the lecture theatre.

Throughout the day we offered the following:

- Launched our new physiotherapy service provided by the Royal Free's occupational health service;
- Provided staff with the change to have a 'health MOT';
- Promoted the work our physical health nurse is leading on;
- Provided information about healthy eating and healthy living; and
- Offered some staff a complementary massage.

Twenty two members of staff that attended the event completed an evaluation form. The feedback was positive and indicates we ought to plan a follow up event post-Christmas.

#### 4. Strategic HR business plan for 2016/17 – progress update

The table below sets out the activities described in the annual business plan and highlights the current status of each deliverable.

	On target / complete
	Progressing but behind target
	Significantly behind target
	Not started

Activity	5 Year Ambition Alignment	Responsible	Q1	Q2	Q3	Q4	
<b>Organisational development and workforce strategy</b>							
Commence the narrative activities for the strategy	Reinforce our reputation as one of the best places to work in the NHS	HR Director	X	X			
Draft strategy consultation process		HR Director			X		
Final strategy for board approval		HR Director				X	
<b>Health and Wellbeing</b>							
Finalise the health and wellbeing strategy	Enhance the capability of our organisation	HR Business Partner	X				
Re-procure the occupational health contract		HR Business Partner	X	X	X		
<b>Staff engagement</b>							
Managers to implement immediate actions to the staff survey and HR report on progress	Reinforce our reputation as one of the best places to work in the NHS	HR Business Partner	X				
Plan for launch of 2016 survey and agree granular reporting levels		HR Business Partner		X			
Launch the staff survey promoting actions taken to respond		HR Business Partner Head of Communications				X	
Report on findings from 2016 survey and re-engage with staff		HR Business Partner					X
<b>Employee relations</b>							
Review key HR policies – disciplinary, grievance, capability, sickness management and change management	Reinforce our reputation as one of the best places to work in the NHS	HR Director & HR Business Partner	X	X			
<b>Medical Staffing</b>							

Activity	5 Year Ambition Alignment	Responsible	Q1	Q2	Q3	Q4
Support the Trust's training programme directors to map existing rotas against the proposed revised rules	Enhance the capability of our organisation	Resourcing and Development Manager and HR Business Partner	X			
Appoint a rota guardian to oversee the safety monitoring process for the new contract		Resourcing and Development Manager Medical Director	X	X		
Work with training programme directors to explore the impacts of the new contract		Resourcing and Development Manager			X	X
<b>Recruitment and sourcing</b>						
Review the trust's recruitment and HR administration procedures with involvement from line managers and introduce KPI metrics	Reinforce our reputation as one of the best places to work in the NHS	Resourcing and Development Manager	X	X		
Explore opportunities for enhancing our e-recruitment solution	Enhance the capability of our organisation	Resourcing and Development Manager		X	X	
Review our branding and marketing information for prospective applicants	Improve our use of information and technology	Resourcing and Development Manager Head of Communications			X	X
<b>Learning and organisational development</b>						
Finalise organisation learning needs analysis and commission educational requirements	Reinforce our reputation as one of the best places to work in the NHS	Resourcing and Development Manager Organisational Development Consultant	X			
Scope and develop a trust wide management development programme harnessing the resources from the NHS Leadership Academy Programmes	Enhance the capability of our organisation Improve our use of information and technology	Organisational Development Consultant	X	X		

Activity	5 Year Ambition Alignment	Responsible	Q1	Q2	Q3	Q4
Launch cohorts 1 – 4		Resourcing and Development Manager			X	X
Transition all training records on to Oracle Learning Manager		Resourcing and Development Manager		X	X	
Develop a succession planning framework		HR Director			X	
Review and revised the Trust's appraisal process		Organisational Development Consultant		X		
<b>Reward and recognition</b>						
Explore the flexibilities that existing with Agenda for Change and whether we ought to explore local terms and conditions of service	Reinforce our reputation as one of the best places to work in the NHS	HR Director and Chair of Staff Side		X	X	
Assess the existing mechanisms for recognising and rewarding staff	Reinforce our reputation as one of the best places to work in the NHS	HR Business Partner			X	
Develop a recognition framework and process		HR Business Partner				X

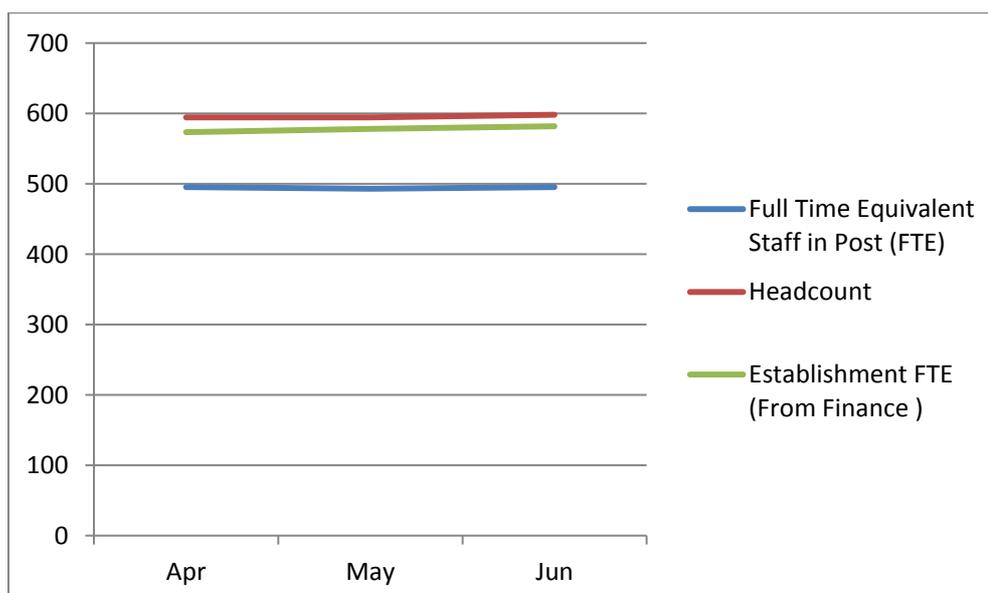
## 5. Key workforce indicators

Period: April 2016 - June 2016				
	Apr	May	Jun	Q1
Full Time Equivalent Staff in Post (FTE)	495.39	492.97	495.29	494.55
Headcount	594	594	598	595.33
Vacancy Rate	13.56%	14.69%	14.86%	14%
Turnover (Annual)	19.74%	19.69%	19.47%	20%
Stability Index	81.31%	81.42%	81.25%	81%
Sickness Absence Spot Month	2.18%	1.81%	1.48%*	1.82%
Sickness Absence 12 month rolling average	1.42%	1.49%	1.53%	1.48%
Appraisal Compliance (Annual)	98%	99%	99%	99%

<b>Establishment FTE (From Finance )</b>	<b>573.09</b>	<b>577.89</b>	<b>581.72</b>	
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\*sickness data is entered retrospectively by the payroll team. As a result this figure is likely to increase in the following month once data entry has been completed.

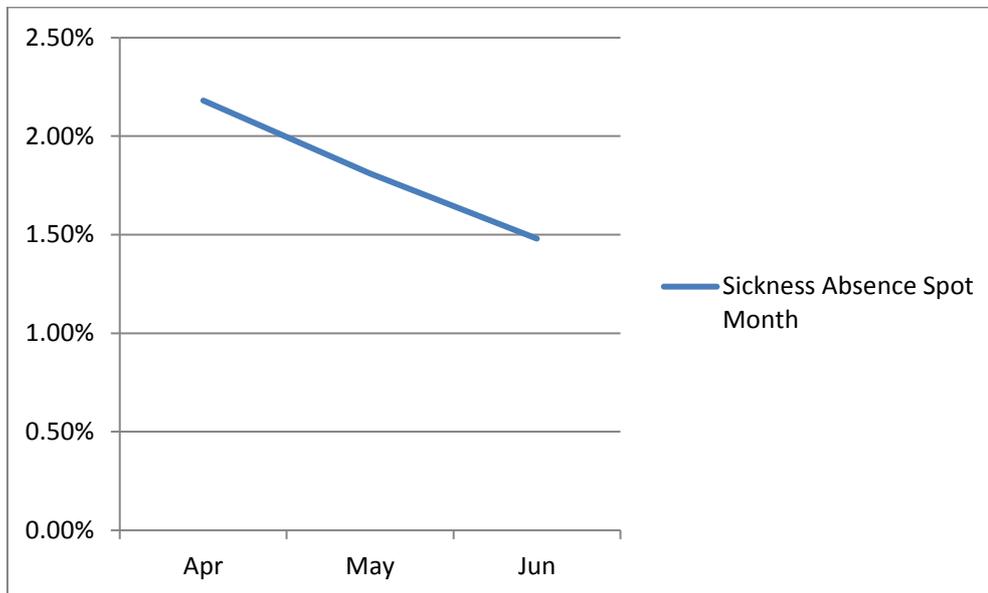
\*\* data definitions are included in Appendix A of this report.



The trust's vacancy rate is progressively rising throughout quarter one. This is a result of new positions being created within the gender identity development service (GIDS) which are in the final stages of being recruited to. There are other vacancies which the

HR business partners are working with managers to explore the best way to fill these posts or review them accordingly.

Whilst there are 86.47FTE vacancies, 7.43 are currently occupied by staff who are seconded in to the organisation and are not on the payroll and 43.67 are covered by bank and agency staff.



The HR business partners completed an action arising from the 2015/16 year-end report which was to explore why the sickness absence rate is increasing. The increase follows on from work they have been doing to support managers manage absence which is also resulting in better compliance with submitting the sickness returns to payroll.

The quarter one statistics indicate a decline in absence rates, however, this may change once retrospective data has been entered by the payroll team.

### 6. Mandatory and Statutory Training Compliance

Description		Quarter 1 2016/17
	<b>Mandatory Training Compliance – INSET Attendance</b>	94%

Description		Quarter 1 2016/17
	Basic Life Support	99%
	Conflict Resolution Training	100%

Ladder Safety	100%
Manual Handling	100%
Online Safer Recruitment Training	45%
Safeguarding Children – Level 2	92%
Safeguarding Children – Level 3	93%

Statutory and mandatory training compliance is positive with the exception of staff having completed online safer recruitment training. A review is currently being undertaken whether the e-learning programme is the best deliver method and whether an alternative can be designed and implemented to improve compliance.

## 7. Conclusions and recommendations

Members of the Trust Board are asked to note the contents of this report.

Craig de Sousa  
 Director of Human Resources  
 July 2016

## Appendix A – Workforce KPI Data Definitions

<b>Full Time Equivalent Staff in Post (FTE)</b>	The number of staff employed by the Trust relative to the hours that they work each week
<b>Headcount</b>	The number of people employed by the Trust
<b>Vacancy Rate</b>	The % of FTE staff employed compared to the funded establishment
<b>Turnover (Annual)</b>	The % of staff which have left the organisation in the last twelve months
<b>Stability Index</b>	A % indicator which demonstrates the retention rate of staff employed with more than twelve months service
<b>Sickness Absence Spot Month</b>	The number of FTE days lost as a result of sickness compared to those available for one given month
<b>Sickness Absence 12 month rolling average</b>	The number of FTE days lost as a result of sickness compared to those available over the last twelve months
<b>Appraisal Compliance (Annual)</b>	The % of staff with a completed appraisal and personal development plan



## Board of Director : 26 July 2016

**Item :** 17

**Title :** Workforce Race Equality Standard - 2016

**Summary :**

The NHS Equality and Diversity Council announced on July 31 2014 that it had agreed action to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

Trusts were required to submit a set of baseline data in 2015, set an action plan and then review progress a year later. This paper sets out our assessment against a number of assessment areas, details our current workforce statistics and provides a follow on action plan.

**For :** Discussion & Agreement

**From :** Craig de Sousa, Director of Human Resources & Louise Lyon, Director of Quality and Patient Experience

## Workforce Race Equality Standard July 2016

Name of Provider Organisation	Date of Report
Tavistock and Portman NHS Foundation Trust	July 2016
Name and title of Board lead for the Workforce Race Equality Standard	
Louise Lyon, Director of Quality and Patient Experience/Director of Adult and Forensic Services/Chair of the Equalities Committee	
Name and contact details of manager responsible for compiling this report	
Carol Yorrick , HR Business Partner	
Name of Commissioners to whom this report has been sent	
Name and contact details of coordination Commissioner to whom this report has been sent	
URL Link to this report	
Report signed off by (on behalf of the Board)	Date

Louise Lyon	
<b>Report on the WRES Indicators</b>	
<b>1. Background Narrative</b>	
a. Issues relating to completeness of data	
	The trust has been able to fulfill the majority of data requirement to meet the WRES. The one area where we can not, yet, provide data is around training and the number of staff applying for non-mandatory continuing professional development.
b. Issues relating to reliability of comparisons	
	None to report.
<b>2. Staff Numbers</b>	
a. Total number of staff employed within the organisation at the date of the report	
	612
b. Proportion of BME staff employed within the organisation at the date of the report	
	26% of our workforce are from a BME background

## Report on the WRES Indicators *continued*

### 3. Self-reporting

- a. The proportion of total staff who have self-reported their ethnicity

98.02% of our permanent workforce have self reported their ethnicity.

- b. Steps taken in the last reporting period to improve the level of self-reporting by ethnicity

The current level is very good and we feel that our systems for capturing ethnic details are robust.

- c. Steps planned during the current reporting period to improve the level of self-reporting by ethnicity

In Q4 of 2016/17 we are likely to start implementing ESR self service which will give staff the opportunity to quality check their own record and make amendments to their diversity data.

### 4. Workforce Data

- a. Period to which the organisation's workforce data refers

31 March 2016

## Report on the WRES Indicators continued

### 5. Workforce Race Equality Indicators

Indicator	Data for the reporting year 2014-15	Data for the previous year 2015-16	Narrative: The implications of the data and any additional background explanatory narrative	Action taken and planned, including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality objective
<b>For each of these four workforce indicators, the Standard compares the metrics for White and BME staff</b>				
1 Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff.	23% of our workforce are from a BME background  See appended data sheet for further details	26% of our workforce are from a BME background  See appended data sheet for further details	There is a small positive shift in our workforce statistics, however, it is acknowledged that there is more work to do to can our workforce grade mix.	The change is likely to be reflective from a range of training interventions, awareness raising and also the implementation of senior HR staff participating on selection processes for posts graded 8 and above.

## Report on the WRES Indicators continued

### 5. Workforce Race Equality Indicators

Indicator	Data for the reporting year 2014-15	Data for the previous year 2015-16	Narrative: The implications of the data and any additional background explanatory narrative	Action taken and planned, including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality objective
2 Relative likelihood of BME staff being appointed from shortlisting compared to that of White staff being appointed from shortlisting across all posts.	White: 70.1% BME: 27% <i>Data reported in previous WRES</i>	White staff are more likely to be appointed than BME staff.  See data sheet for further details	There remains a gap between the likelihood of BME staff being appointed compared to white staff.	Since March 2016, senior HR professionals have started participating on selection panels for posts graded Band 8 and above. Their role is to provide challenge bias that may emerge and support managers to make robust and well evidenced appointment decisions.
3 Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation* *Note: This indicator will be based on data from a two year rolling average of the current year and the previous year.	No data to report	Disciplinary action has occurred in this year, against white staff, not BME.  See data sheet for statistics	The Trust is small and sees very little employee relations activity. That said, where disciplinary action has taken place the data suggests that white staff are more likely to be involved in formal action.	The Trust's disciplinary policy has been amended in 2016 to incorporate actions which should be taken if an allegation is unfounded. The revised policy ensures that if a member of staff is wrongly accused then they receive an apology and agree the best way to share a broader message, if it is needed.

## Report on the WRES Indicators continued

### 5. Workforce Race Equality Indicators

Indicator	Data for the reporting year 2014-15	Data for the previous year 2015-16	Narrative: The implications of the data and any additional background explanatory narrative	Action taken and planned, including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality objective
4	Relative likelihood of BME staff accessing non-mandatory training and CPD as compared to White staff	No data to report	No data to report	The trust currently uses a manual system for recording training. As a result it is not possible to report on CPD uptake by protected characteristics.
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	16	Statistically the change is small, but a higher number of BME staff are still experiencing bullying and harassment when compared to white staff.
		BME	12	
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	19	Compared to previous years there has been some positive improvements and unlike the rest of London our BME staff are less likely to experience bullying and harassment.
		BME	17	
7	KF 21. Percentage believing that trust provides equal opportunities for career	White	88	This area has worsened and we have been taking a number of steps to change this position.
		BME	70	
				When the latest staff survey results were released we tasked managers to use directorate level results to explore themes and developed localised action plans. We will continue to build on this approach and ensure that diversity and inclusion themes are explored with support from senior HR staff.
				We have been taking a number of actions to address this issue including revising the bullying and harassment policy, promoting the range of methods to report concerns and also introducing a confidential helpline for staff to seek confidential advice from.
				We will continue to ask senior HR professionals to sit on interview panels to add the appropriate level of challenge.

## Report on the WRES Indicators continued

### 5. Workforce Race Equality Indicators

Indicator	Data for the reporting year 2014-15	Data for the previous year 2015-16	Narrative: The implications of the data and any additional background explanatory narrative	Action taken and planned, including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality objective
progression or promotion.				We will also be implementing coaching / mentoring for BME staff to support them in seeking promotional opportunities.
8	White 7 BME 12	White 6 BME 5	There has been some positive shift changes in this indicator.	In addition to the above we will also be commissioning unconscious bias training for managers. It is important we continue to build on this work and throughout the next year we will be implementing a range of initiatives and management development programmes to equip managers with the skills to lead their services and develop their staff.
9	Percentage difference between the organisations' Board voting membership and its overall workforce.	10 of our voting board members are from a white	10 of our voting board members are from a white	In 2015/16 we have sought to recruit to 2 executive positions and 1 non-executive director position. Throughout the search we have made clear our

## Report on the WRES Indicators continued

### 5. Workforce Race Equality Indicators

Indicator	Data for the reporting year 2014-15	Data for the previous year 2015-16	Narrative: The implications of the data and any additional background explanatory narrative	Action taken and planned, including e.g. does the indicator link to EDS2 evidence and/or a corporate Equality objective
	background and 1 is from a BME background	background and 1 is from a BME background		desire to encourage applicants from BME backgrounds. During selection processes the Director of HR sits on the panel and ensures that participants make considerations of any bias they may hold about BME candidates.

6. Are there any factors or data which should be taken into consideration in assessing progress? Please bear in mind any such information, action taken and planned may be subject to scrutiny by the Coordinating Commissioner or by regulators when inspecting against the 'Well Led' domain.

We have a well established approach to managing diversity and inclusion at the Tavistock and Portman and whilst we have a number of good foundations we are keen not to be complacent in our approach. In the last year we have listened very carefully to staff and started a number of pieces of work to improve access of opportunity and career development.

7. If the organisation has a more detailed plan agreed by its Board for addressing these and related issues, you are asked to attach it or provide a link. Such a plan would normally elaborate on the steps summarised in section 5 above, setting out the next steps with milestones for expected progress against metrics. It may also identify the links with other work streams agreed at Board level, such as EDS2.

The action plan is detailed below.

Workforce Race Equality Standard  
Action Plan – 2016/17

Theme	Action Required	Responsible	By When
Staff believing that the organisation provides equal opportunities for promotion / progression	Develop and implement a coaching / mentoring scheme to support BME staff gain confidence and skills to apply for internal opportunities.	HR Business Partner	October 2016
	Evaluate the impact of having senior HR professionals on selection panels.	HR Business Partner	October 2016
	Commission unconscious bias training for managers involved in recruitment and selection.	Director of Quality and Patient Experience	September – November 2016
	Ensure that unconscious bias training features in our new management and leadership development programme.	Director of Human Resources	January - March 2017
Access to non-mandatory continuing professional development	Undertake a review of the appraisal process including the effectiveness of the training needs analysis	Organisational Development Consultant	September 2016
	Implement the Orade Learning Manager system for all mandatory and non-mandatory training	HR & Staff Development Manager	October 2016 – March 2017

# Unify2 Upload Template

## Workforce Race Equality Standards annual collection

Organisation:

RNK

Tavistock and Portman NHS FT

Question	DATA ITEM	Measure	31st MARCH 2015 Prepopulated figures	Verified figures (leave blank if accepting pre-populated data)	31st MARCH 2016 Prepopulated figures	Verified figures (leave blank if accepting pre-populated data)	Notes
	<b>1a) Non Clinical workforce (White)</b>						
	1	Under Band 1	0	0	0	0	
	2	Band 1	0	1	0	1	
	3	Band 2	0	0	0	0	
	4	Band 3	7	10	5	9	
	5	Band 4	21	21	22	22	
	6	Band 5	42	43	45	45	
	7	Band 6	15	15	16	16	
	8	Band 7	10	13	14	16	
	9	Band 8A	13	14	12	14	
	10	Band 8B	3	4	4	6	
	11	Band 8C	5	7	5	7	
	12	Band 8D	2	4	2	5	
	13	Band 9	0	3	0	1	
	14	VSM	7	8	6	8	
	<b>1b) Non Clinical workforce (BME)</b>						
	15	Under Band 1	0	0	0	0	
	16	Band 1	0	5	0	5	
	17	Band 2	0	0	0	0	
	18	Band 3	3	3	1	1	
	19	Band 4	12	14	16	19	
	20	Band 5	20	20	23	24	
	21	Band 6	3	5	3	5	
	22	Band 7	6	7	5	7	
	23	Band 8A	7	7	8	8	
	24	Band 8B	1	1	2	2	
	25	Band 8C	1	1	0	0	
	26	Band 8D	0	0	0	0	
	27	Band 9	0	0	0	0	
	28	VSM	0	0	0	1	
	<b>1c) Clinical workforce (White)</b>						
	<i>of which Non Medical</i>						
	29	Under Band 1	0	0	0	0	
	30	Band 1	1	0	1	0	
	31	Band 2	0	0	0	0	
	32	Band 3	3	2	4	2	
	33	Band 4	3	3	5	5	
	34	Band 5	9	9	8	8	
	35	Band 6	52	54	49	50	
	36	Band 7	57	58	69	72	
	37	Band 8A	41	36	57	48	
	38	Band 8B	35	29	32	27	
	39	Band 8C	68	53	55	41	
	40	Band 8D	11	9	7	7	
	41	Band 9	3	6	2	3	
	42	VSM	9	0	10	1	
	<b>Of which Medical &amp; Dental</b>						
	44	Consultants	35	30	32	32	
	45	of which Senior medical staff		0			
	46	Non-consultant career grade	1	1	1	1	

Percentage of staff in each of the AIC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

47	Trainee grades	Headcount	13	13	8	8
48	Other	Headcount	0	0	0	0
<b>1d) Clinical workforce (BME)</b>						
<i>of which Non Medical</i>						
49	Under Band 1	Headcount	0	0	0	0
50	Band 1	Headcount	0	0	3	0
51	Band 2	Headcount	0	0	0	0
52	Band 3	Headcount	0	0	1	0
53	Band 4	Headcount	3	2	4	3
54	Band 5	Headcount	2	2	1	1
55	Band 6	Headcount	11	14	13	14
56	Band 7	Headcount	10	12	15	18
57	Band 8A	Headcount	15	14	16	15
58	Band 8B	Headcount	7	4	7	5
59	Band 8C	Headcount	9	9	12	11
60	Band 8D	Headcount	0	0	0	0
61	Band 9	Headcount	0	0	0	0
62	VSM	Headcount	1	0	1	0
<i>Of which Medical &amp; Dental</i>						
63	Consultants	Headcount	8	6	8	6
64	<i>of which Senior medical staff</i>	Headcount				
65	Non-consultant career grade	Headcount	0	0	0	0
66	Trainee grades	Headcount	7	7	9	11
67	Other	Headcount	0	0	0	0
<b>1e) Workforce ethnicity reporting</b>						
68	White	Headcount	489	446	492	455
69	BME	Headcount	132	133	150	157
70	Z NULL	Headcount	10	0	12	0
71	Z Not Stated/Not Given	Headcount	3	0	7	0
72	Number of shortlisted applicants (White):	Headcount		473		522
73	Number of shortlisted applicants(BME):	Headcount		422		345
74	Number appointed from shortlisting (White):	Headcount		88		63
75	Number appointed from shortlisting (BME):	Headcount		31		22
76	Relative likelihood of shortlisting/appointed (White):	Auto calculated		0.19		0.12
77	Relative likelihood of shortlisting/appointed (BME):	Auto calculated		0.07		0.06
78	Relative likelihood of White staff being appointed from shortlisting compared to BME staff:	Auto calculated		2.53		1.89
79	Number of staff in workforce (White):	Headcount		446		455
80	Number of staff in workforce (BME):	Headcount		133		157
81	Number of staff entering the formal disciplinary process (White):	Headcount		0		2
82	Number of staff entering the formal disciplinary process (BME):	Headcount		0		0
83	Likelihood of White staff entering the formal disciplinary process:	Auto calculated		0.00		0.00
84	Likelihood of BME staff entering the formal disciplinary process:	Auto calculated		0.00		0.00
85	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff:	Auto calculated		#DW/01		0.00
86	Number of staff in workforce (White):	Headcount		446		455
87	Number of staff in workforce (BME):	Headcount		133		157
88	Number of staff accessing non-mandatory training and CPD (White):	Headcount		0		0
89	Number of staff accessing non-mandatory training and CPD (BME):	Headcount		0		0
90	Likelihood of White staff accessing non-mandatory training and CPD:	Auto calculated		0.00		0.00
91	Likelihood of BME staff accessing non-mandatory training and CPD:	Auto calculated		0.00		0.00
92	Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff:	Auto calculated		#DW/01		#DW/01

5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	93	% of White staff experiencing harassment, bullying or abuse from patients, relatives on the public in last 12 months	Percentage	17.76%		19.02%		
		94	% of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Percentage	18.18%		18.42%		
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	95	% of White staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage	14.57%		16.50%		
		96	% of BME staff experiencing harassment, bullying or abuse from staff in last 12 months	Percentage	13.64%		10.53%		
7	KF 21. Percentage believing that trust provides equal opportunities for career progression or promotion	97	% White staff believing that trust provides equal opportunities for career progression or promotion	Percentage	88.71%		89.47%		
		98	% BME staff believing that trust provides equal opportunities for career progression or promotion	Percentage	69.23%		61.11%		
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? a) Manager/team leader or other colleagues b) Manager/team leader or other colleagues	99	% White staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage	6.45%		5.74%		
		100	% BME staff personally experienced discrimination at work from Manager/team leader or other colleague	Percentage	13.64%		5.00%		
9	Percentage difference between the organisations' Board voting membership and its overall workforce Note: Only voting members of the Board should be included when considering this indicator	101	Voting Board Members - White	Headcount		10	10		
		102	Voting Board Members - BME	Headcount		1	1		
		103	Voting Board Member - %BME	Auto calculated		9.1%		9.1%	
		104	Overall workforce - % BME	Auto calculated		23.0%		25.7%	
		105	Total Difference	Auto calculated		-13.9%	-16.6%		



## Board of Directors : July 2016

**Item :** 18

**Title :** Register of Interests

**Summary:**

The Directors' Register of Interests if presented for approval.

**This report focuses on the following areas:**

- Governance

**For :** Approval

**From :** Trust Secretary



## Register of Directors' Interests 2016/17

### 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.<sup>1</sup> 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.<sup>2</sup> If a Director has a doubt about the relevance or materiality of any interest this should be discussed with the Trust Chair.<sup>3</sup>

### 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 <sup>4</sup>
<b>Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those directorships of dormant companies)</b>	Dinesh Bhugra: <ul style="list-style-type: none"> <li>Porism Ltd, Secretary</li> </ul>
	Paul Burstow: <ul style="list-style-type: none"> <li>Indy Associates Ltd., Managing Director</li> </ul>
	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

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

<sup>2</sup> *Ibid*, Paragraph 9.4

<sup>3</sup> *Ibid*, Paragraph 9.3

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

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

Disclosure Requirement	Disclosure <sup>4</sup>
	<ul style="list-style-type: none"> <li>• The Silver Line, Trustee</li> <li>• Action on Smoking and Health (ASH), Trustee</li> </ul> <p>Jane Gizbert: none</p> <p>David Holt:</p> <ul style="list-style-type: none"> <li>• Hanover Housing Association, Non-Executive Board Member</li> <li>• Merton Regeneration Board (Circle Housing Association), Chair.</li> </ul> <p>Sally Hodges: none</p> <p>Paul Jenkins: none</p> <ul style="list-style-type: none"> <li>• Member and previous CEO of Rethink Mental Illness</li> </ul> <p>Lis Jones:</p> <ul style="list-style-type: none"> <li>• North London Hospice, Vice Chair</li> </ul> <p>Louise Lyon:</p> <ul style="list-style-type: none"> <li>• Chair, Tavistock Clinic Foundation</li> </ul> <p>Ian McPherson:</p> <ul style="list-style-type: none"> <li>• Centre for Mental Health, Trustee/Director</li> <li>• Mental Health Provider Forum, Trustee/Director</li> <li>• International Initiative in Mental Health Leadership, Trustee/Chair</li> <li>• Birmingham MIND, Trustee/Director</li> </ul> <p>Edna Murphy:</p> <ul style="list-style-type: none"> <li>• University College London (UCL), Senior Manager</li> </ul> <p>Brian Rock: none</p> <p>Rob Senior: none</p> <p>Julian Stern: none</p> <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"> <li>• Whittington Health NHS Trust, Chair of Audit Committee</li> </ul> <p>Sally Hodges: none</p> <p>Paul Jenkins:</p> <ul style="list-style-type: none"> <li>• Member and previous CEO of Rethink Mental Illness</li> </ul> <p>Lis Jones: none</p> <p>Louise Lyon: none</p> <p>Ian McPherson:</p> <ul style="list-style-type: none"> <li>• 121 Support (Community Interest Company), Director</li> </ul> <p>Edna Murphy:</p>
<p><b>Any connection with a voluntary or other organisation contracting for National Health Service services or commissioning National Health Service services</b></p>	

Disclosure Requirement	Disclosure <sup>4</sup>
	<ul style="list-style-type: none"> <li>University College London (UCL), Senior Manager</li> </ul>
	Brian Rock: none
	Rob Senior: none
	Simon Young: none
	Dinesh Bhugra: none
	Paul Burstow: none
	Jane Gizbert: none
	David Holt:
	<ul style="list-style-type: none"> <li>Ebsfleet Development Corporation, Deputy Chair</li> </ul>
	<ul style="list-style-type: none"> <li>Planning Inspectorate, NED</li> </ul>
	Sally Hodges: none
	Paul Jenkins: none
	Lis Jones: none
	Louise Lyon: none
	Ian McPherson: none
	Edna Murphy: none
	Brian Rock: none
	Rob Senior:
	<ul style="list-style-type: none"> <li>Married to Chair of City and Hackney CCG.</li> </ul>
	Julian Stern: none
	Simon Young: none
<p><b>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</b></p>	

## Board of Directors : July 2016

**Item :** 19

**Title :** North Central London (NCL) Sustainability and Transformation Plan (STP) – June Progress Update

**Summary:**

The NHS Five Year Forward View team set out a challenging vision for the NHS. Its aim is to bring local health and care partners together to set out clear plans to pursue the Forward View's 'triple aim' to improve:

- the health and wellbeing of the population
- the quality of care that is provided
- NHS finance and efficiency of services

The NHS England 2016/17 planning guidance outlines a new approach to help ensure that health and care service are planned by place rather than around individual organisations.

There are 44 Sustainability and Transformation Plans (STPs) being developed in local geographical areas or 'footprints' across the country that are being submitted to NHS England for approval. Our Trust is part of North Central London (NCL), one of the five London footprints.

This paper gives an update on the progress made within our area and the future plans and timescales.

**This report focuses on the following areas:**

- Quality
- Finance

**For :** Noting

**From :** Chief Executive



# North Central London Sustainability and Transformation plan

## Summary of progress to date June 2016



# Content

1	Background and objectives
2	STP governance framework
3	Case for change
4	Vision
5	STP programme structure
6	Workstreams
7	Current position
8	Stakeholder engagement
9	Next steps

## The background of Sustainability and Transformation Plans

1. The NHS Five Year Forward View team set out a challenging vision for the NHS. Its aim is to bring local health and care partners together to set out clear plans to pursue the Forward View's **'triple aim'** to improve:

- the health and wellbeing of the population
- the quality of care that is provided
- NHS finance and efficiency of services

The NHS England 2016/17 **planning guidance** outlines a new approach to help ensure that health and care service are planned by **place** rather than around individual organisations.

There are 44 **Sustainability and Transformation Plans (STPs)** being developed in local geographical areas or **'footprints'** across the country that are being submitted to NHS England for approval. North Central London (NCL) is one of the five London footprints.

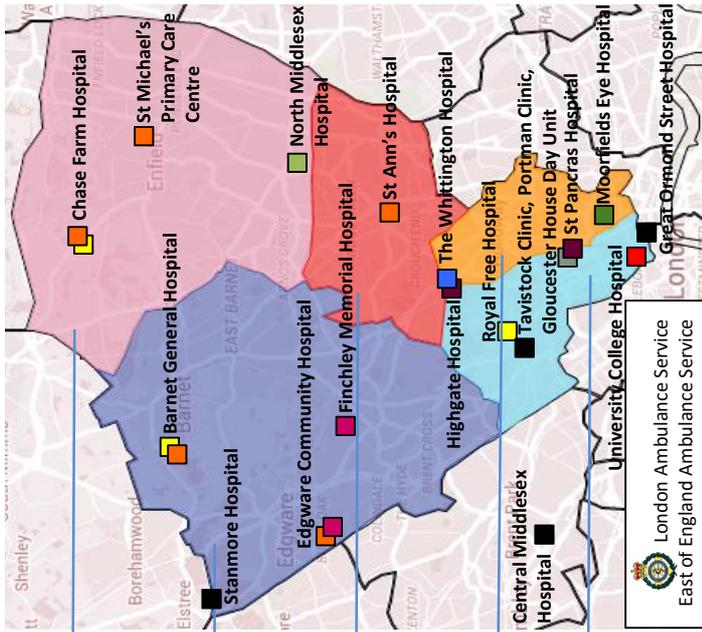
3. The most **compelling and credible** STPs will secure **funding from April 2017 onwards**. NHS England will consider:
- the **quality of plans**, particularly the **scale of ambition** and **track record of progress already made**. The best plans will have a **clear and powerful vision**. They will create **coherence across different elements**, for example a prevention plan; self-care and patient empowerment; workforce; digital; new care models; and finance. They will systematically **borrow good practice from other geographies**, and adopt **national frameworks**;
  - the **reach and quality of the local process**, including community, voluntary sector and local authority engagement;
  - the **strength and unity of local system leadership and partnerships**, with **clear governance structures** to deliver them; and
  - how **confident** are NHS England that a **clear sequence of implementation actions will follow as intended**, through defined governance and demonstrable capabilities.

# North Central London has a complex health and social care landscape



North Central London Sustainability and Transformation Plan

<p><b>Enfield CCG / Enfield Council</b></p> <p>~320k GP registered pop, ~324k resident pop 48 GP practices CCG Allocation: £362m (-£14.9m 15/16 OT) LA ASC, CSC, PH spend: £184m</p>
<p><b>Barnet CCG / Barnet Council</b></p> <p>~396k GP registered pop, ~375k resident pop 62 GP practices CCG Allocation: £444m (£2.0m 15/16 OT) LA ASC, CSC, PH spend: £158m</p>
<p><b>Haringey CCG / Haringey Council</b></p> <p>~296k GP registered pop, ~267k resident pop 45 GP practices CCG Allocation: £341m (-£2.8m 15/16 OT) LA ASC, CSC, PH spend: £163m</p>
<p><b>Islington CCG / Islington Council</b></p> <p>~233k GP registered pop, ~221k resident pop 34 GP practices CCG Allocation: £339m (£2.7m 15/16 OT) LA ASC, CSC, PH spend: £138m</p>
<p><b>Camden CCG / Camden Council</b></p> <p>~260k GP registered pop, ~235k resident pop 35 GP practices CCG Allocation: £372m (£7.2m 15/16 OT) LA ASC, CSC, PH spend: £191m</p>

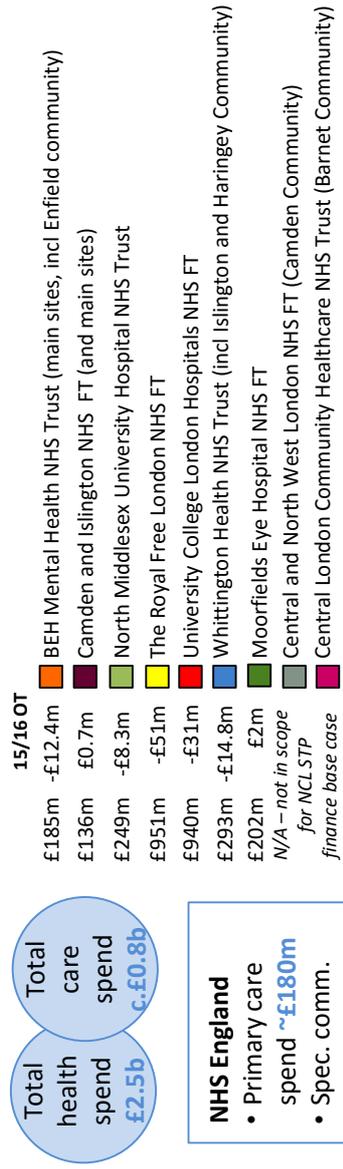


<p><b>Vanguards in scope</b></p> <ul style="list-style-type: none"> <li>Royal Free multi-provider hospital model</li> <li>Accountable clinical network for cancer (UCLH)</li> </ul>	<p><b>NCL CCGs activity stats</b></p> <p>A&amp;E 522,838 Elective 134,513 Non-elective 163,487 Critical Care 25,718 Maternity 45,528 Outpatients 1,803,202</p>
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## Total GP registered population 1.5m

**Our population**

- Our population is **diverse and growing**.
- Like many areas in London, we experience **significant churn** in terms of people using our health and care services as people come in and out of the city.
- There is a **wide spread of deprivation** across NCL – we have a younger, more deprived population in the east and south and an older, more affluent population in the west and north.
- There are high numbers of households in **temporary accommodation** across the patch and around a quarter of the population in NCL **do not have English as their main language**.
- Lots of people come to settle in NCL from abroad. The largest **migrant communities** arriving during 2014/15 settling in Barnet, Enfield and Haringey were from Romania, Bulgaria and Poland. In Camden and Islington in 2014/15 the largest migrant communities were from Italy, France and Spain.



**NHS England**

- Primary care spend ~£180m
- Spec. comm. spend ~£730m

Note: all OT figures are normalised positions

## We have agreed a number of objectives for the NCL STP

### Goals

The **goals** of our STP are:

- To improve the quality of care, wellbeing and outcomes for the NCL population
- To deliver a sustainable, transformed local health and care services
- To support a move towards place-based commissioning
- To gain access to a share of the national transformation funding which will ensure our hospitals get back to being viable, to support delivery of the Five Year Forward View, and to enable new investment in critical priorities

### Outputs

The STP needs to deliver several **key outputs**:

- A compelling clinical case for change that provides the foundation for the programme and is embedded across the work, and supports the identification of priorities to be addressed through the STP
- A single version of the truth financial 'do nothing' base case with quantified opportunity impacts based on the priorities identified
- A robust and credible plan for implementation and delivery over five years
- A governance framework that supports partnership working across the STP and collective decision making
- The resource in place to deliver transformation at scale and pace in the key areas identified

### Process

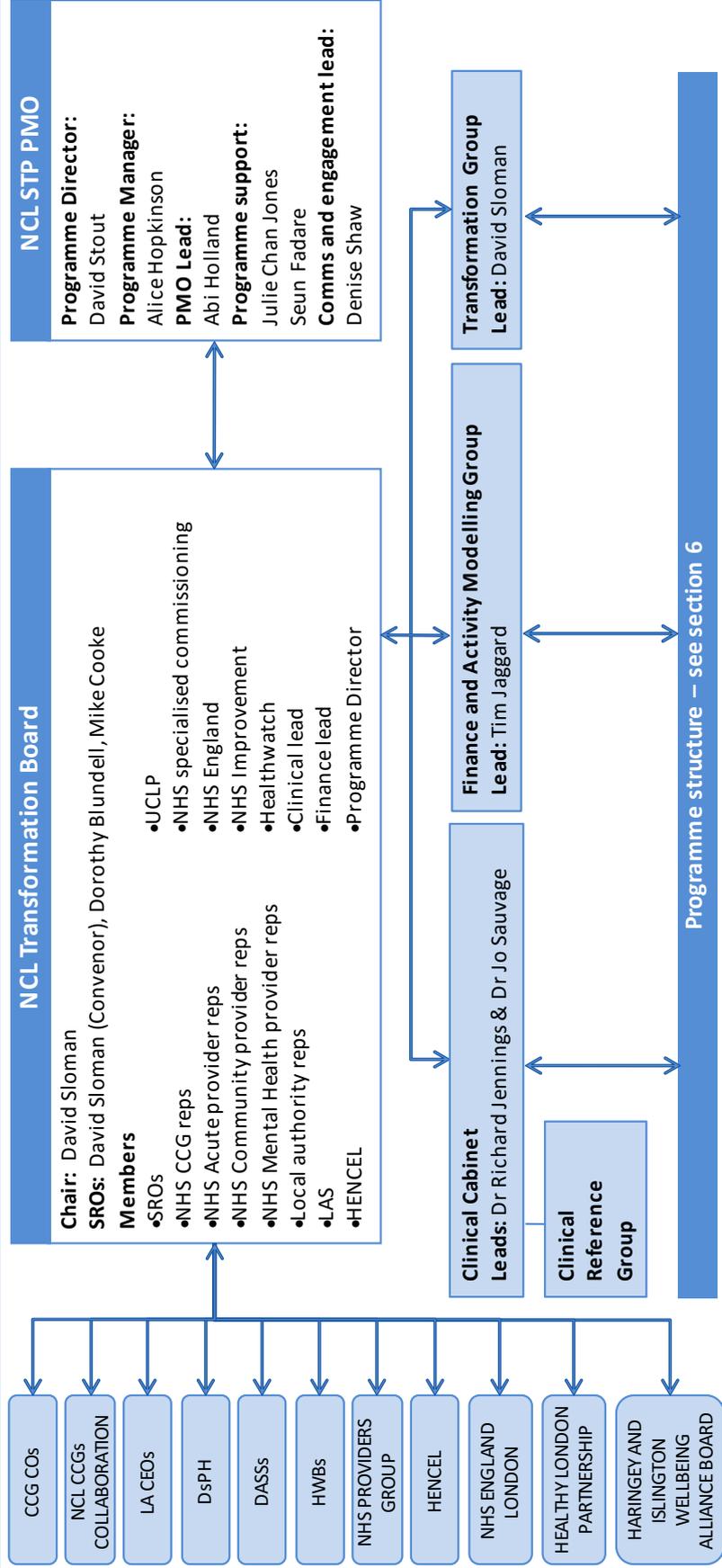
The **process** to developing our STP needs to:

- Be collaborative, and owned by all programme partners in NCL
- Be structured and rigorous
- Move at pace, ensuring quick wins are implemented and transformation is prioritised
- Involve all areas of CCG, local authority and NHS England commissioned activity, including specialised services, primary care and reflecting local HWB strategies

## We have developed a robust governance structure that enables collaborative input and steer from across the STP partners



The NCL STP **Transformation Board** meets monthly to oversee the development of the programme and includes representation from all programme partners. It has no formal decision making authority, but members are committed to steering decisions through their constituent boards and governing bodies. There are three subgroups supporting the Transformation Board. The **Clinical Cabinet** provides clinical and professional steer and input with CCG Chair, Medical Director, nursing, public health and adult social services and children’s services membership. The **Finance and Activity Modelling Group** is attended by Finance Directors from all partner organisations. The **Transformation Group** is a smaller steering group made up of a cross section of representatives from organisations and roles specifically facilitating discussion on programme direction for presentation at the Transformation Board. Every workstream has a senior level named SRO to steer the work and ensure system leadership filters down across the programme. The **Clinical Reference Group** will be mobilised over the summer of 2016 and will provide a forum for input, review and co-design with a broader pool of clinicians and practitioners.



\* Programme Governance Structure to be reviewed as programme moves into implementation

### 3 Case for Change

#### Clinical cabinet

- The NCL STP Clinical Cabinet is responsible for the Case for Change. Their role is to lead the further development of STP work
- The Clinical Cabinet will sign off the Case for Change with ultimate responsibility falling to the NCL STP clinical lead

#### Development and engagement process to date

- The Clinical Cabinet has met five times, since its inception, to develop a robust and accurate Case for Change for North Central London's health and social care
- On 13 June, the Clinical Cabinet agreed the draft Case for Change, pending some outstanding issues; this was then endorsed by the Transformation Board on 22 June
- Draft Case for Change was part of the submission sent to NHS England on 30 June; their feedback is expected in July
- From now until the end of September, the Clinical Cabinet will move the Case for Change from draft to a comprehensive, final document which will be published in late Summer.

#### Initial messages from the Case for Change

- Some high level messages from analysis relating to our population's health and wellbeing are:
  - People are living longer but in poor health
  - Our different ethnic groups have different health needs
  - There is widespread deprivation and health inequalities
  - High levels of homelessness and households in temporary housing
  - Lifestyle choices put people at risk of poor health and early death
  - There are poor indicators of health for children
  - High rates of mental illness among both adults and children
- When analysing our care and quality metrics, we identify the following:
  - There is not enough focus on prevention across the whole NCL system
  - Disease could be detected and managed much earlier
  - There are challenges in provision of primary care
  - There is a lack of integrated care and support for those with a LTC
  - Many people are in hospital beds who could be cared for at home
  - There are differences in the way planned care is delivered
  - There are challenges in mental health provision and in the provision of cancer care
  - Some buildings are not fit for purpose
  - Information technology needs to better support integrated care.
- Initial financial analysis show we face a significant financial challenge. If we continue on our current spending path, the deficit will rise substantially over the next five years

## In response to the case for change, we have collectively developed an overarching vision for NCL which will be delivered through the STP



*Our vision is for North Central London to be a place with the best possible health and wellbeing, where no-one gets left behind. It will be supported by a world class, integrated health and social care system designed around our residents.*

### This means we will:

- help people who are well, to stay healthy
- work with people to make healthier choices
- use all our combined influence and powers to prevent poor health and wellbeing
- help people to live as independently as possible in resilient communities
- deliver better health and social care outcomes, maximising the effectiveness of the health and social care system
- improve people's experiences of health and social care, ensuring it is delivered close to home wherever possible
- reduce the costs of the health and social care system, eliminating waste and duplication so that it is affordable for the years to come
- at the same time we will ensure services remain safe and of good quality
- enable North Londoners to do more to look after themselves
- have a strong digital focus, maximising the benefits of digital health developments.

### Our core principles are:

- residents and patients will be at the heart of what we do and how we transform NCL. They will participate in the design of the future arrangements.
- we will work together across organisational boundaries and take a whole system view
- we will be radical in our approach and not be constrained by the current system
- we will harness the world class assets available to us across the North Central London communities and organisations
- we will be guided by the expertise of clinicians and front line staff who are close to residents and patients
- we will build on the good practice that already exists in North Central London and work to implement it at scale, where appropriate
- we will respect the fact that the five boroughs in NCL have many similarities, there are significant differences which will require different responses in different localities.

## The vision will be delivered through a consistent model of care

### “I get the care I need when I need it”

#### Living a full and healthy life in the community

Individuals and communities in NCL are supported to effectively manage their wellbeing, close to home, with a focus on prevention and resilience

#### Coordinated community, primary and social care

Health and wellbeing needs are supported in the community or close to home. People receive continuity of care, have the opportunity to co-produce their care with professionals, and in some cases receive case management to support multi-disciplinary input and review of their care packages.

#### Specialist community based support

People with complex needs, such as long term conditions, receive ongoing support close to home. High quality specialist services are available when they need them.

#### Secondary care (hospital) support

When needs can't be met in the community, people have access to assessment for hospital care and treatment. 24/7 support is available to people with acute or emergency needs, including ambulatory care and diagnostics. This includes hospital admission if required.

#### Tertiary specialist services

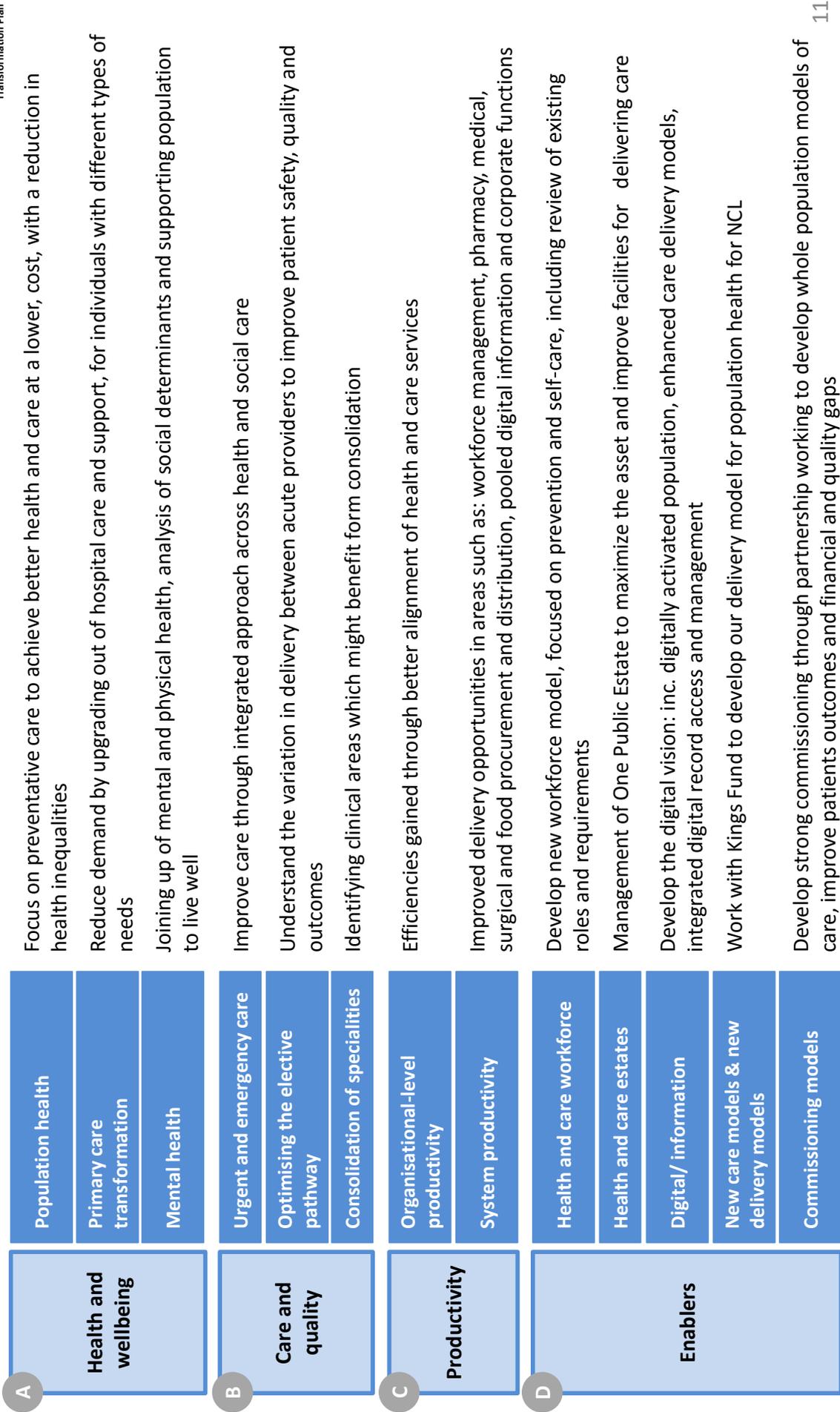
Highly specialised care is available to people who need it. There are close links to community services so that stay in hospital is only as long as it needs to be and following a stay in hospital people are supported in their recovery.

Individuals supported to return to living a full and healthy life in the community

## We are in the process of designing a cohesive programme that is large scale and transformational in order to meet the challenge

	A	B	C	D
	Health and wellbeing	Care and quality	Productivity	Enablers
High level impact	<ul style="list-style-type: none"> <li>Improves population health outcomes</li> <li>Reduces demand</li> </ul>	<ul style="list-style-type: none"> <li>Increases independence and improves quality</li> <li>Reduces length of stay</li> </ul>	<ul style="list-style-type: none"> <li>Reduces non value-adding cost</li> </ul>	<ul style="list-style-type: none"> <li>Facilitates the delivery of key workstreams</li> </ul>
Initiatives	<ol style="list-style-type: none"> <li>Population health including prevention (<i>David Stout, STP PD</i>)</li> <li>Primary care transformation (<i>Alison Blair, ICCG CO</i>)</li> <li>Mental health (<i>Paul Jenkins, TPFT CEO</i>)</li> </ol>	<ol style="list-style-type: none"> <li>Urgent and emergency care (<i>Alison Blair, ICCG CO</i>)</li> <li>Optimising the elective pathway (<i>Richard Jennings, Whittington MD</i>)</li> <li>Consolidation of specialities (<i>Richard Jennings, Whittington MD</i>)</li> </ol>	<ol style="list-style-type: none"> <li>Organisational-level productivity including:               <ol style="list-style-type: none"> <li>Commissioner</li> <li>Provider (<i>FDS</i>)</li> </ol> </li> <li>System productivity including:               <ol style="list-style-type: none"> <li>Consolidation of corporate services</li> <li>Reducing transactional costs and costs of duplicate interventions (<i>Tim Jaggard, UCLH FD</i>)</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>Health and care workforce (<i>Maria Kane, BEHMH CE</i>)</li> <li>Health and care estates (<i>Cathy Gritzner, BCCG CO and Dawn Wakeling, Barnet Council DASS</i>)</li> <li>Digital / information (<i>Neil Griffiths, UCLH DCEO</i>)</li> <li>New care models &amp; new delivery models (<i>David Stout, STP PD</i>)</li> <li>Commissioning models (<i>Dorothy Blundell, CCG CO</i>)</li> </ol>

## 6 What we aim to achieve from each of our workstreams



## 7 Current position

### Establishing effective partnership working

- NCL-wide collaborative working is a relatively new endeavour and we continue to **build relationships** across the programme partners to ensure that health and care commissioners and providers are aligned in our ambition to transform care
- We have established a governance framework that supports **effective partnership working** and will provide the **foundation** for the planning and implementation of our strategic programme going forward
- The SROs are working to bring CCGs, providers and local authorities together across the 5 boroughs together **recognising the history and context** that underlies working together in a new way

### Understanding the size of the challenge

- We have undertaken **analysis to identify the gaps** in health and wellbeing, and care and quality in NCL in order to prioritise the areas we need to address
- Our draft Case for Change provides a narrative in support of **working in a new way** and provides the platform for **strategic change** through identifying key areas of focus
- Finance directors from all organisations have been working to identify the **projected NCL health and care position** in 20/21 should we do nothing

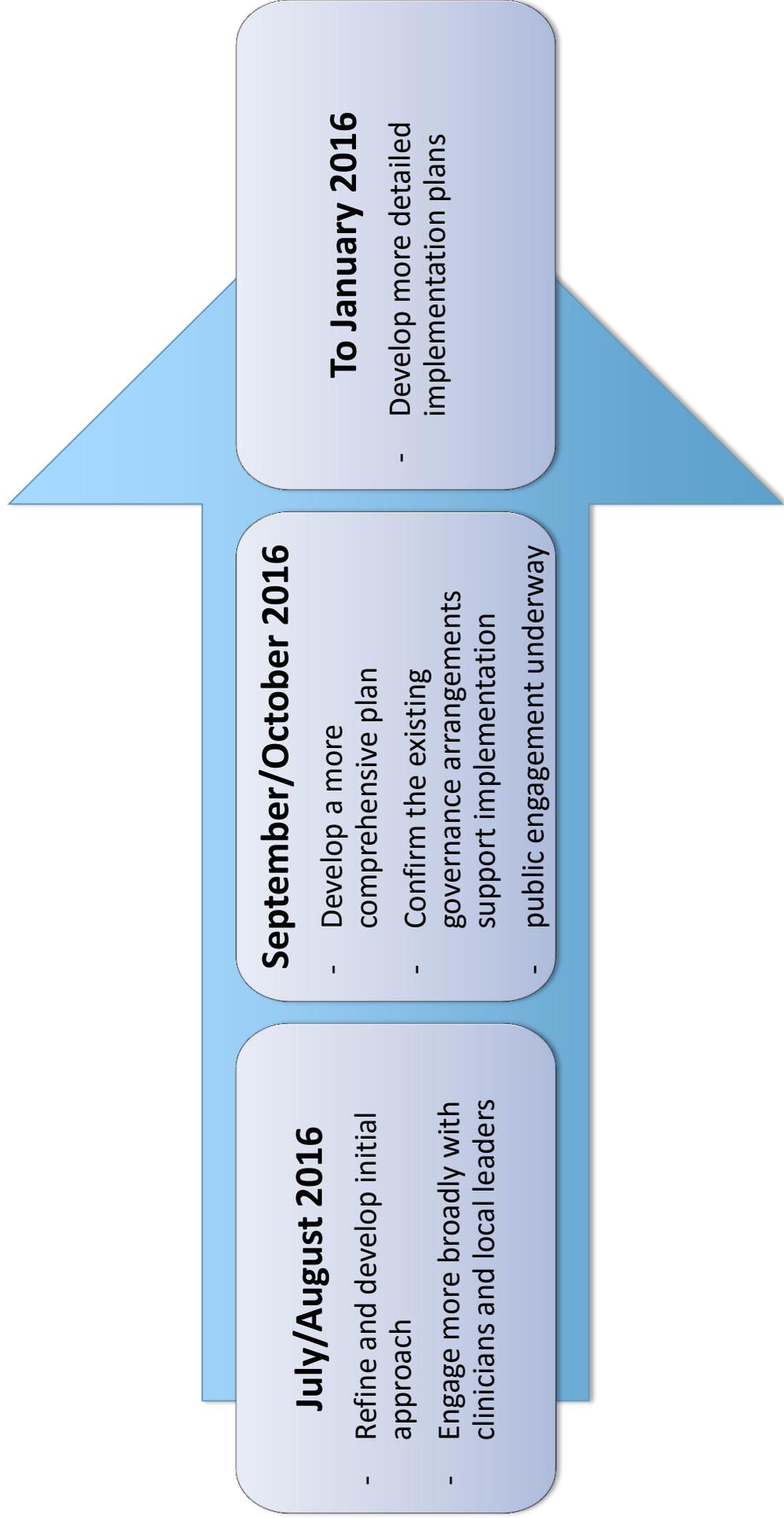
### Delivering impact in year one

- There is already **work in train** that will ensure delivery of impact before next April, in particular, CCG plans to build capacity and capability in primary care and deliver on the 17 specifications in the **London Strategic Commissioning Framework (SCF)**.
- However, **further work** must be done to broaden our **out of hospital strategy** and address issues with regard to the short-term sustainability and viability of general practice
- The **implementation of our Local Digital Roadmap** will support the delivery of the mental health, primary care and estates work, and our two Vanguard are continuing to progress with their plans.

## We will ensure all our stakeholders and wider programme partners are appropriately involved in the development of the programme

Engagement to date	Communications & engagement objectives	Delivering the objectives
<p>Workstreams have been engaging with relevant stakeholders to develop their plans.</p> <ul style="list-style-type: none"> <li>The general practice transformation workstream has worked collaboratively with the London CCGs (and local groups of GPs) to develop pan-London five year plan</li> <li>Mental health workstream was initiated at stakeholder workshop in January 2016 and a further workshop in May. Further service user and carer engagement is done via programme updates and specification for a citizens panel is being developed</li> <li>Significant engagement was undertaken through reprourement of 111 process in urgent and emergency care workstream</li> <li>The estates workstream has been developed through a working group, with representatives from all organisations in scope including Moorfields, the Office of the London CCGs, Community Health Partnerships, Healthy Urban Development Unit (HUDU) and GLA</li> <li>NCL Digital Roadmap Group meets to define, shape and contribute to the interoperability programme with representation from all key organisations</li> <li>Early engagement with Health &amp; Wellbeing Boards and the Joint Overview &amp; Scrutiny Committee</li> </ul>	<ul style="list-style-type: none"> <li>To support the engagement and involvement of STP partners across all organisations at all levels</li> <li>To ensure a strong degree of organisational consensus on the STP content and on the approach to further developing the strategic plan and implementation approach, in particular political involvement and support</li> <li>To support and co-ordinate STP partners in engaging with their stakeholders to raise awareness and understanding of: <ul style="list-style-type: none"> <li>the challenges and opportunities for health and care in NCL</li> <li>how the STP – specifically the emerging priorities and initiatives - seeks to address the challenges and opportunities so that we can develop the best possible health and care offer for our population</li> <li>what the NCL strategic plan will mean in practice and how they can influence its further development and implementation</li> </ul> </li> <li>To encourage and gather feedback from stakeholders – NHS, local government, local and national politicians, patients and the wider community – that can: <ul style="list-style-type: none"> <li>influence our emerging plans and next steps</li> <li>help build support for the STP approach</li> </ul> </li> <li>To ensure equalities duties are fulfilled, including undertaking equalities impact assessments</li> </ul>	<ul style="list-style-type: none"> <li>Forward planning underway to join up all partners and stakeholders in NCL footprint</li> <li>Dedicated communications lead now in place to undertake this</li> <li>Stakeholder mapping underway for external and internal bodies through integrated work approaches with CCG communications and engagement leads to include partners such as local authorities, NHS providers, GP practices and others to be determined</li> <li>In addition to partners and stakeholders already consulted, we will identify opportunities for more STP partners clinicians/staff to have input into specific work streams asap, particularly local political engagement which will be key for community leadership of change</li> <li>Plan to engage more formally with boards and partners after the July conversations</li> <li>Effective communications channels will be established for all stakeholders and partners for transparent contributions to ongoing plans and discussions, including staff, clinicians, patients, politicians etc.</li> <li>A core narrative is being created to cover our health and care challenges and opportunities, STP purpose, development, goals, strategic approach and priorities – in person-centred, accessible language</li> <li>Review requirements for consultation before March 2017</li> </ul>

## 9 Next steps for development of the STP



**BOARD OF DIRECTORS (PART 1)**

Meeting in public

Tuesday 26<sup>th</sup> June 2016, 14.00 – 17.00

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

**AGENDA**

<b>PRELIMINARIES</b>				
<b>1.</b>	<b>Chair's Opening Remarks</b> Dr Ian McPherson, Trust Vice Chair		Verbal	-
<b>2.</b>	<b>Apologies for absence and declarations of interest</b> Dr Ian McPherson, Trust Vice Chair	To note	Verbal	-
<b>3.</b>	<b>Minutes of the previous meeting</b> Dr Ian McPherson, Trust Vice Chair	To approve	Enc.	p.1
<b>3a.</b>	<b>Outstanding Actions</b> Dr Ian McPherson, Trust Vice Chair	To note	Verbal	-
<b>4.</b>	<b>Matters arising</b> Dr Ian McPherson, Trust Vice Chair	To note	Verbal	-
<b>REPORTS &amp; FINANCE</b>				
<b>5.</b>	<b>Student Story – Adult Complex Needs</b>	To discuss	Verbal	-
<b>6.</b>	<b>Service Line Report – Complex Needs, AFS</b> Dr Michael Mercer, Interim Service Lead	To discuss	Enc.	p.9
<b>7.</b>	<b>Trust Chair's and NEDs' Reports</b> Dr Ian McPherson, Vice Chair	To note	Verbal	-
<b>8.</b>	<b>Chief Executive's Report</b> Mr Paul Jenkins, Chief Executive	To note	Enc.	p.24
<b>9.</b>	<b>Q1 Strategic Objectives Progress Report</b> Mr David Holt, NED	To note	Enc.	p.27
<b>10.</b>	<b>IMT Q1 Report</b> Mr Toby Avery, Director of IMT	To note	Enc.	p.32
<b>11.</b>	<b>Finance and Performance Report</b> Mr Simon Young, Deputy Chief Executive & Director of Finance	To note	Enc.	p.38
<b>12.</b>	<b>Training and Education Report</b> Mr Brian Rock, Director of Education and Training/Dean	To note	Enc.	p.48
<b>13.</b>	<b>Q1 Dashboards</b> Ms Julia Smith, Commercial Director	To note	Enc.	p.54
<b>14.</b>	<b>Q1 Quality Report</b> Ms Marion Shipman, Associate Director of Quality and Governance.	To note	Enc.	p.63

<b>15.</b>	<b>Q1 Governance Report</b> Mr Simon Young, Deputy Chief Executive & Director of Finance	To approve	Enc.	p.100
<b>16.</b>	<b>Q1 HR Report</b> Mr Craig Desousa, HR Director	To note	Enc.	p.105
<b>17.</b>	<b>Equalities – WRES Report</b> Ms Louise Lyon, Director of Quality and Patient Experience	To note	Enc.	p.114
<b>18.</b>	<b>Register of Interests</b> Mr Gervase Campbell, Trust Secretary	To approve	Enc.	p.127
<b>19.</b>	<b>Sustainability and Transformation Plan Update</b> Mr Paul Jenkins, Chief Executive	To note	Enc.	p.132
<b>CLOSE</b>				
<b>20.</b>	<b>Notice of Future Meetings</b> <ul style="list-style-type: none"> <li>• Tuesday 13<sup>th</sup> Sept 2016: Directors' Conference, 12.00-5.00pm, Lecture Theatre</li> <li>• Thursday 22<sup>nd</sup> Sept 2016: Council Meeting, 2.00pm – 5.00pm, Lecture Theatre</li> <li>• Tuesday 27<sup>th</sup> Sept 2016: Board Meeting, 2.00pm – 5.00pm, Lecture Theatre</li> <li>• Tuesday 4<sup>th</sup> Oct 2016: Joint Boards Meeting, 12.30pm – 5.30pm</li> <li>• <b>Wednesday 5<sup>th</sup> Oct 2016: AGM, 4.00pm – 7.00pm, Tavistock Centre</b></li> </ul>	Verbal	-	