The Tavistock and Portman **NHS**

NHS Foundation Trust

Board of Directors Part One

Agenda and papers
of a meeting to be held in public

2.00pm–4.00pm
Tuesday 25th October 2016

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

BOARD OF DIRECTORS (PART 1)

Meeting in public
Tuesday 25th October 2016, 14.00 – 16.00
Lecture Theatre, Tavistock Centre, 120 Belsize Lane, London NW3 5BA

AGENDA

	PRELIMINARIES			
1.	**Chair's Opening Remarks** Prof Paul Burstow, Trust Chair		Verbal	-
2.	**Apologies for absence and declarations of interest** Prof Paul Burstow, Trust Chair	To note	Verbal	-
3.	**Minutes of the previous meeting** Prof Paul Burstow, Trust Chair	To approve	Enc.	p.1
3a.	**Outstanding Actions** Prof Paul Burstow, Trust Chair	To note	Verbal	-
4.	**Matters arising** Prof Paul Burstow, Trust Chair	To note	Verbal	-
	REPORTS & FINANCE			
5.	**Service User Story – M6 Student**	To note	Verbal	-
6.	**Service Line Report – Forensic Portfolio** Mr Stephen Blumenthal, Portfolio Lead Forensic	To discuss	Enc.	p.9
7.	**Service Line Report – Systemic Portfolio** Ms Yvonne Ayo, Portfolio Lead Systemic	To discuss	Enc.	p.20
8.	**Trust Chair's and NEDs' Reports** Prof Paul Burstow, Trust Chair	To discuss	Verbal	-
9.	**Chief Executive's Report** Mr Paul Jenkins, Chief Executive	To discuss	Enc.	p.29
10.	**Strategic Objectives – Review of progress against existing objectives** Mr Paul Jenkins, Chief Executive	To discuss	Enc.	p.32
11.	**Refreshed Strategic Objectives for 2016-2018** Mr Paul Jenkins, Chief Executive	To approve	Enc.	p.36
12.	**Quarter 2 Quality Report** Ms Marion Shipman, Associate Director Quality & Governance	To note	Enc.	p.41
13.	**Quarter 2 Performance Dashboards** Ms Julia Smith, Commercial Director	To discuss	Enc.	p.47
14.	**Finance and Performance Report** Mr Carl Doherty, Deputy Director of Finance	To discuss	Enc.	p.56

	REPORTS FOR NOTING ONLY			
15.	**Quarter 2 IMT Report** Mr David Wyndham-Lewis, Director of IMT	To note	Enc.	p.65
16.	**Training and Education Report** Mr Brian Rock, Director of Education and Training/Dean	To note	Enc.	p.79
CLOSE				
17.	**Notice of Future Meetings** • Tuesday 29th November 2016: Board Meeting, 2.00pm – 5.30pm, Lecture Theatre • Thursday 1st December 2016: Council of Governor's Meeting, 2.00pm – 5.00pm, Lecture Theatre • Tuesday 6th December 2016: Leadership Conference, 10.00am – 5.00pm, Lecture Theatre		Verbal	-

Board of Directors Meeting Minutes (Part One)
Tuesday 27th Sept 2016, 2.00 – 4.30pm

Present:			
Prof. Paul Burstow Trust Chair	Prof. Dinesh Bhugra 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
Attendees:			
Mr Gervase Campbell Trust Secretary (minutes)	Dr Julian Stern, Director of Adult and Forensic Services	Mr Terry Noys	
Apologies:			
Ms Jane Gizbert NED			

Actions

AP	Item	Action to be taken	Resp	By
1	3	Amendments to minutes	GC	Immd.

1. Chair's Opening Remarks
Prof Burstow opened the meeting, and welcomed Mr Terry Noys, who would be joining the board in November as Deputy CEO and Director of Finance.

2. Apologies for Absence and declarations of interest
Apologies as above.

3. Minutes of the Previous Meeting
AP1 The minutes were approved subject to minor amendments. One correction was that on page 7 it was noted that the forecast was that targets would continue to be met for the following 12 months, rather than to the end of the year.

4. Matters Arising
Action points from previous meetings:
AP1 – (minutes) – completed
AP2 – (quality report format) – the change had been implemented for the October reports. Completed.
AP3 – (turnover rates) – Mr Campbell had circulated the clarification. Completed.

5. Service User Story – Complex Needs, CYAF
Dr Sarah Helps, the Lifespan service manager, introduced Mr N, a patient of the service, and his mother, Ms O.

Mr N explained that they had first seen a CAMHS service in Watford, and after two years had been referred to the Tavistock. At the Trust they had begun regular sessions with Dr Helps, and it had been helpful having a place where he could go through problems and get advice and assistance. Ms O. added that it was a safe place to talk about things that were difficult to tackle alone, and to get the insight and experience of the clinicians.

Dr Hodges asked if there was anything they could improve, and Mr N discussed the difficulties traveling to the Trust, and how he would prefer being seen in Hertford, closer to home. Ms O. agreed, but added that they were grateful for the evening appointments which meant they didn't have to miss much school. Mr N added that since coming to the Tavistock he had received a lot of help at school, and now missed fewer classes – he had received good GCSE results, a lot better than had been predicted.

Mr N mentioned the ChitChat club at his school, and asked the Board whether they might arrange a group for patients of similar ages with similar diagnoses who could provide peer support. Dr Hodges commented that they had groups for adults and children, but nothing for young people at the moment, and it was an area they would explore.

Dr Stern asked what problems Mr N anticipated in adulthood, and if he felt differently about them now. Mr N said he anticipated problems with having close friends at university, and sharing a house with them. He thought he would be ready to stop coming regularly once he was more comfortable in society, but might still need occasional sessions to continue.

Mr Jenkins asked what we might do in society to help people understand autism, and make it easier for people to seek help. Mr N thought having people on the spectrum talk to the public about their life experience would help. Ms O added that they had found a strong support system on-line, but there didn't seem to be a bridge from that reservoir of knowledge to the public. Short YouTube videos might help with understanding, and would reach an audience that was missed by Radio 4 documentaries. Dr Senior suggested that this was something Mr N would be very good at, and they would look into whether it was something the Trust could develop.

Prof Burstow thanked Mr N and Ms O for speaking to the Board, for the good challenge they had provided over the formation of a peer group and wished Mr N well with his studies.

6.   Service Line Report – Complex Needs, CYAF

Dr Rachel James introduced her report, highlighting the work they had begun doing to meet the STP requirements and priorities, as well as the requirements of Children and Young People IAPT, which included involving patients in service design, and different outcome monitoring. She explained that a source of stress for staff was the current waiting times and how to meet efficiency targets and improve process flows. Providing support for patients exiting the services, so that their treatment didn't need to extend unhelpfully was an important goal, but it was challenging for staff to build the relationships with other providers and

ensure the support network was in place. Prof Burstow raised the point Mr N had made about continuing contact and how the service could manage that, and Dr James agreed that the support group was a good idea, and showed the value to involving users and listening to their ideas.

Mr Holt noted the pressure of the waiting time targets, and asked how the team were managing, and whether there was anything the Trust could do to support them. Dr James agreed that it was a source of stress for staff, who did not like the length of the wait to access the services. They were working on a form of triage at the start of treatment to better determine patient's needs, but also discussing with NCL commissioners pathways and waiting times. Mr Holt enquired about the 'First appointment to subsequent ratio', and Dr Hodges explained that CAMHS benchmarking from across the country showed that they did offer longer term treatments, but also that their satisfaction ratings were much higher, and there was a tension here in delivering a truly high quality service.

Dr McPherson noted that it was evident to the Trust that they delivered specialist services, but asked whether this was clear to commissioners. Dr James suggested that it wasn't explicit, and they had no evidence to demonstrate it, but they were working on a new tool across CAMHS that would measure complexity. Dr Senior added that the tool might not deliver all they hoped, and developing a story around delivery of outcomes should be pursued in parallel.

Prof Burstow noted the comment about lack of ability to think, given by the Lifespan team member on page 25, and asked how we were addressing the issue. Dr James explained that there were competing demands on clinicians' time, and they were looking at ways to use forums more effectively so that they got the balance right between case reviews and time for reflection, and one way might be to use smaller groups in addition to the full team meetings. Ms Murphy noted she had visited the Lifespan service recently, and seen that the work they did had ballooned, whilst the staffing numbers had not kept pace – was there any way to get more resources? Dr James explained they were using data to feedback to commissioners in an attempt to increase resources. Dr Hodges added that they were working on throughflow as well, as sometimes cases did get stuck, but whilst that might free up resources it would also have impacts elsewhere.

The Board discussed the ESQ result on 'Given enough information', which could be improved, and how they might supplement the current leaflets with other methods, such as the YouTube clips suggested earlier. They also discussed how the difference between Mr N's predicted and achieved grades illustrated the real difference to lifechances that interventions at the right time made, and how the Trust might collect data on these functional measures, and also on longer term outcomes, acknowledging that extending contact could create a risk of dependency.

The Board **noted** the report.

7.   Trust Chair and NEDs' Reports
Prof. Burstow noted that on his recent service visits CareNotes continued to be

raised, but seemed to be a less dominant concern for teams. There were no further reports.

8. Chief Executive's Report

Mr Jenkins opened his report by noting that this was Mr Young's last board meeting, and thanking him for being a good colleague and a great support to the Trust. He welcomed Mr Noys, who would be starting in November, and noted that when Ms Jones stepped down Ms Chris Caldwell would take her place as Nurse Director.

Mr Jenkins highlighted some points from his report:
- Student numbers were up 20% on the previous year, a significant achievement that reflects the benefits of the overhaul of recruitment processes, and the hard work of the team. He noted that the welcome week had been a success, and returning students had commented that it was a significant improvement.
- The Trust had been featured on the Today programme, in a piece looking at FDAC and the research showing their good outcomes. He noted that the Century Films documentary would be shown in November, and they had seen the first episode covering Gloucester House and been impressed with it.
- The CareNotes Optimisation update had been tabled, and showed the system was beginning to settle into place and they were starting to see staff making use of the increased functionality.

The Board **noted** the report.

9. Public Affairs Strategy

Ms Thomas explained the background to the strategy, and the parallel brief for an external reputation audit they were proposing to put to tender. The strategy called for joining up the work currently being done to increase its impact, and for a focus on three areas that were especially salient to the expertise and distinctive approach of the Trust.

Dr McPherson welcomed the strategy and commented on how much they had already developed in the past year. He noted a fundamental issue existed over how, and to what extent, the Trust should acknowledge its specific psychological tradition and suggested that it was essential to make more of our distinctive approach. Ms Murphy commented that there might be some very high quality services that were not as unique. Mr Holt suggested the audit might help understand how stakeholders perceived services, and Ms Thomas added that effectiveness and quality often seemed more communicable.

Mr Jenkins summarised that it was important internally and externally to name our heritage explicitly, that the value of our history and heritage was in how we applied it now, and there was an issue about how to communicate this, when the terms so important within the organisation often meant little outside it. Prof Burstow added that we needed to explain our ideas better, and where we use words rich in meaning we needed to add explanations so that they are understood everywhere. It was agreed that the directors would give some input

on the language for the strategy, and an updated version would return to the Board for approval.

The Board **noted** the report.

10. Quality Improvement Plan Update

Ms Lyon introduced the report, noting that following the CQC inspection they were looking for a way to engage staff in an approach to quality improvement that would work for the Trust. Significant progress had been made on both the tools needed to support improvement, such as Carenotes, and also in clarifying the objectives, but more was needed.

Ms Lyon noted that the CQC was able to make follow up visits to Trusts up to six months after their inspections, and there was the possibility of changing results within domains if they found significant improvement. With this in mind they were working colleagues to implement the remaining tasks on the action plan.

The Board discussed the additional pressure on staff that working to this deadline might create, but agreed that the potential benefit of a clearer message to patients on safety was important, and this was also an opportunity to demonstrate the Trust could address issues and make improvements. Ms Murphy noted that embedding change evenly across an organisation was hard, and asked how the Trust was addressing this, and Ms Lyon explained that having good data was essential, as was a good audit process. Dr McPherson asked how patients were being involved in the process, and Ms Lyon explained that they were looking to expand the existing reference groups to look at specific issues, but also to involve patients earlier in co-designing, for example as they were already doing with the new equalities forms.

The Board **noted** the report.

11. Finance and Performance Report

Mr Young reported that the Trust was currently ahead of plan but were forecast to end the year slightly below plan. There were a range of factors involved, however management were confident they could be addressed and they would be able to achieve the control target, and were able to report this to NHS Improvement with confidence.

Mr Young noted that whilst agency costs were generally low within the Trust, at present expenditure within central services had taken the Trust over the NHS Improvement cap. This was frustrating, and management were looking at addressing it quickly. He noted that this cap was one of the new metrics in the Single Oversight Framework, and explained the five new metrics and how they would be scored. Mr Jenkins commented that clear visibility on these metrics would be important going forward. Prof Burstow asked whether additional

controls had been implemented on agency spending, and Mr Young explained that the management team were aware of the requirement, and Finance and HR would be circulating a detailed analysis and forecast.

Mr Young noted that the planning timetable had been published: the control total for 2016/17 would be allocated this week, and the Trust's two year operational plan would need to be submitted in December, and contracts agreed, which was much earlier than in previous years.

Mr Young sought approval for the renewal of the financing facility and the board approved it.

The Board **noted** the report, and **approved** renewal of the financing facility.

12.   Training and Education Report

Mr Rock reported that they had done good work on reviewing the portfolio in line with the NTC, and were engaging staff over the changes to the contract. The educational consultancy was taking shape and programme proposals were being developed for delivery in 2018.

Student recruitment continued, with a thousand applications received this year. It was hoped that the usual attrition rate might be lower this year due to the work done establishing relationships, and the availability of student loans. Ms Murphy commented that in higher education student numbers were flat, so this increase was remarkable.

Work with the visiting lecturers was focussing on concrete changes that could be made within the year, as well as communication and engagement. But there was also scoping work being done on associate lecturers, and an update on this would come to the board in the next few months.

On the ICT project Mr Wyndham Lewis had been very active and they hoped to be able to move from red to amber by the next programme board. The data migration needs to be achieved by November, and whilst this was a challenge plans had been revised to achieve this.

Mr Holt noted that the income reduction due to student numbers was closely matched by a reduction in costs, which showed impressive flexibility, but asked if this had implications for the following year or for margins. Mr Rock explained that they had diverted staff to popular courses, and stopped some others, and the growth had been in favourable areas. He did not think that there would be an impact on their platform for growth, but they would be conducting a review of recruitment and considering whether provision could be made for the 10% or so of applications that had to be rejected each year. Mr Young added that more students require more staff due to the group work involved in our courses, and so slower growth was easier to adjust to. Mr Jenkins agreed that in the future they would need a sharper understanding of margins, and once they had that granularity they could work to direct growth in student numbers appropriately.

The Board **noted** the report.

13. CQSG Report – Q1

Dr Senior noted that the Clinical Quality workstream should show as amber rather than green. He noted that in the IG workstream there was concern over missing the level 2 toolkit and it had been discussed robustly, but whilst it was essential to correct this commissioners did not consider it a risk. He noted the CQC action plan notes appended to the report, and confirmed that the Portman waiting room had been completed, and the ramp construction was booked in.

The Board **noted** the report

14. Responsible Officer's Report on Revalidation

Dr Senior commented that the Trust had a limited number of consultants, and no agency locums, and the systems in place were robust and provided good support to doctors. An internal audit was planned for the autumn.

The Board **noted** the report.

15. Standing Financial Instructions

Mr. Young drew attention to the last of the changes described in the covering paper, noting that this would allow tenders to be managed electronically whilst still ensuring the fairness and transparency that paper systems provided.

Mr Holt noted that 2.1.3 stated that there should be a competitive process for internal auditors every five years, and asked if that had been followed. Mr Young explained that the audit committee had decided to reappoint without a competitive process this year. The Board agreed that the wording should be changed to state there should be a competitive process for appointment "at least every five years unless the Audit Committee determines that this is not necessary, and this is referred to the Board".

Mr Holt queried whether there should be reference to additional lines of control or reporting on the use of external advisers and consultants. Mr Young agreed that this should be added, as should a similar point on agency use.

The Board **approved** the SFI with the changes agreed.

16. Constitutional Changes – Board Composition

Prof Burstow explained that the change was to regularise the arrangements in place, and had been approved by the Governors. If approved by the Board it would be taken to the AGM for member's approval.

The Board **approved** the change.

Minutes

17.   Any Other Business
The Board noted its future meetings.

Part one of the meeting closed at 16.30

Board of Directors : October 2016

Item : 6

Title : Service Line Report: DET Forensic Portfolio Report

Purpose:

The purpose of this document is to provide the Board of Directors with a report on the Forensic Portfolio within the Directorate of Education and Training (DET).

This report has been reviewed by the Management Team on 18th October 2016.

For : Discussion

From : Stephen Blumenthal, Portfolio Manager, Forensic Portfolio

SLR - Forensic Portfolio

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Service Line Report: DET Forensic Portfolio

1. Introduction

Following the structural change with the introduction of a new and separate service line for Education and Training, six Portfolio Manager roles were created with the purpose of affording our training endeavour a greater degree of operational and strategic management. Six new portfolios of courses were established, each managed by a Portfolio Manager and falling within the remit of one of the Associate Deans. The Forensic Portfolio represents one of these portfolios.

The Forensic Portfolio is smallest of the six portfolios and delivers two training courses, one of which is validated by the BPC. It delivers two CPD courses and a number of conferences and bespoke trainings. It consists of one Portfolio Manager and three Course Leads. Only the Portfolio Manager has dedicated DET training sessions.

2. Areas of Risk and Concern

The Forensic Portfolio has significant potential and of all the portfolios, the current position represents one of 'work-in-progress'. The area of forensic work is a HEE priority and many of the HEE training priorities can be addressed within the Portfolio. Amongst other areas, there is significant expertise readily available within the Trust to address forensic perinatal mental health, complex and challenging children and adolescents, personality disorder and the impact on professionals who manage highly disturbed service users. There are important areas of possible growth within the Portfolio and it will require additional resources in order to achieve this.

The main contributor to the Forensic Portfolio is the Portman Clinic and current and future potential trainings, CPD courses, events and conferences are based upon the extensive and highly specialised knowledge and experience of clinicians who work there. Much of the Clinic's teaching, training

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and consultation provision is offered directly to commissioners within the Health Service and the Criminal Justice System and not through DET. A recent survey of training and consultation activities undertaken of Portman clinicians revealed that training activities delivered through DET accounted for approximately one third of training/consultation activities overall, the other two thirds being activities which are delivered outside of DET structures, directly to the commissioners of these services. Incidentally, there is a good deal of directly delivered training activities which are delivered outside London. There is a need to encourage the Clinic to deliver more training within the Forensic Portfolio and consequently through the Trust's education and training structures.

There are specific challenges to the development of the Forensic Portfolio. Currently, only the Portfolio Manager has dedicated DET sessions (0.2 WTE). Staff costs at the Portman Clinic are supported predominantly by a clinical contract and the current training offer is subsidised by the clinical contract, in that staff who contribute to the current training do so from posts which are funded for clinical work. Income from the courses run by Portman staff contributes to the DET rather than the Portman service line. This is hampering the development of the Portfolio. There is an implicit incentive to deploy the few staff resources available for training in activities that support the Portman Clinic budget directly. There is a further incentive to privilege non-DET training activities, which are negotiated directly between the Portman and the commissioners of training and consultancy activities, because there are fewer overheads and these services can therefore be offered at more competitive rates than through DET.

A further area of concern relates to the marketing of our existing courses. There are areas of professional interest within forensic mental health services and in the Criminal Justice System from which we believe we could recruit more students.

3.   Proposed Action Plan

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Action to develop the Forensic Portfolio is taking place on a number of fronts. The main concern relates to resources. We are working on an agreement between the Portman Clinic and DET whereby there are dedicated DET staff resources for training. With additional staff time specifically allocated to training within the DET service line, more courses could be offered and the Portfolio could be expanded. One of the particular challenges of the Forensic Portfolio is that it is difficult to find staff outside of the Portman Clinic who have the commensurate experience and knowledge to contribute, although some efforts are being made in this direction. We are unable to use Visiting Lecturers in the same way as they are used in the other portfolios because the pool of potential contributors to training is small.

Further work needs to be undertaken in marketing our courses. We have a particular niche of interested professionals who can benefit from the understanding we have developed over many years in the assessment and treatment of individuals who are challenging and disturbing to professionals due to their risk and their presenting problems, including violence, criminality and sexual deviations. In settings in which such people are treated and managed, including both community based settings and secure and inpatient settings, unconscious process can lead to serious management problems and understanding such processes leads to less staff burnout and improved risk management. We wish to reach a larger audience of practitioners in the Health Service, Social Services and the Criminal Justice System.

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Main Report

4.   Overview of the Portfolio

4.1. Core identity and purpose

The Forensic Portfolio is aimed at Health, Social Services and Criminal Justice professionals who work with service users who suffer from severe and enduring mental health problems which result in serious personality disorders and chronic behavioural problems associated with high risk of violent and/or criminal behaviour, or sexual impulses which compel them to act in ways which may cause distress or harm to self or others. The core service to deliver teaching, training and consultation is the Portman Clinic, a centre of excellence with an international reputation for assessing, treating and understanding particular forms of mental disorder and psychopathology which results in risky and dangerous acting out behaviours. The Clinic has acquired a body of knowledge in this area over the 85 years of its existence.

4.2. Courses

Please see the Appendix I for a breakdown of courses, CPD events and conferences run within the Portfolio over the last three years.

The following courses offered from within the Forensic Portfolio through DET include:

1. Introducing psychoanalytic ideas on violence, delinquency and sexual deviation (P1)
2. Risk: a relational perspective (P20)
3. Understanding forensic psychotherapy and risk (P6 – currently dormant)
4. Advanced course in understanding forensic psychotherapy and risk (P7)
5. Training in forensic psychodynamic psychotherapy (D59F)

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The only accredited course is D59F, which allows graduates registration with the British Psychoanalytic Council (BPC) as a psychodynamic psychotherapist.

The courses are all staffed by clinicians at the Portman Clinic.

The Portfolio Manager for the Forensic Portfolio has two sessions per week in this role.

Courses are delivered primarily across London and the South East at the Tavistock Centre and the Portman Clinic. P20 is also being delivered simultaneously by video link to Leeds, at the Northern School of Child & Adolescent Psychotherapy (NSCAP).

The Forensic Portfolio is in a period of significant transition. During this period, we have managed to resurrect Risk - A Relational Perspective (P20), a course that has not been running for a number of years. Stephen Blumenthal leads this course. This has recruited reasonably well this year (10 in London and 4 in Leeds). We are currently experimenting with running the course by video link and this has had good results. We hope to continue to do this in the future. The course is well aligned with HEE priorities and we believe that with improved marketing, this course could have further reach. It is only 8 weeks long (a half day per week), the cost is reasonably low and it is therefore accessible to a wide range of prospective students. It provides a unique framework for understanding risk. It is aimed at practitioners who work directly with complex and challenging service users in Health, Housing, Social Services and the Criminal Justice System.

The training in Forensic Psychodynamic Psychotherapy (D59F) represents a new development. The course started two years ago, and we have just begun with our third cohort of students. The course takes a minimum of two years to complete and the first cohort are currently nearing graduation. We had to overcome significant hurdles in establishing this training and recruitment has had mixed results. We have found it difficult to identify students with the right

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level of qualification for the course (D58 or equivalent) who wish to work with a forensic client group. The course has been made possible by including students doing P7, which draws on the same theory and clinical seminars, but students do not take on patients. Consequently, this increases income from the course, whilst not using more resources. We are currently in the process of finding a way of identifying and accommodating practitioners who specifically wish to follow this particular trajectory of professional development through the establishment of a specific pathway to D59F. Staff across the Portman Clinic have worked hard to sustain and develop a high quality training, led by Andrew Williams.

The CPD course, Introducing Psychoanalytic Ideas on Violence, Delinquency and Sexual Deviations (P1) has consistently recruited well and continues to attract interest. P6, which follows the same format as P20 and represents a natural extension of the course for two more terms, has not recruited for the past two years. Consequently, it is not currently advertised.

4.3. Overall vision and strategy

With the help of additional resources, we plan to develop the portfolio in the coming years. We wish to:

- Embed and establish D59F and establish a clear pathway for forensic practitioners to train with us.

- Increase the number of courses (see section below on thinking ahead).

- Broaden our portfolio training interventions to reach a wider audience to practitioners working in housing, police, prisons, probation and health.

- Increase the national reach of our training, such as with NSCAP in Leeds. This will involve both further use of technology to deliver

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courses remotely, and also travelling to Leeds and other parts of the country to deliver courses locally.

4.4. Progress to date and current position

In this academic year there are 35 students enrolled on our courses within the DET service line. This includes 14 students on P20, 3 students on D59F and 2 students on P7. P1 has 16 students this year, which is substantially less than previous years (see Appendix I).

Over recent years, we have run a number of successful conferences and events, attracting a good number of participants. These have included Women, Trauma and Violence; Groups and Gangs; 40 Elephants; Aspects of Female Sexuality and the forthcoming conference on Dangerous Minds. We have also undertaken bespoke trainings within the portfolio.

There is also substantial training activity undertaken by the Portman Clinic outside the Portfolio, including teaching, training and consultation to the Probation Service and various NHS medium secure facilities. There are established links with NSCAP in Leeds with regular CPD events. A number of modules have been run in collaboration with the Institute of Mental Health, including on Risk and Relational Processes.

We have consistently good levels of satisfaction expressed by students on our courses:

- Last year, for P1, 86% rated the course either 4 or 5 on a scale of 1-5 and the rest rated it at 3 (14%), and the previous year obtained similar results.

- In previous years we ran P20, the course consistently obtained an average of 4.8 on a scale of 1-5, 5 corresponding with 'excellent'.

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- Qualitative feedback for D59F and P7 has been good, although we have not collected quantitative data at this stage.

5. Thinking Ahead

The following are possible courses which could be developed with the assistance of additional resources:

- A Relational Approach to Risk for Social Workers and Allied Professionals in Children and Family Social Services.

- Feeder course for forensic practitioners as a foundation for D59F.

- Responding to Issues of Risk and Complexity: a course specifically aimed at CJS professionals which could form a module for a BA.

- Leadership, Authority and Risk in Challenging Settings: a course designed for senior managers in CJS and secure forensic settings.

- Courses addressing HEE priority areas: forensic perinatal mental health, complex and challenging children and adolescents, personality disorder and the impact on professionals who manage highly disturbed service users.

6   Financial Situation

The accompanying spreadsheet lists the courses within the Portfolio and show student numbers and income over the previous three years and the projected income for AY 15/16.

Stephen Blumenthal
Forensic Portfolio
October 2016

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SLR - Forensic Portfolio

APPENDIX I: OUTLINE OF COURSES AND INCOME AND EXPENDITURE FOR THE FORENSIC PORTFOLIO

Month	Title	Course Code	Portfolio	NCT priority	Start Date	End Date	Paid Income	Other income stream	TOTAL COURSE INCOME	LCPPD	Target income	TOTAL NO. STUDENTS	TARGET NO. STUDENTS	TOTAL COST	BALANCE	%	Profit per student
May-13	Women, Trauma and Violence Forensic Psychotherapy: Groups and	Conference	Forensic	Forensic	02-05-13	03-05-13			£8,260			54		7361	899	11	17
Mar-14	Gangs	Conference	Forensic	Forensic	14-Mar-14	14-03-14			£6,630			72		3778.75	2851.25	43	40
Oct-15	40 Elephants	Conference	Forensic	Forensic	16-Oct-15	16-Oct-15			6843			100		6073.5	769.5	11	8
Nov-15	Aspects of Female Sexuality	Conference	Forensic	Forensic	27-11-15	27-11-15			3150			90		1340.25	1809.75	57	20
Oct-16	Dangerous Minds	Conference	Forensic	Forensic	28-10-16	28-10-16	5040		5040		5600	38	40	4360	680	13	18
Oct-13	Introducing Psychoanalytic Ideas on sexual Perversions, Deliquency and Violence (P1)	CPD70	Forensic	Forensic	15-10-13	01-07-14			8362			24	8	3858.53	4503.47	54	188
Oct-14	Introducing Psychoanalytic Ideas on sexual Perversions, Deliquency and Violence (P1)	CPD70	Forensic	Forensic	14-10-14	07-07-15			8690		5530	22	14	5071	3619	42	165
Oct-15	Introducing Psychoanalytic Ideas on sexual Perversions, Deliquency and Violence (P1)	CPD70	Forensic	Forensic	06-10-15	05-07-16			10836		5,880	26	14	4565	6271	58	241
Oct-16	Introducing Psychoanalytic Ideas on sexual Perversions, Deliquency and Violence (P1)	CPD70	Forensic	Forensic	11-10-2016	04-07-2016	6720		6720		5880	16	14	4565	2155	32	135
Sep-16	Risk: A relational perspective	P20	Forensic	Forensic	28-09-16	23-11-16	6750		8100	1350	6750	12	10	5512	2588	32	216
Jul-14	Working with Difficult Patients (Bespoke BEH)	CPD38	Forensic	Forensic	16-07-14				2358			18		2096.1	261.9	11	15
Jun-15	Working with Difficult Patients (bespoke BEH)	CPD38	Forensic	Forensic	30-06-15				1250			12		1270.38	-20.38	-2	-2

Month	Title	Course Code	Portfolio	NCT priority	Start Date	End Date	Paid Income	Other income stream	TOTAL COURSE INCOME	LCPPD	Target income	TOTAL NO. STUDENTS	TARGET NO. STUDENTS	TOTAL COST	BALANCE	%	Profit per student
Sep-16	Risk: A relational perspective	P20	Forensic	Forensic	28-09-16	23-11-16	6750		8100	1350	6750	12	10	5512	2588	32	216
Oct-16	Dangerous Minds	Conference	Forensic	Forensic	28-10-16	28-10-16	5040		5040		5600	38	40	4360	680	13	18
Oct-16	Introducing Psychoanalytic Ideas on sexual Perversions, Deliquency and Violence (P1)	CPD70	Forensic	Forensic	11-10-2016	04-07-2016	6720		6720		5880	16	14	4565	2155	32	135

The Tavistock and Portman **NHS**

NHS Foundation Trust

Board of Directors : October 2016

Item : 7

Title : SLR Report – DET Systemic Training Portfolio

Purpose:

The purpose of this report is to provide the Board of Directors with an update on progress on systemic training within the Directorate of Education and Training (DET); its activity and identified contribution towards DET's 5 year ambitions and 2 year strategic objectives.

This report has been reviewed by the following Committees:
• Management Team, October 2016

This report focuses on the following areas:
• Quality
• Patient / User Experience
• Patient / User Safety
• Risk
• Finance

For : Discussion

From : Yvonne Ayo, Portfolio Manager of Systemic Training

Page 1

Service Line Report – Systemic Training Portfolio

Executive Summary

1.   Introduction

1.1   Following the structural change within the introduction of a new and separate service line for Education and Training, six Portfolio Manager roles were created with the purpose of affording our training endeavour a greater degree of operational and strategic management. The establishment of the six Portfolio managers recruited to oversee Trust courses is complete with six new portfolios of courses, each managed by a Portfolio Manager and falling within the remit of one of the Associate Deans.

1.2   In keeping with the structural changes, Education and Training will now be submitting Service Line Reports to the Trust directors. Previously the Associate Deans presented a report providing an overview of all six portfolios. This report focuses upon one portfolio.

2.   Areas of Risk and/or Concern

2.1   There are two main areas of risk. The first is the popularity of bespoke systemic training for social workers provided within agencies. Introductory trainings are provided by the Trust on request or by other agencies. These trainings are equivalent to the introductory Certificate trainings we provide and compete with our recruitment drive for our introductory/intermediate trainings. However paradoxically these courses also present potential opportunities for our growth as those who undertake bespoke trainings are encouraged onto the intermediate trainings through the APEL system. However the move to Essex has imposed tighter APEL conditions which make the ease of the transition into Year 2 more difficult without extra work for students and we have lost some students to other organisations. We plan to review this and are in early discussions with the University of Essex about a re-validation of the course.

2.2   The IAPT trainings delivered within a year are also equivalent to our intermediate trainings and the drive from services to deliver evidence based trainings compete with our established courses. There is strong competition from other London based training providers: Kings College, Institute of Family Therapy, Prudence Skinner Clinic at St George's and the Anna Freud Centre for intermediate trainings. Kings College and the Institute of Family Therapy also offer qualifying trainings.

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

2.3 Finally many of our students are social workers and local authorities budgets have been reduced which has affected staff training and development resulting in employees having to self-fund which can significantly and negatively impact on some students.'

3. Proposed Action Plan

3.1 Work is being undertaken with the Communications and Marketing team within DET to increase our reach amongst social care and health agencies. Innovative, bespoke trainings in systemic supervision is currently delivered to social care services in Camden. We have increased the flexibility of the intermediate trainings in London and the regional centres of Maidstone and Brighton by offering evening courses.

3.2 The recent re-validation of the systemic courses (except M21) by Essex University created an opportunity to re-shape the courses to incorporate more contemporary issues in our trainings.

3.3 A new appointment was created to focus on developing the systemic bespoke trainings and the CPD programmes in order to increase the systemic profile and generate income. The aim of the CPD programme is to introduce contemporary approaches in systemic training, address specialist areas of work which are not in our core trainings and develop an audience for international figures in the systemic world. A brochure on systemic organisational development for social work professionals has been produced.

Main Report

4. Overview of the Portfolio

4.1 Core identity and purpose
Systemic teaching has been well established in the Trust and we have developed a high reputation for the quality of our trainings.

In the past year highly experienced supervisors, trainers and course leads have retired and new course leads have been appointed. Although they have a great deal of experience in teaching and supervision course leadership is a new area of responsibility. The course leads provide new ideas and approaches for the discipline which support the leadership of the new Head of Discipline and will increase the national profile of our systemic teaching.

The systemic portfolio comprises of the Trust validated taught programmes for health and social care professionals and,

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increasingly, those from other professions such as education and the voluntary sector.

Currently these include:
PG Cert/Dip in Systemic Approaches to working with individuals, families and organisations (D4)
Dip/MA in Refugee Care (D35/M35)
MA in Systemic Psychotherapy (M6)
Advanced course in Systemic Family Therapy Supervision and Training (M21)
Professional Doctorate in Advanced Practice and Research (Systemic Psychotherapy) M10

All programmes with the exception of M21 have been validated by the University of Essex and we have taken the opportunity of the validation process to make changes to the courses. All the courses are also validated by the systemic professional body, the Association of Family Therapy (AFT) which also validates M21.

The Portfolio Manager for the Systemic Portfolio took up the post in September 2015 and has four sessions per week in this role.

Courses are delivered in London and the D4 course is also delivered in the regional centres of Brighton and Maidstone.

The portfolio has been in a period of transition as course moved from the University of East London to Essex University. All of the courses are now with Essex University with the exception of the systemic supervision programme.

Bespoke trainings are to be reviewed in relation to Essex University's APEL requirements which can impact upon our business opportunities.

4.2   Overall vision and strategy

The portfolio's vision and strategy is aligned to the DET strategic objectives and HEE priorities.

A network of systemic practitioners and supervisors will be developed to support the clinical trainings required in D4, M6 and M21.

Flexibility of timings of courses will be introduced in 2016 to 2017.

The D4 course will be offered annually in the regions which will consolidate our regional presence.

Our portfolio of training programmes will be increased to reach a wider section of professionals particularly those in education and the voluntary sector through the CPD programmes.

4.3   Progress to date and current position

In this academic year there are 152 students enrolled on systemic courses.

We have moved M6 from an intake of every two years to an annual intake and have increased numbers from 28 over two years to 48 students per year.

D4 offers an evening option in addition to the course delivered during the day to attract more students.

The recent appointment is developing the CPD programmes with particular attention paid to the CPD73, the course which offers a variety of CPD programmes. This includes Masterclasses from well-known systemic professionals and systemic approaches to specialist areas.

To organise joint conferences on research with the University of Bedfordshire

To develop D35 as a CPD course

CPD programmes:
A one day workshop by David Pocock in July 2016 organised which reached its target

A one day conference on the work of Charlotte Burck attracted 120 people

Dr Laura Fruggeri presented a workshop for systemic staff on systemic supervision.

A two day training was delivered to arts therapists in west London in June 2016.

Training bids have been submitted to Maidstone and Medway Social Care Services and expressions of interest from Cambridgeshire CAMHS to deliver trainings in Slough.

5.   Portfolio Developments

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

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Camden Children's Services have commissioned the Trust to deliver systemic training to all of their children's social work service over the next year. The Head of Systemic Discipline has worked closely with the Portfolio Manager for Social Care, Leadership and Management Portfolio to develop the programme. The contract is worth £140,000 in the first stage with a further commission for additional staff. The training is innovative and feedback from social workers and supervisors is positive. An article has been submitted for publication to the European Journal of Social Work. The project requires a large number of supervisors and trainers which impacts upon other courses in the portfolio. The alumni of supervisors is one strategy which supports the staffing of this project and regular interviews are held with supervisors and trainers to increase staffing of our trainings.

CYP IAPT Systemic Family Practice for depression and self-harm
This programme has been developed to improve outcomes for children and young people and by providing treatment which is based on best evidence, outcomes focused and client informed. The IAPT training is delivered across three sites: King's College, Anna Freud Centre and the Tavistock Trust. In addition to the core training the Tavistock delivers the training on self-harm and depression and provides clinical supervision for IAPT trainees. The course is at the intermediate level of systemic training and was originally organised as a one year course. From 2017 the course will run as a two year course.

Training bids have been submitted to Maidstone and Medway Social Care Services and expressions of interest from Cambridgeshire CAMHS to deliver trainings in Slough.

Other courses advertised to run include:

Families and Beyond – an introductory course
Systemic work with physical illness –
Paolo Bertrando – workshop and book launch
John Burnham – Masterclass in systemic approaches
Emilia Dowling – systemic work in schools
Kerri Newins – embodiment

Future Developments
The CPD courses will be reviewed to include specialist areas and contemporary topics which are not currently covered in the Trust-based courses.

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6. Financial Situation

The financial situation for AY 16/17 has not been finalised as yet as we are currently in the process of enrolling students, invoicing students and finalising course budgets. Overall the systemic portfolio has recruited well and are 3 under target which represents a variance of £30,000. Plans are under way to increase recruitment with the introduction of annual courses in the D4 regions, a change to the APEL procedures on D4 and increased marketing of M10.

Course Code	15-16 Actual enrolled	15-16 Actual enrolled	16-17 expected enrolled	16-17 expected enrolled	Target	16-17 variance to target
	Year 1	Total	Year 1	Total	Year 1	Year 1
D4	19	46	29	53	25	4
D4K	7	7	0	5		0
D4S	6	6	0	4		0
M10	3	20	2	13	6	-4
M21	11	11	10	10	16	-6
M35	18	18	15	15	12	3
M6	25	25	24	47	24	0
TOTAL	89	133	80	147	83	-3

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

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Portfolio: Systemic
Portfolio Manager: Yvonne Ayo

Course	Title	Total Year 1 Student Numbers AY15/16	Total Student Numbers AY15/16	Total Fee Income	AY14-15 EXPENDITURE Staff sessions	AY14-15 EXPENDITURE VL contracts	AY14-15 EXPENDITURE VL Pools	AY14-15 EXPENDITURE Other	AY14-15 EXPENDITURE Expenditure AY14/15	Contribution AY15/16
M10	Professional Doctorate in Systemic Psychotherapy	1	5	13,900	48,113	0	363		48,476	-34,576
M21	Family Therapy and Systemic Supervision	11	11	38,500	13,947	0	204		14,151	24,349
D4	PG Cert/Dip in Systemic Approaches to Working with Individuals, Families and Organisations plus Kent and Sussex versions	32	50	129,860	17,377	65,802	11,735	5,000	99,915	29,945
M6	MA in Systemic Psychotherapy	29	46	155,180	62,030	41,486	8,244	3,000	114,759	40,421
D35/M35	MA in Working with Refugee Families	6	6	43,800	11,623	0	395		12,018	31,782
TOTAL		79	118	381,240	153,089	107,288	20,941	8,000	289,318	91,922

Yvonne Ayo
Portfolio Manager of Systemic Trainings
October 2016

Appendix One

Tutor's Journey – Laura Glendinning (M6)

I am the Course Lead for the systemic qualifying course, M6 and took up my post in September 2015. I have previously been involved with the course as a clinical supervisor since 2005, and was the Clinical Module Lead from 2013 to 2015. I had previously been the Course Lead for the Systemic supervision course, M21. I was, therefore, familiar with a number of aspects of M6 but upon taking up the post as Course Lead, I realised my knowledge of the whole course was limited and that the work required as a Course Lead was at a differen level.

In addition to familiarising myself with the course, I had two major challenges to address; the re-validation of the course by Essex University and the annual intake of students for M6. I had to familiarise myself with the course quickly and consider changes to the course in consultation with my colleagues, liaise with QA, Essex University and prepare all the documentation as required. This was a new area of work. The re-validation was organised at the same time as the CQC inspection and as a senior clinician it was difficult to manage the demands of both organisations. Colleagues in QA and DET were unaware of the fact that many of us are clinicians and trainers and carry a great deal of responsibility in both areas.

A great deal of detailed planning for the annual intake of students was required which involved advertising, interviewing clinical supervisors and tutors. Some of the supervisors are new to supervising within an assessed course at Masters Level as opposed to providing supervision in clinical placements outside of the course hours.

We now have double the intake of students and support is required to help run the new first year.

I have had increased liaison with QA and the transition between our old university partner, UEL and our new partner, Essex University had been challenging regarding the Exam Board arrangements, external examiner appointment, assessments and different expectations on student support.

It has felt like an exciting challenge become a course organiser of one the Tavistock's main courses, there is lots to learn and sometimes the demands come in at too many directions, but second year I feel I am more knowledgeable than last year.

Board of Directors : October 2016

Item : 9

Title : Chief Executive's Report (Part 1)

Summary:

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

For : Discussion

From : Chief Executive

CEO's Report

Page 1 of 3

Chief Executive's Report

1. Ian McPherson

1.1 This will be Ian's last Board meeting after completing his second term as a Non-Executive Director. In that time Ian has made an enormous contribution to the work of the Trust both on the Board where he has been Vice-Chair and on the various sub-committees and groups he has served on. Like others, I have enormously valued Ian's good advice and his unstinting commitment to the work of the Trust and to the task of improving the lives of people affected by mental health problems.

1.2 Ian's place on the Board will be taken by Helen Farrow whose appointment was approved at the September Council of Governors meeting following the recent NED recruitment process.

2. AGM

2.1 We held the Trust's AGM on 5th October which was attended by around 50 people. The AGM focused this year for the first time on our education and training work and featured a discussion with 4 ex and current students exploring what was distinctive about the experience of studying at the Tavistock and Portman.

3. Media coverage

3.1 We have now seen the second film produced by Century Films, on this occasion about our GIDS service. This was again of a high quality and covered the issues involved with great sensitivity.

3.2 We are still expecting the films to be screened at the beginning of November. We have developed a plan for how we can build on the

publicity which the documentaries will create to promote the work of the Trust.

3.3 The radio documentary "Mending Young Minds" produced last summer about the work of the Trust has been shortlisted for the 2016 Mind Media Awards.

4. Trust Secretary

4.1 Following second of their Trust Secretary to the STP Programme Office, we have been approached by Camden and Islington Foundation Trust about whether we might share resources in this area. With Gervase Campbell's agreement, we have supported this and Gervase will be taking up a day and half secondment to Camden and Islington to cover a range of the Trust Secretary duties there.

5. Joseph Rowntree Foundation

5.1 I wanted to let the Board know that I have been appointed as a Trustee of the Joseph Rowntree Trust and Joseph Rowntree Housing Foundation and will be taking up this role in the new year.

Paul Jenkins
Chief Executive
17th October 2016

Board of Directors: October 2016

Item : 10

Title : Trust Strategic Objectives – Q2 Review

Purpose:

The Strategic and Commercial Committee considered a detailed quarterly review of progress against Strategic Objectives at its October meeting.

The conclusion was that good progress has been made in most areas and the format of the review has been developed and has further improved ease of use and the clarity of the report.

As at quarter 1, there is only one objective which will not be achieved, we do not anticipate Tavistock Consulting will be able to meet their income targets for 2016/17.

This report focuses on the following areas:
- Quality
- Patient / User Experience
- Patient / User Safety
- Equality
- Risk
- Finance
- Productivity
- Communications

For : Discussion

From : Paul Jenkins Chief Executive

Trust Strategic Objectives – Q2 Review

1. Assessment of Progress

1.1 The Strategic and Commercial Committee considered a detailed quarterly review of progress against Strategic Objectives at its October meeting. A RAG rated summary of progress is attached.

1.2 The SCC concluded that good progress has been made in almost all areas. As at quarter 1, there is only one objective which will not be achieved, we do not anticipate Tavistock Consulting will be able to meet their income targets for 2016/17. This is one of the reasons why a review of TC, to be considered by the board, has been commissioned.

1.3 There are a number of objectives where we have made good progress in meeting quarterly milestones, but it is unlikely we will fully meet the overall objective. Two examples are B1 widening our CAMHS portfolio and C2 to be commissioned to provide a further TAP service. This is partly due to changes in the external environment.

1.4 The objectives refresh is very timely as it enables us to reassess the environment, our strategic direction and review our objectives in light of these. For example, it now seems more appropriate to combine several of our current objectives into an overall objective around growth, which addresses some of the key issues discussed at the Strategic and Commercial Committee.

2. Review Process and Format

2.1 The format of the review has continued to be developed and has further improved ease of use and clarity of the report.

Paul Jenkins
Chief Executive
October 2016

Trust Strategic Objectives Progress of Plans at Q2 – Summary sheet

	Objective	Q1	Q2	Rating Overall
A1	With partners to establish Thrive as the leading model for the provision of CAMHS services	A	G	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	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	A	R
B1	To widen our portfolio of CAMHS services	A	A	A
B2	To further establish our reputation as experts in the support of vulnerable children and families	A	A	A
B3	To build on the work of the Family Nurse Partnership National Unit to provide effective support for vulnerable families	G	G	A
B4	To develop our role as a specialist education provider	A	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	A
C2	To implement the Camden TAP successfully and to work towards being commissioned to deliver another similar service.	G	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	A
D1	Increase intake of Y1 student numbers to 900 for 2017/8 Academic Year	G	A	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	A
D3	Increase the national reach of our training and education offer through greater regional presence	A	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 the Trust.		A	A

Strategic Objectives - Review

E2	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	A
E3	Embed research competences across our training portfolios with particular emphasis on our clinical trainings	A	A	
F1	To meet and exceed all our external regulatory requirements, including external inspections from CQC and QAA.	A	G	A
F2	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	A
F3	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	A
F4	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	A
F5	To set out a robust Equality and Diversity Strategy to increase inclusiveness for staff, service users, students and trainees	G	A	A
G1	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.	A	G	A
G2	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	
H1	Develop our workforce to deliver the Trust's overall strategy and support staff health and wellbeing	A	A	A
H2	To develop and implement an IM&T strategy for the Trust	G	A	A
H3	To agree a Full Business Case for the best long term accommodation for the Trust's businesses	A	A	A
I1	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	A
I2	Identify and implement productivity improvements, to optimise the use of resources in all services and departments.	A	A	A

Board of Directors: 25 October 2016

Item : 11

Title : Strategic Refresh of Objectives 2016-2018

Summary:

This paper sets out proposals for refreshing our Two Year Objectives. Appendix A gives the proposed objectives for November 2016 – March 2018.

The paper has been discussed at the meeting of the Strategic and Commercial Committee on 11th October.

For : Agreement

From : Chief Executive

Page 1 of 5

Refreshed Strategic Objectives

Refreshing our Strategic Plan and Board Assurance Framework

1. **Introduction**

1.1 The Board of Directors agreed in November 2015 a two year Strategic Plan for the Trust. SCC has been responsible for monitoring progress against the Plan on behalf of the Trust.

1.2 The Plan has been seen as a helpful development which has enabled us to better track progress on key objectives and consider strategically where we should direct resources.

1.3 As part of its review of progress on the Plan SCC and the Board of Directors has recognised the value of refreshing the objectives in the Plan in order to:

- Take account of changes in the external landscape, for instance the development of STPs and great clarity on the future direction of the National Training Contract.

- Reprioritise objectives in the light of experience and our current view of those activities which are most "mission critical" to the future of the Trust.

- Reframe some objectives in the light of experience and changing external requirements.

1.4 This paper sets out a proposal at **Annex A** for a revised set of objectives which takes account of these factors. It is proposed that, subject to agreement by the Board of Directors, these objectives are fully worked up for the November Board of Directors meeting and once agreed should run to the end of March 2018.

1.5 The Board of Directors has also agreed, and reviews regularly, a Board Assurance Framework covering the major risks facing the organisation and plans for their mitigation. It is considered good practice to have a full review of this on an annual basis. We are planning to bring a revised version to the November Board.

2. **Review of objectives**

2.1 The review of objectives builds on the discussion at the Directors Conference on 13th September.

2.2 It was agreed that our plan should reflect the following principles:

- Building our reputation based on quality and continued relevance to contemporary challenges
- Demonstrating agility and responsiveness to events

- Maintaining a focus on the effective management of resources and finances
- Having the capacity to make strategic investments in key developments

2.3   Building on this a number of strategic "mission critical" aims were agreed which should form the backbone for the revised plan. These were:

- Contributing to the development of new models of care

- Maintaining and developing the quality and reach of our clinical services

- Growing and developing our training and education work and delivering a remodelled National Training Contract

- Supporting the wellbeing and engagement of our staff

- Delivering a sustainable financial future for the Trust

- Raising the Trust's profile and its contribution to public debate and discourse

- Develop our infrastructure to support our work

2.4   A revised set of objectives has been developed based around these strategic aims. Objectives have also been updated to reflect experience or changes in the external environment. An attempt has also been made to reduce the number of strategic objectives to help deliver a clear focus for the organisation and senior management. The objectives try to reflect a balance between the management of our current services and activities and future priorities for development.

2.5   The paper was discussed at SCC on 11th October and this version reflects their comments.

3   Recommendation

3.1   The Board of Directors are invited to:

- Consider and agree the revised strategic objectives set out at **Annex A.**

Paul Jenkins
Chief Executive
October 2016

Annex A – Proposed Strategic Objectives – November 2016 – March 2018

Aim 1 – Contributing to the development of new models of care

Work with partners in the NCL STP to transform mental health services and support the development of integrated care closer to home PJ

Establish a leadership role for the Trust in the field of children and young people's mental health including promoting Thrive as the leading model for the provision of CAMHS services PJ/SH

Develop our contribution to models of problem solving justice and intervention for vulnerable children including securing sustainable funding model for FDAC and FNP PJ/SH

Establish a leadership role for the Trust in the field of primary care mental health JSt/BR

Aim 2 – Maintaining and developing the quality and reach of our clinical services

To maintain and develop our existing portfolio of services for adults and children and support links with our work on education and training JSt/SH

Agree and implement the Trust' clinical quality strategy including the delivery of current and future regulatory requirements LL

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. LL

Aim 3 – Growing and developing our training and education and delivering a remodelled National Training Contract

Agree and implement changes to our National Training Contract including the establishment of an Educational Consultancy BR

Deliver targets for growth in student numbers and educational income including growth in student numbers across the country, through local delivery and/or TEL blended learning, and the development of plans for international recruitment. BR

Page 4 of 5

Aim 4 – Supporting the wellbeing and engagement of our staff

Agree and implement an Organisational Development and People Strategy that includes our commitment to enhancing staff health, wellbeing, diversity and inclusion. CdS

Implement our four year diversity and inclusion objectives with a specific focus on recruiting, developing, retaining and providing promotional opportunities for our diverse staff and students. CdS / LL / BR

Aim 5 – Delivering a sustainable financial future for the Trust

To lead the development and updating of a Commercial Strategy for the Trust to generate growth in income across our activities including options for developments outside London and internationally. TN/JS

Deliver the Trust's agreed control total for 2016/7 TN

To develop a 2017/8 budget for the Trust in line with our Control Total TN

Aim 6 – Raising the Trust's profile and its contribution to public debate and discourse

To agree and implement the Trust's Public Affairs Strategy LT

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. LT/BR

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 RS

Aim 7 Develop our infrastructure to support our work

To agree a Full Business Case for the best long term accommodation for the Trust's businesses TN

To implement the IM&T strategy for the Trust DW-L

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Refreshed Strategic Objectives

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

Board of Directors: October 2016

Item : 12

Title : Quality Report Commentary Quarter 2 2016/17

Purpose:
The purpose of this report is to provide commentary to key quarter 2 quality metrics where targets have not been met or the trajectory shows a worsening or improving position. Actions taken to address identified issues are included.

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. The detailed Q2 Quality Report is available on request, and has been reviewed by the Management Team.

This report has been reviewed by the following Committees:
•   Management Team, 18 October 2016

This report focuses on the following areas:
•   Quality
•   Patient / User Experience
•   Patient / User Safety
•   Risk
•   Productivity

For : Noting

From : Marion Shipman, Associate Director Quality and Governance

The Tavistock and Portman **NHS**

NHS Foundation Trust

Quality Report Q2 2016/17

1. Introduction

1.1 As requested by the Board of Directors the following paper provides a summary and narrative for quarter 2 quality metrics currently within the Quality Report. This report specifically covers those metrics where we are not meeting targets or where the trajectory suggests a worsening position. Service level updates and actions are provided by the Service Leads. Some significant improvements are also highlighted.

1.2 The following metrics are summarised below:
   1.2.1   Waiting times
   1.2.2   Did not attend (DNAs)
   1.2.3   Outcome monitoring
   1.2.4   Physical Health KPI Targets and Living Well CQUIN programme
   1.2.5   Safe and Timely Discharge CQUIN

2. Summary

2.1 Data is validated by services and is as accurate as possible. Standard operating procedures (SOPs) to improve validation at service level are under development. Since Q1 the Quality Team has developed a Data Quality SOP to streamline validation, and a Trust Clinical Data Quality Procedure has been approved. A Data Quality Policy is due to go to the next Board for approval and a Clinical Data Validation Procedure has been drafted but not yet approved.

2.2 Waiting time breaches within Adolescent and Young Adults and Camden CAMHS Services are reducing. The trajectory for other CAMHS, GIDs and Westminster services continues to increase. Actions are being taken to address issues. The Trustwide combined waiting time data has improved from 10.1 to 8.4% between Q1 and Q2. City and Hackney waiting times have increased although are not currently breaching

2.3 DNA rates are a yearly average and expected to be no larger than 10%. These reduced within Camden CAMHS service between Q1 and Q2 whilst the trajectory for Adolescent and Young Adult services, City and Hackney and the Westminster services is increasing. The Trustwide combined data has increased slightly from 9.1 to 10%.

2.4 Outcome monitoring KPI CORE target is 70% improvement which was just missed with 65% improvement. This is the same as Q1. Goal Base Measure compliance is on track but numbers are currently too

low to provide meaningful analysis. A sizeable cohort is expected in Q3 and Q4.

2.5   The physical health KPI targets of recording smoking status (80%) and offering intervention (50%) are challenging. Smoking status decreased from 51% to 27% in Q2 and interventions offered increased marginally from 12.5% to 12.9% inQ2. The Living Well CQUIN includes completion of the physical health form and has increasing targets for the year which are not currently being met, despite increasing numbers being completed. Actions are being taken to increase compliance.

2.6   The Safe and Timely Discharge CQUIN applies to all services excepting GIDs. Audit data showed we missed both the targets for sending letters and including mandatory information. Standards for discharge letter requirements were updated in April following an earlier audit, and a standardised discharge letter template was available from the end of Q1. Teams are currently reviewing the results to address issues identified. Further Trustwide and Portman audits will be undertaken in Q4 on Q3 data.

3.   Data commentary

3.1   **Waiting Times**
Waiting time targets, from receipt of referral, vary according to service contract agreements from 8 - 18 weeks. Targets are on the basis of internal breaches only and have a threshold of 10% for 8 and 18-week referrals, and 5% for 11-weeks referrals.

3.1.1   **Improvements**
Adolescent and Young Adult and Camden CAMHS services have reduced 8 week waiting times breaches down to 6.5% and 5.8%, from 14.3% and 17.6% in Q1.

3.1.2   **Decreasing trajectory**

Other CAMHS services have increased waiting times from 13% in Q1 to 20% in Q2. The increase in Lifespan waiting times has been a function of reduced resources and an increased number of referrals including complex referrals that require two clinicians at the initial appointment, leading to an increased length in the internal wait list. The team are addressing the external waiting time by:
- where possible and clinically appropriate diverting referrals to other services

- moving to a new model of the completion of comprehensive diagnostic assessments which should reduce the internal waiting list
- filling vacant posts within the team
- using bank staff to cover current vacant sessions

There were six internal breaches for Family Mental Health which were over the summary period and possibly due to patient preference. The Team Manager will review 'reasoning' for breaches with the administrator.

Adult Complex Needs service waiting time breach trajectory against an 11 week target has moved increased from 3.7 to 5.8%. The reason for the increase in breaches between Q1 and Q2 is the limited clinical resource over the holiday period. This causes delay in arranging appointments. The Service Lead would expect Q3 to return to an acceptable level. In future summer periods this problem will be better anticipated so that clinicians will asked to provide appointments in advance of their leave which can be allocated whilst they are away.

The GIDs service has an 18-week waiting list target which continues to be breached by ~66%. Referrals increased by 100% last year and are up by about 23% for the first 6 months this year. GIDs have a detailed action plan which includes significant administrative and clinical recruitment which continues. Until September the existing staff were managing referrals with no extra clinical resource. This is because the recruitment process takes time. The administration team is also working on innovative ways of managing the waiting list. Over 17 year olds present a particular challenge due to the long waiting list in adult services which also differ in their protocols. The Leeds base have piloted a group first appointment for over 17 year olds with excellent feedback. This will be rolled out in London.

The Westminster service has a waiting list target of <6 weeks with breaches increasing from 11.1% to 30.3% in Q2. The Service Lead has confirmed the service is commissioned to complete 60 Assessments per year and received 33 referrals in Q2. Delays and engagement of clients in Q2 were predominately due to the holiday season. Work can only begin following a professional planning meeting with the referrer, followed by a service planning meeting which includes the parents. Due to the holiday season and annual leave for families, referrers and Westminster service clinicians meetings could not always be held concurrently which caused delays for up to three weeks in the Assessments starting. This generates the first appointment. The team as a whole have been looking at better ways of processing the referrals including the acceptance date

of these taking into consideration capacity, leave and timeframes whilst adhering to the SLA.

3.2 **DNAs**

DNA rates are a yearly average and expected to be no larger than 10%.

3.2.1 Improvements

Camden CAMHS services have reduced from 11.2% in Q1 to 7.5% in Q2.

3.2.2 Decreasing trajectory

The Adolescent and Young Adult Service DNA rate went up from 10.6 to 13.1% in Q2. The Lead has confirmed that Q2 covers the summer holiday period for many of the adolescents and young adults they see, where they are on break from school and university and they find that this can contribute to an increase in the DNA rate around this time.

City and Hackney DNA rate increased from 13.2 to 15.2% in Q2. They confirmed this was a true reflection of their DNA rate which has gone up in the summer and will take this forward and discuss with the wider team.

The Westminster services DNA rate increased from 7 to 16.5% between the two quarters and has been attributed to the holiday period.

3.3 **Outcome monitoring KPI targets**

The CORE target is 70% improvement which was just missed with 65% improvement. This is the same as Q1. Goal Base Measure compliance is on track but numbers are currently too low to provide meaningful analysis. A sizeable cohort is expected in Q3 and Q4.

3.4 **Physical Health KPI Targets and Living Well CQUIN programme**

The KPI requirement is that 80% patients have smoking status recorded and 50% of those have intervention offered. This is a challenging target. Smoking status decreased from 51% to 27% in Q2 and interventions offered increased marginally from 12.5% to 12.9% in Q2.

The Living Well CQUIN includes completion of the physical health form and has increasing targets for the year and whilst showing an increasing trajectory, has not been met. Actions are being taken to increase compliance. The target was 35% Q1 with Trust data of 33.9%, and 45% for Q2 with Trust data of 35.7%. This is an improvement, particularly over the summer holiday period, but with much work to do. The target for Q3 is 60%.

Monthly physical health data is now provided to Service Leads by the Quality Team and information is to be included in the developing Team Dashboards. A number of Team level physical health champions are supporting this work and the Physical Health Specialist Nurse is working with the Trust Physical Health Clinical Leads, Drs Caroline McKenna and Rob Tandy.

3.5 **Safe and Timely Discharge CQUIN**

This is a CQUIN for Trust discharge information and separately for the Portman. The GIDs service is not included. In all cases this was not met for Q2 either for sending the discharge letter to the GP within 2 weeks of being 'discharged' on Carenotes, and also for discharge letters including standard mandatory fields. These were increased at the end of the Q4 audit and a standardised Carenotes template was drafted and made available from the end of Q1.

Teams are currently reviewing the results to address issues identified. Further Trustwide and Portman audits will be undertaken in Q4 on Q3 data.

Marion Shipman
Associate Director Quality and Governance
17 October 2016

The Tavistock and Portman **NHS**

NHS Foundation Trust

Board of Directors : October 2016

Item : 13

Title : Q2 Performance Dashboards

Summary:

A Project Board will be established by November to take forward the dashboard project.

Key points to note are
- We continue to perform well in almost all areas.
- Our reach continues to expand as the Trust sees more patients and trains more students. The growth in patients is largely the result of increased demand for our Gender Identity Service and the establishment of Team Around the Practice Service in Camden.
- The area of most concern is an increase in waiting times. Most of this increase is due to increased waiting times in our Gender Identify Development Service. A lot of activity is in hand to address waiting times, within the constraints of increasing demand. Following discussion at the Management Team, a fuller report will be produced on waiting times for the November Board.
- Quality – Safety: We have changed the way incidents are reported. From now on only patient safety incidents will be reported rather than all incidents.

This report has been reviewed by the following Committees:
- Management Team, 18th October 2016

This report focuses on the following areas:
- Quality

For : Discussion

From : Julia Smith, Commercial Director

Performance Dashboards

1

The Tavistock and Portman **NHS**

NHS Foundation Trust

Q2 Performance Dashboards

1.0 The Development of the Dashboards

A project board to take forward Dashboard development will be in place by November 2016. The initial task is to identify key priorities and to identify what current resources the Trust can dedicate to the project (e.g. in informatics).

The project will include a systematic programme of data validation and incorporate a number of improvements which have already been requested e.g. to 'band' the bar chart on referral to first attendance, by service.

2.0 Points to Note

Reach: Data now includes TAP (TAP was absent in Q1) but does not include MOSAIC data. We have begun a project to obtain MOSAIC data which is held on a system not managed by the Trust.

Our reach continues to expand as the Trust sees more patients and trains more students. The growth in patients is largely the result of increased demand for our Gender Identity Service and the establishment of Team Around the Practice Service in Camden.

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: We have changed the way incidents are reported. Up until now we have reported all incidents which were recorded. From now on only patient safety incidents will be reported. A drop in these incidents and safeguarding alerts is noted, along with 3 Serious Incidents in Q2.

Quality Effective: We are beginning a project to review our outcome KPIs and presentation.

Quality Responsive: The area of most concern is an increase in waiting times. Most of this increase is due to increased waiting times in our Gender Identify Development Service. A lot of activity is in hand to address waiting times, within the constraints of increasing demand. Following discussion at the Management Team, a fuller report will be produced on waiting times for the November Board. Patients waiting over 18 weeks have doubled according to this report. The large numbers of patients who are waiting more than 11 weeks are primarily patients waiting 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.

The target DNA figure has been updated to not more than 10%, in line with our contract for 2016/17.

Education and Training:

Data in the DET dashboard will be updated in the next quarter, when the results of the student survey and student offers have been finalised.

2

The Tavistock and Portman **NHS**

NHS Foundation Trust

We will be reviewing Education and Training KPIs and specifically looking at the KPIs being development with HEE to see whether these should be included in the dashboards.

Julia Smith
Commercial Director
18th October 2016

Performance Dashboards

3

The Tavistock and Portman NHS
NHS Foundation Trust

Q2 – 2016/17

Trust Reach

Y1 Students Enrolled (Excl. Associate Centres)

Year	Value
2012/13	322
2013/14	437
2014/15	459
2015/16	482
2016/17	559

682

3

Legend: Enrolled | Accepted - awaiting enrolment | Target 2016/17

Intellectual Output KPI to be developed

Patients Seen YTD (Q1-Q2)

(Excludes Mosaic)

Year	Total
2014-15	4,001
2015-16	4,385
2016-17	5,451

Legend: Westminster | TAP | Portman | Other CAMHS | Gender Identity Development Service | City and Hackney | Camden CAMHS | Adult | Adolescent

Social Media and Media coverage to follow

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

Quality - Well Led

MORALE

Staff sickness

1.6% **4.1%**

Trust   Benchmark (15/16) - all NHS Trusts

Source: TPNHSFT HR

Staff motivation at work

Trust 2014/15 Score	**3.91**
Trust 2015/16 Score	**3.99**
MH Trust 2015/16 Average	**3.88**

Source: NHS Staff Survey

Staff recommend Trust as place to work

69% **69%**

Q1   Q2

National Average Q4 **62%**

Source: TPNHSFT HR

TRAINING

Staff appraised

99% **99%**

2015/16   2016/17

Source: TPNHSFT HR

Staff opinion on quality of appraisals

Trust 2015/16 Score	**3.05**
MH Trust 2015/16 Average	**3.11**

Source: NHS Staff Survey

Mandatory training: % staff

94% **94%**

Q1   Q2

Source: TPNHSFT HR

Staff opinion of training

Trust 2015/16 Score	**3.97**
MH Trust 2015/16 Average	**4.01**

Source: NHS Staff Survey

MANAGEMENT

Support from immediate managers

Trust 2014/15 Score	**4.01**
Trust 2015/16 Score	**3.95**
MH Trust 2015/16 Average	**3.85**

Source: NHS Staff Survey

% staff reporting good comms between senior mgmt and staff

Trust 2014/15 Score	**43%**
Trust 2015/16 Score	**46%**
MH Trust 2015/16 Average	**32%**

Source: NHS Staff Survey

Recognition and value of staff by managers and the organisation

Trust 2015/16 Score	**3.92**
MH Trust 2015/16 Average	**3.52**

Source: NHS Staff Survey

Performance Dashboards

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The Tavistock and Portman
NHS Foundation Trust
NHS

Quality - Safety

Patient Safety Incidents Reported - Last 4 Quarters

- AFS
- CYAF
- Gloucester House

% staff experiencing harassment/bullying last 12m

Trust 2015 Score	19%
Trust 2014 Score	15%
National MH Average 2015	22%
Best MH Score 2015	16%

Source: 2015 National Staff Survey - TPNHSFT

% staff witnessing potentially harmful errors/near misses or incidents in last month

Trust 2015 Score	13%
Trust 2014 Score	15%
National MH Average 2015	26%
Best MH Score 2015	13%

Source: 2015 National Staff Survey - TPNHSFT

Safeguarding alerts

- Adult
- Child

Serious Incidents reported

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

Q4: No Serious Incidents Reported

Q1: No Serious Incidents Reported

Q2: 3 suicides; all being investigated

Source: TPNHSFT H&S Manager

% DBS checks on relevant staff

95%	94%
Q1	Q2

Q2 – 2016/17

Quality - Responsive

Waiting Times to First Attendance
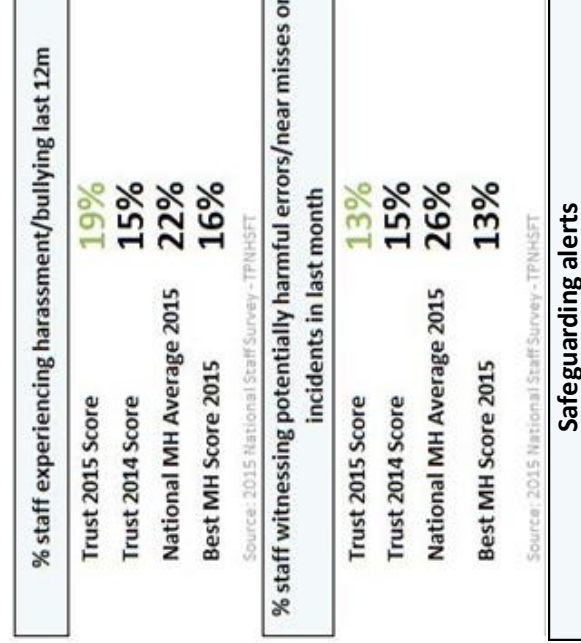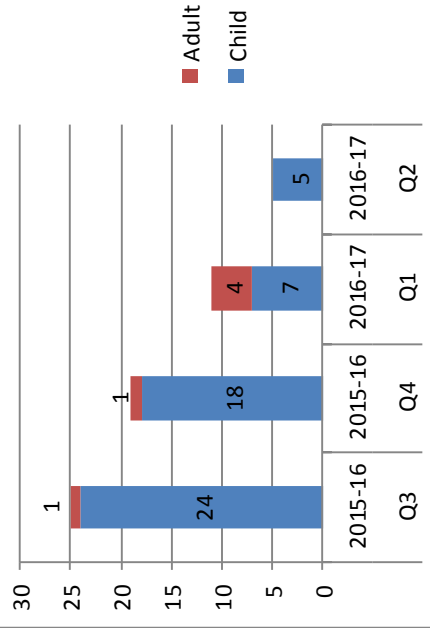
(Excludes MOSAIC, TAP and EIS data)
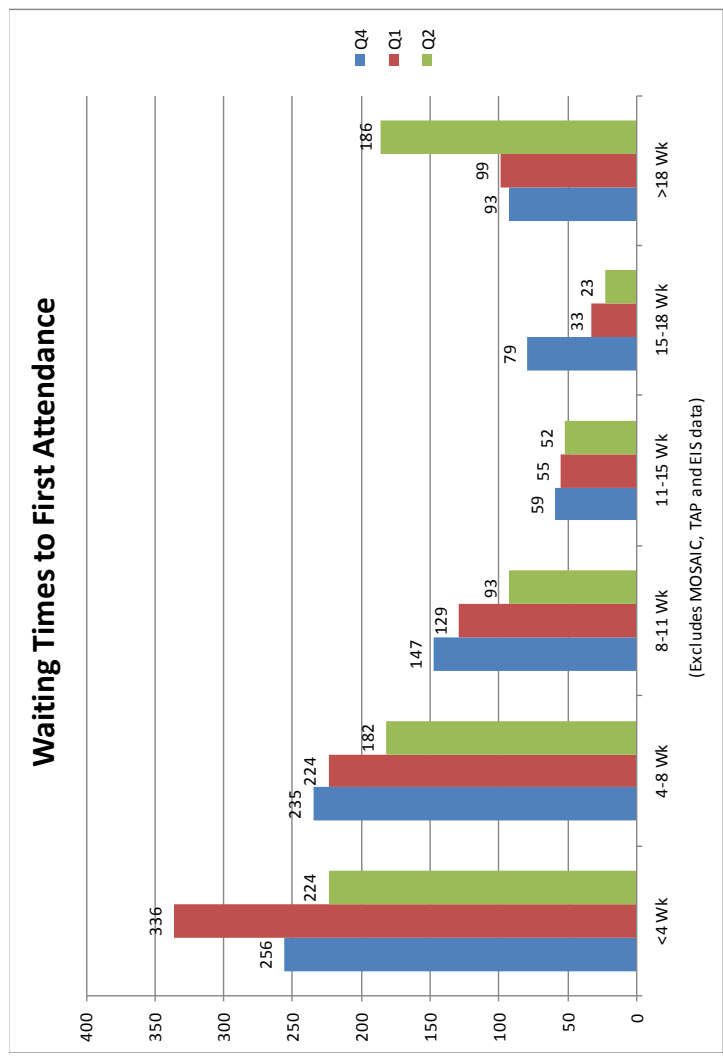
Excludes MOSAIC, TAP and EIS

- Q4 2015-16 = 869 First Attendances
- Q1 2016-17 = 876 First Attendances
- Q2 2016-17 = 760 First Attendances

ESQ		2015-16			2016-17	
		Q2	Q3	Q4	Q1	Q2
	Views And Worries Were taken Seriously YTD	94%	94%	94%	93%	93%
	Involved With Important Decisions About My Care YTD	88%	88%	87%	85%	87%
Data Collection	ESQ Scores Collected YTD	74.8%	70.6%	74.3%	69.5%	84.3%

(Excludes MOSAIC, TAP and EIS data)

	2015-16		2016-17	
	Q3	Q4	Q1	Q2
No. of Complaints	3	7	12	6

Performance Dashboards

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

Quality - Effective (YTD Service)

2016 / 2017 Q2 Quality Effective Dashboard YTD (Service)

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

Outcomes

		2015-16			2016-17		Target Value
	Excludes MOSAIC, TAP and EIS	Q2	Q3	Q4	Q1	Q2	
KPI/Data	DNA Rate	9.7%	9.4%	9.1%	9.1%	10.0%	10.0%
Patient	Explanation Of Service	78%	78%	78%	81%	81%	
Patient	Help I Received At Trust Is Good	92%	93%	93%	94%	93%	
Satisfaction	Recommend Trust To Others	88%	89%	89%	91%	91%	
Data	ESQ Scores Collected	74.8%	70.6%	74.3%	69.5%	84.3%	

Over 18s Outcome Improvement On Core OM Who Have Been Discharged And Have Attended >= 4 Appts

- 2014-15: 64%
- 2015-16: 59%
- 2016-17: 67%

Q2 52 Positive Outcomes Out Of 81 Outcomes
Q2 34 Positive Outcomes Out Of 58 Outcomes
Q2 45 Positive Outcomes Out Of 67 Outcomes

Excluding Portman, TAP, City and Hackney and CYAF (apart from adolescent team).

Under 18s Outcome Improvement With >=2 Goals Who Have Been Discharged And Have Attended >= 4 Appts

- 2014-15: 88.7%
- 2015-16: 83.4%
- 2016-17: 78.9%

Q2 172 Positive Outcomes Out Of 194 Outcomes
Q2 141 Positive Outcomes Out Of 169 Outcomes
Q2 265 Positive Outcomes Out Of 336 Outcomes

Excluding AYA, FDAC, YPDAS, First Step, Westminister, Mosaic, EIS, GIDS and Portman.

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

Directorate of Education and Training (DET)

Student Experience and Outcomes

Satisfaction with Quality

	Benchmark	Tavistock
2013/14	88.3%	92.8%
2014/15	87.0%	93.0%
2015/16	83.0%	94.0%

*excludes associate centres

Benchmark UK data: www.hefce.ac.uk/lt/nss/results (UK)

Student Preparation: "I feel better prepared for my future career"

	Benchmark	Tavistock
2013/14	72.4%	82.3%
2014/15	77.9%	86.2%
2015/16	81.0%	91.0%

*excludes associate centres

"Attending a course has increased my effectiveness in undertaking my job"

	Benchmark	Tavistock
2013/14	80.3%	87.1%
2014/15	77.0%	81.3%
2015/16	78.0%	87.0%

*excludes associate centres

Activity

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

Performance Dashboards

9

Board of Directors : October 2016

Item :	14

Title :	Finance and Performance Report

Summary:

After the six months of the new year, a surplus of £1,180k is reported after restructuring costs, £426k above the revised planned surplus of £754k.

New posts, funded by our commissioners in order to meet higher service demand, have now been filled. Student numbers although higher than last year at 560 have not achieved planned levels of 682.

As a result of all these factors, income which is currently on plan will be below budget approximately £100k per month for the remainder of the year. This will be offset by reductions in expenditure.

The forecast for the full year is a surplus of £800k, in line with our revised control total.

The cash balance at 30 September was £4,057k, which is £232k below Plan. Late payments have offset the higher surplus and lower capital expenditure.

For :	Noting

From :	Carl Doherty, Deputy Director of Finance

Finance & Performance Report

1. <mark>**External Assessments: NHS Improvement**</mark>

1.1 As noted previously, the Trusts Plan has a control total – i.e. required surplus – of £800k, which includes the allocation of £500k from the "targeted element" of the Sustainability and Transformation Fund.

1.2 The return for September was submitted on 17 October with a Use of Resources (UOF) metric of 1 (the highest rating).

2. **Finance**

2.1 <mark>Income and Expenditure 2016/17</mark> (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. The first quarterly instalment was received in August.

2.1.2 After September, the Trust is reporting a surplus of £1,180k after restructuring costs, £426k above the revised budget. Income is £61k below budget, and expenditure £541k below budget.

2.1.3 The cumulative income position to date of £61k adverse is mainly due to the following:

2.1.3.1 Consultancy Income is £110k below target due to TC Income below budget which has been offset by reduced expenditure.

2.1.3.2 Clinical Income is £52k above budget overall. Adult and Forensic Services income is £78k 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 and Day Unit high pupil numbers.

2.1.3.3 Training is currently £6k below plan but this trend will deteriorate after the start of the new academic year with student numbers below the anticipated level but still higher than last year.

2.1.4 The favourable position of £541k on the expenditure budget was due mainly to the under spends of £171k in GIDU, £182k in Primary Care and £98k in Tavistock Consulting due to vacancies and lower than expected non pay costs.

2.1.5 There are currently 595 Whole Time Equivalent (WTE) funded posts in September, of which 577 were occupied including 35 WTE bank and 18 agency staff. Additional posts will be added as the increased funding for GIDS is phased in later in the year

2.1.6 Agency staff expenditure was £467k after 6 months, which is 28% over the cap set by NHS Improvement. This is one of the metrics in the new Use Of Resources (UOR) rating from October: it is essential that we do not exceed the cap by more than 50%; and better not to exceed it by more than 25% at year end.

2.1.7 The contingency reserve is a shortfall of £55k; however, three cost centres with significant underspends in the first quarter are expected still to have at least part of this underspend by the end of the year.

2.1.8 Though the surplus is ahead of plan after six months, some of this is due to the phasing of costs; and income for the remainder of the year is not all secured.

2.2 <mark>Forecast Outturn</mark>

2.2.1 The forecast is a surplus of £800k after restructuring, as shown in Appendices A and B. This

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reflects the outturn after remedial action has been taken by management to close a shortfall of £183k with actions currently being planned. The table below indicates how the shortfall recovery has been allocated across the services.

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2.2.2 Clinical income is currently predicted to be £13k above budget due to GIDS Named Patient Agreements (NPA's) and the Day Unit over-performing against targets.

2.2.3 Training income is expected to be £509k below plan due to a shortfall on student fee and HEFCE income. This will be offset by a reduction in Training expenditure of £310k due to a lower requirement for visiting lecturers and Portfolio staff.

2.2.4 TC Consultancy income is expected to be £182k below target but expenditure is forecast to be £267k below budget

2.2.5 Clinical expenditure is expected to be £571k below budget:

2.2.5.1 GIDS is expecting to increase their £171k under spend to £279k. The reason the current trend will not continue is due to additional costs for refurbishing the new GIDS accommodation coupled with recruitment to the majority of the newly funded posts from October.

2.2.5.2 Primary Care is £182k under spent after month 6 due to vacancies in Camden TAP and City & Hackney Project. There are plans to recruit temporary staff to reduce the size of the waiting list within City & Hackney and the under spend is expected to reach £250k at year end.

2.2.6 Training expenditure is expected to be £310k under budget at year end:

2.2.6.1 Portfolios are currently forecasting an under spend of £254k which reflects student recruitment numbers.

2.2.6.2 Junior Medical staff is expected to remain at £78k below budget.

2.2.7 The Central functions are currently forecasting an over spend of £294k which is primarily due and unbudgeted Relocation revenue costs.

2.2.8 Known restructuring costs are currently £113k and were not included in the Plan.

2.3 <mark>Cash Flow</mark>

2.3.1 The actual cash balance at 30 September was £4,057k this is an increase of £248k on last month and is £232k below Plan. The increased balance was due to receiving the outstanding first two quarterly payments from PHE for the FNP contract totalling £1.4m. The shortfall against Plan is mainly due NHS Debt which is £835k below plan although none of this is in dispute as the outstanding amounts were included in the recent NHS Agreement of Balances exercise.

Finance & Performance Report

		Actual	Plan	Variance
		£000	£000	£000
Opening cash balance		3,356	3,356	0
Operational income received				
	NHS (excl HEE)	7,423	8,258	(835)
	NHS England (GIDS)	3,293	3,168	125
	PHE (FNP)	2,162	2,162	0
	General debtors (incl LAs)	5,272	5,410	(138)
	HEE for Training	5,694	5,558	136
	Students and sponsors	1,080	925	155
	Other	210	0	210
		25,134	25,481	(347)
Operational expenditure payments				
	Salaries (net)	(8,770)	(9,132)	362
	Tax, NI and Pension	(7,049)	(7,470)	421
	Restructuring	(203)	(363)	160
	Suppliers	(7,605)	(6,433)	(1,172)
		(23,627)	(23,398)	(229)
Capital Expenditure		(477)	(1,303)	826
Loan drawdown		0	390	(390)
Interest Income		6	3	3
Payments from provisions		0	0	0
PDC Dividend Payments		(335)	(240)	(95)
Closing cash balance		4,057	4,289	(232)

2.4 <mark>Better Payment Practice Code</mark>

2.4.1 The Trust has a target of 95% of invoices to be paid within the terms. During September we achieved 84% (by number) and 90% by value for all invoices. The cumulative total for the year was 91% by number and 94% 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 <mark>Statement of Financial Position (aka Balance Sheet)</mark>

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

2.5.2   Property, Plant and Equipment was £774k below plan due to slower progress than anticipated on IM&T projects and the Relocation project is now only expected to cost £300k rather than the £1.1m budgeted this year as the full business case is not due to be completed until March 2018.

2.5.3   Trade and Other Receivables and Other Liabilities are both well above plan due to the necessary early raising of the third quarter 2016/17 Contract income in addition to outstanding old year debts of £438k

2.5.4   As mentioned above in 2.3.1, cash is below plan due to NHS debt.

2.6 <mark>Capital Expenditure</mark>

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 September, expenditure on capital projects was £477k. This included £375k on IM&T and £61k on the Relocation project. This is £824k below plan due to the Relocation Project and

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the various IM&T projects not making the expected progress at this stage. Expenditure for the year is forecast to be £1,679k mainly due to reduced capital spending on Relocation.

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.

Capital Projects 2016/17	Budget 2016/17	Actual YTD September 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	35	190			35	190
Relocation Project up to OBC	-	-	-		50	50	50
Relocation Project up to FBC	1,100	60	300		62	122	1,162
DET Works Phase 1		7				7	-
Total Estates	1,290	102	490	-	112	214	1,402
IM&T Infrastructure	300	216	300			216	300
IM&T Project Posts	125	-	125			-	125
IM&T Developments	390	-	390			-	390
IDCR	50	41	50	389	268	698	707
Student Info. Mgmt System	325	61	325			61	325
Det Intranet		56			16	72	31
Total IT	1,190	375	1,190	389	284	1,048	1,878
Total Capital Programme	2,480	477	1,680	389	396	1,262	3,280

3. Consultancy

3.1 Tavistock Consulting are a net £7k below budget after six months. This consists of expenditure £98k under spent, offset by consultancy income £105k below budget. TC have forecast income to be £182k below budget and expenditure to be £267k below budget at year end.

3.2 Departmental consultancy is £5k below budget after September.

Carl Doherty
Deputy Director of Finance
17th October 2016

Finance & Performance Report

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

APPENDIX A

		Sep-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
INCOME										
1	CLINICAL	2,390	2,404	14	13,352	13,404	52	25,342	20,500	25,355
2	TRAINING	2,124	2,101	(24)	10,308	10,302	(6)	20,758	20,740	20,249
3	CONSULTANCY	90	55	(35)	538	428	(110)	1,076	1,104	874
4	RESEARCH	19	16	(3)	43	43	(0)	70	53	70
5	OTHER	160	135	(24)	429	432	2	691	571	698
TOTAL INCOME		4,783	4,711	(72)	24,671	24,610	(61)	47,938	42,967	47,247
OPERATING EXPENDITURE (EXCL. DEPRECIATION)										
6	CLINICAL DIRECTORATES	2,124	2,014	110	11,438	10,985	453	22,387	18,454	21,816
7	OTHER TRAINING COSTS	1,681	1,563	118	7,161	6,936	225	14,297	14,263	13,987
8	OTHER CONSULTANCY COSTS	57	56	1	347	249	98	687	687	419
9	CENTRAL FUNCTIONS	814	830	(16)	4,312	4,520	(208)	8,469	8,233	8,763
10	TOTAL RESERVES	10	0	10	(27)	0	(27)	(55)	(291)	0
TOTAL EXPENDITURE		4,685	4,462	223	23,230	22,689	541	45,784	41,345	44,985
EBITDA		98	249	151	1,441	1,921	480	2,153	1,622	2,261
	ADD:-									
11	BANK INTEREST RECEIVED	1	1	(0)	4	6	(2)	8	8	8
	LESS:-									
12	DEPRECIATION & AMORTISATION	63	54	10	401	344	57	781	850	772
13	FINANCE COSTS	0	0	0	0	0	0	0	0	0
14	DIVIDEND	48	49	(0)	290	291	(1)	580	480	582
SURPLUS BEFORE RESTRUCTURING COSTS		(13)	148	161	754	1,292	539	800	300	915
15	RESTRUCTURING COSTS	0	(2)	2	0	113	(113)	0	0	115
SURPLUS/(DEFICIT) AFTER RESTRUCTURING		(13)	150	163	754	1,180	426	800	300	800
EBITDA AS % OF INCOME		2.0%	5.3%		5.8%	7.8%		4.5%	3.8%	4.8%

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

All figures £000

		Sep-16			CUMULATIVE			OPENING BUDGET	REVISED BUDGET	FORECAST	VARIANCE FROM REV BUDGET
		BUDGET	ACTUAL	VARIANCE	BUDGET	ACTUAL	VARIANCE				
	INCOME										
1	CENTRAL CLINICAL INCOME	623	620	(3)	3,798	3,787	(11)	7,397	7,536	7,520	(16)
2	SUSTAINABILITY AND TRANSFORMATION FUND	42	42	0	250	250	0	0	500	500	0
3	CYAF CLINICAL INCOME	490	489	(1)	2,789	2,880	91	5,490	5,511	5,575	65
4	AFS CLINICAL INCOME	821	823	2	4,026	3,947	(78)	4,127	6,817	6,709	(108)
5	GENDER IDENTITY	415	431	16	2,489	2,540	51	3,487	4,978	5,051	73
6	HEALTH EDUCATION ENGLAND TRAINING CONTRACT	605	605	0	3,627	3,627	0	7,254	7,254	7,254	0
7	CHILD PSYCHOTHERAPY TRAINEES	182	171	(11)	1,059	1,026	(33)	2,391	2,255	2,273	18
8	JUNIOR MEDICAL STAFF	70	72	2	419	447	28	838	838	874	36
9	POSTGRADUATE MED & DENT'L EDUC	7	14	6	44	37	(7)	88	88	106	18
10	PORTFOLIO FEE INCOME	495	416	(79)	2,617	2,605	(13)	6,072	5,943	5,261	(681)
11	DET TRAINING FEES & ACADEMIC INCOME	508	587	78	999	1,026	28	823	1,295	1,385	91
12	FAMILY NURSE PARTNERSHIP	257	237	(20)	1,543	1,534	(9)	3,274	3,086	3,096	9
13	TC INCOME	72	43	(29)	431	327	(105)	863	863	681	(182)
14	CONSULTANCY INCOME CYAF	2	(0)	(2)	10	14	4	48	20	14	(6)
15	CONSULTANCY INCOME AFS	16	12	(4)	97	87	(9)	193	193	179	(14)
16	R&D	19	16	(3)	43	43	(0)	53	70	70	(0)
17	OTHER INCOME	160	135	(24)	429	432	2	571	691	698	7
	TOTAL INCOME	**4,783**	**4,711**	**(72)**	**24,671**	**24,610**	**(61)**	**42,967**	**47,938**	**47,247**	**(691)**
	EXPENDITURE										
18	COMPLEX NEEDS	135	136	(1)	809	810	(1)	1,618	1,618	1,619	(1)
19	PRIMARY CARE	626	599	28	2,802	2,619	182	1,885	4,505	4,255	250
20	PORTMAN CLINIC	112	115	(3)	704	705	(1)	1,380	1,378	1,391	(13)
21	GENDER IDENTITY	314	372	(58)	1,674	1,502	171	2,795	4,027	3,748	279
22	NON CAMDEN CAMHS	455	380	75	2,640	2,670	(31)	5,273	5,211	5,272	(61)
23	CAMDEN CAMHS	422	390	32	2,450	2,327	123	4,803	4,928	4,829	99
24	CHILD & FAMILY GENERAL	60	23	37	360	351	9	699	720	702	18
25	FAMILY NURSE PARTNERSHIP	332	355	(23)	1,353	1,343	10	2,893	2,706	2,706	0
26	PSYCHOLOGICAL THERAPIES DEVT UNIT	(21)	(43)	22	308	278	30	124	338	340	(2)
27	JUNIOR MEDICAL STAFF	83	61	22	497	427	70	993	993	916	78
28	NHS LONDON FUNDED CP TRAINEES	180	164	17	1,048	1,054	(6)	2,370	2,233	2,222	11
29	TAVISTOCK SESSIONAL CP TRAINEES	2	1	0	9	7	2	18	18	18	(0)
30	FLEXIBLE TRAINEE DOCTORS & PGMDE	20	22	(2)	121	142	(21)	242	242	251	(9)
31	EDUCATION & TRAINING	753	734	19	2,057	1,997	60	3,598	4,004	4,051	(47)
32	VISITING LECTURER FEES	102	63	38	605	588	17	1,229	1,215	1,190	25
33	PORTFOLIOS	230	207	24	1,163	1,100	63	2,796	2,546	2,292	254
34	TC EDUCATION & TRAINING	0	(1)	1	0	(0)	0	0	0	(0)	0
35	TC	57	56	1	347	249	98	687	687	419	267
36	R&D	23	13	10	138	137	1	155	293	293	0
37	ESTATES DEPT	159	203	(44)	952	1,174	(222)	2,045	1,904	2,166	(261)
38	FINANCE, ICT & INFORMATICS	274	266	8	1,392	1,370	22	2,562	2,731	2,752	(21)
39	TRUST BOARD, CEO, DIRECTOR, GOVERN'S & PPI	148	146	3	826	843	(17)	1,458	1,591	1,615	(24)
40	COMMERCIAL DIRECTORATE	43	31	11	248	226	22	464	521	495	26
41	HUMAN RESOURCES	52	65	(13)	330	374	(45)	642	642	682	(39)
42	CLINICAL GOVERNANCE	105	96	9	367	337	31	789	669	643	26
43	CEA CONTRIBUTION	10	10	(0)	59	59	(0)	117	117	117	(0)
44	DEPRECIATION & AMORTISATION	63	54	10	401	344	57	850	781	772	9
46	PRODUCTIVITY SAVINGS	0	0	0	0	0	0	(441)	0	0	0
48	CENTRAL RESERVES	10	0	10	(27)	0	(27)	150	(55)	0	(55)
	TOTAL EXPENDITURE	**4,748**	**4,516**	**233**	**23,631**	**23,033**	**598**	**42,195**	**46,566**	**45,758**	**808**
	OPERATING SURPLUS/(DEFICIT)	**35**	**196**	**161**	**1,040**	**1,577**	**537**	**772**	**1,372**	**1,489**	**117**
49	INTEREST RECEIVABLE	1	1	0	4	6	2	8	8	8	(0)
50	DIVIDEND ON PDC	(48)	(49)	(0)	(290)	(291)	(1)	(480)	(580)	(582)	(2)
	SURPLUS/(DEFICIT)	**(13)**	**148**	**161**	**754**	**1,292**	**539**	**300**	**800**	**915**	**115**
51	RESTRUCTURING COSTS	0	(2)	2	0	113	(113)	0	0	115	(115)
	SURPLUS/(DEFICIT) AFTER RESTRUCTURING	**(13)**	**150**	**163**	**754**	**1,180**	**426**	**300**	**800**	**800**	**(0)**

Finance & Performance Report

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2016/17 Plan

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	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 (excl 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)
	(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)
Capital Expenditure	(206)	(351)	(264)	(269)	(134)	(79)	(218)	(264)	(219)	(213)	(154)	(114)	(2,485)
Loan	115	115	115	15	15	15	150	150	150	150	50	60	1,100
Interest Income	0	1	0	1	1	1	0	0	0	0	1	0	5
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments	0	0	0	0	0	(240)	0	0	0	0	0	(240)	(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

2016/17 Actual/Forecast

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	3,356	5,071	4,582	3,790	5,352	3,809	4,057	6,346	5,103	3,903	6,211	5,081	3,356
Operational income received													
NHS (excl HEE)	1,275	1,820	1,132	1,473	861	862	1,088	1,088	1,088	1,088	1,088	1,088	13,951
NHS England (GIDS)	45	661	925	558	529	575	528	528	528	528	528	528	6,461
PHE (FNP)	748	0	0	0	0	1,414	707	0	0	707	0	0	3,576
General debtors (incl LAs)	1,179	729	694	301	723	1,646	700	972	970	773	970	1,071	10,728
HEE for Training	2,391	133	134	2,824	189	23	2,779	0	0	2,779	0	0	11,252
Students and sponsors	306	56	71	113	92	442	800	200	200	400	200	100	2,980
Other	25	27	66	34	30	28	0	0	0	0	0	0	210
	5,969	3,426	3,022	5,303	2,424	4,990	6,602	2,788	2,786	6,275	2,786	2,787	49,158
Operational expenditure payments													
Salaries (net)	(1,499)	(1,429)	(1,434)	(1,427)	(1,476)	(1,505)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(1,522)	(17,902)
Tax, NI and Pension	(1,167)	(1,189)	(1,235)	(1,131)	(1,154)	(1,173)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(1,245)	(14,519)
Restructuring	(4)	(199)	0	0	0	0	0	0	0	0	0	0	(203)
Suppliers	(1,473)	(1,119)	(1,060)	(1,100)	(1,216)	(1,637)	(1,328)	(1,000)	(1,000)	(1,000)	(1,000)	(1,000)	(13,933)
	(4,143)	(3,936)	(3,729)	(3,658)	(3,846)	(4,315)	(4,095)	(3,767)	(3,767)	(3,767)	(3,767)	(3,767)	(46,557)
Capital Expenditure	(112)	20	(86)	(84)	(122)	(93)	(218)	(264)	(220)	(200)	(150)	(150)	(1,679)
Loan	0	0	0	0	0	0	0	0	0	0	0	0	0
Interest Income	1	1	1	1	1	1	0	0	1	0	1	0	8
Payments from provisions	0	0	0	0	0	0	0	0	0	0	0	0	0
PDC Dividend Payments	0	0	0	0	0	(335)	0	0	0	0	0	(240)	(575)
Closing cash balance	5,071	4,582	3,790	5,352	3,809	4,057	6,346	5,103	3,903	6,211	5,081	3,711	3,711

Appendix E

STATEMENT OF FINANCIAL POSITION

	Plan 30 September 2016 £000	Actual 30 September 2016 £000	Variance 30 September 2016 £000	Actual 31 March 2016 £000
Non-current assets				
Intangible assets	**110**	**123**	13	110
Property, plant and equipment	**21,627**	**20,853**	(774)	20,733
Total non-current assets	**21,737**	**20,976**	(761)	20,843
Current assets				
Inventories				
Trade and other receivables	**4,216**	**11,254**	7,038	8,451
Cash and cash equivalents	**4,289**	**4,057**	(232)	3,356
Total current assets	**8,505**	**15,311**	6,806	11,807
Current liabilities				
Trade and other payables	**(3,900)**	**(4,834)**	(934)	(5,381)
Provisions	**0**	**(6)**	(6)	(6)
Tax payable	**(690)**	**(707)**	(17)	(707)
Other liabilities	**(3,957)**	**(8,663)**	(4,706)	(5,659)
Total current liabilities	**(8,547)**	**(14,210)**	(5,663)	(11,753)
Total assets less current liabilities	**21,695**	**22,077**	382	20,897
Non-current liabilities				
Loans	**(390)**	**0**	390	0
Provisions	**(129)**	**(123)**	6	(123)
Total non-current liabilities	**(519)**	**(123)**	**6**	**(123)**
Total assets employed	**21,176**	**21,954**	388	20,774
Financed by (taxpayers' equity)				
Public Dividend Capital	**3,474**	**3,474**	0	3,474
Revaluation reserve	**14,126**	**14,126**	0	14,126
Income and expenditure reserve	**3,576**	**4,354**	778	3,174
Total taxpayers' equity	**21,176**	**21,954**	**778**	**20,774**

Finance & Performance Report

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

Board of Directors : October 2016

Item : 15

Title : IMT Programme Update Report

Summary:

The programme remains as amber status for time. While activities against the programme have progressed well with the relevant projects initiated and proceeding to plan we remain slightly behind on some targets.

The most recent IMT Programme Summary Report, covering to end of August 2016, has been enclosed with this paper for information. The latest update for the CareNotes Optimisation Project, covering to 10th October 2016, has also been enclosed.

This report has been reviewed by the following Committees:

* Management Team, 18th October 2016

This report focuses on the following areas:

* Quality
* Risk

For : Noting

From : David Wyndham Lewis, Director of IM&T

IMT Report

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IM&T Strategy and Programme Q2 Update

Introduction

In February 2016 the Board approved the IM&T Strategy and plan.

The Chairman requested that the Board be provided with regular update on the IM&T Strategy delivery.

Summary

The IMT Programme is currently reporting progress to the IMT Steering Committee on a bi-monthly basis. The most recent IMT Programme Summary Report, covering to end of August 2016, has been enclosed with this paper for information. The latest update for the CareNotes Optimisation Project, covering to 10th October 2016, has also been enclosed.

The programme remains as amber status for time. While activities against the programme have progressed well with the relevant projects initiated and proceeding to plan we remain slightly behind on some targets. Time remaining in financial year represents a significant challenge given resource constraints and the fact that many of the projects require further work to understand the brief including objectives and expected benefits in adequate detail before they can be properly initiated.

A more rigorous programme and project management methodology has been introduced for the IMT Programme but this is in early stages with quality of the data held on each project still iteratively improving over time.

It is important to note that the projects undertaken so far have delivered their relevant objectives. The CareNotes Optimisation in particular has improved the performance and function of the CareNotes system and we have been receiving positive feedback on the impact on clinicians through the CareNotes User Group and the IMT Steering Committee.

It remains the case that the majority of critical path activities within the major projects currently relate to procurement exercises, such as for the Network Redesign, Replacement and ongoing support services.

IM&T Programme Update

Further to the update provided to the IMT Steering Committee in early September and the attached highlight report I can provide the following updates:

1. Specification for the network replacement and ongoing supporting services is well developed however remains in draft. It has been recommended that the Trust procure the replacement of the network and the ongoing support services together. This would be contracted as a managed service contract on a three year initial term that commits the supplier to service levels enforced through a viable and proportionate performance management regime. The supplier would be bound to replacing the existing network hardware within the first three months of the contract term. We are currently seeking procurement support for this exercise. This project is behind schedule by circa one month.

2. The remediation of the physical environment of the communications rooms and datacentre has been completed for levels 1, 3 and 4 of the Tavistock Centre. In addition the power infrastructure for the datacentre on the ground floor has been upgraded. Remaining works for ground floor and levels 2 and 5 are on track to complete by the end of the calendar year and in time to enable the network replacement.

3. Email replacement (a.k.a. Office 365) is progressing well and to plan with the new local email system build starting on 17th October 2016. The phasing of the deployment has been refined and now consists of:

   - Phase 1 – migrate all Trust staff to modern email platform running on Tavistock Centre site. Complete by end of December 2016.

   - Phase 2 – migrate all accounts from local email platform to Office365 cloud. Complete by end of January 2018.

   - Phase 3 – configure cloud email to allow safe send and receive of patient data from tavi-port.nhs.uk addresses. Complete by end of March 2017.

4. IMT Capacity and Capability Review data gathering and interviews are now complete with the draft report issued to Director of IMT on 11th October 2016. Once finalised this will be presented to IMT Steering Committee for review.

5. The CareNotes Optimisation Project is now nearing completion. At the IMT Steering Committee the CCIO reported good progress over the summer. Clinicians can now generate graphs of outcome measures within the system, a major piece of missing function.

   The Patient Questionnaire function (a.k.a. Patient View) is well progressed and is available on desktops. The IMT team have recently finalised the deployment on iPads with all the technical issues around slow access time on iPads now resolved. Similarly CareNotes Mobile, function which will allow clinicians to securely take a set of records offline for remote working, is well progressed and can now be deployed but needs a carefully phased approach to deployment.

   A number of the deliverables of the COP Project were never specified in any detail and while likely of benefit to the Trust this had not been quantified. In particular "Patient Portal" and "SMS / Patient Communications" were mentioned in the original COP scope but with limited detail. The COP Project Board and IMT Steering Committee agreed that these should be initiated as separate projects, returned to Project Brief stage and the objectives, requirements and benefits fully defined before progressing. This will allow the COP to close cleanly on completion of the remaining deliverables.

6. The replacement of endpoint devices (PCs, laptops, tablets & desk telephones) remains behind schedule however a plan is now in place to accelerate their procurement and deployment and we expect to complete well within this financial year.

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IMT Report

7. Further discussions have taken place on the deployment of reporting dashboards. In addition to sustaining the provision of the dashboards as far as they have been developed work is progressing to assess alternate technologies with a view to producing a recommendation and business case for further improvements.

Other Successes

We have recruited an interim IMT Project Manager who is supporting the Trust two days per week with a focus on the Quality Improvement: Clinical Audit & NICE and Quality Improvement: Risk & Incident Management projects.

In addition we are in recruitment for a full time IMT Project Manager to help take the remaining projects forward. We hope to have this person in post by end of November 2016.

Workshops on customer engagement and stakeholder awareness have been very well received by the IMT team. In addition early discussion on implementation of IMT service best practice have generated a very enthusiastic response. All team members are aware that they will each be engaged in at least one service improvement project alongside their operational and technical project workload. There is a long way to go on this theme from the IMT Strategy, with frequent iterative change required to embed within IMT, however the team are noticeably excited at the prospect.

Concerns

Following a discussion at the IMT Steering Committee, IMT has completed an audit of all the project work that IMT is engaged in. This covers the work presented in the IMT Strategy however also includes the IMT components of other projects being undertaken by the Trust as well as "big jobs" that come in from the business and require a degree of oversight beyond that provided by our operational teams in ICT or Informatics. This audit currently shows 107 items – this is a blunt measure of the volume of work actually required however it does highlight the need for the business to prioritise work as it is passed to IMT. The IMT Steering Committee agreed that the Director of IMT should present this audit to their next meeting as well as recommending control mechanisms to monitor and prioritise the incoming work. This audit has also been considered and incorporated into the IMT Capacity and Capability Review.

A number of service outages over the summer have again highlighted the fragility of our network and other infrastructure. While our planned network replacement remains the appropriate resolution to these problems the service outages have further damaged perception of the quality of IMT services within the Trust.

Connectivity problems being experienced in remote sites where we don't fully manage the infrastructure continue to cause issues for the staff in those services and also cost a disproportionate amount of ICT staff time to try and resolve.

Operational firefighting of infrastructure issues still presents a challenge to delivery of strategic plans, however as each infrastructure project completes this will improve.

Carenotes Optimisation Project

Project Update to 10th October 2016 – Provided by David Wyndham Lewis

The latest highlight report for the Carenotes Optimisation Project ("COP") reviewed by the Project Board on 10th October 2016 shows the project remains as Amber status.

Project	Description	Project Sponsor	Project Manager	RAG Status						Comments
				Time		Cost		Delivery		
				This Period	Last Period	This Period	Last Period	This Period	Last Period	
CareNotes Optimisation	Optimise implementation of CareNotes including Patient Questionnaire and Mobile device function.	Myooran Canagaratnam	Freddie Peel	2		1		2		

At the IMT Steering Committee, Myooran Canagaratnam reported good progress over the summer. Clinicians can now generate graphs of outcome measures within the system so a major deliverable is now complete.

The project is assessed as amber for Time status as the project is likely to run beyond its originally intended timelines though with minimal impact to service provision as a result. The Patient Questionnaire (a.k.a. Patient View) pilot has progressed and has successfully demonstrated this function on iPads. Similarly CareNotes Mobile, function that will allow clinicians to securely take a set of records offline for remote working, is well progressed and is now being deployed to a trial area.

The project is assessed as amber for Delivery status. This is as a result of a decision made at COP Project Board and confirmed at IMT Steering Committee to separate out a number of the deliverables from the original project scope and initiate as their own separate projects. These deliverables were never specified in any detail and while likely of benefit to the Trust this had not been quantified. In particular "Patient Portal" and "SMS / Patient Communications" were mentioned in the original COP scope but with limited detail. The Board and Committee agreed that these should be returned to Project Brief stage and the requirements and benefits fully defined before progressing. This will allow the COP to close cleanly on completion of the remaining deliverables. The Director of IMT has commenced discussions with the clinical body to understand the requirements for the projects above

It is expected that all remaining project objectives will complete in advance of the next CareNotes Project Board on 5th December 2016. That Board will review the original project objectives and ratify a Project Closure Report. This report will be presented to the IMT Steering Committee with a recommendation for closure of the project. The report will be made available to Management Team and Trust Board to assure that the project has been successfully delivered, correctly closed and to present lessons learned for use in future projects.

IM&T Programme Highlight Report

The purpose of the Programme Highlight Report is to provide the IM&T Steering Committee with a high-level snapshot view of progress to date and to highlight any areas that require Programme Board input.

DOCUMENT VERSION CONTROL

Version	Date	Status	Author	Change Description
1.0		Final	David Wyndham Lewis	N/A

DISTRIBUTION

Name	Organisation	Title
All members of IM&T Steering Committee	Tavistock and Portman NHS FT	N/A

HIGHLIGHT REPORT SUMMARY

Date of IMT Steering Committee	Period
15/09/2016	To end of August 2016

Programme Name:	IMT Programme
Programme Vision:	To provide customer-oriented, usable IT and Informatics services that builds on reliable technology solutions and puts the need of the service users and staff at the centre of all we do.

Programme Manager:	David Wyndham Lewis	**Telephone** X2694	**Email** dwyndhamlewis@tavi-port.nhs.uk

TABLE 1 – Overall Programme Progress and Status

	RAG Status		OVERALL PROGRAMME PROGRESS AND STATUS
	This Period	Last Period	**Comment on overall progress and status and any recommended actions**
Time			Programme has been assessed as **AMBER**. Time remaining in financial year represents a significant challenge given resource constraints and the fact that the majority of the projects are not yet briefed in detail or initiated.
Cost			No known issues.
Delivery / Outcome			No known issues.
Benefits			No known issues.

TABLE 2 – PROJECTS SUMMARY

PROJECT SUMMARY					
Strategy Themes	**TOTAL**	**RED STATUS**	**AMBER STATUS**	**GREEN STATUS**	**IN INITIATION**
Build the Infrastructure Platform	10		1	2	7
Build the Information Platform	10		1	1	8
Build the Service Platform	8			1	7

IMT Report

Please note that the tables 3 through 6 below are deliberately blank. The overall programme plan is yet to be created.
Creation of this plan will be undertaken as a component of the Project and Programme Management Improvement Project (not yet initiated).

TABLE 3 – Milestone Overdue

MILESTONES OVERDUE					
Project / Sub Programme	Milestone Description	Expected End Date	Revised End Date	Dependent Milestones	Owner

TABLE 4 – Escalated Issues

ESCALATED ISSUES				
Reference	Issue	Recommendation from Project Board	Actions Completed	Owner

TABLE 5 – Escalated Risks

ESCALATED RISKS			
Reference	Issue	Recommendation from Project Board	Owner

TABLE 6 – Milestones for Next Period

MILESTONES FOR NEXT PERIOD			
Reference	Project	Milestone / Activity	Owner

The Tavistock and Portman NHS Foundation Trust

TABLE 7 – Project Highlight Summary (Build the Infrastructure Platform)

Project	Description	Project Sponsor	Project Manager	RAG Status Time This Period	RAG Status Time Last Period	RAG Status Cost This Period	RAG Status Cost Last Period	RAG Status Delivery This Period	RAG Status Delivery Last Period	Comments
Network Refresh 2016/17	Network hardware refresh of out of support network equipment and reconfiguration to introduce resilience. Includes firewall replacement and perimeter redesign. Combination of "Network Replacement" and "Firewall Replacement" business plan capital lines.	David Wyndham Lewis	TBC	2		1		1		First draft of high level project plan has been produced and there is very limited time contingency available in the financial year. Initial assessment shows available budget to be adequate to deliver the immediate scope however more refining work required. Project **TIME ASSESSED AS AMBER**
Email Migration	Phased project to: • Migrate the Trust from its existing legacy email platform to modern server hardware and a recent MS Exchange version • Configure the new platform as a cloud hybrid, linked to Office 365, and migrate all Trust email accounts.	David Wyndham Lewis	TBC	1		1		1		First draft of high level project plan has been produced. Initial assessment indicates that project should be delivered within budget and quality constraints and within this financial year. Supplier has been commissioned for stage 1 of the work. PID and LLD will be signed off in w/c 12/9/16 with technical workstream expected to complete by end of October.
IT Environment Remediation 2016/17	Assess and remedy the environment of the IMT data and comms rooms such as power, cooling and physical space.	David Wyndham Lewis	TBC	1		1		1		Resilient power implemented within the main datacentre. Comms room remediation completed on levels 1, 3 and 4. New fibre optic provided to level 3 only.
Secure Email Configuration	Follow on to email migration to allow for transmission of patient data from tavi-port.nhs.uk email addresses and allow for removal of NHSmail	David Wyndham Lewis	TBC							Will be initiated in December 2016

IMT Report

Project	Description	Project Sponsor	Project Manager	RAG Status						Comments
				Time		Cost		Delivery		
				This Period	Last Period	This Period	Last Period	This Period	Last Period	
	accounts from Trust.									
ULCC Network Resilience	Implement a second University of London Computer Centre JANET link for resilience on non-NHS specific external connectivity	David Wyndham Lewis	TBC							Will be initiated in October 2016
Data Leak Prevention	Monitors all outbound data flows from the Trust for data leaks	David Wyndham Lewis	TBC							Will be initiated in October 2016
Audio Visual Refresh 2016/17	Replace all computers supporting AV functions. Seminar Rooms to have Internet only access and meeting rooms to have corporate network access	TBC	TBC							Will be initiated in November 2016
Active Directory Review	Review AD structure, contents and procedures and implement best practice design.	David Wyndham Lewis	TBC							Will be initiated in October 2016
Endpoint Device Refresh 2016/17	Replacement of endpoint devices (PCs, laptops, tablets etc.) that are out of support with manufacturer.	David Wyndham Lewis	TBC							Will be initiated in October 2016
Storage Improvement 2016/17	To extend storage for the Trust either through additional onsite capacity or via cloud based platform (Office365 Sharepoint or similar)	David Wyndham Lewis	TBC							Will be initiated in November 2016

TABLE 8 – Project Highlight Summary (Build the Information Platform)

Project	Description	Project Sponsor	Project Manager	RAG Status						Comments
				Time		Cost		Delivery		
				This Period	Last Period	This Period	Last Period	This Period	Last Period	
CareNotes Optimisation	Optimise implementation of CareNotes including Patient Questionnaire and Mobile device function.	Myooran Canagaratnam	Freddie Peel	2		1		2		Please see attached COP update
Student Information Management System	Implement a Student Information Management System and map and refine existing DET operational processes within that system	Brian Rock	Ricky Kothari	2		1		2		Project is progressing broadly to time with Tribal SITS procured and first stage of implementation schedules for 4th November. While the expectation is that initial go-live will occur to schedule it is expected that this will be with an elevated level of risk. This is primarily due to challenges releasing operational staff time to the project alongside an elevated day to day workload. Project TIME ASSESSED AS AMBER Project DELIVERY ASSESSED AS AMBER
Risk Management and Quality Improvement	Implement new system and processes for Audit and NICE functions. Implement new system and processes for enterprise risk and incident management.	Marion Shipman	Frances Wellburn (TBC)	1		1		1		Project in initiation. Project Manager due to start with the Trust imminently. Allocate procured to provide CQC / Audit and NICE function.
DET CRM System	Implement a CRM system to support DET business functions	David Wyndham Lewis	TBC							Will be initiated in December 2016
Patient Portal	???	TBC	TBC							
DET System Improvement 2016/17	Re-architect the student systems that will remain post SIMS implementation to ensure sustainability.	TBC	TBC							Will be initiated in December 2016

IMT Report

Project	Description	Project Sponsor	Project Manager	RAG Status								Comments
				Time		Cost		Delivery				
				This Period	Last Period	This Period	Last Period	This Period	Last Period			
Electronic Referrals	Implement electronic referrals processes within the Trust	TBC	TBC									Will be initiated in November 2016
Data Warehouse Optimisation	Develop warehouse to provide management information from clinical data to support decision making and research	TBC	TBC									Will be initiated in November 2016
Reporting Optimisation	Reporting information, performance management, dashboards & quality.	TBC	TBC									Will be initiated in October 2016
CareNotes Third Party Integration	Enable communication and record sharing with commissioners and other providers	TBC	TBC									Will be initiated in November 2016
Patient Engagement Site (Interactive WIFI Portal)	Interactive means of engaging patients via connection to the Trust WIFI linking to videos, CBT, FFT, other support media etc...	TBC	TBC									Will be initiated in December 2016

TABLE 9 – Project Highlight Summary (Build the Services Platform)

Project	Description	Project Sponsor	Project Manager	RAG Status						Comments
				Time		Cost		Delivery		
				This Period	Last Period	This Period	Last Period	This Period	Last Period	
IMT Capacity and Capability Review	Undertake and capacity and capability review of the IMT team and services to understand our ability to deliver the IMT Strategy.	David Wyndham Lewis	TBC	1		1		1		Supplier has been commissioned to undertake the review. All workshops and interviews with IMT staff now scheduled over October and November.
ITSM Incident Management Implementation		David Wyndham Lewis	TBC							Will be initiated in October 2016
ITSM Change Management Implementation		David Wyndham Lewis	TBC							Will be initiated in October 2016
ITSM Configuration Management Implementation		David Wyndham Lewis	TBC							Will be initiated in October 2016
ITSM Service Level Management Implementation		David Wyndham Lewis	TBC							Will be initiated in October 2016
Cyber Security Incident Management		David Wyndham Lewis	TBC							Will be initiated in October 2016
IMT Disaster Recover Audit Recommendations		David Wyndham Lewis	TBC							Will be initiated in October 2016
Project and Programme Management Improvement Project		David Wyndham Lewis	TBC							Will be initiated in October 2016

TABLE 10 – Recently Completed Projects

Project	Description	Project Sponsor	Project Manager	RAG Status						Comments
				Time		Cost		Delivery		
				This Period	Last Period	This Period	Last Period	This Period	Last Period	

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

Board of Directors : October 2016

Item : 16

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 12th September 2016.

This report focuses on the following areas:

- Quality
- Equality
- Risk
- Finance
- Productivity
- Communications

For : Noting

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

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Department of Education and Training Board Report

1. Introduction

1.1 This paper provides and update on the issues discussed at the Training and Education Programme Management Board held on Monday 3rd October 2016.

2. National Training Contract

2.1 Paul Jenkins updated the programme board of the developments in relation to the national contract which continue to progress in all work streams: Portfolio review, Educational Consultancy and Data and Finance).

3. Student Recruitment

3.1 Laure Thomas, Director of Marketing and Communications, presented a paper on this item. She advised that applications are now closed for nearly all courses

3.2 In total, 940 applications were received (plus 69 of Associate Centers = 1009). 564 of those students have accepted and; 559 new enrolments were made as at 14th October.

3.3 The recruitment team have assessed figures regarding the ethnic background of all applicants and found that the proportions are the same for application and enrolled students. While these figures do not reflect those of the wider community this is the trend in most Universities.

3.4 It was agreed that there was a need to look at how students progressed on completion not just application rates. It was also agreed that we should assess the data available in relation to applicants from the LGBT community and other protected characteristics.

3.5 Plans are being made for a recruitment "wash up" event in October and the programme board agreed that a staff survey should go out ahead of this event. We will also be surveying those applicants we did not offer places to and those that did not accept offers that were made.

4. Fee Review

4.1 Victoria Buyer, Commercial Engagement and Development Unit Lead and Bhavna Taylor, Finance Manager, are conducting a review of our fees for the upcoming academic year.

4.2 It is likely that there will be an average increase of 7% with the exception of those courses reviewed last year that are already in line with that of our competitors and our cost base.

4.3 Fees will be signed off by Portfolio Managers and the Programme Board ahead of their publication in our 2017/18 prospectus.

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

5. Tavistock Society of Psychotherapists

5.1 Elisa Reyes-Simpson, Associate Dean, Academic Governance and Quality Assurance, presented a paper on this item.

5.2 She explained that the society is a member institution of the British Psychoanalytic Council (BPC) and that it is the mechanism for students to register with the BPC when they complete an accrediting course.

5.3 ERS had conducted a review following the former chair stepping down from TSP earlier this year.

5.4 There are issues in relation to the links between TSP and the Trust, the fees levelled by TSP, the election of its officers and concerns around equity.

5.5 ERS has recommended that the Trust should not appoint the TSP Chair but rather that it should do this independently. The BPC has recommended a structure that she is of the view that they should adopt.

5.6 The programme board agreed to adopt the recommendations as contained within the report.

6. Sponsorship of Student Research

6.1 Elisa Reyes-Simpson explained that it had come to light that the arrangements for sponsorship of student research had not been agreed with the University of Essex as they had been with our former partner the University of East London.

6.2 Following discussions with the relevant parties it has been agreed that the Trust should become the sponsor of student research.

6.3 It was agreed that this would be progressed with NOCLOR and that interim arrangements would be put in place to manage the risk we are carrying.

7. ICT Project

7.1 David Wyndham-Lewis, Interim Director of Information Management and Technology, attended to present on this item.

7.2 He advised that the project is now rated as an amber RAG rating and that it is due to go live as scheduled.

7.3 As it stands the greatest risk related to the first phase go-live is data migration. If this work is not completed as scheduled the system can go live as planned on the 4th November however with an elevated administrative overhead for the DET operational teams in handling new applications and admissions.

7.4 The lead systems analyst is due to leave the Trust at the end of the month however an interim arrangement has been made to cover his role.

8. LCPPD

8.1 Fiona Hartnett, Dean's Office Manager, gave an update on this item.

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8.2 She advised the programme board that there had been a 9% underspend on 2015/16 commissions largely as a result of a lack of communication within the Trust and other Trusts commissioning large amounts of bespoke training that neither party could accommodate.

8.3 Commissions have now been confirmed for 2016/17 and reflect the 25% reduction in workforce development funding available to Trusts.

8.4 She and Victoria Buyer will continue to develop relationships with commissioners and maintain regular communication throughout the year.

8.5 An assurance meeting will be held with HEE in November to review this year's cycle.

9.   International Development

9.1 Rita Harris attended and presented a paper on this item.

9.2 Her work has focussed on the Visitors Programme and it is proposed that the Trust moves to a system of bi-annual intakes of students rather than individual bespoke programmes. The programme board agreed that this should be progressed.

9.3 The group discussed the possibility of developing a wider international programme and it was agreed that it was important that we use our reputation more widely.

9.4 They considered the resource implications of this and it was agreed that Rita Harris and Dinesh Bhugra would take this forward and assess what could be done.

10.   Enrolment Issues

10.1 Karen Tanner, Deputy Director of Education and Training and Associate Dean, Learning and Teaching, advised the programme board that there had been a number of issues this year in relation to re-enrolling existing students for their second or subsequent years.

10.2 A Rapid Response Group has been established to manage this and other issues that have emerged at the start of the academic year.

10.3 They are meeting regularly and will continue to do so in order to ensure that resources are directed appropriately.

Brian Rock
Director of Education and Training/Dean of Postgraduate Studies
16th October 2016

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BOARD OF DIRECTORS (PART 1)

Meeting in public
Tuesday 25th October 2016, 14.00 – 16.00
Lecture Theatre, Tavistock Centre, 120 Belsize Lane, London NW3 5BA

AGENDA

PRELIMINARIES

1.	**Chair's Opening Remarks** Prof Paul Burstow, Trust Chair		Verbal	-
2.	**Apologies for absence and declarations of interest** Prof Paul Burstow, Trust Chair	To note	Verbal	-
3.	**Minutes of the previous meeting** Prof Paul Burstow, Trust Chair	To approve	Enc.	p.1
3a.	**Outstanding Actions** Prof Paul Burstow, Trust Chair	To note	Verbal	-
4.	**Matters arising** Prof Paul Burstow, Trust Chair	To note	Verbal	-
REPORTS & FINANCE				
5.	**Service User Story – M6 Student**	To note	Verbal	-
6.	**Service Line Report – Forensic Portfolio** Mr Stephen Blumenthal, Portfolio Lead Forensic	To discuss	Enc.	p.9
7.	**Service Line Report – Systemic Portfolio** Ms Yvonne Ayo, Portfolio Lead Systemic	To discuss	Enc.	p.20
8.	**Trust Chair's and NEDs' Reports** Prof Paul Burstow, Trust Chair	To discuss	Verbal	-
9.	**Chief Executive's Report** Mr Paul Jenkins, Chief Executive	To discuss	Enc.	p.29
10.	**Strategic Objectives – Review of progress against existing objectives** Mr Paul Jenkins, Chief Executive	To discuss	Enc.	p.32
11.	**Refreshed Strategic Objectives for 2016-2018** Mr Paul Jenkins, Chief Executive	To approve	Enc.	p.36
12.	**Quarter 2 Quality Report** Ms Marion Shipman, Associate Director Quality & Governance	To note	Enc.	p.41
13.	**Quarter 2 Performance Dashboards** Ms Julia Smith, Commercial Director	To discuss	Enc.	p.47
14.	**Finance and Performance Report** Mr Carl Doherty, Deputy Director of Finance	To discuss	Enc.	p.56

REPORTS FOR NOTING ONLY

15.	**Quarter 2 IMT Report** Mr David Wyndham-Lewis, Director of IMT	To note	Enc.	p.65
16.	**Training and Education Report** Mr Brian Rock, Director of Education and Training/Dean	To note	Enc.	p.79
CLOSE			
17.	**Notice of Future Meetings** • Tuesday 29th November 2016: Board Meeting, 2.00pm – 5.30pm, Lecture Theatre • Thursday 1st December 2016: Council of Governor's Meeting, 2.00pm – 5.00pm, Lecture Theatre • Tuesday 6th December 2016: Leadership Conference, 10.00am – 5.00pm, Lecture Theatre	Verbal	-