The Tavistock and Portman NHS
NHS Foundation Trust

Operational Plan for 2014-16

Tavistock and Portman NHS Foundation Trust

Operational Plan for y/e 31 March 2015 and 2016

This document completed by (and Monitor queries to be directed to):

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Date	**4 April 2014**

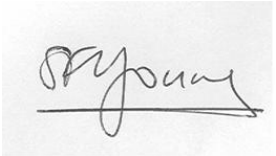
In signing below, the Trust is confirming that:

- **The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;**
- **The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;**
- **The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and**
- **All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.**

Approved on behalf of the Board of Directors by:

Chair	**Angela Greatley**
Signature	

Chief Executive	**Paul Jenkins**
Signature	

Finance Director	**Simon Young**
Signature	

1 Executive Summary

The Tavistock and Portman's aim is to deliver quality healthcare to our patients; the best possible learning experiences for our students and trainees; and a supportive environment for our staff to work in.

During the first part of 2014/15, our recently-appointed Chief Executive is consulting and engaging with internal and external stakeholders. This consultation, "Shaping our Future," will focus mainly on three objectives:

1. Building on our strengths and traditions to provide a clear focus for our development.
2. Putting the voice of lived experience of mental illness at the heart of what we do.
3. Doing what we do more efficiently and effectively.

The Trust has met its financial targets each year, through development and growth in both clinical services and education and training; and through improvements in productivity. Income has increased from £25m in 2007/08 to £40m in 2013/14.

In the current period of austerity, we believe that growth is still possible and will be achieved through close collaboration with commissioners and partners to re-shape services and trainings, building on the models we have developed.

At the same time, enhancing the quality, effectiveness and efficiency of existing activities is a critical objective.

A new patient record system will be implemented in 2015, giving an opportunity to change radically the way we work, moving from largely paper-based records to holding all records on the system, providing clinicians with ready access to information to support care. We are also developing our strategies for technology-enhanced learning and for the use of digital technology in our clinical services.

2 Operational Plan

2.1 The short term challenge

The Trust has achieved savings and other changes which deliver a balanced budget for 2014/15. During this year, we are preparing to meet the challenges and opportunities of 2015/16 and future years. We are continuing to work with commissioners and partners to develop and deliver more integrated services which offer improved value for patients. The introduction of the Better Care Fund in 2015/16 is a specific opportunity; though its creation will also put pressure on the remainder of CCG budgets, on top of the "Nicholson challenge" to meet increased needs and expectations with flat funding in real terms.

The market for education and training – for which the Trust earns more than half its income – is also expected to offer both challenges and opportunities. Training budgets will be under pressure, but training remains as important as ever for the workforce in healthcare and other professions. Again, we are working with commissioners and with our students and trainees, to ensure that we continue to meet their needs and make use of new technology to develop effective new forms of delivery.

At the same time as dealing with financial pressures, the challenge is also to continue to enhance the quality of all our services, informed both by statistical analysis of effectiveness and results, and by the ideas and opinions of our patients and students.

2.2 Quality plans

Clinical Quality

The Trust has made very significant continued progress over the last year towards implementing reliable methods for collecting data on the effectiveness of our clinical services and on our patients' experience of our services.

Our CQUIN[1] targets in 2013/14 have largely been achieved. Targets for 2014/15 cover the same areas, and we aim for continuing improvement in all these areas.

The development of outcome measurement, and the use of such measures to influence service development, is central to our quality programme. The measures cover a range of domains:

- Symptom severity
- Global functioning
- Family/carer burden
- Quality of Life
- Social disabilities and employment
- Stigma and discrimination
- Satisfaction with mental health services

The Trust's Outcome Monitoring Tracker system has been fully implemented during 2013/14, and is accessible to all clinicians and administrators. We are now collecting the appropriate measures for all patients at assessment and after six months or, if earlier, the end of treatment.

[1] CQUIN = Commissioning for Quality and Innovation: a framework which enables commissioners to reward excellence

During the next two years, therefore, our priority is that this information, covering all the domains listed above, will be utilised by individuals and by teams to review and revise our clinical practice.

We aim to continue to increase the inclusion of patients, carers and their families in our service development and delivery. For example. service user representatives will be involved in staff appointments where appropriate. Our new website will provide more easily accessible information for patient, carers and families as well as referrers. The Trust has increased the resourcing of patient and public involvement (PPI); and over the next two years this will continue to be a priority area of development across all our services.

We will continue to ensure our staff are well trained and supported in Child and Adult Safeguarding. In recognition of the increased significance of our digital lives, the Trust has developed a training for staff in recognising risks and benefits in the digital lives of our patients, especially children and young people. Over the next two years, as we develop our digital strategy, we aim to learn more about the impact of digital lives and to embed this learning in our service delivery and staff training. Alongside this we aim to further develop our capacity where appropriate to deliver services using digital technology.

Education and Training Quality

Education and training represents over half of the Trust's activities, and quality is no less of an issue for this dimension of our work. Our courses fall into three categories:

- Long courses accredited by a university partner (some also by professional bodies)
- Small number of long courses not accredited by a university partner (some also by professional bodies)
- Short courses, seminars, conferences, etc. (not accredited by a university partner).

The primary vehicle for overseeing the quality of our work in this area is the Academic Governance and Quality Assurance Committee which meets ten times a year. It is serviced by officers from the Academic Governance and Quality Assurance Unit located within the Directorate for Education and Training (DET).

There are quite powerful controls for the quality of our work, chief amongst which are:

- Oversight by and reporting to the Academic Governance and Quality Assurance Committee
- Annual student feedback exercise
- Annual monitoring process by our university partners
- Additional periodic review by our university partners
- External examiners' reports
- Annual monitoring exercise by Quality Assurance Agency for Higher Education (QAA).

On the basis of the above, reports on quality are incorporated into regular reports to the Board of Directors on education and training presented by the Dean of Postgraduate Studies. We are now moving towards a more systematic reporting format based on key performance indicators, beginning in April 2014. The sorts of issues we are concerned with in terms of quality would be:

- Expression of satisfaction rates by students (in general and on specifics issues)
- Retention and progression rates
- Student profile is sufficiently inclusive in terms of gender, ethnicity, disability, etc.
- Staff professional development.

Almost all indicators demonstrate that our education and training provision operates at a very high level of quality. Nevertheless, we have in place a comprehensive programme of work for continuing to improve quality which currently includes:

- Increasing the number of training staff obtaining professional recognition from the Higher Education Academy
- Undertaking a number of initiatives designed to enhance student engagement
- Publishing a Student Charter
- Continuing a programme of improving infrastructure (quality of seminar rooms, ICT and audio-visual support, etc.).

2.3 Operational developments and capacity

Patient Services

The Trust provides a growing range of mental health services for children and families, adolescents and adults.

The child and adolescent service (CAMHS) in Camden is valued for its strong links with schools, community organisations and other services, and delivers successful outcomes. The Family Drug and Alcohol Court service (FDAC), offered in partnership with Coram, is a key element of the very successful innovative court which serves six London boroughs.

Our nationally commissioned Gender Identity Development service has grown significantly, and in 2013 opened a base in Leeds. The Primary Care Psychotherapy Consultation service, working with GPs in City and Hackney, has been very successful since its introduction in 2009: a recent evaluation study showed that it improves health outcomes; makes savings through the reduced use of other primary and secondary healthcare services; and achieves very high satisfaction ratings with GPs.

These service models offer effectiveness, integration and innovation. We are in discussion with commissioners, and with potential voluntary sector partners, with the aim of offering and adapting them to meet the needs of other areas. New contracts have been won during 2013/14, and further opportunities are due in the next 12 months. We are working on the possibilities of taking on one or more existing services, responding to a number of opportunities which are likely to be offered by commissioners. We will also be offering new services for maltreated children; contributions to integrated care developments; and similar models to the Primary Care Psychotherapy Consultation service, in the context of the Better Care Fund.

Education and Training

The Tavistock and Portman offer education and training at different levels to a range of professionals working in health, education, the criminal justice system and social care.

This includes courses that:

- *help maintain emotional resilience, thoughtfulness and compassion in stressful work-place environments for a broad range of professionals*
- *develop psychotherapeutic skills for professionals whose broader responsibilities may include the psychological well-being of their clients or patients*
- *enable participants to acquire knowledge about specific topics relevant to professionals working in health, education, the criminal justice system and social care*
- *provide a recognised professional qualification, e.g. psychotherapy, social work*
- *develop intermediate and advanced practice within specialist disciplines, e.g. family systemic psychotherapy, psychodynamic psychotherapy, social work*

While the fees for training courses must be competitive and offer value for money, the market is less constrained in some respects. We aim to develop new products and update our existing trainings, to meet the changing requirements of the market.

This is the rationale of the portfolio review which was undertaken in 2013 and has led to a programme of strategic transformation which is now being implemented:

- *Curriculum redesign: to offer products which relate to the contemporary workforce while retaining our core strengths of reflective learning and proximity with clinical practice*
- *Driving up quality standards*
- *International development*
- *Flexibility through modular structures and technology-enhanced learning*
- *Regional development strategy*
- *Marketing*
- *Re-engineering business processes and systems*
- *Improved infrastructure*
- *Creating a 'community of practice' with students as partners – shared learning*
- *A globalised curriculum embodying intercultural values*
- *Engagement across the student journey*
- *Drawing on the lived experience of those who have suffered mental distress*

We are aligning our developments with the strategic direction of Health Education England, building our relationships across the national network of Local Education and Training Boards.

At the same time, we aim to develop 1 year, full-time, taught programmes (preferably Masters level) of a general nature for the international market. In order to start delivery of these in 2015/16, we will be developing an international marketing and recruitment plan, including student support.

2.4 Infrastructure requirements and capacity

Buildings and facilities

After considering the facilities that the Trust is likely to need in future, we have recently initiated a relocation programme. A number of options – including relocation but also including a major refurbishment of our present main building – have been identified. These will be fully evaluated during 2014/15, and the Board will decide which option(s) to take further. The programme is being managed under the standard public sector governance structures, using PRINCE. Two initial projects are to make a detailed assessment of our accommodation needs; and a full valuation of our current estate, based on development potential. Professional advisers are supporting both these projects.

The Tavistock Centre was built in the 1960's, and though its design continues to meet some of our needs, in other ways it is restrictive. The relocation programme aims to provide facilities where staff can work together more flexibly; where modern technology can be fully utilised in both our clinical work and in our education and training; and with adaptability for further changes in the next 25 years.

Financially, the objective of the relocation programme is to be self-funding, from the potential proceeds of sale of the Trust's existing property.

Information Management and Technology

As noted in the Clinical Quality section above, the Trust's Outcome Monitoring tracker system now enables us to collect a wide range of measures covering all our patient groups. Clinicians have direct access to the system, and this is the first stage of a significant change in the way we collect and use information.

The national contract for the provision of our main patient record system is due to end in October 2015. After a competitive selection process, the Trust will shortly confirm its choice of a new Integrated Digital Care Record system to be implemented in 2015. A wide range of staff have been involved in the selection and will be working on the configuration and implementation. We aim to make full use of this opportunity to change the way we work, moving from largely paper-based records to holding all records on the system, providing clinicians with ready access to information to support care. The records will normally also be accessible to patients.

At the same time, we are developing our strategies for technology-enhanced learning and also for the use of digital technology in our clinical services.

2.5 Productivity, efficiency and cost improvement programmes (CIPs)

The Trust undertook a major productivity programme in 2012 which delivered recurrent savings of some £3m per year, enabling us to meet the national efficiency targets for two years, while incurring significant restructuring costs mainly through a voluntary redundancy programme.

For the 2014/15 budget, further savings have been achieved, though on a smaller scale. During this year, we will be working again at our efficiency and effectiveness. Our current financial projections show that significant savings will be needed in 2015/16; however, our more radical aim is to contribute to the transformational changes in the NHS which will deliver more effective care and savings in the overall costs, not just in individual organisations like ours. Cost improvement has to be part of service development, not a separate exercise.

2.6 Financial plan

The budget for 2014/15 is for a small surplus of £40k, with a contingency reserve of £315k and an investment reserve of £120k. Though contracts have not yet been finalised, negotiations to date are on the basis that activity levels will be unchanged in most areas. Costs are expected to rise by around 2%, taking account of annual pay increments; the 1% pay rise for those already at the top of their scales; and non-pay inflation. Prices for clinical services will fall by 1.8% (though we await final confirmation on this, after some uncertainly on the national guidance) but other prices are expected to be unchanged, or rise slightly.

Consultancy activity is budgeted to be slightly reduced; there is also a reduction of £500k in income and costs (with minimal effect on the net surplus) related to the phasing out of a training consortium contract. We anticipate training fees and other income remaining at the same unit price levels as in 2013/14.

These changes from the 2013/14 budget have been successfully offset by gains of some £1m from a combination of savings and the additional contribution from some growth in a number of areas.

2015/16 is widely predicted to be a very challenging year for NHS finances. Though total funding allocations to NHS commissioners are expected to be unchanged in real terms, local authority budgets will continue to fall: this is significant for CAMHS and for social care, and is also represented through the transfer from CCG allocations to the Better Care Fund in 2015/16.

The Trust will also be bearing additional costs for the Integrated Digital Care Record system, when this replaces the nationally-funded system.

Our financial projections for 2015/16 are for a significant contribution from growth – mainly in clinical services but also in education and training – but also for significant savings to be needed, so that we can again budget for a small surplus.

Over the two years, we plan capital expenditure of some £3.1m, including the initial costs of the Integrated Digital Care Record system and the preliminary costs of the relocation programme. These will be funded from depreciation charges (non-cash expenditure) and from the opening cash balance at 31 March 2014, which has been generated by the 2013/14 surplus and by the deferral of previously planned capital projects.

Cash is therefore planned to reduce significantly, mainly in the first year 2014/15; but balances are expected to remain positive. Bridging loans are likely to be needed when the relocation programme reaches a later stage; but this is not included in this plan, and no borrowing is currently expected within the two years.

2.7 Oversight

Senior management groups have been established to oversee and manage the specific programmes of work underpinning delivery across the two years of this plan. These groups will report progress to the Trust Board of Directors on a regular basis.