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Welcome to the Tavistock and Portman NHS Foundation Trust. I hope you enjoy being a Governor.

The importance of mental health and well-being has been recognised increasingly over the past few years. We have seen two national mental health strategies from government. There have also been a large number of new initiatives in the provision of mental health care.

The Tavistock and Portman NHS Foundation Trust supports the emphasis of national strategy on public mental health and the provision of excellent mental health care. Your own role as a Governor will help the Trust to meet these goals by supporting the involvement of patients and the public in continually improving quality. You can also play a part in increasing public engagement on mental health issues.

Governors are also here to help the Trust make important decisions about how to work efficiently and effectively in an open and transparent manner. We are in times of austerity and are subject to the challenge of ‘doing more for less’. We are keen to use your skills and advice to help us make our services even better even in a tough economic climate.

This Trust is a place to be proud of, and I want to thank you for your commitment to the work we do. I look forward to meeting and working with you over the next few years.

agreatley@tavi-port.nhs.uk
020 8938 2461
From the Chief Executive...

I would like to take this opportunity to welcome you as a Governor of the Tavistock and Portman NHS Foundation Trust

As you know the Tavistock and Portman is a specialist mental health trust focused on psychological, social, and developmental approaches to understanding and treating emotional disturbance and mental ill-health, and to promoting mental health. It has a national and international reputation based on excellence in service delivery and clinical innovation, and high quality clinical training and workforce development.

Foundation Trusts are membership organisations, and I view your input, and that of the members that you represent, as key contributors to our development.

I hope that you find the handbook that follows a helpful guide and introduction to us, our work, and the context within which we work. Please do not hesitate to make contact with us if you have any questions, or if you would like to raise any matters of interest or concern.

pjenkins@tavi-port.nhs.uk 020 8938 2410

From the Trust Secretary...

Welcome to our Council of Governors

Welcome, and congratulations on being elected or appointed to the Council of Governors. My role and that of the Assistant Trust Secretary, Fiona Fernandes is to help support you in your role as a Governor so please don’t hesitate to get in touch.

Here at the Tavistock and Portman NHS Foundation Trust, we really value our Governors, and want you to get as much out of working with us as we will working with you. We will help you develop skills in many areas, from understanding NHS finances, to making high level appointments. We recognise that you each have unique and important viewpoints and interests, as well as a myriad of different skills, and we are looking forward to working with all of you as the Trust grows and develops.

Gervase Campbell
Trust Secretary
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020 8938 2001
What is a foundation trust?
Foundation trusts uphold all NHS principles, but have more freedom from central government control; have the freedom to make certain decisions for themselves; and have greater financial freedom. Local accountability is at the heart of foundation trusts and they are accountable to their members, through Governors, and to their commissioners. Foundation trusts are regulated by Monitor. Each foundation trust has its own constitution, which defines its governance structures, but its rules and procedures are based on Monitor’s guidance. The Government’s aim is that all current NHS trusts will become foundation trusts by 2014.

The Health & Social Care Act 2012
The Health and Social Care Act received Royal Assent in March 2012 paving the way for one of the biggest periods of change periods of change in the NHS since its creation in 1948.
The Act aims to give patients more choice, clinicians more control and organisations greater freedom from central control and political interference. This will be achieved by establishing a powerful sector regulator, handing to GPs control of much of the NHS’s £80 billion budget to spend on treatments for their patients, abolishing Primary Care Trusts and Strategic Health Authorities and handing over responsibility to independent bodies including a newly constituted NHS Commissioning Board and Public Health England which will lead on public health at the national level and local authorities will do so at a local level.

**How the new system will work**

Clinical Commissioning Groups (CCGs) will be established either in full or in shadow from by April 2013. They will take over commissioning from primary care trusts and will work with the new NHS Commissioning Board (NCB). The NCB will ultimately be responsible for managing CCGs at a national and local level, both in a supportive role and, when necessary, holding them to account for commissioning decisions made. The Secretary of State will retain responsibility for setting the strategic direction which the NCB will use to assess the performance of CCGs. Beneath the NCB there will be four regional hubs and then below that 50 local offices.

**What is Monitor?**

Monitor is the independent regulator of NHS foundation trusts. Foundation trusts report to Monitor, and Monitor reports to Parliament on the performance of foundation trusts. If Monitor is not satisfied with the performance of a foundation trust, it can make the Board of Directors or the Council of Governors take a certain course of action, and can even remove their powers. Monitor has financial regulations that foundation trusts must comply with, and they also set guidelines about how the Board of Directors and Council of Governors should be organised and how they should behave.

Monitor authorises NHS trusts to become foundation trusts. Trusts have to submit their annual plans to Monitor, and then submit regular reports that show whether or not the foundation trust is on track to achieve what it set out to do in its plan. Based on these submissions, Monitor gives each foundation trust a Financial Risk Rating (from 1 to 5), and a Governance Rating (from Red to Green). How good your rating is dictates how often you have to submit reports to Monitor. Each foundation trust receives a Financial Risk Rating and a Governance Rating from Monitor each quarter. Foundation trusts also have to submit regular declarations about the quality of their services. Foundation trusts are accountable to their members through their Governors, to Monitor, and to Parliament through
Monitor.
The Health and Social Care Act 2012 brought in a new licensing regime which requires all providers to be licensed by Monitor as well as by the Care Quality Commission. Under the new Act if the Council of Governors feels that a foundation trust has failed (or is failing) to act in accordance with the trust’s constitution, it will now be able to appeal to a panel appointed by Monitor. The panel will have the power to investigate the governors’ concerns. Where it does carry out such an investigation, the panel will then publish a report with its decision.

What is the CQC?
The Care Quality Commission (CQC) regulates the standards of care that we provide, and makes sure that we comply with current policies, on treatments or infection control, for instance. All health and social care providers in the country must register with CQC and adhere to its standards. The CQC has the power to issue fines, public warnings or closures if standards are not met. Under the Health and Social Care Act 2012, CQC and Monitor will operate a joint licensing regime with the CQC being responsible for licensing against essential safety and quality requirements. The CQC is responsible for carrying out inspections of providers. The CQC and Monitor liaise with each other closely to ensure that foundation trusts are providing high quality care and adhering to regulatory guidelines.

What is meant by quality
“Quality” is a word often heard in the health environment at the moment. All NHS trusts have to produce an annual Quality Report, or Quality Accounts. The “quality” of services are determined by looking at patient safety, the effectiveness of treatments that patients receive, and patient feedback about the care provided. More information on Quality Accounts can be found on the Department of Health’s website (www.dh.gov.uk) or on the NHS Choices website (www.nhs.uk).

What are Health and Wellbeing Boards?
The role of health and wellbeing boards is to oversee the quality of local services, present local people’s views and to be responsible for developing joint strategic needs assessments and a joint health and wellbeing strategy. The boards are made up of clinical commissioning groups and local authority representatives, and other interested parties and must involve their local HealthWatch groups in decision-making to ensure that the patient and their carers voices are heard.
Foundation Trust Finances

This section provides a short introduction to finance for NHS Foundation Trusts

Foundation trust finances

The key financial requirement for foundation trusts is to operate effectively, efficiently, and economically. Foundation trusts can generate and retain a surplus and re-invest money they earn. Foundation trusts are also allowed to borrow money if needed (within limits) to support capital investments.

Financial Risk Ratings

Monitor assesses our financial stability, and gives us a continuity of services rating based on four key financial criteria: achievement of a Trust’s Annual Plan, underlying performance (margin), financial efficiency, and liquidity. The risk rating is intended to reflect the likelihood of a financial breach of our licence. Ratings range from 1 (high risk) to 5 (low risk). 3 and above are considered satisfactory, while a rating of 1 or 2 would lead to increased monitoring and the requirement to present a recovery plan.
More information on Continuity of Services Ratings can be found on Monitor’s website www.monitor-nhsft.gov.uk

The healthcare economy
The NHS is funded through taxation. The Government’s Comprehensive Spending Review sets the amount of funding for the NHS for a three-year period. The current review has increased spending on the NHS by 0.4% in real terms (i.e. above expected inflation) over the spending review period, taking the budget from £103.8bn in 2010/11 to £105.9bn in 2011/12, £108.4bn in 2012/13 and rising to £114.4bn by 2014/15. The current recession has placed many constraints on public sector spending, as the Government tries to reduce its level of debt. As a result, even though the NHS is less hard hit than other government departments, the growth summarised above is much lower in real terms than in previous settlements. In order to fund new treatments and to meet other demands including that of caring for an aging population, the NHS has to find savings of around 4% each year in existing services, so as to keep within the overall funding available.

Sources of finance
The flow of money in the NHS is complex. Primary Care Trusts have been the main commissioners of NHS services; the funds are allocated to them by the Department of Health; within national guidance, they set local priorities and they choose which organisations to commission from. This role is being transferred for 2013/14 to Clinical Commissioning Groups which are currently being established.

Some specialised services are commissioned on a national basis rather than locally. From 2013/14, this role is taken on by the new NHS Commissioning Board, which also has the responsibility for overseeing the whole system. The Secretary of State has recently published a Mandate to the NHS Commissioning Board, setting out key objectives for their first two years.

Rules on non-NHS income
Until recently, the Private Patient Income Cap has limited the amount of non-NHS patient care that foundation trusts can undertake. The cap prevented growth in private patient activity from the percentage of income a trust was earning from private patients in 2002/03, which ranged from 0% in some FTs to 30% in others. Mental health trusts were set a special cap of 1.5%.

Under the Health & Social Care Act 2012, the cap has been replaced by different requirements:

A foundation trust must ensure that in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for
and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

Each annual report must give details of the impact of income from non-NHS services on the provision of NHS services.

Forward plans must contain details of the Foundation Trust’s proposals for generating non-NHS income and the income it expects to obtain. Where the forward plan contains proposals for generating non-NHS income, the council of governors must:

Determine whether it is satisfied that the proposal will not to any significant extent interfere with the fulfilment of the Foundation Trust’s principal purpose and;

inform their board of directors of their view.

Where a Foundation Trust proposes to increase income from non-NHS sources by 5% or more of its total income, then more than 50% of the council of governors must approve the proposal before it can go ahead.
About Us

The Trust achieved authorisation as an NHS Foundation Trust in 2006. Prior to this it was the Tavistock and Portman NHS Trust, established in 1994, bringing together the Tavistock Clinic, founded in 1920, and the Portman Clinic, founded in 1933.

Mission statement

The Tavistock and Portman NHS Foundation Trust is committed to improving mental health and emotional wellbeing. We believe that high quality mental health services should be available for all who need them. Our contribution is distinctive in the importance we attach to social experience at all stages of people’s lives, and our focus on psychological and developmental approaches to the promotion of health and the prevention and treatment of mental ill health.

We make this contribution through:

- Providing relevant and effective clinical services for children and families, young people and adults, ensuring that those who need our services can access them easily
- Providing education and training aimed at building an effective and sustainable NHS and Social Care workforce and at improving public understanding of mental health
- Undertaking research and consultancy aimed at improving knowledge and practice and supporting innovation
- Working actively with stakeholders to advance the quality of mental health care, and to advance awareness of the personal, social and economic benefits associated with psychological therapies
The Trust’s work is based on the following principles:

- Emotional disturbance and mental ill health are common, can be as disabling as serious physical illness, and affects not only individuals but also those around them
- A person’s experiences within family and community have a lasting impact on their development
- Groups and organisations can be a source of support and well-being, but can also become dysfunctional and ineffective, resulting in real distress or even causing breakdown
- Having a sense of belonging and being accepted is important to people’s mental health

These ideas shape the way in which we work, ensuring that:

- We actively seek patients’ views and thoughts about their experiences and use these to shape the services we provide
- We offer non-stigmatising help to parents and families so that the next generation can achieve its full potential
- Our services reach out to the socially disadvantaged and those who experience discrimination
- We place an emphasis on the use of a full range of psychological therapies as a powerful way of promoting mental health and resilience, and on research to evidence these approaches
- We offer a range of training courses to develop and support individuals from a wide range of backgrounds and disciplines working in a diverse range of settings
- We provide consultancy to organisations, leaders and managers to enhance teamwork, satisfaction and productivity at work
- We support and encourage our own staff in extending their skills and capacity for care, creativity, and innovation, ensuring that they remain our greatest asset.

Principal activities

The Trust has four principal activities: clinical services, education & training services, research, and consultancy services. All of our work is rooted in our clinical practice, and all of our activities derive from our experience of working with patients.

Our two largest areas of activity are patient services, and education services.

Our services are delivered in a variety of community settings in north central London, at the Tavistock Centre in Belsize Lane, and at the adjoining Portman Clinic. Our staff also provide some specialist patient services outside of London, and training and consultancy across the country.
Clinical Services

We offer a range of outpatient generic and specialist mental health services to children and their families, adolescents and adults. Treatment methods are based around psychological therapies with limited use of medication.

Our Child and Adolescent Mental Health Services (CAMHS) see patients from the pre-natal period up to the school leaving age. Work takes place with patients on their own, and also with other family members. Our Specialist and Adult Mental Health Services (SAMHS) include generic adult services, adolescent services for young people aged 14-21 years, and a number of specialist units, including the Gender Identity Development Unit and the Portman Clinic.

We offer a broad range of interventions, including psychodynamic psychotherapy both with individuals and groups, Cognitive Behaviour Therapy (CBT), Interpersonal Therapy (IPT), couples therapy (including work with parents), and family work. Below are some examples of the services we run.

Barnet Young People’s Drug and Alcohol Service

A service for young people aged up to 18 years who are concerned about how drugs and alcohol are affecting them, their friends or their family. The service also supports families, carers and professionals by providing advice on drug or alcohol concerns.

Child Protection Services

Services including the Family Drug and Alcohol Court, which provides assessment, treatment, support and coordination of local services for parents with drug and/or alcohol problems to encourage and support their engagement with substance misuse services; and the Camden Multi-Agency Team, a service that links with Local Authority social workers who work with high need, hard to reach families where there are child protection concerns.
**City & Hackney Primary Care Psychotherapy Consultation Service**
A GP-aligned service aimed at people who might otherwise fall through the net of mental health care, targeting patients who do not meet criteria for existing primary or secondary care mental health services, or who find it difficult to engage with these services.

**Couples Therapy**
A service for couples having difficulties in their relationship, irrespective of their marital status, gender, or whether they are living together or not.

**Early Intervention Service**
A service in Camden for adolescents demonstrating early onset psychosis.

**Education Services**
Gloucester House is a school for children aged 6-14 with complex and extreme behaviour difficulties, which helps to re-integrate children back into mainstream schools through a combination of school lessons and clinical work.

**Fitzjohn’s Unit**
A service for patients suffering from severe psychological disorders.

**Fostering, Adoption, and Kinship Care Team Services**
Services for looked-after children and their carers, and adoptive families, as well as treatment of children in transition and post-adoption work.

**Gender Identity Development Service**
A service for young people up to 18 years and their families who experience difficulties in the development of their gender identity. This includes those who are unhappy with their biological sex, those with disorders of sex development and other endocrine conditions. The service also offers counselling to children of parents with transsexualism or other gender identity issues.
Learning disabilities, autism, or Asperger’s Syndrome services
Services for adults, adolescents, children and their families with learning disabilities across the range, from mild to severe, including autism, autistic spectrum disorder and Asperger’s syndrome, and borderline or undefined learning disabilities in which complex factors (such as trauma, abuse, or brain injury) may play a part. Services include the Learning and Complex Disability Service, a service for people of all ages with mild to severe learning and complex disabilities who may have a range of emotional, relationship, and mental health difficulties. The service also accepts referrals for people with autistic spectrum disorders including Asperger’s syndrome and emotional problems linked to brain damage.

Parenting services
Services include the Parents and Carers Consultation Service, a consultation service for single parents and parental couples who are experiencing conflict or other emotional difficulties between themselves and young people aged 14-25 years; and the Adolescent Parenting Service which offer guidance and support for adolescent parents experience difficulties of various kinds in managing their parental role.

Portman Clinic Services
Forensic services offering assessment and psychotherapy for adults, adolescents and children who suffer with problems arising from their criminal or violent behaviour, or as a result of them acting on their sexual impulses which causes harm or damage to themselves or others. The alternative for many of these patients is often institutional containment. In addition, the Portman Clinic provides teaching and consultancy.

Refugee Service
A culturally sensitive service for refugees and asylum seeking people in London, working with cultural advocates and interpreters, with good links in local schools and children’s centres. The service runs parenting workshops, children’s groups, and other community initiatives throughout Camden.

MedNet
A psychotherapy service tailored to the needs of doctors and dentists in London, Kent, Surrey and Sussex, where they are offered consultations, advice about their careers, emotional support, and access to other expert help.
treated as either children or adults, but the distinction is not so clear cut psychologically, and many young people present with difficulties specifically related to struggling with the transitions involved in this phase of life.

**Trauma Service**
A service for people aged 14 years and over, where trauma is a significant factor in their lives. This could be a single episode of trauma (e.g. assault or a natural disaster), multiple or chronic trauma (e.g. those experienced by refugees), or complex trauma (e.g. trauma complicated by co-morbidity or developmental issues).

**Transitions to Adulthood**
We have a dedicated service for young people aged 14-21. Typically this age group are...
patients in education, social care, mental health and CAMHS work of all kinds. All our education and training is based on the clinical practice and research expertise of clinician-trainers. We use our experience in delivering specialist clinical services as the basis for effective training.

We are known by the London Deanery as one of the most highly consistent performer in relation to standards for medical education.

**Professional Training**

Our CAMHS and children’s workforce training is the largest area of activity, whilst our CPD programme is our strongest area of growth.

We offer core professional and other advanced psychotherapy training for non-medical NHS and social care professionals at professional doctorate or master’s level. This includes adult, child, and systemic psychotherapy, educational psychology, and social work.

Our courses include introductions to counselling and psychotherapy, systemic theory and practice, core primary mental health worker training, and postgraduate programmes on therapeutic ways of working with children and adolescents. We also offer special interest programmes on eating disorders, trauma, infant mental health,
Continuing Professional Development

Our CPD programme provides short, targeted courses that have been highlighted through consultation with current commissioners, past students, workforce developments and requests from Trusts, local authorities and other organisations. We have a rolling programme of existing CPD programmes that we deliver annually, along with new programmes every year, enrolling 1000 to 1500 people each year.

Popular CPD options have included:

- A short course in Understanding the Emotional Needs of Care Leavers
- Saturday morning seminars for health professionals working with psychological disturbance
- Working with families where there is a parental mental illness
- Monthly workshop for designated and named child protection doctors and nurses

We have a national training contract with NHS London. This supports access to affordable, high-quality clinical and professional development programmes for staff in the NHS and public sector. Other training income sources include student fees, post-registration and continuing professional development training commissioning. Funding from the Higher Education Funding Council for England (HEFCE) is reducing year on year organisational consultancy and management and leadership.

The Portman Clinic is part of a consortium commissioned to develop a national programme of training in working with personality disorders.

We are also involved in the development and delivery of training in a range of therapies related to the Department of Health’s Improving Access to Psychological Therapies programme.
year, and will not be provided at all after 2014, except for professional doctorate degrees which are research-based; funding is claimed through our university partnerships. Our national training contract with NHS London is the Trust’s largest contract, accounts, itself for 30% of the Trust’s income. Education and Training services and all income sources account for 50% of the Trust’s income.

Research & Development
As a Trust we are proud of our research tradition focused on the origins of mental health problems, models of social care, and the evidence base for our treatment methods. We seek to influence and develop new ideas through publication and participation in policy-making.

Our research activity is funded from three sources – external grant-awarding bodies (for instance, research funding councils) who fund specific projects; the Comprehensive Local Research Network; and the Higher Education sector Research Assessment Exercise.

Our research activities are organised under three research programmes:
- Outcomes of psychotherapy
- Origins of developmental disorders across the lifespan
- Interface between clinical care and organisations (particularly where vulnerable children are concerned)

Consultancy Services
We provide an extensive programme of organisational and management consultancy to the NHS, and public, commercial, and industrial sectors. Our consultancy is rooted in our psychological practices, which gives us the capacity to work “below the surface” with the underlying dynamics in organisations. We are well known for original and influential work in consultancy, providing high-quality psychological consultancy on complex human factors in organisations. We deliver these services to CEOs, directors, senior managers and other professionals in various sectors. Tavistock Consulting provides leadership, executive coaching, consultancy, and facilitation to other organisations. Clients come from the commercial sector, including finance and manufacturing; public sector bodies, including the NHS, Government, criminal justice agencies, and social services; and independent organisations, including national charities.
Who are the Council of Governors

Our Governors are split into three categories – public, staff and stakeholder.

Within the public constituency, there are three classes
- Camden - 3 seats
- Rest of London - 6 seats
- Rest of England and Wales - 2 seats

Within the staff constituency, there are three classes
- Clinical, Academic, Senior - 1 seat
- Administrative & Technical - 1 seat
- Representatives of recognised staff organisations & trade unions - 1 seat

We have six nominated Governors
- Clinical Commissioning Groups - 2 seats
- Local Authorities - 1 seat
- Non-Statutory Sector - 1 seat
- University of East London - 1 seat
- University of Essex - 1 seat

The Council of Governors is chaired by the Trust Chair.
**Lead Governor**

The Lead Governor is a Governor who has been nominated by the Council of Governors to be a point of contact for Monitor in specific circumstances. The Lead Governor would be contacted if the Trust were breaching its Terms of Authorisation and if it were not appropriate for communication to go through the Trust Chair or Trust Secretary, and would pass information on to the rest of the Council of Governors. This is very unlikely to happen, but we required to name a contact.

One of the responsibilities of Governors is to ensure that we operate in accordance with our Terms of Authorisation. The Council of Governors must be prepared to intervene and inform Monitor if we are in danger of breaching our Terms of Authorisation, but should do so only after all other means of engagement with the Board of Directors have been exhausted.

**Deputy Chair of the Council of Governors**

The Deputy Chair of the Council of Governors is a nominated Governor who liaises with the Trust Chair and the Trust Secretary about specific issues in relation to the Council of Governors, or in relation to specific Governor issues. The Deputy Chair of the Council of Governors is involved in the agenda-setting process, and also chairs the Council of Governors when it is not appropriate for the Trust Chair or Deputy Trust Chair to do so.

**Public Governors**

Public Governors are elected by local people, to represent them at a decision-making level. Members and Public Governors are connected by geographic region people living in Camden, or elsewhere in London, or outside of London. We do not have a separate patient or carer constituency, but instead have one public constituency for members of the public, patients and their carers. This is because we recognise that mental health disorders can be stigmatising and we do not wish to make our members or Governors disclose whether they suffer from mental ill-health.

**Staff Governors**

Staff Governors are elected by various groups of staff at the Trust to represent their views. The divide is roughly based on seniority, with the exception of the representatives of recognised staff organisations and trade unions class.

**Stakeholder Governors**

Stakeholder Governors are appointed by
individual organisation that have formal partnerships with the Trust or who have aligned interests or shared agendas relating to health and the healthcare of the population.

Responsibilities of the Council of Governors
Governors have an important role to play, although they are not responsible for the day-to-day running of the Trust.

Governors have two main responsibilities: holding the Board of Directors to account for the running of the Trust (statutory responsibilities), and representing members. Under the Health and Social Care Act 2012, governors will also be specially responsible for holding the non-executive directors individually and collectively to account for the performance of the Board of Directors. Governors will have the power to request that directors attend a meeting to obtain information about their Trust’s performance and that of its directors.

Statutory Responsibilities
Governors have several statutory responsibilities. These are:
- Appointing the Trust Chair and the Non-Executive Directors
- Appointing Trust’s External Auditors
- Approving the appointment of the Chief Executive
- Deciding the pay and terms of office of the Trust Chair and the Non-Executive Directors
- Agreeing the process for evaluating the performance of the Trust Chair and Non-Executive Directors
- Contributing to the Trust’s Annual Plan
- Ensuring the Trust operates in accordance with the Terms of Authorisation

Under the Health and Social Care Act 2012 governors will also be responsible for:
- Holding the Non-Executive Directors to account for the performance of the Trust
- Approving “significant transactions”
- Approving applications by the trust to enter into a merger, acquisition, separation or dissolution
- Ensuring that the earning of any private patient income will not significantly interfere with the trust’s primary purpose or the performance of its functions and must notify the board of their decision on this
- Approving any increase of more than 5% in private income in any financial year
- Where an amendment is proposed to the constitution in relation to the powers or duties of the council, at least one governor must attend the next annual members’ meeting and present the proposal.
Governors and Directors work together, bringing a variety of knowledge and skills to add value to the Trust and its work. The Council and the Board work together on varied issues, including the Annual Plan and membership engagement.

**Governor Involvement on Committees and Groups**

We will make sure you have all the training and support you need to carry out your duties, and you will have access to all relevant guidance and expert advice you might need.

**Representing Members**

Governors face in two directions – they represent the interests of members to the Trust, and they also let members know what is happening at the Trust. As Governors, you are our link between our members and the directors who make decisions about our services. You are responsible for representing the views of your members and partner organisations to the Board of Directors, and also responsible for feeding back information about the Trust and its performance.

**Regulatory Responsibilities**

Governors are responsible for ensuring that we are operating in accordance with our Terms of Authorisation. If the Trust was found to be in significant breach of its Terms of Authorisation, Monitor has the power to remove any or all Governors. However, to date this has never happened at any foundation trust.

**Governors working arrangements**

**Working with the Board of Directors**

The Council of Governors and the Board of Directors are both chaired by the Trust Chair, who is their key link, along with the Trust Secretary. The relationship between the Council and the Board is a vital one, and
The Tavistock and Portman NHS Foundation Trust

Trust Committees and Groups

- Clinical Quality, Safety and Governance Committee
- Equalities Committee
- Quality Working Group
- Gloucester House Steering Group
- Business Development and Investment
- Public and Public Involvement Group
- Charitable Fund
- Remuneration

Appraisals & Objectives

Appraisals
The Council of Governors should assess its collective performance once a year, led by the Trust Chair. Governors should consider what impact they have had on the Trust, how well they communicate with their members, and how well they have performed their duties. Governors should consider whether the structure and composition of their committees and groups, and the procedures they follow are working well.

Objectives
The Trust has a cascade system for setting all objectives, which starts with the Annual Plan, which sets out the Trust's strategic objectives for the next three years. The Council Governors’ objectives are written to support the Annual Plan, as well as their statutory responsibilities.

Training and Support
The only requirement for being a Governor is an interest in our work. However, now that you’re on the Council, you might feel that you want more information, training and support to help you make the important decisions you were elected or appointed to make. We are committed to making sure you get the most out of your time on the Council of Governors, and will make sure you get the opportunities you need to develop your skills.

After you start, we will arrange for a tour of the Trust, where you will be able to meet with key members of staff and learn about the various services we run.
Mandatory Information

Governance Training
As a governor you will receive confidential information and to ensure the appropriate use of this information (both corporate and personal) is adhered to, all governors need to undertake the Information Governance Training on an annual basis.

Council meetings

How many meetings are there per year
The Council of Governors meets on Thursdays in February, June, September and December, from 2pm until 5pm. Meetings are held in the Lecture Theatre at the Tavistock Centre.

What is the format of the meetings
Meetings are often split into two or three parts. The first part is public, and anybody is welcome to attend the meeting as an observer. The second part of the meeting is held in private, as confidential items, such as

Conduct
Governors must always act in the best interests of the Trust and adhere to the Council of Governors’ Code of Conduct, a copy of which is included in this Handbook. Governors should familiarise themselves with the Council of Governors Standing Orders for more information.

We run briefing meetings that will go into more detail about things such as finance or commissioning.

If you choose to join any committees, we will ensure that you get the information, training and support you need to carry out your task properly. For instance, if you are involved in the appointment of a Non-Executive Director, our HR department will ensure that you are helped at every stage of the process, and that you are aware of all the relevant rules, regulations and guidance.

For further information on training opportunities, please contact the Trust Secretary.

If you need any support with any aspect of being a Governor, or you want more information about something in particular, you can always contact the Trust Secretary at any time.
appointments or remuneration are discussed. If there is an item concerning the Chair such as their remuneration or re-appointment, there will be a Part III to the meeting. Another governor will chair the Part III meeting and the Chair will not be present.

The Trust Chair chairs the Part I and Part II meetings, and the Assistant Trust Secretary organises and minutes the meetings.

What is the content of the meetings
The Council of Governors has an annual schedule of agenda items. These include items for discussion, such as the performance of services, and items for approval, such as appointments. The Council receives reports on all aspects of the Trust’s services, and on subjects such as the membership profile, the Trust’s estates, equalities, and legal documents such as the Constitution.

Governors have a role in helping to prepare agendas for Governors meetings. If Governors want to receive a report or to question a director about the affairs of the Trust, they can arrange this through the Trust Chair, the Trust Secretary, and the Deputy Chair of the Council of Governors, who helps with agenda planning.

Papers for the Council of Governors can be found on the website www.tavistockandportman.nhs.uk/governormeetings

Who attends the meetings
As well as the Council of Governors and the Trust Chair, the Chief Executive and the Finance Director attend meetings to present papers. Non-Executive Directors are invited to attend the Council of Governors meetings, and the Senior Independent Director is expected to attend the meetings. Members of the public are welcome to observe meetings.
Frequently Asked Questions

How much of my time will being a Governor take up?

This depends on how involved you want to be. There are four Council meetings a year, each lasting 3 hours. Meetings are from 2pm until 5pm, and so you may have to take time off from work or other commitments to attend these meetings. You will need to have read all the papers before the meeting.

Governors are expected to attend the Trust’s Annual General Meeting.

There are a number of consultations that we hold with Governors, including on the Annual Plan, and you should make time for these.

Most Trust committees meet either every month or every other month. Some committees, such as the appointment and appraisal panels will only meet when there is an appointment to be made or an appraisal to be undertaken. However, for each of these, there may be several meetings, and they can be quite demanding on your time.

Do I get paid for being a Governor?

Being a Governor is a voluntary role. You are not employed by the Trust, and you will not be paid. However, we will cover the cost of any travel expenses and child care required while you are at the Trust. If you attend an event on behalf of the Trust, we will pay for the event and associated expenses, but you have to make sure this has been cleared beforehand.

Council of Governors’ Code of Conduct

Introduction

- This Code of Conduct sets out appropriate behaviour for Governors of the Tavistock and Portman NHS Foundation Trust, and addresses both the requirements of office and their personal behaviour.

- This Code of Conduct compliments the Trust’s Constitution, which embodies the legal requirements for Governors. The Code of Conduct should be read in conjunction with any relevant documents issued by Monitor.

- Members of the Council of Governors are required to sign a declaration to confirm that they will comply with this Code of Conduct at the beginning of their term of office. The Council of Governors will also be asked to review their compliance with this Code of Conduct as a Council on an annual basis.

- Whilst it is fully anticipated that these standards will be complied with, the Trust considers an explicit Code of Conduct to be an essential guide for all Governors.
Qualifications for office

- Governors must continue to comply with the qualifications required to hold office, throughout their period of tenure, as defined in the Constitution. The Trust Secretary must be advised of any changes in circumstances that may disqualify a Governor from continuing in office.

Confidentiality

- Governors must respect the confidentiality of information they are made privy to as a result of their role, whether at meetings of the Council of Governors, or outside of this forum, and must always act with total discretion and integrity. Given the sensitive nature of issues considered by the Council of Governors, information should not be disclosed to any third party, but should be used only for the purposes of the Trust’s business.

General

- Governors must adhere to the Trust’s rules and policies.

- Governors must actively support the vision, aims and objectives of the Trust.

- Governors must contribute to the work of the Council of Governors in order for it to fulfil its roles and functions.

- Governors must recognise that the Council of Governors exercises collective decision-making on behalf of Members and stakeholders.

- Governors must recognise that the Council of Governors has no managerial role in the Trust.

- Governors must recognise that Governors and Directors have a common purpose in the success of the Trust, and must demonstrate their commitment to working as a team with all colleagues within the NHS and the wider community.

Conflicts of Interest

- Governors must declare all relevant and material interests in the Register of Governors’ Interests. If a Governor has a doubt about the
The Trust recognises that personal experience is extremely valuable. However, Governors must bear in mind that personal details may make other people feel uncomfortable.

Governors must act as an ambassador for the Trust.

Governors must adhere to good practice in respect of the conduct of Council meetings.

In respect of their interaction with others, Governors must:

- Ensure that Governor colleagues are valued;
- Respect the views of Governors colleagues;
- Be mindful of conduct which would be deemed unfair or discriminatory; and
- Treat the Trust’s Directors and other employees with respect and in accordance with the Trust’s policies.

Council of Governors’ Meetings

Governors have a responsibility to attend meetings of the Council of Governors. Where this is not possible, Governors must submit an apology to the Trust Secretary in advance of the meeting.

In accordance with the Constitution, Governors who fail to attend “more than two consecutive meetings without satisfactory explanation to the Trust Chair will be subject to removal.”

Personal Conduct

Governors must be honest and act with integrity and probity at all times without exception.

Governors must conduct themselves in a manner that reflects positively on the Trust.
The principles underpinning this Code of Conduct are drawn from the Seven Principles of Public Life, as defined by The Nolan Committee report (1996).

**Compliance with the Council of Governors’ Code of Conduct**

The Trust’s Constitution states that “Governors... whose conduct has caused or is likely to cause material prejudice to the best interests of the Trust or the proper conduct of the Council of Governors or otherwise in a manner inconsistent with continued membership of the Council of Governors will be subject to removal.”

**Declaration of intent to comply with the Council of Governors’ Code of Conduct**

This declaration shall be valid for the duration term of office.
Who are the Board of Directors
The Trust has seven Executive Directors of which two are Non-Voting, and six Non-Executive Directors.

Non-Executive Directors
Trust Chair
The Trust Chair shares the same responsibilities as other Non-Executive Directors (see below), but in addition leads the Board of Directors and the Council of Governors and has several separate responsibilities in respect of that. Along with the Chief Executive, the Trust Chair is the primary representative of the Trust. The Trust Chair is not responsible for executive matters regarding the Trust’s business. Other than the Chief Executive, no Executive Directors report directly to the Trust Chair.

Deputy Trust Chair
The Deputy Trust Chair is one of the Non-Executive Directors, who is appointed by the Council of Governors, to stand in for the Trust Chair as and when it is appropriate.

Senior Independent Director
The Senior Independent Officer (SID) is one of the Non-Executive Directors, who is appointed by the Board of Directors in consultation with the Council of Governors. In extreme circumstances, the SID could be asked by Monitor to replace the Trust Chair if he or she were to be removed. The SID must maintain sufficient contact with Governors to understand their issues and concerns.
Non-Executive Directors
Non-Executive Directors should be independent in judgement and have an enquiring mind. They should uphold the highest ethical standards of integrity and probity. They should question intelligently, debate constructively, challenge thoughtfully, and decide fairly. They should listen sensitively to the views of others, inside and outside the Board of Directors. They should demonstrate high standards of corporate and personal conduct. They should act as an ambassador for the Trust.

Executive Directors
Chief Executive
The Chief Executive has managerial responsibility for the running of the Trust, and is responsible for providing the vision, leadership and strategic direction for the Trust. The Chief Executive is ultimately responsible for the efficient management of the Trust’s budget through ensuring an effective business plan. Along with the Trust Chair, the Chief Executive is the primary representative of the Trust. The Chief Executive is also the Accounting Officer.

Deputy Chief Executive and Finance Director
The Deputy Chief Executive and Director of Finance is responsible for substituting for the Chief Executive and for providing financial advice to the Board of Directors. The Director of Finance supervises the implementation and management of financial policy, budgetary and financial controls, internal audit, and accounting. The Director of Finance also leads the development of our information management strategy.

Medical Director
The Medical Director is the head of the medical discipline, and is responsible for the Trust’s systems of clinical governance.

Nurse Director (non-voting)
The Nurse Director represents the Nurses that the Trust employs, and provides professional guidance on nursing related matters.

Trust Director
The Trust Director has overall responsibility for the clinical professional leadership of the Trust, and has overall financial accountability for clinical budgets.

Dean of Postgraduate Studies
The Dean is responsible for the overall strategic direction and development, planning, delivery, and evaluation of the Trust’s training activities. The Dean represents the Trust, locally and nationally, in the planning and development of mental health training in the NHS, Social Care and Education.

Director of CAMHS (non-voting)
The Director of CAMHS is responsible for Child and Adolescent Mental Health Services.
The Trust, both internally and externally.

Responsibilities of the Board of Directors

The Board of Directors is responsible for the day-to-day running of the Trust. The Directors have several statutory responsibilities. These are:

- Setting the Trust’s strategic aims, taking into account the views of the Council of Governors
- Assessing and managing the risks facing the Trust
- Ensuring financial and human resources are in place to meet the Trust’s strategic objectives
- Reviewing management performance
- Ensuring the quality and safety of the Trust’s services are of a high standard
- Ensuring the Trust exercises its functions effectively, efficiently and economically
- Setting the Trust’s values and standards of conduct for the Trust and its staff
- Ensuring that the Trust’s obligations are understood by all and are met
- Ensuring compliance with:
  - The Terms of Authorisation
  - The Trust’s Constitution
  - Guidance issued by Monitor
  - CQC core standards
  - Statutory requirements, contractual obligations and relevant guidance

Balance and independence of the Board of Directors

The Board of Directors must have a balance of Executive and Non-Executive Directors, so that no group of individuals can dominate decision making. We have six Non-Executive Directors, including the Trust Chair, and five Executive Directors with voting powers (the Nurse Director and Director of CAMHS are non-voting members of the Board).

The Trust Chair and the Chief Executive

The Trust Chair and Chief Executive have quite distinct roles, and there is a clear division of responsibility between them. The Trust Chair is responsible for the leadership of the Board of Directors and the Council of Governors, whilst the Chief Executive has executive responsibility for the running of the Trust. The Trust Chair and Chief Executive keep each other in check, with neither having unfettered decision-making powers.

The working relationship between the Trust Chair and the Chief Executive should be based on mutual respect and be effective and cooperative. They provide joint leadership for
All Directors have a responsibility to constructively challenge the decisions of the Board. All Directors must take decisions objectively in the interests of the Trust. Currently, all Directors have joint responsibility for every decision taken by the Board of Directors, regardless of their individual status, and all Directors share the same liability. Under the Health & Social Care Act 2012, Directors have an explicit duty (individually and collectively) to act in such a way as to promote the success of the Trust as a whole so as to maximise the benefits for the members and the public.

**Responsibilities of the Senior Independent Director**

The Senior Independent Director is responsible for:

- Conducting the Trust Chair’s annual appraisal
- Acting a point of contact for members and Governors if they have concerns which contact through the normal channels (Trust Chair, Chief Executive, Director of Finance) has failed to resolved, or is inappropriate

**Responsibilities of the Trust Chair**

The Trust Chair is responsible for:

- Ensuring the effectiveness of the Board of Directors and the Council of Governors
- Setting the agenda for the Board of Directors and the Council of Governors
- Ensuring that the Board of Directors and Council of Governors work together effectively
- Ensuring that Directors and Governors receive accurate, timely and clear information that allows them to carry out their duties
- Facilitating effective communication with and between all Directors and Governors
- Ensuring effective communication with patients, members, clients, staff and other stakeholders

**Responsibilities of Non-Executive Directors**

Non-Executive Directors have several responsibilities, including:

- Contributing to setting the strategic aims of the Trust
- Ensuring the Board of Directors acts in the best interests of the people who use the Trust’s services, the community, and the wider public
- Providing entrepreneurial leadership
- Ensuring the Trust is meeting its performance targets
Directors and senior officers can also be prosecuted under the Health and Safety at Work etc. Act 1974, where an office is committed with their consent or connivance, or is due to their neglect.

Committees of the Board of Directors
The Board of Directors has seven formal committees.

- The Audit Committee reviews the system of integrated governance, risk management, and internal control across the whole of the Trust's activities
- The Business Development & Investment Committee evaluates proposals for new business developments
- The Charitable Fund Committee reviews the strategy for the use of the Trust's charitable fund and makes recommendations to the Board of Directors
- The Clinical Quality, Safety, & Governance Committee provides assurance that clinical and corporate governance, clinical quality, and safety are being managed to a high standard
- The Remuneration Committee determines the remuneration and terms of service for Executive Directors

Legal and Regulatory Responsibilities
The Board of Directors are responsible for ensuring that the Trust operates within its Terms of Authorisation. If the Trust is found to be in significant breach of its Terms of Authorisation, Monitor has the power to remove any or all of the Directors.

If the Trust is found to be in breach of the Care Quality Commission’s core standards, the CQC has the power to issue a fine, a public warning, or close the Trust.

The Board of Directors is corporately liable under the Corporate Manslaughter and Corporate Homicide Act 2007 if it is found that the way in which the Trust's activities are managed or organised caused a person's death or amount to a gross breach of duty of care. The Act does not abolish the individual offence of manslaughter for directors and workers. Sanctions include fines, remedial orders, or publicity orders.
**Conduct**

Directors must always act in the best interests of the Trust and adhere to the Board of Directors’ Code of Conduct. All Governors, Directors and Trust staff should adhere to the Nolan Principles.

**Objectives**

The Trust has a cascade system for setting all objectives, which starts with the Annual Plan, which sets out the Trust’s strategic objectives for the next three years. The Board of Directors’ objectives are written to support the Annual Plan. The Chief Executive and the Trust Chair have their objectives based on the Board of Directors’ objectives, and the Executive Directors’ and Non-Executive Directors’ objectives are based on the Chief Executive’s and Trust Chair’s respectively.

**Board Meetings**

*How many meetings are there per year?*

The Board of Directors meets on the last Tuesday of every month from 2.00pm until 5.00pm (with the exception of August and December when there are no meetings). Meetings are usually held in the Board Room at the Tavistock Centre.

*What is the format of the meetings?*

The meetings are split into two parts. The first part is public, and anybody is welcome to attend the meeting as an
observer. The second part of the meeting is held in private, as confidential and commercially sensitive matters are discussed.

**What is the content of the meetings?**
The Board of Directors has an annual schedule of agenda items. These include items to be discussed, such as the performance of services, or the Trust’s Annual Plan, and items to be approved, such as governance declarations or Trust policies. The Board of Directors receives reports on all aspects of the Trust’s services, and on subjects such as the staff and membership profile, estates, equalities, and legal documents such as the Constitution. Papers for the Board of Directors can be found on the Trust’s website [www.tavistockandportman.nhs.uk/boardofdirectors/directorsmeetings](http://www.tavistockandportman.nhs.uk/boardofdirectors/directorsmeetings).

**Who attends the meetings?**
In addition to members of the Board of Directors, a representative from the Council of Governors attends each Board of Directors meeting, to observe. Other observers are also invited to attend meetings and they must leave after the public part of the meeting has finished. Governors may stay for the private part of the meeting. They are not allowed to discuss the content of the private part, but can let their fellow Governors know how well the meeting ran.

**How much of my time will being a Board Director take up?**
There are 10 Board meetings a year, each lasting 3 hours. Meetings are from 2pm until 5pm, and so you may have to take time off from work or other commitments to attend these meetings. You will need to have read all the papers before the meeting.

Directors are expected to attend the Trust’s Annual General Meeting.

Most Trust committees meet either every month or every other month. Some committees, such as the appointment and appraisal panels will only meet when there is an appointment to be made or an appraisal to be undertaken. However, for each of these, there may be several meetings, and they can be quite demanding on your time.

**What are the time commitments of a Trust Director/Non-Executive Director**
Being a Foundation Trust Director brings statutory responsibilities that required a commitment of time in order to discharge competently. As a Director we would ask you to:
- Attend the meetings of the Council of Governors
- Attend the joint meetings of the Council of Governors and Board of Directors
- Attend the Annual General Meeting of the Trust
- Attend at least one meeting of the Board of Directors each year
- Join at least one of the Council of Governors.
Governor’s committees

- Participate in either the trust’s clinical quality work, or the work of a trust committee such as PPI, or working group.
- Engage with your members
- Visit trust services, or attend trust events, to familiarise yourself with our work
- Complete mandatory training, such as Information Governance
- Attend Governor induction events and Governor training events as needed.

In addition all Trust Directors and Non-Executive Directors have to constructively challenge and support the development of proposals on strategy, scrutinise the performance of management in meeting agreed goals and objectives and monitor the reporting of performance. Satisfy themselves as the integrity of financial information and the financial controls and systems of risk management are robust and effective.

Responsible for determining appropriate levels of remuneration of executive directors and for the appointment of the chief executive and other executive directors ensuring the appropriate process is followed in their recruitment and retention.
Members

Membership
Our members are split into two constituencies – Public and Staff. We do not have a separate membership category for patients or carers, because we do not want our patients to have to identify themselves as having a mental health condition.

The Public Constituency
The Public Constituency is split into three classes:
- Camden
- Rest of London
- Rest of England and Wales

This category is for everyone who is not a member of staff.

The Staff Constituency
The Staff Constituency is split into three classes:
- Clinical, Academic, Senior
- Administrative and Technical
- Representatives of Recognised Staff Groups or Trade Unions

Our Governor seats reflect these membership classes.
How do people become members

Anyone who is eligible to become a member of the Trust can do so by either completing a paper membership application form and returning it to the Trust Secretary, or completing an online version of the application and submitting it via the Trust website. Application forms are also available throughout the Trust’s building in waiting rooms, or from the Trust Secretary. The online application can be found in the members area of the Trust website.


Who are our members?

We have over 5,000 members. Our members consist of patients, carers, current and former students, staff, and any member of the public interested in our work.

The gender, age and ethnic profile of our members

When joining the Trust, we ask for certain bits of personal information, such as age, gender and ethnicity. Telling us this information is not mandatory, and some people choose not to tell us, so we cannot know the profile of all of our members. But we do have age and ethnicity information for around 70% of our members, and gender data for around 88% of our members. We try to benchmark our members against the population, in order to assess how representative our membership is, and to make sure that what we do is relevant to our members.

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<td>Other</td>
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Contacting members

All contact between Governors and Members goes through the Trust Secretary’s Office. At present, there is no way for direct Governor-Member contact, but the Trust is looking into ways to develop this.

All of our members receive a regular newsletter, which Governors are encouraged to contribute to and are welcome to do so by becoming part of
Our Communications Team often run focus groups with children and young people, and the CAMHS department and Patient & Public Involvement Committee are constantly looking at ways in which to engage young people and we hope Governors will get involved in helping us to think about this.

**Engaging members**
The Trust is always looking for new and innovative ways to engage our members. Some of the ways we try to engage members include:

- Asking members for contributions to the Members Newsletter
- Creating surveys for them to give feedback on the Trust and our work
- Increasing the number of events that they can attend
- Developing opportunities for members to get involved in the trust via voluntary work.

The most recent membership application form now includes a section for new members to tell us what specific areas of interest they have. This means that we are now able to give members updates, via email and post, that are relevant to them.

**Younger Members**
A great deal of the work the Trust does is with and for children and young people. We have a significant number of CAMHS patients, but we have a small and decreasing number of young members. We want to ensure that we take our young service users’ views into account. Our Communications Team often run focus groups with children and young people, and the CAMHS department and Patient & Public Involvement Committee are constantly looking at ways in which to engage young people and we hope Governors will get involved in helping us to think about this.

**Governors’ responsibilities towards members**
The main responsibility of Governors towards members is to represent their views and opinions effectively, and to make sure the Trust is acting in the best interest of those members. The Health & Social Care Act makes this an express statutory requirement when it comes into effect in Spring 2013, stating that

> "The general duties of the Council of Governors are... to represent the interests of the members of the corporation as a whole and the interests of the public".

This means that Governors must listen to what the members want and need, and ensure that when taking part in discussions and decision making, this is at the forefront of their minds.
Important Documents

We have listed the most important documents that you will need as a Governor. The Company Secretary’s office can be contacted for a hard copy of any of these documents.

Constitution

Our Constitution sets out the rules and regulations that everyone in the Trust adheres to. It contains the Standing Orders for the Board of Directors and the Council of Governors, which set out the rules for both Boards.


Council of Governors’ Code of Conduct

The Code of Conduct is a short document that sets out the conduct Governors must adhere to. All members of the Council are required to sign up to the Code when they take up office.

http://www.tavistockandportman.nhs.uk/about-us/governance/council-governors
The Annual Plan
Each year we have to produce an Annual Plan that sets out our strategy for the next three years. The Plan addresses what we will do in terms of our clinical, training, research, and consultancy work. It also sets out our financial plans for the next three years. The Plan is developed with input from management and Governors.
http://www.tavistockandportman.nhs.uk/about-us

The Annual Report and Accounts
The Annual Report includes information on the work we have been doing over the past year, including information about Directors, Governors, and Members. As part of that, we have to produce a Quality Report, which goes into great detail about the quality of our services. We also have to produce detailed accounts showing our financial activity over the past year, and the balance of our accounts at year-end.
http://www.tavistockandportman.nhs.uk/about-us/governance/annual-report-archive

Making sense of accounts can be difficult, and so the Audit Commission have published a guide for Governors.

Monitor's “Your Statutory Duties”
In October 2009, Monitor published a reference guide for foundation trust Governors, which sets out Governors responsibilities and provides guidance on how to go about fulfilling these.

Monitor's “Code of Governance”
The Code of Governance, published in 2010, provides genera guidance for foundation trusts on how they should operate. It covers things from appointments to audit.
http://www.monitor.gov.uk/FTcode

The NHS Constitution
The NHS Constitution outlines the principles and values of the NHS, and a series of rights, responsibilities and pledges for patients, the public and staff. It brings together the legal rights of patients, public and staff in one place. It also spells out the responsibilities of patients and the public, and reminds them that they have a pivotal role in their own, and their families' good health.
Networks
The Trust belongs to a number of networks, which provide helpful advice and support for both the Trust and the Council of Governors.

Foundation Trust Network
The FTN is an independent lobby group. Its work is based on representing views, sharing policy and sharing learning.

The FTN runs network meetings, seminars and conferences, and produces publications.

http://www.foundationtrustnetwork.org/home/

Foundation Trust Governors Association
The FTGA is a network for Governors. It provides meetings, publications and networking opportunities and discussion forums for governors to share ideas and experiences. The FTGA’s Essential Briefs are a valuable source of information for Governors.

http://www.ftga.org.uk/

Helpful information about the Trust

Where are we based?
The Trust has a number of different buildings. The Tavistock Centre, at the junction of Belsize Lane and Fitzjohn’s Avenue is our main building, and we also provide services at the Portman Clinic and at Gloucester House which are located nearby. In addition, we provide local community services in Camden and run the looked after children service in Haringey. Visits to any of the Trust’s locations are by appointment only.
Prayer Facilities
There is a multi-faith prayer room on the ground floor of the Tavistock Centre. The key to this room can be obtained at any time from reception on the ground floor.

Library
This Trust has a comprehensive library, and Governors are entitled to join. For an application form, Governors should contact the Librarian on library@tavistock.org or on 020 8938 2505.

Getting to Us

London Underground
- Swiss Cottage - 5 minute walk (Jubilee Line)
- Finchley Road - 10 minute walk (Jubilee & Metropolitan Line)
- Belsize Park - 15 minute walk (Northern Line)

London Overground
- South Hampstead: Euston Link (about 20 minute walk)
- Finchley Road and Frognal: North London Link (about 15 minute walk)

Buses
- 13 31 46 82 113 268 C11 (through Swiss Cottage)
- 13 82 113 (through Finchley Road)
- 46 (through Fitzjohn’s Avenue)
- 268 (through Belsize Avenue)

Cycling
There are several free cycle racks available.

Car / Motorcycle Parking
There is some limited metered parking available in streets near to the Tavistock Centre. It is possible to book a parking space at the Trust, but these spaces are extremely limited and must be booked well in advance.

Catering
There is a staff and student café on the 5th floor of the Tavistock Centre, open from 8am until 5pm. In addition, there are vending machines on the ground floor next to the lifts.
Contacting Us

As a Governor, you will come into contact with many staff at the Trust. Below are some of the staff you are most likely to need to contact.

**Trust Chair**

You can contact Angela about any matter and at any time. Angela is not based at the Trust full time, but has constant access to her e-mail. Angela usually meets with each Governor on a 1:1 basis once a year, plus holds additional meetings with Governors as appropriate. She is in regular e-mail contact.

Angela Greatley, Trust Chair
[agreatley@tavi-port.nhs.uk](mailto:agreatley@tavi-port.nhs.uk)
PA: Amanda Hawke
[ahawke@tavi-port.nhs.uk](mailto:ahawke@tavi-port.nhs.uk)
020 8938 2406

**Chief Executive**

Paul is available via e-mail at all times. Paul usually meets with Governors on a 1:1 basis once a year, and is also available to meet with Governors about specific issues. Paul maintains a close relationship with all the Governors, keeping you all abreast of developments at the Trust and in the wider health environment, along with Angela.

Paul Jenkins, CEO
[pjenkins@tavi-port.nhs.uk](mailto:pjenkins@tavi-port.nhs.uk)
PA: Amanda Hawke
[ahawke@tavi-port.nhs.uk](mailto:ahawke@tavi-port.nhs.uk)
020 8938 2406

**Trust Secretary**

Gervase and Fiona are your first points of contact with the Trust. They can provide you with advice and will keep you updated with all relevant information.

Gervase Campbell
Trust Secretary
[gcampbell@tavi-port.nhs.uk](mailto:gcampbell@tavi-port.nhs.uk)
020 8938 2001

Fiona Fernandes
Assistant Trust Secretary
[ffernandes@tavi-port.nhs.uk](mailto:ffernandes@tavi-port.nhs.uk)
020 8938 2570

**Director of Human Resources**

Susan works closely with Governors, as many of your duties - appointments, appraisals and remuneration - fall under her area of expertise.

Susan Thomas, Director of HR
[susant.thomas@tavi-port.nhs.uk](mailto:susant.thomas@tavi-port.nhs.uk)
PA: Fiona Fernandes
[ffernandes@tavi-port.nhs.uk](mailto:ffernandes@tavi-port.nhs.uk)
020 8938 2570

**Patient & Public Involvement Lead**

Sally has a close working relationship with Governors, and is also responsible for membership. If you would like to discuss membership matters, you can contact Sally any time.

Sally Hodges, PPI Lead
[shogdes@tavi-port.nhs.uk](mailto:shogdes@tavi-port.nhs.uk)
PA: Carlo Cavalli
[ccavalli@tavi-port.nhs.uk](mailto:ccavalli@tavi-port.nhs.uk)
020 8938 2087
Intensive psychotherapy
The patient is seen on their own weekly or sometimes more frequently, with children it can typically be three times a week. Work normally lasts a year or sometimes more, but the work will be regularly reviewed. Meetings are organised to be at the same time each week, and in the same room, as the consistency helps patients get the most out of their treatment. The work is led by the patient, which means that the therapist will follow your lead, rather than start sessions with questions. This treatment is based on understanding the patient through the relationship they develop with the therapist, and therefore the therapist is likely to draw attention to this relationship as the work progresses.

Cognitive behaviour therapy (CBT)
Cognitive behaviour therapy, or CBT, is a relatively short term treatment for both adults and children. Patients are normally seen for between eight and twelve sessions, where specific goals will be worked on in partnership with the therapist. It is common for ‘homework’ tasks to be worked on between sessions, such as completing diaries or practicing different ways of doing things. CBT is normally used for relatively mild depression and anxiety.

Interpersonal therapy (IPT)
Interpersonal therapy, or IPT, is a time limited and structured psychotherapy for
both adults and young people. It is typically delivered over sixteen sessions. It looks at the ways in which current difficulties in relationship contribute to psychological stress, and the ways in which psychological problems affect relationships. IPT focuses primarily on relationship problems. It aims to help people to recognise the problems they face with others and to make changes in their relationships.

**Group therapy**
A variety of approaches to group work are available for all ages. Patients are seen in carefully selected groupings related to their problems or experiences. Appointments are usually offered once a week. Most of our groups meet for a minimum period of one year.

**Parent training groups**
We run parent training groups that have been established and have good research evidence for their effectiveness. These groups tend to be eight to twelve meetings long, with clear tasks given to parents to work on in between meetings. Working in groups with other parents who have experienced similar difficulties can be very supportive and parents can get good ideas from the strategies others are using.

**Couples therapy**
Couples are seen together, where the work focuses on their relationship as a couple. The Trust offers different kinds of couple work, some of which are short term and some longer, and this will be decided upon dependent on the needs of each couple.

Consultation is offered when a professional or group of professionals want or need help thinking about a difficult situation. This might relate to work they are doing with a particular patient or group of patients.

**CAMHS**
CAMHS stands for Child and Adolescent Mental Health Services. CAMHS comprises clinical services, consultancy and education and training in work with children and adolescents. CAMHS forms around 50% of the Trust’s clinical work.

**SAAMHS**
SAMHS stands for Specialist Adult and Adolescent Mental Health Services. SAAMHS comprises clinical work, consultancy, education and training in work with adults, adolescents and forensic patients.
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