

# Board of Governors

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

2.40pm – 5pm  
Thursday 1<sup>st</sup> December 2011

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

**Board of Governors**  
2.40pm – 5pm, Thursday 1<sup>st</sup> December 2011

**Agenda**

***Preliminaries***

- 1. Chair's opening remarks**  
*Ms Angela Greatley, Trust Chair*
- 2. Apologies for absence**
- 3. Minutes of the previous meeting** *(Minutes attached)*  
*For approval*
- 4. Matters arising** *For noting*

***Reports & Finance***

- 5. Membership Report** *(Report attached)*  
*For discussion*  
*Dr Sally Hodges, PPI & Communications Lead*
- 6. Trust Chair's Report** *For noting*  
*Ms Angela Greatley, Trust Chair*
- 7. Chief Executive's Report** *(Report attached)*  
*For discussion*  
*Dr Matthew Patrick, Chief Executive*
- 8. Finance & Performance Report** *(Report attached)*  
*For discussion*  
*Mr Simon Young, Director of Finance*
- 9. Governors' Reports** *For noting*  
*Governors*

***Corporate Governance***

- 10. Governors' Performance Review & Objectives** *(Report attached)*  
*For approval*  
*Ms Angela Greatley, Trust Chair*

***Quality & Governance***

- 11. SHED & Environmental Issues** *(Information attached)*  
*For discussion*  
*Dr Bernadette Wren, Head of Psychology*
- 12. Service Report – Family Drug & Alcohol Court** *For discussion*  
*Mr Steve Bambrough, Service Manager, Monroe Family Assessment Centre*

## **Conclusion**

### **13. Any other business**

### **14. Notice of future meetings**

Tuesday 31<sup>st</sup> January: Board of Directors  
Thursday 2<sup>nd</sup> February: Board of Governors  
Tuesday 28<sup>th</sup> February: Board of Directors  
Wednesday 14<sup>th</sup> March: Directors Conference  
Tuesday 27<sup>th</sup> March: Board of Directors  
Tuesday 24<sup>th</sup> April: Board of Directors  
Thursday 3<sup>rd</sup> May: Board of Governors  
Tuesday 29<sup>th</sup> May: Board of Directors  
Wednesday 13<sup>th</sup> June: Directors Conference  
Tuesday 26<sup>th</sup> June: Board of Directors  
Tuesday 31<sup>st</sup> July: Board of Directors  
Wednesday 12<sup>th</sup> September: Directors Conference  
Thursday 13<sup>th</sup> September: Board of Governors  
Tuesday 25<sup>th</sup> September: Board of Directors  
Tuesday 30<sup>th</sup> October: Board of Directors  
Wednesday 21<sup>st</sup> November: Directors Conference  
Tuesday 27<sup>th</sup> November: Board of Directors  
Thursday 6<sup>th</sup> December: Board of Governors

Meetings of the Board of Directors are from 2.30pm until 5.30pm, and are held in the Board Room. Meetings of the Board of Governors are from 2pm until 5pm, and are held in the Lecture Theatre. Directors' Conferences are from 12.30pm until 5pm.

## Board of Governors Part I

Meeting Minutes, 2pm – 4.30pm, Thursday 15th September 2011

<b>Present:</b>			
Ms Angela Greatley Trust Chair	Dr Caroline Lindsey Public: rest of London	Ms Jennie Bird Public: Camden	Mr John Wilkes Public: Rest of London
Ms Mary Burd Public: Camden	Ms Stephanie Cooper Public: Rest of London	Ms Carole Stone Public: Rest of London	Ms Sara Godfrey Public: Rest of London
Mrs Amanda Hawke Staff: Admin & Tech	Mr Jonathan Bradley Staff: Clin., Academic, Snr.		
<b>In Attendance:</b>			
Miss Terri Burns Assistant to the Trust Secretary (minutes)	Dr Matthew Patrick Chief Executive	Mr Simon Young Director of Finance (items 7 & 9)	Miss Louise Carney Trust Secretary (AOB)
Dr Polly Carmichael Director of GIDS (item 12)	Ms Louise Lyon Trust Director (item 9,13)	Mr Martin Bostock Non-Executive Director	
<b>Apologies:</b>			
Ms Simone Hensby Non-Statutory Sector	Cllr Pat Callaghan Local Authorities	Dr Sally Hodges PPI & Comms. Lead (item 11)	Dr Robin Anderson Public: Rest of London

### Actions

AP	Item	Action to be taken	By	Immed
1	3	Minutes of the previous meeting to be amended.	TB	Immed
2	8	Miss Burns to look into when Bernadette Wren will speak to Governors about SHED committee/green issues.	TB	Dec 11
3	9	Any Governors with contributions to make to the next Annual Report to contact Ms Lyon or Miss Burns	All	May 12

### Actions Agenda item

### Future Agendas

#### 1. Chair's opening remarks

Ms Greatley welcomed everyone to the meeting and noted that the meeting was starting slightly late as the Trust Constitution had to be checked, to ensure the quorum was fulfilled. It was agreed by all that it was fulfilled.

#### 2. Apologies for absence

As above.

#### 3. Minutes of the previous meeting

**AP1** The minutes were approved subject to amendment of wording on p.7. Change to say that Mr Wilkes did not mean that written voting should be used to appoint to vacant seats on committees, unless that seat is contested.

#### **4. Matters Arising**

The joint membership engagement meeting between Governors and Directors was discussed. At this meeting it was decided that engagement was the responsibility of everyone within the Trust. It was noted that this meeting had been very productive and a similar meeting would be arranged to discuss strategic planning.

Action points were all completed. Mr Young informed the Governors that two staff side representatives had attended the last Productivity Programme Board meeting and others had been invited to the next one.

#### **5. Trust Chair's Report**

Ms Greatley gave a formal farewell to a number of Governors that have stepped down. These were; Chrissie Kimmons, Jan McHugh, Steve Trevellion, John Carrier, Adam Elliot and Robin Bonner. Ms Greatley thanked them for their input during their terms of office. A request has been made for the commissioning PCT to send another representative to sit on the Board of Governors. However, no response has been received as yet. Dr Lindsey asked if there were other ways that the PCT links could be continued. Dr Patrick said that he and other members of the Trust try to ensure these links are maintained. Ms Greatley said that she would think of other ways of doing this herself as well.

Ms Greatley reported on member recruitment at recent external events. Recruitment efforts were successful and the Trust will continue to use these external events to recruit new members. Ms Godfrey suggested attending non-mental health events with the aim of recruiting more members. However, issues of resources were raised in answer to this.

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

Dr Patrick reported that Malcolm Allen had been appointed as the new Dean. He has a very broad background and varied experience. Ms Greatley noted that he showed a great deal of energy and drive throughout the interview process. At the last meeting of the Board of Governors it was reported that the role of the Dean was being reviewed. Mr Wilkes asked what the result of this had been. Dr Patrick informed the Governors that it was decided that the role should be one of leadership in growth and development, along with being filled by someone with a high level of business acumen, alongside the typical Deans role.

Dr Patrick drew attention to the various groups and organisations that are being affected by the major structural changes taking place within the NHS. Dr Patrick reported that the Trust is engaging with the Health & Social Care Bill passage in various way. We are making representations via the FTN and NHS Confederation. The BMA are still lobbying for the Bill to be withdrawn

completely. Dr Patrick has been meeting with the other mental health trust CEOs within London every two months and they have been working to engage with the SHA about their concerns. Ms Greatley noted that in the current state, it is not clear where the Trust can have an impactful influence. Dr Patrick stressed the importance of working with other organisations to ensure the greatest possible influence.

Ms Cooper noted that the draft proposals under part two of the report looked very good, especially the proposal of patients seeing experienced clinicians at triage stage rather than further into treatment. It was felt that this could lead to problems being identified and dealt with more quickly.

Regarding productivity savings, Mr Bradley asked where next years savings would come from and if this would include another round of voluntary redundancies. Dr Patrick stated that there were no plans for more voluntary redundancies. Those that have already taken place would already contribute to next years savings. Ms Bird asked if the Trust's contributions to pensions would decrease. Mr Young stated that this would not be the case and only employee contributions would be affected by the recent national changes. Dr Lindsey suggested consultation of Governors over the impact of future productivity savings.

## **7. Finance & Performance Report**

Mr Young reported that the Trust is currently working to target and that the management team are monitoring this to ensure the Trust secures its future funding.

Mr Bradley noted that several other Foundation Trusts had lower financial risk ratings. Were we being too well-behaved? Mr Young noted that these FTs were required to put into place recovery plans, and were subject to close monitoring. All FTs have to balance income with expenditure at least in the longer run, and short-term deficits have to be recovered as soon as possible. Dr Patrick noted that the Government had recently published proposals for the FT "failure regime," and has stated there is the possibility of aid for Foundation Trusts that find themselves in trouble. There is also the possibility of them charging more for their services to recoup any shortfalls.

The financial rating of three was discussed by the Board. Dr Patrick noted that an FT could only achieve a rating of 5 by making a high surplus, meaning that less of its income was being used to provide patient services. Mr Wilkes said that such high ratings were frowned upon, for this reason. Mr Young said that more FTs were planning for a 3 this year, believing that there was no justification for them to aim for a 4 or 5.

## **8. Governors' Reports**

Ms Cooper and Ms Burd reported that they had attended the CQSG Committee and it was clear to them that a lot of work is going on in this area of the Trust.

AP2 Ms Godfrey reported that Bernadette Wren will be attending a future Board of Governors meeting to talk about the SHED committee and green issues. Miss Burns will look into when this will take place.

The report was noted.

## 9. Annual Report & Accounts

Mr Young introduced the report and stated that it fulfilled the strict requirements as laid out by Monitor. Ms Lyon stated that the Trust will be looking at the report to see if it can be improved in the future, without detracting from providing a record of the good work of the Trust. Ms Greatley praised the work of those involved in putting the report together and drew attention to the often short notice given of tight deadlines to be met.

Mr Wilkes asked if there were any causes for concern or positives that stood out from the report. Ms Lyon informed the Board that the Trust was looking for a better method of collecting outcome monitoring data. There was also some concern over response rates from patient surveys. However, Ms Lyon pointed out that knowing where these difficulties lie means the Trust can see where improvements need to be made. Dr Patrick stated that Government demands for data are escalating, but costs also have to be a consideration. Ms Lyon also stated that some of the responses from the survey were very encouraging. Knowing the services are appreciated is helpful for morale.

AP3 Ms Cooper noted that a summary of the report at the beginning may make it easier to read. A glossary of terms was also suggested. The Board of Directors had made similar comments. Ms Lyon noted that Governor input would always be welcome. Anyone that feels they have something to contribute should contact Ms Lyon or Miss Burns.

Ms Bird asked if richness of data would help to improve the Trust. Ms Lyon said that it would do and that the trust wants to make use of the data so that it is not just an exercise in data collection.

Ms Godfrey asked how the social media target was being pursued. Mr Bostock contributed by explaining that there will be a new Communications Lead and social media will be a priority for them. There was general discussion about the merits of Twitter, in that it is perceived as a good way to link to other updates and is a fast way of communicating with many people.

The report was noted.

## **10. Annual General Meeting**

Ms Greatley notified the Governors of the Annual General Meeting. It will take place on 11<sup>th</sup> October from 5.30pm. Ms Greatley asked that Governors publicise the meeting and try to get as many people to attend as possible, as well as attending themselves and interacting with members there.

## **11. Board of Directors Objectives**

Ms Greatley presented the report to the Governors. She explained that the objectives are general to the whole Board of Directors and filter down to create more specific objectives for individuals.

The report was noted.

## **12. Service Line Report – Gender Identity Development Service**

The report was taken as read. Dr Carmichael spoke to the Governors about the commissioning of the service and pressure from increasing referral numbers. She also gave an example of a typical patient and the problems faced in providing treatment and working with outside organisations. She also informed the Governors of current developments both locally and on a wider scale. Governors were then invited to ask questions and make comments.

Mrs Hawke asked if patients could self-refer and how they would be aware of the service. Dr Carmichael stated that it was not a prominent way of referral and the department would always encourage input from GPs and CAMHS.

Ms Bird asked if the service works with the families of patients as well. Dr Carmichael explained that within the department, clinicians try to work in pairs so that one person can work with the patient and the other can work with the family.

Mr Wilkes thanked Dr Carmichael for the paper and asked about what challenges are faced within the service. Dr Carmichael noted that many of the challenges faced are concerned with collaborative working with other organisations. It is important for the various services to work together.

Mr Bradley and Ms Bird asked about the prominence of physical intervention. Dr Carmichael assured the Governors that no pressure is put on patients to have surgery. The service aims to give them a safe environment to consider all options.

All Governors agreed that Dr Carmichael had presented her paper very well and they felt well informed.

## **13. Patient & Public Involvement Annual Report 2010-11**

Ms Greatley explained why Dr Hodges was unable to attend the meeting,



but informed the Governors that she would be available to attend the next meeting to discuss the report if needed.

Mr Wilkes asked why the targets were described as such as it was not clear. They would be better described as tasks. Ms Lyon informed the Board that they were in line with the strategic aims, objectives and statutory requirements of the department. Ms Greatley suggested it would also be helpful to provide clarity over what the terms and acronyms meant.

Ms Burd noted that there was a low response rate to the annual survey in relation to other surveys. Mrs Hawke asked why there was a suggestions box when there were already many other ways of data collection. Dr Lindsey noted that this was not a new way of data collection and had been used by the Trust effectively for a number of years.

Ms Godfrey asked about carer involvement with the Trust. Ms Lyon reported that this was a current consideration. Ms Greatley suggested networking with other trusts that have made more progress with this issue.

There was a general discussion of why the survey response rate is so low. Ms Lyon informed the Board that consideration is being given to including current patients as well as previous ones in the surveys. Mr Bostock also stated that the wider variety of methods now being used for data collection would lead to an increase in responses.

#### **14. Health & Social Care Bill Update**

Miss Burns reported that the Bill has now been through its first reading in the House of Lords and will be discussed further at a later meeting once it has been enacted.

Ms Greatley noted that it will affect all areas of the Trust and not just Governors. It will raise issues of the roles of Governors and also the Trust Chair.

The report was noted.

#### **15. Any other business**

A Brief paper was tabled by Miss Carney. This covered the current Governors by-election, the newly vacant seats and vacant committee seats to be filled by Governors. It was noted that Mr Robin Bonner's seat will remain vacant as there is not enough time to hold a by-election to fill it. The vacant Camden seat will be filled by the next best successful candidate if possible. The University of East London have now appointed a new representative, Prof. John Joughin. Miss Carney asked Governors to send her nominations for the vacant committee seats.

Ms Cooper will attend the September Board of Directors meeting, and Ms Burd will attend in October.

#### **16. Notice of future meetings**

Noted.

## Board of Governors : December 2011

**Item :** 5

**Title :** Membership Report

**Summary:**

The report covers the following items:

1. Membership statistics
2. The Annual General Meeting 2010
3. Membership plans

**For :** Noting

**From :** Patient and Public Involvement & Communications Lead

# Members Report

## 1. Public Membership Statistics<sup>[1]</sup>

### 1.1 Distribution

Class	Public Members
Public: Camden	560
Public: Rest of London	2,832
Public: Rest of England & Wales	2,053

1.1.1 The number of eligible members for the Trust is 42,882,883.

### 1.2 Gender Profile

Gender	Public Members
Male	1,076
Female	3,788
Unknown	581

1.2.1 There are a greater number of female Members than male; this is apparently consistent with membership of other trusts.

### 1.3 Age Profile

Age	Number of Members
14 – 21 years	21
22 – 35 years	891
35-50 years	1,730
50+ years	1,276
Unknown	1,527

1.3.1 A great deal of the work the Trust does is with and for children. 57% of our patients are CAMHS patients, but they are not well-represented in the Membership. This is partly because the minimum age for membership is 14. As mentioned in paragraph 1.6 of our membership plans, we would like to address this issue through lowering the membership age.

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<sup>[1]</sup> The statistics presented here are for the public constituency only

## 1.4 Ethnic Profile

Ethnicity	Public Members
White	2,647
Mixed	130
Asian or Asian British	187
Black or Black British	294
Other	108
Unknown	2,079

1.4.1 The Patient and Public Involvement Committee have been working with local community and volunteer organisations to improve awareness of Tavistock services. Through our ties with Volunteer action Camden, PPI have met with the Bangladeshi

## 2. Annual General Meeting

- 2.1 On the 11<sup>th</sup> of October, we hosted our Annual General Meeting. Our guest speaker for the evening was Hugo Manessei, an entrepreneur and found of the social enterprise Participle, who discussed The Life Project, an innovative approach for early intervention with families experiencing distress. This discussion also featured response from Chief Executive Matthew Patrick and PPI Lead Sally Hodges.
- 2.2 Following the discussion with our Guest Speaker, Matthew Patrick and Trust Chair Angela Greatley discussed the performance of the Trust in 2010/2011, and looked forward to the challenges and opportunities facing the Tavistock and Portman in the coming years.
- 2.3 The AGM was attended by 53 people including staff, patients, members of the Trust, and from the local community. Of those in attendance, seven were Tavistock and Portman Governors.
- 2.4 Informal feedback received after the AGM has been generally positive, while responses collected at the event itself through feedback forms were also encouraging. Some of the qualitative feedback mentioned we could discuss the achievements of the Trust, and our staff, throughout the previous year at the next AGM.

### **3. Membership Plans 2011/12**

#### **3.1 Develop the opportunities for patients / public to get involved with the work of the Trust through voluntary work.**

3.1.1 The Trusts supports the involvement of our patients, members and the general public in our projects. Our World Mental Health Day event at Finchley road o2 centre was attended by one of the local PPI representatives providing information on positive mental health, and four of these representatives have also volunteered to operate as mystery shoppers for an upcoming PPI initiative. We are also working with many volunteer organisations in the Borough to improve our links with the community and to encourage more members and patients to get involved.

#### **3.2 Encourage patients' views through Members' contribution to the Members Newsletter**

3.2.1 The 2011 Trust Summer Newsletter had its highest number of contributions from members, with five contributions in addition to two from outgoing governors, which we hope to continue this progress with the Winter Newsletter, which will be published before the Christmas period.

#### **3.3 Increase the number of relevant small scale surveys on issues meaningful to patients, such as the environment.**

3.3.1 Firstly, to increase the number of patients providing feedback to the organisation, the Adult Survey for the first time will be sent to current patients, in addition to patients who have finished therapy in the last six months, for response. The trust has also started recruiting for a mystery shoppers program which will evaluate the experience of patients visiting the trust and provide recommendations for the PPI Committee in February 2012. We also hope to establish a visual straw poll survey in the reception area in the New Year, where people can vote on targeted questions to relating to patient experience.

#### **3.4 Increase the number of events that patients and local public can attend and contribute to.**

3.4.1 This year marked our first collaborative effort with other NHS Mental Health Trusts towards an event for World Mental Health Day. The Tavistock and Portman joined NHS Camden, Camden and Islington Foundation Trust, and Volunteer Action Camden to promote positive mental health

at the O2 Centre on Finchley Road, allowing us to engage with locals and establish links with other Trusts. We have also staged the first of four planned talks designed to improve patient knowledge of the therapeutic process. Our first talk, in which Richard Davies discussed confidentiality, was held in July, and our second discussion in November featured Sally Hodges and Caroline McKenna therapy for Children and Families. Further talks have been planned for February and May 2012.

3.5 Increase numbers of younger Members and the input of younger Members by developing aspects of the Membership that will be of interest to young people, such as linking with schools and local youth groups.

3.5.1 The Tavistock and Portman, in association with tour operators NST, will host visiting A-level and GCSE students interested in careers in mental health. From these discussions we hope to promote our membership to young people, and have planned another nine such talks before the end of April 2012. Our PPI team has also been working closely with Volunteer Action Camden to create links with organisations representing young carers, such as crossroads, and we hope to establish a borough wide Carers forum before January 2012. Finally, we hope to bring forward discussion on lowering the age of our membership from 14 to 11 to encourage patients of CAMHS services to become more involved in the Trust.

3.6 Lowering the age of membership.

3.6.1 Just under 60 % of our clinical service users are under the age of 18, however this age group is not widely represented in our membership. Other similar mental health trusts have addressed this issue by having a lower age for members, for example the mental health services in Nottingham have a lower age limit of 8 years. Other mental health trusts for example SLAM and CNWL do not have a lower limit, instead they have affiliate membership to people under the age of 16 (all the membership benefits bar voting rights).

3.6.2 We would like to propose lowering the age limit from 14 to 12. This would cover all secondary school age children. We could then offer affiliate membership to younger children if they wish. In order to attract younger members we would need to develop resources appropriate for them, such as targeted events and a 'young members' newsletter. We would not envisage younger members as a resource to the

trust, but by joining the membership they would be demonstrating an interest in us and we would seek to gain their views on our services when appropriate.

3.7 Increase the range of committee work that Governors can get involved with.

3.7.1 The Board of Governors has six formal Committees, dealing with many of the Governors statutory duties (23 seats in total). In addition to this, there are nine other Trust Committees and Groups that Governors are invited to join (21 seats in total). A diagram of Committees, Groups and positions is attached at Appendix A, with names of Governors who are members.

3.7.2 There are eleven vacant positions at present, and Governors are encouraged to volunteer for these.

#### **4. Membership Plans 2012/13**

4.1 Develop the range of Member-led / Member-developed events

4.2 Increase the number of patients / Members involved in service developments as advisors

4.3 Have a proactive recruitment drive for Governor elections around Black and Minority Ethnic (BME) involvement and younger people representation

4.4 Develop events for young people where appropriate and promote events of interest to them.

Sally Hodges  
Communications & PPI Lead  
November 2011



## Governor Committees & Groups

**Non-Executive Director Appointment Committee**

- Angela Greatley (chair)
- Jonathan Bradley
- Mary Burd
- Carole Stone
- [Governor]
- [Non-Executive Director]
- [Executive Director]

**Non-Executive Director Appraisal Committee**

- Angela Greatley (chair)
- Mary Burd
- Stephanie Cooper
- Carole Stone

**Non-Executive Remuneration Committee**

- Angela Greatley (chair)
- Richard Strang (chair)
- Robin Anderson
- Amanda Hawke
- Caroline Lindsey
- [Governor]

**Trust Chair Appraisal Committee**

- John Wilkes (chair)
- Mary Burd
- Stephanie Cooper

**Board of Governors' Performance Committee**

- Angela Greatley (chair)
- Stephanie Cooper
- John Wilkes
- [Governor]
- [Governor]

**Trust Chair Appointment Committee (not constituted)**

- [SID] (chair)
- [Governor]
- [Governor]
- [Governor]
- [Governor]
- [Governor]
- [Non-Executive Director]

## Governor Positions

**Lead Governor**

- Stephanie Cooper

**Deputy Chair of the Board of Governors**

- John Wilkes

## Trust Committees & Groups

**Clinical Quality, Safety & Governance Committee**

- Rob Senior (chair)
- Mary Burd
- Stephanie Cooper

**Patient & Public Involvement Committee**

- Sally Hodges (chair)
- Stephanie Cooper
- Simone Hensby
- Sara Godfrey

**Equalities Committee**

- Julia Smith (chair)
- Mary Burd
- [Governor]
- [Governor]

**Communications Committee**

- Sally Hodges (chair)
- Sara Godfrey
- Amanda Hawke
- John Wilkes

**Quality Working Group**

- Louise Lyon (chair)
- Sara Godfrey
- John Wilkes
- [Governor]
- [Governor]

**Gloucester House Steering Group**

- Rita Harris (chair)
- [Governor]

**Members' Newsletter Editorial Group**

- Sally Hodges (chair)
- Sara Godfrey
- [Governor]
- [Governor]

**Green Group**

- Bernadette Wren (chair)
- Sara Godfrey

**Design Group**

- Louise Lyon (chair)
- Sara Godfrey

**Governor Committees  
& Groups**

Non-Executive Director  
Appointment Committee

Trust Chair  
Appointment Committee

Non-Executive Director  
Appraisal Committee

Trust Chair  
Appraisal Committee

Non-Executive  
Remuneration Committee

Board of Governors  
Performance Committee

**Trust Committees  
& Groups**

Clinical Quality, Safety &  
Governance Committee

Patient & Public  
Involvement Committee

Members' Newsletter  
Editorial Group

Equalities Committee

Quality Work Group

Gloucester House  
Steering Group

Communications  
Committee

Green Group

Design Group

## Board of Governors : December 2011

**Item :** 7

**Title :** Chief Executive's Report

### **Summary :**

This paper covers the following items:

1. Introduction
2. Westminster Family Services Centres
3. Circle and Hinchingsbrooke Hospital
4. 2012/13 Operating Framework
5. Wednesday 30 November
6. Shadow NHS Commissioning Board
7. Family Drug and Alcohol Court service

**For :** Discussion

**From :** Chief Executive

## Chief Executive Report

### **1. Dean of Postgraduate Studies**

- 1.1 I announced in my last report that Trudy Klauber would be stepping down as Dean on 31 December. I am very pleased that her successor will be Malcolm Allen, who is currently Chief Executive of the British Psychoanalytic Council (BPC), but comes from a background that includes running Arts Council England's Capital Programme and running the Birmingham Media Development Agency.
- 1.2 Trudy is attending her last Board of Directors meeting this week, and I would like to begin this report by marking this. Trudy has now held the role of Dean for more than seven and a half years. During that time her contribution to the organisation has been tremendous. Amongst many other achievements she has overseen significant growth in our training and education activity; has shaped and led the development of our CPD programmes; and more recently has been instrumental in our move towards e- and blended-learning.
- 1.3 Beyond this, however, Trudy has been a tremendously strong voice for training and education within the Trust, when clinical discourse can sometimes dominate. She has also been a real advocate for quality, for the articulation of what quality really means in the context of our work, and what it means to us as an organisation; highlighting the transformational potential of relational models of learning and the central importance of work discussion within all of our work.
- 1.4 I would like to say a personal thank you to Trudy, the two of us having worked together over many years. I would also like to say a heartfelt thank you on behalf of the Board of Directors and on behalf of the organisation as a whole.

### **2. Westminster family service centres**

- 2.1 The past month has seen our new family service centres in Westminster going live. The time period between agreement of contracts and go live was only three weeks, and the fact that an extension to this timeframe was not required is a real testament to all those involved. For the services to bed down properly will obviously take much longer.
- 2.2 I would, however, like to take the opportunity to welcome those staff who have joined the organisation as a part of our taking on

this work. I know that colleagues are looking forward to learning from the expertise and experience that you will bring to the Trust.

### **3. Circle and Hinchingsbrooke**

- 3.1 This month has seen the signing of the contract for the first takeover of the management of an NHS hospital by an independent provider. Circle was chosen in November 2010 as the preferred bidder to run Hinchingsbrooke Hospital in Huntingdonshire, following a thirteen-month procurement process. It has taken a further year to conclude the contract, and from 1<sup>st</sup> February 2012 Circle will take over management of the hospital, which serves a population of 161,000 and has a debt of £40m.
- 3.2 Under the contract, Hinchingsbrooke will remain an NHS hospital, its buildings and assets will remain in the NHS, and its staff will continue to be employed by the NHS.
- 3.3 Circle is a 49.9% employee-owned social enterprise, forming the largest partnership of clinicians in Europe. Circle is co-owned and managed by the doctors, nurses and staff who work in their hospitals, treatment centres and clinics.
- 3.4 Although private sector firms already operate many units that treat NHS patients, such as hip replacement centres, Circle will be the first non-state provider to manage a full range of NHS district general hospital services. People will be watching Hinchingsbrooke with interest to see if it is a viable and appropriate solution for failing NHS organisations.

### **4. 2012/13 Operating Framework**

- 4.1 On 24<sup>th</sup> November, the Department of Health will publish the NHS operating framework. The framework sets out key areas of priority for the coming year, and also the financial context including expected levels of efficiency and productivity. It is, therefore, a key document for all NHS organisations.
- 4.2 Over recent weeks and months a great deal of energy and activity has gone in to trying to ensure that some aspects of mental health policy and strategy are included. The importance of such inclusion is that it potentially provides something of a framework for implementation of the mental health strategy. As you know there is much in the mental health strategy that is supportive of our values and mission.

- 4.3 There is also a conference for NHS Chief Executives in 24<sup>th</sup> November. I will provide an update on the Operating Framework and the conference at the Board meeting.

## **5. Wednesday 30 November**

- 5.1 Several unions have voted to take strike action on 30<sup>th</sup> November, in protest against the Government's plans to change public sector pensions. We are expecting a significant number of Trust staff to strike.
- 5.2 The Trust is taking action to continue patient services and training courses on that day where possible, and to notify patients and students where this is not expected to be possible. Action plans will also be in place to ensure the safety and security of patients, students, staff, visitors and premises.

## **6. Shadow NHS Commissioning Board**

- 6.1 The NHS Commissioning Board Authority went live on 31<sup>st</sup> October, in shadow form. The main focus of this authority will be to design a business model for the Commissioning Board, with patients and clinical leadership at the centre of this model. The Board will also plan and create the infrastructure for the new clinical commissioning groups (CCGs). It is expected that the Board will become fully operational on 1<sup>st</sup> April 2013.
- 6.2 The Board is chaired by Professor Malcolm Grant CBE. Sir David Nicholson is the Chief Executive and Bill McCarthy is the Managing Director. The Board will have overall responsibility for the £80bn NHS budget, the majority of which will be allocated to the CCGs. It will also be responsible for a range of broader public health issues.

## **7. Family Drug and Alcohol Court service**

- 7.1 I am delighted to say that our Family Drug and Alcohol Court service has won two awards in recent weeks. Firstly, they were chosen as the Psychiatric Team of the Year by the Royal College of Psychiatrists. And today, they have been announced by the Guardian as winners of their 2011 public service awards in the category Service delivery – Children and Young People.

- 7.2 The article in the Guardian<sup>1</sup> notes that an independent evaluation of the project found that parents who go through the Family Drug and Alcohol Court are much more likely to control their misuse.
- 7.3 These two awards are a tremendous achievement and are richly deserved. The Family Drug and Alcohol Court comprises an innovative partnership between the NHS, the voluntary sector, family courts and local authorities. The outcomes delivered are excellent, and implementation of the service model actually saves local authorities money; a genuine expression of quality, innovation, productivity and prevention. Many congratulations.

Dr Matthew Patrick  
Chief Executive Officer

23 November 2011

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<sup>1</sup><http://www.guardian.co.uk/publicservicesawards/fairer-hearings-for-parents?newsfeed=true>

## Board of Governors : December 2011

**Item : 8**

**Title : Finance and Performance Report**

**Summary:**

Monitor's Financial Risk Rating remained at 3 after quarter 1, and we expect the same rating on the basis of our results reported for the second quarter. The governance rating is also expected to remain green.

The Trust expects to be close to the planned £158k surplus (before restructuring costs) for the year. Cash balances remain satisfactory.

**For : Discussion**

**From : Director of Finance**



## Finance and Performance Report

### 1. **Compliance with Authorisation**

- 1.1 This Foundation Trust was authorised by Monitor, the NHS Foundation Trust regulator, with effect from 1 November 2006. Its terms of authorisation<sup>1</sup> are an eight-page document together with six schedules, of which the first is our Constitution. Two amendments have been added to the terms of authorisation since 2006, and all six schedules are updated regularly.
- 1.2 Monitor uses two rating mechanisms to assess the risks that a Foundation Trust will breach its terms of authorisation or its statutory obligations. These two ratings are based on the Annual Plan submitted in May each year; and on the information provided in-year, usually quarterly. The principles and details are set out in the document "Compliance Framework 2011-12" published by Monitor<sup>2</sup>.
- 1.3 This Trust's recent and current ratings are shown in the table below:

	2010/11 Quarter 4	2011 Plan	2011/12 Quarter 1	2011/12 Quarter 2
Governance	Green	Green	Green	Green *
Financial Risk	3	3	3	3 *

\* = expected rating, based on our Quarter 2 performance

- 1.4 Our aim and expectation, in line with Plan, is to maintain the current ratings.

### 2. **Income and Expenditure**

- 2.1 The plan for 2011/12 is for a non-recurrent deficit of £842k after allowing for restructuring costs of £1,000k (relating to voluntary redundancies and early retirements). Without these exceptional costs, which Monitor excludes from the risk rating calculation, there is a planned surplus of £158k.
- 2.2 The income and expenditure position is summarised in the table on the next page. After 7 months, there is a surplus of £17k (before restructuring costs). Income is below budget in some areas, partly

<sup>1</sup> <http://www.monitor-nhsft.gov.uk/home/about-nhs-foundation-trusts/nhs-foundation-trust-directory/tavistock-and-portman-nhs-foundation>

<sup>2</sup> <http://www.monitor-nhsft.gov.uk/home/our-publications/browse-category/guidance-foundation-trusts/mandatory-guidance/compliance-frame-0>

offset by reduced expenditure. Some of the income shortfalls are expected to continue in the remainder of the year. Action is being taken to maximise income and also to ensure that savings are delivered, and we expect to be close to our target of £158k surplus for the year (before restructuring costs).

	2010/11 Final Accounts	2011/12 Plan	2011/12 Forecast	2011/12 Actual, 7 months
	£000	£000	£000	£000
Income	32,384	32,803	32,658	19,567
Expenditure	31,460	31,761	31,602	19,021
EBITDA *	924	1,042	1,056	546
Depreciation, Dividend and Interest	(834)	(884)	(906)	(529)
Surplus before Restructuring costs	90	158	150	17
Restructuring Costs ‡	0	(1,000)	(993)	(993)
Surplus/(Deficit) after Restructuring	90	(842)	(843)	(976)
EBITDA* as a % of income	2.9%	3.2%	3.2%	2.8%

\* = Earnings before Interest, Tax, Depreciation and Amortisation

‡ = Excluded from calculation of financial risk ratings

### 3. Cash

- 3.1 The total in the Trust's bank accounts at 31 October was £2.3m. This was £0.9m higher than Plan, mainly because not all payments for early retirement costs have been made yet.
- 3.2 The balance is expected to reduce gradually to £1.2m by March 2012. This balance, though much reduced from recent months, remains sufficient for the Trust's needs.
- 3.3 As reported last time, the Trust's borrowing facility was increased from £2.0m to £2.4m, with Monitor's approval, when it was renewed from 1 November. There is no current intention to use the facility, but it does provide security in the event of short-term cash shortage; and this back-up is reflected in the calculation of the liquidity ratio which is one element of our financial risk rating.

**4. 2011/12 Annual Plan – Objectives**

- 4.1 The 2011/12 Annual Plan was approved and submitted to Monitor in May, setting out the Trust’s vision and key strategic priorities for the next three years. It also set specific objectives for each year in the areas of clinical quality, service development, workforce, capital and estates, operational and financial effectiveness, legal and governance matters and regulatory compliance. It has been published on Monitor’s website.<sup>3</sup>
- 4.2 The Board of Directors held a conference in October at which progress on all the key action plans was reviewed and agreed to be satisfactory.

Simon Young  
Director of Finance  
22 November 2011

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<sup>3</sup> Also on the Monitor website, at the same reference as for <sup>1</sup> above.

## Board of Governors: December 2011

**Item:** 10

**Title:** Governors' Performance Review & Objectives

### **Summary:**

The Board of Governors Objectives and Performance Review.

This paper explains the recommendations of the Board of Governors' Performance Committee for:

- a) The Board of Governors' responsibilities and objectives for the period 1<sup>st</sup> November 2011 to 31 October 2012 see page 2
- b) The special emphases for these objectives and the review dates to ensure we meet them see page 4
- c) The proposed schedule of formal and informal meetings for this period to enable Governors to fulfil these responsibilities, review their performance and development needs, also shows how they fit into the Trust's Annual Plan cycle see page 7

**For:** Approval

**From:** Performance Committee Chair

## Board of Governors' Areas of Responsibilities and Objectives

### ***Strategy***

- Contribute to the development of the Annual Plan, helping to create an inspiring strategy that takes into account the Trust's accountability for meeting patient, student and public need; and the Trust's mission, focused as it is on making a significant contribution to mental health and wellbeing.
- Contribute to the development of the Quality Report, including agreeing specific priorities for the year, helping the Trust maintain and improve upon its high quality standards of healthcare.
- Contribute to the development of the Trust's governance regime in relation to the implementation of the Health and Social Care Bill.

### ***Appointment, Appraisal, and Remuneration***

- Have responsibility for appointments, wherever vacancies arise, of a high quality Trust Chair and Non-Executive Directors, contributing to the development of the Board of Directors.
- Have responsibility for the appointment of a high quality External Audit service, in consultation with the Audit Committee.
- Ensure the Trust Chair and Non-Executive Directors are fairly remunerated, taking into account value for money, external market factors, and recruitment and retention.
- Ensure there is an effective and appropriate process for evaluating the performance of the Trust Chair and Non-Executive Directors.
- Be involved in the process, wherever vacancies arise, for the appointment of a high quality Chief Executive, contributing to the development of the Board of Directors.

### ***Development and Performance of Governors and the Board of Governors***

The Trust is responsible for ensuring that Governors have the necessary skills to enable them to fulfil their statutory roles. The Board of Governors is responsible for identifying the individual and group development needs. The Governors will:

- Contribute to the development of Trust projects through involvement on Committees and Groups.
- Contribute to the debate on how to achieve greater diversity on the Board of Governors.
- Contribute to the development of effective relationships between the Board of Governors and the Board of Directors, to ensure that

they work well together in order to ensure effective governance of the Trust.

### ***Governance***

- Ensure a Lead Governor is appointed who is able to liaise with Monitor in the event that the Trust was in danger of breaching its Terms of Authorisation.
- Ensure the Trust operates in accordance with the Terms of Authorisation.

### ***Performance***

- Hold the Board of Directors to account for the performance of the Trust.
- Receive the Trust's Annual Report and Accounts.

### ***Engagement and Representation***

- Public and Staff Governors will actively seek and engage with the views of Members and ensure these views contribute to the shaping and future development of the organisation.
- Stakeholder Governors will represent the interests of stakeholder organisations and ensure these interests contribute to the shaping and future development of the organisation.
- Contribute to the development of effective methods of communication and engagement with Members.
- Contribute to the development of projects that seek to broaden the Trust's membership in terms of ethnicity.

## Objectives for Period November 2011 – 31 October 2012 showing Special Emphases to 31 May 2012

Area of Responsibility	Objective	Emphasis for the Year	Review Date
Strategy	Contribute to the development of the Annual Plan	Consider the proposals put forwards by the Board of Directors and contribute in discussion at meetings of the Board of Governors	February 2012
	Contribute to the development of the Quality Report	Agree specific priorities for forward period	February 2012
		Contribute towards specific working groups set up to consider quality issues	April 2012
Appointment, Appraisal, and Remuneration	Ensure all Non-Executive positions on the Board of Directors are filled	Consider the re-appointment of Chair Angela Greatley.	May 2012
	Appoint an External Audit Service	Consider the recommendation of the Audit Committee on the appointment of an External Audit Service	December 2011
	Set the remuneration for the Trust Chair and Non-Executive Directors	Review the remuneration of the Trust Chair and Non-Executive Directors, and consider the options and recommendations put forward by the Trust's Human Resources department	March 2012
	Ensure there is an effective and appropriate appraisal process for the Trust Chair	Develop and agree the process by which the Senior Independent Director will appraisal the Trust Chair and ensure the process is followed	December 2011
	Ensure there is an effective and appropriate appraisal process for Non-Executive Directors	Develop and agree the process by which the Trust Chair will	December 2011

Area of Responsibility	Objective	Emphasis for the Year	Review Date
		appraisal the Non-Executive Directors and ensure the process is followed	
Development and Performance of Governors and the Board of Governors	Identify the individual and group development needs of Governors	Review the development needs and opportunities for Governors and the Board of Governors	April 2012
	Contribute to the development of Trust projects	Ensure Governor positions on committees and groups throughout the Trust are filled	April 2012
	Contribute to the debate on how to achieve greater diversity on the Board of Governors	Develop an action plan to ensure upcoming elections to the Board of Governors attract a more ethnically diverse Board	February 2012
	Contribute to the development of effective relationships between the Board of Governors and Board of Directors	Hold and attend events for both Boards	January 2012 July 2012
		Ensure at least one Governor attends every Board of Directors' meeting	February 2012
Trust Governance	Ensure the Trust operates in accordance with its Terms of Authorisation	Ensure the Board of Governors is receiving relevant information at its general meetings, and is kept informed in between meetings	April 2012
		Ensure that Governors use their Board meetings to offer effective challenge to the Trust and Directors. To support this task Governors must ensure they have a sufficient understanding of the key issues.	April 2012
Trust Performance	Receive the Trust's Annual Report and Accounts		September 2012
Engagement and	Contribute to the development of projects that seek to broaden		July 2012



Area of Responsibility	Objective	Emphasis for the Year	Review Date
Representation	the ethnicity of the Trust's Membership		
	Contribute to the development of communication and engagement with Members		July 2012
	Actively seek and engage with the view of Members		April 2012
	Represent the interests of stakeholder organisations		April 2012

## Proposed Timetable of Meetings

Proposed timetable for review of objectives and achievement November 2011 – 31 May 2012

Date	Event / Meeting	Information
1 December 2011	<b>Board of Governors Meeting, 2pm – 5pm</b>	Agree objectives and emphases for the coming period
January 2012	Joint Boards meeting, 4pm – 6pm	
2 February 2012	<b>Board of Governors Meeting, 2pm – 5pm</b>	
April 2012	Development Afternoon, 3pm – 5pm	Review achievements, reflect on how we work together and what changes to make to how work in future
May		<i>Annual Plan is set</i>

Table 2: Indicative timetable for review of Board objectives, achievement and performance June 2012 – May 2013

Date	Event / Meeting	Information
June 2012	Board of Governors Meeting, 2pm – 5pm	<i>Modify emphases for the coming year in light of annual plan</i>
July 2012	Joint Boards meeting, 4pm – 6pm	<i>Subject to be agreed</i>
September 2012	Board of Governors Meeting, 2pm – 5pm	
October 2012	Annual General Meeting, 6pm – 8pm	
November 2012		<i>Term of office starts</i>
December 2012	<b>Board of Governors Meeting, 2pm – 5pm</b>	
January 2013	Joint Boards meeting, 4pm – 6pm	
February 2013	<b>Board of Governors Meeting, 2pm – 5pm</b>	
April 2013	Development Afternoon, 3pm – 5pm	Review achievements, reflect on how we work together and what changes to make to how work in future
May 2013		<i>Annual Plan is set</i>

## Board of Governors : December 2011

**Item :** 11

**Title :** SHED & Environmental Issues

**Purpose:**

The attached report is the current draft strategy for the SHED group, which focuses on environmental issues.

This draft strategy has emerged from discussions within SHED during the previous 12 months and following a meeting in July 2011 between some SHED members (Bernadette Wren, Pat Key and Martin Bostock) and the Chief Executive and Trust Director.

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

- Quality
- Communications

**For :** Discussion

**From :** Bernadette Wren, SHED Unit Chair

## SHED & Environmental Issues

### 1. Introduction

1.1 **Climate Change** - It is now almost fully accepted that human activities from energy production, transport, industry and agriculture have led to an increase in greenhouse gases in the atmosphere, especially CO<sub>2</sub>. About half the carbon dioxide emitted in this way has remained in the atmosphere. The increase in CO<sub>2</sub> concentrations traps more of the outgoing energy, causing an enhanced greenhouse effect, and increases the heating of Earth.

1.1.2 The ability of the climate to assimilate the accumulation of greenhouse gases in the atmosphere without incurring dangerous climate change is fast running out.

1.2 **Peak Oil** is the point in time when the maximum rate of global petroleum extraction is reached, after which the rate of production declines. This probably happened in 2001.

1.2.1 Our way of life currently depends on products from oil-based substances, including pesticides, fertilizers and most plastics. Even most renewable energy equipment requires large amounts of oil to produce. Economists are beginning to predict huge fluctuations in oil prices over the next few years – with a possible doubling in the next year or so.

1.2.2 Oil is not the only commodity for which resource scarcity will be an issue in a couple of decades. Food prices spiked in summer 2008 and are again steadily rising. The trend in mineral prices is also rising - several will be exhausted in decades rather than centuries. (*Copper, tin, silver, chromium, zinc* and others will be depleted in 40 years or less.) we are seeing rapid deforestation, a collapse of fish stocks and water scarcity

1.3 In response to these concerns, the UK has set a climate change target - 80% reduction in carbon emissions by 2050, compared to 1990 levels.

### 2. From 'Green Group' to 'SHED'

2.1 The Green Group was originally set up by staff members concerned about climate change and keen for the trust to act more assertively on its responsibilities to reduce energy use and limit practices that

were wasteful of resources. There was also a hope that the Group could educate staff about environmental issues and persuade them to make choices at work, as well as at home, that reflected an awareness of these issues.

2.2 Our priorities were:

- Meeting legally binding UK carbon reduction targets - CRC
- Ensuring our buildings have lower running costs
- Cutting waste and using resources (energy, water etc) efficiently
- Reducing car travel and encouraging sustainable forms of transport
- Developing cleaner greener spaces
- Seeking innovative, lower impact products - basing procurement decisions on whole life rather than short-term costs and benefits
- Improving staff health and well-being
- 

2.3 The development of S.H.E.D. (The Sustainability, Health and Environment Development Unit) out of the work of the Green Group represented a movement from tentative beginnings, with easy targets and small separate initiatives (e.g. recycled paper, encouragement of recycling waste, increase in car parking charges), to a focus on incremental change. This has been evidenced in increased visibility of the issues (Environment day, 'A Crude Awakening'), a clutch of related projects (e.g. around bicycling) and the work of Estates & Facilities (replacing boiler, lights, taps).

2.4 This second stage of SHED-related activity has been in part compliance-led and is productive, but must have a view towards a future phase where sustainability will be integrated into trust policies and business plans and driven at senior level. With this will come the development of trust 'vision' that puts sustainability at the heart of everything we do.

2.5 For this we need to have courageous investment decisions by the Board, sophisticated measurement and analysis of our activity and a greater commitment by more staff members to bring their environmental concerns to bear on their behaviour at work and to make demands for a healthier, more energy-conscious work environment.

<p><b>From 'GREEN GROUP' to 'S.H.E.D'. to a 'SUSTAINABLE TRUST'</b></p>
<p><i>A tentative beginning...</i> Easy targets, small separate initiatives <b>recycled paper</b> <b>encouragement of recycling waste</b> <b>increase in car parking charges</b></p>
<p><i>Currently: Incremental change...</i> A clutch of related projects, a focus on Estates &amp; Facilities, partly compliance-led, increased visibility of the issues <b>lights</b> <b>taps</b> <b>new recycling arrangements</b> <b>bike repair bench</b> <b>Environment Day</b> <b>the boiler</b> <b>bike racks</b></p>
<p><i>The future: A strategic role...</i> Sustainability integrated into trust policies and business plans, driven at senior level; development of trust 'vision' that incorporates sustainability at many levels. <b>sophisticated measurement?</b> <b>Procurement decisions?</b> <b>Energy generation?</b> <b>Staff bikes?</b> <b>Greater infrastructure investment?</b> <b>Vegetable growing?</b> <b>Roof garden? Shading?</b></p>
<p><i>A systemic sustainability model</i> Sustainable development completely hard-wired into the trust's future planning, tensions between short-term and long-term priorities well-managed. <b>'Sustainable living' fully integrated into the clinical and teaching work?</b> <b>moving from T&amp;P site?</b> <b>autonomous neighbourhood T&amp;P units?</b></p>

### 3. Action Plan

#### 3.1 SHED ACTION POINT 1

It is widely believed that SHED might achieve more if it had some clearer goals about reduction in energy use and use of other resources (e.g. water and paper), amount of waste created and level of staff commitment. For this we need to reliably establish ways to measure of a number of key processes and products.

*3.1.1 SHED will support the work to create a set of measurable goals and find ways to communicate regularly with staff, clients, students and other visitors about our rate of progress toward these goals.*

- *Amount of carbon dioxide we produce*
- *Amount of energy used*
- *amount of paper we use (per month per directorate)*
- *Staff attitudes to sustainable actions - to provide benchmark for change*

#### 3.2 SHED ACTION POINT 2

At the July 2011 meeting the Chief Executive and Trust Director were adamant that capital decisions in the trust are increasingly driven by broad environmental concerns. Worries about the cost of energy and resources (e.g. water), and the necessity of meeting legally binding UK carbon reduction targets are together pushing the Trust Board and Management Committee to consider sustainability in its decision-making across many areas of trust activity.

*3.2.1 SHED will continue to call on the Chief Executive and Trust Director to support its commitment to policies that are energy-aware and have sustainability at their heart. SHED will meet regularly with the Chief Executive and other trust senior managers to remind them to take leadership on the SHED agenda.*

#### 3.3 SHED ACTION POINT 3

Working towards ensuring that SHED priorities and goals are understood and promoted across all areas of the trust, and at all levels, will mean spreading the SHED message at a range of Trust meetings - Trust Board, Managers' Meeting, Inset days, student induction day etc. – and encouraging the development of a green agenda in all sections of the trust (admin teams, conference unit, DET and individual course teams, clinical teams, staff training programmes etc). We must influence key people to build into their

work consideration of energy and resource use in all its guises; that is, into all course handbooks, patient guidance job descriptions, etc. We need key staff on board, 'showing by doing'.

*3.3.1 SHED will find better ways to communicate with staff, students, clients and governors, with a more effective exchange of suggestions, information and feedback, trying especially to engage the non-engaged.*

#### **3.4 SHED ACTION POINT 4**

Much work is already done behind the scenes (by the Building and facilities team, IT dept and others) to support the trust in becoming more sustainable. But most of this work is invisible to most staff trust staff and visitors.

*3.4.1 SHED will publicise more effectively the environmentally sound decisions made in different parts of the trust.*

#### **3.5 SHED ACTION POINT 5**

We need to stage effective campaigns to keep up the pressure for change and ensure the visibility of our concerns.

*3.5.1 SHED will make a sustained attempt, with the help of Comms, to campaign on particular issues over the course of the year and ensure a series of small 'wins' as more people are won over to make changes in their behaviour.*

#### **3.6 SHED ACTION POINT 6**

To make our campaigns really meaningful we should try to link our SHED messages to our role as a mental health institution, making a positive contribution to the creation of healthy communities.

*3.6.1 SHED will highlight in our publicity the link between concern for the environment and the creation of physical and mental healthy communities – including our own.*

#### **3.7 TO ACHIEVE THIS, SHED NEEDS:**

- Time from Comms team – half a session a week minimum.
- Committed, SHED 'Champions' with allocated time to promote and support SHED campaigns
- Real commitment from SHED members to get things moving in their dept or team.
- Messages of support from Chief Exec and Clinic Director articulating a coherent strategy & Trust future 'vision'.



#### **4. Possible Campaigns 2011-12**

##### **1. ENCOURAGEMENT of HEALTHY LIVING CHOICES BY STAFF MEMBERS**

- CYCLING – Bicycle Users Group
- WALKING TO WORK
- FOOD CHOICES

##### **2. PUBLICISING THE TRUST'S ENVIRONMENTALLY SOUND DECISIONS e.g. launch the new boiler**

##### **3. PROMOTE 'THE SHED PLEDGE'**

Bernadette Wren  
SHED Unit Chair  
November 2011