

Board of Governors

Agenda and papers
of a meeting to be held

2.00pm – 4.05pm
Thursday 2nd February 2012

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

Board of Governors

2.00pm – 4.05pm, Thursday 2nd February 2012

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. **Trust Chair's Report** *For noting*
Ms Angela Greatley, Trust Chair
6. **Chief Executive's Report** *(Report attached)*
For discussion
Dr Matthew Patrick, Chief Executive
7. **Finance & Performance Report** *(Report attached)*
For discussion
Mr Simon Young, Director of Finance & Deputy Chief Executive
8. **Governors' Reports** *For noting*
Governors

Quality & Governance

9. **Service Report – Youth Offending** *For discussion*
Dr Tosin Bowen-Wright, Clinical Psychologist
10. **Annual Plan – Membership & Governors' Strategy** *(Report attached)*
For discussion
Dr Sally Hodges, PPI & Communications Lead
Ms Louise Carney, Trust Secretary
11. **Quality Report** *(Report attached)*
For approval
Ms Louise Lyon, Trust Clinical Director
Dr Justine McCarthy Woods, Quality Reporting Lead

Conclusion

12. Any other business

13. Notice of future meetings

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

Meetings of the Board of Directors from 2012 onwards will be from 2pm until 5pm, 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 12noon until 5pm, except where stated.

Board of Governors Part I

Meeting Minutes, 2.45pm – 5.00pm, Thursday 1st December 2011

Present:			
Ms Angela Greatley Trust Chair	Dr Robin Anderson Public: Rest of London	Ms Sara Godfrey Public: Rest of London	Mr John Wilkes Public: Rest of London
Ms Mary Burd Public: Camden	Ms Stephanie Cooper Public: Rest of London	Dr Caroline Lindsey Public: Rest of London	Ms Lou James Public: Rest of England & Wales
Mrs Amanda Hawke Staff: Admin & Tech	Mr Jonathan Bradley Staff: Clin., Academic, Snr.	Prof. John Joughin Stakeholder: University of East London	Ms Jo Blanchard Public: Rest of England & Wales
Ms Brenda Lewin Public: Camden			
In Attendance:			
Miss Terri Burns Assistant to the Trust Secretary (minutes)	Dr Matthew Patrick Chief Executive	Mr Richard Strang Deputy Trust Chair	Ms Joyce Moseley Non-Executive Director
Mr Martin Bostock Senior Independent Director (item 5)	Mr Carl Doherty Deputy Director of Finance (item 8)	Dr Bernadette Wren SHED Lead (item 11)	Mr Steve Bambrough Service Manager, MFAS (item 12)
Ms Sophie Kershaw Service Manager, FDAC (item 12)			
Apologies:			
Ms Carole Stone Public: Rest of London	Mr Simon Young Director of Finance (item 8)	Ms Sally Hodges PPI & Comms Lead (item 5)	Prof. Nigel South Stakeholder: University of Essex
CLlr Pat Callaghan Stakeholder: Local Authority	Ms Simone Hensby Stakeholder: Non-statutory Sector		

Actions

AP	Item	Action to be taken	By	Immed
1	3	Miss Burns to amend minutes of the previous meeting	TB	Immed
2	7	Miss Burns to schedule an item on Westminster Family Services at a future meeting	TB	Dec 2012
3	7	Miss Burns to schedule an item on Big White Wall at a future meeting	TB	Dec 2012
4	9	Miss Burns to inform Governors of the next meeting date for the Quality Working Group.	TB	Immed

Actions Agenda item

Future Agendas

1. Chair's opening remarks

Ms Greatley welcomed Brenda Lewin, Jo Blanchard, Lou James and John Joughin to the meeting.

2. Apologies for absence

As above.

3. Minutes of the previous meeting

The minutes were approved subject to the following amendments:

Mr Young had submitted the following additional paragraphs to be added to the Finance & Performance minutes.

'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

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.'

Mr Wilkes asked for item 13 to be amended to show that he did not question why the targets were in the report, but that they were better described as tasks. **Miss Burns to make these amendments.**

AP1

4. Matters Arising

Ms Cooper asked if Ms Greatley had thought of any ways of maintaining PCT links, now that the Trust no longer has a PCT representative on the Board of Governors. Ms Greatley informed Governors that she had received no further contact from the PCT on the matter of a Governor representative, but that Dr Patrick had more regular links with the cluster. Dr Patrick noted that the Trust has links with the PCT, the cluster and Clinical Commissioning Groups. All of these are in transition at the moment, so the relationships will be developing over time.

5. Membership Report

Mr Bostock reported that the target of increased membership has been exceeded, but that there was low representation of the general public and under 21s. Some good outreach work has added over 100 public members in the last few months.

Ms James asked what the purpose of increasing the membership was. Mr Bostock stated that it was important to balance the representation of the public and also increase clinical service user engagement. Ms Greatley pointed out that it gives the Trust a larger group to communicate with. Ms

Lewin noted that membership levels of any organisation tend to naturally decrease over time.

Mr Bostock reported that around two thirds of patients are within the Child & Family Directorate, which is thought to be extremely under-represented within the Trust membership and engagement. Mr Bostock proposed to lower the membership age limit from 14 years of age to 12.

Dr Lindsey pointed out that we do not know if current members are parents or carers of younger patients. Miss Carney explained that the Trust had taken a very deliberate decision when it became a foundation trust not to require members to disclose whether they are a patient or a carer or someone at the Trust. Mr Wilkes noted that the Trust was unusual in its approach to this.

Ms James asked why there needs to be any lower age limit and instead could we allow all children and young people to be members, but without voting rights. Miss Carney said that there would be no point in lowering or removing the membership age limit until we are clear what young people will get out of becoming members. This is an idea that needs to be developed.

Ms Greatley asked for a vote on the removal of the age limit. Governors present were in favour of removing the limit altogether, with Mr Bradley dissenting until more clarity could be provided on the details of the idea.

Mr Bostock invited Governors to take up vacant committee seats. Governors should email Miss Carney with expressions of interest.

Mr Wilkes reported that October's AGM had been very engaging and inviting. It was more of a group discussion than a straight forward meeting.

The report was noted.

6. Trust Chair's Report

Ms Greatley formally thanked Jennie Bird and Aulay Mackenzie, who had both resigned from their seats on the Board of Governors for their contributions to the Trust over the five years since November 2006.

7. Chief Executive's Report

Dr Patrick thanked Trudy Klauber for her work as Dean and said that he was pleased to welcome the new Dean, Malcolm Allen, to the Trust.

Dr Patrick announced that Westminster Family Services have now gone live, offering a range of services and with valuable new experience. Ms Godfrey asked how people would find out about the service. Ms Greatley said that this would largely be through referral. Dr Patrick noted that this was an existing service that had been put out to tender when the Trust acquired it.

AP2 Ms James requested a presentation on the new service at a Governors meeting. **Miss Burns to schedule.**

Dr Patrick reported that the Trust's Family Drug and Alcohol Court had been awarded the Guardian Public Service Award.

The Board of Directors have been asked to consider appointing Rita Harris to the Board and had agreed. This proposal would be put to the Governors, Members and the Regulator along with further Constitutional amendments in due course.

AP3 Dr Patrick has recently returned from a trip to Australia and New Zealand to promote the Trust's online products and the Trust's Big White Wall service, and noted that there had been a great deal of interest. Ms Greatley asked that Big White Wall is brought back to a later meeting for discussion. **Miss Burns to schedule.**

Ms Lewin asked about differences in Clinical Commissioning Groups (CCGs) and PCTs. Dr Patrick explained that the Health & Social Care Bill will place commissioning power in the hands of the CCGs, but they will require expert commissioning support in carrying out their roles. While the PCTs will formally cease to exist in 2013, a number of clusters are fashioning themselves as commissioning support agencies. Ms Greatley confirmed that the Board of Governors would be kept informed of all changes resulting from the Health and Social Care Bill once it was finalised. Dr Patrick noted that the current NHS reforms are the most radical in recent history. Ms Greatley said that many of the changes being put in place by the Health & Social Care Bill are already taking place. Many staff were unhappy with public sector reforms, as was recognised by the recent public sector strike on 30th November. Dr Patrick explained that the Trust's buildings had remained open in order to minimise disruption of its services.

Ms Godfrey raised the issue of staff morale. Dr Patrick reported that it is variable. Some people are excited by new developments, but many feel understandably anxious and concerned about the future. Ms Greatley said that money leaving the NHS means that everyone is struggling. Mrs Hawke said that, from a staff member's point of view, there is much positive work going on in the Trust so morale is not always low. Dr Lindsey noted that there is a great deal of bureaucratic demand that seems to have little point other than satisfying regulators. Ms Greatley explained, however, that as a publicly funded organisation, the public had a right to know what we do and how.

8. Finance & Performance Report

Mr Doherty reported a surplus of £17k as of the end of October. Currently

forecast income for the year is low, but planning is in place to address this. Ms Cooper sat in on the last Board of Directors meeting where this issue was raised. Ms Greatley reported that the Executive had been tasked with developing action plans. Dr Patrick said that forecasting is a complex process and more robust discussions are needed to ensure this is done effectively.

Ms Burd asked about the Voluntary Redundancy Scheme. Dr Patrick reported that this is now complete. Mr Doherty noted that the restructuring costs that were involved are an exceptional item and do not form part of the Trust's on-going business.

Prof. Joughin queried savings from non-staff costs. Dr Patrick explained that the majority of the Trust's expenditure was on staff, and there were relatively minor savings to be made from non-pay budgets.

Mr Bradley reported that it is proving difficult to show that work done is being claimed for. There have been issues with the patient administration system, which had created tension. Dr Patrick said that there was a problem with unrecorded data but the number of occurrences is now very low.

Ms Cooper noted that the report was very brief and not as informative as the one sent to the Board of Directors.

The report was noted.

9. Governors' Reports

Prof. Joughin reported that he had attended the Quality Working Group. Mr Wilkes relayed comments given to him from Ms Lyon, which was that she had found Prof. Joughin's contributions very useful. **Miss Burns to inform Governors of the next meeting date.**

AP4

10. Governors' Performance Review & Objectives

Ms Greatley explained the importance of the review and the objectives. Mr Wilkes highlighted that stakeholder Governors were explicitly mentioned in the objectives.

Mr Wilkes noted that the May Board of Governors meeting has been moved to June.

The new meeting timetable was approved.

11. SHED & Environmental Issues

Dr Wren explained that the Sustainability, Health & Environment Development Unit (SHED) had been set up by a few members of staff that were concerned about environmental matters. The overall aim is for the group is to embed environmental consideration to every aspect of the

Trust's work.

Mr Wilkes asked about the most notable achievements of the group. Dr Wren noted that the group had been responsible for implementing many small changes, which on their own did not have much impact but taken as a whole were helping to reduce the Trust's environmental impact. These included things such as the removal of polystyrene cups from the café, using double sided printing, the introduction of more bicycle racks and the reduction of parking spaces. One big contributor is the new boiler project, which had just been completed. The next planned major project is replacing the windows in the Tavistock Centre.

Mr Wilkes also asked about the greatest obstacles faced by SHED. Dr Wren said that this was usually communication with a wider audience and engaging staff in more lively conversations.

Ms Burd commented that she thought the whole idea and the work of SHED was fantastic.

12. Service Line Report – Family Drug & Alcohol Court

Mr Bambrough and Ms Kershaw announced that FDAC had recently won the Royal College of Psychiatry award for Best Psychiatric Team and the Guardian Public Service award for Service Delivery for Children and Young People, and they had brought the FDAC awards with them to show Governors. Mr Bambrough described the awards as evidence of being valued in the wider public sector. Mr Bambrough noted that the Nuffield evaluation of FDAC has also just taken place and produced a very successful outcome.

Mr Bambrough and Ms Kershaw described FDAC . This service is for families where substance misuse problems are threatening their ability to remain together and care proceedings are underway to remove the children. The service deals with care proceedings along problems solving lines, rather than adversarial, lines. They have seen positive outcomes so far. Feedback from those involved, from all sides, indicated that the service is well valued. Ms Kershaw read a speech written by one of the parent mentors that had used the service themselves.

Ms Moseley asked about the relationship between FDAC and the Local Authority. Ms Kershaw explained that the Local Authority refers people to the service if they present with issues involving substance misuse. Collaboration between the two is very important so the families feel fully supported.

Ms Cooper asked what happens when the process ends. Ms Kershaw said that FDAC involvement ends with the final court hearing. They are currently

developing plans to ensure there is a continued support network when FDAC involvement ends.

Ms Godfrey asked about the role of judges in the process. Mr Bambrough said that as the process is not adversarial, the judges get much more involved with the families. Ms Kershaw said that the same judge hears the case each time, so parents get continuity throughout the process.

Ms Burd asked what the current caseload is. Ms Kershaw reported 38 open cases at present. The service is very busy. Ms James asked if there are any plans to roll the service out nationally. Mr Bambrough said they are working towards this. Ms Kershaw said it is being considered how the service could be developed outside of London.

13. Any other business

None.

14. Notice of future meetings

Noted.

Board of Governors : February 2012

Item : 6

Title : Chief Executive's Report

Summary :

This paper covers the following items:

1. Introduction
2. Finance
3. Health and Social Care Bill
4. NHS Future Forum
5. UCL Partners
6. Graduation Ceremony
7. And Finally...

For : Discussion

From : Chief Executive

Chief Executive Report

1. Introduction

- 1.1 I would like to begin this report by welcoming Malcolm Allen, our new Dean, to his first Board Meeting. Malcolm took up his role at the beginning of January and has been working hard since then to begin getting to know us. I was lucky enough to be at Malcolm's first public speaking engagement within the Trust, and to hear his passion and commitment to the quality and creativity of our training and education, and to the potential he saw in its future.
- 1.2 I would also like to take this opportunity to congratulate Ian McPherson, our own NED, upon his award of an OBE. Ian's award was in relation to his very significant contribution to mental health within the variety of roles that he has held. Ian is currently Chief Executive at the Mental Health Providers Forum, and a previous Director at the National Institute for Mental Health in England and Director at the National Mental Health Development Unit.

2. Finance

- 2.1 Finances remain very tight within the NHS as the financial year draws to a close. This is the case within the Trust, within the Sector and beyond.
- 2.2 Within the Trust, changes to the Public Law Outline are already impacting adversely on related areas of our work and associated income. The Public Law Outline is a guide to case management in public law proceedings for courts and parties to such proceedings. The changes cap the rate at which expert witnesses are paid. The consequence is that multi-disciplinary assessments conducted by experts working within an NHS organisational setting (for example our Monroe Family Assessment Service) potentially become unaffordable. The case is similar for assessments involving Doctors working within the NHS. While such assessments are much needed and in demand, there is now real difficulty in securing funding for them.
- 2.3 Within the North Central London sector there remain significant economic challenges. While the sector is on target to meet its agreed control target for this year, next year is likely to be more problematic. Pundits are predicting that next year (2012/13) will likely be the hardest year, financially and perhaps otherwise, that the NHS has seen since its creation. The challenge for the sector is that by the end of next year, each of the five individual PCTs that

make up the sector has to be in run rate balance. At present only two are (Camden and Islington), with the three PCT in the north of the sector (Barnet, Enfield and Haringey) facing much greater difficulty. 2013 will, of course, see the formal handover of commissioning responsibilities from PCTs to Clinical Commissioning Groups.

- 2.4 Staff within the Trust are preoccupied with the implementation of service redesigns alongside planning for next year's budget. This combination, set within such a difficult wider context, generates anxiety and uncertainty. I think that clarity of direction and purpose coupled with transparent communication are key to ensuring that everyone feels some degree of control and agency, which is what we should be seeking.

3. Health and Social Care Bill

- 3.1 The Health and Social Care Bill continues its passage through parliament. It continues, however, to encounter significant challenge. On the 18th January both the Royal College of Nursing and the Royal College of Midwives joined the British Medical Association in announcing their outright opposition to the Bill, arguing that even at this stage progressing with the Bill would cause greater damage than abandoning it altogether.
- 3.2 It is of course the case that much of the Bill has already been implemented ahead of its passage through parliament. Indeed the Department of Health will be writing to all staff within organisations affected by 'transition', for example PCTs, cluster and SHAs, to provide some information about the likely impact of changes on their functions and of course employment. The letter will also acknowledge the remaining uncertainty around these issues.

4. NHS Future Forum, Summary Report – Phase 2

- 4.1 The NHS Future Forum was established during the pause in the passage of the Health and Social Care Bill through parliament. The Forum is chaired by Professor Steve Field.
- 4.2 This week (16th January) Professor Field offered a summary report of Phase 2 of the Forums Work. The report is a detailed document available on the DH website, but focuses attention on four key areas with associated recommendations. I will summarise these below with selected key recommendations:
- 4.3 The Forum's recommendations on **integration** are that integration should be defined around the patient, not the system, and that

outcomes and incentives need to be aligned accordingly; health and wellbeing boards should drive local integration.

- 4.4 In relation to **information** the Forum recommended that patients have greater access to their records; that the NHS should use its IT systems to share data about individual patients and service users electronically; and that there should be definite movement towards putting information on clinical outcomes in the public domain.
- 4.5 In relation to **the role of the NHS in the public's health** the Forum recommended that the Service must do more to prevent poor health; that every healthcare professional should use every contact with the public to help them improve their health; and that the NHS must also do more to support the wellbeing of its own staff.
- 4.6 In relation to **education and training**, the Forum recommended that the new local education and training boards must have strong and effective governance in place; and that quality must be at the heart of education and training, with systems in place to reward high-quality education and training providers.

5. UCL Partners

- 5.1 The Board will be receiving a report on the work of the Mental Health Theme of UCL Partners. The work of the theme has progressed well under the chairmanship of Professor Fonagy, and the Trust is involved in a number of key areas.
- 5.2 In particular, the Trust is represented on the executive of the Theme by Alessandra Lemma; Alessandra also co-leads the Psychological Interventions Research Centre (PIRC) located at UCL; the Trust is leading on the establishment of a sector wide mental health quality forum; and the Trust is leading on two projects around a values-based approach to mental health, the first focusing on the co-creation with service users of a set of quality and outcome measures in CAMHS, the second focused on the development of IT and informatics systems around mental health services. I am chairing the work of these latter three project areas.

6. Graduation Ceremony

- 6.1 On Saturday the 21st of January the Trust held its annual graduation ceremony with the University of East London. The graduation ceremony is always a very moving event, and a poignant reminder of how much the training and education offered by our staff means to students. On this occasion around 190 students were graduating.

- 6.2 The Trust also uses this event to award honorary doctorates. This year we awarded doctorates to Dr Nicholas Temple, the last CEO of the Trust, for his contribution to psychological therapies within the NHS; to Nick Benefield, for his contribution to policy and strategic work around forensic and personality disorder services, training and education, and his long term interest in and support of the work of the Portman Clinic; and to Professor Eileen Munro, for her contribution to Social Work and child protection.
- 6.3 The citations for each of these individuals will be available on the intranet.

7. Any Finally...

- 7.1 On Tuesday the 17th January I attended the launch of the Trust's e-learning unit, led by Professor Steve Briggs. The event, actually spread over two days, was a real success. It captured some of the excitement of what we might possibly achieve in this domain, and some of the creative ways in which we might add to our core face-to-face models of training and education.

Dr Matthew Patrick
Chief Executive Officer

January 2012

Board of Governors : February 2012

Item : 10

Title : Annual Plan – Membership & Governor Strategy

Purpose:

The purpose of this report is to propose targets for the Trust's Membership and Governor Strategy for 2012/13, 2013/14, and 2014/15.

This report outlines progress against targets for 2011/12, and also presents demographic information about Members.

This report focuses on the following areas:

(delete where not applicable)

- Quality
- Patient / User Experience
- Equality
- Communications

For : Discussion

From : Sally Hodges, PPI Lead
Louise Carney, Trust Board & Company Secretary

Annual Plan – Membership and Governors Strategy

1. Introduction

- 1.1 The Trust has a membership of around 5,300 Members, which represents a steady and on target growth since becoming a foundation trust in 2005. In light of this steady growth, the Trust has chosen to focus on member engagement, rather than recruitment.
- 1.2 This report presents demographic information about our Members. It goes out to outline progress against targets for 2011/12, and proposes membership and governor targets for 2012/13, 2013/14, and 2014/15.

2. Membership Demographics

2.1 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
- 1.1.2 A number of Governors have recently raised the issue of constituencies, noting that the Trust is unusual in that it does not have a Patient Constituency, and have enquired as to whether it would be possible to create such a constituency. When the Trust was in the process of applying to become a foundation trust, a very deliberate decision was taken not to require our members to identify themselves as patients or carers, recognising that mental ill health can be stigmatising. This is still the viewpoint of the Trust, and the Trust does not intend to create a Patient Constituency.
- 1.1.3 Governors and Non-Executive Directors alike have also queried the percentage of our Members that are current or former students, and whether the Trust ought to take this into consideration in its engagement with Members. As students are automatically entered into the Members (unless they opt out), it is likely that the majority of our Members are students. Despite this, however, the Trust wishes to focus on engagement with that section of the membership that

¹2001 Census

are patients and members of the public. That is not to say that the Trust should ignore students in its membership engagement activity, but rather is a reflection of the Trust's existing alumni network, which is a better forum for student engagement.

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.

1.2.2 The Trust has no plans with regard to gender engagement.

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.

1.3.2 At the Board of Governors meeting in December 2011, lowering the age of members was discussed, and Governors proposed to eliminate a lower threshold for membership. This will be put to Members as part of wider Constitutional amendments in due course.

1.3.3 The Trust now needs to focus on the ways in which it will engage with younger members. This will be a priority in the coming year.

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.

1.4.2 In the run up to Governor elections in 2012, the Trust will need to strengthen these ties in order to encourage some ethnic diversity on our Board of Governors.

2. Membership Plans 2011/12 – progress against current objectives

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

2.1.1 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. We also joined the 'time to change' event in Islington with volunteers, the theme being destigmatisation of mental health issues. Four of our PPI 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.

2.1.2 In our work with Voluntary Action Camden, they have agreed to have a representative on our PPI committee from one of their user organisations.

2.1.3 We have two PPI user reps who are working with our 'quality stakeholders' group, which is an informal group that looks at the themes that come up through feedback to the trust and develop action plans from this work.

2.2 Encourage patients' views through Members' contribution to the Members Newsletter

2.2.1 The 2011 Trust Summer and Winter Newsletters included contributions from members. All our newsletters have details about how to write for the newsletter with prominent calls for contributions. This has resulted in at least five contributions to the last two newsletters from service users/members.

2.2.2 Feedback from members about members' articles has been positive and is likely to have contributed to the enthusiastic way this has been taken up by members.

2.2.3 At the last patient information talk we talked to the attendees about this initiative to generate interest in submissions.

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

2.3.1 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.

2.3.2 The Trust has 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.

2.3.3 There are plans to establish a visual straw poll survey in the reception area in 2012, where people can vote on targeted questions to relating to patient experience.

2.3.4 We have used the 'patient information kiosk' to run a patients audit this year and we have plans to develop this methodology further.

2.4 Increase the number of events that patients and local public can attend and contribute to.

2.4.1 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.

- 2.4.2 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 2011, and our second discussion in November 2011 featured Sally Hodges and Caroline McKenna therapy for Children and Families. Further talks have been planned for February and May 2012.
 - 2.4.3 Our AGM attracted a lot of external interest and we have a working group to consider what next years topic could be in order to generate maximum interest in the event. We have struggled to engage governors with this event and it would be helpful if one or two governors could join this planning group.
- 2.5 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.
- 2.5.1 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.
- 2.6 Increase the range of committee work that Governors can get involved with.
- 2.6.1 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).

2.7 The trust has employed an assistant psychologist for two days a week to work on membership projects. This role is currently occupied by Keith Mahon and some of the projects he had led on included:

- Linking with Voluntary Action Camden's mental health forum
- Developing the 'secret shopper methodology' with volunteers from the membership
- Work around engaging with younger users and promoting the need to lower the membership age.
- Linking with other mental health trusts on specific projects such as world mental health day.
- Developing a project to involve members around documenting the trusts history in a lively way

3. Membership Plans 2012/13

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

3.1.1 In 2011/12, we adapted our membership application form to include a section on interests. This asks Members to identify from a list what areas of our work they are interested in, in order that we can run events that will be relevant to our members. We notified existing members of this development, and invited them to update their record. In 2012/13, we intend to use this information to communicate with our members about events we are running that may be of interest to them.

3.1.2 We aim to have a greater member involvement in our AGM to make sure it is more meaningful to members.

3.1.3 We will continue the programme of 'T&P talks'.

- 3.1.4 We will be working in collaboration with other mental health trusts and their users to have a significant presence at events such as world mental health day.
- 3.2 Increase the number of patients / Members involved in service developments as advisors
- 3.3 Have a proactive recruitment drive for Governor elections around Black and Minority Ethnic (BME) involvement and younger people representation
 - 3.3.1 The Trust is keen to achieve wider representation of our local community on its Board of Governors, and will be working with local minority groups to encourage people to nominate themselves for election to the Board.
- 3.4 Lowering the age of membership
 - 3.4.1 Just under 60% of our clinical service users are under the age of 18, but this age group is not widely represented in our membership. We initially proposed to lower the minimum age threshold to 12, but at the Governors suggestion will remove the lower age threshold altogether.
- 3.5 Develop events for young people where appropriate and promote events of interest to them
 - 3.5.1 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. The PPI Committee will develop plans for younger members, in consultation with the Board of Governors.

4. Membership Plans 2013/14

- 4.1 Develop a service user focus group either virtual or real dependent on member's availability. Having a virtual group has advantages over

travel, but can be less engaging; we will be exploring the pros and cons of each.

- 4.2 Improving the links between governors and members through specific topic development.
- 4.3 Improve the range of social networking technology for our members such as having Facebook groups for our outreach services.

5. Membership Plans 2014/15

- 5.1 To continue to develop virtual links with members and user groups.
- 5.2 To improve links with young people through working with local schools.
- 5.3 To develop more events with partnership organisations.

Sally Hodges, Communications & PPI Lead
Louise Carney, Trust Secretary
January 2012

Board of Governors : February 2012

Item : 11

Title : Quality Report

Purpose:

The purpose of this report is to approve the two quality indicators in the Quality Report to be audited this year.

This paper describes the process for selecting the proposed quality indicators. Governors are invited to comment and are specifically asked to approve the two quality indicators to be audited this year. These are:

- DNA
- Waiting time

This report focuses on the following areas:

- Quality

For : Approval

From : Louise Lyon, Trust Director

Local Indicators for Quality Report

1. Introduction

- 1.1 As in 2010-11, our External Auditor (KPMG) is required to provide a limited assurance opinion on the content of the Trust's Quality Report and to audit three indicators. However, for 2011-12 there is an expectation that the External Auditor's role will be extended to provide a limited assurance report on the audit of two of these indicators. For the majority of mental health trusts, the Auditor is required to select two mandated indicators [such as, patients on enhanced Care Programme Approach (CPA) receiving follow-up contact within seven days of discharge from hospital].
- 1.2 However, as the mental health indicators mandated by Monitor are not applicable to the Trust, this requires the External Auditor to provide an opinion on two of the three local indicators approved by the Trust's governors.

2. Section One

- 2.1 In a Quality Report Planning meeting on 5 January 2012 organised by KPMG, the Trust Director, Quality Standards and Report Lead and the Trust Governance and Risk Adviser and KPMG discussed possible local indicators, including the DNA (Did Not Attend appointment) and the Waiting time indicators. Both which were audited last year by KPMG and for which the Trust has undertaken internal audits during the course of the year.
- 2.2 We recognise the importance of these indicators, both as being representative of the quality of the care we provide to our patients (where the overall DNA rate for the Trust is lower in comparison with other trusts) and also to those commissioning our services. As the Trust is committed to improving further the recording of DNA and waiting time data, we propose to select these as two of our local indicators for 2011-12, which is supported by KPMG.
- 2.3 We are asking governors to approve these two quality indicators to be audited.

Louise Lyon, Trust Director
Justine McCarthy Woods, Quality Standards and Reports Lead
January 2012