

Board of Governors

Agenda and papers
of a meeting to be held

2.00pm – 4.30pm
Thursday 13th September 2012

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

Board of Governors

2.30pm – 5.00pm, Thursday 21st June 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. **Constitutional Amendments** *(Report attached)*
For discussion and approval
Ms Julie Hill, Trust Board and Company Secretary
10. **Governor Inductions 2012** *(Report attached)*
For discussion
Miss Terri Burns, Assistant Trust Secretary
11. **Objectives**
 - a. **Board of Governors** *(To follow)*
For approval
Ms Angela Greatley, Trust Chair
 - b. **Board of Directors** *(Objectives attached)*
For noting
Dr Matthew Patrick, Chief Executive
 - c. **Trust Chair** *(Objectives attached)*
For noting
Mr Martin Bostock, Senior Independent Director

d. Chief Executive
Ms Angela Greatley

(Objectives attached)
For noting

12. Service Report – Education and Training
Mr Malcolm Allen, Dean

(Report attached)
For discussion

13. Service Report – City and Haringey Service
Mr Brian Rock, City & Haringey Service Lead

(For discussion)

14. Patient and Public Involvement Report
Dr Sally Hodges, PPI Lead

(For discussion)
Report attached

Conclusion

15. Any other business

16. Notice of future meetings

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, 2.30pm – 5.00pm, Thursday 21st June

Present:			
Ms Angela Greatley Trust Chair	Dr Robin Anderson Public: Rest of London	Prof. Nigel South Stakeholder: University of Essex	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 Brenda Lewin Public: Camden
Ms Jo Blanchard Public: Rest of England & Wales	Ms Sara Godfrey Public: Rest of London		
In Attendance:			
Miss Terri Burns Assistant to the Trust Secretary (minutes)	Dr Matthew Patrick Chief Executive	Mr Simon Young Director of Finance	Mr Martin Bostock Non-Executive Director
Dr Rita Harris Director of CAMHS	Mr Steve Bambrough Director of MFAS	Mr Kajetan Kasinski Director of Day Unit	Ms Nell Nicholson Head Teacher Day Unit
Apologies:			
Ms Carole Stone Public: Rest of London	Cllr Pat Callaghan Stakeholder: Local Authority	Prof. Nigel South Stakeholder: University of Essex	Ms Simone Hensby Stakeholder: Non-statutory sector

Actions

AP	Item	Action to be taken	By	Immed
1	7	Mr Doherty to send a note to Governors with a breakdown of spending on professional charges and consultancy.	CD	Immed

Actions Agenda item

Future Agendas

1. Chair's opening remarks

Ms Greatley welcomed everyone to the meeting.

2. Apologies for absence

As above.

3. Minutes of the previous meeting

The minutes were approved.

4. Matters Arising

Miss Burns invited nominations for the vacancy on the Equalities Committee. Ms James nominated herself. This was accepted by the Governors.

5. Trust Chair's Report

Ms Greatley reported that the mental health is a very busy area at the moment. Everyone is under a great deal of pressure. Ms James stated that this coupled with voluntary redundancy means more work for fewer people.

Ms Greatley noted that it was very pleasing to see the mental health sector recognised in the Queen's birthday honours list.

6. Chief Executive's Report

Dr Patrick reported that we are in a time of enormous change and it will take time for the new structures to work as they are intended to, meaning there is a great deal of pressure on social care services. Dr Lindsey reported that she had attended a meeting at the Royal College of Psychiatrists and it was clear that no extra money is planned.

Dr Patrick expresses sadness at the death of Cathy Urwin.

The closure of the Monroe Family Assessment Service was discussed. Ms Burd stated that she had not been aware that Governors were required to approve closures. Dr Patrick noted that the time pressures were financial so the closure had to happen very quickly. The process is a learning tool for any future similar situations. Mr Wilkes noted that this experience may become more relevant in the present turbulent times.

Dr Patrick reported that the service was still receiving a lot of referral, however the payments had been cut making it financial unviable.

Mr Bradley asked where a service has to get to before the decision is taken to close it. Dr Patrick stated that several services at the Trust are struggling at the moment, but the Trust supports them to keep them open as far as is possible.

Dr Lindsey stated that she did not feel Governors really had a choice, meaning that the process was tokenistic rather than a genuine consultation. Ms Greatley noted that the Trust would need to look at the process in relation to the Health and Social Care Act 2012 and pursue the idea of emergency meeting arrangements.

Dr Harris reported that the Trust will continue to carry out court work but the structure will be different. Most staff from the service have been redeployed. Mr Bambrough noted that it had been a frustrating process and

the Trust is losing valuable expertise.

Ms Lewin expressed frustration that MDTs are very popular in other areas but seem unviable in mental health. Ms Cooper asked if non-MDT court work will be taking place. Dr Harris stated that requests for specialist court work are still being received.

Dr Patrick praised both Mr Bambrough and the service staff for their handling of the situation. Ms Greatley asked Mr Bambrough to pass on the Governors thanks to the staff for this.

Dr Lindsey asked how issues raised from the staff survey can be addressed. Dr Patrick noted that staff working extra hours had always been an issue. Motivation is a cause for concern. The services need to be provided safely while still delivering productivity savings. Mrs Hawke said that she felt people work extra hours because they are dedicated, as shown by staff turnover levels. Dr Patrick reassured Governors that staff engagement is a high priority and is never taken for granted.

7. Finance & Performance Report

Mr Doherty reported that the Trust had achieved the surplus required to obtain risk ratings of three and green, and is on track to achieve this year's surplus.

AP1 Prof. Joughin asked for a breakdown of spending on professional charges and consultancy. Ms Greatley suggested that a note be sent to Governors with the information.

Ms Burd noted that patient travel costs are very high. Dr Patrick stated that this was due to the Trust having contracts for services with PCTs from across the country and not just within London.

Ms Greatley suggested that Governors send detailed questions in advance in future so full answers can be given at the meeting.

Mr Bradley asked about the cost of the VRS. Dr Patrick stated that the £1.2m cost related to payments to staff taking redundancy and is not paid by directorates. It then becomes a saving year on year.

Prof. Joughin asked what the savings have been and are expected to be. Dr Patrick reported that the Trust reached the target of 4% savings in the last year and is on track to meet the same target next year as well.

Ms James expressed her surprise that there was a relatively small surplus. Dr Patrick noted that the Trust budgets for a contingency in addition to the surplus.

8. Governors' Reports

Mr Wilkes reported that he had attended the Red Cross Signing Ceremony. It was the formal agreement of their partnership with the Trust. He believes that partnerships and not competition are the way to progress. It also brought refugee and asylum issues to the forefront.

Ms Godfrey reported that she had arranged a meeting to discuss making the building more energy efficient and it had been a very good discussion.

Ms James reported that she had been to various meetings about the Day Unit and they are doing some very good work.

Ms Cooper reported that she had attended many PPI meetings and that she felt it was a good idea for Governors to hear what goes on at them and about the work being carried out.

9. Annual Plan

Discussed with item 7.

10. Health and Social Care Act 2012

Ms Greatley drew attention to the booklets circulated and noted that there would be an FTN conference, on which there was still a place available. The content of the conference will feed into the Governors objectives.

Ms Greatley noted that some aspects of the Act are already carried out at the Trust. Dr Lindsey stated that she does not feel the duty of representing the wider community is fulfilled. Ms Burd also noted that she felt she should be doing more on a personal level. Ms Cooper felt that she does not have any contact with her constituency. Mr Wilkes felt that this should be discussed in more detail at a future date, and that perhaps the PPI Committee was the correct forum for this. Dr Patrick noted the difficulty in engaging with and representing a membership that covers the whole of England and Wales.

11. Annual Plan

Dr Patrick stated that this was a substantial item and as there was little time left to discuss it, it would be brought back at a later date. A brief overview was given and it was discussed in camera (see Any other business, Part 2 minutes).

12. MFAS

Discussed with item 6.

13. Service Report – Day unit

Mr Kasinski gave a brief history of the Day Unit and an overview of the services provided, combining education with mental health provision. Its purpose is to act as a stepping stone to mainstream education. He also explained the admission criteria and areas that children are accepted from. Multi-agency support is usually needed.

Ms Nicholson informed Governors that it is not always an easy place to work, however they are able to do things that are not possible elsewhere. The people that work there are very passionate and there is evidence of lasting change in many of the children.

Mr Kasinski gave two examples of case studies.

Ms Godfrey asked about on-going work with families. Mr Kasinski said that funding is an issue but the service does as much as they can.

Ms Lewin asked about putting children with specialist needs into mainstream schools. Ms Nicholson stated that she felt that specialist provision is needed, but where possible children should have access to mainstream education.

Ms Cooper asked if the school was full. Mr Kasinski said that there are 16 places and currently 10 students.

Dr Lindsey noted that considering the closure of MFAS, it is important to ensure the Day Unit stays open.

14. Any other business

Mr Wilkes noted that the Performance Committee will meet to discuss the Governors responsibilities under the Health and Social Care Act 2012 after the work shop on 27th June.

Mr Wilkes noted the date of the AGM and asked Governors to put it in their diaries.

Board of Governors : September 2012

Item : 6

Title : Chief Executive's Report

Summary :

This paper covers the following items:

1. Introduction
2. Productivity
3. South London Healthcare and Barnet and Chase Farm
4. Monitor Annual Plan review
5. Children and Young People's Improving Access to Psychological Therapies Program
6. RiO

For : Discussion

From : Chief Executive

Chief Executive Report

1. Introduction

- 1.1 This month will be the last meeting of the Board of Governors for a number of our elected members. I wanted, therefore, to take the opportunity to thank you for the time that you have committed and the contributions that you have made.
- 1.2 Establishing governance arrangements and a Board of Governors that can make a genuine contribution to the life and future of the Trust has been a challenge. I don't believe that we got it absolutely right at the outset, but we have all worked hard to develop both structures and a culture that work.
- 1.3 We have come a long way in this area since our authorisation in 2006. Much of this is down to the patience and energy of our governors. I am aware that we have more to do, not least in relation to necessary changes brought about by the 2012 Health and Social Care Act. I think, however, that we are in a good place from which to improve things further.

2. Productivity

- 2.1 August is often a time for the people who work within the Trust to recuperate a little. All of us are tired by the end of the academic year. This has been particularly so this year given the levels of anxiety within the public sector as a whole, the NHS in particular and within the Trust itself, as a consequence of relentless economic pressure.
- 2.2 In July, consultation documents relating to proposed service redesigns were circulated to all staff. An enormous amount of local collaborative work went into the development of these plans, yet it is perhaps inevitable that those not directly involved can feel that they have been in the dark up until the point of circulation.
- 2.3 We have, therefore, tried to ensure that this period of consultation is real; that people have been actively encouraged to engage; and that ideas and suggestions that come forward are listened to, heard and potentially included in making the existing plans better. Directors have held both large meetings and 1-1 sessions for staff who wish to discuss the proposals.
- 2.4 We have now to make final proposals and to implement them effectively. Alongside this, I think it is important that we look both

forward and out in terms of our future thinking and planning. The NHS no longer exists in quite the same form as it did for many practitioners when they joined it, and we need continually to be considering how best to make our contribution. One example of this is the emphasis placed on partnership working within our current annual plan.

3. South London Healthcare and Barnet and Chase Farm

- 3.1 One marker of the new landscape within which we have to function is that in July, the Health Secretary Andrew Lansley, placed South London Healthcare NHS Trust into administration.
- 3.2 This is the first time that an NHS trust has been put into administration
- 3.3 Mr Lansley said that 'past efforts have not succeeded in putting the trust on a sustainable path'.
- 3.4 The trust had run up debts of more than £150m since being created in 2009.
- 3.5 Closer to home, the Chief Executive of Barnet and Chase Farm Hospital NHS Trust recently wrote to request expressions of interest in partnership.
- 3.6 The trust had completed a review of its ability to achieve Foundation Trust authorisation. This work concluded that the trust was not in a position to obtain FT status by 2014 on its own, and recommended that they explore options to partner with another organisation.
- 3.7 As a consequence the Trust Board agreed to launch an options appraisal process to identify an NHS partner with whom they could create a joint strategic outline case to form a new organisation.

4. Monitor Annual Plan review

- 4.1 On July 2nd, Rob Senior, Simon Young and I were interviewed by our relationship team from Monitor as a part of their review of our Annual Plan submission.
- 4.2 The discussion focused on the Trust's forward plan, on economic and business projections, and on our ability to continue delivering safe and high quality services within the context of our plan.

- 4.3 These interviews, conducted with all Foundation Trusts, were designed to enable compliance managers to make recommendations regarding those trusts whose plans required a more detailed 'phase 2' analysis.
- 4.4 We have subsequently heard that we will not be subject to a phase 2 analysis, an indication of confidence in our plan. Our plan was given a green governance rating and an FRR of 3. In all, thirteen trusts were selected for a second stage review.
- 4.5 Given that our senior compliance manager is also new to us, we did take the opportunity to suggest that he visits the Trust to understand something of our work and makeup.

5. Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) Program

- 5.1 One noticeable change in recent months has involved an increase in the number of services being put out for tender. One of these involved a second round of bidding for services to become implementation sites for CYP IAPT.
- 5.2 CYP IAPT is an extension of the Adult IAPT program, and involves the delivery of evidence based interventions within community Child and Adolescent Mental Health Services (CAMHS). Unlike Adult IAPT, however, this is not a separate service; the programme has the objective of transforming existing CAMHS.
- 5.3 We have now heard that our bid to become an implementation site has been successful. The bid comes with some resourcing but also commitments, for example in relation to the nature and quality of outcome data to be provided. These should, however, dovetail with our existing program of work to improve our routing measurement of clinical outcomes.
- 5.4 The service will be located in one of our South Camden CAMHS teams, and is due to commence in 2013.
- 5.5 We are also currently involved in a number of other significant bids.

6. RiO

- 6.1 The Board will be aware from previous reports that in October 2015, the contract held between Connecting for Health and BT, our local service provider, comes to an end. This is the contract that has

framed the delivery of the RiO health records system to most London mental health Trusts, including our own.

- 6.2 As a consequence of the end of this contract, all participant trusts are required by law to undertake a procurement process, through which they will choose the system and supplier that they wish to contract with after 2015.
- 6.3 For many trusts this will be the single most significant decision that they make in the next five years, both in terms of financial commitment but also in terms of their vision for the role that IT and Informatics systems may play in the future delivery of mental health services.
- 6.4 Some Trusts may decide to stay on RiO through this process, but others may not.
- 6.5 The procurement process is being managed by a consortium of which we are a part. We will, nevertheless, need to engage quite actively from this point on in developing a local short list of suppliers, and engaging with relevant demonstrations of products.
- 6.6 The Consortium Group reports to the London Community and Mental Health RiO Programme Board, which I chair.

Dr Matthew Patrick
Chief Executive Officer

September 2012

Board of Governors : September 2012

Item : 7

Title : Finance and Performance Report

Summary:

Restructuring proposals have been presented to staff for consultation. They are to be finalised shortly, and will deliver significant productivity savings in the current year and in the future. Additional savings in the first quarter enabled the Trust to exceed the planned surplus (before restructuring costs).

Monitor's Financial Risk Rating has been confirmed as 3 on the basis of the Annual Plan; and is expected to rise to 4 for quarter 1.

The governance rating is green, and is expected to remain green.

For : Information

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 authorisation¹ 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 2012-13" published by Monitor². Some relatively minor changes have been made this year to the basis and calculations of both ratings.
- 1.3 After completing their review of the Trust's Annual Plan, Monitor has published the ratings in line with our expectations. The rating for quarter 1 will be published later; the financial rating is expected to rise to 4 as a result of the increased surplus reported below. Recent and current ratings are shown in the table below:

	2011 Plan	2011/12 All 4 Qtrs	2012 Plan	2012/13 Quarter 1
Governance	Green	Green	Green	Green *
Financial Risk	3	3	3	4 *

* = expected ratings, based on our Quarter 1 performance

- 1.4 Our aim and expectation is to maintain the green governance rating and a financial risk rating of at least 3.

2. **Productivity**

- 2.1 The productivity programme is a key element of the Trust's Annual Plan, the aim being to develop service redesign proposals for implementation during 2012/13, which will enable us to meet the savings targets for future years as well as the remaining target for

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

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

the current year. The proposals were presented to staff for consultation in July. Taking account of the responses, they are due to be finalised early in September and then implemented.

- 2.2 The changes already made, or to be made this autumn, will ensure that we exceed the savings targets for 2012/13, and will make a major contribution to meeting the efficiency targets for 2013/14 also. Other changes included in the proposals, but to be implemented later, will deliver further savings.

3. Income and Expenditure

- 3.1 Income was slightly below plan in the first three months of the year but expenditure was more significantly below. As a result, the Trust achieved a surplus (before restructuring costs) of £256k.

	2011/12 Final Accounts £000	2012/13 Plan £000	2012/13 Forecast £000	2012/13 Actual, 3 months £000
Income	33,249	34,383	34,232	8,169
Expenditure	32,257	33,297	32,758	7,694
EBITDA *	992	1,086	1,474	475
Depreciation, Dividend and Interest	(861)	(935)	(885)	(219)
Surplus before Restructuring costs	131	151	589	256
Restructuring Costs ‡	(1,208)	(1,600)	(1,600)	(1,076)
Surplus/(Deficit) after Restructuring	(1,077)	(1,449)	(1,011)	(820)
EBITDA* as a % of income	3.0%	3.2%	4.3%	5.8%

* = Earnings before Interest, Tax, Depreciation and Amortisation

‡ = Excluded from calculation of financial risk ratings

- 3.2 As noted above, management have now identified savings plans to meet the targets required in this year's budget; some of these savings have already been implemented, and have contributed to the quarter 1 result. The Trust expects to exceed the planned surplus (before restructuring costs) for the year.

- 3.3 The plan for 2012/13 allowed for redundancy and early retirement costs of £1,600k. This is still the forecast. 20 voluntary redundancies had been approved by 30 June, at an estimated cost of £1,076k. A small number have been approved since then, and a further number are expected, including some compulsory redundancies as a result of the restructuring proposals currently being consulted on.
- 3.4 The savings being implemented this year will make a major contribution to meeting the efficiency targets for 2013/14 also. The details of this are currently being assessed, and the position should be confirmed when the restructuring proposals are finalised and implemented in the autumn.

4. Cash

- 4.1 The total in the Trust's bank accounts at 30 June was £1.5m, which was £0.2m higher than Plan.
- 4.2 The balance will reduce as a result of paying the redundancy costs; however, the higher surplus will fund part of this. The Trust does not currently plan to use its borrowing facility.

5. 2012/13 Annual Plan – Objectives

- 5.1 The 2012/13 Annual Plan was approved by the Board of Directors 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.
- 5.2 A summary of the Plan was presented to the Board of Governors in June, and the key elements have now been published on Monitor's website.³
- 5.3 The Board of Directors at its June and July meetings has reviewed the Assurance Framework which assesses the main risks to achieving the Plan objectives. As reported in section 2, good progress has been made in the productivity programme. At this early stage in the year, no significant delays in other areas have been reported.
- 5.4 The Board of Directors will be reviewing at a conference in November the progress on all the key action plans.

Simon Young
Director of Finance
31 August 2012

³ Also on the Monitor website, at the same reference as for ¹ above.

Board of Governors : September 2012

Item : 9

Title : Constitutional Amendments

Summary:

The Trust is obliged to review the Constitution annually. Amendments must be approved by the Board of Directors and the Board of Governors and Members at the AGM and by Monitor (until the Health and Social Care Act 2012 comes into force).

The amendments detailed here are minor in nature, and serve to ensure consistency and clarity throughout the document, or to amend any minor errors.

The Constitution will also need to be re-written in order to meet the requirements of the Health and Social Care Act 2012. Most of the relevant provisions in the Act will come into force in Spring 2013 (a summary of the changes is attached at Appendix A). However, the provisions relating to the re-naming of the Board of Governors and the removal of the private patients cap will come into force in October 2012 and this report sets out proposed constitutional amendments to reflect these aspects of the legislation.

For : Approval

From : Trust Secretary

Review of Constitution, Election Rules, and Standing Orders

1. Introduction

1.1 The Trust is obliged to review the Constitution annually. The Trust is also required to ensure that its Constitution is in accordance with the requirements of any new legislation.

1.2 The Health and Social Care Act 2012 received Royal Assent on 27th March 2012. The majority of the provisions relating to Foundation Trusts will come into effect from spring 2013. It is proposed to hold an Extraordinary General Meeting at the end of February/March to approve the consequential constitutional changes when further guidance will be available. A summary of the key changes is set out in Appendix A of the report.

1.3 Commencement Orders have been issued in of the Health and Social Care Act provisions relating to the re-naming the Board of Governors and the removal of the private patients' cap and these changes will come into force from October 2012. These constitutional changes set out below reflect these aspects of the Act.

1.4 The Trust Secretary wishes to draw the Board of Governors' attention to the amendments detailed below.

2. *Amendments to Main Constitution*

2.1 To meet the requirements of the Health and Social Care Act 2012, all references to the "Board of Governors" to be replaced with "Council of Governors".

2.1 Paragraph 9.3, the first sentence to be amended to make it explicit that Public and Staff Governors are drawn from the membership:

"The members of the Council of Governors, other than the members appointed by the bodies listed in section 2 of *Annex 1*, shall be drawn from the membership of the Trust and shall be chosen by election by their Constituency...."

2.2 Paragraph 17.2.3 to be amended to read: "seven Executive Directors" and a new paragraph 17.10 to be inserted to read:

"One of the Executive Directors shall be the Director of CAMHS; this Executive Director will be a non-voting Executive Director".

- 2.3 Paragraph 34 to be re-named: “Annual Report, Forward Plans and Non-NHS Work”
- 2.4 New Paragraph 34.2.4: “Each forward plan must include information about:
- 34.2.4.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on, and
- 34.2.4.2 the income it expects to receive from doing so”.
- 2.5 New Paragraph 34.2.5: “Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 34.2.4.1 the Council of Governors must:
- 34.2.5.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions, and
- 34.2.5.2 notify the directors of the Trust of its determination”.
- 2.6 New Paragraph 34.2.6: “If the Trust proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of health service in England it may implement the proposal only if more than half of the members of Council of Governors of the Trust voting approve its implementation”.
- 3. *Amendments to Annex 2 of the Constitution***
- 3.1 Paragraphs 21 and 21.1 to be amended by deleting references to “Public Constituency” as this section should apply to the election of both Public and Staff Governor Representatives.
- 3.2 Paragraphs 31 and 31.1 – to delete references to “Public Constituency”.
- 3.3 Paragraph 31.2.2 to read:
- “of the particulars of that Member’s qualification to vote as a Member of the Public or Staff Constituency...”
- 4. *Amendments to Annex 4 of the Constitution***
- 4.1 Paragraph 2.16 to be deleted because it duplicates paragraph 1.3.

4.2 Paragraph 2.20.3, penultimate line: "Remuneration and Terms of Service Committee" to be replaced with "Remuneration Committee."

4.3 Paragraph 10.2.1 to be amended by adding the Scheme of Delegation and Powers to the list of documents which have the same standing as the Board of Directors Standing Orders.

Julie Hill
Trust Secretary
17 August 2012

Appendix A

The Health and Social Care Act 2012 – Summary of Changes

Monitor has produced the following summary of the changes in relation to NHS Foundation Trusts as set out in the Health and Social Care Act 2012. The changes have not yet come into force. Monitor is working with the Department of Health to establish when this will happen. The changes may not all commence at the same time. Statutory instruments known as commencement orders will confirm the start dates for the changes.

New Name

- The 2012 Act changes the official name of the 'board of governors' to the 'council of governors'.

New General Duties

- The 2012 Act confirms that the Council of Governors has a duty to hold the non-executive directors, individually and collectively, to account for the performance of the board of directors.
- It also has the duty to represent the interests of the members of the trust as a whole and the interests of the public.

Additional rights and powers

- The council of governors may require one or more of the directors to attend a governors' meeting for the purpose of obtaining information about the trust's performance of its functions or the directors' performance of their duties (and for deciding whether to propose a vote on the trust's or directors' performance).
- 'Significant transactions' must be approved by the governors. Approval means that at least half of the governors voting agree with the transaction. The trust may choose to include a description of 'Significant transactions' in the trust's constitution.
- The council of governors must approve an application by the trust to enter into a merger, acquisition, separation or dissolution. In this case, approval means at least half of all governors agree with the application.
- Governors must decide whether the trust's private patient work would significantly interfere with the trust's principal purpose i.e. the provision of goods and services for the health service in England or the performance of its other functions.
- The council of governors must approve any proposed increases in private patient income of 5% or more in any financial year. Approval means at least half of the governors voting agree with the increase.
- Amendments to the trust's constitution must be approved by the council of governors. Approval means at least half of the governors voting agree with the amendments. Amendments will no longer need to be submitted to Monitor for approval.

Additional responsibilities for the trust

- Before each board meeting, the board of directors must send a copy of the agenda to the council of governors.
- After the meeting, the board of directors must send a copy of the minutes to the council of governors.
- The trust must take steps to ensure that governors have the skills and knowledge they require to undertake their role.

Primary Care Trust Governor

- There is no longer a requirement for a PCT governor. The trust may, but is not required to, replace the PCT governor with a governor from another commissioning body.

Panel for advising governors

- Monitor has the power to establish a panel of persons to which a governor can refer questions as to whether the trust has failed or is failing to act in accordance with its constitution.
- The council of governors must first approve the referral. Approval means at least half of the governors voting agree with the referral.

Role of Members

- The trust must hold annual members' meetings. At least one of the directors must present the trust's annual report and accounts to the members at this meeting.
- The trust may combine the annual members' meeting with the governors' meeting which is held for the purpose of considering the trust's annual accounts and reports.
- Where there has been an amendment to the constitution which relates to the powers, duties or roles of the council of governors, at least one governor must attend the next annual members meeting and present the amendment to the members. Members have the right to vote on and veto these types of constitutional amendments.

Board of Governors : September 2012

Item : 10

Title : Governor Induction 2012

Purpose:

The purpose of this report is to provide a draft of the induction programme for Governors beginning their first term of office on 1st November 2012. Governors are asked for their opinions on the current plans and also to make any additional proposals that they feel would be beneficial to new Governors, along with comments on areas of their own inductions that were particularly of use.

For : Discussion

From : Terri Burns, Assistant Trust Secretary

Governor Induction 2012

1. Draft Plan

- 1.1 This paper sets out the draft plan for the upcoming Governor induction for the term of office starting on 1st November 2012.
- 1.2 A half-day session will be organised during October where incoming Governors will be able to meet with some of the members of the Board of Directors and PPI, along with a few of the existing/departing Governors.
- 1.3 Matthew Patrick and Angela Greatley will be asked to give a brief introduction to the Trust and the history of service provision and development. Rita Harris, Malcolm Allen, Simon Young, Louise Lyon, Rob Senior and at least one outgoing/existing Governor will be asked to give a talk on their respective area of the Trust. Sally Hodges and Emma Heath will be asked to speak about PPI.
- 1.4 There will also be plenty of opportunity for new Governors to ask questions and interact during the session, as well as an open session for informal discussion afterwards. Andrew Bromley will also be asked to be available to go through Information Governance training with those that would like him to.
- 1.5 The Governor handbook will be updated in line with the new legislation and distributed to new and existing Governors.
- 1.6 All Governors will be invited to attend the AGM.
- 1.7 Site visits will be arranged to different areas and services within the Trust e.g. Day Unit, Portman Clinic, Library etc.
- 1.8 Speak to current and new Governors about what skills and knowledge they feel they need to carry out the role.
- 1.9 Provide a list of internal training sessions, such as Induction and INSET dates, and also external network training days and events that Governors can attend.
- 1.10 At the first meeting of the new term in December, invite Governors to attend meetings of the Board of Governors and set up a rota system as has been done previously.

Terri Burns
Assistant Trust Secretary
September 2012

Board of Governors : September 2012

Item : 11b

Title : Board of Directors Aims and Objectives

Summary :

Attached are the 2012/13 objectives for the Board of Directors.

For : Noting

From : Chief Executive

Board of Directors' Aims and Objectives 2012/13

Overarching Aims

Strategy

- 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.
- Locate outcomes that matter to patients, students and other users of our services at the centre of all of our work. Aim is to create a culture in which outcomes are owned jointly by service users and staff, and integrated into all of our activities with the aim of constantly improving the quality of what we do.
- Actively seek and promote creative partnerships as a means of supporting development, innovation, and delivery of the Trust's mission.
- Develop our understanding of emerging local and national education and training markets in order to maximise our contribution, also looking to the potential for international development.
- Focus on successful productivity and performance in order to remain financially sustainable while delivering affordable excellence in all areas of service.
- Develop our understanding of the potential impact on the Trust of changes in local, regional and national health, social care and education markets.

Developing People and the Organisation

- Build on the annual Board review to ensure maximum performance as a unitary board.
- Ensure that Trust staff are trained and equipped to meet the demands of reconfigured and evolving services.
- Actively seek and engage with the views of staff and ensure these views contribute to the shaping and future development of the organisation and its services.
- Ensure that 'equalities' retains a high priority in the Trust's clinical, education, consultancy and research programmes.

Governance

- Develop understanding of the Health and Social Care Act 2012 in relation to roles of Governors and Directors.
- Ensure that the Constitution is updated to reflect changes within the Health and Social Care Act 2012, and is presented to the AGM for approval.
- Develop the relationship between the Board of Governors and Board of Directors, to ensure that they work well together in order to ensure effective governance of the Trust.
- Work with Governors so that the Trust further develops relationships with members and the public.

Performance

- Ensure that productivity gains are realised whilst maintaining the high quality and safety of Trust services.
- Ensure that the Trust retains unqualified registration with the Care Quality Commission (CQC).
- Ensure that the Trust retains a Monitor Financial Risk Rating of 3 or above.
- Ensure that the Trust retains a green rating for governance.
- Ensure that the Trust meets the requirements of education regulatory bodies and meets the requirements of the commissioners of education and training.
- Promote close working with the Trust's customers, purchasers, commissioners, and university and other collaborative partners to respond to emerging need and associated business opportunities.

Special Emphasis for the Year

Special Emphasis for the year	Aim	Objective	Review Date
<p style="text-align: center;">Strategy</p> <p>External environment and place in the market</p>	<p>Ensure that the Trust is optimally positioned in relation to the developments in emerging health, social care and education markets, managing risks and maximising opportunities</p>	<p>Partnership - Engage actively with selected local and national providers in order to deliver new products and reconfigured clinical and education services</p>	<p>In 2012/13</p>
		<p>Growth - Explore national and international opportunities for the development and delivery of clinical services, education and training</p>	<p>In 2012/13</p>
		<p>Commissioning - Ensure that the Trust actively engages with the development of Clinical Commissioning, and the commissioning of Education and Training</p>	<p>In 2012/13 Review of CCG development and relationships at BoD meeting in November</p>
		<p>Develop a framework for the Trust's partnership strategy</p>	<p>October 2012</p>

Special Emphasis for the year	Aim	Objective	Review Date
<p align="center">Strategy</p> <p align="center">Outcomes and Patient Experience</p>	<p>Ensure that the Trust continues to focus on the quality and safety of all its services, locating patient, student, and customer experience at the centre of all of our work and developments</p>	<p>Outcomes - Develop the integration of outcomes as measured and monitored in routine practice, in order to continuously improve quality</p>	<p>Quarterly</p>
		<p>Patient Experience - Use patient experience and outcome data routinely as a component of Service Line Reports</p>	<p>Consider as a part of all Service Line updates to the Board of Directors</p>
<p align="center">Developing People and the Organisation</p> <p align="center">Equalities</p>	<p>Ensure that equalities retains a high priority in the Trust's clinical, education, consultancy and research programmes</p>	<p>To raise awareness of the differentiated experience for protected groups, amongst staff, service users and students, with a focus on sexual orientation</p>	<p>For review at the Board as a part of equalities reports</p>
<p align="center">Governance</p> <p align="center">Members and Governors</p>	<p>Develop the relationship between the Board of Governors and Board of Directors, to enhance joint working and improve governance</p>	<p>Make Constitutional Changes required to meet Health and Social Care Act</p>	<p>Approve at AGM in October 2012</p>
		<p>Ensure that Elections are held on time within agreed framework</p>	<p>Results to be announced 17th September 2012</p>
		<p>Ensure new Governors are inducted</p>	<p>November – March 2013</p>
		<p>Ensure that the Trust supports the development of both capacity and capability within the Board of Governors through recruitment and training</p>	<p>Date to be agreed</p>

Special Emphasis for the year	Aim	Objective	Review Date
<p>Performance Service Reconfiguration</p>	<p>Ensure that the Trust delivers on the objectives contained within the Annual Plan according to the timetable set out</p>	<p>Implement reconfigured service lines</p>	<p>June 2012</p>
		<p>Use reconfigured service line data, including improved quarterly forecasting, to drive performance monitoring and planning</p>	<p>Consider as a part of service line updates to the Board of Directors</p>
<p>Performance Succession</p>	<p>Ensure the senior management team has effective long term planning and sustainability established</p>	<p>Ensure that effective succession plans are in place</p>	<p>6 monthly at Board Lunch between NEDs and CEO</p>
<p>Performance Customer Relations</p>	<p>Ensure that staff work responsively with sector-wide development and with emerging commissioner arrangements</p>	<p>All members of Board to take up opportunities for local engagement, and are 'played into' emerging architecture where appropriate</p>	<p>Ongoing</p>

Board of Governors : September 2012

Item : 11c

Title : Objectives - Trust Chair

Summary :

Attached are the 2012/13 objectives for the Trust Chair.

For : Noting

From : Senior Independent Director

Chair's Aims and Objectives 2012/13

Overarching Aims

Strategy

- 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.
- Locate outcomes that matter to patients, students and other users of our services at the centre of all of our work. Aim is to create a culture in which outcomes are owned jointly by service users and staff, and integrated into all of our activities with the aim of constantly improving the quality of what we do.
- Actively seek and promote creative partnerships as a means of supporting development, innovation, and delivery of the Trust's mission.
- Develop our understanding of emerging local and national education and training markets in order to maximise our contribution, also looking to the potential for international development.
- Focus on successful productivity and performance in order to remain financially sustainable while delivering affordable excellence in all areas of service.
- Develop our understanding of the potential impact on the Trust of changes in local, regional and national health, social care and education markets.

Developing People and the Organisation

- Build on the annual Board review to ensure maximum performance as a unitary board.
- Ensure that Trust staff are trained and equipped to meet the demands of reconfigured and evolving services.
- Actively seek and engage with the views of staff and ensure these views contribute to the shaping and future development of the organisation and its services.
- Ensure that 'equalities' retains a high priority in the Trust's clinical, education, consultancy and research programmes.

Governance

- Develop understanding of the Health and Social Care Act 2012 in relation to roles of Governors and Directors.
- Ensure that the Constitution is updated to reflect changes within the Health and Social Care Act 2012, and is presented to the AGM for approval.
- Develop the relationship between the Board of Governors and Board of Directors, to ensure that they work well together in order to ensure effective governance of the Trust.
- Work with Governors so that the Trust further develops relationships with members and the public.

Performance

- Ensure that productivity gains are realised whilst maintaining the high quality and safety of Trust services.
- Ensure that the Trust retains unqualified registration with the Care Quality Commission (CQC).
- Ensure that the Trust retains a Monitor Financial Risk Rating of 3 or above.
- Ensure that the Trust retains a green rating for governance.
- Ensure that the Trust meets the requirements of education regulatory bodies and meets the requirements of the commissioners of education and training.
- Promote close working with the Trust's customers, purchasers, commissioners, and university and other collaborative partners to respond to emerging need and associated business opportunities.

Chair's Special Emphasis for the Year

Special Emphasis for the year	Aim	Objective	Review Date
<p style="text-align: center;">Strategy</p> <p>External environment and place in the market</p>	<p>Ensure that the Trust is optimally positioned in relation to the developments in emerging health, social care and education markets, managing risks and maximising opportunities</p>	<p>Support the Executive in creating partnership opportunities with selected local and national providers.</p> <p>Take a personal lead in promoting and supporting partnerships, including work with non-executive directors as they identify and promote potential partnerships.</p>	<p>Throughout 2012/13</p>
		<p>Growth – To ensure that the Board considers national and international opportunities for the development and delivery of clinical services, education and training</p>	<p>In 2012/13</p>
		<p>Commissioning – To ensure that the Board is kept up-to-date with developments in the national and local commissioning landscape.</p>	<p>Review of national commissioning and local CCG developments and relationships at B.o.D. meeting in November</p>
		<p>To support the Executive in ensuring that the Trust actively engages with the development</p>	<p>In 2012/13</p>

Special Emphasis for the year	Aim	Objective	Review Date
		of Clinical Commissioning, and the commissioning of Education and Training	

Special Emphasis for the year	Aim	Objective	Review Date
<p>Strategy</p> <p>Outcomes and Patient Experience</p>	<p>Ensure that the Trust continues to focus on the quality and safety of all its services, locating patient, student, and customer experience at the centre of all of our work and developments</p>	<p>Outcomes – to support the CQSG as it develops work on clinical outcomes.</p> <p>To ensure that the Board receives appropriate reports on progress to provide Board with assurance on quality and safety.</p> <p>To consider how the Board of governors can play a role in supporting this work.</p>	<p>Quarterly</p> <p>Review at Board of governors later in 2012 /13</p>
<p>Developing People and the Organisation</p> <p>Equalities</p>	<p>Ensure that equalities retains a high priority in the Trust’s clinical, education, consultancy and research programmes</p>	<p>To raise awareness of the differentiated experience for protected groups, amongst staff, service users and students, with a focus on sexual orientation as a current priority.</p> <p>To ensure that the needs of staff and students who experience mental health difficulties are considered within the equalities framework</p>	<p>To ensure Board review as part of equalities reports</p>
<p>Governance</p>	<p>To ensure that the Trust is</p>	<p>Make Constitutional Changes</p>	

Members and Governors	compliant with requirements of the Health & Social Care Act 2012, including those aspects of the Act to come into force in 2013.	required to meet Health and Social Care Act	Approve at AGM in October 2012
	Develop the relationship between the Board of Governors (to become Council) and Board of Directors, to enhance joint working and improve governance.	Ensure that Elections for governors are held on time within agreed framework	Results to be announced 17 th September 2012
		Ensure new Governors are inducted	November – March 2013
		Ensure that the Trust supports the development of both capacity and capability within the Board (Council) of Governors through recruitment and training	Ensure that the Governors' Performance Committee considers the programme. Ensure that the B.o.D. also considers the programme. Review progress at the next Joint Boards meeting

Special Emphasis for the year	Aim	Objective	Review Date
<p>Performance Service Reconfiguration</p>	<p>Ensure that the Trust delivers on the objectives contained within the Annual Plan according to the timetable set out</p>	<p>Implement reconfigured service lines.</p> <p>Ensure that service lines are reviewed regularly by the Board</p>	<p>June 2012</p> <p>Each service line to be reviewed at least annually</p>
		<p>Hold a board Away Day in the autumn at which plans for the AP 2013 / 14 will be considered</p>	<p>November 2012</p>
<p>Performance Succession</p>	<p>Ensure the Board and senior management team have effective long term sustainability</p>	<p>Ensure that effective succession plans are in place, including early preparation for NED appointments.</p>	<p>6 monthly at Board Lunch between NEDs and CEO</p> <p>Chair to prepare for NED appointments with governors.</p>
<p>Performance Customer Relations</p>	<p>Ensure that staff work responsively with sector-wide development and with emerging commissioner arrangements</p>	<p>All members of Board to take up opportunities for local engagement, and are 'played into' emerging architecture where appropriate (see also partnerships section above).</p>	<p>Ongoing</p>

Board of Governors : September 2012

Item : 11d

Title : Objectives - Chief Executive

Summary :

Attached are the 2012/13 objectives for the Chief Executive.

For : Noting

From : Trust Chair

Chief Executive's Objectives 2012/13

Overarching Aims

Strategy

- 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 on making a significant contribution to mental health and wellbeing.
- Actively seek and promote creative partnerships as a means of supporting development, innovation, and delivery of the Trust's mission.
- Focus on successful productivity and performance in order to remain financially sustainable while delivering affordable excellence in all areas of service.
- Ensure that the Trust is in touch with the rapidly changing external environment, and with associated opportunities and potential threats.
- Locate outcomes that matter to patients, students and other users of our services at the centre of all of our work. Aim is to create a culture in which outcomes are owned jointly by service users and staff, and integrated into all of our activities with the aim of constantly improving the quality of what we do.
- Position the Trust within the wider Mental Health, training and education contexts (e.g. other MH Trusts and other providers; Universities; NHS London; DH) such that its reputation and brand support its continued development.

Developing People and the Organisation

- Lead continued change within the organisation, promoting an outward-looking and responsive attitude, customer focus, and a greater sense of commercial awareness.
- Support, motivate and continue developing a high-functioning and motivated executive team capable of managing the Trust effectively, and delivering on key organisational objectives as set out in the Annual Plan.
- Create an environment that fosters talent and innovation through personal leadership, development of staff training, and effective communication.
- Ensure that 'equalities' retains a high priority in the Trust's clinical, education, consultancy and research programmes.

Governance

- Develop the relationship between the Trust and the membership in support of the Trust's role and identity as a public benefit membership organisation.
- Work with both Boards to ensure optimal governance of the organisation in a changing governance context.
- Ensure that the Trust retains a green rating for governance.
- Ensure that the Trust meets the requirements of regulatory bodies and meets the requirements of the commissioners of education and training and clinical services.

Performance

- Ensure that productivity gains are realised whilst maintaining the high quality and safety of Trust services.
- Manage the Trust's activity, development, organisation and economy in line with the Annual Plan and in line with the Trust's ambitions for growth and development.
- Ensure that the Trust retains unqualified registration with the Care Quality Commission (CQC).
- Ensure that the Trust retains a Monitor Financial Risk Rating of 3 or above.
- Promote close working with the Trust's customers, purchasers, commissioners, and university and other collaborative partners in support of the aims highlighted above.

Special Emphasis for the Year

Special Emphasis for the year	Aim	Objective	Review Date
Strategy External environment and place in the market	Ensure that the Trust is optimally positioned in relation to the developments in emerging health, social care and education markets, managing risks and maximising opportunities	Partnership – Lead engagement with selected local and national providers in order to deliver new products and reconfigured clinical and education services	In 2012/13
		Growth – Ensure that national and international opportunities for the development and delivery of clinical services, education and training are properly pursued	In 2012/13
		Commissioning - Ensure that the Trust actively engages with the development of Clinical Commissioning, and the commissioning of Education and Training	In 2012/13 Review of CCG development and relationships at BoD meeting in November
		Develop a framework for the Trust's partnership strategy	October 2012
Strategy Outcomes and Patient Experience	Ensure that the Trust continues to focus on the quality and safety of all its services, locating patient, student, and customer experience at the centre of all of our work and developments	Clinical Outcomes - Ensure delivery of improved Clinical Outcome and Patient Reported Outcome Measures (PROMs), reviewed at CQSG Committee	Quarterly

Special Emphasis for the year	Aim	Objective	Review Date
Developing People and the Organisation	Ensure the Senior management team has effective long term planning and sustainability established	Ensure that effective succession plans are in place	6 monthly at Board Lunch between NEDs and CEO
	Maintain staff morale through the current difficult period of financial pressure and reorganisation	Drive excellent internal communications through staff meetings, email updates and cascaded information	Ongoing
Governance Members and Governors	Improving member and governor engagement	Head the executive team in exploiting opportunities for member and governor engagement as part of the Trust's public/patient engagement work	Ongoing
		Ensure that changes required under the Health & Social Care Act are implemented	April 2013
Performance	Ensure that the Trust delivers on the objectives and ambitions contained within the Annual Plan according to the timetable set out	Ensure that the Annual Plan 2013/14 – 2015/16 encompasses effective longer-term strategy to achieve long term sustainability	Annual Plan cycle, starting Autumn 2012
		Implement reconfigured service lines	November 2012
	Ensure that the Trust is optimally positioned in relation to key public sector developments	Ensure that education and training intelligence shapes Trust planning, with particular reference to the development of new commissioning arrangements (e.g. LETBs)	Ongoing

Special Emphasis for the year	Aim	Objective	Review Date
		Pursue and develop involvement with UCL Partners, establishing the Trust as a key contributor to the mental health theme	Ongoing

Board of Governors : September 2012

Item : 12

Title : Education and Training Report

Purpose:

The purpose of this report is to provide an update on developments within education and training at the Trust.

For : Discussion

From : Malcolm Allen, Dean of Postgraduate Studies

Education and Training Report September 2012

1. Introduction

- 1.1 Whilst the report provides a general update, at this point in the year the data of most interest will be the recruitment figures (Section 4). These are broadly encouraging especially given the overall context of the economic downturn, the position of higher education in the UK¹, and the fact that our new marketing strategy and system has taken time to bed in.
- 1.2 The paper also provides an update on some larger themes, including: strategy development; safeguarding our main training contract arrangements in relations to the new commissioning structures; implementation of e-learning.

2. Report from joint Board in July

- 2.1 Following an introduction from the Trust's Chair and a presentation by the Dean of Postgraduate Studies, the meeting broke into smaller groups to consider four questions:
 - 2.1.1 Whilst our training portfolio is well received we need to think about new and possibly different training opportunities: how do we engage staff with a process of change?
 - 2.1.2 How do we retain our distinctiveness in the training market and also respond to the needs of the contemporary health and social care workforce?
 - 2.1.3 How do we formulate a strategic response to regional and international development?
 - 2.1.4 How can the Board of Directors and Board of Governors contribute to and support the Trust's training and education activity?
- 2.2 There was a very productive discussion in all groups which is being fed into our strategic review.

¹ The total number of applicants to UK universities in 2012 was down by 7.7% compared to the same deadline in 2011. The percentage fall from UK applicants was greater at 8.9% and within this the decline among students from England was 10.0%. (HE in England from 2012: Student numbers, House of Commons Library, July 2012).

3. Recent developments

- 3.1 Karen Partridge was appointed Associate Dean for SAMHS in May. Karen is a Consultant Clinical Psychologist and Systemic Psychotherapist and worked in the CAMHS Directorate in both training and clinical roles. We are confident she will make give purposeful leadership to education and training within the directorate and make a huge contribution to the development of a forward-looking strategic vision.
- 3.2 Professor Stephen Briggs had previously been Associate Dean for SAMHS at the same time as developing our strategic platform for e-learning. We had appointed Stephen in the more dedicated role of Associate Dean for e-learning. However, Stephen has now taken voluntary redundancy and will be leaving in mid-October. He has made a huge contribution to laying the foundations of our e-learning activities and will be greatly missed. Section 7 deals with some off the implications.
- 3.3 We have proposed productivity savings of over £150,000 for 2012/13 within DET and are working through the implications of this for the team. I believe that the team we have in place, following the implementation of proposals, is sufficient to maintain the quality of service at the present volume of activity, though there are two units within DET especially stretched.
- 3.4 We have been closely involved in the preparation of a number of significant tender bids, including Family Nurse Partnership. We are also looking at how to optimally deploy the E-learning Unit within a number of such bids, where they involve digitally-based activities (as many increasingly do).

4. Recruitment figures

4.1 Long courses

- 4.1.1 Recruitment figures for long courses for the academic year 2012/13 as at 1 August 2012 are provided in Appendix 1, together with comparator figures for 2011/12. There has been a healthy increase in the total numbers of applications received at the same point in the year from 502 last year to 585 this year (16.5%), especially given the overall decline in UK student applications in 2012 referred to in the footnote above.

4.1.2 27% of applicants in 2012/13 have gone on to enrol on a course compared with 34% of applicants this time last year. Student enrolment is a confirmation of the student's intention to take-up a place on a course and is therefore crucial in determining actual student numbers. Registry reports that a number of people have deferred their entry to next year due to financial reasons and this is one factor in the dip in enrolment figures relative to enquiries.

4.2 Short courses

4.2.1 Because of the relative stability of the long course portfolio, useful comparisons can be made between last year and this year. It is more difficult with short courses and conferences because the profile of activity is so different. From April–August 2012, 19 short courses took place, recruiting 286 students. For the equivalent period last year, there were 30 short courses, recruiting a total number of 500 students.

4.2.2 However, 8 courses ran during the same period in both years. Of these, 3 courses recruited less numbers, 3 courses more and 1 stayed the same. Total student numbers across these 8 courses were 168 in 2011 and 152 in 2012. It is probably too early to draw hard conclusions from such a small sample, but they may indicate a slight drop in overall recruitment to short courses.

4.2.3 There has been a drop in conference activity during the April–August period compared with last year. However, the Infancy Study Day was very successful. On the other hand, the Nursing Conference which we have successfully held for four years and which featured a particularly strong programme this year and which was widely marketed did not recruit sufficient numbers to be viable. It has been postponed until February 2013.

4.2.4 As part of our portfolio review (see 7.3.) we will be undertaking a systematic review of our short course and conference profile. Again, we have to be aware of the national economic context. The 'UK Events Market Trends Survey 2011' showed that the overall value of the UK business events market fell by 13 per cent in 2010 compared with 2009. I don't have figures for 2011.

5. Financial position

5.1 Income

5.1.1 Broadly speaking, education and training income is summarised in the first five lines of the I&E report. In the July 2012 report

the full year forecast gives a total of £17,194,000 (currently with a £19,000 favourable variance), i.e. 50.02% of the Trust's turnover.

5.2 Expenditure

- 5.2.1 There is a projected £51,000 favourable variance for the full year in the Education and Training budget line. However, this is only one part of relevant expenditure which is split across various other budget lines in the Financial Report.

6. Marketing

- 6.1 The Dean has worked closely with the Commercial Manager for DET and the Communications Manager in helping to bed in an effective marketing strategy and campaign for this year. This is proving to be successful, and with a longer lead-in time for next year we believe we can be even more effective.
- 6.2 There are still huge amounts to do in this business-critical area of the Trust's activity and it is clear that we need a little more capacity to attain the level of effectiveness needed. We are also looking at bringing in some specific advice on database marketing to make more effective use of our Raiser's Edge platform.

7. Strategic development and portfolio review

- 7.1 The Education and Training Executive, together with the Cluster Leads, has begun the process of formulating a forward-looking strategic vision. This included discussion at two away days in the spring, together with the discussion at the joint Board in July. The thinking has advanced considerably on this, and I expect a draft statement to be ready in the next two months.
- 7.2 But we will be moving forward during the autumn on implementing a number of key aspects of the emerging strategy. These include especially:
- scaling-up of our e-learning and blended learning activity
 - moving forward on an international strategy (penetrating overseas markets)
 - building on work around equalities and diversity, ensuring this is a key recognised strength of our work
 - further enhancing the teaching skills of our clinician-trainers
 - continuing to improve the student experience, e.g. improve the use of technological platforms such as Moodle

- engaging with Health Education England (HEE) and North Central and East London Local Education and Training Board (NCEL LETB).

7.3 We have begun preparing for the portfolio review with a major focus on marketability and profitability as described in my previous report in April. The first away day focusing on this task will be on 18 September.

8. Health Education England (HEE) and North Central and East London Local Education and Training Board (NCEL LETB)

8.1 The North Central and East London (NCEL) Local Education and Training Board (LETB) is one of three LETBs being developed in London - the others being:

- South London LETB
- North West London LETB.

8.2 The NCEL LETB, along with the other two London LETBs, is now functioning as a 'Shadow LETB' and moving towards formal authorisation by Health Education England (HEE) sometime before April 2013.

8.3 NCEL LETB is expecting to appoint a Managing Director around now and the full LETB Board appointed by October ready for its first meeting (a Transition Board has been functioning until now). There will also be a wider Advisory Board, as well as a Pan-London Local Education and Training Committee (LETC), supplemented by a more operational LETB Delivery Group to provide oversight of business as usual activities during transition.

8.4 John Pope, Managing Director of the London Deanery, has been commissioned by the LETBs to undertake a review of shared services using the current NHS London and London Deanery operations as input to the design process. The shared service organisation will be built around a number of service lines as follows: Planning & Commissioning Support, Finance Support, Business Intelligence Support and Provider Support. A key element of the review will be to work within an indicative financial envelope for the shared service, given on-going national work regarding anticipated MPET funding.

8.5 A further sub-group has been set up review medical and dental workforce and to consider the arrangements to take forward the work of the London Deanery in the new world of LETBs. A number of other work stream to support migration to the new system included

HR, Finance and Governance, Estates and Infrastructure and Handover.

- 8.6 We are highly focused on the safeguarding of the National Training Contract in this transition and are in close touch with these emerging developments at NCEL LETB and with our colleagues at the outgoing NHS London.

9. E-learning development

- 9.1 From now through to the autumn, the Unit is focused on delivering our launch products (all currently listed on our website). They include:
- eD12 Introduction to Counselling and Psychotherapy (in partnership with University of Essex and Kaplan Open Learning (Essex) – 1 year course
 - eCPD29 Relating to Self-Harm and Suicide in Adolescents and Young Adults – 10 week course
 - eCPD94 Families and Beyond: An introduction to Systemic Thinking – 10 week course
 - eCPD101 Psychodynamic Approaches to Working with Adolescents (An Introduction) – 10 week course
 - An Audiobook - Safeguarding Children's Rights
 - A video series - Cross Doctoral Research Methods
 - On-line supervision and consultation is currently offered, using a range of on-line resources including Skype and Blackboard Collaborate.
- 9.2 Our e-Tavi app is now available for download in the Android Market. The app acts as a hub of information both on e-Learning, our upcoming e-Courses as well as news and events concerning the Trust as a whole. An Apple iOS app is currently being designed.
- 9.3 Discussions are currently underway with commercial publishers exploring possible partnerships for publishing a range of audio and video content currently in production. We are also developing partnerships with relevant professional membership bodies to promote our e-learning products to their members.
- 9.4 We have in place an outline business model for e-learning for the next three years along with a detailed financial plan for 2012/13. However, this is still subject to on-going review and update, especially with the departure of Stephen Briggs. We are now especially focused on creating a more integrated relationship between the e-learning unit and the main directorates in planning and producing our portfolio of e-learning products. We are also considering the most appropriate leadership structure for the team.

- 9.5 I plan to bring together a small e-learning advisory group, to include some non-executive Board members, e.g. Martin Bostock, Altaf Kara, but also some outside experts, to give us access to a range of experience in this area. With the advisory group, I am looking to effect a new iteration of our e-learning business strategy by December at the same time as taking forward our current plans.
- 9.6 I am also planning to set up a focus group of people who might be considering undertaking an e-learning course. Their role would be to review our emerging and potential produce from a consumer perspective.

10. Academic reviews

- 10.1 This year is an unusually busy year for major academic reviews with two having been completed and a third taking place in October. The first was occasioned by the Trust's need to get a cap from the UK Border Agency (UKBA) on the numbers of overseas students we are allowed lifted - and a Quality Assurance Agency (QAA) Review of Educational Oversight was a necessary (and broadly sufficient) condition. This was successful, and we have now had the cap removed. However, UKBA has now taken a decision that QAA will provide direct annual monitoring of providers, rather than leaving it to the providers' awarding bodies to monitor through their annual monitoring mechanisms. This will introduce a further layer of monitoring. We are also conducting a systematic review to ensure that all our processes fully conform to UKBA's direct requirements for institutions enjoying Highly Trusted Sponsor status.
- 10.2 The second was the periodic Academic Review undertaken by University of East London (UEL). The review was extremely positive about our academic standards and the quality of the student experience.
- 10.3 The third is the University of Essex Institutional Review that is taking place in October.

11. Student feedback

- 11.1 For a second year the Trust conducted exercises for Masters and Trust courses and for our Postgraduate Research Degree courses/awards. Both exercises were also delivered in our Associate Centres in UK and Overseas. This year the decision was taken to have separate forms for those students registered on the taught part of

the research degrees and those engaged in the research element so differentiating between their respective needs.

- 11.2 The response rates for both exercises measured by sector practice were good. The exercise for Masters and Trust courses elicited a response rate of 55%. For the Postgraduate Research Degrees, 57% of students on a taught element responded and 38% of those registered on the research element, an overall response rate of 48%.
- 11.3 Our students continue to give important qualitative as well as quantitative data. The former data is directed to course teams to consider and to respond to. The quantitative data continues to be largely positive about our learning and teaching and supporting resources.
- 11.4 In relation to the Masters courses, 82% of respondents viewed our training as either definitely or to a large extent relevant to their current work. Asked to rate the quality of teaching on Masters and Trust courses, some 94% provided a positive response. 81% of respondents rated the service provided by course administrators as excellent or good. Finally, 82% of respondents indicated that their expectations of their course and of the Trust had either definitely or to a large extent been met.
- 11.5 With regard to the Postgraduate research degrees, 89% of respondents rated the quality of teaching as excellent or good. Some 90% of respondents felt that the course was enabling them to further develop skills which they use in their profession. For students on the research element, 79% of respondents were satisfied with the regularity and level of contact they had had with supervisors. For taught and research students, 46% had already recommended a course here to a friend/colleague and 31% definitely would.

Malcolm Allen
Dean of Postgraduate Studies
31 August 2012

Course recruitment figures 22.08.2012

CAMHS													
Status	Code	Course Title	1 Jan 2011- 1-Aug 2011-				1Jan 2012 - 1Aug 2012				Total applicants Jan-Aug 11/12	Total applicants Jan-Aug 12/12	Target 2012/13
			Applied 2011/12	Accept 2011/12	Reject 2011/12	Enrolled 2011/12	Applied 2012/12	Accept 2012/13	Reject 2012/13	Enrolled 2012/13			
Open	D1	Postgraduate Certificate/Diploma/MA in Emotional Factors in Learning and Teaching: Counselling Aspects in Education	17	7	0	4	20	6	0	6	17	20	15
Open	D24	Postgraduate Certificate in Child, Adolescent and Family Mental Well-being: Multidisciplinary Practice	39	15	8	11	38	25	3	14	39	38	40
Open	D30	Postgraduate Certificate in Therapeutic Communication with Children	23	7	2	13	30	11	1	2	23	30	21
Open	D35	Working with Refugee Families - short course	2	0	0	0	2	0	0	0	2	2	
Open	M35	MA in Working with Refugee Families	0	0	0	0	0	0	0	0	0	0	2
Open	D4	Postgraduate Certificate/Diploma in Applied Systemic Therapy	37	17	0	13	26	9	0	3	37	26	24
Open	D4K	Postgraduate Certificate/Diploma in Applied Systemic Therapy - Kent	8	4	0	2	4	2	0	0	8	4	13
Open	D4X	Postgraduate Certificate/Diploma in Applied Systemic Therapy - Oxford	3	1	0	1	0	0	0	0	3	0	
Open	D4S	Postgraduate Certificate/Diploma in Applied Systemic Therapy - Sussex	8	3	0	3	1	0	0	0	8	1	4
Open	M10	Professional Doctorate in Systemic Psychotherapy	6	2	0	1	9	7	1	1	6	9	4
Open	M16	Postgraduate Certificate/Diploma/MA in Psychoanalytic Studies (M16) - part-time route	20	9	0	10	19	9	0	4	20	20	16
Open	M21	Family Therapy and Systemic Supervision	7	7	0	6	11	7	1	3	7	11	10
Open	M22	Postgraduate Diploma/MA in Child Protection and Complex Child Care	1	0	0	0	6	0	0	0	1	6	
Open	M34	Postgraduate Diploma/MA in Psychological Therapy with Children, Young People and Families (M34)	9	0	1	0	25	0	3	0	9	25	
Open	M42	Postgraduate Diploma/MA in Child and Adolescent Primary Mental Health Care Work	0	0	0	0	5	1	1	1	0	5	
Open	M5	Professional Doctorate in Child and Educational Psychology	4	3	1	3	6	4	0	5	4	6	7
Open	M7	Postgraduate Diploma/MA in Psychoanalytic Observational Studies	72	31	5	27	85	35	4	33	72	85	48
Open	M9	Early Years Development: Infant Mental Health	14	6	0	6	12	7	0	3	14	12	12
Open	M80	Professional Doctorate in Child Psychoanalytic Psychotherapy - 1 non-sponsored place	22	14	11	1	28	0	0	0	22	28	1
Sub-TOTAL						101				75	292	328	217

Course recruitment figures 22.08.2012

SAMHS													
Status	Code	Course Title	1 Jan 2011- 1-Aug 2011				1Jan 2012 - 1Aug 2012				Total applicants Jan-Aug 11/12	Total applicants Jan-Aug 12/12	Target 2012/13
			Applied 2011/12	Accept 2011/12	Reject 2011/12	Enrolled 2011/12	Applied 2012/12	Accept 2012/13	Reject 2012/13	Enrolled 2012/13			
Open	D10	Postgraduate Diploma/MA in Consultation and the Organisation: Psychoanalytic Approaches	17	9	0	6	22	18	0	6	17	22	19
Open	D10D	Professional Doctorate in Consultation and the Organisation	3	0	0	0	3	0	0	0	3	3	3
Open	D11	Postgraduate Certificate/Diploma/MA in Working with Groups	10	7	1	0	5	4	0	4	10	5	9
Open	D12	Introduction to Counselling and Psychotherapy	36	22	0	16	34	32	0	25	36	34	30
Open	ED12	Introduction to Counselling and Psychotherapy - Online					7	3	0	0	0	7	0
Open	D18	Understanding Trauma: Principles and Practice	11	7	0	4	19	10	1	7	11	19	12
Open	D50	Professional Doctorate in Social Care and Emotional Well-being	0	0	0	0	5	0	0	0	0	5	
Open	D50M	Postgraduate Diploma/MA in Social Care and Emotional Well-being	0	0	0	0	2	0	1	0	0	2	
Open	D58	Foundation Course in Psychodynamic Psychotherapy: Part One: Qualifying Course in Psychodynamic Psychotherapy	46	22	13	18	45	27	13	20	46	45	23
Open	D58L	Foundation Course in Psychodynamic Psychotherapy: Part One: Qualifying Course in Psychodynamic Psychotherapy	8	6	0	4	6	5	0	0	8	6	8
Open	D59	Psychodynamic Psychotherapy	12	7	1	6					12		
Open	D59L	Inter-cultural Psychodynamic Psychotherapy: Part two: Qualifying Course in Psychodynamic Psychotherapy - Leeds	0	0	0		0	0	0	0	0	0	3
Open	D59A	Brief Psychodynamic Psychotherapy with Adolescents: Part two: Qualifying Course in Psychodynamic Psychotherapy	0	0	0	0	2	0	0	0	0	2	
Open	D59C	Psychodynamic Psychotherapy for Couples : Part two: Qualifying Course in Psychodynamic Psychotherapy	0	0	0	0	10	7	0	4	0	10	
Open	D59G	Psychodynamic Group Psychotherapy: Part two: Qualifying Course in Psychodynamic Psychotherapy	0	0	0	0	3	1	0	0	0	3	
Open	D60	Professional Doctorate in Social Work and Emotional Well-being	14	4	0	1	5	1	0	1	14	5	10
Open	D60M	Postgraduate Diploma/MA in Social Work (Post-Qualifying): Integrative Programme	0	0	0	0	6	0	0	0	0	6	
Closed	D65T	Bsc (Hons) Dynamics of Mental Health Practice (top-up) Degree for Nurses and other MH Professionals	8	0	0	0					8		0
Open	D65	Bsc (Hons) Dynamics of Mental Health Practice Degree for Nurses and other MH Professionals	0	0	0	0	19	4	0	2	0	20	
Closed	D9	Working with People with Eating Disorders	1	0	0	1	1	0	0	0	1	1	3

Course recruitment figures 22.08.2012

Open	M1	Interdisciplinary Training in Adult Psychotherapy for Professional Workers in Health and Social Services	6	1	0	4	7	1	0	0	6	7	4
Open	M14	Psychodynamic Psychotherapy for Child and Adolescent Psychiatrists	0	0	0	0	3	0	1	0	0	3	5
Open	M23	MA in Social Work	0	0	0	0	0	0	0	0	0	0	
Closed	M26	Postgraduate Certificate/Diploma/MA in Strategic Leadership and Management	7	0	1	0	5	0	0	0	7	5	40
Open	M33	Postgraduate Certificate/Diploma/MA in Psychodynamic Approaches to Working with Adolescents	3	0	0	0	14	12	0	2	3	14	7
Open	P20	Risk: A Relational Perspective - Psychodynamic Approaches to Assessing and Managing Risk	7	0	0	1	1	0	0	0	7	1	5
Open	P6	Introduction to Forensic Psychotherapy: The Portman Clinic Perspective	0	0	0	0	7	2	0	0	0	7	14
Open	PC4	The Development of Psychoanalytic Theory: Lecture Series	19	9	0	7	24	9	0	14	19	24	0
Open	D7	Working in the Young People's Consultation Service	2	1	0	1	1	0	0	0	2	1	11
Sub-TOTAL	29					69				85	210	257	217
TOTAL						170				160	502	585	434

Board of Governors : September 2012

Item : 14

Title : PPI Annual Report 2011-2012

Purpose:

The Annual Report summarises the work of the PPI team over the last year, the feedback we have received about the Trust's activities and what we have done in response to this feedback.

This report has been reviewed by the following Committees:

- PPI Committee, May 2012

For : Discussion

From : Sally Hodges, Patient and Public Involvement Lead

Patient and Public Involvement Annual Report 2011-2012

1. Introduction

- 1.1 This report summarises the activity of our patient and public involvement team over the last year, the feedback we have received about the Trust's activities and what we have done in response to this feedback. The patient and public involvement team consists of clinical leads from all our departments, representatives from central services, training and education services and research. We have four patient and public involvement representatives from the patient/local public population as well as two Governors, and a non-executive director. We link closely with the communications team to ensure that we optimise our communication with patients and the public.

2. The Annual Patient Survey

- 2.1 551 surveys were posted to former patients and 963 surveys were posted to current patients making a combined total of 1514 surveys sent. The response rate was 15.5%, down from 17.5% last year. This is a trend that has been occurring over the last few years and is, we suspect, linked with the preference for electronic communication. We continue to explore alternative methods of generating feedback. This year we opened the survey to current patients. Current patients accounted for 73% of all returned questionnaires.
- 2.2 As in previous years, the responses were generally positive. 93% felt they were listened to fully and treated with respect and dignity by our staff or experienced this to some extent (up from 86% last year). 86% expressed full or some trust and confidence in the people they saw (up from 77% last year). 67% indicated treatment options were discussed with them in full or to some extent (down from last year at 76%, but this may be a reflection of the small numbers asked and this question was only given to former patients). 75% of current patients felt they had been given enough information on the type of treatment they would receive. 77% of former patients felt they had enough say in decisions about their care and treatment or were involved in the decision-making process to some extent (up from 71% last year). 83% found their sessions very or fairly helpful (up from 75% last year). 79% either rated their quality of care as excellent, very good or good (up from 65% last year). 78% would recommend the Trust to their friends or family members (up from 71% last year).

- 2.3 Although the feedback was generally very positive, there are still areas that have been highlighted by the results as needing attention. These include:
- Patients to be confident that treatment options have been discussed with them.
 - Information about our services could be improved.
 - Publicising our services, particularly with GP's.

3. Feedback from the Membership to the Foundation Trust

- 3.1 We have a Membership of over 6000 people. Members are encouraged to give us feedback directly, through surveys we run in the newsletter or through the Governor who represents them.
- 3.2 This year we set ourselves the aim of getting more Members to contribute to the Members Newsletter, and we called for contributions through the newsletter itself, posters and Member emails, with information of how to contribute and the offer of support in the process. This publicity has had a significant impact on the number of Members' contributions and both our summer and winter newsletters in 2011 included five Members' contributions in each, including posters, poems and articles.
- 3.3 As always, we invited Members to our Annual General Meeting and this year 62 people attended. The AGM is an opportunity to enter into dialogue with Members about what aspects of the Trust's provision is important to them. The focus of this year's AGM was on our partnership with an organisation that provides support to families in chronic crisis. Members and staff alike expressed the view that this kind of social enterprise work is effective and welcome.
- 3.4 This coming year a significant number of our public Governors have come to the end of their term of office and we are in the process of developing a recruitment campaign that targets as wide a range of our user and potential user population as we can. We will be advertising drop in sessions to give information to potential Governors and to help people with their applications. As part of this initiative the PPI team and other Trust staff have volunteered to meet with the representatives of mental health groups in the Borough of Camden to promote closer working relationships, Membership and also advertise our available Governor positions.

4. Complaints

- 4.1 The Tavistock and Portman NHS Foundation Trust has a clear and unambiguous complaints policy and procedure. All complaints are

seen and responded to by the chief executive. A record is kept of the complaints and all actions taken as a consequence. Over the past year we have received 9 formal complaints (compared with 10 last year). These have been about a range of issues but the most common was dissatisfaction with referral, assessment or treatment. 8 of the complaints have been dealt with in the Trust and 1 remains open pending an independent review.

5. Suggestions Box

5.1 There has been very little comment given through the suggestions box, on the whole it has been used by patients to vent negative feelings about their treatment and about the condition of the vending machines.

6. Feedback to the Patient Advice and Liaison Service (PALS)

6.1 The PALS service operates 11 hours a week, spread over Monday, Tuesday and Thursday. There were a total of 974 contacts over the year, which were broken down into 803 emails, 157 phone calls, 11 "drop-ins" and 3 letters.

6.2 The make up of those using the PALS service is as follows:

- current or ex-patients: 23%
- referral enquiries i.e. prospective patient or family member (looking for treatment or advice with our trust or elsewhere): 43%
- staff or other professionals: 31%
- other/unknown: 3%

6.3 The enquiries can be categorised as follows:

- accessing therapy or related services: 58%
- concern with current or past treatment/assessment: 4%
- information request: 36%
- unknown or unreachable: 2%

7. Small Scale Audits

7.1 Children's Survey

7.1.1 The 2012 Children's Survey was available through the reception staff at the Child and Family Department and at the Tavistock Children's Day Unit. The survey was also expanded to include South Camden Community CAMHS at St. Pancras Hospital. 74 completed questionnaires were

returned for analysis, one fewer than last year but much improved on previous children's surveys. Questions regarding duration and frequency of treatment were removed this year, to focus on the experience of young patients, and questions were included to establish how young patients felt about coming to the Trust for the first time.

7.1.2 Responses to the Tavistock environment were greatly improved, with significant increases in satisfaction amongst young patients regarding the buildings and waiting rooms they visited. Responses to the therapy room were similar to last year. 86% of young patients felt staff listened to them, while 88% felt our staff looked after them well (both up from 75% last year). Patients had a better understanding of why they attended therapy, up from 59% last year to 72% this year. There were significant increases in the number of children who felt coming to the Trust helped them (54%), and also helped their families (59%), the highest level of satisfaction in this category since the beginning of the survey.

7.1.3 This year included the addition of a question on the Cam's Den website, a resource for educating young children about mental health. Only 8% of children had seen this website, which needs to be promoted further in the future. Qualitative feedback reflected the findings of data analysis; young patients felt they had mainly positive experiences with staff, and were appreciative of the support they were receiving.

7.2 Preferred Methods of Form Completion Survey

7.2.1 The Child and Family Department gathered feedback from patients, carers and families on their preferred methods of form completion. Between November 2011 and February 2012, visitors to the waiting room were invited to participate in an optional anonymous survey and 33 agreed. Of these, 20 were completed by a parent/caregiver, 7 were completed by the patient, 5 were completed by the patient and parent/caregiver together, and 1 was completed by the patient via an interpreter.

7.2.2 In terms of first choice of form completion, 37% of respondents preferred to be sent the forms with their first appointment letter and to bring them to their first appointment with the option of speaking to someone if needed. Next, 25% rated their first choice option as completing the forms in the waiting room before their

appointment with help if needed. A further 19% stated they would like the option to complete the forms online via the Trust website whilst 19% indicated they would like to be sent the forms in the post and to return them in the post.

- 7.2.3 In terms of second choice, 38% of respondents preferred to be sent the forms with their first appointment letter and to bring them to their first appointment with the option of speaking to someone if needed. This was followed closely with 35% of participants indicating that they would like to be sent the forms with their first appointment letter and send them back via free post. 19% rated their second choice option as completing the forms in the waiting room before their appointment with help if needed, whilst 6% preferred to complete the forms online via the Trust website.

7.3 Patient Information Kiosk Survey

- 7.3.1 To understand how helpful the information kiosk in the main waiting room was for patients and visitors to the Trust a short survey was uploaded onto the kiosk to gather feedback. Three surveys were completed: two from patients and one from a visitor. One respondent found it 'very easy' to find the information they were looking for on the kiosk which displays the Trust website alongside links to other mental health organisations. One respondent found it 'fairly difficult' to use the kiosk and the final respondent found it 'very difficult' to locate the information they required.
- 7.3.2 When asked what information they would have liked to find on the information kiosk suggestions included 'tube info' and 'how to register'. When invited to list other websites that we could add to the kiosk the suggestions included 'weather', 'Google map' and 'Wikipedia'. Respondents were also asked for their feedback on how we could improve the kiosk. One respondent indicated that the kiosk was fiddly to use with a trackball and clunky keyboard. Another respondent felt that the kiosk was a great idea and more should be available across the Trust. A third respondent suggested the creation on an application to download onto smart phones to make our information be easily accessible. All three respondents indicated that they did not think the kiosk was in the most accessible place.

8. Improving the Quality of the Patient Experience

8.1 Stakeholders Quality Consultations

8.1.1 We have undertaken a series of stakeholder engagement consultations with patient and public representatives, Non-Executive Director and Governors to consider issues around the quality of the clinical services offered by the Trust. Patients have used data from a range of sources as well as their own experiences to bring thoughts to this group. These meetings have focused on patient experience and both the process of providing information to patients on the psychological therapies offered by the Trust, and facilitating patients making informed decisions about their treatment. This group have worked together on written information for patients, and have helped in the thinking about how to gather feedback from service users.

8.2 Bid for Better

8.2.1 This year the Trust gave £1000 to the 'bid for better' scheme which was successfully launched last year. Advertised in the Members Newsletter, on the Trust website and through both the Voluntary Action Camden (VAC) newsletter and website, we received twelve bids for the funding, which were capped at £250 per bid. A panel from the PPI committee met to evaluate the bids, and from these twelve six were allocated funding as follows:

- Funds to develop the green space outside the Westminster Family Centre project, to improve the environment and engage families in the process.
- A donation to the Camden refugee befriending service for travel expenses for the service volunteers.
- Money towards emergency funds for patients in severe financial difficulty.
- A contribution towards a mural for the Child and Family waiting room.
- Slippers for children at the Day Unit as owing to safety reasons they are required to remove their shoes inside the unit.
- A contribution towards improvements in some of the Trust's therapy rooms.

8.3 London PPI Mental Health Forum

8.3.1 We are members of the London Patient and Public Involvement Mental Health Forum, which represents the ten mental health trusts across London. The London PPI Mental Health Forum has a remit to ensure that the involvement of service users, carers and the wider community forms an integral part of mental health services in London, and to

share good practice. This group shares information about good practice and provides support to its members, through relevant talks and providing information. The Tavistock and Portman hosted the last Forum meeting, where the group looked at methods for engaging users with disabilities.

8.4 T&P Talks (Patient Discussion and Information Groups)

8.4.1 The Patient Advice and Liaison Officer, supported by PPI, has organised and facilitated three patient discussion forums this year, with another event running in May, which aim to improve access to mental health information and advice to our patients and members of the public. These talks have generally involved one or more of our clinicians presenting a specific topic relating to mental health at a free and public event, where they can answer questions and support group discussion. Those attending the events have had an opportunity to provide feedback on what events they would like to see in the future, and we intend to incorporate this into our future event plans. The topics of the talks and presenting clinicians were as follows:

- 19th July 2011: "Therapy – How can it help?" with Richard Davies.
- 17th November 2011: "Therapy for Children and Families" with Sally Hodges and Caroline McKenna.
- 15th February 2012: "Trauma and Therapy" with Jo Stubley.
- 14th May 2012: "Tavistock Adult Depression Study" with Felicitas Rost and Hannah Ridsdale.

8.5 Mystery Shoppers Project

8.5.1 This year saw the launch of the 'mystery shoppers' project which was based on the methodology of using volunteers to assess aspects of service provision by posing as potential patients or students. Ten volunteers were recruited to the project from the Camden Carers Centre and they were asked to assess our website, our PALS and telephone information systems and to visit the Trust to assess our facilities. Generally the feedback was very positive, particularly to our reception staff and telephone service; however a number of issues were raised by the volunteers, including the organisation of the literature in the waiting room and the speed of response to email enquiries to our Department of Education and Training, however some of these emails were inappropriate for response. The Trust has developed action plans to address the issues raised by the volunteer assessors and we will

repeat the methodology to ensure that the changes suggested have been successfully implemented.

8.6 Improving Partnerships with the Voluntary Sector

8.6.1 This year the PPI team has been keen to develop relationships with local voluntary sector organisations, particularly those who have a mental health remit. We have worked with Voluntary Action Camden through their mental health network and have been active participants in several of the events organised between local voluntary sector and national charities such as the 'Time to Change' road show and the World Mental Health Day initiative. These events allowed us to meet with Members of the public to talk about our services, gain feedback on service developments and to recruit to our Membership. We are also represented at the Mental Health Information and Networking Session which provides an opportunity to meet and hear presentations from other mental health groups in Camden. We have recruited a member of the Camden Carers Centre onto our PPI Committee and we are to host the next Camden Mental Health Information and Networking Session.

8.7 Black and Minority Ethnicities (BME) Engagement

8.7.1 The PPI team has committed more resources to ensure closer working relationships with community mental health groups across Camden and to improved access for potential patients and students from BME backgrounds. This year saw the development of our BME Engagement Strategy which includes nine goals for completion by April 2013. We are also represented on the Trust Equalities Committee which ensures compliance with equalities legislation for both service users and staff. In association with PALS and Volunteer Action Camden, the PPI team has also worked to provide clinicians to answer questions and discuss mental health with BME mental health groups. These have included the Bangladeshi Mental Health and Wellbeing Forum which hosted a representative from our team. In the coming year, we aim to set up a BME Engagement Panel, drawing on the experience of our clinicians, service users and other staff working in this area, to improve equality of access across communities. The PPI team also intends to meet with at least six community BME mental health groups and from these meetings identify areas for improvement to our services.

9. Quality and CQUIN Targets

9.1 The PPI team have a responsibility to ensure that the Trust meets its targets in relation to user experience for our Quality Indicators and our CQUIN (commissioner led) targets. This work has fed into our strategy and action plan, which can be found in the appendix to this report. We report on these targets on a quarterly basis, through the Clinical Governance and Quality Committee, which in turn reports to the Board.

10. What We have Done this Year in Response to Feedback

10.1 We review the feedback we receive on a regular basis through the PPI Committee and the Stakeholder Quality Forum. On a yearly basis we develop an action plan based on the feedback we have received in previous years, and that builds on the developments we are making in patient and public involvement. The action plan for 2012-2013 is attached as appendix 1.

10.2 Over the course of this last year we have achieved the following developments:

- Run our 'bid for better' project that invites Members to bid for funding to improve the quality of the patient experience.
- Piloted a mystery shoppers project that identified several areas for improvement across a range of our interfaces with patients including the physical environment, telephone and web based services. These areas have been addressed and we will reassess them over the coming year.
- Recruited a carer volunteer from the Camden Carers Centre on to our PPI Committee.
- Developed a set of specific information leaflets for patients about the different treatment types we offer. These leaflets have been influenced by the feedback to our patients survey over the last few years and provide information to enable patients to make informed choices about the treatment options they are given.
- Provided support to a range of small scale engagement projects such as to our young people's drug and alcohol service who are developing a series of substance misuse short films featuring local young people, and involving local young people in the editing process.
- We have joined public campaigns with national and local charities e.g. Time to Change in order to support the de-stigmatising of mental health issues locally and to raise the profile of our services.
- Developed and implemented elements of a BME/Community engagement strategy to improve access to services for BME

communities and to ensure a Trust presence is available to community mental health groups.

- Developed relationships between Governors and Members by increasing member and patient contributions to the Members Newsletter.
- Lowered the membership age to ensure that young people are better represented in our membership and that we can better access their views about our services.
- Developed a recorded history of the Trust from its beginnings to present day.
- Promoted events aimed at further establishing patient inclusion and greater awareness of the Trust to the public through a series of public talks.
- Included a session on patient and public involvement at the staff In-Service Education and Training (INSET) day to increase understanding.
- Organised a series of guest speakers from voluntary mental health organisations to meet with the PPI Committee to discuss how to develop and build sustainable relationships in the community.
- Combined the annual patient survey with the Experience of Service Questionnaire (ESQ) to reduce the volume of outcome monitoring tools used to gather patient feedback.

11. Future Plans

11.1 Over the next year we will undertake the following plans:

- To develop three new leaflets on the models of therapy used at the Trust to increase patients awareness of treatment options and choice.
- To expand the mystery shopper scheme to include additional departments and refine the process to provide more accurate feedback.
- To obtain 'real time' feedback from patients, visitors, staff and trainees by introducing a visual straw poll.
- To demonstrate the usefulness and accessibility of the modality information leaflets on patients' understanding of treatment through telephone interviews, the mystery shopper and visual straw poll.
- To ensure that at least three of the issues raised by the Stakeholders Quality Forum in 2011-2012 are taken forward by the Trust and result in quality improvements.
- To develop a patient's journey time line and to map out all points at which patient experience could be measured derived through running focus groups, on-going discussions with the Stakeholders

Quality Forum, and designing visual straw poll and mystery shopper questions.

- To hold at least three public discussion talks over the year on topics suggested by Members and receive positive feedback from each session.
- To recruit at least 15 new Members at the public talks and at least 45 new Members through external or public events over the year.
- To explore the possibility of installing a computer in the Child and Family waiting room to widen the accessibility of the Cam's Den website.
- To develop a focus group for young people to comment on our services, review our literature and contribute to the AGM and other public events.
- To engage with BME community groups and invite representatives to stand as Governors.
- To hold at least six meetings with local BME representatives groups and from those meetings deliver at least three suggestions from the community representative that will improve quality for the patient group they represent.
- To operationalize the PPI BME Strategy through developing formal links with at least two BME community organisations during the year, to gather information on how the groups would like our services to be developed and ensure their needs are met.
- To operationalize the Carers Strategy and establish a Camden Carers Forum for organisations working with carers within the Borough.
- To establish a permanent internal exhibition of Tavistock and Portman history, and improve web content and literature available to the public.
- To expand the Trust's presence on social networking and news media sites to improve communication with the general public.
- To continue to run PPI sessions at staff INSET days to raise awareness and involvement across the Trust.
- To identify and address issues highlighted through the Experience of Service Questionnaire on a quarterly basis.
- To conduct an annual children's survey.

Dr Sally Hodges
Trust Patient and Public Involvement Lead
April 2012

Appendix 1

PPI Annual Action Plan 2012-2013

To develop Governor and Member communications	Responsibility	Target Date
To hold at least three public discussion talks over the year on topics suggested by Members and receive positive feedback from each session. To ensure at least 10 people attend all three talks and that feedback is actively used to inform service delivery and development.	Keith Mahon Debbie Lampon	Feb 2013
To recruit at least 15 new Members at the public talks and at least 45 new Members through external or public events over the year.	Keith Mahon Debbie Lampon Trust Secretary	Feb 2013
To explore the possibility of installing a computer in the Child and Family waiting room to widen the accessibility of the Cam's Den website.	Keith Mahon	Sept 2012
To engage with BME community groups and invite representatives to stand as Governors.	Keith Mahon Trust Secretary	Aug 2012
To hold at least six meeting with local BME representative groups during 2012-2013 and from those meetings deliver at least three suggestions from the community representative that will improve quality for the patient group they represent.	Keith Mahon Trust Secretary	Feb 2013
To operationalize the PPI BME Strategy through developing formal links with at least two BME community organisations during the year, to gather information on how the groups would like our services to be developed and ensure their needs are met.	Keith Mahon	Feb 2013
To operationalize the Carers Strategy and establish a Camden Carers Forum for organisations working with carers within the Borough.	Keith Mahon	Mar 2013
To establish a permanent internal exhibition of Tavistock and Portman history, and improve web content and literature available to the public.	Keith Mahon	Sept 2012

To improve patient experience	Responsibility	Target Date
To develop three new leaflets on the models of therapy used at the Trust to increase patients awareness of treatment options and choice.	Susan Blackwell Sally Hodges	Feb 2013
To expand the mystery shopper scheme to include additional departments and refine the process to provide more accurate feedback.	Keith Mahon	Jan 2013
To ensure that at least three of the issues raised by the Stakeholders Quality Forum in 2011-2012 are taken forward by the Trust and result in quality improvements.	Sally Hodges Louise Lyon	Mar 2013
To develop a focus group for young people to comment on our services, review our literature and contribute to the AGM and other public events.	Susan Blackwell Emma Heath	Mar 2013
To continue to expand the Bid for Better membership projects scheme.	Susan Blackwell	Mar 2013
To contribute effective outcome monitoring from a PPI perspective	Responsibility	Target Date
To show that the availability of modality information leaflets increases the quality of patient care through the increase of information to support patient choice by conducting telephone surveys during the year.	Susan Blackwell	Jan 2013
To demonstrate the usefulness and accessibility of the modality information leaflets on patients' understanding of treatment through the mystery shopper scheme and visual straw poll.	Keith Mahon Susan Blackwell	Jan 2013
To develop a patient's journey time line and to map out all points at which patient experience could be measured derived through running focus groups, on-going discussions with the Stakeholders Quality Forum, and designing visual straw poll and mystery shopper questions.	Sally Hodges Susan Blackwell Keith Mahon	Mar 2013
To continue to run PPI sessions at staff INSET days to raise awareness and involvement across the Trust.	Sally Hodges	Mar 2013
To identify and address issues highlighted through the Experience of Service Questionnaire on a quarterly basis.	Susan Blackwell Sally Hodges	Mar 2013
To conduct an annual children's survey.	Keith Mahon	Mar 2013
To obtain 'real life' feedback from patients, visitors, staff and trainees through the visual straw poll.	Susan Blackwell	Feb 2013

