

Board of Governors

Agenda and papers
of a meeting to be held

2.00pm – 4.30pm
Thursday 6th December 2012

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

Council of Governors
2.00pm – 4.30pm, Thursday 6th December 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 information
Mr Simon Young, Director of Finance & Deputy Chief Executive
- 8. Governors' Reports** *For noting*
Governors

Quality & Governance

- 9. Introduction to CAMHS** *(Report attached)*
For information
Dr Rita Harris, Director of CAMHS
- 10. Governor Appointments to Committee & Groups** *(Report attached)*
For approval
Miss Terri Burns, Assistant Trust Secretary
- 11. Education & Training** *For information*
Mr Malcolm Allen, Dean
- 12. Membership Report** *(Report attached)*
For noting
Dr Sally Hodges, PPI Lead

13. Equalities Report

Ms Trudy Klauber, Equalities Committee Chair

For information

14. Introduction to SAMHS

Ms Louise Lyon, Trust Director

(Report attached)

For discussion

Conclusion

15. Any other business

16. Notice of future meetings

Board of Directors Tuesday 29th January 2013

Council of Governors Thursday 7th February 2013

Board of Directors Tuesday 26th February 2013

Board of Directors Tuesday 26th March 2013

Board of Directors Tuesday 30th April 2013

Board of Directors Tuesday 28th May 2013

Board of Directors Tuesday 25th June 2013

Council of Governors Thursday 27th June 2013

Board of Directors Tuesday 23rd July 2013

Council of Governor Thursday 12th September 2013

Board of Directors Tuesday 24th September 2013

Board of Directors Tuesday 29th October 2013

Board of Directors Tuesday 26th November 2013

Council of Governors Thursday 5th December 2013

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, 2.20pm – 5.00pm, Thursday 13th September 2012

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	Cllr Claire-Louise Leyland Stakeholder: Local Authority
In Attendance:			
Ms Julie Hill Trust Secretary (minutes)	Dr Matthew Patrick Chief Executive	Mr Simon Young Director of Finance & Deputy CEO	Mr Brian Rock City and Hackney Service Lead
Mr Martin Bostock Non-Executive Director	Dr Ian McPherson Non-Executive Director	Mr Richard Strang Non-Executive Director	Ms Joyce Moseley Non-Executive Director
Dr Sally Hodges, PPI Lead (item 14)	Mr Malcolm Allen Dean (item 12)		
Apologies:			
Ms Carole Stone Public: Rest of London	Ms Sara Godfrey Public: Rest of London	Ms Jo Blanchard Public: Rest of England and Wales	Ms Simone Hensby Stakeholder: Non-statutory Sector

Actions

AP	Item	Action to be taken	By	Immed
1	3	Minor amendments to be made to the minutes	TB	
2	4	Annual Plan to be on the next agenda	TB	
3	6	Consideration to be given to de-briefing retiring Governors.	AG/ MP	
4	7	Ms Lyon and Dr Harris to be invited to attend the next Board of Governors meeting to talk about the outcome of service redesign	TB	
5	8	Governor appointments to committees to be sorted out as soon as practicable after the new Governors take up office.	TB	
6	9	Mr Patrick to circulate the principles in relation to private patient work.	MP/JH	
7	11	Final version of the Board of Governor Objectives to be re-circulated	TB	

Actions Agenda item

Future Agendas

1. Chair's opening remarks

Ms Greatley welcomed everyone to the meeting and thanked the Board for re-appointing her as Trust Chair for another three year term of office. Ms Greatley also thanked the retiring governors for their contribution to the work of the Trust and urged everyone to attend the Annual General Meeting on 10th October 2012 when there would be another opportunity to say goodbye. Ms Greatley said that the Board had worked well together and when there had been differences of opinion, these had been voiced in a thoughtful and constructive manner.

2. Apologies for absence

As above.

3. Minutes of the previous meeting

AP1 The minutes of the meeting held on 21st June 2012 were agreed as an accurate record of the proceedings after the following amendments had been made:

Minute 2, 1st sentence to read: "Ms Greatley reported that mental health is a very busy area at the moment because the National Framework to Promote Mental Health and Wellbeing was expected to be published shortly."

Minute 6, 6th paragraph, 1st sentence to read: "Dr Lindsey pointed out she and many of the governors felt that they had no choice but to approve the closure of the Monroe Family Assessment Service and asked whether this could be regarded as genuine consultation".

Minute 6, 10th paragraph, 2nd sentence "motivation is a cause for concern" to be deleted as this issue related to a specific question in the staff survey.

Mr Wilkes suggested that it would be helpful if the draft minutes were emailed round shortly after the meeting.

4. Matters Arising

AP2 It was noted that Mr Doherty, Deputy Director of Finance had circulated the note setting out a breakdown of spending on professional charges and consultancy. Dr Patrick, Chief Executive reported that he had circulated the Annual Plan. The Annual Plan would be on the agenda for the next Board of Governors meeting on 7th December 2012 and this would help to inform the new Governors about the work and the direction of the Trust.

5. Trust Chair's Report

Ms Greatley reported that she had not attended any noteworthy conferences or events over the summer period so had nothing to report back on this occasion.

6. Chief Executive's Report

The Chief Executive's report covering productivity, South London Healthcare and Barnet and Chase Farm, Monitor's Annual Plan Review, Children and Young People's Improving Access to Psychological Therapies Programme and RiO had been circulated.

Dr Patrick added his thanks to the outgoing Board of Governors for their time, energy and commitment to the work of the Trust.

AP3 As a learning organisation, Ms James asked whether the retiring governors would have an opportunity to collectively or individually feedback their experiences of being governors and in particular what worked and what did not. Ms Greatley and Mr Patrick agreed to consider the best way of doing this.

Dr Lindsey asked whether in future there could be any flexibility in the Constitution which would allow for governor terms of office to be more staggered to prevent the current situation where the majority of the Public and Staff governors had either served the maximum term of office or who had decided not to seek re-election. Dr Patrick pointed out that under the Health and Social Care Act, the Trust rather than Monitor would have responsibility for approving constitutional changes and therefore there may be scope to vary the governor terms of office at an Annual General Meeting in 2013.

Dr Patrick reported that the recent ministerial reshuffle which resulted in a new Secretary of State for Health meant that there was a degree of uncertainty about what this would mean for the implementation of the Government's health reforms. Dr Patrick reported that because of its specialist nature, the Trust currently contracted with around 25 PCTs and in future he expected that the Trust would contract with at least the same number of Clinical Commissioning Groups (CCGs). Dr Patrick pointed out that each CCG was taking a different approach and that some were much more advanced in their plans than others.

Dr Patrick reported that the Trust had been successful in bidding for additional CAMHS funding in Camden. The Trust had also won the tender to run the Children and Young People's Improving Access to Psychological Therapies Programme.

Ms James commented on the RiO project and stressed that it was important to have a system that staff found easy to use and which connected with other London Boroughs. Dr Patrick reported that connectivity was one of the reasons why the Trust had joined the RiO project but pointed out that because of the Trust's specialist nature, many of RiO's clinical record features such as in-patient beds etc, would not apply to the Trust and therefore it may be necessary to either customise the system or to partner with another organisation in order to best meet the requirements of the Trust.

The Board noted the Chief Executive's report.

7. Finance & Performance Report

The Finance and Performance report had been circulated. Mr Young, Director of Finance updated his report and said that the restructuring proposals had now been finalised and had been circulated to staff on

Monday, 10th September.

Mr Young confirmed that Monitor had given the Trust a finance rating of 4 for the 1st quarter of 2012/13 and explained that the increase from 3 to 4 was because the Trust currently had a greater surplus. It was noted that the surplus would decrease because of the redundancy costs associated with the restructuring of services.

Dr Patrick reported that the Trust had taken the strategic decision to undertake its major service redesign work over the course of one year rather than to spread it out over two to three years. Dr Patrick said that service redesign was labour intensive and created a high degree of uncertainty for staff. Providing there were no unforeseen significant financial pressures, Dr Patrick said that the Trust was on course to meet its savings targets for the next two to three years by the end of this financial year. This would mean that staff could then focus their attentions on growing and developing the work of the Trust.

AP4 Ms Burd asked when it would be appropriate for the Board to be informed about the outcome of service redesign and what it would mean for services on the ground. It was agreed that the Trust Director and the Director of CAMHS would be invited to attend the next Board of Governors meeting to discuss the impact of service redesign on clinical services and to explain how staff were working differently. This would also provide the new Governors with an opportunity to learn more about the work of the Trust.

The report was noted.

8. Governors' Reports

Professor Joughin reported that the Strategic Partnership Board between the Trust and the University of East London (UEL) was scheduled to meet on 18th October 2012. Professor Joughin reported the Strategic Partnership Board would meet three times a year and had established three work streams to look at curriculum and CPD development, Marketing and Research.

AP5 Ms Burd pointed out that with so many Governors leaving the Trust, it was important that the new Governors were encouraged to take up seats on the Trust's Committees as soon as practicable after taking up office.

9. Constitutional Amendments

A report by the Trust Secretary which set out a number of minor proposed constitutional amendments together with a summary of the Health and Social Care changes had been circulated. Ms Hill pointed that the Health and Social Care Act 2012 would require further changes to the Constitution when the relevant provisions in the Act came into force in the Spring. The provisions in the Act relating to changing the name of the Board of Governors to the "Council of Governors" and the removal of the private

AP6 patients cap would come into effect from October 2012 and these changes would be made at the Annual General Meeting on 10th October 2012. Dr Patrick agreed to circulate a copy of the Trust's principles in relation to non-NHS work.

The Board agreed the proposed constitutional amendments.

10. Governor Induction 2012

A paper setting out a draft induction programme for the new governors by the Assistant Trust Secretary had been circulated.

Following on from the previous agenda item, Ms Greatley pointed out that when the Health and Social Care Act came into force in spring 2013, Governors would have new duties, including a responsibility to hold Non-Executive Directors to account for the performance of the Trust. At this point in the proceedings, Ms Greatley asked the meeting to divide into three groups and to spend 15 minutes to have an informal discussion about what in practical terms "holding to account" may mean and what skills and resources governors will need in order to discharge their new responsibilities. Ms Greatley invited the Non-Executive Directors to participate in the discussions. The outcome of the discussions would be used to inform the induction programme for the new Governors.

11. Objectives

Mr Wilkes reported that the version of the Board of Governors' Objectives which had been circulated was a draft version and did not include all the changes that had been proposed by the Performance Committee. It was agreed that the Board of Governors' Objectives would be re-circulated for comment and the final version would be emailed.

AP7

12. Education and Training Report

A report by Mr Allen, Dean of Postgraduate Studies setting out an update on developments in education and training at the Trust had been circulated. Mr Allen pointed out that the report included feedback from the discussions at the joint Board of Directors and Board of Governors meeting in July.

Mr Allen reported on the new partnership landscape for health related education and training including the newly formed UCL Partners Academic Science Partnership and the Local Education and Training Boards which would be responsible for training doctors, nurses and other health professionals. Mr Allen pointed out that the new multi-disciplinary approach to education and training fitted into the Tavistock's strategic thinking.

Mr Allen reported that the current economic climate had resulted in fewer students signing up for short courses and a decrease in the number of

attendees at conferences. It was noted that the number of students self-financing had also increased and this was a reflection of the current economic climate.

Professor Joughin clarified section 10.1 of the report and pointed out that the Trust had “Highly Trusted Sponsor” status and that this meant that the United Kingdom Border Agency (UKBA) could turn up at any time and inspect the attendance of overseas students and it was Trust’s responsibility to ensure that its processes fully conformed to the UKBA’s requirements. Mr Allen confirmed that plans were in place to ensure that that the Trust was fully compliant with UKBA requirements.

Mr Allen was thanked for his report and the report was noted.

13. Service Report – City and Hackney Service Primary Care Psychotherapy Consultation Service

Mr Rock, Service Lead for the City and Hackney Primary Care Psychotherapy Consultation Service gave a presentation on the work of the service. Mr Rock explained that the service was GP led and had been developed to meet the needs of patients who repeatedly presented at GP surgeries with medically unexplained physical symptoms but who could be more effectively treated through therapeutic treatments. Mr Rock presented three cases studies to illustrate how the service worked in practice and reported that the clinical outcomes for patients who were referred to the service were good and led to a significant reduction in GP visits.

The Board thanked Mr Rock for his informative presentation.

14. Patient and Public Involvement Annual Report 2011-12

The Annual Report for Patient and Public Involvement by Dr Hodges had been circulated. Dr Hodges reported that this PPI would not be conducting an annual patient survey this year but would be concentrating on project work and mainstreaming Patient and Public Involvement into all aspect of the Trust’s work.

Ms Cooper reported that she had served on the PPI Committee and that she had been impressed by its work and it was essential that the new Governors were encouraged to take up seats on the Committee. Mr Wilkes echoed Ms Cooper’s comments and said that the work of PPI was central to the engagement work of Governors. Dr Hodges urged Governors to attend the Annual General Meeting on 10th October.

Council of Governors : December 2012

Item : 6

Title : Chief Executive's Report

Summary :

This paper covers the following items:

1. Introduction
2. NHS Mandate
3. Clinical Informatics
4. Local Education and Training Board
5. Anne Belter

For : Discussion

From : Chief Executive

Chief Executive Report

1. Introduction

- 1.1 Although many of us have already had a chance to meet, I would like to begin this report by welcoming our new governors to our newly named Council of Governors. Because our constitution only allows governors to stay for two terms of office, and because we have just reached that point in our cycle, an unusually high number of our public governors have had to leave and a correspondingly large number of you are new in role.
- 1.2 I think it is probably right to say that we are, in effect, a new council. We will have to learn how to work together, and find ways of ensuring that we can carry forward what we have learnt over the past six years into this new council. As such, our stakeholder governors and those public governors who have remained with us will be important carriers of culture.
- 1.3 So welcome. I look forward to working with you all, and please do feel that you can ask any questions that you would like to, either within council meetings or outside of these.

2. NHS Mandate

- 2.1 On Tuesday 13th November the Government published its first Mandate to the NHS National Commissioning Board (NCB). The NCB is the arm's length body responsible for the implementation of NHS policy and practice. The Mandate sets out government priorities for the NCB, and is the means by which the Board will be held to account. As such it is an important document that our Board members should be familiar with. I have highlighted some of the recommendations as they relate to mental health below.
- 2.2 The objectives in the Mandate focus on the role of the NHS in preventing ill-health, managing on going physical and mental health conditions, helping people recover from episodes of ill health, experience better care, as well as improving safety. These areas correspond to the NHS Outcomes Framework, which will be used to measure progress.
- 2.3 Mental health features strongly in the Mandate. A particular focus is ensuring parity between physical health and mental health.

- 2.4 The NCB will be required to measure waiting times for mental health services, and Clinical Commissioning Groups will be expected to address improved access to mental health services as a priority.
- 2.5 There is further support for the Improving Access to Psychological Therapies (IAPT) programme, with particular emphasis on Children and Young People's services, and services targeting those out of work.
- 2.6 The Mandate also states that by 2015 patients should be offered a choice of any qualified provider for both community and mental health services.
- 2.7 Dementia receives significant attention, the Government's aim being that the NHS diagnosis, treatment and care of people with Dementia should be amongst the best in Europe.
- 2.8 Patient centred care and supported self-management are also a focus, with an objective that the NHS improves at involving patients and their carers, empowering them to manage and make decisions about their own care and treatment. The creative use of new technologies and information in the management of long term conditions is also given special mention – of relevance to this Trust as we are at the leading edge of online mental health provision.
- 2.9 The Mandate also states that patients who could benefit will have the option to hold their own personal health budget, subject to the evaluation of the pilot programme, as a way to have more control over their care.
- 2.10 The Time to Change programme focused on reducing discrimination around mental illness is strongly supported, and there are a series of recommendations about developments in the management of mental health issues as they relate to the criminal justice system.
- 2.11 This first Mandate, with its strong focus on mental health, builds on the increasing focus on mental health in this country. As such I think it is to be welcomed.

3. Clinical Informatics

- 3.1 As highlighted above, the use of technology and information to support and empower people in relation to their health and ill health is one important area of cultural and societal development.
- 3.2 This links with the increasingly powerful impact that the consumer movement and social models of health are having on health services

and the way in which they are developed and delivered. Increasingly people expect to be working in active partnership with health care professionals around the management of illness when it arises. People increasingly expect to have access to their records, their outcome data, and to information that will support choice in relation to how they may best manage their conditions. This contrasts sharply with more traditional medical models of illness and health care service delivery.

- 3.3 Although undoubtedly complex, I think that these are positive developments and ones that we should very much be supporting. Our own PPI staff are working to embed user involvement within all areas of the Trust; our new outcome monitoring system is being designed to enable patient access; and the use and potential power of information and technology in transforming mental health services and the way in which we work is a key feature of the review of our IT and informatics strategy being led by Simon Young. Finally, I have been continuing to work with the Department of Health, the NHS Confederation, NHS Choices and other colleagues on the development of a national approach to e-mental health.

4. Local Education and Training Board

- 4.1 On Tuesday 20th November the North Central and East London Local Education and Training Board (NCEL LETB) will be holding its first meeting. From April 2013, the three London LETBs will take over the commissioning of healthcare education and training from the Strategic Health Authority and Deanery. These changes are a part of the current structural reorganisation of the NHS.
- 4.2 Professor Chris Fowler has now been appointed as the NCEL LETB Managing Director. Dame Christine Beasley has been appointed as Independent Chair. A positive engagement with UCL Partners and with the LETBs is important for all providers, and I will be representing mental health on the NCEL LETB and will be chairing the quality committee. As Governors will know, 50% of our activity relates to training and education.

5. Anne Belter

- 5.1 Lastly, it is with much sadness that I have to let the Board know about the death of Anne Belter. Anne died in the Royal Free Hospital over the weekend of the 10th of November after a short illness.

- 5.2 Anne was the main receptionist during the day for the Tavistock Centre for some 35 years, and as such was often our patients' first point of contact with the Trust. She was well known to many, both staff, students and patients, and will be much missed.
- 5.3 Although many of you are new, and will not have known Anne, we are a small organisation and you do need to know that losses such as this have a significant impact upon the people who work here.
- 5.4 Our thoughts are with Anne's family at this time, including Karen, one of her two daughters, who also works on reception for the Trust.

Dr Matthew Patrick
Chief Executive Officer
November 2012

Council of Governors : 6 December 2012

Item : 7

Title : Finance and Performance Report

Summary:

The Trust has implemented significant productivity savings in the current year, which have enabled us to slightly exceed the planned surplus (before restructuring costs) for the year-to-date.

Monitor's Financial Risk Rating was 3 on the basis of the Annual Plan. It rose to 4 for quarter 1, but is expected to return to 3 for quarter 2.

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

For : Information

From : Director of Finance

Finance and Performance Report

1. **Financial Planning and Reporting**

- 1.1 The NHS's financial year runs from 1 April to 31 March. The Board of Directors sets a *budget* at the end of March, for the year that is about to begin.
- 1.2 Each year, all Foundation Trusts are required to agree and send to Monitor, the NHS Foundation Trust regulator, by 31 May an *Annual Plan* which includes financial projections for three years. Our first year projection is usually the same as the budget already agreed in March.
- 1.3 Financial reports are provided to managers and to the Board of Directors each month. Actual results for the year-to-date are compared to the budget, and a forecast for the full year is given: this gives an opportunity to take action if necessary.
- 1.4 A financial report is presented at each meeting of the Council of Governors. This also covers, at summary level, the results year-to-date and the forecast for the full year.
- 1.5 Quarterly reports are sent to Monitor – see below.

2. **Compliance with Authorisation**

- 2.1 This Foundation Trust was authorised by Monitor 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. Further changes are being made as a result of the Health and Social Care Act 2012.
- 2.2 Monitor uses two rating mechanisms – the governance rating and the financial risk rating – to assess the risks that a Foundation Trust will breach its terms of authorisation or its statutory obligations. These two ratings are published five times a year: based on the Annual Plan submitted in May each year; and on the information the Trust provides quarterly.
- 2.3 The principles and details of the ratings are set out in the document “Compliance Framework 2012-13” published by Monitor². Some

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->

relatively minor changes have been made this year to the basis and calculations of both ratings.

- 2.4 The financial risk rating is on a scale of 1 to 5, based on a set of five ratios. Ratings of 3, 4 or 5 are considered satisfactory. Foundation Trusts with a rating of 1 or 2 are required to present further information including a recovery plan, and to report monthly instead of quarterly until performance improves.
- 2.5 The governance rating is on a scale Green, Amber-green, Amber-red and Red. Again, a Foundation Trust not rated Green will be in further dialogue with Monitor.
- 2.6 Monitor’s ratings for our 2012 Annual Plan and for Quarter 1 have been in line with our expectations. The financial rating based on the Annual Plan was 3; but rose to 4 for Quarter 1 when our surplus increased. The ratings for Quarter 2 will be published shortly. Recent and current ratings are shown in the table below:

	2011/12 All 4 Qtrs	2012 Plan	2012/13 Quarter 1	2012/13 Quarter 2
Governance	Green	Green	Green	Green *
Financial Risk	3	3	4	3 *

* = expected ratings, based on our Quarter 2 performance

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

3. Productivity and Restructuring

- 3.1 The productivity programme is a key element of the Trust’s 2012 Annual Plan. Service redesign proposals have been developed and implemented during 2012/13, which will meet a significant part of the savings target for 2013/14 as well as the remaining target for the current year. Other changes included in the proposals, but to be implemented later, will deliver further savings.
- 3.2 The plan included a projected cost of £1.6m in 2012/13 for redundancy and early retirement costs as a result of these changes. 23 voluntary redundancies have been agreed since 1 April; and there have been 3 compulsory redundancies in specific services with reduced income and activity. The actual costs (see below) are expected to be close to budget.
- 3.3 These costs, which are classified as Restructuring, are excluded from Monitor’s calculation of the Trust’s financial ratios from the Income statement. However, they will have substantially reduced the Trust’s cash balance.

4. Income and Expenditure

- 4.1 Our plan – or budget – for 2012/13 was for a surplus (before restructuring costs) of £150k, or 0.44% of income. At the time the budget was set, substantial savings had already been identified, but a balance of £850k had yet to be found. On the other hand, the budget included a contingency reserve of £600k to cover shortfalls in income or in the savings plan.
- 4.2 Income has been slightly below plan in the first seven months of the year but expenditure was more significantly below. As a result, the Trust has achieved a surplus (before restructuring costs) of £566k to date.
- 4.3 The forecast for the remainder of the year takes account of a reduction in education and training income, and also allows for a small amount of development expenditure being authorised from reserves. As a result, the overall surplus (before restructuring costs) may reduce to £418k, which would still be ahead of plan.

Statement of Comprehensive Income

	2011/12 Final Accounts	2012/13 Plan	2012/13 Forecast	2012/13 Actual, 7 months
	£000	£000	£000	£000
Income	33,249	34,383	34,367	20,520
Expenditure	32,257	33,297	33,064	19,440
EBITDA *	992	1,086	1,303	1,080
Depreciation, Dividend and Interest	(861)	(935)	(885)	(514)
Surplus before Restructuring costs	131	151	418	566
Restructuring Costs ‡	(1,208)	(1,600)	(1,680)	(1,383)
Surplus/(Deficit) after Restructuring	(1,077)	(1,449)	(1,262)	(817)
EBITDA* as a % of income	3.0%	3.2%	3.8%	5.3%

* = Earnings before Interest, Tax, Depreciation and Amortisation

‡ = Excluded from calculation of financial risk ratings

- 4.4 The forecast includes unplanned income and expenditure of £0.3m on new projects which have been funded by commissioners during the year.
- 4.5 The savings target for the year has been met in full, through the productivity programme and other savings. However, some of the contingency reserve (see 4.1 above) will have been utilised to cover income being lower than plan in some areas.

5. Cash

- 5.1 The total in the Trust's bank accounts at 31 October was £2.6m, which was £2.2m higher than Plan; however, this included the temporary effect of a receipt of £1.0m which has to be paid out to other organisations in November.
- 5.2 The balance will reduce in the coming months as a result of paying the remaining redundancy costs. Cash balances are expected to reduce to £0.4m by 31 March 2013.
- 5.3 The Trust has a borrowing facility of £2.4m (approximately 1 month's operating costs) arranged with a bank. This is to ensure liquidity in the event of any short-term difficulty: e.g. delay in payments from our larger commissioners. We do not currently plan to use the facility.

6. 2012 Annual Plan – Objectives

- 6.1 The 2012 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.
- 6.2 A summary of the Plan was presented to the Board of Governors in June, and the key elements are published on Monitor's website.³
- 6.3 The Board of Directors at its October meeting has again reviewed the Assurance Framework which assesses the main risks to achieving the Plan objectives. As reported in section 3, good progress has been made in the productivity programme. No critical delays in other areas have been reported.
- 6.4 The Board of Directors with the Management Committee reviewed the progress on all key action plans at a conference in November, and this review will be reflected as we update our strategy and develop our Annual Plan for 2013.

³ Also in the Foundation Trust directory, at the same reference as for ¹ above.

Simon Young
Director of Finance
26 November 2012

Council of Governors: December 2012

Item : 9

Title : Introduction to CAMHS

Summary :

The Tavistock and Portman NHS Foundation Trust has a significantly large child and adolescent mental health service with over two hundred staff dedicated to working with children, adolescents and their families (CAMHS).

This report is for information only to accompany some case examples of our clinical work to be shared with the Governors. It outlines how the Directorate is organised, the services we provide and some of our current preoccupations and should be read alongside the CAMHS Directory of Services.

For : Information

From : Rita Harris, CAMHS Director

Introduction

The CAMHS Directorate provides a wide range of clinical services, teaching and training for the children's workforce, consultancy and research. Of these activities our clinical and education services are by far the largest. As recommended by the national service framework for children we have the full range of CAMHS professionals. Our staff group is fully multi-disciplinary and includes:-

- Psychiatry
- Child Psychotherapy
- Systemic Family Therapy
- Clinical and Educational Psychology
- Specialist Social Work
- Specialist Nursing

More recently as our services have grown and diversified we have also increased our staff group to include family support workers, drug and alcohol workers and primary mental health care workers.

We are very proud of the fact that our CAMHS are multi-modal, delivering contemporary evidence based services. We pay full attention to the NICE guidelines and practice based evidence.

Within our clinical services we have become a second wave of services to deliver Increased Access to Psychology Therapies for children and young people (IAPT) which will enhance our cognitive behaviour therapy offer to children, young people and families, put us in the forefront of future outcome monitoring proposals and facilitate our all-ready well developed user participation, particularly young people in the development of services. We have recently tendered successfully for the Family Nurse Partnership Training Unit (FNP) based currently at the Department of Health which is one of the most widely implemented evidence based programmes in the UK and has key relevance to multiple policy agendas, not only health but also youth offending education and social care.

How we are organised

The CAMHS directorate is headed by the CAMHS Director below which there are two clinical and one education training service line. With the successful tender of the Family and Nurse Partnership Unit this will become a fourth service line. Each service line is headed by an Associate Director. The services that fall under each of these service lines is represented in diagram 1.

The CAMHS Training Service Line

This is responsible for seventeen MA and Professional Doctorate programmes and an active CPPD and conference portfolio. In order to sustain training activity and maintain its distinctiveness and quality, we need to retain teaching premised on the model of the clinician-trainer.

The redesign of the management of training with Cluster Leads responsible for a group of trainings is creating a more efficient system of managing courses with clear reporting lines and accountability. It will also ensure teaching staff give the maximum amount of time to teaching and that administrative and management functions are held by a small group of individuals with capacity to do this work. The cluster arrangement will also encourage areas of integration and shared good practice.

The CAMHS Clinical Service Lines

There are two clinical service lines within CAMHS. These are as follows:-

Camden CAMHS

Camden CAMHS is a group of clinical teams and outreach clinicians which serve the 0-18 year old population of Camden, approximately 40,000 children. Via the outreach work they do the clinical teams receive referrals directly from the different agencies. They also receive referrals via a central system called Camden Joint Intake, which processes most of the GP referrals.

There are two generic community teams, one in the South of the Borough, based at St Pancras Hospital and Crowndale Health Centre, and one in the North, based in the Child and Family Department at the Tavistock Clinic. These teams are employed and managed by the Trust. Staff are drawn from the full range of clinical disciplines. Each community team provide outreach services in Secondary Schools and in Primary Care, as well as home visits when required. The objective is to provide an integrated service between the school, primary care and specialist services so that specialist services can be accessed speedily, in community settings, and with the minimum of bureaucracy. Referrals come directly to the community teams from education and primary care and from Camden Joint Intake.

The Refugee Team is a small specialist team based at the Child and Family Department which takes cases from Camden and further afield. The team consists of a small team of three WTE. There are strong community links with the Somali and Congolese communities in Camden.

There is also Child Protection and Looked After Children Team called Camden Multi Agency Liaison Team (MALT) which is staffed by Trust employees and Local Authority employees, and is jointly managed by the Trust and the Local Authority, with health taking the lead role. This team work with children subject to Child Protection Plans or who are Looked After in Care. Some of these children are subject to Care Proceedings. Referrals come directly to the team from Social Workers and from Camden Joint Intake.

Beyond this there is a Disability CAMHS Team called MOSAIC CAMHS which is managed by the Local Authority and PCT, but where the Trust employ the staff.

Camden CAMHS clinicians employed by the Trust are also present in the Integrated Early Years Service in Children's Centres around the borough, the Youth Offending Service, Pupil Referral Units, all the Special Schools in Camden, and Primary Schools (TOPS). Clinicians in these services pick up referrals directly from the multi-agency teams they work with.

Beyond Camden CAMHS, but of great significance to the overall service the population receive, are CAMHS teams at the Royal Free Hospital and at UCLH (provided by the Royal Free Acute Trust and Islington PCT respectively). There are also third sector services in Camden such as the Anna Freud Centre, the Brandon Centre (young person's counselling) and Families in Focus (Parenting).

This complex multi provider network is coordinated by a Single Point of Entry Service, called Camden Joint Intake. It is clinically led and receives referrals from General Practitioners and a wide constituency of other professions and also self-referrals. The referrals are passed on, as appropriate to the Camden CAMHS teams and also the Royal Free Hospital CAMHS, the Brandon Centre (a young person's Counselling Service) and the Anna Freud Centre. Families in Focus and UCLH are currently outside this system.

Although the Camden CAMHS Service covers the age range of 0-18, some referrals go to the Adolescent Department in the Tavistock, particularly patients who are in the transition to adulthood.

Developmental and Family Service Line

This is a multi-faceted service line that incorporates what was previously two service lines. These were the developmental service line which consists of four teams providing generic CAMHS for twenty-one contractual areas, specialist autism and learning and complex disabilities work and a community based drug and alcohol service for young people. More recently the service line for vulnerable children and young people which includes our specialist family drug and alcohol court service, Westminster Family Centre and the Fostering and Adoption and Kinship care services has been incorporated into this service line.

We have highly specialist services for the population of children who have suffered serious forms of maltreatment, including neglect, physical, sexual and emotional abuse. These range from specialised provision in partnership with local authorities for working with children and young people at the high level of need but not yet placed away from their families, through working with court processes to attending to the needs of those children looked after by local authorities. Our experience and skills in this area has resulted in our running the Family, Drug and Alcohol Court Service (FDAC), the only one of its kind in Europe and local authority children's centres in Westminster.

Day Unit

Our children's day unit which is a primary school, offering a full curriculum, with CAMH staff on site, also helps some of the most disturbed children. Our clinical services are outlined in diagram II

Other activities

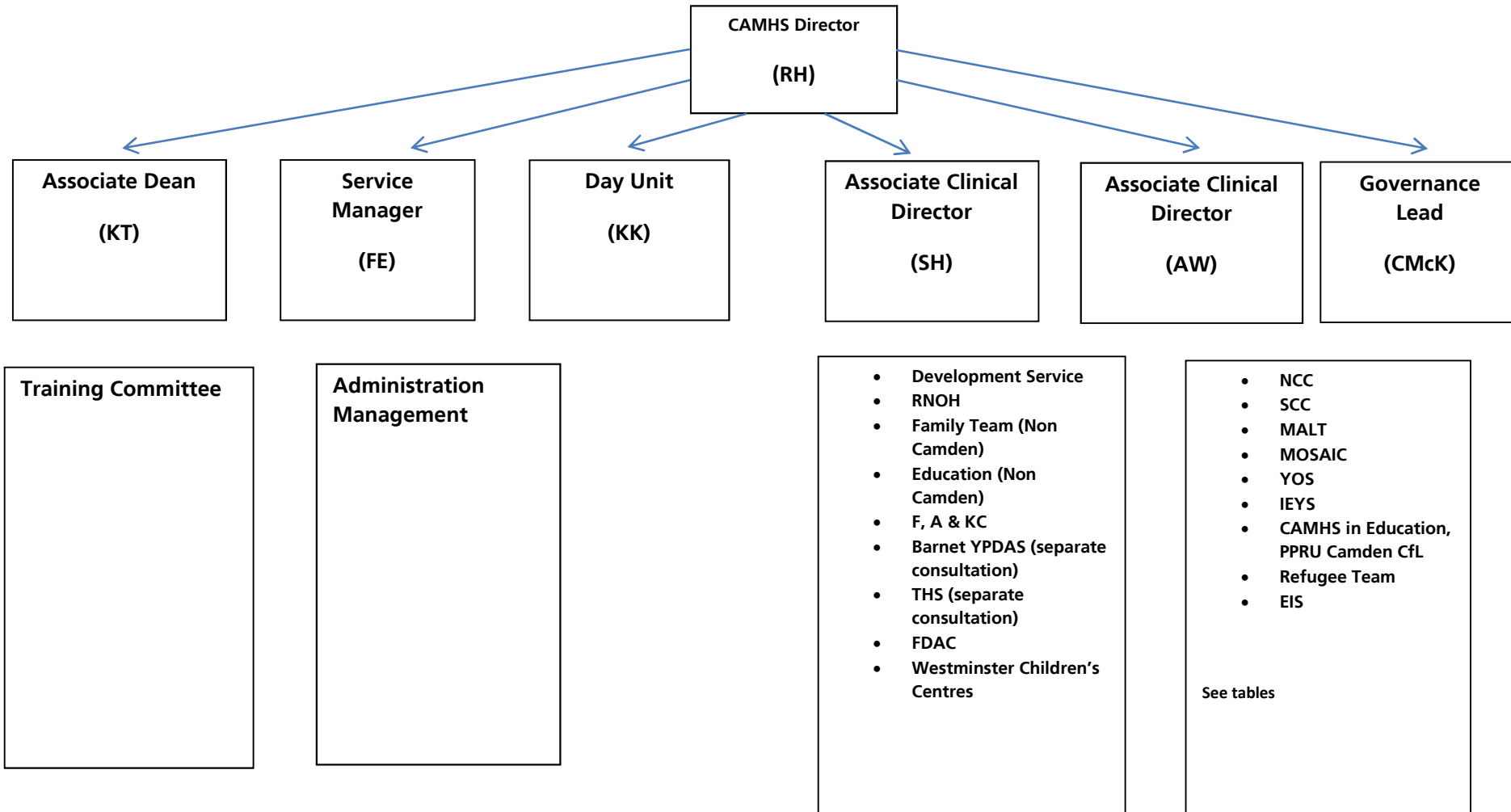
We are involved in several research studies, notably in relation to childhood depression and working with schools as whole communities. We are jointly, with SLAM, evaluating a capacity building project designed to enhance front line workers understanding, recognition and capacity to work with mental health issues in children, young people and their families.

Preoccupations

The pace of change in the public sector can be experienced as undermining of care professional values and expertise. We are continually concerned with and interested in how some of these may be maintained whilst recognising the need for the organisation to continue to evolve and develop.

Rita Harris
CAMHS Director
November 2012

Diagram I



KEY:

CfL: Centre for Learning

F,A&KC: Fostering, Adoption and Kinship Care Team

EIS: Early Intervention Service for Psychosis

IEYS: Integrated Early Years' Service

MALT: Multi Agency Liaison Team

MOSAIC: Disability Service

FDAC: Family, Drug and Alcohol Court Service

NCC: North Camden CAMHS

PPRU: Primary Pupil Referral Unit

RNOH: Royal National Orthopaedic Hospital

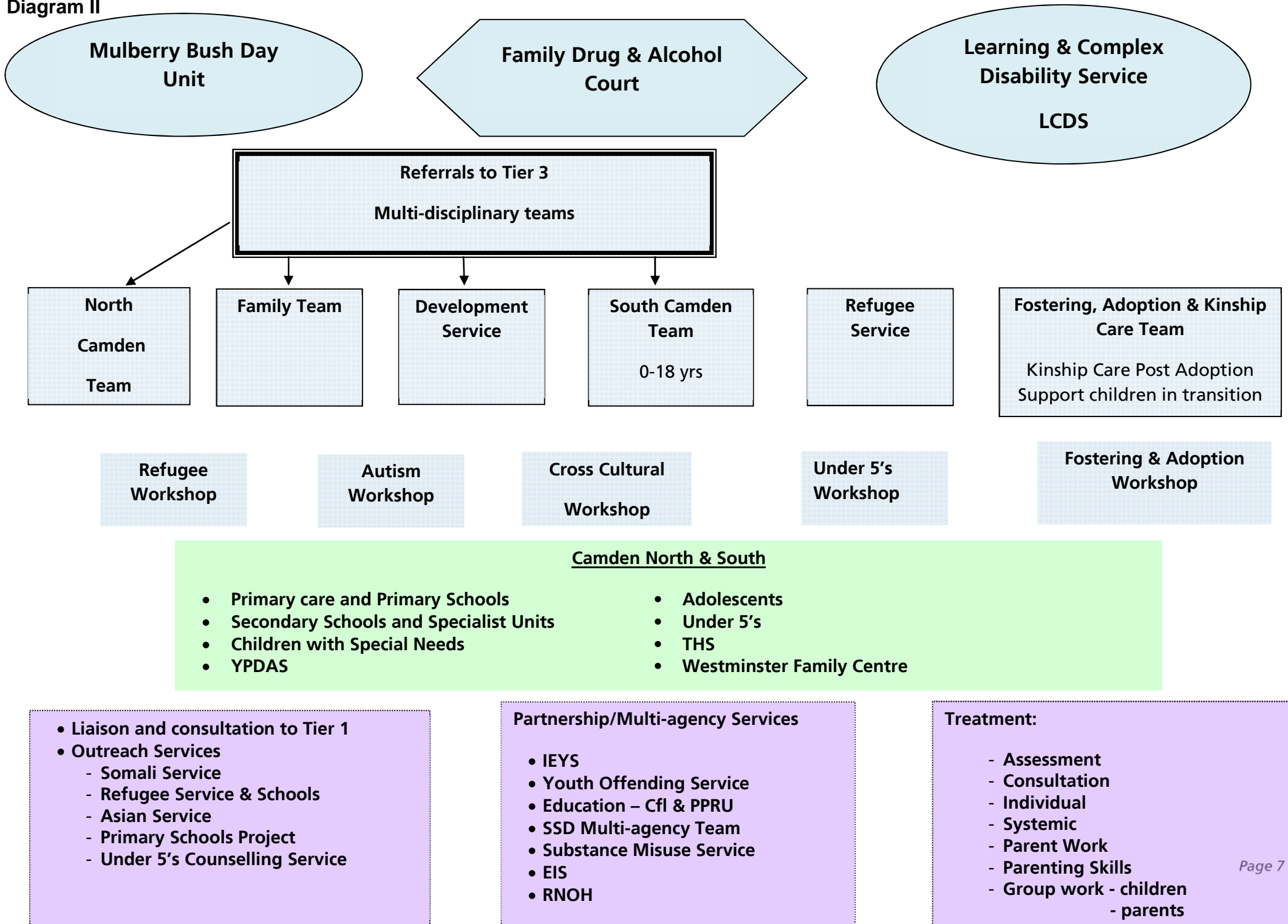
SCC: South Camden CAMHS

THS: Tavistock Haringey Service

YOS: Youth Offending Service

YPDAS: Young People's Drug and Alcohol Service

Diagram II



DIRECTORY OF SERVICES

Child and Adolescent Mental Health

2008





The Tavistock and Portman NHS Foundation Trust has the largest child and adolescent mental health service in the UK with over 200 staff dedicated to working with children, adolescents and their families.

As recommended by the National Service Framework for Children, we have the full range of CAMHS professionals. Our staff group, and each individual CAMHS team, contains a fully multidisciplinary group including:

- Psychiatry
- Child Psychotherapy
- Systemic Family Therapy
- Clinical and Educational Psychology
- Specialist Social Work
- Specialist Nursing

The staff are organised into geographically linked generic or specialist services. Why?

- Teams linked to a geographical area learn about all the services local to the area served, such as schools, voluntary and statutory services enabling good local links and networks organised around the child
- Our specialist services are able to build up a specialist area of knowledge and relevant skills and to develop research projects in their areas of expertise.

In these ways we are keeping at the forefront of child and adolescent mental health psychotherapy and family therapy treatments.

Adolescent Specific Services

- **Early Intervention Service (EIS)**

This service provides an emergency/fast response service in the Camden community for adolescents who are demonstrating evidence of early onset psychosis.

- **Transitions to Adulthood**

We are proud to offer a dedicated service to young people aged 14-21. Typically this age group are treated as either children or adults, but the distinction is not so clear cut psychologically and many young people present with difficulties specifically related to struggling with the transitions involved in this phase of life. Young people seen in the Department, can, if appropriate, continue with our services through to young adulthood. Our age range means that services can be offered to those not appropriate for adult services and those in transition from CAMHS. The Directorate makes use of the Youth and Young Adult Self Report Forms (based on the Child Behaviour Check List) as a means of regular outcome monitoring, regular audits and the carrying out of large and small scale research projects.

- **Young People's Consultation Service**

This self-referral service offers a series of four appointments, usually starting within two to three weeks of referral. The aim is to help young people get a clearer picture or understanding of the problems or difficulties one faces in today's world.



Autism/Asperger's Syndrome

We have a dedicated service for children on the autistic spectrum and their families. We have built up considerable experience in working with families, helping them to understand their children and the impact their child has had on their whole family, as well as with individual psychotherapy with the child. Our approach has been developed over the last twenty years through both research and clinical experience, and our service is dedicated to properly thinking about the whole family's needs not just the child. We have a strong users group of families who are keen to provide a testimony about our work and they are currently making bids for funding for a DVD to publicise our services from a user perspective.

Black Minority Ethnic Specialism (BME)

This service is aimed at young black and minority ethnic people and their families with mental health needs. Staffed by professionals who are themselves from minority communities or who have specialist cultural knowledge of these communities, these professionals work at the Trust as well as in schools to promote cultural competency across our services.

Other BME services which can be found under the Refugee Team include:

- Asian Service
- Congolese Service
- Somali Service



Child Protection

• Monroe Family Assessment Service

A newly refurbished service, the Monroe focuses on children and families with complex child protection issues. The Monroe's specialist team works with families where the children might be in complicated and sometimes threatening situations and helps these families find the best route to keeping the children safe. This service is also hosting Britain's first Family Drug and Alcohol Service.

• Camden Multi Agency Liaison Team (Camden MALT)

This is a specialist team of CAMHS staff and Camden local authority social workers who work with high need, hard to reach families where there are child protection concerns or when children or young people are looked after by Camden Local Authority. The team works very closely with Camden social work teams adding quality care plans.

Court Work

We are regularly commissioned by local authorities and solicitors to provide expert advice in child protection proceedings. We have a group of staff who have specialist experience in working within the following areas: alcohol and drug abuse, parents with learning disabilities, children with autism and special needs, as well as a range of more generic experience. Our staff are experienced in providing expert opinion in court and writing court reports.

Eating Disorders Service

An assessment and longer-term treatment service is available for young people with eating disorders (such as bulimia, anorexia nervosa, selective eating, or restrictive eating). The service is not appropriate for those who are chronically ill, but for those who can be managed as outpatients.

Education

• Gloucester House, Tavistock Children's Day Unit

Gloucester House is a place for children who have been excluded from school. Our staff work with the child and the family in order to try to re-integrate the children back into mainstream schools. Through a combination of school lessons and clinical work, the children are given the opportunity to face anxieties and frustrations which a normal school would not necessarily address. There are usually between 11-16 children between the ages of 6-14. There is not a minimum or maximum stay at Gloucester House. Additionally, the parents are very involved in the work the professionals are doing with the child, as well as helping to decide when it is time for the child to move on.

Fostering, Adoption and Kinship Care Team

The team provides a clinical service to looked after children, adolescents and their carers, adoptive families and children in the care of their extended families or friends either through special guardianship or kinship arrangements, as well as treatment for children in transition and post adoption work.

Comprehensive assessments may be followed by longer-term individual or family treatment, the aim of which is to care for the mental health of the child or adolescent, and to alleviate the problems faced by adoptive parents, carers and other family members. Working very closely with professional networks, a range of consultation, assessment and treatment packages are available.

Gender Identity Unit

This service has been developed to work with young people and their families where a child, adolescent or young person is struggling with their gender.



Learning and Complex Disability Service

This team works with people with disabilities such as borderline or learning disabilities which are not clearly defined, as well as those who have suffered brain injury, sensory or other neurological difficulties. Those who suffer from emotional difficulties such as depression, anxiety, relationship complications or behavioural problems will find this service very useful.

Parenting

- **Parents' Consultation Service**

This service offers a series of 4-6 appointments to parents/carers experiencing difficulties of various kinds in managing their parental role and where the young person is not being seen themselves. The aim of the PCS is to help parents/carers (whether as a couple or single parent) develop a new perspective on the difficult situations with which they are faced.

- **Adolescent Parenting Service**

Focusing on the parents of adolescents, this service concentrates on parents who feel they need guidance and support from an expert. Parent work can also be in conjunction with therapy for the adolescent. This work can be done in a one-on-one basis or in a group.

Refugee Team

Working with refugee, asylum seeking and traumatised immigrant children and families, we make extensive use of links with community workers, cultural advocates and interpreters. We have developed considerable expertise in working with dislocation, trauma and loss and in managing the complexities that beset these families, including the uncertainties of the asylum process. We work to create extensive assessments of children as well as their nuclear

and extended families and with the network that has been established around them. Engagement with a wide, complex network of agencies is an essential part of our work.

Trauma Service

This service facilitates those needing help following traumatic events, whether something specific, such as a road traffic accident, or whether a more chronic experience of trauma. This multi-modal service offers brief and longer term interventions, as appropriate, and offers specialist psychoanalytic and cognitive behavioural therapies.

Under 5's

We set this service up in recognition of the importance of prompt early intervention for families with babies and small children. Referrals include feeding and sleep difficulties, phobias, tantrums and disruptive behaviour, or separation difficulties. Families are referred where post-natal depression, bereavement, illness and other factors may interfere with early bonding and work is aimed at enhancing the quality of parent-infant, as well as parent-couple relationships. The service also offers support to parents having to cope with fertility problems, difficulties in pregnancy, miscarriage, premature or ill babies. Consultation to staff of nurseries and other day-care provision for infants and pre-school age children is also offered, including telephone consultations.



Ways of Working

Group Work

Different types of groups are often set up at the Tavistock in order to share concerns and work through problems together. We offer parents groups, child groups, parent and child groups as well as specialist groups such as a father's group. Groups emerge when the need arises and we are always open to suggestions for new groups.

Family Therapy

Family sessions are comprised of children, parents, and other family members who explore and understand how their family is working together and how each member deals with difficulties in the family. These sessions may be combined with individual therapy or couple therapy.

Psychotherapy

Individual psychotherapy consists of sessions with a therapist in order to look at ways of helping people to overcome stress, emotional problems, relationship problems or troublesome habits. Psychotherapy with children often includes a box of toys to play with or drawing materials to help the child communicate what is on their mind.

Consultancy

The Child and Family Directorate offers a range of consultancy work for individual professionals, teams and organisations working with children and young people. These include:

- Individual role consultation for professionals and managers in mental health, education, social services and voluntary sector settings
- Consultancy work with staff teams and organisations regarding integrated working and team building within and across agencies
- One-off or ongoing case discussion and consultation around cases or situations that may be difficult to manage - for individuals or teams

Getting in touch

Please contact us on any of the below information:

CAMH Service, Tavistock and Portman NHS Foundation Trust
120 Belsize Lane, London NW3 5BA
Phone: 020 7435 7111
Fax: 020 7447 3733
camhs@tavi-port.nhs.uk

We are officially open Monday – Friday, 8-6, but have after hours cover for clinical emergencies.

How to make a referral

CAMHS Intake, Tavistock and Portman NHS Foundation Trust
120 Belsize Lane, London NW3 5BA
Phone: 020 8928 2241
Fax: 020 7447 3733



Other Interesting Information:

Always learning

Whilst primarily providing a clinical service, we have also developed a range of professional and post graduate trainings in conjunction with several universities. This has a real advantage for our staff and services as we are obliged to keep up to date and to lead on developing appropriate treatments. We have a strong tradition of scholarship, the vast majority of our staff regularly publish articles, chapters and research papers in peer reviewed journals and books.

Cost

Our services are competitively costed, and we have a proven track record of providing high quality mental health services for children. We are based within an all age service, which means that we can draw on expertise in working with adults or parents ensuring that our services are properly tailored towards the whole family's needs.

Clinical Governance

We have a dedicated clinical governance team, whose role includes ensuring that our staff are familiar with the National Institute for Clinical Excellence (NICE) guidance for treatments of specific disorders, ensuring that our outcome monitoring systems are active, robust and provide detailed information about the value of our treatments.

Open to ideas

We believe in the value and importance of obtaining feedback from our service users and we have a strong patient and public involvement team, who ensure that children, adolescent and families have the opportunity to reflect on and feedback about their experiences with us. Our management team regularly receive feedback from service users and we have introduced changes as a direct result of feedback such as baby changing units available for fathers and different magazines in the waiting rooms.

Council of Governors : December 2012

Item : 10

Title : Governor Appointments to Committees & Groups

Purpose:

The purpose of this report is to provide Governors with details of vacancies on Trust committees, in order for them to become members of those committees and engage in the everyday work of the Trust.

Below is a list of vacancies, along with the responsibilities and areas of work each committee is involved in. Governors are asked to indicate vacancies that they would like to fill, in writing, prior to the meeting.

For : Approval

From : Terri Burns, Assistant Trust Secretary

Committee Vacancies and Governor Positions

1. Introduction

- 1.1 The Trust has various committees, each of which report up their work stream to report to the Board of Directors and provide information and guidance to the Council of Governors. The work of the committees is arranged in order to meet with internal and external deadlines, such as those from Monitor. Each committee has a Terms of Reference, which sets out how the committee is constituted, what it is responsible for and how often it will meet.
- 1.2 Trust groups are a less formal way of carrying out working within the Trust. They will work with those responsible for a certain area of work and contribute ideas, expertise and feedback to those carrying out the tasks.
- 1.3 The following committees have Governor vacancies available. Governors are asked to indicate which committees they would like to sit on. It may not be possible to guarantee everyone a place on all committees they have an interest in, however we will do our best to accommodate everyone's preferences. It may also be possible to swap vacancies after a period of time. Allocated vacancies will be presented at the meeting and Governors will be asked to approve the appointments.
- 1.4 As well as the committee vacancies there are also the positions of Lead Governor and Deputy Chair of the Council of Governors. Those that would like to hold either of these posts will be asked to give a brief explanation of why they think they would be suited to the role. The Governors will then be asked to vote anonymously via email after the meeting to make appointments.
- 1.5 Governors are also asked to approve the following provision;
 - 1.5.1 Notwithstanding the right of a future Council to make whatever appointments it sees fit, this Council agrees that during such time that Trust meetings occur after a term of office has finished, but before the Council has decided on its appointments for its current term, any governor that was previously appointed to a role, and has been re-elected, and is willing and able to continue in such a role, should continue to represent the Council in the interim.

2. Governor Positions

- 2.1 There are two Governor positions within the Trust. These are the roles of Lead Governor and Vice Chair of the Council of Governors.

2.2 Lead Governor

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

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

2.3 Vice Chair of the Council of Governors

2.3.1 The role of the Vice Chair of the Council of Governors was created by the Trust. The Vice Chair of the Council of Governors is a nominated Governor who liaises with the Trust Chair and the Trust Secretary about specific issues in relation to the Council of Governors, or in relation to specific Governor issues. The Vice Chair is involved in setting agendas, and also chairs Governor meetings when it is not appropriate for the Trust Chair or Deputy Trust Chair to do so. They may also convene informal working groups from time to time.

3. Governor Committee Vacancies

3.1 Non-Executive Director Appointment Committee

3.1.1 The Non-Executive Director Appointment Committee makes recommendations to the Council of Governors for candidates to be appointed as Non-Executive Directors (NEDs). The term of office for NEDs usually runs from 1st November to 31st October and lasts for three years. The next appointments will be made during 2013 for the term to begin on 1st November 2013. Details of the committee and its duties can be found at Appendix 1. There are four Governor vacancies on the committee.

3.2 Non-Executive Director Appraisal Committee

3.2.1 The Non-Executive Director Appraisal Committee agrees and approves the process of appraising NEDs. It will then agree whether or not that process has been followed correctly and makes an assurance to the Council of Governors accordingly. This process takes place annually. Details of the committee and its duties can be found at Appendix 2. There are three Governor vacancies on the committee.

3.3 Non-Executive Remuneration Committee

3.3.1 The Non-Executive Remuneration Committee will review the remuneration of both the Trust Chair and the NEDs. The committee will then make a recommendation to the Council of Governors on what level that remuneration should be set at and whether it should be amended. Both internal and external factors should be considered when carrying out the duties of the committee. This process takes place annually. Details of the committee and its duties can be found at Appendix 3. There are four Governor vacancies on the committee.

3.4 Trust Chair Appointment Committee

3.4.1 The Trust Chair Appointment Committee makes a recommendation to the Council of Governors, for a candidate to be appointed as Trust Chair. The current Trust Chair's term of office will run until 31st October 2015. This committee will not be constituted until the beginning of 2015, when the appointment process will start. Details of the committee and its duties can be found at Appendix 4. There are five Governor vacancies on the committee.

3.5 Trust Chair Appraisal Committee

3.5.1 The Trust Chair Appraisal Committee agrees and approves the process for the appraisal of the Trust Chair. It will then agree whether that process has been carried out correctly and make assurances to the Council of Governors accordingly. This process is carried out annually. Details of the committee and its duties can be found at Appendix 5. There are three Governor vacancies on the committee, one of which will be held by the Vice Chair who will chair the committee.

3.6 Council of Governors' Performance Committee

3.6.1 The Council of Governors' Performance Committee will assess the collective performance of the Council of Governors annually. It will then agree objectives for the Governors for the years, which will be presented to the Council of Governors for approval. Details of the

committee and its duties can be found at Appendix 6. There are four Governor vacancies on the committee.

4. Trust Committee and Group Vacancies

4.1 Clinical Quality, Safety & Governance Committee

4.1.1 The Clinical Quality, Safety & Governance Committee (CQSG) is a committee to advise and support the Executive Directors who lead on clinical and corporate governance, clinical quality and safety and to provide assurance to the Board of Directors that clinical quality, safety, and governance are being managed to high standards.

4.1.2 The Committee's primary duty is monitoring implementation of strategic priorities, providing assurance of compliance with regulatory requirements, and providing assurance that the Trust is providing best patient safety, governance and quality improvement practice. Where assurance of quality is not sufficient, or where unmitigated risk are identified, the Committee shall seek assurance that plans are in place to effect improvements.

4.1.3 The strategic priorities on which the committee focuses are; corporate governance and risk, clinical outcomes, clinical audit, patient & public involvement, patient safety & clinical risk, quality report and information governance.

4.1.4 The committee meets four times a year. There are two Governor vacancies on the committee.

4.2 Patient & Public Involvement (PPI) Committee

4.2.1 The Committee's primary duty is to oversee the Trust's management of patient and public involvement activity and to provide assurances to the CQSG committee that regulatory and other external requirements in relation to patient and public involvement are being met, and that the Trust adheres to its approved process for responding to PPI issues that arise in practice.

4.2.2 The committee seeks to raise the profile of PPI work across the Trust, co-ordinate that work, review patient information material, liaise and develop relationships with external groups and work towards recruitment and retention of members.

4.2.3 The committee reports to the CQSG committee. The PPI committee meets at least eight times a year, usually on the last Tuesday of a month. There are four Governor vacancies on the committee.

4.3 Equalities Committee

- 4.3.1 The Committee's primary duty is to develop a strategic framework for equality work for the Trust's workforce and in relation to the services it provides. Thereafter the committee takes responsibility for ensuring that management is implementing agreed strategy.
- 4.3.2 The committee leads on gathering relevant information, as part of the task of developing the Trust's Equality Strategy, Objectives and related plans of work.
- 4.3.3 The committee meets six times a year. There are two Governor vacancies on the committee, at least one of which should be filled by a public Governor.

4.4 Quality Working Group

- 4.4.1 The Quality Working Group is an informal group of Governors working with the Quality Lead and members of the Quality team. The overriding aim of the group is to ensure continuing high standards, as well as ensuring the annual Quality Report meets reporting standards and is accessible. Quality standards are set by external regulators, as well as those set internally by the Trust.
- 4.4.2 As the group is informal, it meets on an ad hoc basis. Any number of Governors can join this working group.

4.5 Gloucester House Steering Group

- 4.5.1 Gloucester House is also known as the Day Unit. It is a specialist school which provides treatment and education for up to 16 primary and early secondary aged children. Children who attend Gloucester House have complex and long-standing health and educational needs that cannot be met by their local community services. In addition to difficulties with their education (they may have been out of school for long periods of time, been receiving only part-time education, or have attended a local learning support or pupil referral unit) they may also be carrying other specific vulnerabilities. In many cases local child and adolescent mental health services or social services are also involved.
- 4.5.2 The Steering Group is involved in strategic planning for the school and development of a plan to meet their objectives in relation to the Trust. The group also ensures compliance with education regulations. It also carries out a review of risks.

4.5.3 The group meets quarterly. There is one Governor vacancy in the group.

4.6 Members' Newsletter Editorial Group

4.6.1 The Members' Newsletter Editorial Group is responsible for ensuring the newsletter is produced on time and to budget, twice annually. They identify stories and features to be included, ensuring the content is relevant to members.

4.6.2 The newsletter is intended as a method of communicating with all service users. Members are invited to contribute to the newsletter. This includes contribution from staff, patients and carers. Notices of meetings and events at the Trust are given, as well as publication of ways members can be involved in Trust activities.

4.6.3 The group meets on an ad hoc basis. There is one Governor vacancy available.

4.7 Design Group

4.7.1 The Design Group is a group of staff that is consulted on changes to the design and use of all areas of the Trust. It meets on an ad hoc basis and discusses issues such as for what purpose and how certain rooms and facilities should be used and ensuring signage throughout the Trust is clear and effective. There is one Governor vacancy in the group.

Terri Burns
Assistant Trust Secretary
November 2012

Appendix 1

Non-Executive Director Appointment Committee Terms of Reference

Ratified by:	Board of Governors
Date ratified:	11 th February 2010
Name of originator/author:	Trust Secretary
Name of responsible committee/individual:	Non-Executive Director Appointment Committee / Committee Chair
Date issued:	11 th February 2010
Review date:	February 2013

Non-Executive Director Appointment Committee Terms of Reference

1. Constitution

- 1.1 The Board of Governors hereby resolves to establish a Committee to be known as the Non-Executive Director Appointment Committee (the Committee). This Committee has no executive powers other than those delegated in these Terms of Reference.

2. Membership

- 2.1 Membership of the Committee shall be as follows:

2.1.1 Trust Chair (Committee Chair)

2.1.2 Up to four Governors, and where possible:

2.1.2.1 Two Public Governors

2.1.2.2 One Staff Governor

2.1.2.3 One Stakeholder Governor

2.1.3 One Non-Executive Director

2.1.4 One Executive Director

2.1.5 One independent advisor

- 2.2 At the discretion of the Committee Chair, other persons may be invited to attend and participate in Committee meetings. However, only members have the authority to vote and determine decisions on behalf of the Committee.

- 2.3 Appointments to the Committee shall be for a period of up to one year. Non-Executive Director members must remain independent.

- 2.4 No Non-Executive Director shall participate in discussions concerning their possible re-appointment, and should be temporarily replaced by a Non-Executive Director whose position is not currently subject to re-appointment.

3. Quorum

- 3.1 This shall be a minimum of four, including the Committee Chair and two Governors.

4. Frequency of meetings

- 4.1 The Committee shall meet at such times as the Committee Chair determines necessary.¹

5. Agenda & Papers

- 5.1 Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.
- 5.2 Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.

6. Minutes of the Meeting

- 6.1 The Committee Secretary will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.
- 6.2 Approved minutes will be forwarded to the Board of Governors for noting.

7. Authority

- 7.1 The Committee is authorised by the Board of Governors to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee through the Trust Secretary, and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain outside legal advice or other professional advice at the Trust's expense, and to secure the attendance of outsiders with relevant experience if it considers this necessary through the Trust Secretary.

¹The frequency of meetings will vary according to the needs of the Trust.

8. Duties

- 8.1 To give full consideration to succession planning for Non-Executive Directors.
- 8.2 To give full consideration to the balance of skills, knowledge and experience on the Board of Directors, in consultation with the Non-Executive Directors and Chief Executive.
- 8.3 To give full consideration to the challenges and opportunities facing the Trust, and what skills and expertise are therefore needed on the Board of Directors in the future.
- 8.4 To prepare a description of the role and capabilities required for a particular appointment, including an assessment of the time commitment in light of 8.2 and 8.3.
- 8.5 To be responsible for identifying and nominating candidates to fill vacancies as and when they arise.
- 8.6 In identifying suitable candidates, the Committee shall:
 - 8.6.1 Use open advertising or the services of external advisors to facilitate the search;
 - 8.6.2 Consider candidates from wide range of backgrounds;
 - 8.6.3 Consider candidates on merit and against objective criteria, taking care that appointees have enough time available to devote to the position; and
 - 8.6.4 Consult Non-Executive Directors and the Chief Executive on shortlisted candidates.
- 8.7 To agree appropriate interview panels and interview candidates if required.
- 8.8 To consider interviewed candidates and recommend no more than two candidates to the full Board of Governors for appointment.
- 8.9 Non-Executive Directors should be appointed for an initial term of office of three years, and may be re-appointed for a second term of office of three years. No Non-Executive Director may serve for longer than seven years.

- 8.10 When considering any re-appointment, the Trust Chair should confirm to the Committee that, following a formal appraisal, the performance of the individual proposed for re-appointment continues to be effective.
- 8.11 When considering any re-appointment, the Committee should give due regard to the balance of skills, knowledge and experience on the Board of Directors and to the challenges and opportunities facing the Trust.
- 8.12 The Committee shall also make recommendations to the Board of Governors concerning:
- 8.12.1 Formulating plans for succession of Non-Executive Directors;
 - 8.12.2 Any matters relating to the continuation in office of a Non-Executive Director at any time, including the suspension or termination of service.

9. Other Matters

- 9.1 At least once a year the Committee shall review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Governors for approval.

10. Sources of Information

- 10.1 The Committee will receive and consider information from the Non-Executive Director Appraisal & Remuneration Committee, and from the Independent Advisor. The Committee will receive and consider sources of information from any relevant individual or department.

11. Reporting

- 11.1 The Committee shall report formally to the Board of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 11.2 The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Governors for noting. The Committee Chair shall draw the attention of the Board of Governors to any issues in the minutes that require disclosure or executive action.

- 11.3 The Committee shall make whatever recommendations to the Board of Governors it deems appropriate on any area within its remit or where action or improvement is needed.
- 11.4 The Committee Chair shall attend the Annual General Meeting (AGM) prepared to respond to any Member's questions on the Committee's activities.
- 11.5 The Committee Chair shall make a statement in the Trust's Annual Report about the activities of the Committee, the process used to make appointments, and explain if external advice or open advertising was not used.

12. Support

- 12.1 The Committee will be supported by a Secretary from the Trust Secretary's team.

Appendix 2

Non-Executive Director Appraisal Committee Terms of Reference

Ratified by:	Board of Governors
Date ratified:	11 th February 2010
Name of originator/author:	Trust Secretary
Name of responsible committee/individual:	Non-Executive Director Appraisal Committee / Committee Chair
Date issued:	11 th February 2010
Review date:	February 2013

Non-Executive Director Appraisal Committee Terms of Reference

13. Constitution

13.1 The Board of Governors hereby resolves to establish a Committee to be known as the Non-Executive Director Appraisal Committee (the Committee). This Committee has no executive powers other than those delegated in these terms of reference.

14. Membership

14.1 Membership of the Committee shall be as follows:

14.1.1 Trust Chair (Committee Chair)

14.1.2 Up to three Governors, and where possible:

14.1.2.1 One Public Governor

14.1.2.2 One Staff Governor

14.1.2.3 One Stakeholder Governor

14.1.3 Independent Advisor x 1 (in attendance)

14.1.4 Trust Secretary (in attendance)

14.2 At the discretion of the Committee Chair, other persons may be invited to attend and participate in Committee meetings. However, only members have the authority to vote and determine decisions on behalf of the Committee.

14.3 Appointments to the Committee shall be for a period of up to three years, which may be extended for one further three-year period.

15. Quorum

15.1 This shall be a minimum of three, including the Committee Chair and two Governors.

16. Frequency of meetings

16.1 The Committee shall meet at least once a year to discuss Non-Executive Director appraisals, and at least once a year to discuss Non-Executive Director remuneration, and at such times as the Committee Chair determines necessary.

17. Agenda & Papers

17.1 Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.

17.2 Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.

18. Minutes of the Meeting

18.1 The Committee Secretary will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.

18.2 Approved minutes will be forwarded to the Board of Governors for noting.

19. Authority

19.1 The Committee is authorised by the Board of Governors to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee through the Trust Secretary, and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain outside legal advice or other professional advice at the Trust's expense, and to secure the attendance of outsiders with relevant experience if it considers this necessary through the Trust Secretary.

20. Duties

20.1 The Committee should take the lead on agreeing a process for the appraisal of Non-Executive Directors with the Trust Chair.

- 20.2 The Trust Chair should undertake appraisals of Non-Executive Directors in line with the process agreed by the Committee.
- 20.3 The Committee should meet to ensure that the agreed process for the appraisal of Non-Executive Directors has been followed.
- 20.4 The Trust Chair should present the outcome of the appraisals to the Board of Governors at a general meeting.
- 20.5 The Committee should assure the Board of Governors on the process undertaken for the appraisal.

21. Other Matters

- 21.1 At least once a year the Committee shall review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Governors for approval.

22. Sources of Information

- 22.1 The Committee will receive and consider sources of information from any relevant individual or department.

23. Reporting

- 23.1 The Committee shall report formally to the Board of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 23.2 The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Governors for noting. The Committee Chair shall draw the attention of the Board of Governors to any issues in the minutes that require disclosure or executive action.
- 23.3 The Committee shall make whatever recommendations to the Board of Governors it deems appropriate on any area within its remit or where action or improvement is needed.
- 23.4 The Committee Chair shall attend the Annual General Meeting (AGM) prepared to respond to any Member's questions on the Committee's activities.

23.5 The Committee Chair shall make a statement in the Trust's Annual Report about the activities of the Committee, the process used to make appointments, and explain if external advice or open advertising was not used.

23.6 The Committee shall make itself available to the Non-Executive Director Appointment Committee should that Committee require its input whenever any discussion of the re-appointment of a Non-Executive Director takes place.

24. Support

24.1 The Committee will be supported by a Secretary from the Trust Secretary's team.

Appendix 3

Non-Executive Remuneration Committee Terms of Reference

Ratified by:	Board of Governors
Date ratified:	11 th February 2010
Name of originator/author:	Trust Secretary
Name of responsible committee/individual:	Non-Executive Remuneration Committee / Committee Chair
Date issued:	11 th February 2010
Review date:	February 2013

Non-Executive Remuneration Committee Terms of Reference

25. Constitution

25.1 The Board of Governors hereby resolves to establish a Committee to be known as the Non-Executive Remuneration Committee (the Committee). This Committee has no executive powers other than those delegated in these terms of reference.

26. Membership

26.1 Membership of the Committee shall be as follows:

26.1.1 Trust Chair (Committee Chair)

26.1.2 Deputy Trust Chair (Deputy Committee Chair)

26.1.3 Up to four Governors, and where possible:

26.1.3.1 Two Public Governors

26.1.3.2 One Staff Governor

26.1.3.3 One Stakeholder Governor

26.1.4 Independent Advisor x 1 (in attendance)

26.1.5 Trust Secretary (in attendance)

26.2 At the discretion of the Committee Chair, other persons may be invited to attend and participate in Committee meetings. However, only members have the authority to vote and determine decisions on behalf of the Committee.

26.3 Appointments to the Committee shall be for a period of up to three years, which may be extended for one further three-year period.

27. Quorum

27.1 This shall be a minimum of three, including the Committee Chair and two Governors.

28. Frequency of meetings

28.1 The Committee shall meet at least once a year, and at such times as the Committee Chair determines necessary.

29. Agenda & Papers

29.1 Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.

29.2 Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.

30. Minutes of the Meeting

30.1 The Committee Secretary will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.

30.2 Approved minutes will be forwarded to the Board of Governors for noting.

31. Authority

31.1 The Committee is authorised by the Board of Governors to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee through the Trust Secretary, and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain outside legal advice or other professional advice at the Trust's expense, and to secure the attendance of outsiders with relevant experience if it considers this necessary through the Trust Secretary.

32. Duties

32.1 Review the remuneration of the Trust Chair on an annual basis

32.2 In considering Trust Chair remuneration, the Committee should:

- 32.2.1 Recognise that levels of remuneration should reflect the time commitment and responsibilities of the Trust Chair role.
 - 32.2.2 Recognise that levels of remuneration should be sufficient to attract, retain and motivate a Trust Chair of the quality required to run the Trust, but avoid paying more than is necessary for this purpose.
 - 32.2.3 Be sensitive to pay and employment conditions internal and external to the Trust, considering market rates and other variables.
- 32.3 The Committee should give consideration to consulting external professional advisors to market test the remuneration levels of the Trust Chair every three years, and/or whenever it intends to make a significant change to remuneration.

33. Other Matters

- 33.1 At least once a year the Committee shall review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Governors for approval.

34. Sources of Information

- 34.1 The Committee will receive and consider sources of information from any relevant individual or department.

35. Reporting

- 35.1 The Committee shall report formally to the Board of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 35.2 The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Governors for noting. The Committee Chair shall draw the attention of the Board of Governors to any issues in the minutes that require disclosure or executive action.
- 35.3 The Committee shall make whatever recommendations to the Board of Governors it deems appropriate on any area within its remit or where action or improvement is needed.

35.4 The Committee Chair shall attend the Annual General Meeting (AGM) prepared to respond to any Member's questions on the Committee's activities.

35.5 The Committee Chair shall make a statement in the Trust's Annual Report about the activities of the Committee, the process used to make appointments, and explain if external advice or open advertising was not used.

35.6 The Committee shall make itself available to the Trust Chair Appointment Committee should that Committee require its input whenever any discussion of the re-appointment of the Trust Chair takes place.

36. Support

36.1 The Committee will be supported by a Secretary from the Trust Secretary's team.

Appendix 4

Trust Chair Appointment Committee Terms of Reference

Ratified by:	Board of Governors
Date ratified:	11 th February 2010
Name of originator/author:	Trust Secretary
Name of responsible committee/individual:	Trust Chair Appointment Committee / Committee Chair
Date issued:	11 th February 2010
Review date:	February 2013

Trust Chair Appointment Committee Terms of Reference

37. Constitution

37.1 The Board of Governors hereby resolves to establish a Committee to be known as the Trust Chair Appointment Committee (the Committee). This Committee has no executive powers other than those delegated in these Terms of Reference.

38. Membership

38.1 Membership of the Committee shall be as follows:

38.1.1 Senior Independent Director (Committee Chair)

38.1.2 Up to five Governors, and where possible:

38.1.2.1 Three Public Governors

38.1.2.2 One Staff Governor

38.1.2.3 One Stakeholder Governor

38.1.3 One Non-Executive Director

38.1.4 One Executive Director

38.1.5 One independent advisor

38.2 At the discretion of the Committee Chair, other persons may be invited to attend and participate in Committee meetings. However, only members have the authority to vote and determine decisions on behalf of the Committee.

38.3 Appointments to the Committee shall be for the duration of an appointment process. Non-Executive Director members must remain independent.

39. Quorum

39.1 This shall be a minimum of four, including the Committee Chair and two Governors.

40. Frequency of meetings

40.1 The Committee shall meet at such times as the Committee Chair determines necessary.²

41. Agenda & Papers

41.1 Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.

41.2 Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.

42. Minutes of the Meeting

42.1 The Committee Secretary will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.

42.2 Approved minutes will be forwarded to the Board of Governors for noting.

43. Authority

43.1 The Committee is authorised by the Board of Governors to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee through the Trust Secretary, and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain outside legal advice or other professional advice at the Trust's expense, and to secure the attendance of outsiders with relevant experience if it considers this necessary through the Trust Secretary.

44. Duties

44.1 To give full consideration to succession planning for the Trust Chair.

²The frequency of meetings will vary according to the needs of the Trust.

- 44.2 To give full consideration to the balance of skills, knowledge and experience on the Board of Directors, in consultation with the Non-Executive Directors and Chief Executive.
- 44.3 To give full consideration to the challenges and opportunities facing the Trust, and what skills and expertise are therefore needed on the Board of Directors in the future.
- 44.4 To prepare a description of the role and capabilities required for a particular appointment, including an assessment of the time commitment in light of 8.2 and 8.3, recognising the need for availability in the event of emergencies.
- 44.5 To be responsible for identifying and nominating candidates to fill vacancies as and when they arise.
- 44.6 In identifying suitable candidates, the Committee shall:
- 44.6.1 Use open advertising or the services of external advisors to facilitate the search;
 - 44.6.2 Consider candidates from wide range of backgrounds;
 - 44.6.3 Consider candidates on merit and against objective criteria, taking care that appointees have enough time available to devote to the position; and
 - 44.6.4 Consult Non-Executive Directors and the Chief Executive on shortlisted candidates.
- 44.7 To agree appropriate interview panels and interview candidates if required.
- 44.8 To consider interviewed candidates and recommend no more than two candidates to the full Board of Governors for appointment.
- 44.9 The Trust Chair should be appointed for an initial term of office of three years, and may be re-appointed for a second term of office of three years. The Trust Chair may not serve for longer than seven years.
- 44.10 When considering any re-appointment, the Senior Independent Director should confirm to the Committee that, following a formal appraisal, the performance of the Trust Chair continues to be effective.
- 44.11 When considering any re-appointment, the Committee should give due regard to the balance of skills, knowledge and experience on the Board of Directors and to the challenges and opportunities facing the Trust.

44.12 The Committee shall also make recommendations to the Board of Governors concerning:

44.12.1 Formulating plans for succession of the Trust Chair;

44.12.2 Any matters relating to the continuation in office of the Trust Chair at any time, including the suspension or termination of service.

45. Other Matters

45.1 At least once a year the Committee shall review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Governors for approval.

46. Sources of Information

46.1 The Committee will receive and consider information from the Trust Chair Appraisal & Remuneration Committee, and from the Independent Advisor. The Committee will receive and consider sources of information from any relevant individual or department.

47. Reporting

47.1 The Committee shall report formally to the Board of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.

47.2 The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Governors for noting. The Committee Chair shall draw the attention of the Board of Governors to any issues in the minutes that require disclosure or executive action.

47.3 The Committee shall make whatever recommendations to the Board of Governors it deems appropriate on any area within its remit or where action or improvement is needed.

47.4 The Committee Chair shall attend the Annual General Meeting (AGM) prepared to respond to any Member's questions on the Committee's activities.

47.5 The Committee Chair shall make a statement in the Trust's Annual Report about the activities of the Committee, the process used to make

appointments, and explain if external advice or open advertising was not used.

48. Support

48.1 The Committee will be supported by a Secretary from the Trust Secretary's team.

Appendix 5

Trust Chair Appraisal Committee Terms of Reference

Ratified by:	Board of Governors
Date ratified:	11 th February 2010
Name of originator/author:	Trust Secretary
Name of responsible committee/individual:	Trust Chair Appraisal Committee / Committee Chair
Date issued:	11 th February 2010
Review date:	February 2013

Trust Chair Appraisal Committee Terms of Reference

49. Constitution

49.1 The Board of Governors hereby resolves to establish a Committee to be known as the Non-Executive Director Appraisal Committee (the Committee). This Committee has no executive powers other than those delegated in these terms of reference.

50. Membership

50.1 Membership of the Committee shall be as follows:

50.1.1 Deputy Chair of the Board of Governors (Committee Chair)

50.1.2 Two additional Governors

50.1.3 Independent Advisor x 1 (in attendance)

50.1.4 Trust Secretary (in attendance)

50.2 At the discretion of the Committee Chair, other persons may be invited to attend and participate in Committee meetings. However, only members have the authority to vote and determine decisions on behalf of the Committee.

50.3 Appointments to the Committee shall be for a period of up to three years, which may be extended for one further three-year period.

51. Quorum

51.1 This shall be a minimum of three, including the Committee Chair and two Governors.

52. Frequency of meetings

52.1 The Committee shall meet at least once a year to discuss Non-Executive Director appraisals, and at least once a year to discuss Non-Executive Director remuneration, and at such times as the Committee Chair determines necessary.

53. Agenda & Papers

53.1 Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.

53.2 Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.

54. Minutes of the Meeting

54.1 The Committee Secretary will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.

54.2 Approved minutes will be forwarded to the Board of Governors for noting.

55. Authority

55.1 The Committee is authorised by the Board of Governors to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee through the Trust Secretary, and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain outside legal advice or other professional advice at the Trust's expense, and to secure the attendance of outsiders with relevant experience if it considers this necessary through the Trust Secretary.

56. Duties

56.1 The Committee should take the lead on agreeing a process for the appraisal of Trust Chair with the Senior Independent Director.

56.2 The Committee should commission the Senior Independent Director to undertake appraisals of the Trust Chair in line with the process agreed by the Committee.

56.3 The Committee should meet with the Senior Independent Director to ensure that the agreed process for the appraisal of the Trust Chair has been followed.

56.4 The Senior Independent Director should present the outcome of the appraisal to the Board of Governors at a general meeting.

56.5 The Committee should assure the Board of Governors on the process undertaken for the appraisal.

57. Other Matters

57.1 At least once a year the Committee shall review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Governors for approval.

58. Sources of Information

58.1 The Committee will receive and consider sources of information from any relevant individual or department.

59. Reporting

59.1 The Committee shall report formally to the Board of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.

59.2 The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Governors for noting. The Committee Chair shall draw the attention of the Board of Governors to any issues in the minutes that require disclosure or executive action.

59.3 The Committee shall make whatever recommendations to the Board of Governors it deems appropriate on any area within its remit or where action or improvement is needed.

59.4 The Committee Chair shall attend the Annual General Meeting (AGM) prepared to respond to any Member's questions on the Committee's activities.

59.5 The Committee Chair shall make a statement in the Trust's Annual Report about the activities of the Committee, the process used to make appointments, and explain if external advice or open advertising was not used.

59.6 The Committee shall make itself available to the Trust Chair Appointment Committee should that Committee require its input whenever any discussion of the re-appointment of the Trust Chair takes place.

60. Support

60.1 The Committee will be supported by a Secretary from the Trust Secretary's team.

Appendix 6

Board of Governors' Performance Committee Terms of Reference

Ratified by:	Board of Governors
Date ratified:	11 th February 2010
Name of originator/author:	Trust Secretary
Name of responsible committee/individual:	Board of Governors' Performance Committee / Committee Chair
Date issued:	11 th February 2010
Review date:	February 2013

Board of Governors Performance Committee Terms of Reference

61. Constitution

61.1 The Board of Governors hereby resolves to establish a Committee to be known as the Board of Governors' Performance Committee (the Committee). This Committee has no executive powers other than those delegated in these Terms of Reference.

62. Membership

62.1 Membership of the Committee shall be as follows:

62.1.1 Trust Chair (Committee Chair)

62.1.2 Up to four Governors, and where possible:

62.1.2.1 Two Public Governors

62.1.2.2 One Staff Governor

62.1.2.3 One Stakeholder Governor

62.2 At the discretion of the Committee Chair, other persons may be invited to attend and participate in Committee meetings. However, only members have the authority to vote and determine decisions on behalf of the Committee.

62.3 Appointments to the Committee shall be for a period of up to three years.

63. Quorum

63.1 This shall be a minimum of three, including the Committee Chair and two Governors.

64. Frequency of meetings

64.1 The Committee shall meet at least twice a year, and at such other times as the Committee Chair determines necessary.³

³The frequency of meetings will vary according to the needs of the Trust.

65. Agenda & Papers

- 65.1 Meetings of the Committee will be called by the Committee Chair. The agenda will be drafted by the Committee Secretary and approved by the Committee Chair prior to circulation.
- 65.2 Notification of the meeting, location, time and agenda will be forwarded to Committee members, and others called to attend, at least five days before the meeting. Supporting papers will also be sent out at this time. If draft minutes from the previous meeting have not been circulated in advance then they will be forwarded to Committee members at the same time as the agenda.

66. Minutes of the Meeting

- 66.1 The Committee Secretary will minute proceedings, action points, and resolutions of all meetings of the Committee, including recording names of those present and in attendance.
- 66.2 Approved minutes will be forwarded to the Board of Governors for noting.

67. Authority

- 67.1 The Committee is authorised by the Board of Governors to investigate any activity within its terms of reference. It is authorised to seek information it requires from any employee through the Trust Secretary, and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised to obtain outside professional advice at the Trust's expense, and to secure the attendance of outsiders with relevant experience if it considers this necessary through the Trust Secretary.

68. Duties

- 68.1 To assess the collective performance of the Board of Governors annually. In doing so, Governors should consider
- 68.1.1 How well the Board of Governors has discharged its responsibilities;
 - 68.1.2 Whether the Board of Governors has achieved its objectives;
 - 68.1.3 The impact of the Board of Governors on the Trust; and
 - 68.1.4 How well Governors have communicated with Members and Stakeholders.

- 68.2 The Committee should give consideration to canvassing the views of members of the Board of Governors in considering performance evaluation.
- 68.3 To agree specific objectives for the year for the Board of Governors. In doing so, the Committee should take into account:
- 68.3.1 The Trust's Annual Plan;
 - 68.3.2 The Board of Directors' Objectives;
 - 68.3.3 Whether the objectives are SMART (i.e. Specific, Measurable, Achievable, Realistic, and within a Timeframe).
- 68.4 The Committee should give consideration to canvassing the views of members of the Board of Governors in considering objectives.
- 68.5 The Committee should seek the consensus of the Trust Chair and Chief Executive on Governors' objectives.
- 68.6 To identify potential areas where the Board of Governors or individual Governors can improve their skills, knowledge and familiarity of the Trust, in order to fulfil their roles on the Board of Governors and/or in Committees.
- 68.7 The Committee should give consideration to canvassing the views of members of the Board of Governors in considering the developmental needs of the Board.

69. Other Matters

- 69.1 At least once a year the Committee shall review its own performance, constitution and terms of reference to ensure that it is operating at maximum effectiveness and recommend any changes it considers necessary to the Board of Governors for approval.

70. Sources of Information

- 70.1 The Committee will receive and consider sources of information from any relevant individual or department.

71. Reporting

- 71.1 The Committee shall report formally to the Board of Governors on its proceedings after each meeting on all matters within its duties and responsibilities.
- 71.2 The minutes of the Committee, once approved by the Committee, will be submitted to the Board of Governors for noting. The Committee Chair shall draw the attention of the Board of Governors to any issues in the minutes that require disclosure or executive action.
- 71.3 The Committee shall make whatever recommendations to the Board of Governors it deems appropriate on any area within its remit or where action or improvement is needed.
- 71.4 The Committee Chair shall attend the Annual General Meeting (AGM) prepared to respond to any Member's questions on the Committee's activities.

72. Support

- 72.1 The Committee will be supported by a Secretary from the Trust Secretary's team.

Council of Governors : December 2012

Item : 12

Title : Membership Report

Summary:

The report covers the following items:

1. Membership statistics
2. The Annual General Meeting 2012
3. Membership plans

For : Noting

From : Sally Hodges, Patient and Public Involvement Lead

Members Report

1. Public Membership Statistics^[1]

1.1 Distribution

Class	Public Members
Public: Camden	597
Public: Rest of London	3,218
Public: Rest of England & Wales	2,339

1.2 Gender Profile

Gender	Public Members
Male	1,251
Female	4,312
Unknown	591

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

1.3 Age Profile

Age	Number of Members
14-19 years	34
20-29 years	378
30-39 years	1,255
40-49 years	1,430
50-59 years	1,083
60-69 years	452
70-79 years	101
80+	29
Unknown	1,358

1.4 Ethnic Profile

Ethnicity	Public Members
White	2,579
Mixed	130
Asian or Asian British	183
Black or Black British	312
Other	192
Unknown	2,758

2. Annual General Meeting

^[1] The statistics presented here are for the public constituency only

2.1 To coincide with World Mental Health Day, the Trust held its Annual General Meeting on 10th October. The meeting was very well attended with a total of 76 attendees. This is an improvement on the previous year. Six of the newly elected staff and public governors attended the meeting and as this is one of the main forums for governor and member communication, it is hoped that more governors will attend next year's Annual General Meeting.

2.2 The main part of the meeting was given over to a presentation by the Barnet Young Peoples Drug and Alcohol Service. This is one of the services that we are commissioned to provide, and its unusual in that it is commissioned by the a local authority rather than Health. The team described their work on engaging young people in creative ways, including through film making and a running club. The presentation was contributed to by one of the service's users who spoke movingly about her experience of using the service and how the staff had supported both her and her parents.

3. Membership Plans 2012/13

3.1. We have a large number of new elected Governors and we would like to work with Governors to plan how to engage and communicate with the membership this year and would welcome ideas from Governors on this area.

3.2 We have a twice yearly membership newsletter, which we aim to include contributions from members and governors. We would like two governors to sit on the editorial committee for this news letter.

3.3. We aim to represent the trust at relevant external events, and through this process we recruit members. Last year we worked with Camden and Islington mental health trust on events for world mental health day and we had a stall in Islington at the 'Time to Change' road show.

3.4 We have been trying to engage younger members through a series of lectures for young people interested in careers in mental health, through the 'National Schools Tours' project. We have increased the numbers of members between 14 and 18 through this process.

Sally Hodges
Patient and Public Involvement Lead
November 2012

Council of Governors : December 2012

Item : 14

Title : Introduction to SAAMHS

Purpose:

This report provides the Board of Governors with a brief overview of the new Specialist Adult and Adolescent Mental Health Services (SAAMHS).

Governors are invited to request further information on any of the services provided by the SAAMHS Directorate.

For : Discussion

From : Louise Lyon, SAAMHS Director

Specialist Adult and Adolescent Mental Health Services

1. Introduction

- 1.1. The SAAMHS Directorate comprises one overall service line, subdivided into three service lines each containing a range of services and business units. These three are the Complex Needs Services, Specialist Services and SAAMHS Education and Training.
- 1.2. The Directorate is led by the SAAMHS Director, Louise Lyon and managed through a Management Team comprising the Associate Clinical Director of the Complex Needs Services, the Directors of the Portman Clinic and the Gender Identity Development Service, the Associate Dean and the SAAMHS Service Manager. The Management Team is also advised and supported by the SAAMHS Clinical Governance Lead, the heads of the clinical disciplines within SAAMHS, and members of the Finance and Commercial Directorates who join the Management Team on a monthly basis. A wider group is included in the monthly SAAMHS Strategy meeting with the Medical Director and the Trust Personality Disorder Lead.
- 1.3. The Directorate is the product of a process of integration of formerly separate services new structure is beginning to become established and to bear some fruit from the integration and clearer management systems. However, there is a continuing need to pay attention to the supporting the distinctive specialisms within the Directorate.
- 1.4. The Directorate's overall income is around £13m per year, with over half from clinical services and consultation, and the remainder from education and training including a relatively small income from research.

2. Education & Training

- 2.1. Education and Training is managed by the SAAMHS Associate Dean, Karen Partridge. Unfortunately, Karen Partridge is currently on sick leave, and so Agnes Bryan is our Acting Associate Dean.
- 2.2. Education and Training is separated into three clusters – Adult Psychotherapy, led by Marilyn Lawrence; Social Work and Social Care (the Lead position is currently vacant); and Applications, led by Lydia Hartland-Rowe.

3. Complex Needs Services

3.1. The Complex Needs Service is led and managed by the Associate Clinical Director, Marcus Evans. There are five clinical teams – two adolescents and young adult teams, led by Justine McCarthy Woods and Linda Young with Antje Netzer-Stein; two mood disorder teams, led by Jo Stubley and Michael Mercer, and one serious and severe team, led by Birgit Kleeberg. In addition, the Complex Needs Service also encompasses the Trust's MedNet service, a service for doctors and dentists led by Antony Garelick, City & Hackney Primary Care Psychotherapy Consultation Service, a GP-based psychotherapy service led by Brian Rock, and the Royal Free Pain Clinic led by François Louw.

4. Specialist Services

4.1. Specialist Services report directly to the SAAMHS Director.

4.2. The Portman Clinic is a specialist provider of forensic psychotherapy and consultation services, and is led by Stan Ruszczyński. The Service is for people who suffer from problems arising from their criminal or violent behaviour, or as a result of them acting on their sexual impulses which causes harm or damage to themselves or others.

4.3. The Gender Identity Development Service is a nationally commissioned service that sees children and young people (up to the age of 18) and their families who are experiencing difficulties in the development of their gender identity, and offers counselling to children of parents with transsexualism or other gender identity problems. The Service is led by Polly Carmichael.

4.4. The Big White Wall is a joint venture that provides a mental wellbeing service for people with psychological distress via an online platform. The Service combines social networking principles with a choice of clinically-informed interventions to improve mental wellbeing. The service is led on the Trust's side by Richard Graham. The service, which won the 2010 Guardian Public Service Award, has received funding from the Department of Health, the Ministry of Defence, and Help for Heroes to provide the service to armed forces veterans.

4.5. The Psychological Therapies Development Unit, headed by Alessandra Lemma, is aimed at facilitating the development of psychological interventions within the NHS, such as Interpersonal Therapy (IPT) and Dynamic Interpersonal Therapy (DIT). The service undertakes research in partnership with University College London and the University of Essex. The service is currently rolling out DIT

training with funding from IAPT (Improving Access to Psychological Therapies).

Louise Lyon
Trust Director
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