The Tavistock and Portman NHS

NHS Foundation Trust

# Board of Governors

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

2pm – 4pm
Thursday 3rd February 2011

Board Room
Tavistock Centre
120 Belsize Lane
London, NW3 5BA

# Board of Governors

2pm – 4pm, Thursday 3rd February 2011

# Agenda

## *Preliminaries*

1. **Chair's opening remarks**
   *Ms Angela Greatley, Trust Chair*

2. **Apologies for absence**

3. **Minutes of the previous meeting** — *(Minutes attached)* *For approval* *p.1*

4. **Matters arising** — *(Report attached)* *For noting* *p.7*

## *Reports & Finance*

5. **Trust Chair's Report** — *For noting*

6. **Chief Executive's Report** — *(Report attached)*
   *Dr Matthew Patrick, Chief Executive* — *For discussion* *p.8*

7. **Finance & Performance Report** — *(Report attached)*
   *Mr Simon Young, Director of Finance* — *For discussion* *p.15*

8. **Governors' Reports**
   *Governors* — *For noting*

## *Quality & Development*

9. **Annual Plan 2011** — *(Report attached)*
   *Mr Simon Young, Director of Finance* — *For discussion* *p.19*

   a. **Patient Services**

   b. **Education and Training**

   c. **Quality**

   d. **Productivity and Workforce**

10. **Annual Plan 2011: Membership** — *(Report attached)*
    *Dr Sally Hodges, PPI & Communications Lead* — *For discussion* *p.26*
    *Miss Louise Carney, Trust Secretary*

11. **Trust Chair Objectives** — *(Report attached)*
    *Ms Angela Greatley, Trust Chair* — *For noting* *p.36*

## *Conclusion*

### 12. Any other business

### 13. Notice of future meetings

Tuesday 22nd February : Board of Directors
Tuesday 29th March : Board of Directors
Thursday 28th April : Board of Directors
Thursday 5th May : Board of Governors
Tuesday 24th May : Board of Directors
Tuesday 28th June : Board of Directors
Tuesday 26th July : Board of Directors
Thursday 15th September : Board of Governors
Tuesday 27th September : Board of Directors
Tuesday 25th October : Board of Directors
Tuesday 29th November : Board of Directors
Thursday 1st December : Board of Governors

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

# Outstanding Action Part 1



| No. | Originating Meeting | Agenda Item | Action Required | Director / Manager | Due Date |
|---|---|---|---|---|---|
| 1 | Feb-10 | 10. Lead Governor | Holder of Lead Governor role to be reviewed annually | Board of Governors | Feb-11 |

# Board of Governors : February 2011

**Item** : 6

**Title** : Chief Executive Report

**Summary :**

The report covers the following items:

1. Introduction
2. Health and Social Care Bill
3. White Paper Update
4. NHS Operating Framework
5. North Central London
6. Mental Health Strategy
7. RiO Admin Go Live
8. And Finally…

**For** : Discussion

**From** : Chief Executive

# Chief Executive Report

## 1. Introduction

1.1 In the paper that follows I have tried to set out the rapidly evolving plans for restructuring the NHS, alongside some of the more local impacts of the very difficult economic situation that the NHS is facing. These two are, of course, not wholly unrelated, as the implementation of NHS changes is currently being funded largely through PCT budgets.

1.2 The period since the December Board of Governors meeting has, for us, perhaps been most dominated by concerns around finance across the public sector; concerns about the financial position of the North Central Sector in particular and the implications of this for all organisations within the local health economy; and the implementation of changes within commissioning organisations locally, including the delivery of a 46% saving on management costs before April and the planned reorganisation of the sector PCTs with the creation of a single executive committee.

1.3 As a Trust we have been focused on the development of productivity plans including savings plans and on the contracting round now underway in relation to both our clinical service commissioners and our training commissioners and partners. As expected, contracting is particularly difficult this year in the light of real constraints on NHS and training and education budgets.

1.4 Clearly this is hard work for everyone across the sector and beyond. In addition many staff are wrestling with their strong loyalty to and feelings for the NHS alongside concerns and uncertainty they have about the possible impact of proposed changes.

## 2. Health and Social Care Bill

2.1 On Wednesday 19 January the Health and Social Care Bill was introduced into Parliament. The Bill sets out in detail the manner in which the changes proposed in the white paper will be implemented.

2.2 The Bill will create the new NHS Commissioning Board which will hold significant powers over commissioning consortia - including setting standards for their creation, directing them, having them taken over and potentially abolishing individual consortia altogether. The board will be able to hire and terminate the

contracts of their accountable officers, as well as having extensive leeway in supporting them financially.

2.3 In relation to commissioning consortia - which will take on responsibility for the majority of NHS services - the bill includes requirements for how they should be run and governed, including details of their relationships with council-led local health and wellbeing boards, and the makeup and power of those boards.

2.4 The Bill presents providers with a mixture of new freedoms and possible restraints. The private patients cap is removed, and Foundation Trusts are given greater freedoms to merge with or acquire other providers. A merger between two foundation trusts will require only the agreement of the majority of both organisations' governors – rather than having to de-authorise and re-apply to Monitor as at present.

2.5 The Bill also addresses the role of Monitor within the new system. Monitor has strongly supported the Government's proposals to move to a more devolved system for the NHS, with increased competition in healthcare, as set out in the Bill. The Bill proposes that Monitor takes on the role of independent economic regulator for all health and adult social care in England. As the economic regulator, Monitor would have four main roles:

- Licensing providers;
- Price setting;
- Promoting competition; and
- Supporting service continuity.

2.6 In addition Monitor will have an ongoing and important role in regulating foundation trusts during the transition period.

2.7 Department of Health notes accompanying the Bill suggest that the Bill will end Health Secretaries' "general power of direction" over the NHS. However, it has been argued that Health Secretaries will be able to significantly shape the NHS through areas left to future regulations. They will also retain specified extensive levers including directing Monitor - and through it providers; deciding what is commissioned by the NHS Commissioning Board; and directing local authorities' over public health.

2.8 The Department of Health's impact assessment for the reforms showing the estimated cost, benefit and risk - includes the concern that the transition could mean NHS staff losing focus on patients. It also suggests that the reforms are likely to cost £1.2bn over the next two years.

2.9 Many of you will have been aware that very significant concern has been expressed about the scale and pace of structural reorganisation of the NHS at a time of such tremendous financial pressure by a number of organisations, including the British Medical Association, the Royal College of Nursing and the Kings Fund.

**3. White Paper Update**

3.1 In December, 54 'pathfinder' GP Consortia were named. The Department of Health's plan is that these pathfinders will test different design concepts and identify issues and potential problem areas in the new commissioning structure.

3.2 The North West is the region with the largest number of pathfinder consortia with 12 and there are eight from both East of England and London. The consortia range in size from one consisting of just two practices and covering around 23,000 patients to the one in Somerset which covers 75 GP practices and a population of over half a million.

3.3 NHS London has contracted a KPMG-led partnership to support consortia development within London. It will also support development of London's pathfinder consortia. NHS London expects to announce further pathfinders in February.

3.4 Sir David Nicholson, the Chief Executive of the NHS, has been appointed to lead the new NHS commissioning board. The original timetable envisaged the appointment of a shadow board next spring followed by the chair and chief executive in autumn 2011.

3.5 The Department of Health Indicated that David Nicholson would fill both roles until March 31, 2012 when the role of chief executive of the NHS will cease to exist. A chairman will be appointed during 2011-12.

**4. NHS Operating Framework**

4.1 On December 15th details of the NHS operating framework were released. The operating framework sets out guidance on key NHS priorities for the coming year and the financial arrangements that will support these, including PCT allocations and tariff arrangements for providers.

4.2 For 2011/12, PCT allocation increases range from 2.9% to over 4%. These allocations include a component to support social care, however. It is also the case that across the country PCTs are aiming to

implement their management savings (see above – 1.1) within this year, in order to release sufficient funds to support the development of GP consortia over the next two years.

4.3 In relation to tariff (the basis upon which providers are paid), the national efficiency requirement is 4%, with the uplift for pay and price inflation assessed at 2.5%. Consequently, the price for services outside the scope of national Payment by Results (PbR) tariffs should reflect a reduction of 1.5% compared with those of 2010/11. This means, in effect, that the price that commissioners will expect to pay for mental health services will reduce by 1.5%.

4.4 The Mental Health Network has expressed significant concerns that the proposed changes to the tariff discriminate against mental health services, and that block contracts in mental health are now more vulnerable to further cuts. This is because of the fact that the majority of other health services in the acute sector are contracted on the basis of PbR, which can often mean that levels of activity (and therefore costs) are very difficult to control. Increasing demand for mental health services during a time of recession can compound these problems, as can significant reductions in social care provision.

4.5 The first NHS Outcomes Framework was published in December 2010. From 2012/13, this is the framework that will be used by the Secretary of State for Health to hold the NHS Commissioning Board to account for improving quality and delivering better health outcomes for people using the NHS.

4.6 From April 2011, patients should be offered greater choice of treatment and provider in some mental health services. Choice of any healthcare provider, meeting NHS standards, and within the tariff, will be introduced in a phased manner.

4.7 It will clearly not be easy for commissioners and providers to deliver on these objectives within a time of such tremendous financial and structural challenge.

## 5. North Central London

5.1 Caroline Taylor has been appointed as the new Chief Executive for the North Central London PCT executive. Caroline succeeds Rachel Tyndall who is taking up a new post working across London with responsibility for the implementation of the London cancer services model to improve cancer outcomes.

5.2 Caroline is currently the CEO of NHS Croydon. In addition she in the CEO lead in London for specialist commissioning. She also has

significant local knowledge as a former director of Camden and Islington Health Authority.

5.3 David Sloman has now been appointed to the substantive role of Chief Executive of the Royal Free Hospital, where he has been the interim CEO.

5.4 Finances with the sector remain very difficult, and Caroline Taylor will be leading the unitary PCT executive team with responsibility for balancing the budget and for supporting the development of local GP consortia and commissioning.

## 6. Mental Health Strategy

6.1 The Government's new Mental Health Strategy is due to be published shortly. The strategy will set out twin objectives of improving public mental health and well being while improving services through a focus on outcomes and patient experience.

6.2 There remains a strong focus on primary prevention, early years interventions, psychological therapies and the interdependences between physical and mental health.

6.3 The strategy retains a strong developmental flavour.

6.4 Clarity around expected outcomes will be crucial, however, if the strategy is to deliver, as will the delivery plan and support for implementation.

6.5 The operating framework also highlights the need for the NHS to pay greater attention to the needs of children, young people and families in commissioning and delivering services. NHS organisations are encouraged to pay particular attention to groups with specific needs including Child and Adolescent Mental Health service users.

6.6 The NHS is expected to continue the roll out of Improving Access to Psychological Therapy (IAPT) services in 2011/12 leading to full implementation by 2014/15. This includes training programmes to develop the workforce and a choice of NICE approved therapies. The Department of Health plans to extend talking therapies to children and young people, older people, people with severe mental illness and people with co-morbid mental and physical health long term conditions.

6.7 The expansion of the IAPT programme to cover children and young people was also a focus of the annual NHS Psychological Therapies Conference, were a number of Trust staff contributed as Chairs,

speakers and from the floor in debate. Staff are actively engaged with these developments in proportion to their importance for our work, both clinical and training.

## 7. RiO Admin Go Live

7.1 Although the initial migration from CareNotes to RiO was relatively smooth, a number of issues have come to light subsequently which are causing administrative staff considerable difficulties. The RiO team is now working closely with admin colleagues to assess the problems and the RiO Project Steering Group will then be meeting with the Departmental Admin Managers with the aim of developing a plan of action to resolve them. Longer term we will be putting a RiO User group in place, with admin and clinical representatives from each directorate, with the aim of managing any future problems and issues in a more structured way. I would, however, like to take the opportunity to thank all admin staff for their efforts throughout this go-live period.

7.2 The Management Committee has given provisional approval for a limited clinical implementation of the RiO system in the latter part of 2011, subject to a review towards the end of February against the Trusts projected financial position.

## 8. And Finally...

8.1 On 14th December, I had the pleasure of attending the Launch of the Barnet young people's Drug and Alcohol Service. The launch was very well attended by representatives from the Local Authority who commission the service and by service users and their relatives.

8.2 I was hugely impressed by the shared commitment of all of those involved in producing a genuinely inspiring service.

Dr Matthew Patrick
Chief Executive Officer
19th November 2010

# Board of Governors : February 2011

**Item** : 7

**Title** : Finance and Performance Report

**Summary**:

Monitor's Financial Risk Rating for the second quarter was 3, in line with the rating for our 2010 Annual Plan. The Governance Rating was Green. These ratings are expected to be maintained for the third quarter and for the rest of the year.

The Trust is expected to achieve its budgeted surplus of £150k for the year. Cash balances remain satisfactory, and higher than Plan.

**For** : Discussion

**From** : Director of Finance

# Finance and Performance Report

## 1. Compliance with Authorisation

1.1 This Foundation Trust was authorised by Monitor, the NHS Foundation Trust regulator, with effect from 1 November 2006. Its terms of authorisation[1] are an eight-page document together with six schedules, of which the first is our Constitution. Two amendments have been added to the terms of authorisation since 2006, and all six schedules are updated regularly.

1.2 Monitor uses two rating mechanisms to assess the risks that a Foundation Trust will breach its terms of authorisation or its statutory obligations. These two ratings are based on the Annual Plan submitted in May each year; and on the information provided in-year, usually quarterly. The principles and details are set out in the document "Compliance Framework 2010-11" published by Monitor[2]. Details were also set out in this report in November 2010, and are not repeated here.

1.3 This Trust's recent and current ratings are shown in the table below:

| | 2009/10 Quarter 4 | 2010 Plan | Quarter 1 | Quarter 2 | Quarter 3 |
|---|---|---|---|---|---|
| Governance | Green | Green | Green | Green | Green * |
| Financial Risk | 4 | 3 | 3 | 3 | 3 * |
| Mandatory Services ‡ | Green | n/a | n/a | n/a | n/a |

* = expected rating, based on our Quarter 3 returns

‡ = now included in the Governance rating

1.4 The surplus in 2009/10 was higher than Plan, which increased several of the metrics and led to the rating of 4. We do not plan to repeat this level of surplus. Our current performance leaves a significant safety margin before the financial risk rating would fall to 2.

1.5 For the governance rating, we continue to meet the requirements for all these indicators with one exception. This is the target to achieve 99% completeness in the collection of seven items of patient data. This failure does not by itself prevent us from retaining the Green rating, and we do not expect to be seen as at risk of breaching our terms of authorisation.

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

[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/home/our-publications/browse-category/guidance-foundation-trusts/mandatory-guidance/compliance-frame-0

## 2. Income and Expenditure

2.1 Results for the first nine months of the year are shown in the table below.

2.2 The forecast for the year is a surplus of £150k, in line with budget. Income and expenditure are each expected to be some £500k (1.5%) below budget. There is a contingency reserve to cover variations from this forecast.

2.3 The financial position for future years remains challenging, and the Trust is working on actions to deliver the productivity improvements of 5% per annum which are part of our Plan. A separate paper on the 2011 Annual Plan is presented at this meeting.

| | 2009/10 Actual | 2010/11 Plan | 2010/11 Forecast | 2010/11 First 9 months |
|---|---|---|---|---|
| | £000 | £000 | £000 | £000 |
| Income | | | | |
| Patient Services | 13,342 | 14,560 | 14,427 | 10,839 |
| Education and Training | 15,091 | 16,065 | 16,251 | 12,423 |
| Consultancy | 1,206 | 1,658 | 1,352 | 923 |
| Research | 129 | 327 | 235 | 152 |
| Other | 531 | 586 | 452 | 293 |
| Total Income | 30,299 | 33,196 | 32,717 | 24,630 |
| Expenditure | | | | |
| Pay | 23,061 | 26,015 | 25,450 | 18,812 |
| Non-pay | 5,686 | 5,636 | 5,896 | 4,866 |
| Reserves | | 462 | 299 | |
| | 28,747 | 32,113 | 31,645 | 23,678 |
| EBITDA * | 1,552 | 1,083 | 1,072 | 952 |
| Depreciation | (563) | (509) | (491) | (380) |
| Bank Interest | 18 | 20 | 16 | 11 |
| Other Finance Costs | (1) | 0 | (1) | 0 |
| Dividend (to the Dept of Health) | (355) | (446) | (446) | (335) |
| Retained Surplus | 651 | 148 | 150 | 248 |
| EBITDA* as a % of income | 5.1% | 3.3% | 3.3% | 3.9% |

* = Earnings before Interest, Tax, Depreciation and Amortisation

## 3. Cash

3.1 The total in the Trust's bank accounts at 31 December was £2.8m, which was £0.9m higher than Plan.

3.2 The balance is expected to remain satisfactory through 2010/11, though reducing gradually and ending the year at around £2m. The forecast for 2011/12 predicts that the cash balance will remain satisfactory, subject to achieving the planned income and expenditure. The balance could reduce to £1.6m by March 2012.

3.3 Since becoming a Foundation Trust we have arranged a borrowing facility in order to safeguard our liquidity in the event of short-term difficulties, but there is no current intention to use this.

## 4. Quality Report and Indicators

4.1 The Quality Report will be a full part of the Trust's Annual Report this year for the first time, including statements from the Directors and from the Auditor. The exact requirements are still being finalised by Monitor, and a consultation on these is in progress.

4.2 The auditor's programme of work is to include testing two indicators mandated by Monitor and one agreed locally. Monitor's consultation document suggests that this indicator should be agreed by the Governors. A proposal for this will be brought to the meeting by the Trust Director, based on work currently in progress on a "dry run" of the 2010/11 report.

## 5. 2010/11 Annual Plan – Objectives

5.1 The 2010/11 Annual Plan approved in May[3] set out the Trust's vision and key strategic priorities for the next three years. It also set specific objectives for each year in the areas of clinical quality, service development, workforce, capital and estates, operational and financial effectiveness, legal and governance matters and regulatory compliance.

5.2 The Assurance Framework is designed to monitor progress on the objectives for the current year; the risks to achieving them; and how these risks are being managed, including the controls, assurances and action plans in place. The Assurance Framework for 2010/11 was approved by the Board of Directors in June and will next be reviewed at the meeting in February.

Simon Young
Director of Finance
28 January 2011

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

# Board of Governors : February 2011

**Item** : 7

**Title** : Finance and Performance Report – Addendum

**Summary**:

Section 4.2 of this Report notes that the auditor's work on our 2010/11 Quality Report is to include testing two indicators mandated by Monitor and one agreed locally. Monitor's consultation document suggests that this indicator should be agreed by the Governors.

The Trust Director's proposal, for discussion and agreement at this meeting, is to select Did Not Attend (DNA) rates as the locally agreed indicator.

DNA rates for mental health trusts historically fall at around 14%. Low DNA rates can be seen as an indication of patients' satisfaction with their care. High DNA rates can be seen as inefficient use of resources for patient benefit.

We already collect this data and have reported on it in previous quality reports thus providing an opportunity for monitoring any changes in performance over time. We are targeting the collection of DNA data for detailed data quality assurance work.

The DNA rates for quarter 1 and quarter 2 in 2010/11 did not exceed 11%; however there are variations between services which we are in the process of investigating.

It will clearly be of value to have the auditor review our processes for collecting and monitoring DNA rates.

**For** : Approval

**From** : Director of Finance

# Board of Governors : February 2011

**Item** : 9

**Title** : 2011 Annual Plan

**Summary**:

This paper is for discussion by the Board of Governors as a key part of the consultation by the Board of Directors on this year's Annual Plan.

It sets out the context in which we are developing the Plan, and covers four significant areas: Patient services; Education and Training; Quality; and Productivity and Workforce.

The Membership plans are the subject of a separate paper.

**For** : Discussion

**From** : Director of Finance

# 2011 Annual Plan

## 1. The economic and political context

1.1 The Operating Framework for the NHS in England 2011/12 (published on 15 December) set a national efficiency requirement of 4%. Our costs are expected to rise by an average of 2.5%, but the prices paid for our services will *fall* by 1.5%. We have to make productivity improvements to bridge this 4% gap, in order to remain financially in balance. This is in line with the expectations in our previous Annual Plan, and the effect should be similar to the efficiency targets in previous years, though this is the first time that prices have fallen.

1.2 The funding for the NHS in 2011/12 was announced at the same time. The total has gone up by a small percentage in real terms; or down by a small percentage, after taking out the funding that has to be used to cover local authority reductions. PCTs expect the activity and costs of acute hospital services to continue to rise, so they have identified mental health as a priority area for savings.

1.3 At the same time, the PCTs in London are being radically re-organised. Their staffing structures are being merged at sector level, so as to meet targets for large management cost savings. Most staff will be moving job or leaving in the next three months. But the sector structures are only temporary, pending the move to GP-led commissioning proposed in last summer's white paper. Further details of the future commissioning arrangements, following consultation on the white paper, were set out in the document "Liberating the NHS: Legislative framework and next steps" (also published on 15 December) and in the Health Bill published in January. Pathfinder GP consortia are being established now, and the move to GP commissioning is to be completed by April 2013, with the NHS Commissioning Board also in place before that date.

1.4 Local authorities, who fund some of our services, are required to make major savings over the next four years.

1.5 The Health Bill and the December document "Legislative framework and next steps" also cover major changes to regulation and the role of Monitor. However, these are not expected to have a significant effect in 2011/12 or on this Annual Plan.

## 2. Process and timetable for developing the Annual Plan

2.1 In this context, the Trust is developing the 2011/12 budget and the Plan for the next three years.

2.2 A recent bulletin from Monitor states that their current view is that the date for plan submissions will be 31 May, as in previous years; but this may have to be brought forward. Our timetable was based on the 31 May date, but it can be revised if necessary. The requirements are expected to be similar to last year's.

2.3 This paper summarises the work in four key areas which the management has been working on, and which were discussed by the Board of Directors on 25 January. Governors are invited to provide input which can be included in the Plan as it develops.

2.4 There will be a further update and consultation on all areas of the Plan, with financial projections, at the Board of Governors meeting on 5 May.

## 3. Patient services

3.1 PCT commissioners in North Central London are seeking significant reductions for 2011/12 in all their mental health contract values, including ours. If these reductions are confirmed, we will need to reduce the activity levels on these contracts, so as to be able to make corresponding savings.

3.2 We are not, however, expecting similar reductions for 2011/12 on our specialist service contracts.

3.3 Short-term funding for some small projects is ending, and will not be renewed. Other projects may be at risk over the plan period; our aim will be to secure renewal of funding by demonstrating the value of the services and adapting them to continue to meet the needs.

3.4 Even in the current environment, however, we are identifying opportunities to develop new services in several areas, and innovation and growth remains an important imperative. We have clear criteria for agreeing priorities internally, and will be investing our resources in a small number of priority targets. These will include work within primary care, education and criminal justice.

3.5 We are continuing to develop partnership working – e.g. with local authority services and with Big White Wall - in areas where we cannot provide the whole care pathway, or where we can best offer supervision, support and capacity-building to others.

3.6 For all existing and new patient services, working with the changing commissioners will remain a key priority.

## 4. Education and Training

4.1 The first aim of the plan for 2010/11 has been achieved: maintaining the overall activity and income for our existing training programmes. Student numbers increased on some courses, offset by small reductions on others.

4.2 We have also met the target for expanding our CPD and short course programme; though conference income is slightly below target. These areas are much less significant in direct financial terms than the main courses, but they do generate income and they are a key part of the Trust's contribution to improving the capacity of the health and social care workforce.

4.3 The overall strategic aim remains that the Trust's training should promote its vision, mission and values, which we believe will raise the quality of services and also improve staff retention.

4.4 Retaining our existing contracts and activity levels remains a priority, which we are optimistic of achieving for 2011/12. Though some students will find it harder to secure funding, there should also be an increased interest in trainings which can help career development and career changes. We are also working with NHS London, on renewal of our main NHS contracts. The market is likely to get harder in the following years. This is likely to affect local authorities in particular, and they are the source of about 64% of our self-funded students.

4.5 We plan to start to deliver e-learning during 2011/12, and for this to become a significant part of our work, developing new products and converting existing ones. Within the objective of expanding CPD activity, a key aim is to develop high quality e-learning modules. In support of these developments we are investing significantly in this area.

4.6 We are also planning further development of our trainings for specific sections of the workforce who are already a significant part of our student group. These include those working with vulnerable children; education; psychological therapies, including new therapies; children's IAPT and early years workers; and leadership and management.

## 5. Quality; Outcomes; Patient Experience; and Choice

5.1 The main focus of the last year has been on developing structures, systems and processes for gathering and interpreting data and implementing quality improvements. The Clinical Quality, Safety and Governance Committee (CQSGC) was established in order to coordinate data collection, avoid duplication, clarify strategic aims, roles and responsibilities and provide assurance to the Management Committee, the Board of Directors and Board of Governors.

5.2 All the six delivery work streams reporting to the CQSG have a bearing on clinical quality, three in particular being Clinical Outcomes; Quality Standards and Reports; and Patient Experience and Public Involvement. Priorities for each of these three are discussed in the next paragraphs.

5.3 For clinical outcomes, the priorities have been identified as:

- Establishing clarity about the systems and processes for clinicians and administrative staff to collect and analyse outcome data efficiently.
- Implementing and supporting the development of patient determined outcome measures. Specifically, the PPI lead will be working with an external agency to develop a patient determined outcome measure for CAMHS, suitable for use with a diverse range of children and young people.
- Increasing the collection of data during treatment, so that change over time can be tracked.
- Small scale clinical quality projects linked directly to the work of each clinical service line.
- Piloting a series of four possible new outcome measures in the Adult Department, which will be used to evaluate clinical effectiveness, along with clinical complexity, and social and occupational functioning.

5.4 For quality accounts and reports, the priorities will be agreed with our host commissioner and Camden LINKs. Our proposals will include:

- Developing and embedding the data quality strategy, the data quality policy and information assurance framework (recommendations from the 2010 audit).
- Developing quality indicators through the Clinical Quality Forum, which is meeting three times a year to continue work on identifying key features of good practice, especially in complex cases.

5.5 For patient experience and public involvement, we will be continuing work on the priorities identified in the last Plan:

- Supporting the children's website, which was launched in 2010.
- Launching on our main website our 'life issues' downloadable leaflets that cover a range of issues relevant to our service users.
- Linking with outcome monitoring to ensure a trust-wide approach to getting feedback from patients across all directorates.
- Exploring a 'family membership' category of foundation trust membership to ensure that young people are better represented in our membership and that we can better access their views about our services.
- Developing relationships between governors and members of the foundation trust. This will be a key priority for work over the coming year. We aim to do this through encouraging members and patients to contribute to the members' newsletter and to increase the numbers of events that patients and public attend and contribute to. (See also the separate paper on Membership on today's agenda.)
- Increasing the number of small scale audits on issues relevant and meaningful to patients, such as the environment.

5.6 Patient choice is a priority identified in "Liberating the NHS: Greater Choice, Greater Control (2010)." This advocates choice for patients about where, how and when they are treated: choice about the professional they consult; choice of 'any willing provider' and potentially direct access to a services without GP referral interface. Some of these elements of choice are not within our direct control although it might be argued that a demonstrably high quality effective service may be one which patients, commissioners and referring clinicians will wish to choose.

5.7 The recent Mind et al survey 'We need to talk' (2010) pointed to the enhanced perceived helpfulness of treatments where choice was available. The trust offers some choice in terms of when and where patients may be seen and increasingly a range of treatments is on offer. A consultation with a group of stakeholders including patients led to our taking further action to ensure that patients are aware of and understand the range of interventions available and suitable for their difficulties. This includes revising our information leaflets and working further on issues of consent, capacity and confidentiality.

5.8 Over the coming year, training will be developed for staff to increase their capacity to present and identify choices with patients.

## 6. Productivity and Workforce changes

6.1 The Trust will develop a budget for 2011/12, and financial plans for the following two years, which allow for the effect of the efficiency targets and the expected changes in income, and ensure that we continue to deliver a small annual surplus. As the previous sections make clear, it is unlikely that we will achieve significant net growth, and so the plans this year are likely to show net cost reductions, at least in some areas of the Trust.

6.2 In parallel with these financial plans, we are also working on a "Lean" approach to service redesign, with the aim of maintaining or improving the quality of our services while delivering the necessary cost savings. Lean, which has been used successfully elsewhere in the NHS, uses a detailed analysis of how our resources (principally staff time) are being utilised, and how closely each activity is aligned to the needs of the services. Two pilot projects, supported by a consultant with health and social care experience, have been working since November and are due to be completed in March.

6.3 Some savings on staff costs will be achieved through natural wastage, and the Trust will be seeking to redeploy staff wherever possible. There are no plans for voluntary or compulsory redundancies at this stage, but this may become necessary. During February we will be considering the options available, in consultation with staff representatives, and agreeing processes which would ensure fairness, manage the costs, and secure the best workforce for the Trust's future.

# Board of Governors : February 2011

**Item** : 10

**Title** : Annual Plan: Membership

**Summary :**

The report covers the plans for the Trust's membership.

**For** : Discussion

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

# Annual Plan: Membership

## 1. Introduction

1.1 The Trust has a membership of around 5,000 Members, which represents a steady and on target growth since the Trust became a foundation trust in 2005. However, both the Governors and Trust staff remain concerned that we are not engaging with the membership in the most fruitful way. Currently we have contact with the membership through a termly newsletter. We have had recent contact with the membership over the elections that took place last year, and Members were invited to the Annual General Meeting in October, to which about 70 Members attended.

1.2 Over the years, we have tried a range of strategies to engage with the membership, which have included open events for Members to meet Governors, patient information talks that have been publicised to Members, an open day, surveys through the Members' Newsletter and paper surveys in the building.

1.3 The Trust has made available a resource of an assistant psychologist for a couple of days a week to help with the process of improving engagement with the membership. We would like a conversation with the Governors on how best to use this resource, which aspects we should focus on and how the Governors would like to be involved in this process.

1.4 This paper describes a range of approaches to developing the membership and our links with it.

## 2. Who are the Members ?

2.1 Although we have a breakdown of numbers of Members in different constituencies (e.g. staff, Camden, Rest of London, Rest of England & Wales etc., see Appendix 1 for breakdown), we do not have proper information on who our Members are; what their interests are, what they would like from the membership and so on. We know a large proportion of our Members are ex-students, but Monitor prohibits us from making a distinction between student and patient / public Members. However, we are able to gather demographic and interest information from the Members. Louise Carney has developed a new membership application form which will allow us to gather information about the interests of Members (see Appendix 2 for a draft of this form).

## 3. How can we improve dialogue between Members / Governors and the Trust?

3.1 There are a number of developments that we would like to put in place in order facilitate the relationship with the membership. These include the following :

3.1.1 Investigating if we can change out terms and conditions to be able to send more relevant information to our current membership.

3.1.2 Auditing the membership to get a better understanding of the demographic profile of Members. This would allow us to better recognise gaps and to target membership campaigns if appropriate.

3.1.3 Developing targeted recruitment campaigns in areas we already know we have poor representation, for example with younger Members.

3.1.4 Developing projects that will improve engagement such as the "bid for better" project where by Members will be able to bid for funds for projects that improve patient experience.

3.1.5 Encouraging Members to engage with other Members through writing articles for the Members' Newsletters.

3.1.6 Developing a range of relevant small scale audits on issues that are meaningful to patients and Members such as advice on how to improve the environment.

## 4. Longer term plans?

4.1 We also have started to think about longer term plans that will facilitate communication in this area; and would like to ensure these are developed through the annual planning process. These ideas include:

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

4.1.2 Proactively engage with relevant representative community groups

4.1.3 Recruitment campaign to increase the number of black and minority ethnic Members

4.1.4 Recruitment campaign to increase number of Members aged 14-16

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

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

4.2 We wish to encourage discussion around these ideas, and indeed work with Governors to ensure that there is ongoing progress in this area.

Appendix A

# Public Membership Statistics[1]

## 1. Development of Total Membership Statistics

**Table 1: Total Membership Statistics**

| | 2006/07 | 2007/08 | 2008/09[2] | 2009/10 |
|---|---|---|---|---|
| Joining | 2872 | 1277 | 1171 | 898 |
| Leaving | 52 | 637 | 143 | 481 |
| Total at 31 March | 2820 | 2465 | 4493 | 4910 |

1.1 The number of eligible Members for this Trust is 42,882,883.

**Table 2: Current Public Membership Numbers**

| | Current[3] |
|---|---|
| Joining | 74 |
| Leaving | 164 |
| Total at 31 March | 4820 |

1.2 Whilst Membership recruitment appears significantly down this year, this data is correct as of 30th September 2010. There are 702 students who will shortly be added to the Membership Register, taking the current number of Public Members up to 5596 in total.

## 2. Current Distribution of Public Members

**Table 3: Current distribution of Public Membership**

| Class | Members | Percentage |
|---|---|---|
| Camden | 508 | 10.5% |
| Rest of London | 2487 | 51.6% |
| Rest of England & Wales | 1825 | 37.9% |

2.1 The majority of the Trust's Public Members are members of the Rest of London class. This class is represented by six Governors. Camden is represented by three Governors, and the Rest of England and Wales is represented by two Governors.

[1] The statistics presented here are for the Public Constituency only. Information on staff is available through the annual Workforce Statistics paper for the Board of Directors, prepared and presented by the Human Resources Department
[2] Data for 2008/09 was taken at May 2009, as student data had not been uploaded by 31 March 2009
[3] This data is at September 2009, covering six months 2010/11

## 3. Percentage of Student and Alumni Members

**Table 4: Percentage of Student and Alumni Members**[4]

| | 2007/08 | 2008/09 | 2009/10 |
|---|---|---|---|
| Total | 2465 | 4493 | 4910 |
| Student percentage | 47% | 51.2% | 66.8% |

3.1 Although the Trust is not able to separate students or alumni into separate categories, we know from the student data added to the Membership Register each year what percentage of new Members for each year were students. The Trust has been adding on average 600 new students each year.

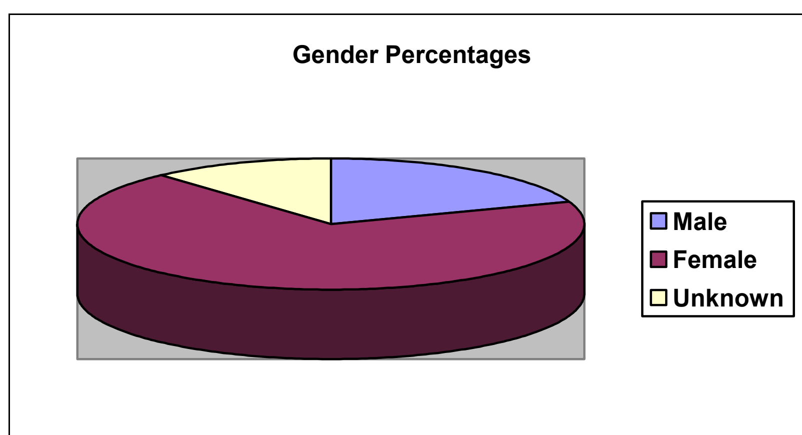
3.2 This year's student intake has just been added to the Membership Register, which means that at present, students account for 90.5% of new Members this year. However, this was at Month Six.

## 4. Gender Profile

**Table 5: Gender profile of Public Members**

| Gender | Members | Percentage |
|---|---|---|
| Male | 938 | 19.5 |
| Female | 3318 | 68.8 |
| Unknown | 564 | 11.7 |

**Diagram 1: Gender profile of Public Members**




4.1 The Trust continues to have a higher proportion of female Members than male. This is apparently consistent with membership of other foundation trusts.

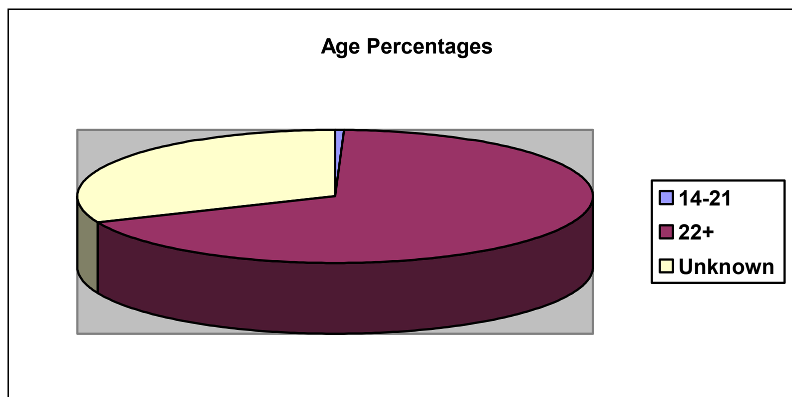
[4] These statistics are taken on an average of 600 students being added as Members per year

## 5. Age Profile

**Table 6: Age profile of Public Members**

| Age | Members | Percentage |
|---|---|---|
| 14 – 21 years | 31 | 0.6% |
| 22+ years | 3281 | 68.1% |
| Unknown | 1508 | 31.3% |

**Diagram 2: Age profile of Public Members**




5.1 A great deal of the work the Trust does is with and for children. 57% of our patients are CAMHS patients, but they are not well-represented in the Membership. This is partly because the minimum age for membership is 14.

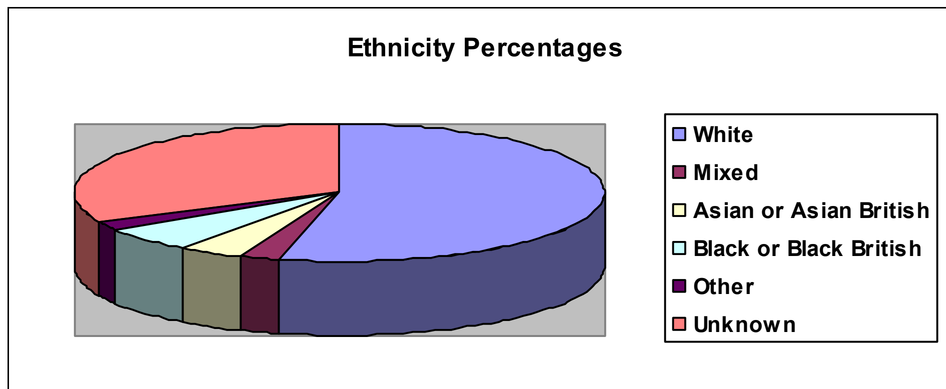
5.2 It has been difficult to progress on the Young Person's Council owing to resources. However, we do want to make sure that we take our young service users' views into account, so the PPI Committee are looking into developing a "family membership" category, which would also ensure that whole families are represented, given in CAMHS often work is undertaken with whole families.

## 6. Ethnic Profile

**Table 7: Ethnic profile of Public Members**

| Ethnicity | Members | Percentage |
|---|---|---|
| White | 2587 | 53.7% |
| Mixed | 125 | 2.6% |
| Asian or Asian British | 182 | 3.8% |
| Black or Black British | 287 | 6% |
| Other | 102 | 2.1% |
| Unknown | 1537 | 31.9% |

**Diagram 3: Ethnic profile of Public Members**




6.1 The Patient and Public Involvement Committee has been working with the Community Development Officers in local services to improve relationships with local BME communities.

## 7. Disability Profile

7.1 An agreement in the Trust's Single Equalities Scheme was that the Trust would monitor the disability profile of its Members. The Trust is in the process of designing its Membership Application Form to record this data, and we hope to be able to report on this from 2011/12 onwards.

The Tavistock and Portman NHS
NHS Foundation Trust

# Membership Application Form

Anyone who is over 14 years old and is a resident of England and Wales can become a member. If you would like to become a member, fill out this application form and return it to the Trust Secretary, at the address at the bottom of this form. If you would like more information about becoming a member, please contact the Trust Secretary at TrustSecretary@tavi-port.nhs.uk or 020 8938 2493.

**Contact Details**

We need this information in order to register you as a Member

**Title** **Mr** ☐ **Mrs** ☐ **Ms** ☐ **Miss** ☐ **Dr** ☐ **Other** ____________

**Name** ____________

**Address** ____________

____________ **Postcode** ____________

**Phone** ____________

**E-mail** ____________

We want to be as environmentally friendly as possible and reduce the amount of paper we used by communicating with members via e-mail. If you have an e-mail address, please let us know.

The Tavistock and Portman NHS
NHS Foundation Trust

**Personal Information**

We want to know as much as possible about our members so that we can make sure our services are relevant to you, which is why we ask for certain personal information.

We also want to know whether you have any special access requirements, to make sure that we can accommodate all of your needs.

You do not have to complete this section.

Date of Birth | D | D | M | M | Y | Y | Y | Y |

Gender ☐ Male ☐ Female

Disability Do you have any special access requirements ☐ Yes ☐ No

If yes, please note what this relates to:

| | |
|---|---|
| ☐ Physical impairment | ☐ Learning disability / difficulty |
| ☐ Sensory impairment | ☐ Long-standing illness |
| ☐ Mental health condition | ☐ Other |

| Ethnicity | | | |
|---|---|---|---|
| | White | ☐ British | ☐ Irish |
| | | ☐ Other White | |
| | Black or Black British | ☐ Black Caribbean | ☐ Black African |
| | | ☐ Other Black | |
| | Asian or Asian British | ☐ Asian Indian | ☐ Asian Pakistani |
| | | ☐ Asian Bangladeshi | ☐ Other Asian |
| | Other ethnic group | ☐ Chinese | ☐ Other ethnic group |
| | Mixed | ☐ White and Black Caribbean | ☐ White and Black African |
| | | ☐ White and Asian | ☐ Other mixed |

## Your Interests

We would like to know what aspects of our work you are interested in, so that we can keep you informed about the things you want to know about. Please tick as many as you like.

- ☐ Adult mental health and social care
- ☐ Drug and alcohol misuse
- ☐ Health and well-being of children
- ☐ Looked-after children
- ☐ Learning disabilities
- ☐ Young people's emotional well-being
- ☐ The use of new media in mental health care
- ☐ Book launches
- ☐ New Services
- ☐ Our Conferences
- ☐ Foundation Trust developments
- ☐ Refugee issues
- ☐ Fostering and adoption
- ☐ Safeguarding children / vulnerable adults
- ☐ Criminal justice system and mental health

## Your Declaration

I apply to be a member of the NHS Foundation Trust and be bound by its Constitution. I give my consent to the processing of my information.

**Signature** ______________________

**Date** | D | D | M | M | Y | Y | Y | Y |

**Thank you**

The Tavistock and Portman NHS
NHS Foundation Trust

Please return to:

Trust Secretary
Tavistock & Portman NHS Foundation Trust
120 Belsize Lane
London
NW3 5BA

# Board of Governors : February 2011

**Item** : 11

**Title** : Trust Chair's Objectives

**Summary :**

Attached are the draft 2010/11 objectives for the Trust Chair.

**For** : Noting

**From** : Trust Chair

# Trust Chair's Objectives 2010/11

## Overarching Aims

### *Strategy*

- To ensure that the Board of Directors (BD) objectives 2010 / 2011 are met:
  - Initiating a BD review of mission / vision / values in accordance with Board Annual Review carried out in summer 2010
  - Keeping BD objectives under regular review in order to respond to the changing national and local health and social care environment and to changes in education and training.
- To ensure that the BDis kept abreast of national policy changes in order to ensure that the Trust is in a position to respond appropriately to the national policy environment.
- To ensure that the board is kept abreast of the local health and social care environment and potential changes over the year in order to ensure that the Trust can respond to local changes.
- To provide visible external leadership for the Trust participating in national and local groups / initiatives where these may be to the advantage of the Trust's profile and work.
- To provide leadership for the Board of Directors (BD) and Board of Governors (BG).
- To work closely with the Chief Executive in order to deliver aims and objectives.

### *Operations*

- To ensure that the Annual Plan 2010/11 is reviewed regularly by the BD and that any necessary changes are put into effect, with appropriate action plans.
- To ensure that the Annual Plan 2011/12 is ready for submission to Monitor in the approved timescale, currently anticipated to be May 2011.
- Ensuring that the BD focuses on the quality of services and of education and training whilst achieving financial targets.
- To ensure that the Trust maintains regular contact with key commissioners, neighbouring providers and university partners and seeks to advance the interests of the Trust with a new and as yet barely defined group of commissioners.

***Developing People and the Organisation***

- Seek opportunities to meet and engage with staff so that their views may be taken into account in developing Trust strategy and services:
    - Seeking to support the staff group in the current uncertain and financially challenging circumstances
- Ensure the Trust's most valuable resource – its staff – are supported and encouraged to achieve their maximum potential at a time of considerable stress
- Ensure that the BD is enabled to function as effectively as possible by supporting training and development opportunities for Executive and Non-Executive Directors.

***Governance***

- As Chair of both the BD and the BG to take responsibility for promoting improvements in the working relationship between those bodies
- To ensure that the BG is consulted and involved fully in all aspects of the Trust's work as required by our regulators.
- To support the Governors to achieve better communications with the Trust's membership
- To seek improved Trust communications with the public and our patients and their families.

***Performance and Finance***

- In respect of the development of the Annual Plan 2011/12 to:
    - Ensure that there is a clear process for initiation and delivery of the Plan
    - Ensure that time is allotted for discussions by the Board of Directors
    - Ensure that consultation is conducted with the Board of Governors
    - Ensure that high quality is maintained whilst financial targets are met.
- Ensure that the Trust retains its unqualified registration with the Care Quality Commission
- Ensure that the Trust retains a Monitor Financial Risk Rating of 3 or above and a Governance Rating of Green.

***Performance and Finance***

- Manage the Trust's activity, development, organisation and economy over the next twelve months in line with the Annual Plan and in a manner that builds a secure platform for future development

# Special Emphasis for the Year

| Special Emphasis for the year | Aim | Objective | Review Date |
|---|---|---|---|
| Strategy | Meet BD objectives 2010 – 2011 | Ensure review of mission / vision and values | Reviewed at Directors' Conference 9th November 2010 |
| | | Review BD annual objectives | January 2011 BD |
| | Keep BD abreast of national policy | Ensure that the BD and BG receive regular reports on current policy changes in health & social care and in mental health policy | By reports from Chair, NEDs and CEO at BD and BG meetings |
| | External leadership for Trust | Attending regular meetings at SHA, NCL, UCLP, NHS Confederation (FT and MH networks) and others by invitation | Reports to BD |
| | Leadership of BD and BG | Keeping regular contact with Deputy Trust Chair, NEDs, and EDs. | Ongoing |
| | | Keeping regular contact with Deputy Chair of the BG | Ongoing |

| Special Emphasis for the year | Aim | Objective | Review Date |
|---|---|---|---|
| **Operations** | Review of current Annual Plan | By BD | As set out in Board timetable |
| | Preparation of Annual Plan 2011 – 2012 | Ensure BD follows timetable | Timetable agreed in October 2010 |
| | Focus on quality | Ensure that the full BD discusses key issues raised by CQSG Committee. | Quarterly |
| | | Ensure BD discusses progress on QIPP and Quality Account | Quarterly through Finance & Performance Reports to BD and CQSG Committee |
| | | Ensure Governor involvement in developing the quality agenda | Spring (in line with AP timetable) |
| | Maintain contact with key commissioners, providers and university | Trust Chair and CEO meeting, seeking opportunities to meet new commissioners as appropriate | Ongoing |
| **Developing People and the Organisation** | Take more active measures to meet staff on a regular basis in order to become better known within the Trust, including occasional meetings with Union representatives | Trust Chair and CEO to hold at least six monthly meetings with staff | First held December 2010 (also met non-clinical staff representatives concerning staff concerns about national changes) |

| Special Emphasis for the year | Aim | Objective | Review Date |
|---|---|---|---|
| **Developing People and the Organisation cont.** | To gain a better understanding of and greater presence within the education and training area | Discuss with Dean | Early in 2011 |
| | Supporting BD members to attend appropriate training courses and external events within a prudent financial limit | Using external organisations as well as any Trust based opportunities | Notifying BD of SHA, NHS Confederation and King's Fund opportunities as they arise. |
| | Support BD members to function effectively | Ensure that there is a Board annual review | To be held in Spring 2011 |
| | | Meet once a term with NEDs | Regular / ongoing |
| | | To support the induction of the new NED | Review induction with new NED in February 2011 |
| | | Review 'link' arrangements for NEDs with services | Discussion at a Board Lunch – possibly February 2011 |
| **Governance** | Improving working relationships between BD and BG | To arrange one meeting providing an informal opportunity for Directors and Governors to meet, arrangements to involve Deputy Chair of the Board of Governors and Non-Executive Directors | TBC |

| Special Emphasis for the year | Aim | Objective | Review Date |
| --- | --- | --- | --- |
| **Governance cont.** | Improving working relationships between BD and BG cont. | To encourage NEDs to attend BG and to encourage Governors to attend BD including improving Governor attendance at the AGM | Regular communication |
| | | Work with newly appointed Senior Independent Director to agree any potential for development of relationship | Ongoing |
| | Reporting to / consultation with BG | As Chair, to agree agenda for BG meetings that will ensure matters requiring BG comment, consultation and agreement are presented | For agenda setting with CEO and Trust Secretary |
| | To support Governors' communication with Members | Agree practical ways in which the Trust can support Governors | Review held and reported to December BG. PPI & Comms Lead is putting in place additional channels of communication |
| | | | Regular communication with Members will always include information on Governors and how Members can make contact |
| | Improve communications with public and patients and their families | To inform public and patients about the Trust and its work | Changes to communications and marketing team to be reported to BD when completed |

| Special Emphasis for the year | Aim | Objective | Review Date |
|---|---|---|---|
| **Performance & Finance** | Develop Annual Plan 2011/12 | Ensure AP is developed in a timely fashion | Follow timetable agreed by BD |
| | | Review at BD regularly | At each meeting of BD |
| | | Ensure consultation with BG | BG report in February 2011 |
| | Registration with CQC | Ensure compliance | BD to receive regular reports on risk and on compliance |
| | Monitor Governance & Financial Risk Ratings | Financial Risk Rating of 3<br>Governance Rating of Green | Regular report to BD and top-line reports to BG |