

THE TAVISTOCK AND PORTMAN NHS TRUST
Minutes of Trust Board Meeting held on 13 December 2004

Present: Chairman
Maggie Wakelin-Saint

Non-Executive Directors
Caroline Elton
David Goldberg
Matthew Lewin
Andrew Likierman
Emma Satyamurti

Executive Directors
Nick Temple, Chief Executive
Richard Davies, Director of Portman Clinic
Trudy Klauber, Dean
Margaret Rustin, Chair Tavistock Clinic Professional Committee
David Taylor, Medical Director
Simon Young, Director of Finance

In attendance: Clare Huffington, Director of Tavistock Clinic Consultancy Service
Mary Joyce, Director of Academic Services
Susan Thomas, Director of Human Resources

Secretary: Lotte Higginson

2. **MINUTES OF 8 NOVEMBER TRUST BOARD**
Accepted as an accurate record

Matters arising

Agd ***Agenda for Change - effects on staff.*** DEFER until things are clearer.

Any remaining action paragraphs were either dealt with or scheduled for a future agenda.

3. **CHAIRMAN'S REPORT**

The Chairman's written report was NOTED.

Non-Executive Directors – nominated responsibilities. Re. new requirement under Counterfraud Directives to have a Non-Executive Director promoting counterfraud measures. Andrew Likierman agreed to take this role.

Special attention was drawn to the following:

Patient and Public Involvement. Consultation launched on the replacement of the Commission for Patient and Public Involvement.

NT
Agd
New White Paper *Choosing Health - making Health Choices Easier*. (Executive Summary had been sent to the members). Nick Temple would bring a paper to the March Trust Board to enable the Board to focus on the implications for this Trust.

Monitoring by North Central London Strategic Health Authority. As part of this, the NCLSHA took a keen interest in how this Trusts was incorporating public health into all its work (applying to both staff and patients). It should be noted that the Trust has an active smoking cessation team.

4. **NON-EXECUTIVE DIRECTORS' REPORTS**

Note
The Non-Executive Directors' written reports were NOTED.
Matthew Lewin provided an update on Research Ethics. In April 2004, the Trust had merged with the Camden and Islington Community Health Services Local Research Ethics Committee to form a new, larger, Camden and Islington Community Local Research Ethics Committee. The new Committee had worked successfully; the Trust had been welcomed and was making a significant contribution to its work. Members could obtain the full annual report(s) from Lotte Higginson. Matthew Lewin was thanked for all his work with the RECs.

5. **CHIEF EXECUTIVE'S REPORT**

The Chief Executive's written report was NOTED.
Special attention was drawn to the following:
The Kings Fund *Enhancing the Healing Environment* Project Pod for the Day Unit. This had been a success, and was regarded by the Kings Fund as one of the best projects they had sponsored. The formal opening event would be in February 2005.
Agenda for Change. Progressing. The Trust was meeting the targets set by the DoH.

NT
Agd
Chair in Child and Adolescent Psychiatry. This had proved difficult to progress. Nick Temple would report back to the Board after further discussions and review. Nick Temple and Peter Hobson would speak to David Goldberg in more detail about this.

North Central London Strategic Health Authority. Kevin Woods, the recently appointed Chief Executive, had announced that he was leaving in January – having been appointed as Chief Executive of the Scottish Health Service.

Agd
NT
Computerized room booking system for the Trust. Nick Temple explained that the first stage – the registration of all the rooms in the buildings on a computerized system - was almost completed. The second stage would be the introduction of a computerized booking facility. It was intended that a paper on accommodation should come to the Board for discussion in February 2005. This paper would include longer term issues/strategies for accommodation.

6. **ANNUAL AUDIT LETTER 2003/04**

Members had received the Annual Audit Letter 2003/4 from the Trust's external auditors. It concluded that, overall, the Trust had responded positively to the challenges it had faced during 2003/04. It included a number of recommendations and an Action Plan for the Board. The Annual Audit Letter 2003/04 was NOTED.

7. **FINANCE AND BUSINESS REPORT**

Members had received a Finance and Business Report giving the position as at 31 October 2004. The report concluded that training income was expected to achieve its budget, but that the Trust needed to identify savings and/or additional income to achieve all its financial targets for 2004/05. It also needed to manage various areas of financial risk, notably the *Agenda for Change*. On a positive note, the Trust had received a letter announcing that its rates evaluation had been reduced on appeal. Accordingly, the Trust would be paying £50,000 less this year, and was due for a refund of £100,000 for the previous two years. With this unpredicted relief, but still subject to the uncertainties around *Agenda for Change* costs, it was expected that the Trust would break even by the end of the 2004/05 financial year.

Members applauded the fact that the finance staffing had been strengthened.

The Finance and Business Report was NOTED.

8. **ANNUAL RISK MANAGEMENT REVIEW**

Pat Key, Director of Central Services, attended for this item. Members had received a paper, *Annual Risk Management Review November 2004*. Pat Key said that she was pleased to be able to report that the Trust had managed to maintain the required standards, and to achieve a series of objectives in the course of 2004.

Re. Incident reporting process. This was one of central processes of the Risk Pooling Scheme for Trust. As a result of improvements during 2004, the Trust had passed its Risk Pooling Scheme for Trusts assessment with an overall score of 83%.

Re. Security Review: In progress, with the help of an outside consultant. It was expected to have a report for the Management Group in April 2005, following which it could come to the Trust Board (May 2005).
Agd
PK The Trust was currently working towards Clinical Negligence Scheme for Trusts (CNST) Level Two, and hoped to achieve this by in November 2005.

Andrew Likierman, in the interest of identifying the work of the Audit Committee in relation to risk, wanted to discuss how the Assurance Framework fitted within the Risk Management Review. Within the current

structures the Assurance Framework was ‘owned’ by the Management Group rather than the Risk Management Committee. However, as a substantial proportion of the work was done by the Risk Manager, it was incorporated in the Risk Management Review. Members agreed that this matter required a wider discussion. Nick Temple would bring a paper to the Trust Board in February or March 2005.

Agd
NT

Thanks and appreciation were extended to Pat Key and Lisa Williams, Risk Manager, for all their work and for the progress made in this area.

9. **HUMAN RIGHTS ACT AND POLICY STATEMENT**

Susan Thomas, Director of Human Resources, attended for this item. Members had received two papers: *Human Rights Act Statement and Human Rights Act Action Plan*. In September 2003 the Board had received a proposal for implementation of the Human Rights Act. At today’s meeting Susan Thomas gave a progress report on implementation – notably awareness-raising of the different strands of the Act; ensuring that the Act was integral to the Trust’s practices, and that Trust policies were written with compliance in mind. This Action Plan had been approved by the Management Group.

The papers were NOTED.

10. **WORKFORCE STATISTICS**

One of the requirements of the CHI Report was for the Trust to improve its workforce statistics. This had been done. There was now a well developed HR database, capable of providing the required statistics. Today’s reports contained three main elements: ethnicity; staff turnover; sickness/absence. It was noted that the Child and Family Department statistics appeared to record disproportionately large staff turnover and absence figures, but without explaining that this was because the Department was much larger, with many more employees, than the other Departments in the Trust. With regard to staff turnover, it was also noted that the large column for the Child and Family Department needed to be seen in the context of the large number of trainees whose contracts would naturally end with the completion of their training. Members thought it would be useful to see some differentiation between administrative and clinical staff turnover. Susan Thomas took note of the comments made, and agreed that it would be helpful to have the figures broken down more clearly into percentage figures; to have the staff numbers in each Department recorded; and to have a narrative attached to the figures.

In addition, members thought that it would be helpful to have statistical information about forthcoming retirements. Susan Thomas agreed to provide the Trust Board with a version (anonymised) of the contract expiry dates which were provided quarterly to the Management Group.

ST It was agreed that these statistics should return to the Trust Board quarterly
for
Agd the time being.

11. **KNOWLEDGE AND SKILLS FRAMEWORK**

Judith Bell and David Lawlor gave a presentation on the Knowledge and Skills Framework and its application/implementation in the Trust. In addition, members had received a comprehensive set of papers on the KSF. In essence, the application of the KSF was closely related to workforce development, and linked with developmental review processes for individual members of staff (annual review; appraisal; personal development plan). It applied to all NHS staff except doctors and dentists.

12. **TRAINING**

Mary Joyce, Director of Academic Services, attended for this item.

Student Recruitment.

Members had received a Report on Student Recruitment and Income for the Academic Year 2004/05. Caroline Elton asked about the strategic implications of ‘increasing the level of training delivered outside our validated programme model’. Mary Joyce said this meant that, rather than sponsoring an individual to do a particular training course, organizations might consider commissioning training packages for groups of professionals. It was expected that the main growth would come from Clinical Governance and the Knowledge and Skills Framework. The Trust would keep closely in touch with the Workforce Development Directorates and monitor the MPET allocations.

Costings exercise(s). Academic Services had been successful in identifying the expenditure budget for last year. A more comprehensive project was underway to establish all the costs of all the activities in the Trust.

The Board required reassurance that the Trust’s management made active use of the costing information, e.g. what kinds of decision were taken on the basis of this information, and what kind of action would it take with a course that was making a loss. It was agreed that it would be helpful to have a discussion about the presentation of student recruitment and income, and the graphs used for the presentation.

Training Contract

Members had received a paper which was an update on the Training Contract paper presented at the last meeting. Correction to 4.1: Adult Department short course development. Allocation should read £5,000 (not £12,000).

TK
MJ
Agd Trudy Klauber and Mary Joyce were thanked for the above papers. It was agreed that there should be a longer presentation/Directors' Conference in which to discuss underlying policy issues in relation to training delivery; the conclusions drawn from the information; how it translated into action; and the Board's role with regard to this information. Also to discuss what kind of information the Board wanted, and the best way of presenting it. It was agreed to aim towards having a discussion paper for the Board in March 2005

13. **TAVISTOCK CONSULTANCY SERVICE**

Clare Huffington, Director of the Tavistock Consultancy Service, attended to present a report on the financial performance and activity of the TCS since November 2003, with an outline of a new five-year plan for 2004/09. She drew the Board's attention to a number of things within the report, notably the inability to appoint a new consultant due to lack of room space, which had affected the financial target for the year.

The TCS had devoted much attention in the past year to the integration and coordination of its work with consultancy in the Trust's Departments. Under recent achievements, the report gave details of successful bids in respect of enterprising and innovative programmes/projects and collaborative work with other centres of excellence.

Agd Clare Huffington was thanked for an encouraging report. She expressed the wish for an opportunity to talk to the Board about the strategic objectives of the TCS and how they were to be aligned with Trust strategy.

ITEMS TO BE NOTED

14. **DECLARATION OF TRUST BOARD DIRECTORS' INTERESTS.**
NOTED.

MWS To be signed by the Chairman.

15. **CONTROLS ASSURANCE ABOLITION**

Members had received a paper announcing the abolition of the Controls Assurance system, as at 1 August 2004. The system would be replaced by a 'single integrated set of Standards for the NHS'. It was not yet known how much of old system was transferring to the new, but, based on the available information, the Trust was meeting the requirements.

The Board NOTED that the Trust would 'no longer be self-assessing against the Controls Assurance standards, except insofar as they are incorporated in Standards for Better Health'.

16. **ASSURANCE FRAMEWORK.**

Updated version NOTED (amendments in *italics*). The main changes lay in recommendations made by the internal auditors. The next update would be in March 2005, unless there were significant shifts to report before then.

NT Nick Temple would report to the Board in March concerning the relationship
Agd between the Assurance Framework and the Audit Committee.

17. **CONFIDENTIALITY –
CODE OF CONDUCT FOR EMPLOYEES**

Revised Confidentiality – Code of Conduct for Employees APPROVED.

18 **CHI ACTION PLAN REVIEW**

Report RECEIVED and NOTED. Members asked about the status of this action plan, with the introduction of a new regulatory framework. David Taylor thought that, in terms of substance, there was probably not going to be a great deal of change, but the new terminology would be organized around *core and developmental standards* rather than pillars. Julia Smith would transfer the relevant action points from one domain to the other. In terms of regulation the emphasis was likely to be on self assessment. It was expected that the Strategic Health Authority would continue to monitor performance through regular meetings, and the Board should continue to monitor standards. David Taylor made the point that the work on the CHI action plan was now an integral part of the Trust's work, and that it was to the benefit of the Trust that this continue.

The next report would be a much shortened, summarized account of the work that was being done. David Taylor thought that, perhaps, there should be an extended discussion of clinical governance issues twice a year in future.

DT David Taylor would discuss with Maggie Wakelin-Saint when to bring future
MWS reports to the Board.
Agd

David Taylor, together with the colleagues who had helped to ensure that clinical governance was now thoroughly embedded within the Trust, were thanked by the Board.

19. **MINUTES OF CLINICAL GOVERNANCE COMMITTEE
OF 26 OCTOBER 2004**
NOTED.

20. **MINUTES OF AUDIT COMMITTEE 8 NOVEMBER 2004**
NOTED.

Agd **Re. third paragraph - addition to Terms of Reference. To be**
AL **formulated in the Audit Committee before coming to Trust Board for**
approval.