

THE TAVISTOCK AND PORTMAN NHS TRUST
Minutes of Trust Board Meeting held on Monday 10 MAY 2004

Present: Chairman
Maggie Wakelin-Saint

Non-Executive Directors

Caroline Elton
Matthew Lewin
Andrew Likierman
Emma Satyamurti

Executive Directors

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

Apologies: David Goldberg, Non-Executive Director

Secretary: Lotte Higginson

In Attendance: Adele Collins of the North Central London Strategic Health
Authority Performance Directorate
Janet Guthrie, Chair, LB Camden Overview and Scrutiny Commission
Eduardo Szaniecki SpR

Susan Thomas, Director of Human Resources re. Staff survey and IWL
with Wayne Owide, Survey Analyst
Mary Joyce, Director of Academic Services, re. Training

1. **MINUTES OF MARCH 2004 TRUST BOARD**

Accepted as an accurate record

2. **ACTION PARAGRAPHS AND MATTERS ARISING**

NT P2/item 5. There would be another Risk Register next month (June), based on the new objectives and the risks thereto, and reformatted to deal with additional controls assurance requirements.

P5. Maggie Wakelin-Saint had taken Chairs action on the amendment to the **Patients Representation** document.

DT P5. **Patients Survey**. David Taylor was investigating both issues. The general opinion in the world of psychology was that the Trust's response rate for this type of survey was not unusual. David Taylor would return with detailed figures. With regard to critical comments about aspects of Adult Department services, this had been discussed in the Clinical Services

DT Committee in order to identify ways of auditing and understanding the situation in greater detail. Increased contact with, and representation of, patients and carers was another avenue through which these matters could be explored. David Taylor would report back in September.

DT P6. **Patiens Prospectus.** Would come to the Trust Board for information. Probably available for June.

P7. Both items attended to.

3. **REPORT BACK FROM CHAIRMAN**

Members had received a written report.

The Chairman extended congratulations to Andrew Likierman on becoming a Director of the Bank of England.

Trust Board responsibilities: Caroline Elton had been nominated as Non-Executive Director for the performance of doctors. She would be working with David Taylor as Medical Director.

The Chairman's Report was NOTED.

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

The Non-Executive Directors written reports were RECEIVED.

5. **REPORT BACK FROM CHIEF EXECUTIVE**

Members had received a paper from the Chief Executive.

Nick Temple was pleased to announce progress on the **Chair in Child and Adolescent Psychiatry**, which was awaiting written confirmation from the Vice-Provost of UCL. The link which Professor Hobson had formed with the Institute of Child Health had been successful, and helpful in these negotiations.

Election of Dean, held at the end of March. Trudy Klauber had been elected as Dean. The process for a formal appointments board was going to be discussed in Part Two of today's meeting.

Henderson Hospital. The Trust had been invited to take part in a review body for the future funding of Personality Disorder Services. The developments initiated by the Henderson Hospital concerning possible partnerships were currently in abeyance.

Monroe Young Family Centre. There were complexities around the building development plans and the business case. The Trust was currently engaging with another set of planners at the LB Camden who had asked for further sets of modifications and information.

With regard to capital funding for the development, it was of concern that the Capital Unit of the Strategic Health Authority had suggested that perhaps this unit should be funded by Social Services rather than Health. Nick Temple had drawn to their attention that this was a health facility which provided a health service to Social Services in an area which the Government had declared high priority, i.e. child protection. He had also made the point that this was a relatively modest capital funding application. It had been suggested that the LIFT scheme in Camden PCT might be a possible second option, but it would be considerably more expensive.

Visit by Risk Pooling Scheme for Trusts at the end of March. The Trust had achieved Level 1. The latest feed-back was that the Trust had achieved 88.8% compliance which was a very good outcome. The Trust Board asked for a note of thanks to be recorded for Pat Key, Director of Central Services, and Lisa Williams, Risk Manager, who had done a huge amount of preparatory work. The next assessment, for Level 2, would take place in two years time.

6. FINANCE AND BUSINESS REPORT.

Members had received a Finance and Business Report giving the position as at 31 March 2004. The annual accounts were due to be completed this Friday. It was projected that the Trust would break even. The majority of the consultants' contracts had now been signed and implemented, and £124,000 worth of arrears had been paid. The estimated final cost for 2003/04 was £161,000 (against the originally estimated £170,000/£180,000). The final settlement offer was £110,000, a proportion of which was non-recurrent. Therefore the shortfall in 2003/04 amounted to £51,000, which the Trust had managed to cover by savings. In 2004/05 the Trust would need to cover £87,000. This cost pressure was anticipated in the budget set at the end of March.

Capital Expenditure Annex 1. The Trust had started the year with a capital budget of £114,000. During the year various extra allocations had been received – from the Access Incentive Fund and specific ICT funding. These were mostly spent (on ICT). The remaining underspend related primarily to the original allocation and the previous year's underspend. The Trust would be able to carry the £52,000 underspend forward to the new year, which meant that approx. £180,000 would be available for 2004/05. Simon Young expected to be able to present a capital budget to the Trust Board next month.

SY
Agd

The 2004/05 budget which the Trust Board had approved in March contained a large number of hypotheses. Additional income details, and saving so far

identified, were included in the Finance and Business Report. The position on income remained uncertain. The Trust had been advised in April that the national training contract value would be announced by 30 April. This had not happened, and as yet there was no advice as to when the announcement would be made. Training and other levies were still under review at the NHS Executive in Leeds, and the Workforce Development Confederations were still waiting to hear about their allocations. It was difficult to budget/plan in the absence of accurate information about the Trust's major budget, but Simon Young did anticipate a reasonable settlement and expected to be able, in time, to present a budget that would break even. He would return with a revised

SY budget to the June meeting. He noted that savings had been agreed in most
Agd departments, and were already being achieved.

So far the savings achieved amounted to £258,000. Based on the aim to achieve approximately 3%, it was hoped to reach £350,000/£400,000, i.e. a further £100,000 approximately.

The North Central London Strategic Health Authority was also subject to a savings plan. Trusts in the Sector had been asked to contribute to a savings programme coordinated by the SHA on behalf of PCT and Trust Chief Executives.

Members recognized that a great deal of work and struggle had gone into achieving a position of break even for 2003/04, and paid tribute to Simon Young and the Finance Department team in achieving this. David Taylor and Simon Young were thanked for their leadership in getting the consultants' contracts organised and agreed. David Taylor said that there was one final stage in the process - the paper contract from the DoH which had only recently become available and which needed to be signed. Once that was done he would be in a position to present the complete information about the consultants' contract process to the Trust Board. He agreed to do this at the
DT July Trust Board.
Agd

Simon Young said that the next major process, the *Agenda for Change*, which also contained major financial uncertainties for 2004/05, was now underway.

7. STATEMENT ON INTERNAL CONTROL 2003/04

Members had received a Draft Statement on Internal Control for information and comment.

It was pointed out that there was no reference in the Statement on Internal Control to the management of risks in relation to training, nor risks specific to research income or research governance. Simon Young said that he would welcome suggestions about any additions.

Similarly, Emma Satyamurti asked whether the Performance Director might have a role in terms of safeguarding the achievement of targets. Simon Young agreed to give some consideration to this, and to what extent performance management was also about risk management. Clearly the Director of Performance covered a number of areas which had risks attached to them, and was appointed to monitor that the Trust did not fail essential targets.

With regard to the Controls Assurance Self Assessment, on which the Trust had to report to the DoH by 15 May 2004, the Trust had scored satisfactorily on the three key standards of governance, financial governance and risk management; and had made substantial improvements on records management.

SY Agd The draft Statement on Internal Control 2003/04 was NOTED. The final Statement would return to the Trust Board in July for approval.

8. **OUTCOME OF NATIONAL STAFF SURVEY 2003**

Susan Thomas, Director of Human Resources, and Wayne Owide, Analyst, attended to present the outcome of the CHI National Staff Survey 2003 for the Tavistock and Portman NHS Trust. Members had received a paper summarizing the results.

The response rate was 72 percent compared with the highest achieved response rate of 79 percent and the lowest of 35%. The overall ranking of the Trust was good on all the key categories. Two areas of concern were highlighted: work-life balance and the level of training undertaken or offered to staff. Work was currently being undertaken on a training needs analysis.

In summary. The general results were very good. The Trust's management would attend to areas of concern.

Thought would be given to local questions in preparation for the next survey in October.

Susan Thomas and Wayne Owide were thanked for their presentation.

9. **IMPROVING WORKING LIVES – update**

Members had received a report on progress towards *Practice Plus*. The Trust had chosen to be assessed by May 2005. Alex Bediako, HR Manager, had taken the lead on the IWL initiative. An action plan project group had been formed.

As part of the report, Susan Thomas reported briefly on progress towards the *Agenda for Change*, due to be implemented in October 2004.

She also reported on the initiatives which the Trust had taken to support staff who wished to give up smoking. Robin Bonner of the Performance Directorate had recently taken the lead in this area.

Self assessment for *Practice Plus* would take place in February 2005. The external assessment would take place in May 2005.

ST Agd The report was NOTED. Susan Thomas agreed to return with a progress report in September.

10. **MODERNISATION AGENDA/
MENTAL HEALTH PERFORMANCE INDICATORS**

Apologies were received from Julia Smith, Director of Performance, due to illness. Nick Temple presented the report in her absence.

Members had received a Report/Review of the Trust's performance in respect of the Mental Health Performance Indicators 2003/04. Of the 21 targets applicable to the Trust, 15 ranged between average and above average, 4 were classed as 'pass', 1 was below average, 1 was n/a. The below average target applied to Workforce Datasets.

NT With regard to Human resource management, it was noted that the predicated position said 'low on training'. Nick Temple would ask Julia Smith what this meant in terms of staff opportunities for training.

The report was NOTED.

11. **TAVISTOCK MULBERRY BUSH DAY UNIT**

Members had received a brief report from Nick Temple, drawing attention to questions raised by the Mulberry Bush School about the future of the association with the Day Unit following a report from an educational consultant in preparation for a possible OFSTED visit.

NT An urgent meeting had been held with the Chair of the Board of Governors of the Mulberry Bush School and the Chair of the Branch Committee, in which it had been agreed that certain areas could be improved, including strengthening the role of the Branch Management Committee. Since then, a further meeting had been called for Saturday 15 May. Nick Temple would keep the Trust Board informed about any important developments.

It was recognized that, regardless of the outcome, the Trust itself should look at various aspects of the running/functioning of the Day Unit.

12. **TRUST OBJECTIVES 2004/05**

Members had received a set of draft Objectives for 2004/05 for approval. The objectives were related to progress made on the last set of objectives (for 2003/04).

Nick Temple said that another objective needed to be added, related to the further programme of IT, in particular related to the new NHS central IT programme, and more specifically the programme for mental health Trusts.

MR It was suggested, as part of the Trust's communication with the wider public and professional networks, that the objectives might include something about Trust's very active conference programme. Margaret Rustin would discuss with Mary Joyce whether a report on the conference programme should come to the Trust Board.

Members agreed that Patient and Public Involvement should either be a category of its own or come under Clinical Governance.

The following schedule was proposed by Maggie Wakelin-Saint:

NT Have updated achievements (as at end March 2003) on the 2003/04 objectives
Agd in tabular form for June meeting.
Have for approval at the June meeting the objectives for 2004/05 in tabular form.
In future, aim for these to be presented in March, i.e. bring to the Trust Board in March 2005 the objectives for 2004/05 and the achievements against them, and the objectives for 2005/06 for approval. This schedule was AGREED.

NT Nick Temple also hoped to present the business plan in tabulated spreadsheet
Agd form in June.

Nick Temple confirmed that the annual report was in progress.

13. **CLINICAL GOVERNANCE**

13.1 **CHI Action Plan.** David Taylor reported that there had been an annual performance meeting with the North Central London Strategic Health Authority in February, and a specific clinical governance review at the end of March on progress on the CHI Action Plan in relation to Star Ratings. The SHA was now in mid-process of their negotiations with the Health Care Commission. The Trust was striving to achieve 3 Star Rating.

DT David Taylor expected to present the Clinical Governance Annual Report and Development Plan to the July Trust Board.

Members asked for thanks to be conveyed to Irene Richardson for an enormous amount of work.

13.2 **CLINICAL GOVERNANCE**
Updated Terms of Reference for Clinical Governance Committee

The updated Terms of Reference were APPROVED.

13.3 **Complaints.** Members had received a report on formal complaints received in the 6-month period 1 October 2003 to 31 March 2004. The report was NOTED.

14. **ICT – report (verbal)**

Simon Young reported.

John Dolan, Head of ICT, had resigned in mid-March and had now left. There had been discussions about the future **structure and management of the ICT** unit. It had been decided to split the structure/roles into two areas: Network and Support, and Informatics. The Trust was about to recruit for a Network and Support manager, and a Head of Informatics.

Carenotes implementation and training was ongoing. A new version of the software was being installed this morning.

The timetable for the **London IT programme** was being developed and agreed for the North Central London Sector. The mental health IT programme was being developed London-wide.

15. **INTEGRATION OF CONSULTANCY IN THE TRUST**

Members had received a Report on the Work of the Trust Consultancy Group. The brief of the working group had been to see if it were possible to achieve greater integration and coherence of the consultancy work done in the Trust. As a first step, it had been agreed to establish a single intake group for all consultancy work in the Trust.

The developments were positively received and NOTED.

MR Margaret Rustin would keep the Trust Board informed about progress on a
Agd regular basis. She agreed to report again in October 2004.

16. **TRAINING**

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

Members had received a paper: **Managing training in the Trust - a new model for greater accountability.** The paper included a model of a budget for the future costing of courses.

The proposals created a structure and a system which was more clearly departmentally located, whilst retaining a strong linkage to Academic Services and the Training Committee.

Comment on the Terms of Reference for Department Training Committees: These seemed to be largely based on Departments taking account of the criteria set out by the Training Committee. It was suggested that there ought to be a bilateral process through which the Training Committee took account of on-the-ground knowledge from the Departments.

With regard to the course budget model, it was expected by the end of May to have the information with which to complete the forms and by the end of June to have this information incorporated into the spreadsheets. Therefore, by the end of June, it should be possible to produce a more accurate assessment than had been possible previously of the resources to be used in delivering each course.

It was recognized that the course budget proforma would inevitably reveal in greater detail which courses were financially productive and which courses subsidized others. This could be uncomfortable - however members considered that this helped introduce greater transparency into the strategic/tactical decisions made in the Trust. Subsidization was not a problem per se, provided the Trust knew why a particular activity was subsidized.

Members agreed that this was a great step forward in managing the training in the Trust. The Trust Board gave its APPROVAL for the recommendations in the paper.

17. **MINUTES OF CLINICAL GOVERNANCE COMMITTEE**

The Board received the Minutes of the 23 March Clinical Governance Committee which were NOTED and approved by the Board.

18. **RISK MANAGEMENT COMMITTEE**

The Board received the Minutes of the 4 March 2004 Risk Management Committee which were NOTED and approved by the Board.

19. **REGISTER OF SEALINGS**

The Board received a report on the Register of Sealings (Seal number 9) which was NOTED by the Board.

20. CLINICAL EXCELLENCE AWARDS

Members had received a set of information from the Chief Executive about the procedure for Clinical Excellence Awards which replaced both Distinction Awards and Medical Discretionary Points – the key change being the establishment of a Local Awards Committee, chaired by the Chief Executive, which would decide on the first eight levels of Award within the Trust and make recommendations to the Advisory Committee on Clinical Excellence Awards for the higher awards. The process of submitting applications/questionnaires was being organized.

Margaret Rustin suggested, in respect of the new arrangements, that it would be helpful to have non-medical representation on the Local Awards Committee to provide an overall Trust perspective. Nick Temple agreed that it would be helpful to include a senior non-medical representative on the Committee and would give consideration to this.

Members asked by which route the Chairs of Department and the Director of the Portman Clinic fed into this process. Nick Temple agreed that it was important that they should have an input. David Taylor commented that the application form included a section for the Trust's recommendation, and that, for the lower awards, some Trusts asked their Clinical Directors to complete that section of the form.

NT
Agd Nick Temple would consider, and take advice as appropriate, on the points about 1) Trust Board representation and/or lay person representation 2) non-medical staff representation and 3) Department Chair/Clinical Director input. He would return to the June Trust Board with the final process.

NON MEDICAL DISCRETIONARY POINTS

It had been agreed in the Remuneration Committee that some changes should be made to the Non-Medical Discretionary Points Committee – essentially the Head of Discipline of one Non-Medical profession was not going to be a voting member of the Non-Medical Discretionary Points Committee, but all the Heads of Discipline were going to be invited to attend the meeting to speak to individual applications/citations from members of their discipline. This was NOTED.

It had also been agreed previously that the allocation would reflect the financial circumstances of the Trust. In the light of the current financial situation and the severe pressures facing the Trust this year, the Trust Board gave its APPROVAL for 5 Discretionary Points to be awarded this year. Nick Temple was writing to the eligible staff groups explaining the position.

It was NOTED that there was no provision in the *Agenda for Change* for non-medical discretionary points or individual merit awards. Therefore this system would cease when the *Agenda for Change* was introduced. Any

points would be assimilated into the new system, and would be treated as protected salary.

21. **EXCLUSION OF PRESS AND PUBLIC**

It was resolved that, as publicity on items contained in Part Two of the agenda would be prejudicial to public interest by reason of their confidential nature, representatives of the press and public should be excluded from the remainder of the meeting.