

**TAVISTOCK AND PORTMAN NHS TRUST**  
**Minutes of Trust Board Meeting held on 13 June 2005**

Present: Chairman  
Maggie Wakelin-Saint

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

Executive Directors  
Nick Temple, Chief Executive  
Trudy Klauber, Dean of Postgraduate Studies  
Matthew Patrick, Trust Director  
David Taylor, Medical Director  
Simon Young, Director of Finance

In attendance: Stanley Ruszczynski, Clinical Director, Portman Clinic

Susan Beecham, of the North Central London SHA Performance Directorate

Contributors: Rita Harris and Kajetan Kasinski, re. Tavistock Mulberry Bush Day Unit  
Mary Joyce, re. Training Costings  
Jonathan Bradley, re. Race Equality Scheme

Secretary: Lotte Higginson

1. **MINUTES OF 9 MAY 2005 TRUST BOARD**

Accepted as an accurate record.

2. **FEEDBACK FROM ANNUAL TRUST BOARD MEETING WITH STAFF**

Members were agreed that today's staff meeting had been a well attended and successful event. Two excellent, succinct and thought provoking presentations had provided a good basis for engagement and dialogue.

It was clear from the meeting that there was a great deal of concern amongst staff about the *Agenda for Change* process and individual outcomes.

With regard to Foundation Trust status, the Chairman had confirmed that this would not go forward without staff consultation.

3. **CHAIRMAN'S REPORT**

The Chairman's report was NOTED. In addition, the Chairman announced:

that the Camden Compact Group had advised that it was pleased to welcome the Trust as a new signatory to the Camden Compact.

that proposals for reorganization within the NHS, notably the London Strategic Health Authorities, were going out for consultation.

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

The Non-Executives' reports were NOTED.

5. **CHIEF EXECUTIVE'S REPORT**

The Chief Executive's Report was NOTED.

**Re. appointment of new Trust Chairman** to succeed Maggie Wakelin-Saint in November. There would be a small, open event for potential candidates next Monday evening, 20 June 2005.

A **Non-Executive vacancy** would be coming up at the same time, but would be advertised later.

**Agenda for Change.** The Trust was under pressure to achieve the September 2005 timetable, and was strengthening the resources and introducing firm measures to speed up the process. Nick Temple was being briefed regularly by Susan Thomas, Director of Human Resources, and Louise Lissaman, AfC Project Manager.

Members were pleased to note that the AfC had resulted in pay improvements for lower paid staff. They asked whether the Trust would be reimbursed for the additional cost of these and any other pay improvements. Simon Young said that the Trust would be reimbursed, but that it would not be known until all jobs (or a fully representative sample) had been assimilated whether reimbursement would cover the full effect. A £400,000 reserve had been created from a combination of funding allocated for 2004/05 (6 months from October 2004) and funding for the High Cost Area Supplement.

**Succession Planning.** Had slipped slightly because the *Agenda for Change* and preparations for the imminent *IWL Practice Plus* inspection (week commencing 20 June) was taking up a great deal of HR time. The report IWL report was expected in August. The outcome would be reported to the Trust Board in September.

ST  
Agd

7. **FINANCE AND BUSINESS REPORT**

Members had received a report giving the financial position of the Trust as at 31 March 2005. As forecast, the Trust expected to break even for 2004/05.

The report included the following appendices: Income and Expenditure Report, draft Summarised Financial Statements (for annual report); Summary of Debtors; Waiting Times; DNA rates; Cashflow forecast.

The Finance and Business Report was NOTED.

Andrew Likierman asked how the debtors system would operate next year. Simon Young said that, in respect of students, there were one or two more things that could be put into place, but that, generally, Academic Services and Finance now had greatly improved in-year information about monies that were overdue.

Members raised questions about the income from court reports (higher than budgeted). Nick Temple said that there was no particular reason for this, other than an increase in the number of referrals. This was a high risk area of work because of its inherent litigious nature.

Stan Ruszczynski drew attention to the topic of this year's Edward Glover Lecture at the Portman Clinic which was on the on role of expert witnesses in child abuse court cases.

8. **TAVISTOCK MULBERRY BUSH DAY UNIT.**

Rita Harris, Clinical Director of the Child and Family Department, and Kajetan Kasinski, recently appointed Unit Director of the Tavistock Mulberry Bush Day Unit attended for this item. A report on the current position of the Unit, including recovery plan and business plan, as well as ideas for longer term service planning, had been provided.

Rita Harris opened by welcoming Kajetan Kasinski's appointment, saying that this had already started to create a different and more optimistic atmosphere at the Unit. Although the attention recently had been on the immediate financial concerns of the Unit, there were encouraging signs for recovery. The new Director had innovative ideas for its future development. Kajetan Kasinski drew particular attention to the fact that there had been a period of transition at the Unit, with the change of Director, and was not facing further transition as the Head Teacher was leaving after five years in post. The recovery plan included plans for a replacement for the Head Teacher.

Kajetan Kasinski was confident that the Unit had a great deal to offer, and came to the Board today, not only with a request for an overdraft, but also for feedback and support.

With regard to the signs for recovery, it was noted that, from a position of 6 pupils down and no referrals, the Unit currently had 7 referrals, with two confirmed placements. This would improve the financial situation, although it was clear that the Unit was not going to be able to break even in this financial year. Kajetan Kasinski was seeking an easement of the target/break-even figure of 16 children at any one time. Members recognized that, with such a

small number of pupils, a shortfall of just one or two had a major negative effect, and agreed that, perhaps, there was a case for either bringing down the break-even number, or for the Trust to accept the risks in referrals variations. However, it also had to be recognized that, if the Day Unit was running a deficit, this had to be covered by resources taken from elsewhere in the Trust.

With regard to the longer term planning, consideration would be given to flexible treatment packages and multi-agency referrals, and perhaps multi-agency funding in due course. The idea of flexible treatment packages and extending the work of the Unit beyond current boundaries was positively received by the Board. The Board was also supportive of a modest investment in the Unit's environment (as per draft proposal for capital funding amounting to approximately £5,000).

Members thought that the Day Unit ought to have a brochure of its services, in particular if it was going to introduce a wider and more flexible range.

Members asked whether there were any constraints to flexible working in terms of the partnership with the Mulberry Bush School. Rita Harris thought that constraints might emerge, but that it was hoped that these could be compensated for by a closer partnership with Camden Education. Or, the Unit might explore the possibility of obtaining its own DfES number. Nick Temple, whilst welcoming thoughts and discussion about future developments, cautioned against any disruption of the present arrangements before the viability of any other partnerships had been fully explored.

Agd Rita Harris and Kajetan Kasinski agreed to return to the Board with a progress report in six months time (December 2005).

## 9. COSTING OF TRAINING ACTIVITIES

Mary Joyce, Director of Academic Services attended to present a report which described the new methodology applied to the costing of the Trust's training activities, and to seek comments/advice on the next steps. She had already received helpful comments and advice from Andrew Likierman which she would incorporate in future reports. She said that this was a 'first cut' exercise. The model would be further refined in the coming year.

Mary Joyce explained the respective components of Annex A (a sample course budget) and its link with Annex B (income and expenditure summary of a Department courses budget).

The model did not include, at this stage, a calculation of the distribution of the training contract income. A significant proportion of this was used to fund the infrastructure necessary to develop and deliver Trust training activities. These infrastructure costs were not yet attributed to individual courses. It was

suggested that a simple formula for the distribution of the training contract income would be useful.

Nor did the costings take account of the clinical work undertaken by trainees which generated income and thus contributed to the fulfillment of the Trust's clinical contracts.

With regard to ways of quantifying the generic costs in terms of costs to the training enterprise, Mary Joyce said that, clearly, the Trust would need to find a meaningful formula – not least in order to have sufficient information to hand for negotiations with the purchasers of training/courses and university partners.

Andrew Likierman had offered to support Mary Joyce and Trudy Klauber as the work progressed.

Mary Joyce was thanked for an excellent piece of work.

#### 10. **REVIEW OF ETHNIC MINORITY TRAINING PROJECTS**

Trudy Klauber, Dean, had provided a report on the recruitment of black and ethnic minority students 2003/04. There had been a slight increase in the overall numbers of black and ethnic minority students overall, and a significant increase in applicants/students stating they were of Indian origin. TK Trudy Klauber agreed that it would be of interest to find out the reasons for this increase. She would raise with the Training Committee how, and in which context, the question might be raised, e.g. asking all students whether, and in what way, their background had influenced their choice of direction.

Members asked how the Trust's support for this group of students was going to be monitored. Trudy Klauber said that this was being done through the Black Student Support Group and the work done by Agnes Bryan and Britt Krause, Ethnic Minority Training and Development Consultants.

#### 11. **RACE EQUALITY SCHEME**

Jonathan Bradley, Chair of the Race and Equity Committee, attended for this item. Members had received a paper: *Race Equality Scheme 2005/08*. There were some further adjustments/decisions to be made, but approval in principle was sought for the scheme.

Jonathan Bradley reported that the evaluation methods had been changed since the last Race Equality Scheme. The new report had to fit into a scheme based around 8 main areas. Key issues were 1) the need to bring diversity issues within the Race and Equity orbit, and 2) finding an effective way of representing the Race and Equity structure/work centrally and at the highest level of the Trust. There was a proposal to form a strategy group consisting of

Dean, Director of Human Resources, Director of Performance, Clinical Director (or appointee) and Chair of Race Equity and Diversity Committee. In order to move forward to level three the Trust needed to strengthen its Race and Equity strategy.

Non-Executive input was still to be decided, as were some structural issues relating to the position of the Development and Training Consultants within the Trust and the Race and Equity Committee.

Emma Satyamurti offered to meet with Jonathan Bradley to discuss some of these matters.

David Taylor thought that it would be helpful to have a form of linkage between the Race and Equity Strategy Committee, and/or the Race and Equity Lead and the Clinical Governance Committee. Alternatively, to have group of people who could discuss proposals relating to clinical service developments. Jonathan Bradley was in agreement with the proposal for a closer link with clinical governance.

JB     The Board gave its APPROVAL for the Scheme as far as it had got.  
Agd    Further comments by members of the Board were welcomed. The final  
          document would return to the Board for noting.

## 12.    **TRUST MEDICAL STAFF APPRAISALS**

David Taylor, Medical Director, had provided a report on Consultant Appraisals 2004/05, Job Planning and the Medical Discipline – detailing the process, results and qualitative findings from the discussions. This was the second year of the operation of the new Consultants’ contract/package. Key findings from work done by the Trust’s auditors were contained in appendix 1. of the report. Their audit focused, in particular, on the DoH’s desire to ensure service benefits from the new contract. In general, the auditors were satisfied with the ways in which the Trust had implemented the Consultants’ contract. The Trust would look closely at benefits realization in the coming year. With regard to the perception of significant financial gain from the new Consultant contract, David Taylor said that although many Consultant had gained from the move from a contract based on sessions to programmed activity, this would not necessarily translate into efficiency gains, as many Consultants were working beyond their contracted hours in any case.

A fairly consistent message from the appraisals was an issue about the ability of medical Consultants to take up leadership roles in a multi-disciplinary setting – something which the Trust would have to address.

The report stated that, in the Portman Clinic and the Adult Department, the medical Consultant group was under-strength, largely because approximately 30% of Consultant sessions were taken up by senior management roles in the Trust.

Members noted that, although the Consultant group in the Portman Clinic was felt to be under strength, there appeared to be some tardiness in recruiting to a vacant post. They appreciated that the Portman Clinic was keen to recruit the right person for the job, but did not consider it a good thing to hold back on the premise of waiting until it the perfect pool of candidates emerged.

David Taylor was thanked for his paper.

13. **TRUST STRATEGY**

Nick Temple had provided a set of papers:

- **Review of Trust Strategy 2002/05**

Nick Temple said that he would welcome comments on the format

- **Outline Trust Strategy 2005/08**

Proposing a programme of strategy development to take place over the next 6 months, but also needing to be ongoing and live, not fixed.

Members agreed that the programme needed to come forward to the Board for approval at the point at which it was finalized. There should be clear provisions to deal with ongoing strategic developments, e.g. by means of Board awaydays and Board Directors Conferences. Nick Temple suggested that strategy development should be regarded as a formal project/programme requiring partnership work between the Trust Board and the Management Committee.

There was already a programme of regular Management Committee strategy meetings in place. The Trust might wish to have other special meetings. e.g. joint Management Committee/Trust Board awaydays/strategy meetings. Nick Temple and Maggie Wakelin-Saint would consider/discuss a schedule.

- **Provider Sustainability Plan** – the new form of the Business Plan.

Simon Young reported that there would be a performance review meeting later this week with KPMG, following which the Trust was required to agree a Board Statement and a Board Memorandum at its meeting in July, confirming that it had a robust plan in place for the coming year, and for the following two years.

A question was raised about the relationship between the Trust Board and the Management Committee, in particular how Trust Board strategy discussions were taken forward for discussion in the Management Committee and then returned to the Board; and, in particular, ensuring that strategy led to action, and that there was the management capacity for this. Nick Temple agreed that this required an ongoing and dynamic process – he saw no reason why there should not be continuing progress.

With regard to the Clinical Strategy Group led by the Trust Director (ref. p2 of Trust Strategy 2005/08) David Goldberg saw this as a Group which would develop strategy and bring it to the Board for agreement.

Andrew Likierman thought that the 2005/08 outline strategy document was an excellent start, but that it should be refined/sharpened up so as to provide a context in which decisions about priorities could be made. He suggested that the document should provide a steer on the Trust's different aims - e.g. it could expand on the aim to establish a regional site; under communications strategy it could specify what was meant by 'influencing national mental health policy'. The aims should then turn into a clearly defined strategy. The Trust's aspirations and direction should be clearly stated. Certainly, this should be on the table before the Trust embarked on Foundation Trust Application.

Maggie Wakelin-Saint wished to see more detail about the strategy for international work.

NT It was suggested that Nick Temple discuss the draft strategy 2005/08 with the  
Agd Management Committee so that it could consider how to achieve a timetable  
which would enable the strategy to return to the October Trust Board for  
approval. Nick Temple said that he would welcome suggestions on a  
All to assist/advise. Members were invited to send comments on the 2005/08  
strategy directly to Nick Temple.

#### 14. **COMMUNICATIONS STRATEGY.**

Agd Matthew Patrick anticipated that this would come to the Board meeting in July  
MP following discussion in the June Management Group. He had produced a first  
draft of the strategy and had invited additional input and views. He  
envisaged a purposeful, vigorous and properly resourced communication  
function.

#### 15. **IMPROVING EFFICIENT FUNCTIONING OF THE BOARD**

Members had received a paper from Maggie Wakelin-Saint setting out five proposals to improve the efficient functioning of the Board.

MWS Members agreed that it would be useful for contributors to have a set of  
guidelines prior to the meeting.

Members agreed that it would be helpful in enabling the members of the Board to focus on what they were required to do if all reports/papers were accompanied by a succinct summary, including the requested action.

With regard to the Trust Board agenda, it was suggested that a shorter agenda would allow more room for discussion of the major items and would facilitate the process of moving from ideas to implementation. A shorter main agenda might be possible if more items came to the Board for noting only.

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ITEMS FOR NOTING

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16. **ASSURANCE FRAMEWORK**

NT **New Assurance Framework** based on the new Trust Objectives 2005/06, linked to the new National Standards for Better Health. It was noted that there were no risks within the Framework which were both 'high' on likelihood and impact. It was suggested that any changes should be noted on the front page in future so that they came immediately to the reader's attention.

NT It was noted that the objective to develop equal opportunities work related only to improvements to management structures and leadership. It was agreed that reference to equal opportunities should also be made in the context of clinical services, i.e. under the improvement of standards of services to patients.

With these comments, the Assurance Framework based on Trust Objectives 2005/06 was APPROVED.

17. **RESEARCH REPORT**

AC Agd An interim report from the newly appointed Director of Research and Development, Professor Andrew Cooper, was NOTED. Andrew Cooper was currently working towards the submission of the Annual Research and Development Report to the NHS, by 1 July 2005. He would report more fully to the Trust Board thereafter.

18. **PATIENT AND PUBLIC INVOLVEMENT ISSUES**

Update on PPI work for the Trust  
NOTED.

19. **PATIENTS SURVEY 2004 – Report**  
**PATIENTS SURVEY 2004 – Insert for Patients Prospectus**  
NOTED

20. **MINUTES OF CLINICAL GOVERNANCE COMMITTEE**  
**Minutes of Clinical Governance Committee 26 April 2005 NOTED.**

21. **POSITION STATEMENT/PROGRESS REPORT ON CALDICOTT**  
**From Caldicott Guardian, Richard Davies**

Including:

- Background and developments since 1997
- Main areas to be attended to
- Areas of progress in 2004/05
- Work planned for 2005/06

NOTED

A Comprehensive Security Policy was to be drafted and approved by the Board.