

Board of Governors Meeting

Notes from a meeting held on Tuesday 9th January 2007 at 4pm
in the Lecture Theatre

Present

Dr Robin Anderson, Public: Rest of London
Jennie Bird, Public: Camden
Mr Robin Bonner, Staff: Trades' Unionists
Mr John Carrier, Primary Care Trusts
Ms Stephanie Cooper, Public: Rest of London
Mrs Amanda Hawke, Staff: Administrative & Technical
Lou James, Public: Camden
Angela Kenny, Public: Rest of London
Chrissie Kimmons, Public: Rest of England & Wales
Dr Aulay Mackenzie, University of Essex
Ms Claudine Strickland, Public: Rest of London
Mr Michael Whiteley, Public: Camden
Mr John Wilkes, Public: Rest of London

Chair

Mr Nicholas Selbie, Chair

In attendance

Dr Nick Temple, Chief Executive
Mr Julian Lousada, Clinical Director of Adult Directorate
Mrs Julia Smith, Director of Performance and Development
Mrs Susan Thomas, Director of Human Resources
Ms Carmila Legarda, Acting Manager, Equality and Diversity
Mr Jonathan McKee, Acting Secretary to the Board of Governors
Ms Pat Key, Director of Central Services

In addition, 1 Non-Executive Director (Mr Matthew Lewin) and 1 member of the public (Joy Downie).

1. Welcome and Chair's Opening Remarks

The Chair noted the relatively high number of mental health trusts applying to become NHS foundation trusts. This may be of interest as it will raise the profile of mental health within the regulatory system.

The Chair noted there would be no finance report, as this is an extra meeting. The next report will be in the March meeting.

2. Apologies for absence

Ms Alison Armstrong, Specialist Commissioning

Dr David Bell, Staff: Clinical, Academic, Senior
Ms Caroline Garland, Public: Camden
Ms Simone Hensby, Non-Statutory Sector
Dr Caroline Lindsey, Public: Rest of London
Professor Susan Price, University of East London
Councillor Kirsty Roberts, Local Authorities

3. Minutes of the last meeting

These were amended to show John Wilkes said *vertical* and *horizontal* and not *x* and *y* axis

- The Chair to sign once amended

It was agreed that draft minutes would be posted on the website once checked by those attending, prior to formal approval at the following meeting.

- Trust Secretary to circulate draft minutes for checking to members and attending staff prior to posting on website

4. Matters arising

3. Role of Governors

The trust had sought two governors to join staff in thinking through the programme to support and train governors. John Wilkes and Jennie Bird kindly put themselves forward.

- Jonathan McKee to convene a planning

4. Chief Executive's Report on the Integrated Business Plan

Nick Temple assured the Board of Governors that any discussions with the private sector were tentative and necessary in order to fulfil the trust's obligation to understand the health economy in which it operates.

5. Financial position 2006/7

Nick Temple advised the Board that there was no news on any of the research and development (R&D) bids to date. Nick also acknowledged the kind offer of assistance by Chrissie Kimmons.

- Chrissie Kimmons, Nick Temple and Professor Andrew Cooper to meet.
- Jonathan McKee to set up meeting

6. Appointment of Chair, Non-Executive Directors and Auditors

Jonathan McKee confirmed that he had sent a letter to the NEDs informing them of their reappointment following the governors' decision at the last meeting.

7. External Partner Stakeholder Event

Governors were thanked for agreeing to the proposals Jonathan McKee set out in the paper at the previous meeting; further to this, those planning the event had suggested that some governors might like to be paired with staff at the event in order to co-facilitate discussions.

Some governors were concerned that they would be required to be experts on the NHS and the trust. Nick Temple assured them that their role would be to co-facilitate the discussion, and not to provide expert knowledge.

Jonathan McKee advised that this meeting's purpose was very much to support governors in linking with the members and stakeholders whom they represent. This event forms part of the internal and external dialogue that generates the thinking behind the rolling five year Integrated Business Plan (IBP). Following this meeting, the governors and directors will meet on 6th March to consider issues raised there and by the Board of Directors. Following the meeting of the Board of Governors on 6th March, the Board of Directors will finalise proposals and produce formal plans for submission to Monitor taking into account the views of members and stakeholders.

John Carrier noted that this was one of the most constructive events he had attended in a long time due to the honest and well-thought-out approach the trust had taken to dealing with those stakeholders attending. Claudine Strickland, John Carrier, John Wilkes and Stephanie Cooper were amongst those governors who gave an early indication that they would be willing to co-facilitate a group.

8. PPI Review

Jonathan McKee advised that the government is currently reviewing patient and public involvement.

General administration

Governors were asked whether they were content to have papers delivered in the current format; governors confirmed they did prefer this and could put papers in the folders provided to them. Governors emphasised that they would prefer other correspondence to be sent by e-mail (unless otherwise stated). Jonathan McKee confirmed that he would provide a bespoke service according to governors' wishes. It

was agreed that in future a draft copy of the minutes would be circulated to governors for comments and any corrections would be made via e-mail. This corrected version would then be placed on the web for anyone to access pending final formal approval at the next meeting.

It was noted that all papers to date had been published on the internet but governors reserved the right to make certain papers confidential and certain parts of meetings confidential as required.

5. Chief Executive's Report

Nick Temple had circulated a paper. Nick emphasised that finances were severely challenged now and the likelihood is that the challenges will be greater next financial year.

Nick was pleased to announce that the trust had successfully moved some offices to Centre Heights, freeing space at 120 Belsize Lane for service use. Though a relatively small move for the NHS, this was a very major development for the trust, and Nick indicated that the trust was exploring the possibility of similar moves in the future.

John Carrier indicated that he had an interest in the following business and would not take part in the discussion: -

Nick Temple announced that the Tier 2 Child and Adolescent Mental Health Service (CAMHS) bid to Camden PCT was progressing satisfactorily. However, negotiations on existing contracts would be tough. The Strategic Health Authority (SHA) has issued tough guidance for 2007/8.

The trust seemed to be on target to meet upside case projections for education and training.

There had been good progress in developing the new management arrangements for the consultancy service.

Claudine Strickland asked whether many students came from abroad. Nick Temple responded to say that there was a significant number from the Pacific rim and there were very interesting developments in collaborative working with partners in Turkey.

Amanda Hawke asked about potential sources of R&D funding. Nick Temple responded to say that the trust has never been wholly dependent on NHS R&D funding and that he was keen to explore new sources and would be

doing so with Professor Andrew Cooper and Chrissie Kimmons. Chrissie Kimmons noted that the EU has €6 billion available and that bids were now being received.

John Carrier made the general point that the SHA's timetable is tight and that financial penalties may be imposed upon PCTs who are not ready by the given deadline. Robin Bonner, in his capacity as a member of staff, added that all contracts need to be signed with all commissioners within the first year of being an FT, and that all major contracts had already been signed (including that with Camden PCT, the largest commissioner).

John Carrier felt the four areas for development over the coming year would be: payment by results; practice based commissioning; tariff; and *choice*.

PCTs roles would be one of performance oversight but in partnership with provider organisations, a useful analogy was organisations should be "dancing together, not playing tennis!".

Nick Temple felt that the trust had done much useful groundwork in preparation for becoming a FT and noted PCTs were under considerable pressure too.

Governors felt the phrase "mission and position" was a useful one that could be used in forthcoming planning documents and thinking. Michael Whiteley was keen that the trust gives adequate resourcing to the management and facilitation of securing funding from various sources for all activities.

6. Equalities Structure and Strategic Framework

Julian Lousada and Julia Smith had circulated a paper. Julian explained that Julia and he had been invited to chair a new group in the trust to draw together the various elements looking at equality and diversity. The group had a clear remit, although it was very much in its infancy. Julian had noted the Department of Health's *positively diverse* programme talks of stubborn resistance of institutions within the NHS, that is, not wilful, but resistance nevertheless; the trust was mindful of this thinking in its approach to the subject.

One key area the trust will be looking at is access, especially in relation to BME projects. Other areas, for example, sexual orientation were notoriously difficult to study but the trust will nevertheless endeavour to work on all aspects of equality and diversity. Julian felt that in some quarters the trust had an unwarranted reputation for being a relatively "white" institution (though this probably compares similarly to other trusts) whereas in fact the trust has a relatively good record in providing services to the various communities.

Julian noted that not all the data that was present with the paper was necessarily in the format that he would like, nevertheless, this was the data that is currently available and part of the project will be to produce and present data in a more readily understandable and manageable form. The focus of the project will be: 1) to consolidate the existing work; and 2) Impact Assessment Schemes, that is, evaluation.

In order to assure the trust of the effectiveness of the project, an independent advisory board will be established to monitor activity. Julian hoped that a governor will join this group in due course

- Jonathan McKee to put on the March agenda

All clinical directors have been invited to produce a strategy which will be published.

Some initiatives, for example the highly acclaimed black leadership programme, are early examples of the kind of work the trust has done well and will continue to do. However, Julian Lousada noted the suspicion by some ethnic communities towards mental health organisations in general.

Julian noted the legislation in these areas is voluminous and that the trust must have a project that is manageable and that will enhance the reputation of the trust. Nick Temple added that the figures were very detailed and Julia Smith added that despite this the Board of Governors could see a reasonably good picture of the trust.

Lou James noted that the BBC had a positive discrimination policy though this had aggravated existing staff. Nevertheless, Lou felt that in making progress it was sometimes necessary to make compromises in the short term in order to deliver the more important objectives over the long term. Julian agreed that this was a debate in which the trust needs to engage.

Robin Anderson felt that in terms of delivering mental health to those that need it most, BEM communities were often underserved. However, due to the trust's ethos, we have a very positive offering to such groups, and it is important that we make progress in this area.

Robin Bonner noted that in addition to positive discrimination, other creative solutions do exist, particularly around employment. Nick Temple added that we have a training escalator approach that would be of use in this area. Nick also referred to a proposed training programme for intercultural psychoanalytic psychotherapists, which will hopefully start in the next academic year. This would have a very major impact on the institution. John Carrier noted the difference between equality and equity and that socialisation was also a factor. Michael Whiteley offered a different

perspective in that thinking about population in terms of their socio-economic status was also useful.

Chrissie Kimmons was anxious that the trust actively managed any adverse reputation.

7. Estates Report

Pat Key had circulated a paper. Pat explained that this paper was presented as part of an ongoing process within the trust looking at estates and facilities; and that governors and directors would explore the issue in relation to financial and service developments at the March meeting. Pat noted the lack of access to capital under the old NHS system had hampered improvements, but that being an FT gave the trust greater opportunities to explore growth. Indeed, over the last five years growth had been at an exponential sixty per cent and this had put great strain on existing facilities.

Pat noted that the Monroe Young Family Centre was built in 1970 as a temporary building and was still in use to this day! It was noted that it was as a result of funding from a source linked to Marilyn Monroe that the centre was established. John Carrier supported by several governors indicated they would prefer the full name of this unit to be used ('The Marilyn Monroe Young Family Centre) in recognition of the interest Marilyn Monroe gave to young people.

- Nick Temple to address use of name

The day unit building, located in Daleham Gardens had also been in use for some time, and there were questions as to whether this was appropriate for the service being offered.

Following a full survey of the estate, the trust has now to consider its various options. Lou James commented that property might be cheaper in other areas. Robin Bonner added that not all patients were from Camden and that the trust was looking at other possible venues in Barnet and Haringey and at Leeds. John Carrier noted that the approach used by Great Ormond Street Hospital and Moorfields hospital was one of locating satellite units in other areas and this was one the trust should pursue. Nick Temple noted all of the exciting possibilities and felt that a relatively small amount of capital could make large improvements for patients and other service users. However, many options present themselves, and it is only going to be through careful planning that the trust will make best use of the facilities. Stephanie Cooper felt that satellite sites were a good way to address BEM community needs. However, several members felt that overemphasis on satellite sites was unhelpful as there was no evidence to suggest that people were intimidated

by the existing locations, rather than the trust must market itself to commissioners, referrers and patients effectively in the first place.

Governors welcomed the opportunity to undertake a tour of the trust's premises on March 6th 2007 prior to the next meeting.

- Jonathan McKee to organise

8. Remuneration of Trust Chair and Non-Executive Directors.

Nicholas Selbie suggested that recommendation 4 (remuneration of the chair) should be deleted and that the chair's remuneration be reviewed at the next meeting. This was agreed.

As to the remaining issues, Susan Thomas added some detail: that from 1991 until 1998 NED pay was static. Increases had been marginal since. However, the role of NEDs has changed and recently some FTs have increased the remuneration of their NEDs. Jonathan McKee noted that at a recent meeting of new FTs the average seemed to be around £7,000, which was what the trust was suggesting. Jonathan also pointed out that as there were relatively few FTs and of those, not all of them had come to a view about remuneration of NEDs, therefore not a great deal of data was available. Susan had found some information about the following trusts: Moorfields were paying £7,900, Oxleas £7,500, UCLH £15,000, SLAM, £1,300.

In addition, some trusts were varying the rates according to the work undertaken. It was noted that some mental health trusts who detain patients are occasionally obliged to hold managers' hearings, and this has a significant impact on their workload, which seems to be remunerated separately (this circumstance does not apply to this trust, as we do not have any in-patients).

John Wilkes felt the paper lacked evidence to support all recommendations and this was unhelpful. In addition, John felt that presenting information at the meeting made it difficult for him to reflect on what was being proposed and reach a reasoned judgement; Susan Thomas apologised for any shortcomings in the paper. John Carrier was not over concerned on this particular occasion, as the issue seemed to be relatively uncontentious, and that in any case the governors would have an opportunity to review this in the future. Nicholas Selbie pointed out that this was a very new process for all concerned, and that the trust was trying to get it right. A commitment was made a fuller analysis would accompany any future proposals to the board.

The consensus was that the payment paid to NEDs must be reasonable and fair. It was also noted that the timescale for making the decision is tight, as governors are obliged to seek to appoint new NEDs by the autumn. John

Wilkes concurred, noting that £7,000 per annum was in fact what other PCTs seemed to be offering.

Lou James suggested that there might be some flexibility in making payments to exceptional candidates. However, Angela Kenny pointed out that it would be unfair to say one thing to one group of people, and be prepared to change it on request to another and that the advertised rate should stay. This was agreed. Recommendations 1, 4 and 6 were deferred to the next meeting. Recommendation 2 and 3 were adopted. Recommendation 5 was deleted.

9. Board of Governors Committee Structure

9a. Appointment of the Trust Chair and Non-Executive Directors (NEDs)

This paper was adopted; it was decided to defer appointments to the panel for the appointment of the Chair to later in the year as this matter was not pressing. It was agreed that the independent advisor in paragraph 1.2 would be the Director of Human Resources, or her nominee. John Carrier proposed that John Wilkes, Chrissie Kimmons and Lou James would be the governors to serve on the panel for the appointment of non-executive directors, and it was agreed that the panel chair would be the Trust Chair. This was agreed. The terms of reference were adopted. Appendices 3 and 4 were noted.

9b. Membership and Governors Strategic Review Committee

These recommendations were adopted. The staff would consider who their representative should be with David Bell outside the meeting, and let Jonathan McKee know. Aulay Mackenzie kindly agreed to represent the nominated governors. Jennie Bird and Angela Kenny kindly agreed to represent public governors, leaving one vacancy to be filled in March.

10. Board of Governors Objectives 2007

This paper was agreed.

- Jonathan McKee to draft some suggestions for consideration at the next meeting of the training and support programme for discussion and possible adoption at a future meeting.

11. Any other business

Some governors asked for any other business to be added to the agenda of future meetings. This was agreed.

Robin Bonner pointed out that the governors had not established many committees on their own initiative. John Carrier was concerned that the

Board follow the good practice outlined in *Intelligent Board*, which discouraged the establishment of committees and sub-committees.

12. Notice of Future Meetings

This paper was noted.

Date of Next Meeting: Tuesday 6th March 2007, 3pm – 6pm, 5th floor lecture theatre, Tavistock Centre.

The tour of the trust will precede this meeting, details to follow.

The meeting closed at 6:15

Action summary