

Board of Governors' Meeting

Minutes from a meeting held on Thursday 12th July
at 3pm, in the Lecture Theatre

Present

Dr David Bell, Staff: Clinical, Academic, Senior
Jennie Bird, Public: Camden
Mr Robin Bonner, Staff: Trades' Unionists
Ms Stephanie Cooper, Public: Rest of London
Councillor Roger Freeman, Local Authorities
Ms Caroline Garland, Public: Camden
Mrs Amanda Hawke, Staff: Administrative & Technical
Chrissie Kimmons, Public: Rest of England & Wales
Dr Caroline Lindsey, Public: Rest of London
Mr Michael Whiteley, Public: Camden
Mr John Wilkes, Public: Rest of London

In attendance

Mr Nicholas Selbie, Chair
Dr Nick Temple, Chief Executive
Mr Simon Young, Director of Finance (item 6)
Ms Susan Thomas, Director of Human Resources (item 10b)
Professor Sir Andrew Likierman, Senior Independent Director
Mr Jonathan McKee, Trust Secretary

Observers

Two members of the public attended.

1. Chair's Opening Remarks

The Chairman welcomed Councillor Roger Freeman, who is the new Governor for Local Authorities, nominated by the London Borough of Camden. The Chairman thanked Robin Bonner for offering to assist with agenda setting. The Chairman welcomed the PPI forum to the meeting, who were observing.

2. Apologies for absence

Dr Robin Anderson, Public: Rest of London
Ms Alison Armstrong, Specialist Commissioning
Mr John Carrier, Primary Care Trusts
Lou James, Public: Camden
Angela Kenny, Public: Rest of London

Dr Aulay Mackenzie, University of Essex
Professor Susan Price, University of East London
Dr Claudine Strickland, Public: Rest of London

3. Minutes of the last meeting

These were accepted.

4. Matters arising

None.

5. Chief Executive's Report

Nick Temple circulated his report. Nick reported that the Trust had made a small surplus at the end of 2006/07; this left the Trust with very little scope for investment. The 2007/08 budget was challenging, and included further cost-improvement programme activities. However, NHS London is renegotiating the Trust's training contract financial settlement for 2007/08 and has already offered to reinstate some cuts made to the financial settlement in 2006/07.

He noted the production of the Annual Plan, and was optimistic following the successful bid for the Camden CAMHS service, and other bids for new work were being developed. Nick noted that referrals were being tightly managed by Primary Care Trusts (PCTs), and that growth in these contracts is unlikely. He noted that good progress had been made in delivering training objectives, though as the academic and financial years are different, the position for the 2007/08 academic year would not be known until late autumn. Nick reported that the Tavistock Consultancy Service had been reorganised following the decision not to appoint a director for the service. Nick also reported that the Trust was exploring links with the private sector, and a debate continues within the Trust as to what the nature of this engagement might be. The research department continues to work on new bids. However, the environment for research remains challenging.

Meanwhile, the Trust's estate needs new investment, and the rental of a new floor at Centre Heights might provide opportunities for rationalising the estate. The Trust needs to consider the future site of the Day Unit, and that of the Monroe Young Family Centre.

Overall, Nick Temple felt that the Trust had made good progress in difficult circumstances, and hoped to make good use of the new opportunities that presented themselves.

Caroline Garland said that previous attempts to acquire funds for

research through the Tavistock Clinic Foundation had been difficult, and wondered whether the climate had changed. Nick Temple reported that there was interest from potential funders; Chrissie Kimmons added that there were a number of sources with dedicated mental health funds, such as the European Union, the Wellcome Foundation, and others.

David Bell pointed out that the Trust was operating in a challenging commercial environment, in which choice was being promoted, whilst in reality, access was often very limited. David noted frustration amongst staff who are unable to 'over-perform' on certain contracts, which often left patients who are suitable for treatment without access. Clearly there is a tension between being transparent about this dilemma, and invoking frustration and generating complaints amongst respective patients and thus risking the relationships that exist with the commissioners. Nick Temple added that PCTs were also operating in a challenging financial environment. Governors noted the variations in access as listed in paper E.

Stephanie Cooper asked whether there might be any effect on the Trust as a result of prospective FT status for Barnet, Enfield and Haringey NHS Trust. Nick responded that the Trust was not the exclusive provider of mental health services in North London, and could find itself in competition with other FTs. Although there are some that seem to advocate competition between FTs as desirable, the Trust's approach has always been one of partnership wherever possible. This has worked well for the Trust in the past.

Caroline Lindsey noted national policy recommended that child mental health services should be provided locally. A model that the Trust might use could be to deliver services in various localities.

David Bell said that the same model would not apply to the adult department, as few other psychiatric and psychological service providers offer psychotherapy services.

Caroline Garland felt that the Trust should be open in its correspondence with patients turned down for reasons of financial restriction by PCTs, and that they should be made aware that they have a right to appeal any such decision with the PCT in question.

Michael Whiteley said that the way PCTs allocated funds was not conducive to choice, and that they tended to operate on a first come first serve basis, rather than seeking to prioritise funds to those in most need.

- NT** ➤ Nick Temple will monitor this situation, and report back to the Board of Governors at the next meeting

6. Finance Director's Report

Simon Young presented his report. Simon noted that the Trust was in surplus and was forecast to remain in surplus. However, the fall in consultancy income had meant that forecasts had had to be changed.

Simon explained that the Trust's financial risk rating awarded by Monitor was three, and although this was not the highest rating, it was satisfactory. Whilst the Trust expects to improve its financial performance, it will remain a tough year, and it is unlikely the rating will alter during this period.

Simon noted that though extra funds were being secured through the training contract, there was less income being generated through patient contracts, and this had had a balancing effect. Nevertheless, the cash balance in the bank remains positive, and is expected to remain so. Robin Bonner asked whether the Trust might get more than NHS London's initial offer; Simon confirmed that this might be the case.

7. Annual Plan

Nick Temple presented the Annual Plan to Governors. Nick noted that although the Trust had completed the integrated business plan in October 2006 as part of the application process to become an NHS FT, the Trust was obliged almost immediately to start work on a new plan for 2007. Clearly, the Trust did not intend to make radical changes to its planning assumptions and objectives, but had found the consultation with the Board of Governors in March helpful in making the changes and alterations that had been made. Nick noted that in particular the Board of Governors desire to expand and improve business planning processes had been noted and acted upon.

Nick noted that cost improvement programmes were inherent in the Annual Plan. Nick also noted that the estate was under some pressure, although the provision of services in new locations may provide relief. The new London Health Strategy promoted the idea of 'polyclinics', which were an opportunity for the Trust.

Nick reported that a satisfactory meeting with Monitor had taken place that had explored the Annual Plan, and that Monitor and the finance department were currently examining the financial model's output. Nick noted that there would be a report produced by Monitor outlining their view about all FTs' plans; this is due in August.

Roger Freeman asked whether the plan would be reviewed at the same time as it was being updated. Nick Temple confirmed that the Plan would be reviewed with the Board of Governors at their meeting in February 2008.

David Bell asked whether the bids for new services were included in the new financial model. Nick Temple explained that these were not included, and that they would therefore be additional to the projected income. This meant the income predictions in the model became more hypothetical the further into the future the plan forecasts.

John Wilkes was disappointed to notice that subtle changes to the wording of the Trust mission and vision statements seemed to downgrade the Trust's ambition. Nick Temple felt that this point was well made, and agreed that the document needed to be stimulating and he would review this.

Nick Temple noted that The Lord Darzi's review of health had resulted in the *London Health Strategy*. It was the opinion of NHS London that there were several district general hospitals that were economically unviable, and the cost to the London Health economy was c£400m. Clearly this has an effect, albeit indirect, as a financial pressure on all London NHS organisations including this Trust.

There was a great deal of interest in the possibility of establishing a presence in polyclinics. Nick Temple reported that he is meeting with Chief Executives of PCTs locally, in order to indicate the Trust's interest in having a presence in their polyclinics. How this will be financed has yet to be arranged. Governors commended the Chief Executive in securing mental health as an integral component of the polyclinic concept. The Board of Directors intends to prioritise engagement with a few polyclinics. Whilst Governors were enthusiastic about the prospects of this approach, there was general agreement that the Trust needed to be cautious about investing in such strategies. Chrissie Kimmons noted that Professor Sir Ara Darzi was a surgeon by profession, and it was imperative that the Trust continued to influence dialogue and thinking as new plans were formulated. Chrissie noted that the forthcoming consultation on the Queen's Speech, especially in relation to the Health and Social Care bill due in the autumn, was an opportunity for the Trust to realise its policy objectives. Nick confirmed that he was already working with other mental health trusts and that Ruth Carnall, Chief Executive of NHS London, had attended a recent meeting to discuss the London Health Strategy.

Michael Whiteley suggested that post-treatment initiatives, such as the Customer Lifeline Plan, were also an opportunity for the Trust to develop new business streams.

The Board of Governors commended the production of a quality Annual Plan in a very short period. It was noted that the Board of Governors is an integral part of the Trust's planning infrastructure and that this would develop further as the new system matured.

8. Board of Governors Objectives 2007/8

Jonathan McKee presented the Board of Governors' objectives in the paper that they had asked him to prepare. Jonathan explained that he had divided the objectives into several sections, for example, those statutory requirements and that he had also combed the minutes of previous meetings to note all of the additional work the Board of Governors had agreed to take on.

Chrissie Kimmons noted that communication was difficult as the Trust employed no communications lead.

It was noted that the last items on the table were aims rather than discrete tasks and as such were difficult to capture in this format; the last one could be rephrased for clarity.

JM ➤ Jonathan McKee to rephrase for clarity.

Governors agreed that the paper was very useful, and John Wilkes suggested that the key to its implementation was to focus on *how* the Governors would discharge the roles and responsibilities previously agreed. Jennie Bird made a plea that the Trust avoid NHS jargon wherever possible in writing such reports.

David Bell asked whom it was the Governors represented. The Chairman felt it was very clear that elected Governors represented members and not the public at large; and nominated governors represented stakeholders.

Stephanie Cooper felt it was important to integrate the objectives with other work within the Trust. The Chairman added that this document was a list agreed to date and will be updated from time to time. A complementary scheme of accountability might be useful.

JM ➤ Jonathan McKee to reword sections highlighted

The Board of Governors agreed to adopt the paper.

all ➤ Governors will meet to discuss the objectives fully with a view to implementing them.

John Wilkes noted that only eight out of twenty Governors had responded to the paper Jennie Bird and he had written. Clearly, the Board of Governors was going to find progress in implementing its objectives challenging unless it set a realistic programme of development. Part of this focus also needs to be on the representation of members and to ensure that their views are accurately collected and

fed into the system. Governors inability to find a date for their first meeting has not helped.

JW

➤ John Wilkes to arrange a meeting in early October.

9. Governors' Membership and Governors' Review Committee: Report and Recommendations (amended)

Jonathan McKee presented the recommendations of the Board of Governors' committee. The committee had examined in detail the membership section of the Annual Report and additional information on membership activity. In light of this the committee had considered changes to the constitution. Some changes had been proposed because sections of the constitution were obsolete, or because the pro forma constitution contained typographical or factual errors, or because the committee wanted to make minor changes to the wording of the document. Section A contains these minor findings.

Section B contained more substantive issues. Jonathan explained that the proposal to reduce the number of public Governors in the "Camden" constituency from four to two, and increase the number of "Rest of England and Wales" Governors from one to three had been the subject of a proposed amendment by the Board of Directors so that the reduction of "Camden" seats would be from four to three, and the increase in "Rest of England and Wales" seats would be from one to two. The Board of Directors felt that as one third of patient activity was based in Camden, where the Trust enjoyed strong links with Camden institutions, that to make a greater shift away from Camden representation might send the wrong signals. John Wilkes noted that most of the Trust's business was in training and not in patient activity, but accepted the complex political-relational elements of the Board of Directors' proposal.

Nick Temple explained that trust will focus recruitment of members in the Camden area in order to redress the balance. Michael Whiteley was concerned that increasing membership might increase demand for patient services, and that it might be politic to involve the PCT or to proactively allay any anxieties that such activity might invoke.

Robin Bonner welcomed the opportunity for further consultation with staff side on the reformation of Trades' Union seat (the Board of Directors had recommended that this be deferred whilst further consultation takes place).

The paper was agreed and will now be sent to the Annual General Meeting for approval by members before being forwarded to Monitor for final ratification.

10. Appointments to internal and external bodies

a) NCI Network

Jonathan McKee explained that a new organisation, the National Centre for Involvement, had been established, and although it was not apparent to the Trust at this early stage exactly what their impact on activity would be, it was felt wise that the Trust should engage in the proposed network. Jonathan explained that Dr Sally Hodges, the Trust's Patient and Public Involvement (PPI) Lead, was representing the executive, and that a governor was sought. Michael Whiteley kindly agreed to serve on this network.

b) Trust Chair: Appraisal and Nomination Panel

Susan Thomas attended for this item. Susan explained that she would be working with the Senior Independent Director and the Trust Secretary to present specific proposals to the panel on how the Trust's chair would be appraised.

Jonathan McKee reported that Angela Kenny, John Wilkes and Lou James had put themselves forward as public governors had been elected unopposed, that Robin Bonner put himself forwards as staff governor and had been elected unopposed, and that no nominated governor had put themselves forward. Roger Freeman kindly agreed to serve on the panel.

The Board of Governors delegated the appointment of the Chair of the panel to the panel members.

c) Members' Newsletter Editorial Board

Jonathan McKee explained that following the publication of the first few issues of the Members' Newsletter, he had made some changes to the design and style of the content, and had established a small editorial board to steer the publication. Jonathan reminded Governors that this was one of the principle means of communication between Governors and their members, and that there was demand from members for more information about Governors. Caroline Lindsey was very pleased with the publication, the latest issue of which had been distributed at the meeting. Chrissie Kimmons had kindly volunteered to join the panel.

11. Terms and Conditions of Non-Executives

Jonathan McKee explained that it was for the Governors to formally set the terms and conditions for Non-Executive Directors, and presented a set of terms and conditions (previously used by the NHS Appointments

Commission) that had been updated to include the new line of accountability to members. Jonathan added that no substantial changes were being proposed at this stage.

The terms and conditions were agreed.

12. Any other business

Chrissie Kimmons wanted to provide a constructive and meaningful contribution to the work of the Trust, and certainly did not want to be a burden causing the Trust to duplicate other meetings and structures. However, Chrissie felt that the Trust would do well to make better use of her time, and the Board of Governors as a corporate entity, in order to realise the benefits of having governors. Nicholas Selbie noted that all sides were in agreement, and as the new structures embedded themselves, it was incumbent upon all parties to find ways of ensuring a full contribution to the work of the trust by Governors and that the views of members are fully represented.

13. Notice of future meetings

Jonathan McKee noted that it had often been a struggle to fit the business into the existing meetings, and he proposed that the number of meetings be increased from three to four, and that the length of meetings be increased from two to three hours.

David Bell suggested that the Governors prioritise one item at each meeting for more in-depth discussion. It was suggested that meeting time should be from 2pm – 5pm. These proposals were agreed.

Date of Next Meeting: Thursday 20th September 2007, 2pm – 5pm, Lecture Theatre, Tavistock Centre.

Outstanding Action

Due Date	Agenda Item	Action Required	Director / Manager	Originating meeting & notes
September 2007	5. Chief Executive's Report	Nick Temple to monitor PCT allocation of funds and report back to the Board of Governors	Nick Temple	July 2007