The Tavistock and Portman NHS
NHS Foundation Trust

Board of Directors – Part 1

Agenda and papers
of a meeting to be held

2.30pm – 3.30pm
Tuesday 22nd February 2011

Board Room,
Tavistock Centre,
120 Belsize Lane,
London, NW3 5BA

Board of Directors

2.30pm – 3.30pm, Tuesday 22nd February 2011

Agenda

Preliminaries

1. **Chair's opening remarks**
   Ms Angela Greatley, Trust Chair

2. **Apologies for absence**

3. **Minutes of the previous meeting** — *(Minutes attached)* *For approval* *p.1*

4. **Matters arising** — *(Report attached)* *For noting* *p.7*

Reports & Finance

5. **Chair and Non-Executive Directors' Report** — *For noting*

6. **Chief Executive's Report** — *(Report attached)*
   Dr Matthew Patrick, Chief Executive — *For information* *p.8*

7. **Finance & Performance Report** — *(Report attached)*
   Mr Simon Young, Director of Finance — *For information/approval* *p.15*

Corporate Governance

8. **Committee Membership** — *(Report attached)*
   Dr Matthew Patrick, Chief Executive — *For discussion* *p.25*

Quality & Development

9. **White Paper Updates** — *For discussion*
   Dr Matthew Patrick, Chief Executive

10. **Academic Health Science Centres and Health Innovation and Education Clusters Updates** — *For discussion*
    Dr Matthew Patrick, Chief Executive

Conclusion

11. **Any other business**

12. **Notice of future meetings**
    Tuesday 7th March : Directors' Conference (Topic TBC)
    Tuesday 29th March : Board of Directors

Thursday 28th April : Board of Directors
Thursday 5th May : Board of Governors
Tuesday 24th May : Board of Directors
Thursday 2nd June : Ex. Board of Directors (Time TBC)
Tuesday 14th June : Directors' Conference (Topic TBC)
Tuesday 28th June : Board of Directors
Tuesday 26th July : Board of Directors
Monday 12th June : Directors' Conference (Topic TBC)
Thursday 15th September : Board of Governors
Tuesday 27th September : Board of Directors
Tuesday 25th October : Board of Directors
Tuesday 8th November : Directors' Conference (Topic TBC)
Tuesday 29th November : Board of Directors
Thursday 1st December : Board of Governors

Meetings of the Board of Directors are from 2.30pm until 5.30pm, and are held in the Board Room. Meetings of the Board of Governors are from 2pm until 5pm, and are held in the Lecture Theatre. Directors' Conferences are from 12.30pm until 5pm.

Board of Directors
Part I

Meeting Minutes, 2.30pm – 4pm, Tuesday 25th January 2011

Present:			
Mr Martin Bostock Snr Independent Director	Ms Lis Jones Nurse Director	Mr Altaf Kara Non-Executive Director	Ms Trudy Klauber Dean
Ms Louise Lyon Trust Clinical Director	Ms Joyce Moseley Non-Executive Director	Dr Matthew Patrick Chief Executive	Dr Ian McPherson Non-Executive Director
Dr Rob Senior Medical Director	Mr Richard Strang Deputy Trust Chair	Mr Simon Young Director of Finance	
In Attendance:			
Miss Louise Carney Trust Secretary (minutes)	Ms Pat Key Director of Corp Gov & Facilities (items 7b & 10)	Ms Karen Tanner Service Line Director – CAMHS Training (item 11)	
Apologies:			
Ms Angela Greatley Trust Chair			

Actions

AP	Item	Action to be taken	Resp	By
1	3	Miss Carney to amend minutes	LC	Immed
2	4	Dr Senior and Ms Lyon to give further consideration to canvassing GP's knowledge of mental health	RSe LL	Mar 11
3	5	Mr Kara to circulate Monitor's document on assessments of FT applications	AK	Immed
4	6	Dr Patrick to highlight aspects of the Health Bill relevant to the Trust at February Board meeting	MP	Feb 11
5	7a	Ms Lyon to report back on structure of consultancy work	LL	Apr 11
6	7a	Mr Young to investigate variance in contract base value and report back	SY	Feb 11
7	9a	Safeguarding Children Policy to be reviewed in January 2012	RSe	Jan 12
8	10	Ms Key to investigate whether the Public Service Bill affects the public sector	PK	Mar 11
9	10	Capital Budget to be presented with three-year forward spend	SY	Mar 11
10	12	Directors to send any comments on Trust Chair objectives to Ms Greatley, Mr Bostock and Miss Carney	BD	Mar 11

Actions **Agenda item** **Future Agendas**

1. Trust Chair's Opening Remarks

Mr Strang welcomed everyone to the meeting, and explained that he was chairing the meeting as Ms Greatley was unwell and unable to attend the Board meeting.

2. Apologies for absence

As above.

3. Minutes of the previous meeting

AP1 The minutes were approved subject to some minor amendments.

4. Matters Arising

Action points 1, 3, and 4 had been completed.

Outstanding action points 1, 2, 4, 5, 6, 7, and 10 had been completed.

With regards to outstanding action point 3, Dr Senior explained that it was difficult to give consideration to this at this time as it was not clear who the Trust should be targeting. Ms Lyon and Dr Senior to give further consideration.

AP2

5. Trust Chair's and Non-Executive Directors' Reports

Mr Richard Strang, Deputy Trust Chair

Mr Strang had attended a meeting with Steve Bundred, Chair of Monitor, at which Mr Bundred had emphasised the importance of ensuring contracts for the following year are signed as soon as possible, and warned foundation trusts to be wary of disputes and resolutions.

Mr Strang reported that the Foundation Trust Network would become more prominent in providing guidance to foundation trusts as Monitor's role changed. Mr Strang also reported that governance models for aspirant foundation trusts were likely to become more flexible.

Mr Altaf Kara, Non-Executive Director

Mr Kara noted that Monitor had published a summary of assessments of recent foundation trust applications, which provided interesting reading. Mr Kara to circulate.

AP3

6. Chief Executive's Report

Miss Carney had circulated several commentaries on the Health Bill prior to the meeting.

Dr Patrick suggested that the NHS Confederation was nearing the end of its life in its current form, and that the Foundation Trust Network was likely to emerge as a separate organisation. The Board discussed the usefulness of having a number of different organisations representing different aspects of health service. Dr Patrick noted that he felt it was useful to have an overarching body representing health interests.

AP4 Dr Patrick to highlight aspects of the Health Bill relevant to the Trust at the February meeting of the Board of Directors. Dr McPherson offered to contribute.

7. Finance & Performance

7a. Finance & Performance Report

Mr Young noted that the Trust's financial position was likely to remain stable for the rest of the financial year. There were several issues within the budget that would be discussed under the Annual Plan item in Part 2 of the Board meeting. Dr Patrick highlighted that the Trust's contingency budget remained largely intact. Dr Patrick noted that the main aim of the contingency budget was to mitigate for unforeseen problems, and that this money should be carried forward into 2011/12.

Mr Kara queried the set-up of departmental consultancy and requested a paper on structural issues. Ms Lyon explained that departments and Tavistock Consultancy Service were meeting to consider ways in which to pull the Trust's consultancy work together, mitigating internal competition and re-allocating work. Ms Lyon to report further when details are clearer. Mr Young explained that departmental consultancy was one element within a much bigger market structure and budget, as opposed to TCS, where consultancy was its sole remit.

AP5

AP6 Mr Kara queried the variance in contract base value. Mr Young to investigate and clarify.

Mr Strang noted that there were a number of potential bad debts in the Monroe Family Assessment Service, and this should be considered carefully when the budget is presented in March.

7b. Governance Declaration Quarter 3

Mr Young noted that that the Trust's data completeness had not changed, and was unlikely to change. Mr Young highlighted that given Monitor's changing role, it was difficult to know what importance Monitor will give to this.

Ms Key noted that there were no concerns about national standards in the Care Quality Commission.

The declaration was approved.

8. Corporate Governance Report

Noted.

9. Trust Policies

9a. Safeguarding Children Policy

Dr Senior explained that the following changes had been made to the Policy approved by the Board of Directors in July 2010:

- Appendix A has an additional paragraph on safeguarding the dependents of adult patients

- An additional appendix (Appendix B) had been included with excepts from a recent Ofsted Report on Gloucester House

Dr Senior confirmed that the revised policy document had been discussed with the Caldicott Guardian.

Mr Strang suggested that the policy was not particularly easy to read or digest. Dr Senior explained that there was a one-page summary available on the Trust's Intranet, and staff should be aware of everything contained in the policy through their mandatory safeguarding children training, and that Dr Senior and Ms Appleby were available for advice.

AP7 The policy was approved. To be reviewed in January 2012.

10. Estates & Facilities Report

With regards to Gloucester House, Ms Key noted that this work would have a high priority over the coming year. Work had started with agents to value the Trust's current building and its shortlisted options for alternative accommodation. Mr Strang noted that the Ofsted report published three years ago noted the proposed move for the service. It was suggested that the Gloucester House Steering Group consider all options together, rather than in isolation, although it was recognised that this would increase the work for the Corporate Governance Facilities Directorate. It was noted that linking the service with an existing educational site had been considered and had not been ruled out. Dr McPherson noted that running multiple services on multiple sites was a challenge and was expensive. Dr Patrick noted, however, that the Trust does not have enough space to deliver all of its clinical services in its main buildings, and that this unsustainable situation meant that the Trust had no option but to incur additional expenses.

Ms Key raised the sustainability agenda, noting that there were increasing demands for hard data. The SHED Unit was operational, and the Trust's staff were on board with the sustainability agenda.

Ms Moseley noted that the new Public Service Bill currently going through Parliament required contracts for public services to demonstrate both economy and social value. The SHED Unit would be useful in demonstrating

AP8 this. Ms Key to investigate whether the Bill affects the public sector.

AP9 Mr Strang requested that the Capital Budget be presented with a three-year forward spend and Mr Young confirmed that this was the intention, as had previously been agreed.

11. Service Line Reports – CAMHS Training

Ms Tanner noted that the Trust was mindful of potential opportunities in the CAMHS training area, and was keen to develop services in early years intervention and children's IAPT (Improving Access to Psychological Therapies). Dr McPherson noted that the development of IAPT for children was an opportunity that the Trust was well placed to take forward. Ms Tanner highlighted the importance of developing the expertise to be able to enter competently into this market, and suggested that partnership working with reputable organisations would help with this. Ms Tanner noted that social work was another potential area for development, and the Trust was due to run a large conference on this in Summer 2011.

Ms Tanner noted that with the development of the e-learning unit, most CAMHS CPD (Continuing Professional Development) courses will be in an e-format. Dr McPherson noted that e-learning provided an opportunity to provide training for the general public, and highlighted that parents would be a significant market to target for this.

Ms Tanner noted that student feedback and examiners reports indicate that the Trust provides high quality training and is highly thought of, both in terms of the quality of the Trust's training and the view that staff development is paramount here. This placed the Trust is an enviable position.

Ms Tanner noted that the CAMHS productivity target was large, and cautioned that the Service Line also needed to be realistic in how much money could be made through new business. Mr Young noted that the Service Line receives £4m per year from the national training contract. Mr Kara queried the vulnerability of this funding. It was noted that the Trust could not be sure of its funding in future years, but Ms Tanner noted that any cuts to the Trust's national training contract would hit the CAMHS Training Service Line in particular.

12. Trust Chair's Objectives 2011/12

Mr Bostock noted that the objectives were comprehensive, although long. The objectives were noted. The objectives would be presented to the Board of Governors for noting on 3rd February. Directors to send any comments or questions to Ms Greatley, Mr Bostock and Miss Carney.

AP10

13. White Paper Update

Nothing to report.

14. Academic Health Science Centre and Health Innovation and Education Cluster Updates

Nothing to report.

15. Any other business

Late Board papers

Non-Executive Directors noted that it was not acceptable for Board members to receive late papers. It was agreed that, except in cases of urgency, papers will not be submitted to the Board of Directors if they are received too late to be included in the second mailing as agreed by the Trust Chair and Chief Executive.

16. Notice of future meetings

Noted.

Outstanding Action Part 1

The Tavistock and Portman NHS
NHS Foundation Trust

No.	Originating Meeting	Agenda Item	Action Required	Director / Manager	Due Date
1	Oct-10	11b. Chief Executive's Objectives	Ms Greatley to discuss timetable for objectives with appraisal committees of Board of Governors	Angela Greatley	Mar-11
2	Sep-10	7. Finance & Performance Report	Board discussion on CQUIN to be arranged	Louise Carney	Mar-11
3	Nov-10	4. Matters Arising	Mr Young to review process for approving contracts and report to Audit Committee	Simon Young	

Board of Directors : February 2011

Item : 6

Title : Chief Executive Report

Summary :

The report covers the following items:

1. Introduction
2. Health and Social Care Bill
3. Mental Health Strategy

For : Information

From : Chief Executive

Chief Executive Report

1. Introduction

1.1 This month has seen the publication of two important documents. Firstly, the Health and Social Care Bill, setting out the coalition government's ambitious plan for restructuring the NHS; and secondly, the new Mental Health Strategy, 'No Health Without Mental Health'. Both of these have far reaching implications for the NHS, and for mental health services in particular. I will outline below what I see as the key elements of each of these documents to our own Trust.

1.2 It is notable, however, that over the same month staff within this trust, as I believe in most others, are preoccupied with NHS and local finances and with the difficult business of constructing a viable future economy. Not least staff in the NHS are concerned with security of employment.

1.3 This year's contracting round is more difficult and unpredictable than most of us have seen. The PCTs with whom we are contracting are under tremendous financial and structural pressure. Given the 46% reduction in management costs that is being applied to PCTs in London and beyond many PCT staff are losing their jobs, while sectors reconfigure their executives to create a single PCT executive for each sector, leaving more residual local PCT organisations.

1.4 As a Trust, we have for some time been focused on the development of productivity and savings plans and on the contracting round now underway in relation to both clinical service and training commissioners and partners.

1.5 Because of the levels of uncertainty and anxiety amongst staff, my own view and practice is based on straightforward and honest communication. I have written to all staff to brief them on our current position, and on the timetable for the preparation for next year's budget. In that communication I was as clear as I could be, accepting that the level of uncertainly that we are working with is significant.

1.6 At the time of writing most of our larger clinical contracts are still to be finalised, as is our major training contract with NHS London. These negotiations are clearly a primary focus for many in the executive management team.

1.7 In parallel to this we are planning around a number of possible outcomes to ensure that we are prepared to act in a timely manner when our position is clearer. As a part of this work we have had detailed discussions with staffside and are working very much in partnership around these issues.

1.8 Clearly this is hard work for everyone across the sector and beyond. In addition many staff are wrestling with their concern and uncertainty about the possible impact of proposed changes on the NHS, towards which they feel tremendous loyalty and commitment.

1.9 I will focus the remainder of my report on the two publications mentioned above.

2. Health and Social Care Bill

2.1 On Wednesday 19 January the Health and Social Care Bill was introduced into Parliament. The Bill sets out in detail the manner in which the changes proposed in the white paper will be implemented.

2.2 The Bill will create the new NHS Commissioning Board which will hold significant powers over commissioning consortia - including setting standards for their creation, directing them, having them taken over and potentially abolishing individual consortia altogether. The board will be able to hire and terminate the contracts of their accountable officers, as well as having extensive leeway in supporting them financially.

2.3 In relation to commissioning consortia - which will take on responsibility for the majority of NHS services - the bill includes requirements for how they should be run and governed, including details of their relationships with council-led local health and wellbeing boards, and the makeup and power of those boards.

2.4 The Bill presents providers with a mixture of new freedoms and possible restraints. The private patients cap is removed, and Foundation Trusts are given greater freedoms to merge with or acquire other providers. A merger between two foundation trusts will require only the agreement of the majority of both organisations' governors – rather than having to de-authorise and re-apply to Monitor as at present.

2.5 The Bill also addresses the role of Monitor within the new system. Monitor has strongly supported the Government's proposals to move to a more devolved system for the NHS, with increased competition in healthcare, as set out in the Bill. The Bill proposes that Monitor

takes on the role of independent economic regulator for all health and adult social care in England. As the economic regulator, Monitor would have four main roles:

2.5.1 Licensing providers;
2.5.2 Price setting;
2.5.3 Promoting competition; and
2.5.4 Supporting service continuity.

2.6 In addition Monitor will have an ongoing and important role in regulating foundation trusts during the transition period.

2.7 Department of Health notes accompanying the Bill suggest that the Bill will end Health Secretaries' "general power of direction" over the NHS. However, it has been argued that Health Secretaries will be able to significantly shape the NHS through areas left to future regulations. They will also retain specified extensive levers including directing Monitor - and through it providers; deciding what is commissioned by the NHS Commissioning Board; and directing local authorities' over public health.

2.8 The Department of Health's impact assessment for the reforms showing the estimated cost, benefit and risk - includes the concern that the transition could mean NHS staff losing focus on patients. It also suggests that the reforms are likely to cost £1.2bn over the next two years.

2.9 Many of you will have been aware that very significant concern has been expressed about the scale and pace of structural reorganisation of the NHS at a time of such tremendous financial pressure by a number of organisations, including the British Medical Association, the Royal College of Nursing and the Kings Fund.

3. Mental Health Strategy – No Health Without Mental Health

3.1 On February 2nd The Government published its new strategy for mental health, 'No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages'.

3.2 The Strategy sets out a vision to improve outcomes for mental health service users through improved access to high quality services; and to promote positive mental health and wellbeing amongst the whole population.

3.3 Local ownership and direction of service development and delivery is emphasised, based on improved access to information about clinical outcomes and patient experience.

3.4 The strategy details six shared objectives, progress against which will be measured through the use of outcome indicators set within Outcomes Frameworks. Many of these indicators have yet to be configured or the Frameworks finalised. The strategy commits government to work with partner organisations 'to agree and develop an appropriate number of key outcome measures and ways to collect them'.

3.5 The six objectives, framed within the strategy are as follows:

3.5.1 *More people will have good mental health* and wellbeing, with fewer people developing mental health problems by starting well, developing well, working well, living well and ageing well.

3.5.2 *More people with mental health problems will recover,* with better quality of life, greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

3.5.3 *More people with mental health problems will have good physical health*, with fewer people with mental health problems dying prematurely, and more people with physical ill health having better mental health.

3.5.4 *More people will have a positive experience of care and support.* Care and support, wherever it takes place, should offer access to timely, evidence based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment and should ensure people's human rights are protected.

3.5.5 *Fewer people will suffer avoidable harm,* with people receiving care and support having confidence that the services they use are of the highest quality and at least as safe as any other public service.

3.5.6 *Fewer people will experience stigma and discrimination,* with improved public understanding of mental health and, as a result, reduced negative attitudes and behaviours to people with mental health problems.

3.6 A number of accompanying documents were published alongside the strategy. 'No Health Without Mental Health: Delivering Better Mental Health Outcomes', describes evidenced based interventions that services may want to draw on to help them deliver the high level objectives set out in the strategy.

3.7 'Talking Therapies: A Four-Year Plan of Action', outlines how some £400 million will be invested over the spending review period to help ensure that adults with depression and anxiety in all parts of England have access to a choice of psychological therapies.

3.8 Effective implementation of the strategy is one of the key challenges. A commitment is made that mental health should remain high on the Government's agenda by asking the Cabinet sub-Committee on Public Health to oversee the implementation of this strategy at national level.

3.9 Other key commitments are as follows:

3.9.1 To prioritise early intervention across all ages.

3.9.2 To take a life course approach, with objectives to improve outcomes for people of all ages.

3.9.3 To agree and use a new national measure of wellbeing.

3.9.4 To make mental health a key priority for Public Health England, the new national public health service.

3.9.5 To tackle health inequalities, and ensure equality across all protected characteristics, including race and age, in mental health services.

3.9.6 To challenge stigma by supporting and working actively with the Time to Change programme and others.

3.9.7 To invest £400 million over four years to make a choice of psychological therapies available for those who need them; and to expand provision for children and young people, older people and their carers, people with long-term physical health problems and those with severe mental illness.

3.9.8 Ensure that by 2014 people in contact with the criminal justice system will have improved access to mental health services, as outlined in the Ministry of Justice Green Paper 'Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders'.

3.9.9 Ensure the best treatment possible for Service and ex-Service personnel.

3.9.10 Work with the Royal College of General Practitioners and the Royal College of Psychiatrists to agree advice and support for GP consortia to commission effective mental health services that are accessible to all, including the most disadvantaged and excluded.

3.10 With its emphasis on a developmental perspective on mental health, early years interventions, a move towards primary prevention and an emphasis on individual and community wellbeing, the mental health strategy potentially marks a key moment in the way in which we think about and respond to mental ill health and to community resilience and health.

3.11 It should be noted, however, that the strategy is published at a time of tremendous change and financial pressure within the NHS, including the manner by which all NHS services will be commissioned. These pressures will present a real challenge to effective implementation of the strategy. Whether increased 'marketisation' of health will support or hinder implementation is unknown. There is the potential, though, for a disconnection between the radical and very significant elements of the strategy and the reality and local experience of mental health services, service users and communities.

Dr Matthew Patrick
Chief Executive Officer
February 2011

Board of Directors : February 2011

Item : 7a

Title : Finance and Performance Report

Summary:

After ten months, a surplus of £257k is reported; this is £158k below budget, but well ahead allowing for the contingency. There continue to be cumulative income shortfalls on Consultancy and clinical income which have been offset by Training income and by under spends across the organisation. In Month 10, the surplus increased by £9k.

For the year as a whole, the net variance is expected to be well within the contingency reserve, and the Trust is expected to achieve its planned £150k surplus.

The cash balance at 31 January was £4,951k, well above Plan due to income being received in advance for February and March. Cash is expected to remain ahead of Plan for the rest of the year, subject to achievement of planned income and expenditure. The cash forecast for 2011/12 is unchanged and remains satisfactory.

For : Discussion
Approval of Capital Budget

From : Director of Finance

1. External Assessments

1.1 Monitor

1.1.1 For the third quarter, Monitor is expected to maintain our Financial Risk Rating of 3 and a Green Governance Rating, as planned, though these have not been officially confirmed yet. Both ratings are also expected to remain unchanged for the final quarter.

2. Finance

2.1 Income and Expenditure 2010/11 (Appendices A, B and C)

2.1.1 After ten months, income is £721k below budget, and expenditure £567k below budget. The Trust's surplus of £259k is £159k below budget; but allowing for the contingency reserve, we are still well in line to achieve the year-end budget of £150k.

2.1.2 After 10 months £63k of the overall adverse income variance is offset by directly related under spends; this is mainly on Child Psychotherapy Trainees, where numbers are slightly lower than Plan. There are some smaller phasing differences both positive and negative in other areas.

2.1.3 Apart from these differences, the income shortfall includes £340k for Consultancy, with TCS under target by £93k and departmental consultancy under by £247k. There is also a shortfall in clinical but training is in surplus (see sections 3 and 4 below).

2.1.4 Research income is below budget by £113k and this trend is expected to continue.

2.1.5 There is an under spend of £567k, of which some £142k is directly related to lower activity and income (2.1.2 above). The majority of the remainder can be attributed to vacancies in Child & Family £115k, Portman £116k and Adolescent £66k. These under spends have been offset by an over spend in TCS of £86k (as reported previously) due to delayed 2009/10 payments for associate consultants and termination costs.

2.1.6 The forecast outturns for income and expenditure, shown in the right-hand columns of Appendix B and summarised in Appendix A, show that we expect to achieve our budget and that there remains a contingency reserve to cover unexpected changes.

2.2 Cash Flow (Appendix C)

2.2.1 The actual cash balance at 31 January 2011 was £4,951k, compared to the Plan of £2,242k. The balance is £2,709k above Plan, an improvement of £2,176k in month. The increase in January was primarily due to £1.8m of NMET and MADEL funding being paid in advance up until March. NHS contract income is high in month thanks to the receipt of delayed payments from December. Receipts from general Debtors were below plan in January possibly due to the break in raising invoices due to the SBS implementation, but remain above Plan cumulatively. Salaries remained below Plan, as reported above.

	Cash Flow year-to-date		
	Actual £000	Plan £000	Variance £000
Opening cash balance	3,645	3,645	0
Operational income received			
NHS (excl SHA)	8,869	9,572	(703)
General debtors (incl LAs)	6,123	5,702	421
SHA for Training	11,212	9,002	2,210
Students and sponsors	2,195	2,400	(205)
Other	392	180	212
	28,791	26,856	1,935
Operational expenditure payments			
Salaries (net)	(12,132)	(12,468)	336
Tax, NI and Pension	(8,975)	(9,148)	173
Suppliers	(5,971)	(5,804)	(167)
	(27,078)	(27,420)	342
Capital Expenditure	(224)	(530)	306
Interest Income	9	17	(8)
Payments from provisions	0	(103)	103
PDC Dividend Payments	(192)	(223)	31
Closing cash balance	4,951	2,242	2,709

2.2.2 The details by month are given in Appendix C, which also shows the forecast for the remainder of this year which has been modified due to the prepayment of the NMET and MADEL funding. The forecast balance at 31 March is not significantly changed, at £2.2m.

2.2.3 The cash projections for 2011/12, updated for the last report, are also not changed. Subject to achieving the productivity improvements needed to deliver a small surplus in 2011/12, the cash balances are expected to remain satisfactory throughout the year.

2.2.4 The Trust's liquidity, using Monitor's formula and including the £2m financing facility, remains satisfactory.

2.3 Capital Expenditure

2.3.1 The Board approved a Capital Budget totalling £720k: £500k for estates projects and £220k for IT. Two revisions have been approved:

a reduction in July due to the deferral of the roof project; and a change of timing and total cost for the boiler projects, in November.

2.3.2 After 10 months, £271k has been spent. A further revision is now proposed, to add £30k to the overall IT budget to cover the cost of installing a network of wireless access points. The detailed proposal is being finalised and will be circulated separately, before the meeting. The table below shows the new revised budget, and the forecast actual expenditure for the year, if this addition is approved.

	2010/11 Original Budget	Notes	**2010/11 Proposed Revised Budget**	Notes	**2010/11 10 months Actual**	**2010/11 Forecast** (note 6)
	£000		**£000**		**£000**	**£000**
Tavistock Centre: roof project	**350**		**0**	1	**0**	**0**
Tavistock Centre: new toilets	**60**	2	**120**	3	**70**	**120**
Tavistock Centre: new boilers	**90**		**175**	4	**8**	**100**
2009/10 estates projects	**0**		**0**		**2**	**2**
IT hardware and network software	**220**		**250**	5	**191**	**245**
Total	**720**		**545**		**271**	**467**

Notes

1. Deferred, July 2010.
2. The original budget was for 1st and 3rd floor toilets.
3. Ground and 5th floor toilets (and cupboards) added July 2010, replacing part of the deferred roof project.
4. Revision approved October 2010, to cover Portman as well as Tavistock. Scheduled January to May 2011, so not all the £175k will be spent in the current financial year.
5. Proposal now to add £30k for cost of WiFi network: detailed proposal to be circulated separately.
6. If the IT budget revision is approved.

2.3.3 The proposed capital plans for the next three years, including the 2011/12 Budget, are due to be presented to the Board of Directors next month.

3. Training

3.1 Training income is £239k above budget in total after ten months, mainly due to university income over performing by £240k due to backdated payments for last year. CPD income is also overachieving cumulatively by £135k.

3.2 These gains have been offset by a shortfall of £66k on Conferences, also funding has not materialised for a research post which had anticipated income for £96k for the year.

4. Patient Services

4.1 Activity and Income

4.1.1 As reported previously, total contract income for the year is below budget. This includes a shortfall on the CQUIN elements; one contract being £33k below budget; and deferral of £60k income to next year. These variances have been offset by a small favourable variance on cost and volume activity.

4.1.2 The CQUIN element of the contracted income is forecast to underachieve by £30k by the end of the year.

4.1.3 There are significant variances, both positive and negative, in the other elements of clinical income, as shown in the table on the next page.

4.1.4 After ten months, named patient agreements (NPAs) actual income is £34k below budget, which is spread across the service lines. If extrapolated for the full year, this would give an adverse variance of £42k.

4.1.5 Court report income was £11k below budget after ten months. The majority of the under performance was from Portman which has been offset by C&F over performance.

4.1.6 Monroe income is £106k below budget after ten months. The income was just below budget in January following low activity during December due to the unit moving location.

4.1.7 Day Unit is currently over performing by £78k cumulatively due to high pupil numbers earlier in the year.

4.1.8 Project income is forecast to be £150k below budget for the year. When activity and costs are slightly delayed, we defer the release of the income correspondingly.

	Budget	Actual	Variance	Full year		Comments
	£000	£000	%	Variance based on y-t-d	Predicted variance	
Contracts - base values	7,935	7,818	-1.5%	-111	-123	
Cost and vol variances	3	18		37	37	
NPAs	211	177	-16.2%	-42	-30	
Projects and other	2,147	1,959		–	-200	Income matched to costs, so variance is largely offset.
Day Unit	845	923	9.2%	93	80	
Monroe	644	538	-16.4%	-128	-100	£34k relates to prior year adjustment
FDAC	277	309	11.6%	39	39	
Court report	213	202	-5.1%	-13	-11	
Total	12,273	11,944		-125	-308	

4.2 Clinical performance (provided by the Service Development Directorate)

4.2.1 There were a total of 50 waits of 11+ weeks for first attended appointments across the Trust services during Quarter 3. Of these, 29 were in GIDS, with an average wait of 15 weeks. The service made an agreement earlier in the year with NCG to increase activity by 22%. However, activity over this quarter increased by 33%. The budget for increased clinical sessions is being finalised.

4.2.2 Outside GID, 20 patients in generic services waited 11+ weeks for their first attended appointment and 1 Portman patient (NPA). LCDS had no breaches.

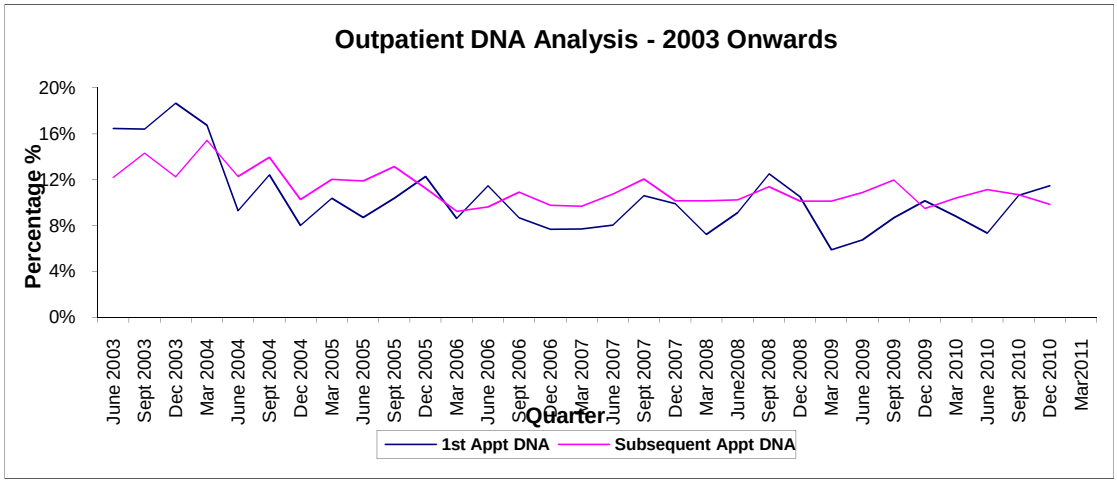
4.2.3 The reasons identified for these 21 cases were:

- miscalculation of the breach date (1)
- external causes – e.g. lack of sufficient information in referral, difficulty contacting patient due to changes of address, liaison with local professionals (9)
- lack of clinical resources (3)
- patient choice – e.g. requesting appointments after holiday period (4)
- complex case where decision about appropriate treatment was delayed (1)
- NPA application for funding (2)
- unknown (1)

4.2.4 In the quarter ended 31 December, 11.5% of patients due to have their first appointment did not attend (DNA). For the much larger number of subsequent appointments, the DNA percentage was 9.9%. Both these figures are within the range achieved in previous quarters, as shown in the graph below.

4.2.5 Low DNA rates can be seen as an indication of patients' satisfaction with their care. High DNA rates can be seen as inefficient use of resources for patient benefit. We have been reporting DNAs as a quality indicator for several years. Our results are similar to or better than other mental health trusts, but we continue to investigate variations between services, and to take action to reduce the rates where possible.

4.2.6 For these reasons, it has been agreed that our processes for collecting and monitoring DNA rates will be included in the audit work for this year's Quality Report. The proposal to choose this indicator for audit has recently been agreed by the Board of Governors.



5. Consultancy

5.1 TCS income was £23k in January, below budget by £35k. The cumulative income of £483k is £93k behind budget. Our forecast for the year is a shortfall on income of £164k which takes into account the work booked so far for February and a slight improvement in March.

5.2 Departmental consultancy is £247k below budget after ten months. This is offset by higher income in other areas in the same departments; and/or by savings. As discussed previously, the 2011/12 budget will aim to avoid a recurrence of these variances.

Simon Young
Director of Finance
14 February 2011

THE TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST

APPENDIX A

INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2010-11

		Jan-11			CUMULATIVE			FULL YEAR 2010-11		
		BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	REVISED BUDGET £000	FORECAST OUTTURN £000	BUDGET VARIANCE £000
INCOME										
1	CLINICAL	1,198	1,105	(93)	12,273	11,944	(329)	14,669	14,361	(308)
2	TRAINING	1,276	1,329	53	13,513	13,753	239	16,065	16,305	239
3	CONSULTANCY	130	53	(78)	1,316	976	(340)	1,615	1,151	(464)
4	RESEARCH	28	11	(16)	276	163	(113)	331	193	(138)
5	OTHER	53	36	(17)	507	328	(178)	613	434	(178)
TOTAL INCOME		**2,685**	**2,534**	**(151)**	**27,884**	**27,163**	**(721)**	**33,293**	**32,444**	**(849)**
OPERATING EXPENDITURE (EXCL. DEPRECIATION)										
6	CLINICAL DIRECTORATES	1,492	1,458	34	15,137	14,852	285	18,122	17,804	318
7	OTHER TRAINING COSTS	498	417	81	5,609	5,258	352	6,575	6,224	352
8	OTHER CONSULTANCY COSTS	53	47	5	525	616	(91)	630	721	(90)
9	CENTRAL FUNCTIONS	538	522	16	5,418	5,396	22	6,494	6,490	4
10	TOTAL RESERVES	0	0	0	0	0	0	386	116	270
TOTAL EXPENDITURE		**2,581**	**2,444**	**136**	**26,690**	**26,122**	**568**	**32,207**	**31,354**	**853**
EBITDA		**104**	**89**	**(15)**	**1,194**	**1,041**	**(153)**	**1,085**	**1,090**	**5**
	ADD:-									
12	BANK INTEREST RECEIVED	2	1	(1)	17	12	(5)	20	15	(5)
	LESS:-									
11	DEPRECIATION	42	44	(2)	424	424	0	509	509	0
13	FINANCE COSTS	0	0	0	0	0	0	0	0	0
14	DIVIDEND	37	37	(0)	372	372	(0)	446	446	0
RETAINED SURPLUS		**26**	**9**	**(18)**	**415**	**257**	**(158)**	**150**	**150**	**(0)**
EBITDA AS % OF INCOME		3.9%	3.5%		4.3%	3.8%		3.3%	3.4%	

THE TAVISTOCK AND PORTMAN NHS TRUST **APPENDIX B**

INCOME AND EXPENDITURE REPORT FOR THE FINANCIAL YEAR 2010-11

	Jan-11			CUMULATIVE			FULL YEAR 2010-11		
	BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	BUDGET £000'S	ACTUAL £000'S	VARIANCE £000'S	REVISED BUDGET £000	FORECAST £000'S	REVISED BUDGET VARIANCE £000
INCOME									
NHS LONDON TRAINING CONTRACT	623	624	1	6,232	6,233	1	7,479	7,480	1
TRAINING FEES & OTHER ACA INC	405	443	37	4,806	5,023	217	5,616	5,834	217
POSTGRADUATE MED & DENT'L EDUC	6	2	(3)	58	21	(37)	70	33	(37)
JUNIOR MEDICAL STAFF	86	72	(14)	864	938	73	1,037	1,111	73
CHILD PSYCHOTHERAPY TRAINEES	155	188	32	1,553	1,537	(15)	1,863	1,848	(15)
R&D	28	11	(16)	276	163	(113)	331	193	(138)
CLINICAL INCOME	997	916	(81)	10,295	9,972	(323)	12,288	11,972	(316)
DAY UNIT	84	70	(14)	845	923	78	1,014	1,094	80
MONROE	68	65	(3)	644	538	(106)	780	680	(100)
FDAC	28	27	(0)	277	309	32	332	371	39
TCS INCOME	58	23	(35)	576	483	(93)	730	566	(164)
DEPT CONSULTANCY INCOME	73	30	(43)	740	493	(247)	885	585	(300)
COURT REPORT INCOME	21	26	5	213	202	(11)	255	244	(11)
EXCELLENCE AWARDS	10	10	(0)	98	97	(1)	118	116	(1)
OTHER INCOME	43	26	(17)	409	232	(177)	495	318	(177)
TOTAL INCOME	**2,685**	**2,534**	**(151)**	**27,884**	**27,163**	**(721)**	**33,293**	**32,444**	**(849)**
EXPENDITURE									
EDUCATION & TRAINING	316	246	70	3,793	3,637	156	4,395	4,239	156
PORTMAN CLINIC	135	116	19	1,350	1,206	144	1,620	1,470	150
ADULT DEPT	258	261	(3)	2,596	2,551	46	3,112	3,066	46
MEDNET	18	15	4	184	182	2	221	219	2
ADOLESCENT DEPT	129	116	12	1,303	1,274	30	1,561	1,511	50
C & F CENTRAL	736	732	4	7,552	7,408	144	9,024	8,874	150
MONROE & FDAC	82	98	(16)	816	836	(20)	979	999	(20)
DAY UNIT	64	52	12	640	664	(23)	768	792	(23)
SPECIALIST SERVICES	62	67	(5)	608	677	(69)	732	801	(69)
COURT REPORT EXPENDITURE	9	0	9	88	55	33	105	72	33
TRUST BOARD & GOVERNORS	10	8	2	96	85	11	115	104	11
CHIEF EXECUTIVE OFFICE	26	23	3	257	268	(11)	308	319	(11)
PERFORMANCE & INFORMATICS	79	72	8	772	749	23	930	907	23
FINANCE & ICT	91	97	(6)	911	980	(69)	1,093	1,162	(69)
CENTRAL SERVICES DEPT	181	181	(0)	1,834	1,982	(148)	2,197	2,369	(173)
HUMAN RESOURCES	56	55	1	597	544	52	709	657	52
CLINICAL GOVERNANCE	31	36	(5)	312	286	26	374	348	26
TRUST DIRECTOR	28	27	1	292	264	28	348	319	28
PPI	15	12	3	136	129	7	166	159	7
SWP & R+D & PERU	31	22	9	312	220	93	375	275	100
R+D PROJECTS	0	0	0	0	(0)	0	0	(0)	0
PGMDE	9	4	6	91	58	33	109	77	33
NHS LONDON FUNDED CP TRAINEES	155	154	1	1,553	1,414	139	1,863	1,724	139
TAVISTOCK SESSIONAL CP TRAINEES	9	9	0	92	72	20	111	90	20
FLEXIBLE TRAINEE DOCTORS	8	4	4	81	77	4	97	93	4
TCS	49	44	5	490	576	(86)	587	673	(86)
DEPARTMENTAL CONSULTANCY	4	3	1	36	40	(4)	43	47	(4)
DEPRECIATION	42	44	(2)	424	424	0	509	509	0
PROJECTS CONTRIBUTION	(10)	(11)	1	(101)	(110)	10	(121)	(131)	10
IFRS HOLIDAY PAY PROV ADJ	0	0	0	0	0	0	0	0	0
CENTRAL RESERVES	0	0	0	0	0	0	386	116	270
TOTAL EXPENDITURE	**2,623**	**2,489**	**134**	**27,114**	**26,546**	**568**	**32,716**	**31,863**	853
OPERATING SURPLUS/(DEFICIT)	**62**	**45**	**(17)**	**770**	**617**	**(153)**	**576**	**581**	5
INTEREST RECEIVABLE	2	1	(1)	17	12	(5)	20	15	(5)
UNWINDING OF DISCOUNT ON PROVISION	0	0	0	0	0	0	0	0	0
DIVIDEND ON PDC	(37)	(37)	(0)	(372)	(372)	(0)	(446)	(446)	0
SURPLUS/(DEFICIT)	**26**	**9**	**(18)**	**415**	**257**	**(158)**	**150**	**150**	**(0)**

Cash Flow 2010/11

Appendix C

2010/11 Plan

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	3,645	4,081	3,704	3,521	3,193	2,776	2,185	2,333	2,250	1,877	2,242	2,126	3,645
Operational income received													
NHS (excl SHA)	924	1,010	914	1,005	1,038	917	904	1,038	917	905	1,036	917	11,525
General debtors (incl LAs)	838	417	880	550	402	379	556	474	423	783	591	458	6,751
SHA for Training	894	914	895	894	914	894	895	914	894	894	915	894	10,811
Students and sponsors	300	150	150	100	0	200	650	250	100	500	100	100	2,600
Other	18	18	18	18	18	18	18	18	18	18	18	18	216
	2,974	2,509	2,857	2,567	2,372	2,408	3,023	2,694	2,352	3,100	2,660	2,387	31,903
Operational expenditure payments													
Salaries (net)	(1,247)	(1,247)	(1,247)	(1,246)	(1,247)	(1,247)	(1,247)	(1,247)	(1,247)	(1,246)	(1,247)	(1,247)	(14,962)
Tax, NI and Pension	(859)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(921)	(10,990)
Suppliers	(434)	(719)	(784)	(697)	(622)	(510)	(509)	(510)	(509)	(510)	(509)	(510)	(6,823)
	(2,540)	(2,887)	(2,952)	(2,864)	(2,790)	(2,678)	(2,677)	(2,678)	(2,677)	(2,677)	(2,677)	(2,678)	(32,775)
Capital Expenditure	0	0	0	(20)	0	(100)	(200)	(100)	(50)	(60)	(100)	(90)	(720)
Interest Income	2	1	2	2	1	2	2	1	2	2	1	2	20
Payments from provisions	0	0	(90)	(13)	0	0	0	0	0	0	0	0	(103)
PDC Dividend Payments	0	0	0	0	0	(223)	0	0	0	0	0	(223)	(446)
Closing cash balance	4,081	3,704	3,521	3,193	2,776	2,185	2,333	2,250	1,877	2,242	2,126	1,524	1,524

*2010/11 **Actual**/Forecast*

	April £000	May £000	June £000	July £000	August £000	Sept £000	Oct £000	Nov £000	Dec £000	Jan £000	Feb £000	March £000	Total £000
Opening cash balance	**3,645**	**3,787**	**3,488**	**3,566**	**3,504**	**3,095**	**2,784**	**4,653**	**3,586**	**2,775**	4,951	3,819	3,645
Operational income received													
NHS (excl SHA)	**892**	**1,017**	**829**	**785**	**805**	**1,109**	**677**	**1,184**	**218**	**1,352**	1,036	917	10,822
General debtors (incl LAs)	**709**	**387**	**588**	**610**	**369**	**178**	**1,761**	**426**	**654**	**440**	540	410	7,073
SHA for Training	**874**	**854**	**1,015**	**970**	**911**	**959**	**1,935**	**87**	**983**	**2,625**	0	0	11,212
Students and sponsors	**277**	**102**	**86**	**126**	**165**	**315**	**538**	**143**	**174**	**269**	50	50	2,295
Other	**24**	**35**	**29**	**35**	**53**	**32**	**69**	**59**	**42**	**13**	18	18	428
	2,776	**2,396**	**2,547**	**2,526**	**2,304**	**2,593**	**4,979**	**1,900**	**2,070**	**4,699**	1,644	1,395	31,830
Operational expenditure payments													
Salaries (net)	**(1,206)**	**(1,192)**	**(1,198)**	**(1,184)**	**(1,198)**	**(1,173)**	**(1,232)**	**(1,264)**	**(1,263)**	**(1,223)**	(1,247)	(1,247)	(14,626)
Tax, NI and Pension	**(859)**	**(889)**	**(895)**	**(905)**	**(876)**	**(893)**	**(896)**	**(926)**	**(918)**	**(919)**	(921)	(921)	(10,817)
Suppliers	**(570)**	**(615)**	**(377)**	**(502)**	**(640)**	**(543)**	**(965)**	**(696)**	**(687)**	**(377)**	(509)	(510)	(6,990)
	(2,635)	**(2,695)**	**(2,470)**	**(2,591)**	**(2,713)**	**(2,608)**	**(3,092)**	**(2,885)**	**(2,868)**	**(2,519)**	(2,677)	(2,678)	(32,433)
Capital Expenditure	**0**	**0**	**0**	**0**	**0**	**(105)**	**(19)**	**(83)**	**(13)**	**(4)**	(100)	(90)	(414)
Interest Income	**1**	**0**	**1**	**3**	**1**	**1**	**1**	**1**	**0**	**1**	1	2	12
Payments from provisions	**0**	**0**	**0**	**0**	**0**	0	**0**	**0**	**0**	**0**	0	0	0
PDC Dividend Payments	**0**	**0**	**0**	**0**	**0**	**(192)**	**0**	**0**	**0**	**0**	0	(223)	(415)
Closing cash balance	**3,787**	**3,488**	**3,566**	**3,504**	**3,095**	**2,784**	**4,653**	**3,586**	**2,775**	**4,951**	3,819	2,225	2,225

Board of Directors : January 2011

Item : 8

Title : Committee Membership

Summary:

The attached paper details the present range of links that Executive and Non-Executive Directors have with different aspects of the Trust's work. We hope that this will provide an opportunity for the Board of Directors to review both the membership and purpose of such links. Angela Greatley also invites Non-Executive Directors to e-mail her with any comments or amendments they would like to make.

For : Discussion

From : Chief Executive

Director Links to Trust Work

Areas where NED involvement is mandatory			
	Name	**Title**	**Responsibility**
Audit Committee	Altaf Kara	Non-Executive Director	Member
	Ian McPherson	Non-Executive Director	Member
	Richard Strang	Deputy Trust Chair, Senior Independent Director	Committee Chair
	Simon Young	Finance Director	Attendance
Business Development & Investment Committee	Richard Strang	Deputy Trust Chair, Senior Independent Director	Committee Chair
	Altaf Kara	Non-Executive Director	Member
	Joyce Moseley	Non-Executive Director	Member
	Angela Greatley	Trust Chair	Member
	Matthew Patrick	Chief Executive	Member
	Louise Lyon	Trust Clinical Director	Member
	Simon Young	Finance Director	Member
Charitable Fund Committee	Angeal Greatley	Trust Chair	Committee Chair
	Matthew Patrick	Chief Executive	Member
	Simon Young	Finance Director	Member
CQSG	Matthew Patrick	Chief Executive	Committee Chair
	Rob Senior	Medical Director	Member
	Lis Jones	Nurse Director	Member
	Louise Lyon	Trust Director	Member
	Joyce Moseley	Non-Executive Director	Member
	Martin Bostock	Non-Executive Director	Member
NED Appraisal & Appointment Committee	Angela Greatley	Trust Chair	Committee Chair
Patient & Public Involvement Committee	Martin Bostock	Non-Executive Director	Non-Executive Lead
	Lis Jones	Nurse Director	Executive Lead
	Sally Hodges	Patient & Public Involvement and Communications Lead	Committee Chair
Remuneration Committee	Martin Bostock	Non-Executive Director	Member
	Altaf Kara	Non-Executive Director	Member
	Joyce Moseley	Non-Executive Director	Member
	Ian McPherson	Non-Executive Director	Member
	Angela Greatey	Trust Chair	Committee Chair
	Richard Strang	Deputy Trust Chair, Senior Independent Director	Member

Director Links to Trust Work

Gloucester House The Tavistock Children's Day Unit	Rita Harris	CAMHS Director	Trust Lead
	Richard Strang	Deputy Trust Chair, Senior Independent Director	Non-Executive Lead
Security Management	Martin Bostock	Non-Executive Director	Non-Executive Lead
	Pat Key	Director of Corporate Governance & Facilities	Management Lead
	Matthew Patrick	Chief Executive	Trust Lead
Areas where NED involvement is helpful			
	Name	**Title**	**Responsibility**
Adolescent Directorate	Martin Bostock	Non-Executive Director	Non-Executive Lead
Adult Directorate	Ian McPherson	Non-Executive Director	Non-Executive Lead
CAMHS Directorate	Richard Strang	Deputy Trust Chair, Senior Independent Director	Non-Executive Lead
Consultancy Directorate	Altaf Kara	Non-Executive Director	Non-Executive Lead
Finance Directorate	Richard Strang	Deputy Trust Chair, Senior Independent Director	Non-Executive Lead
Portman Directorate	Joyce Moseley	Non-Executive Director	Non-Executive Lead
Training Directorate	Altaf Kara	Non-Executive Director	Non-Executive Lead
Child Protection	Sonia Applyby	Consultant Social Worker	Clinical Lead
			Non-Executive Lead
	Rob Senior	Medical Director	Trust Lead
Committee for Clinical Excellence Awards	Matthew Patrick	Chief Executive	Committee Chair
	Angela Greatley	Trust Cair	Lay Member
	Richard Strang	Deputy Trust Chair, Senior Independent Director	Lay Member
Communications	Martin Bostock	Non-Executive Director	Non-Executive Lead
	Sally Hodges	Patient & Public Involvement and Communications Lead	Trust Lead
Complaints	Lotte Higginson	Complaints Manager	
	Pat Key	Director of Corporate Governance & Facilities	Management Lead
	Joyce Moseley	Non-Executive Director	Non-Executive Lead
Counter Fraud Policy / Measures	Simon Young	Finance Director	Trust Lead
	Richard Strang, NED	Deputy Trust Chair, Senior Independent Director	Non-Executive Lead
	David Foley	Local Counter Fraud Specialist	
Disability Issues	Pat Key	Director of Corporate Governance & Facilities	Trust Lead
	Ian McPherson	Non-Executive Director	Non-Executive Lead
	Susan Thomas	Director of Human Resources	Trust Lead
Estates	Pat Key	Director of Corporate Governance & Facilities	Trust Lead
			Non-Executive Lead
Equality	Ian McPherson	Non-Executive Director	Non-Executive Lead
	Julia Smith	Director of Service Development & Strategy	Trust Lead
Human Rights	Susan Thomas	Director of Human Resources	Trust Lead

Director Links to Trust Work

	Ian McPherson	Non-Executive Director	Non-Executive Lead
	Name	**Title**	**Responsibility**
Legal Issues	Pat Key	Director of Corporate Governance & Facilities	Trust Lead
	Ian McPherson	Non-Executive Director	Non-Executive Lead
Mental Health Act	Ian McPherson	Non-Executive Director	Non-Executive Lead
	Rob Senior	Medical Director	Trust Lead
Research Committee	Andrew Cooper	Director of Research & Development	Trust Lead
	Joyce Moseley	Non-Executive Director	Non-Executive Lead
Research Ethics	Jessica Hobson	Research Fellow	
	Biddy Youell	Head of Child Psychotherapy	