The Tavistock and Portman
NHS Foundation Trust

Annual Report and Accounts 2020/21

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The Tavistock and Portman NHS Foundation Trust

Annual Report and Accounts 2020/21

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1 Trust Chair's Statement

Over the past year the Trust has celebrated the Tavistock Clinic's centenary. As the Trust's Chief Executive records later in this report, despite the limitations imposed by the pandemic, the centenary team put together a very popular and thought-provoking programme of lectures and panel discussions.

In marking this milestone it would be easy simply to look back and curate a legacy. That was not the spirit of these celebrations. In the midst of a pandemic that has vividly exposed deep-seated inequalities and structural discrimination, the centenary reinforced our conviction that we have an important contribution to make. The Trust's distinctive ways of thinking about mental distress and illness - that places the social and relational context of people's lives at the heart of our practice - is highly relevant to contemporary challenges.

Certainly, 2020/21 has been a year like no other for everyone. The Trust's response to the pandemic has been to find new ways of delivering our services. The use of digital channels is now commonplace and will feature in our post pandemic models of care. There is much learning from this digital shift, both positive and negative. For some, digital access to our services has made life easier whilst for others, a lack of broadband or privacy has made digital access challenging.

The pandemic has taken a huge toll on the mental health and wellbeing of NHS staff. Traumatic experiences of working in healthcare at the height of the first and second waves have left their mark. In North Central London, the Tavistock mobilised a rapid response to create the Together In Mind website to offer practical support and resources.

The Trust recognises that, from the Board on down, we are not diverse enough. The Board takes this very seriously and has taken a number of actions. But we have not yet shifted the dial, which is why the Board is committed to making the Trust an anti-racist organisation that truly reflects the communities we serve.

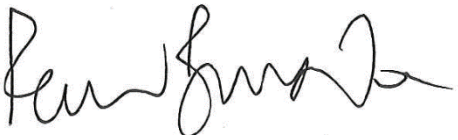
It was not just our clinical services that had to adapt during the pandemic. Our education and training did too. Our student numbers have continued to rise and our Digital Academy and digital channels have extended the reach of this work. This year also saw the Trust become the first NHS organisation to be registered with the Office for Students as a higher education institute, an important milestone.

The pandemic has not been the only challenge faced by the Trust this year. Throughout the history of the Tavistock and Portman clinics we have worked in complex and sometimes controversial areas that challenge conventional norms.

Our Gender Identity Development Service (GIDS) operates in a very contested space and has been the subject of challenging public, judicial and regulatory scrutiny. Demand for the service has grown significantly in the last 5 years and the wider care pathway for this group of patients is poorly developed.

The Board is very proud of the work GIDS does and the caring approach of staff, which was acknowledged in the recent inspection by the Care Quality Commission. At the same time, we recognise the need for improvements in the service, in particular in respect of waiting times which, we acknowledge, are far too long and where we, together with our commissioner NHS England, must act to ensure that we can offer the right support at the right time and keep people safe.

Finally, looking ahead. This year we have embarked on a strategic review to take a long hard look at ourselves and take the steps necessary to ensure that the distinctive contribution of the Trust remains relevant and sustainable for the years ahead.



Rt Hon Prof Paul Burstow 29 June 2021
Trust Chair

2 Performance Report

Annual Performance Statement From The Chief Executive

The Trust has experienced a challenging year in relation to both the impact of the Covid-19 pandemic and internal and external pressures. We have seen a rise in demand for our services; more patients and pupils presenting in crisis; difficult regulatory and judicial outcomes; and an increased numbers of students - and more of them struggling with the ongoing impact of the pandemic on their lives and ability to study or train. Changes have also been required in how we run our estate and a move to principally remote working.

The Trust has launched a Strategic Review to address the key challenges it is facing. This work is crucial to the continuing stability and relevance of the Trust and its unique contribution to the mental health landscape at both a local and national level, through its clinical and educational services, consulting and research. In parallel with the Strategic Review, external research has been commissioned - as part of the Trust's commitment to become an anti-racist organisation together with an external review of our governance structures.

CLINICAL SERVICES

The Covid-19 pandemic has resulted in us having to make a number of changes to the way in which we deliver our clinical services. In March 2020, the organisation took the decision to facilitate a large proportion of its workforce moving to remote working, ensuring our service users received continuity of care. In making the shift, the organisation made an assessment of risk and vulnerability using a Red / Amber / Green (RAG) scale and organised service provision according to need. This included seeing people face to face who required this because of risk or vulnerability issues. Staff and patients were, for the most part, able to readily adapt to virtual treatments and for those patients most in need of technology to make use of virtual treatment, we supplied devices to enable work to continue. We expect to continue remote treatments, particularly for our patients who have difficulty accessing the Trust premises.

In 2016, the Care Quality Commission (CQC) rated our Gender Identity Development Service (GIDS) as 'Good' but, following its inspection in October 2020, the CQC rated the service as 'Inadequate' primarily because, over the preceding five years, the waiting list has grown exponentially. We do however accept the need for improvements in our assessments, systems and record keeping and have agreed an action plan with the CQC to address their concerns - including a detailed action plan in relation to improving the waiting list. We are working with our commissioners, NHE England / Improvement (NHSE/I), to understand how the whole system can work together to improve pathways for this patient group. We have fully engaged with the work of Dr. Hilary Cass, who has been commissioned by NHSE/I to make recommendations on the care provided to those children and young people questioning their gender identity or experiencing gender incongruence.

In December 2020, the High Court ruled that children and young people may not be able to consent to puberty-blocking treatment in cases of gender dysphoria. The Trust, which leads the national GIDS, was granted permission by the court in January 2021 to appeal against this ruling and this appeal is anticipated to be heard in the summer of 2021.

Demand for our clinical services continues to grow and, in the year, we received over 9,500 referrals and conducted over 90,000 clinical appointments.

In 2020/21, the changeable business development environment impacted significantly on new business opportunities which has resulted in a substantial reduction in new business growth in comparison to previous years. However, even within this environment, we have made some notable achievements:

- The Trust was successful, as part of a new alliance of NHS, national and local voluntary sector organisations, in securing a contract to transform the emotional wellbeing and mental health service for Surrey's children, young people and families.

- Together with Camden and Islington NHS Foundation Trust and Barnet, Enfield and Haringey Mental Health Trust, the Trust coordinated an offer in the first phase of the pandemic to deliver wellbeing and psychological support to health and care staff across North Central London (NCL). We have now received funding to continue this work through establishing a Mental Health and Wellbeing Hub.

- Scoping and development of four growth areas for the Trust – leadership; workforce wellbeing; schools / education; trauma.

Alongside this, unfortunately, there were some services which have moved away from the Trust. In December 2020, the Westminster Family Assessment Service and the Family Drugs and Alcohol Court in Kent were both closed. In January 2020, the Trust also made the decision that it could no longer continue to deliver the Team Around the Practice service as part of the Camden Primary Care Mental Health Network and gave notice to Camden and Islington NHS Foundation Trust (the lead organisation).

EDUCATION AND TRAINING

We were delighted to be recognised as a Higher Education Provider by the Office for Students (OfS), currently the only NHS Trust on the OfS register. This means that we are regulated to ensure that every student has a fulfilling experience of Higher Education that enriches their lives and careers. It also means that, as a mental health education provider, we can influence topical debates in Higher Education for the benefit of our students, staff and alumni.

From a student recruitment perspective, having seen a small decline in first year students last year, we have returned back into a position of growth with 601 new learners joining our programmes. This has been the result of hard work by both our faculty and academic support services.

Akin to our clinical services, we have also seen growth in our directorate of education and training. Over the last year we have:

- Expanded our educational psychology training through a collaboration with the Department for Education and the South East and East London Consortium led by University College London.

- Secured funding to deliver bespoke training for Children and Family Court Advisory and Support Service practitioners around the impact of substance misuse and parenting capacity for children during the developmental phases.

- Further developed our perinatal training offering and now offer post graduate non-medical education in this field.

- Increased the number of continuing professional development courses delivered within our systemic portfolio, which has been funded through Hertfordshire County Council.

- Secured a place on the Health Education England (HEE) National Framework for Professional Development and Short Courses, providing a platform from which to drive new opportunities and expand our reach nationally, digitally and virtually.

The pandemic also had an impact on our education services resulting in the second term of the academic year being cut short. In response to the national crisis, robust plans were developed to ensure that our distinctive offerings could continue to be delivered on a fully online basis.

FINANCIAL PERFORMANCE

There was no control total to meet this financial year, however, the Trust made a surplus. of £675k which will be invested back into our service.

OTHER NOTABLE EVENTS

The Trust undertook an online programme of public lectures and talks to celebrate the history of the Tavistock and Portman clinics and to explore contemporary issues in relation to identity, relationships and society. This programme included an event, co-chaired by a carer, comprising of three sessions describing some of our involvement work.

An environmental group has been established to support the changes required towards being a greener organisation, including the development of a draft Environmental Manifesto and the setting of an objective for 2021/22 to develop a Green Plan and associated actions for the future.

Paul Jenkins
Chief Executive 29 June 2021

Trust Overview

This section of the annual report provides a short summary about our organisation, its history, our purpose and how we have performed against our strategic objectives and the risks to achieving these.

OUR HISTORY

Our organisation was formed following the Tavistock Clinic, founded in 1920, and the Portman Clinic, founded in 1933, being merged into an NHS trust in 1994. We achieved authorisation as an NHS Foundation Trust in November 2006.

OUR PURPOSE

We are a specialist mental health trust with a focus on training and education alongside a full range of mental health services and psychological therapies for children and their families, young people and adults, as well as being national providers of gender services for adults and children.

We are committed to improving mental health and emotional wellbeing, believing that high quality mental health services should be available for all who need them. We bring a distinctive contribution based on the importance we attach to social experience at all stages of people's lives, and our focus on psychological and developmental approaches to the promotion of health and the prevention and treatment of mental ill health.

We contribute to the pool of ideas through our own research and development, but are also committed to bringing together the best ideas from others, both inside and outside the Trust. We aim to share our ideas and practice through as many routes as possible.

As a Trust we aim constantly to be evolving in nature and form in relation to the environment in which we work, to ensure that our contribution remains relevant.

HOW WE OPERATE

As an NHS foundation trust, we are accountable to Parliament and regulated by Monitor, operating under the name NHS Improvement (NHSI). We are part of the NHS and must meet national standards and targets. Our governors and members ensure that we are accountable and listen to the needs and views of our service users.

As a small specialist provider trust we have a number of roles in the health and care systems, these include:

- Providing mental health services to our local population in Camden.
- Delivering a number of specialist services which can be accessed by any individual across England.
- Providing education and training in a range of health and care subject areas, some commissioned by HEE.
- Leading on research and innovation in both formally commissioned studies and locally driven innovation path finding.

To deliver all of the above we are structured in three clinical divisions, together with a directorate of education and training, all supported by a number of corporate support directorates.

Our work is, increasingly, more closely co-ordinated and integrated with that of the North Central London Integrated Care System (NCL ICS).

Each year we develop and implement strategic objectives which set the direction for us to achieve our long term ambitions. In 2020/21 we set 13 objectives aligned to four thematic areas, being:

- People.
- Services.
- Growth and development.
- Finance and governance.

FUTURE PRIORITIES/STRATEGY

Leadership – This is a perennial issue nationally and internationally and across all organisations and sectors. The Trust has a rich history and experience in Leadership, particularly within its Directorate for Education and Training (DET), making this an excellent focus area for further growth. Our vision is to make a meaningful impact to developing modern day leaders, systems and organisations through a range of training and education development programmes, consultancy and support services. We aim to expand our current leadership offer to a wider population, and expand our portfolio, incorporating the unique Tavistock traditions and distinctive approaches to thinking about leadership.

Schools/Education - The Trust aims to deliver growth with the Schools/Education domain by expanding our existing Gloucester House outreach model to a wider audience, as well as integrating a wider range of school-focussed services. This will include building on existing services and developing new offers, to deliver a range of school-based clinical interventions, support and consultancy and training.

Trauma – The Trust has historically played a role in asserting the importance of psychological contributions to the treatment of Trauma. Through our work with complex traumatised patients, families and refugees, the Trust has developed considerable clinical and training expertise and will look to further expand its work in this area.

Workforce Wellbeing – This is an area with increasing awareness within businesses and there is now a greater focus on employee wellbeing brought about by the pandemic. The Trust is seeking to use its expertise and capability across clinical, education and training and consultancy, to provide services to a wide range of businesses, and our aim is to increase our visibility in the market as a workplace mental health provider.

Online Learning - DET has demonstrated impressive capability in pivoting to online delivery of all our long and short courses. The learning and the experience developed will provide building blocks for establishing educational provision that provides greater opportunities and flexibility for learners. The launch of its new digital learning platform, the Digital Academy, in September 2020, places the trust in an excellent position to deliver and develop programmes that improve the capability of the workforce in mental health and social care and beyond. The development of the Digital Academy will make learning with us more accessible to a much wider audience, from students based at different locations and at different points of their learning journey. Finding ways of reaching people who are unable to travel to one of our training locations will be a positive legacy from the adaptations we have had to make to ensure continuity of provision during the pandemic.

Expansion Of Education and Training - The Trust's success in registering with the Higher Education regulator, the OfS, represents formal recognition as a Higher Education institution. This has enabled us to secure enhanced privileges for our Tier 4 UKVI visa status, which will also make it possible to allow greater access to programmes for international students. It also positions us more firmly in the Higher Education sector and allows us to leverage the insights and networks and possible funding streams for the benefits of students and staff that were hitherto less accessible.

2020 has been a special year for the organisation, marking our first one hundred years. Combining the experience of the organisation and its values and heritage with innovation and development is a powerful proposition. Interest and demand for access to our programmes has continued and increased through the period. This is a source of optimism for the future, particularly as we increase provision through a combination of face to face and online activity. Our relationships with HEE, our university partners, and professional statutory and regulatory bodies have strengthened. This will provide a bedrock for subsequent innovation and development.

KEY ISSUES AND STRATEGIC AND OPERATIONAL RISKS

The Trust has a robust approach for managing both its strategic and operational risks. The strategic risks to achieving the organisation's strategic objectives are captured on our Board Assurance Framework (BAF) and reported to the Board of Directors (Board) four times a year. We provide further information on our approach to risk management in the Annual Governance Statement.

Strategic Risks

There are two risks which have been of particular concern during the year, impacting on the ability of the Trust to develop and operationalise plans for high quality and financially sustainable services and to progress longer term priorities. Both are interlinked and outlined below, along with mitigating actions being taken.

The first relates to the wider pressures within the NCL ICS and the further impact on NCL ICS finances resulting from the pandemic. This has had a risk score of 16 (out of 25) since March 2020. The Trust works closely with partner provider organisations and is undertaking a Trust wide strategic review, focusing on financial and operational sustainability.

The second concerned changes in the commissioning environment impacting on Trust service configuration and long term sustainability and has had a risk score of 16 (out of 25) since May 2020. The Trust has previously had a good financial performance through modest cost improvement programmes, new income generation and annual contract uplifts. As a result of the development of Integrated Care Systems and the impact of the pandemic, the Trust is undertaking a Trust wide Strategic Review and continuing to review business development priorities.

The BAF also included a risk reflecting the ongoing pressure on the GIDS service for delivery. This is detailed within the operational risks below. The controls have included regular internal staff meetings and Trust support, routine monitoring of activity data and staffing levels and clear governance oversight.

Over the last year, we have ensured there has been clear oversight from our Board in the development of the relocation programme. This has led to greater involvement with NHSE/I and the NCL ICS, who have suggested that The Trust update its Outline Business Case (OBC). As with all OBCs this will involve the further development of the Trust's strategies in 2021.

Operational Risks

A number of operational risks have also been identified which have a high score (out of 25) and are reported to Board three times a year. These include:

- GIDS staffing
  The staffing risk increased from 16 to 20 following the Judicial Review and CQC inspection in 2020/21. The main issue is staff capacity and morale to deliver a challenging agenda. Focus is on the GIDS action plan.

- GIDS waiting times
  The waiting times risk score remains high at 16 with a detailed plan on waiting list actions. Focus is also on recruitment within the service.

- Covid-19 pandemic
  The Covid-19 risk disrupted service delivery during the year. However, the Trust made changes in practices to manage the risks and, together with the delivery of Covid-19 vaccines to staff, this has led to a reduction in risk score from 20 to 16. Mitigations include a full set of standard operating procedures across services, which have been adjusted in response to the pandemic and Infection Prevention and Control guidance. A number of measures to manage our estates, governance and welfare have also been implemented across all Trust sites.

EQUALITY OF SERVICE DELIVERY

Department of Education and Training

We continue to work at better understanding the experience of all of our students, but particularly the experience of students from ethnic minority groups, including international students. We continue to give focus to how curricula and reading lists are made more representative and to supporting and developing staff to be more equipped in facilitating educational activities that takes account of difference and diversity.

During the year, we have successfully developed an overarching approach to the collection and analysis of data regarding the diversity of our student body from application to graduation.

In our initial review, we identified concerns, notably, in relation to recruitment and overall awards and actions undertaken by the Trust has resulted in encouraging improvement in these areas.

The overall recruitment gap measures the likelihood of applicants from a minority ethnic background being offered a place compared with white applicants. The gap in 2018/19 was 10% and has been reduced to 7% in 2019/20.

The overall awards gap measures the likelihood of applicants from a minority ethnic background being awarded a Distinction or Merit. The gap has reduced from 18% in 2018/19 to 8% in 2019-20.

There is more work to do, including on the diversity of our staff - especially at senior levels in the organisation.

Work is continuing to break down the data at course level and to better consider other protected characteristics. Each portfolio has now produced an action plan, to be undertaken by course teams, to address specific issues of equalities, as identified by the 2018-19 data reports. The same exercise will be completed later this year ready for the academic year 2021-22.

Clinical Services

The Trust is committed providing an equitable service which meets the needs of the population we serve. This includes having due regard to the aims of the public sector equality duty, capturing customer satisfaction scores by protected characteristics, using key performance indicators to measure equality of service provision, and promoting equality of service delivery. The public sector equality duties include:

- Advancing equal opportunities between men and women.

- Eliminating unlawful discrimination, harassment and victimisation.

- Remaking or minimising disadvantage suffered by people who share relevant protected characteristics.

- Taking steps to meet the needs of people who share a relevant protected characteristic that differ from the needs of those who don't.

Many of our services and support services across the Trust meet the needs of specific populations including:

- Forensic Children & Adolescents' Mental Health Service – this service is for professionals and systems of care working with young people where there are serious 'forensic' issues which then relate to their behaviour, relationships, emotional and educational aspects of care. Often the young people are already within marginalised groups in society without much social 'capital' and have significant psycho-social and socially determined difficulties as well as internal emotional conflicts which leaves them at high risk of harm in multiple ways.

- Turkish Speaking Horticultural Therapy Group – this innovative community service provides high quality psychotherapy in a mother tongue group based within a local city farm garden, which provides a less clinical or forbidding setting for marginalised women to join and speak about their experiences of trauma whilst having a central focus on growing and nurturing plants and using the soil and new life as metaphor's for human development and change.

- Couples' service- the Adult Complex Needs Couples service is believed to be the only one of its sort in NCL ICS and is unusual in being a free NHS service for couples struggling with a range of issues from sex, violence, conflict, current or historical abuse and issues with children, step-families etc.

- Trauma Service- this is a very unusual service offering treatment to survivors of historical child sexual abuse, individually and in groups. It also works with victims of violence, torture, war, etc. The service has creative links with the Red Cross and provides consultation, training and outreach support to a wide range of other NHS and Third Sector organisations seeking a more sophisticated understanding of the ravaging effects of complex trauma on human suffering and mental ill health.

- All of our services actively consider the impact of historical and social exclusion in terms of health inequalities and we are actively researching the barriers to referral in the demographic intake data. This may lead to some form of education or re-thinking what we say to referrers about who might benefit from referral, why and what they might want to consider in terms of health inequalities and its health economic impact in society.

- The Fitzjohns Unit sees people with complex, often lifelong and serious problems relating to multiple difficulties. Unusually for a mental health treatment it has no diagnostic exclusion criteria. The unit aims to work with patients to address lifelong issues and to bring greater emotional equilibrium and less pain and worry.

Patient communication and support requirements are actively sought in order to ensure that the needs of all our patients are met. Interpreter, translation and support services are provided where required. A trust-wide forum, along with a number of service specific patient forums, supported by our Patient and Public Involvement team, provide opportunities for patients and staff to listen to each other and improve services.

In order to fully meet the public sector equality duties it is necessary to understand who is using our services, their views and who we would expect to be using our services, and to analyse the information to inform the direction of travel for service delivery. Clinical services are looking at the lessons to be learned from work of DET, in respect of their data analysis of their student population in informing their future work in this area.

Information on protected characteristics is routinely collected for all of our patients, although our best data sets are for age, gender (sex) and ethnicity. Patient feedback on our services is routinely collected using experience of service questionnaires (ESQ). Information is shared with services and is regularly presented to the Board. We have key contract performance metrics within our Child and Adolescent Mental Health Services (CAMHS), around the joint development of care plans with young people, and an ESQ question on how strongly patients believe that staff are working together to help them. In addition, ESQ information is monitored continuously and reported on in quarterly contract and Board reports.

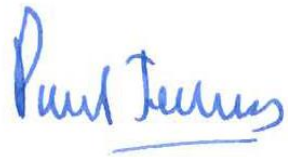
Improving the quantity and quality of patient information we obtain would help us to understand better issues, alongside analysis of protected characteristics data. Our figures on the ethnicity of patients accessing our services show that certain groups of patients are under-represented, in some services, in comparison with national and local demographic data. This will form one of the outcomes for a Trust agreed ‘quality priority project’ in 2021/22, where the aim is to improve both the collection of ethnicity data and ensure that it is used in a meaningful way, including ensuring we represent the populations we serve in an equitable manner.

This work will also help inform the development of a comprehensive race equality strategy, to be developed in consultation with staff, service users and families, community groups, commissioners and other relevant stakeholders. We will review access to our services according to demographic profiles of the areas we serve and differential levels of need, as we are aware that experiences of discrimination and other associated experiences, can adversely affect mental health. We will assess the helpfulness and responsiveness of our services for patients from ethnic minority backgrounds.

Finally, a wealth of evidence shows that organisational performance is critically dependent on the health and wellbeing of the staff employed and that staff wellbeing is linked to patient outcomes and experience. Racism and other forms of discrimination impact on patient care, student experience and staff experience and wellbeing.

GOING CONCERN DISCLOSURE

After making enquiries, and in line with the guidance provided by NHSE/I, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.



Paul Jenkins 29 June 2021

Chief Executive and Accounting Officer

3 Accountability Report

The accountability report is made up of the following sections.

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Within the accountability report the following sections or tables have been subject to external audit.

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Directors' Report

The Tavistock and Portman has performed well both operationally and financially during 2020/21, which was another busy and demanding year. Our staff continue to provide high levels of care and education, as demonstrated through our performance in what has been a challenging financial context.

Delivering High Quality Care

We are a specialist organisation proving mental health and educational services. Our commitment to delivering high quality and safe care is described in our mission and values and demonstrated through strong operational performance and staff experience.

QUALITY STANDARDS AND QUALITY IMPROVEMENT

The Medical and Quality Director has led work on maintaining and developing our care quality standards during the year, under the strategic oversight of the Quality Assurance Board and Quality Improvement (QI) Board and associated operational groups and forums. QI capacity and capability has been improved, supported by QI leads and associate leads who work within divisions / directorates and who, in turn, are supported by Associate Directors for QI.

A Trust wide remote working QI project was introduced during the first wave of the pandemic. The project was an attempt to monitor and improve the quality of our services across educational and clinical settings and consisted of multiple individual projects across our services. The insights and data included patient, student and staff feedback and analysis of the environmental impact of service delivery changes. Information will continue to be used in the planning of future pathways of care and education delivery, including through the strategic review.

We describe further in the Annual Governance Statement our approach to maintaining the well-led standard requirements and our Annual Quality Report provides in-depth information on the quality of our services.

NHS STAFF SURVEY

The NHS Staff Survey took place between September and November 2020 with a Trust response rate of 63% up from 60% in the previous year.

The survey highlighted a positive increase in safety culture within the Trust, with the number of staff indicating they know how to report unsafe clinical practice increasing from 89.3% in 2019 to 93.5% in 2020. However it must be noted that the Trust is one of the poorest performing nationally on its indicator.

The survey highlighted a downward decline in staff saying they would feel secure raising concerns about unsafe clinical practice. This indicator has shown a steady decline from 78% in 2017 to 69.1% in 2020.

The Trust has improved against its own 2019 figure in four of the survey's ten themes being: health and wellbeing; immediate managers; safe environment – bullying; and safe environment - violence.

Other areas where the Trust has been performing well include: direct line managers interest in health and wellbeing; support from line managers; satisfaction with flexible working patterns; and the number of staff who believe the Trust is taking action on errors and near misses.

When measured against our comparator trusts, we were better than average on the themes of, health and wellbeing; bullying and harassment; and violence against staff.

The Trust measured average for our response rate for the domain ‘immediate line managers’ in comparison to our comparator trusts.

The Trust performance has declined against its 2019 figures in six out of the ten themes being: Equality Diversity and Inclusion; morale; quality of care; safety culture; staff engagement; and Team working. When measured against our comparator trusts we were below average in all six themes.

Whilst there were areas of the 2020 NHS staff survey results which were positive there remain a number of areas where we need to do more. The Trust is concerned about those areas where our performance is lower than our comparator trusts or has declined, and we are working to address these.

Our Local And National Role

Whilst being one of the smallest provider organisations in the NHS, we have extremely diverse contracting arrangements for the services we deliver, reflecting the national reach of many of our services. What also makes us different is that we are also a major provider of education and training providing courses and programmes, ranging from short continuing professional development through to professional doctorates.

We provide a range of services to our local population in Camden, where we are the largest children and young people services provider in the borough and we also are contracted to provide a range of adult specialist and primary care services locally.

Building on our rich history we are also fortunate to deliver a number of nationally commissioned specialist services which include our gender services and the Portman Clinic.

Commercial Partnerships And Ventures

As a small organisation we have a range of partnership arrangements in place to support the delivery of clinical and education services. The Trust has an agreed protocol for establishing partnerships and retaining oversight of these through operational management.

In October 2020, we undertook an initial scoping exercise with colleagues from Great Ormond Street Hospital to identify potential areas of collaborative interest and surface potential interest in more formal partnership working. Three core areas of collaboration have been identified:

- Learning Together - To provide holistic education and training packages that improve professional development, team resilience and wellbeing, and the adoption and spread of innovation.

- Working Together - To integrate physical and mental health expertise and service provision to deliver better outcomes for children and young people and their families.

- Advocating Together - To speak up on behalf of children, young people, families and our workforce, so that they get the support and resources they need to thrive.

North London Partners In Health And Care

Whilst being a specialist provider with a national role, we play an active part in our ICS. Throughout the year we have actively contributed to the work of the system and our Chief Executive remains the senior responsible officer for the mental health workstream.

Discussions have taken place and are ongoing with the NCL ICS on the strategic road map for future sustainability and stability and the NCL ICS is supportive of and committed to the Trust remaining a flourishing member of the NCL ICS community. This includes our active participation in the forthcoming strategic review of the commissioning of mental health services. Our Director of Nursing & System Workforce Development is also the Chief Nurse for the NCL ICS and is the Chief Nurse on the NCL ICS Leadership Team.

Board Of Directors

In 2020/21 members of the Board of Directors comprised the following executive directors: Chief Executive, Paul Jenkins; Deputy Chief Executive and Director of Finance, Terry Noys; Chief Clinical Operating Officer, Sally Hodges; Medical and Quality Director, Dinesh Sinha; Director of Education and Training /Dean of Postgraduate Studies, Brian Rock; and Director of Nursing & System Workforce Development, Chris Caldwell.

The Board also included the following non-executive directors: Trust Chair, Paul Burstow; Deputy Chair, Dinesh Bhugra; Senior Independent Director, David Holt; and Deborah Colson, Helen Farrow, David Levenson. Shalini Sequeira attended the Board as an Associate non-executive Director.

Biographies for the Board members can be found later in this document.

All of the members of the Board of Directors meet the standards set out in the fit and proper person requirement. The Trust maintains a register of all interests that directors and governors hold and publish this on the organisation's public website.

There have been no declarations of donations to political parties.

Performance evaluation is an integral component of our governance structures and is aligned to the NHSI well-led framework. Each year the Board assesses its effectiveness during formal meetings and through developmental seminars. Each of the Board's standing committees conduct annual effectiveness reviews and the terms of reference are revisited - the outcomes of these reviews are reported to the Board. Further details on our processes for performance evaluation, internal control and governance are detailed in the Annual Governance statement and the quality report.

The Board is not aware of any relevant audit information that has been withheld from the Trust's auditor and members of the Board take all the necessary steps to make themselves aware of relevant information and to ensure that this is passed on to the external auditors where appropriate.

Payment Practice

Better payment practice code				
Measure of compliance	Year ended 31 March 2020		Year ended 31 March 2021	
	Number	Value	Number	Value
Total bills paid in the year	8,353	26,183	4,768	27,282
- **Of which were NHS invoices**	224	1,580	227	2,234
- **Of which were non-NHS invoices**	8,129	24,603	4541	25,048
Total bills paid within target	7,672	24,676	4,385	26,481
- **Of which were NHS invoices**	161	1,168	157	1,921
- **Of which were non-NHS invoices**	7,511	23,508	4,228	24,560
Percentage of bills paid within target	92%	94%	92%	97%
Percentage of NHS invoices paid within 30 days	72%	74%	69%	86%
Percentage of non-NHS invoices paid within 30 days	92%	96%	93%	98%

The Trust complies with the requirement of the better payment practice code to pay all valid invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. Performance against the code is set out in the table above.

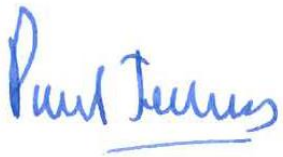
Statutory Disclosures

The Trust meets the requirement of Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) which requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for other purposes. For full details see Note 3.1 to the Annual Accounts.

Surpluses from other income that the Trust has received have been used to support the provision of goods and services for the purposes of the health service in England.

The Directors confirm that the Trust complies with the cost allocation and charging guidance issued by HM Treasury.

The Directors are responsible for the preparation of the annual report and accounts. The Directors also consider the annual report and accounts, taken as a whole, is fair, balanced and understandable, and provides the information necessary for service users, regulators and stakeholders to assess our performance, business model and strategy.



Paul Jenkins 29 June 2021
Chief Executive and Accounting Officer

Remuneration Report

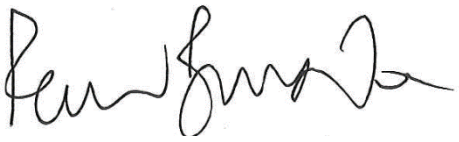
Trust Chair's Annual Statement On Remuneration

As the chair of the Executive Appointments and Remuneration Committee (the EARC), I am pleased to present our remuneration report for 2020/21.

Taking in to account the national pay settlement made to the NHS through the national terms and conditions of service and those that apply to the medical workforce, the EARC approved that all senior managers, within its remit, should receive a cost of living increase consistent to those employed on the top of the Band 9 scale.

Having undertaken appropriate benchmarking using comprehensive data from NHS Providers, EARC agreed that there should be no further changes to executive director salaries or remuneration arrangements.

There were no changes to the executive team in the reporting period.



Rt Hon Prof Paul Burstow 29 June 2021
Trust Chair and Chair of the
Executive Appointments and Remuneration Committee

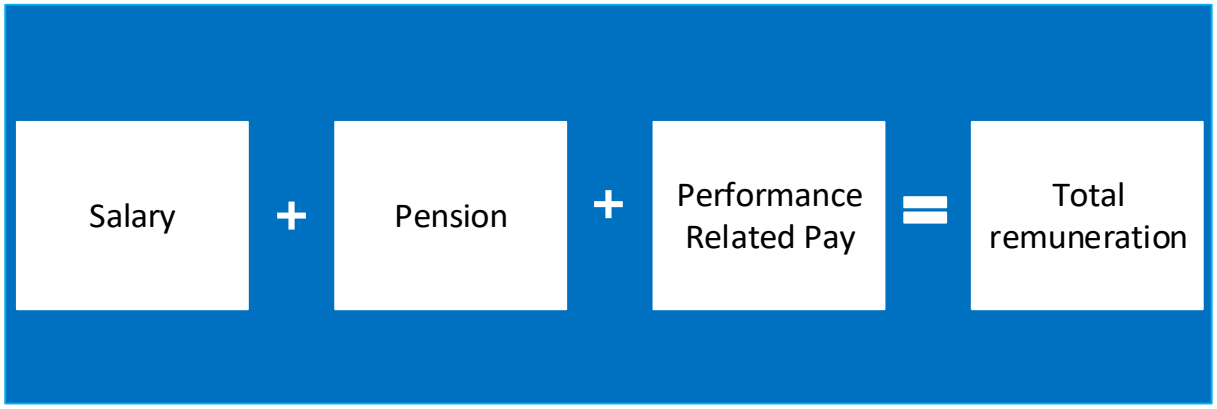
Remuneration Policy Report – 2020/21

SENIOR MANAGERS' REMUNERATION POLICY

Remuneration for the Trust's most senior managers (executive directors who are members and regular attendees of the Board of Directors) is determined by the EARC, which consists of the Trust Chair and all non-executive directors. Senior managers who do not attend meetings of the Board of Directors have their remuneration determined by the Chief Executive.

The EARC is also responsible for ratifying any performance related pay scheme for all senior managers.

The total remuneration of each of the executive directors comprises of the following elements:



The Trust's remuneration policy for each of the elements above are outlined in the following table.

	Salary	Pension	Performance related pay
Purpose and link to strategy	To provide core reward for the role. Salary is set at a level appropriate to secure and retain the high calibre individuals needed to deliver the Trust's strategic priorities, without paying more than is necessary.	-	Objectives are set for directors aligned to the Trust's strategic priorities. Payment against this scheme is dependent on achievement of objectives to a satisfactory standard.
Operation	When determining salary levels, an individual's role, experience and performance, and independently sourced data for relevant comparator groups are considered. Executive director salaries are inclusive of a High Cost Area Supplement. Salary increases typically take effect from 1 April each year.	Executive directors are eligible to receive pension and benefits which are applicable to all other staff. Pension arrangements are in accordance with the NHS Pension Scheme. There are no cash alternatives. The NHS Pension Scheme is made up of three parts. These are the 1995, 2008 and 2015 schemes. Newly appointed directors are enrolled in to the 2015 scheme, unless protection arrangements apply to them.	The scheme is operated for senior managers whose remuneration is set towards the lower end of benchmark ranges. Each senior manager is set a number of objectives through the annual appraisal process. Achievement of those objectives may result in a performance pay award being recommended.

	Salary	Pension	Performance related pay
Opportunity	There is no formal maximum limit, however salary increases will ordinarily be in line with increases for the wider NHS workforce (not including incremental progression increases) as recommended by the NHS Pay Review Body. Increases may be higher to reflect a change in the scope of an individual's role, responsibilities or experience. Where a new executive director has been appointed to the Board on a salary lower than the typical Trust level for such a role, the salary may be reviewed as the executive director becomes established in the role. Salary adjustments may also reflect wider external market conditions. Salary levels for 2020/21 are set out in the single total figure table in the annual report on remuneration.	Existing executive directors are covered by the provisions of the NHS Pension Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Details of the 2020/21 pension benefits of individual executive directors are available in the single total figure table in the annual report on remuneration. Total pension entitlement for each executive director is available in the total pension table.	For director's who are eligible for this scheme, the maximum earnable performance related pay is £10,000. The level of award is dependent on achievement of objectives. Payments awarded through this scheme are non-consolidated, non-pensionable and non-contractual.
Performance measures	The overall performance of the individual is considered when review salaries are undertaken. This is managed through the annual appraisal process.	There are no performance measures.	The overall performance of the individual is considered when review salaries are undertaken. This is managed through the annual appraisal process. Examples of measurable objectives include factors such as achieved income growth, service developments or other measurable outputs. Performance pay awards are made on the basis of achievement of objectives (pro rated if some but not all objectives are achieved).

Salaries for senior managers are established and maintained taking the following factors in to account: the role requirements, experience of the individual; actual performance in post; and benchmarking data from the NHS Providers annual salary survey.

Senior managers are employed on substantive, open ended contracts of employment and are employees of the Trust. Their open ended contracts may be terminated by either party giving three months' notice.

The Trust's normal employment procedures apply to directors, including the sanction of instant dismissal for gross misconduct. The Trust's redundancy policy is consistent with the NHS redundancy terms for all staff.

There have been no circumstances in the financial year where senior manager remuneration has been withdrawn or withheld.

DIFFERENCES BETWEEN REMUNERATION FOR SENIOR MANAGERS AND OTHER STAFF

The key difference between the remuneration of Executive Directors and other staff is that salaries for senior staff are a fixed personal salary determined by conducting cross market and skills benchmarking. All other staff are employed on terms and conditions determined nationally and which have a salary scale assigned to it.

Another difference is that senior managers' fixed salaries are inclusive of a high cost area supplement, ordinarily payable to staff based in inner London. All other staff receive this as a separate pay element.

The EARC references national cost of living awards when considering its annual pay awards to directors.

The Trust does not consult with its wider workforce on senior manager remuneration.

ANNUAL REPORT ON NON-EXECUTIVE REMUNERATION – 2020/21

The remuneration and expenses of the Trust Chair and Non-executive Directors are determined by the Council of Governors' nominations committee. The committee takes account of guidance issued by NHS Providers when determining non-executive remuneration and expenses.

Remuneration of the non-executive directors comprises of the following fee elements.

The policy for determining the level of fee is described in the table below.

	Fee	Responsibility fees
Purpose and link to strategy	To provide core reward for the role.	The fee is applied to office holders who: -Chair the audit committee; and, -Act as the senior independent director.
Operation	The fee levels are a set rate for all of the non-executive directors. There are two types of fee in operation, one for the Trust chair and another for the non-executive directors. Non-executive director fees are aligned to the NHS Improvement framework fees structure.	The Trust chair nominates office holders to fulfil the two roles where fees are applicable. The council of governors is responsible for ratifying the appointments.
Opportunity	The fees are reviewed annually by the nominations committee. These are set against the role requirements and not the office holder fulfilling the appointment.	The fees are reviewed annually by the nominations committee. These are set against the role requirements and not the office holder fulfilling the appointment.
Performance measures	There are no performance measures set against the fees.	There are no performance measures set against the fees.

EXECUTIVE APPOINTMENTS AND REMUNERATION COMMITTEE

The EARC is responsible for determining the remuneration, terms and conditions of all board attending directors. The committee is chaired by the Trust Chair and all non-executive directors are members.

Executive appointments and remuneration committee membership and attendance	
Member	**Actual / possible**
Paul Burstow	3/3
Dinesh Bhugra	3/3
David Holt	3/3
Deborah Colson	3/3
David Levenson	3/3
Helen Farrow	3/3

Paul Jenkins, Chief Executive and other individuals regularly attend committee meetings to provide advice or services that materially assist the committee in the operation of its functions. Executive directors and other committee attendees are not involved in any decisions and are not present at any discussions regarding their own remuneration.

MEDIAN REMUNERATION AND FAIR MULTIPLE

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the median remuneration of the organisation's workforce. The remuneration of the highest paid director compared to the median remuneration of the workforce was as follows:

Median remuneration and fair pay multiple		
	31 March 2020	31 March 2021
Highest paid director's total remuneration	£157,750	£157,750
Median total remuneration	£28,350	£26,741
Remuneration ratio	5.56	5.96

The calculation above is based on full-time equivalent staff working for the Trust on 31 March 2021. Where staff are part time, their salaries have been annualised for the purposes of the median ratio calculation.

SERVICE CONTRACTS

The following table contains details of the service contracts in place during 2020/21 for senior managers:

Service contracts – senior managers			
Senior manager	**Date of service appointment**	**Unexpired term**	**Notice period**
Paul Jenkins	Feb 2014	Open ended	Three months
Terry Noys	Oct 2016	Open ended	Three months
Sally Hodges	Nov 2015	Open ended	Three months
Brian Rock	Jan 2015	Open ended	Three months
Dinesh Sinha	Aug 2018	Open ended	Three months
Christine Caldwell	Nov 2016	Open ended	Three months
Craig de Sousa	Feb 2016	Open ended	Three months
Laure Thomas	Feb 2015	Open ended	Three months
Udey Choudhury	Jan 2019	Open ended	Three months
Helen Robinson	Jan 2020	Six months	Three months

Service contracts – non-executive directors			
Senior manager	**Date of service appointment**	**Unexpired term**	**Notice period**
Paul Burstow*	Oct 2015	Eighteen months	Three months
Dinesh Bhugra	Nov 2014	Seven months	Three months
David Holt*	Nov 2014	Eighteen months	Three months
Deborah Colson**	Oct 2017	Three years	Three months
David Levenson	Sep 2019	Two years and four months	Three months
Helen Farrow	Nov 2016	Seven months	Three months

* Second terms of office were extended for further year due to the pandemic; **Renewed in autumn 2020

EXPENSES

The following table outlines the details of travel and subsistence expenses claimed by our council of governor members and senior managers.

Expenses claims	2019/20		2020/21	
	Number claimed	**value**	**Number claimed**	**Value**
Council of governors	1	£2,390.12	0	£0
Senior managers	14	£2,554.70	3	£166.95

SALARY AND BENEFITS OF SENIOR MANAGERS

The following tables contain details on the salary and benefits of the Trust's senior managers in 2019/20 and 2020/21.

There was one senior manager in both 2019/20 and 2020/21 who received remuneration of greater than £150,000, this was the Chief Executive. The levels of remuneration were deemed to be appropriate for the post holder based on external benchmarking which evidences the reward package is within the lower quartile grouping of the NHS Providers annual remuneration survey.

The calculation above is based on full-time equivalent staff working for the Trust on 31 March 2021. Where staff are part time, their salaries have been annualised for the purposes of the median ratio calculation.

SINGLE TOTAL REMUNERATION FIGURE 2020/21

Name		Salary and fees	Taxable benefits	Annual performance-related bonuses	Long-term performance-related bonuses	Pension-related benefits	Total Remuneration
		£000, bands of £5k	£s, to the nearest £100	£000, bands of £5k	£000, bands of £5k	£000, bands of £2.5k	£000, bands of £5k
Jenkins, P	Chief Executive	155-160	NIL	NIL	NIL	40-42.5	195-200
Noys, T	Deputy Chief Executive and Director of Finance	125-130	NIL	NIL	NIL	30-32.5	155-160
Caldwell, C	Director of Nursing and System Workforce Development	120-125	NIL	NIL	NIL	17.5-20	140-145
Rock, B	Director of Education and Training and Dean of Postgraduate Studies	115-120	NIL	NIL	NIL	37.5-40	155-160
Sinha, D	Medical Director	145-150	NIL	NIL	NIL	NIL	145-150
Hodges, S	Clinical Chief Operating Officer	120-125	NIL	NIL	NIL	NIL	120-125
De Sousa, C	Director of Human Resources and Corporate Governance	90-95	NIL	NIL	NIL	5-7.5	95-100
Garlington, I	Director of Estates, Facilities and Capital Projects	60-65	NIL	NIL	NIL	42.5-45	105-110
Rex, H J	Director of Information Management & Technology	90-95	NIL	NIL	NIL	20-22.5	115-120
Chowdhury, U	Director of Financial Operations	85-90	NIL	NIL	NIL	22.5-25	110-115
Surtees, R (Until Nov 20)	Director of Strategy	60-65	NIL	NIL	NIL	57.5-60	120-125
Thomas, L	Director of Marketing and Communications	80-85	NIL	NIL	NIL	20-22.5	100-105
Tegerdine, I	Interim Director of Human Resources	110-115	NIL	NIL	NIL	140-142.5	250-255
Robinson, H	Interim Director of Corporate Governance	5-10	NIL	NIL	NIL	5-7.5	15-20
Burstow, P	Con Executive Director	35-40	NIL	N/A	N/A	N/A	35-40
Farrow, H	Non-Executive Director	10-15	NIL	N/A	N/A	N/A	10-15
Holt, D	Non-Executive Director	15-20	NIL	N/A	N/A	N/A	15-20
Levenson D	Non-Executive Director	10-15	NIL	N/A	N/A	N/A	10-15
Bhugra, D	Non-Executive Director	10-15	NIL	N/A	N/A	N/A	10-15
Colson, D	Non-Executive Director	10-15	NIL	N/A	N/A	N/A	10-15

Notes:

- Ian Garlington left in November 2020
- Hugh Jonathan Rex joined in June 2020
- Rachel Surtees left in October 2020
- Craig De Sousa was on secondment from December 2020. His salary was £88,147 before the secondment.
- Ian Tegerdine was appointed as an Interim Director of HR in February 2021
- Helen Robinson joined in January 2021

SINGLE TOTAL REMUNERATION FIGURE 2019/20

Name		Salary and fees (bands of £5,000)	Expense payments (taxable) to nearest £100	Performance pay and bonuses (bands of £5,000)	Long-term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	Total (bands of £5,000)
Jenkins, P	Chief Executive	155 – 160	-	0 - 5	0 – 5	37.5 – 40	195 – 200
Noys, T	Deputy Chief Executive and Director of Finance	125 – 130	-	0 - 5	0 - 5	27.5 – 30	155 – 160
Hodges, S	Clinical Chief Operating Officer	115 – 120	-	0 - 5	0 - 5	62.5 – 65	180 – 185
Stern, J (until Jul 19)	Adult and Forensic Services Director (AFS)	50 – 55	-	0 - 5	0 - 5	0 – 2.5	50 – 55
Lyon, L (until Jul 19)	Director of Quality and Patient Experience	10 – 15	-	0 – 5	0 – 5	0 – 2.5	10 – 15
Rock, B	Director of Education and Training and Dean of Postgraduate Studies	115 – 120	-	0 – 5	0 – 5	42.5 – 45	155 – 160
Caldwell, C	Director of Nursing and System Workforce Development	110 – 115	-	0 – 5	0 – 5	32.5 – 35	145 – 150
de Sousa, C	Director of Human Resources and Corporate Governance	85 – 90	-	0 – 5	0 – 5	20 – 22.5	105 – 110
Thomas, L	Director of Marketing and Communications	80 – 85	-	0 – 5	0 – 5	20 – 22.5	100 – 105
Wyndham Lewis, D (until Feb 20)	Director of Technology and Transformation	90 – 95	-	0 – 5	0 – 5	65 – 67.2	155 – 160
Surtees, R	Director of Strategy	90 – 95	-	5 – 10	0 – 5	22.5 – 25	115 - 120
Sinha, D	Medical Director	120 – 125	-	0 – 5	0 – 5	230 – 232.5	355 - 360
Garlington, I (from Oct 19)	Director of Estates, Facilities and Capital Projects	45 – 50	-	0 – 5	0 – 5	347.5 – 350	395 – 400
Choudhury, U	Director of Financial Operations	80 – 85	-	0 – 5	0 – 5	20 – 22.5	100 - 105
Burstow, P	Trust Chair	35 – 40	-	N/A	N/A	N/A	35 – 40
Farrow, H	Non-Executive Director	5 - 10	-	N/A	N/A	N/A	5 – 10
Colson, D	Non-Executive Director	5 – 10	-	N/A	N/A	N/A	5 – 10
Holt, D	Non-Executive Director	10 – 15	-	N/A	N/A	N/A	10 – 15
Bhugra, D	Non-Executive Director	5 – 10	-	N/A	N/A	N/A	5 – 10
Levenson, D	Non-Executive Director	5 – 10	-	N/A	N/A	N/A	5 - 10

SALARY AND PENSION ENTITLEMENT 2020/2021

Name	Title	Real Increase in Pension at Pension age (bands of £2500)	Real Increase in pension lump sum at Pension age (bands of £2500)	Total accrued pension at pension age 31 March 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2020	Real increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021
		£000	£000	£000	£000	£000	£000	£000
Jenkins, P	Chief Executive	2.5-5.0	0-2.5	60-65	115-120	1175	51	1250
Noys, T	Deputy Chief Executive and Director of Finance	0-2.5	0-2.5	10-15	0-5	124	22	165
Caldwell, C	Director of Nursing	0-2.5	0-2.5	30-35	20-25	480	19	516
Rock, R	Director of Education and Training and Dean of Postgraduate Studies	2.5-5.0	0-2.5	35-40	65-70	618	38	673
Sinha, D	Medical Director	NIL	NIL	30-35	65-70	686	Nil	553
Hodges, S	Children, Young Adults and Families Director (CYAF)	0-2.5	NIL	35-40	80-85	662	Nil	671
De Sousa, C	Director of Human Resources	0-2.5	NIL	15-20	25-30	205	Nil	217
Garlington, I	Director of Estates	0-2.5	0-2.5	20-25	0-5	232	28	268
Rex, H J	Director of Information Management & Technology	0-2.5	0-2.5	10-15	25-30	202	18	232
Chowdhury, U	Director of Financial Operation	0-2.5	0-2.5	5-10	0-5	55	10	77
Surtees, R	Director of Strategy	2.5-5.0	0-2.5	5-10	0-5	62	14	83
Thomas, L	Associate Director of Marketing & Communications	0-2.5	0-2.5	5-10	0-5	74	7	92
Tegerdine, I	Interim Director of Human Resources	0-2.5	0-2.5	40-45	100-105	684	8	837
Robinson, H	Interim Director of Corporate Governance	0-2.5	0-2.5	0-5	10-15	81	0	87

SALARY AND PENSION ENTITLEMENT 2019/20

Name	Title	Real Increase in Pension at Pension age (bands of £2500) £000	Real Increase in pension lump sum at Pension age (bands of £2500) £000	Total accrued pension at pension age 31 March 2020 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2020 (bands of £5,000) £000	Cash Equivalent Transfer Value at 01 April 2019 £000	Real increase in Cash Equivalent Transfer Value £000	Cash Equivalent Transfer Value at 31 March 2020 £000
Jenkins, P	Chief Executive	2.5 – 5	0 – 2.5	55 – 60	110 – 115	1,084	48	1,155
Noys, T	Deputy Chief Executive and Director of Finance	0 – 2.5	0 – 2.5	5 – 10	0 – 5	84	20	122
Hodges, S	Children, Young Adults and Families Director	2.5 – 5	2.5 – 5	30 – 35	85 – 90	580	56	651
Stern, J (until Jul 19)	Adult and Forensic Services Director	0 – 2.5	0 – 2.5	0 – 5	0 – 5	-	-	-
Lyon, L (until Jul 19)	Director of Quality and Patient Experience	0 – 2.5	0 – 2.5	0 – 5	0 – 5	-	-	-
Rock, B	Director of Education and Training and Dean of Postgraduate Studies	2.5 – 5	0 – 2.5	30 – 35	65 – 70	533	39	608
Caldwell, C	Director of Nursing	0 – 2.5	0 – 2.5	30 – 35	20 – 25	431	27	472
de Sousa, C	Director of Human Resources	0 – 2.5	0 – 2.5	15 – 20	25 – 30	184	6	202
Thomas, L	Director of Marketing & Communications	0 – 2.5	0 – 2.5	5 – 10	0 – 5	56	6	73
Wyndham Lewis, D (until Feb 20)	Director of Technology and Transformation	2.5 – 5	0 – 2.5	10 – 15	20 – 25	142	26	181
Surtees, R	Director of Strategy	0 – 2.5	0 – 2.5	5 – 10	0 – 5	45	5	61
Sinha, D	Medical Director	10 – 12.5	25 – 27.5	40 – 45	90 – 95	478	183	674
Garlington, I (from Oct 19)	Director of Estates, Facilities and Capital Projects	17.5 – 20	0 – 2.5	15 – 20	0 – 5	0	222	228
Chowdhury, U	Director of Financial Operations	0 – 2.5	0 – 2.5	0 – 5	0 – 5	35	8	54

PAYMENTS FOR LOSS OF OFFICE AND PAST SENIOR MANAGERS

In the prior year there was one payment for loss of office to a senior manager.

There were no payments for loss of office to any senior manager nor were there any payments to any past senior managers in this financial year.

Paul Jenkins 29 June 2021
Chief Executive and Accounting Officer

Staff Report

STAFF NUMBERS AND COSTS

The following tables presents an overview of our workforce composition.

Average number of employees (WTE basis)

	Permanent Number	Other Number	**2020/21 Total Number**	2019/20 Total Number
Medical and dental	75	-	**75**	48
Ambulance	-	-	**-**	-
Administration and estates	297	37	**334**	333
Healthcare assistants and other support	-	-	**-**	-
Nursing, midwifery and health visiting	21	-	**21**	19
Nursing, midwifery and health visiting learners	-	-	**-**	-
Scientific, therapeutic and technical	249	-	**249**	246
Healthcare science	-	-	**-**	-
Social care	31	-	**31**	29
Other	-	-	**-**	-
Total average numbers	673	37	**710**	675
Of which:				
Number of employees (WTE) engaged on capital projects	-	5	**5**	5

Headcount by sex				
Sex	**Directors**	**Other senior managers**	**All other staff**	**Total**
Female	10	203	834	**1047**
Male	10	67	246	**323**

Staff costs

	Permanent £000	Other £000	2020/21 Total £000	2019/20 Total £000
Salaries and wages	35,852	395	**36,247**	33,753
Social security costs	3,828	-	**3,828**	3,649
Apprenticeship levy	165	-	**165**	170
Employer's contributions to NHS pension scheme	5,966	-	**5,966**	5,559
Pension cost - other	21	-	**21**	13
Other post-employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	(133)
Temporary staff	-	904	**904**	788
Total gross staff costs	**45,832**	**1,299**	**47,131**	**43,799**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**45,832**	**1,299**	**47,131**	**43,799**

Sickness absence data	Q1	Q2	Q3	Q4
Sickness absence – average monthly data	1.17%	0.91%	1.65%	0.76%
Sickness absence – average 12 month period	2.10%	1.79%	1.56%	1.12%

COMMUNICATION WITH STAFF

The Trust is committed to ensuring that all staff are informed and can contribute to key developments, performance and change across the organisation.

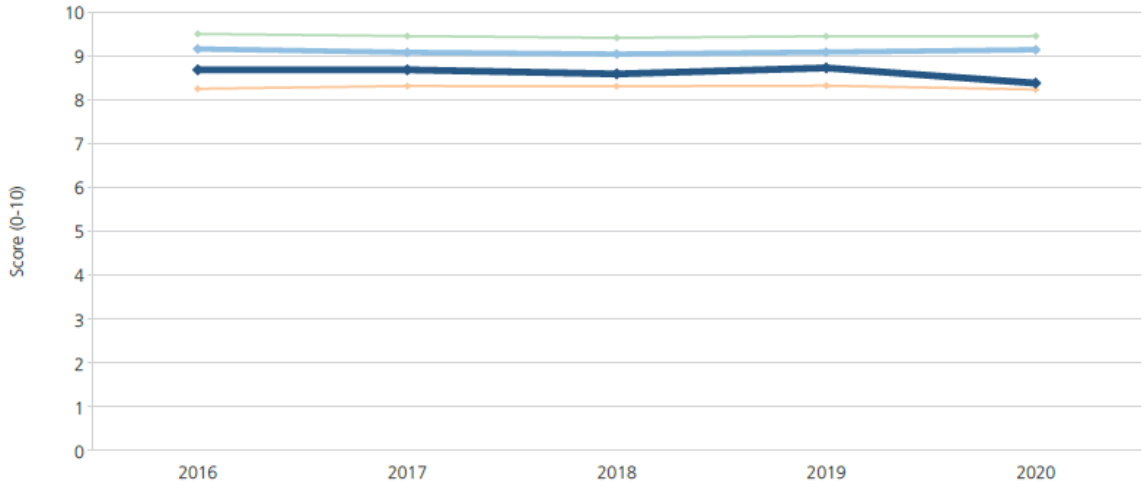
We place a lot of importance on communicating and consulting with our staff. Our methods of communicating include holding monthly open forum meetings where staff can meet with the Chief Executive; a regular email bulletin to all staff; a bi-monthly staff magazine; and an extensive intranet where staff can find policies, procedures, guidance and online tools.

We work in partnership with our staff side representatives to ensure that employees' voices are heard. The joint staff consultative committee meets quarterly, acting as an important forum for key developments affecting staff.

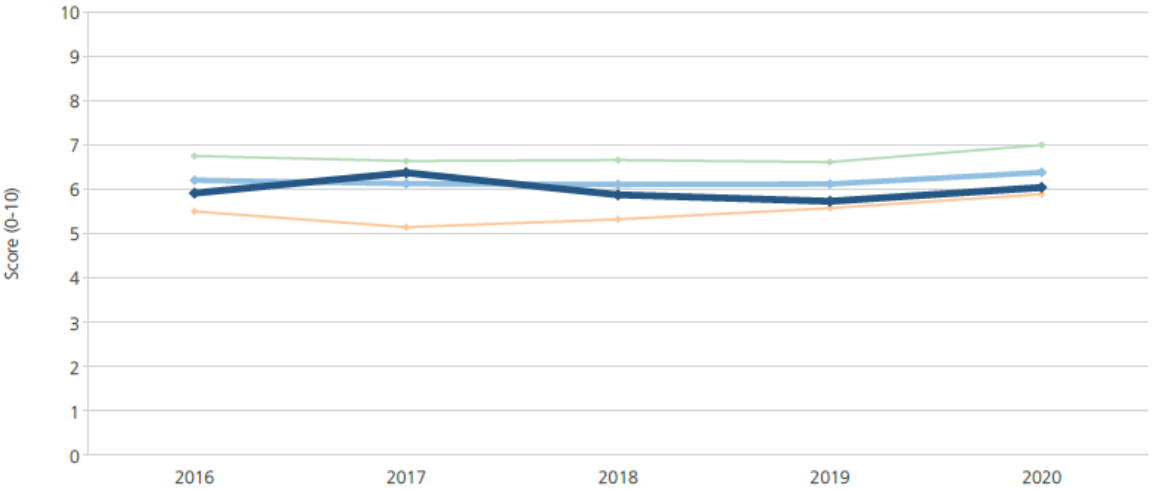
STAFF SURVEY

For a sixth year running we offered all staff employed by the Trust the chance to participate in the annual NHS staff survey. The national survey was conducted online and we received our highest ever response rate with 63% of eligible staff participating, up from 60% the previous year.

The charts below detail our staff experience data across the ten theme areas including data on the best performing, worst performing, average within our peer group and our results data.



	2016	2017	2018	2019	2020
Best	9.5	9.5	9.4	9.4	9.5
Your org	8.7	8.7	8.6	8.7	8.4
Average	9.2	9.1	9.0	9.1	9.1
Worst	8.3	8.3	8.3	8.3	8.2
Responses	307	341	382	428	466

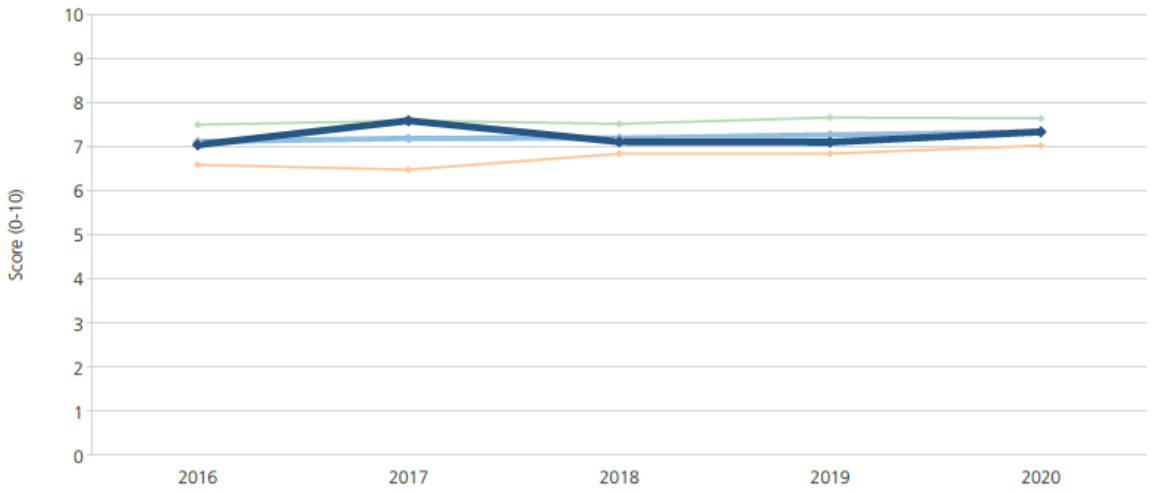


	2016	2017	2018	2019	2020
Best	6.8	6.6	6.7	6.6	7.0
Your org	5.9	6.4	5.9	5.7	6.0
Average	6.2	6.1	6.1	6.1	6.4
Worst	5.5	5.1	5.3	5.6	5.9
Responses	314	340	381	434	468

Survey Coordination Centre

2020 NHS Staff Survey Results > Theme results > Trends > Immediate managers

NHS England

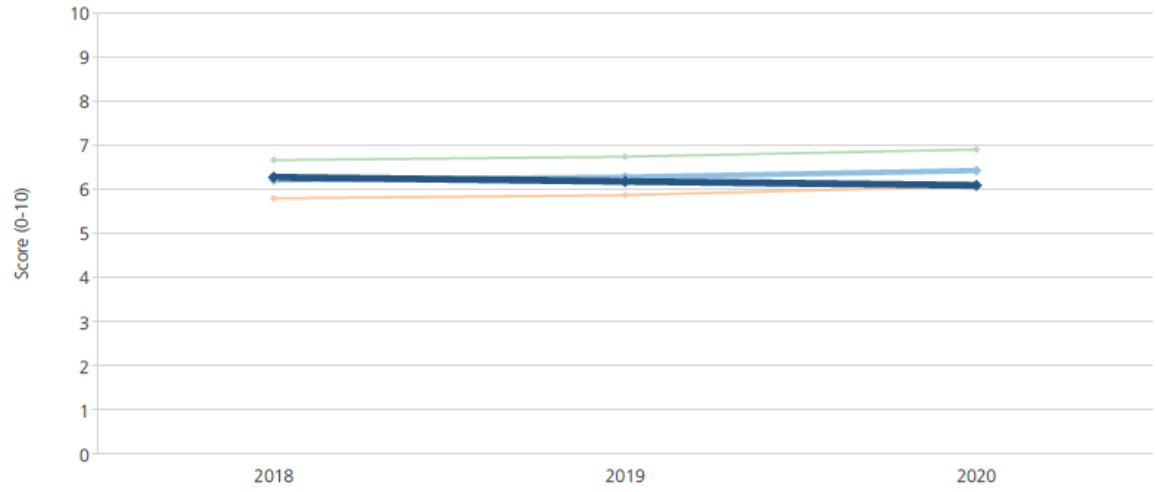


	2016	2017	2018	2019	2020
Best	7.5	7.6	7.5	7.7	7.6
Your org	7.0	7.6	7.1	7.1	7.3
Average	7.1	7.2	7.2	7.3	7.3
Worst	6.6	6.5	6.8	6.8	7.0
Responses	313	339	379	435	468

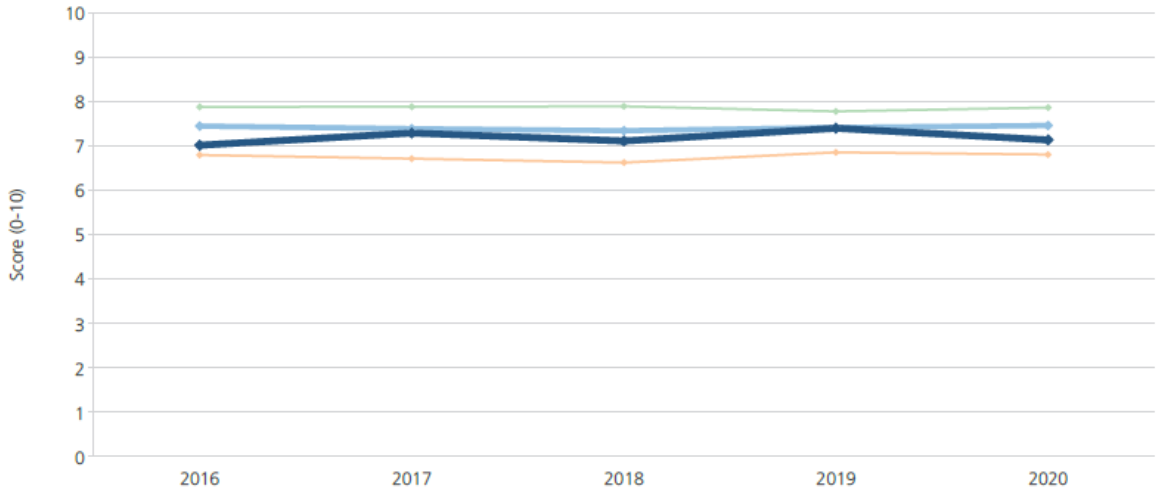
Survey Coordination Centre

2020 NHS Staff Survey Results > Theme results > Trends > Morale

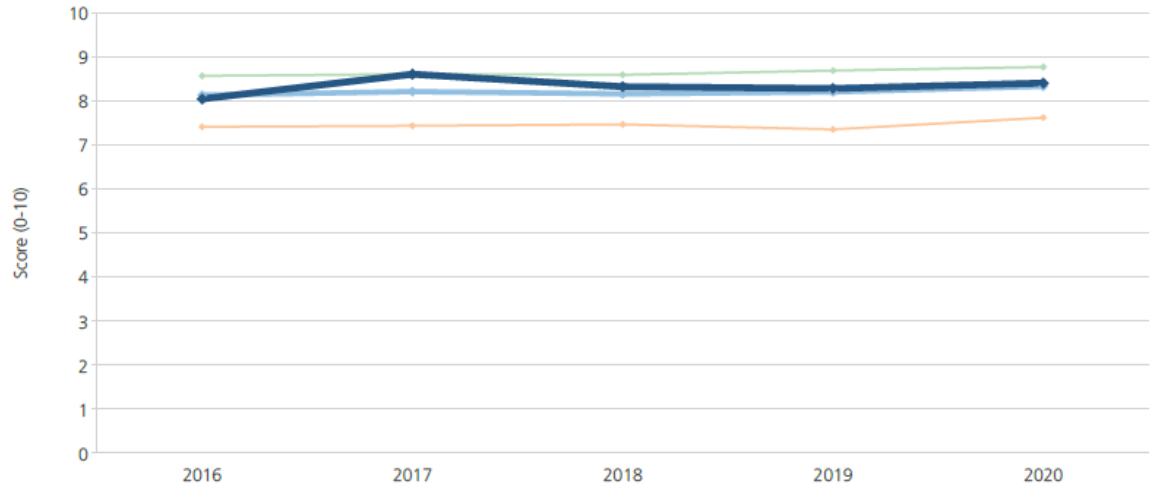
NHS England



	2018	2019	2020
Best	6.7	6.7	6.9
Your org	6.3	6.2	6.1
Average	6.2	6.3	6.4
Worst	5.8	5.9	6.1
Responses	379	423	464



	2016	2017	2018	2019	2020
Best	7.9	7.9	7.9	7.8	7.9
Your org	7.0	7.3	7.1	7.4	7.1
Average	7.4	7.4	7.3	7.4	7.5
Worst	6.8	6.7	6.6	6.9	6.8
Responses	250	267	304	343	382

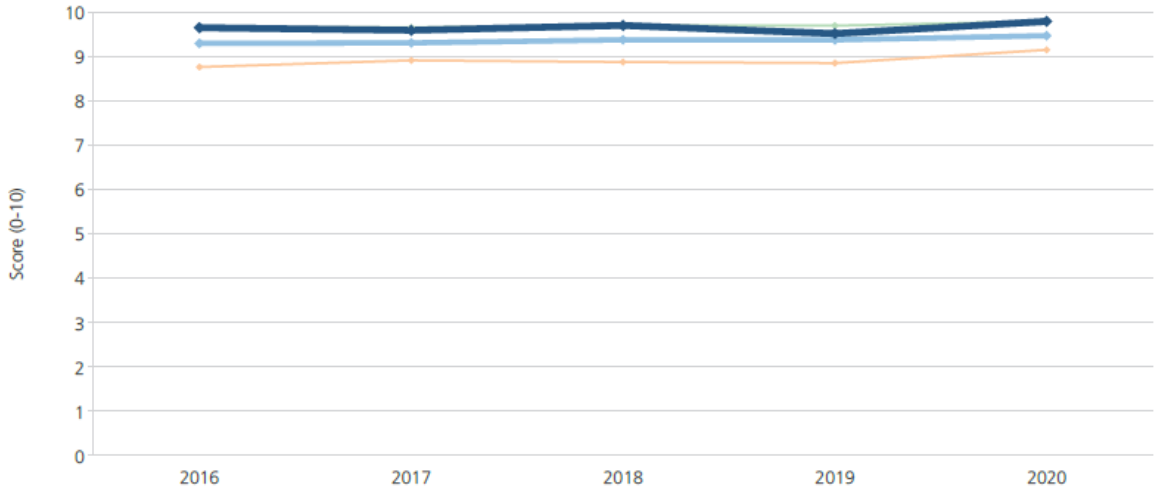


	2016	2017	2018	2019	2020
Best	8.6	8.6	8.6	8.7	8.8
Your org	8.0	8.6	8.3	8.3	8.4
Average	8.1	8.2	8.2	8.2	8.3
Worst	7.4	7.4	7.5	7.4	7.6
Responses	303	337	379	432	447

Survey Coordination Centre

2020 NHS Staff Survey Results > Theme results > Trends > Safe environment - Violence

NHS England

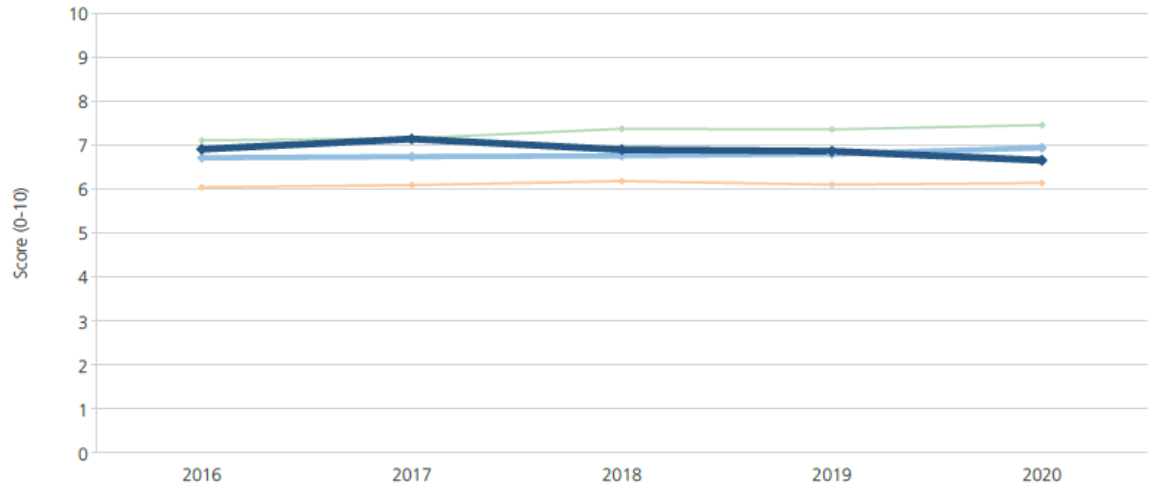


	2016	2017	2018	2019	2020
Best	9.7	9.7	9.7	9.7	9.8
Your org	9.6	9.6	9.7	9.5	9.8
Average	9.3	9.3	9.4	9.4	9.5
Worst	8.8	8.9	8.9	8.9	9.1
Responses	304	336	382	430	465

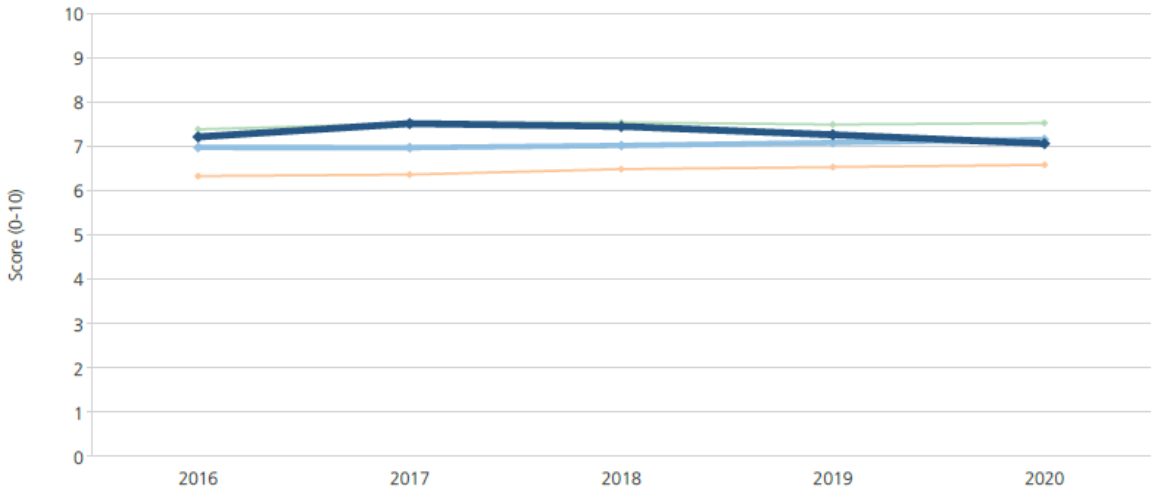
Survey Coordination Centre

2020 NHS Staff Survey Results > Theme results > Trends > Safety culture

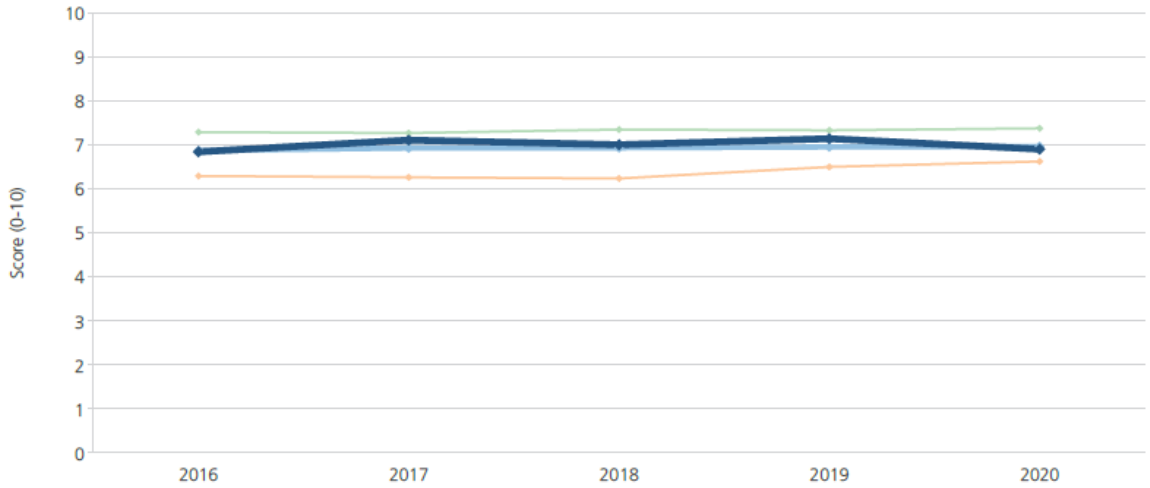
NHS England



	2016	2017	2018	2019	2020
Best	7.1	7.2	7.4	7.4	7.5
Your org	6.9	7.1	6.9	6.9	6.7
Average	6.7	6.7	6.8	6.8	6.9
Worst	6.0	6.1	6.2	6.1	6.1
Responses	309	340	382	427	464



	2016	2017	2018	2019	2020
Best	7.4	7.5	7.5	7.5	7.5
Your org	7.2	7.5	7.5	7.3	7.1
Average	7.0	7.0	7.0	7.1	7.2
Worst	6.3	6.4	6.5	6.5	6.6
Responses	321	349	384	439	470



	2016	2017	2018	2019	2020
Best	7.3	7.3	7.3	7.3	7.4
Your org	6.8	7.1	7.0	7.1	6.9
Average	6.9	6.9	6.9	6.9	7.0
Worst	6.3	6.3	6.2	6.5	6.6
Responses	319	343	381	434	464

It is clear from the results that we have a lot to be proud of but at the same time we have areas where we need to do more. To respond to these results we have equipped each of our clinical, education and corporate services with granular data about their staff's experience and tasked them to engage their teams in discussions about the results and to develop specific action plans which seek to achieve change.

We need to take the opportunity of the Strategic Review to engage staff in improving the staff experience, as well as using the outcomes from the staff survey results to inform development of the Trust's People Plan to capture theses strategic aims and actions.

Freedom To Speak Up Guardian

Raising concerns is taken very seriously by our organisation. In December 2020 Sarah Stenlake took over from Dan Sumpton as the Trust Freedom to Speak up Guardian (FTSUG) after he had undertaken the role for one year. Sarah is a senior psychologist at the Gender Identity Clinic (GIC).

The FTSUG undertakes a number of activities to promote the purpose of the role, which includes information from our various communications channels and giving presentations and talks at our mandatory training update sessions. A review of the Trust's Raising Concerns and Whistleblowing procedure is underway and will include an operating model detailing regular communications, how to access the guardian and the process and feedback following investigation.

The NED lead for whistleblowing, the Chief Executive and the HR Director meet regularly with the FTSUG to ensure that there is ongoing dialogue about which concerns staff are raising and to enable appropriate actions to be taken.

Equality, Diversity And Inclusion

The Trust has constituted a specialist interest sub-committee of the Board to oversee and seek assurance on our equality, diversity and inclusion agenda. Throughout the year the committee has overseen a number of activities and programmes of work.

To add further development to the current work being carried out, the Trust has appointed an Equality, Diversity and Inclusion (EDI) lead. This role will play an integral part in reviewing, developing and implementing the Trust EDI strategy, workforce equality strategy and related streams, including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standards (WDES), Gender Pay Gap (GPG), annual equality report (workforce) and other equality benchmarking / improvement frameworks.

A review of race equality was commissioned at the end of the reporting year as part of the Trust's commitment to becoming an anti-racist organisation.

Safe Working Environment

Health and safety of our staff is of paramount importance and we continue to invest a lot of effort in this area, not just in terms of statutory duties but much more widely, focusing on the mental health and wellbeing of our staff.

We have trained and have registered a number of mental health first aiders whose role is to provide staff with a contact point when they need to discuss what support is available to them. The individuals' details are held on our Trust intranet and staff can access support from the best placed person.

Trade Union Facility Time

We have excellent working relationships with our trade union colleagues and collaborate on many work programmes. This approach has been longstanding and we continue to develop our working arrangements so that we can respond to change quickly and ensure that staff are supported. The tables below fulfil our disclosure as per the Trade Union (Facility Time Publication Requirements) Regulations 2017.

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
6	5.35

Percentage of time spent on facility time	Number of employees
0%	0
1-50%	6
51%-99%	0
100%	0

Percentage of pay bill spent on facility time	*Figures*
Total cost of facility time	29,610
Total pay bill	47,131,000
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	0.06%

Paid trade union activities	
Total hours spent on trade union activities by relevant union officials during the relevant period	70
Total paid facility time hours	875
Total hours spent on paid tea paid trade union activities by relevant trade union officials (%)	8%

Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as: 8%
(total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100

Occupational Health And Wellbeing

Throughout the year we continued our focus on health and wellbeing and have taken a number of steps to implement a range of programmes that aim to support our staff to make healthy life style choices. Following a large amount of work in the previous financial years we continue to offer:

- Onsite chair massage.
- Yoga sessions during and after work.
- A cycle to work scheme.
- A staff walking challenge.
- Healthier food options in our canteen.
- Access to an NHS gym and fitness centre.
- Fast track physiotherapy services.

In addition to all of the above we have a number of other channels through which staff seek support, when needed, these include through our HR team; our internal staff consultation service; the occupational health and wellbeing service which is provided by the Team Prevent UK Ltd; and our confidential employee assistance programme provided by CareFirst.

Exit Packages

During the last two financial years all exit packages paid to staff were the result of a compulsory redundancy. These all were made in line with the individual's terms and conditions of service.

2020/2021 EXIT PACKAGES

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
<£10,000	-	-	-
£10,000 - £25,000	-	-	-
£25,001 - 50,000	-	-	-
£50,001 - £100,000	-	-	-
£100,001 - £150,000	-	-	-
£150,001 - £200,000	-	-	-
>£200,000	-	-	-
Total number of exit packages by type	-	-	-
Total cost (£)	£Nil	£Nil	£Nil

2019/20 EXIT PACKAGES

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
<£10,000	0	-	**0**
£10,000 - £25,000	0	-	**0**
£25,001 - £50,000	2	-	**2**
£50,001 - £100,000	0	-	**0**
£100,001 - £150,000	0	-	**0**
£150,001 - £200,000	-	-	**0**
>£200,000	-	-	**0**
Total number of exit packages by type	**2**	**0**	**2**
Total cost (£)	**65**	**-**	**65**

Countering Fraud And Corruption

The Trust's human resources and finance directorates work closely with the Local Counter Fraud Specialist (LCFS) function, both on a proactive and reactive basis. The organisation has the appropriate policies and procedures in place around handling alleged and suspected fraud.

During the year the HR team referred two concerns relating to allegations of fraud and bribery to the LCFS function.

In addition to the above, the Trust ensures that all new starters receive appropriate training through induction on the organisation's approach to managing suspected fraud and this is supplemented by a bespoke fraud and bribery awareness programme, ensuring staff remain aware of fraud and bribery risks and are suitably informed to be able to promptly identify, mitigate and respond to these risks.

Agency Staff

The Trust has a temporary staffing procedure which sets controls on how and when agency staff can be engaged within the organisation.

In 2020/21 the expenditure ceiling set by NHS Improvement was suspended.

OFF-PAYROLL ENGAGEMENTS

The Trust has a policy that all substantive staff are paid through the payroll. No Board member or senior officials with significant financial responsibility were engaged on an off-payroll basis in 2020/21.

The Trust has needed to engage a number of contractors to support specialist assignments in areas such as information technology and estate management on an off-payroll basis.

The number of contractors engaged is shown in the tables below where daily rates exceed £245 per day and the engagement has lasted longer than six months.

On 6 April 2017, public bodies became responsible for collecting tax from those contractors subject to HMRC's IR35 rules - all contractors are subject to a review to determine whether they are affected by the new rules. All the existing engagements outlined have been subject to an assessment and consequently no further assurance was sought.

HIGH PAID OFF-PAYROLL ENGAGEMENTS

During the reporting period there were no board members or senior officials, with significant financial responsibility, paid via off payroll arrangements.

The following tables outline all other off-payroll paid arrangements.

For all off-payroll engagements as of 31 March 2020, for more than £245 per day and that last for longer than six months:	
No. of existing engagements as of 31st March 2021	9
Of which:	
No. of new engagements	5
No. that have existed for less than one year at time of reporting.	5
No. that have existed for between one and two years at time of reporting.	2
No. that have existed for between two and three years at time of reporting.	2
No. that have existed for between three and four years at time of reporting.	0
No. that have existed for four or more years at time of reporting.	0
For all new off-payroll new engagements, or those that reached six months in duration, between 1 April 2020 and 31 March 2021, for more than £245 per day and lasted longer than 6 months:	
Of which:	
No. assessed as within the scope of IR35	Nil
Number assessed as not within the scope of IR35	9
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	0
Number of engagements reassessed for consistency/assurance purposes during the year	0
Number of engagements that saw a change to IR35 status following the consistency review	0

EXPENDITURE ON CONSULTANCY

The Trust's expenditure on consultancy in 2020/21 was £563k. This was an increase from £401k in the previous year and the result of a number of one off projects and other service developments which have required short term consultative support.

Governance Disclosures

Our Governors play an important and active role in our work. We also benefit from a strong Board of Directors, whose wide-ranging experience underpins our continued success.

Council Of Governors

The Council of Governors (Council) continues to play a vital part in the work of the Trust. In 2020/21 we welcomed a small number of new members following a round of elections. We also ratified a revised version of the Trust's constitution.

The Council has a number of statutory duties including: canvassing the opinions of members; appointing the Trust chair and non-executive directors; ratifying the appointment of the Chief Executive; and appointing the external auditors. The Council holds non-executive directors to account individually and collectively for the performance of the Board of Directors. The Council also receives the Trust's annual report and accounts and the auditor's report at the annual general meeting.

We actively involve our Council members in a number of ways, including giving them attending rights to a number of our standing committees of the Board and a number of operational groups. We also ensure that they are consulted and can contribute to our strategic objectives and plans which is achieved through information sharing and discussions within public and private council meetings.

This year, the council have approved the re-appointment for one of our non-executive directors through the Nominations committee, chaired by the Trust Chair.

The Trust's constitution requires us to have 15 Governors in total.

Council attendance records – public governors		
Name	**Elected from**	**Actual / possible attendance**
Maz Afridi	Oct 2020	0/2
Salma Asokomhe	Nov 2018	3/4
John Carrier	Sep 2017	3/4
Noel Hess	Nov 2018	4/4
Freda McEwen	Nov 2019	2/4
Richard Murray	Oct 2019	3/4
Michael Rustin (until Sept 2020)	Nov 2018	2/2
Juliet Singer	Nov 2018	3/4
Julia Wall (until Feb 2021)	Nov 2018	0/4
George Wilkinson	Nov 2015	4/4
Kimberley Wilson	Nov 2015	1/4
Simon Yu Tan	Oct 2020	1/2

Council attendance records – staff governors		
Name	**Elected from**	**Actual / possible attendance**
Simon Carrington	Oct 2020	1/2
Jessica Anglin d'Christian	Nov 2018	3/4
Badri Houshidar	Oct 2019	4/4

During the reporting period George Wilkinson held office as the lead Governor.

Code Of Governance

The Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. It keeps its governance arrangements under regular review, including membership of board standing committees, their terms of reference and board performance assessments. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

Nominations Committee

The Nominations Committee makes recommendations to the Council on the appointment, remuneration and appraisal of the Trust Chair and non-executive directors.

The Trust's constitution details the organisation's policy for non-executive director terms of office. A non-executive director may hold office for no more than seven years in total. The nominations committee's approach to awards of terms of office are ordinarily to offer an initial three year term of office, which may be extended for a further term of three years, subject to satisfactory performance measured through the annual appraisal process for non-executive directors. The committee reserves the right to award a third and final term of office for one year if needed.

All appointments for non-executive directors are made through a competitive recruitment process. The committee does not have a policy to appoint directly outside of open competition.

Members of the Nominations Committee	
Name	**Role**
Paul Burstow	Chair
David Holt	Senior Independent Director
George Wilkinson	Public Governor
John Carrier	Public Governor
Jessica Anglin d'Christian	Staff Governor

*The nominations committee is serviced by Craig de Sousa, Director of HR and Corporate Governance/Helen Robinson, Interim Director of Corporate Governance.

Our Membership

The Trust's membership is an essential and valuable asset. It helps guide our work, decision making and adherence to NHS values. It also provides one of the ways in which the Trust communicates with service users, the public and staff. There are four categories of members, as described below.

Public – Any resident within England or Wales is eligible to register as a member in this constituency. There are three sub-classes which are for members whose residence is within any ward within the London Borough of Camden, the rest of London and the rest of England and Wales.

Service Users And Service User Carers – Anyone who is aged 14 or over who has been a service user within the last five years. Carers who are not eligible for other categories are also offered membership in this class.

Staff – Employees whose contract means they can work for the Trust for at least a year.

Students – Any individual enrolled on to a course or programme that is set to last three years or longer.

The table below sets out our membership data.

Constituency	31 March 2018	31 March 2019	31 March 2020
Public	6,156	6,406	6,495
Service user and service user carers	-	-	-
Staff	805	803	1370
Students	-	-	-
Total	**6,961**	**7,209**	**7,865**

Members receive mailings, are invited to our annual members meeting and may attend public meetings of the Board of Directors and Council of Governors.

The Trust does not have a membership strategy nor targets for recruiting members as the current membership data, excluding the new constituencies, is well above the minimum membership requirements set out in our constitution.

Should a member wish to get in contact with a Council or Board member details are provided on our public website on how to get in touch.

Board Of Directors

Our Board of Directors is made up of the Trust Chair, five non-executive directors and five voting-executive directors. We have also engaged with NHSI's non-executive training (NExT) programme and host an Associate non-executive director on the Board. The Board's role is to:

- Set out overall strategic direction.
- Monitor performance against our strategic objectives.
- Provide effective financial stewardship.
- Ensure the Trust provides effective patient and student focused services.
- Ensure high standards of corporate governance and personal conduct.
- Promote effective dialogue between the Trust and the communities we serve.

Membership is considered balanced, complete and appropriate. The Trust has appointed a senior independent director and this role is held by David Holt. The Trust considers all of its non-executive directors to be independent.

Every three to four years the Board commissions an external effectiveness review; one is due in 2021/22 and will be reported on in that year's annual report.

Board of Directors attendance records		
Name	**Title**	**Actual / possible attendance**
Paul Burstow	Trust Chair	5/6
Dinesh Bhugra	Vice Chair	6/6
David Holt	Senior Independent Director	6/6
Deborah Colson	Non-Executive Director	6/6
Helen Farrow	Non-Executive Director	5/6
David Levenson	Non-Executive Director	6/6
Celestine Keise* (until Sept 2020)	Associate Non-Executive Director	3/3
Shalini Sequeira* (from Sept 2020)	Associate Non-Executive Director	3/3
Paul Jenkins	Chief Executive	6/6
Terry Noys	Deputy Chief Executive/Director of Finance	6/6
Christine Caldwell	Director of Nursing & System Workforce Development	5/6
Sally Hodges	Clinical Chief Operating Officer	6/6
Dinesh Sinha	Medical & Quality Director	6/6
Brian Rock	Director of Education & Training	6/6

*Shalini Sequeira was appointed as Associate Non-Executive Director when Celestine Keise stepped down in September 2020.

BOARD MEMBER PROFILES

Professor Paul Burstow
Non-Executive Director And Trust Chair

Paul Burstow joined as Chair of the Trust in November 2015 and is currently serving his second term.

Paul has a portfolio of non-executive leadership roles including chair of the Social Care Institute for Excellence and independent chair of Hertfordshire and West Essex Integrated Care System.

Paul was previously a member of parliament from 1997 to 2015, where he served on the Health, Select and Public Accounts Committees, and worked cross party to secure debates and lobby Ministers on social care and health. From 2010 to 2012 he was the Minister of State for the Department of Health and led the development of the "No Health Without Mental Health" strategy.

Prior to serving as an MP Paul was a Councillor for the London Borough of Sutton, and also served as first campaigns officer, and the CEO, of the Association of Liberal Democrat Councillors. His interest in population mental health has seen him acting as an adviser to the Stockholm Region in Sweden acting as a mentor on a WHO mental health leaders programme.

Paul Jenkins
Chief Executive

Paul joined as Chief Executive in February 2014. He was previously the Chief Executive of Rethink Mental Illness, the leading national mental health membership charity working to help those affected by severe mental illness to recover and lead a better quality of life. Paul has an MBA from Manchester Business School and has over 20 years of experience in management and policy-making in Central Government and the NHS.

Paul has previously served as Director of Service Development for NHS Direct, for which he was awarded an Order of the British Empire (OBE) in 2002. He has been involved in the implementation of a number of other major national government initiatives, including the Next Steps Programme and the 1993 Community Care Reforms.

Terry Noys
Deputy Chief Executive And Director of Finance

Terry joined as Deputy Chief Executive and Director of Finance in November 2016, having previously worked for nearly five years for St. Mary's University, Twickenham (latterly as chief operating officer).

After qualifying as a chartered accountant (with PricewaterhouseCoopers), he spent six years in investment banking advising companies on strategy, mergers and acquisitions and fund raising before moving into commerce and industry, where he held finance director roles for a number of stock exchange listed and private equity-backed groups. Terry then moved into the not for profit sector, holding finance director roles for, amongst others, two leading housing associations and The National Archives.

Terry is also a Non-Executive Director and Audit Committee member of Populo Homes.

Terry is a fellow of the Institute of Chartered Accountants of England & Wales.

Dr Dinesh Sinha
Medical Director And Director of Quality

Dinesh Sinha joined as Medical Director in August 2018 and took up the role of Director of Quality from June 2019.

Dinesh brings senior leadership experience and strategic focus in the delivery of high quality services. He was previously Associate Medical Director, Head of Service and Consultant Psychiatrist in Psychotherapy at East London NHS Foundation Trust. He has held past roles in commissioning on several Clinical Commissioning Group (CCG) governing bodies.

Dinesh is a psychiatrist and psychotherapist; a fellow of the Royal College of Psychiatrists; a member of the RCPsych Medical Psychotherapy Faculty Executive Committee; and holds an MBA from Lancaster University Management School.

Dr Sally Hodges
Chief Clinical Operating Officer

Sally was appointed as Chief Clinical Operating Officer in June 2019. Prior to taking up her current role, she had been the lead Director of the Trust's Children, Adolescent and Family (CYAF) Directorate since November 2015. Having joined the Trust in 1996, her earlier roles included being the Associate Clinical Director of Complex Needs in CYAF, and the Patient and Public Involvement (PPI) lead for the Trust.

Sally is a Consultant Clinical Psychologist, specialising in children and young people with learning and developmental disabilities. She also holds a Leadership MSc from the University of Birmingham and the NHS Leadership Academy.

Brian Rock
Director Of Education And Training / Dean Of Postgraduate Studies

Brian took up his role as Director of Education & Training / Dean of Postgraduate Studies in January 2015. After qualifying as a clinical psychologist, Brian worked for the Goldstone Commission (in South Africa), set up to examine political violence around the transition to democratic rule in 1994. This led to him being appointed as the founding director of an NGO, The Children's Inquiry Trust. He has worked in the NHS since 1996 and was appointed as a Consultant Clinical Psychologist in 2004.

Brian has worked in a number of different roles in the Trust and has been involved in delivering training and supervision for a number of courses for the Trust and elsewhere. Since July 2009, Brian was involved in setting up and overseeing primary care services for the Trust, most notably with our award winning City & Hackney Psychotherapy Consultation Service, where he was involved in developing and delivering training and consultation to GPs and primary care staff.

Brian is a psychoanalyst and a member of the British Psychoanalytical Society. He also has an MBA from Henley Business School. Brian has published and presented widely on various topics related to mental health, Medically Unexplained Symptoms, and service development and service evaluation in primary care.

Brian is a Board Trustee for Student Minds, a national charity focussed on mental health and wellbeing for students in Higher Education, and for Independent Higher Education, a membership body for alternative education providers. Brian has led a number of key developments in education and training, including the launch of the Digital Academy in September 2020 and the successful registration of the Trust as a formal Higher Education institution with the OfS.

Dr Christine Caldwell
Director Of Nursing And System Workforce Development

Chris is our Executive Director of Nursing and our Director of System Workforce Development. She directs the National Workforce Skills Development Unit and is our Director for Patient Experience.

Chris is concurrently Chief Nurse for North London Partners, North Central London's Sustainability Transformation Partnership, where she is also the ICS system lead for staff wellbeing.

Chris is a registered nurse in adult and children's nursing and a nurse teacher. She has a Masters in Health Psychology and gained her Doctorate from Ashridge Business School focusing on transformational organisational change.

Professor Dinesh Bhugra
Non Executive Director And Vice Chair

Dinesh was appointed as a Non-Executive Director in November 2014. His term of office ends in October 2021. Professor Bhugra is a psychiatrist interested in healthcare management, education and business development. Professor Bhugra is currently professor emeritus of Mental Health and Cultural Diversity at the Institute of Psychiatry, King's College London and he took over as president of the World Psychiatric Association in September 2014.

Previously he has been president of the British Medical Association 2018-2019, chair of the Mental Health Foundation from 2011 to 2014 and president of the Royal College of Psychiatrists from 2008 to 2011.

He was awarded a CBE in the 2012 New Year's Honours for services to psychiatry.

Dr Deborah Colson
Non Executive Director

Deborah joined the Board as a Non-Executive Director in October 2017. Her second term of office ends in September 2023. Dr Colson's background is in biomedical research and research management. Her last role was as Chief Scientific Officer on a child health study at the Institute of Child Health, University College London.

Before that she worked as a freelance science policy advisor, following nine years at the Wellcome Trust and seven years at the Medical Research Council.

Helen Farrow
Non Executive Director

Helen was appointed as a Non-Executive Director in November 2016. Her professional experience is in investment management, focused on business development and client service and she is currently a Managing Director at Manulife Investment Management. She is also a member of the Investment Committee of the Charities Aid Foundation.

She has five years of experience in the NHS as non-executive director at the Royal National Orthopaedic Hospital, where she was vice-chair of the board and chair of the finance and performance committee.

David Holt
Non Executive Director
Senior Independent Director
Audit Committee Chair

David was appointed as a Non-Executive Director in November 2013. His second term of office was extended to October 2022.

He has experience of working across a wide range of sectors both in the UK and abroad, including spells at both Unilever and Coats Plc. Most recently, he was Finance Director of the retail division of Land Securities plc, which he left in 2014.

He is currently a Non-Executive Board Member at the Department for Work and Pensions, where he chairs the Audit and Risk Committee and is a non-executive with Ebbsfleet Development Corporation, where he is Deputy Chairman and chair of the audit committee.

David is a qualified accountant (Chartered Institute of Management Accountants).

David Levenson
Non Executive Director

David was appointed as a Non Executive Director in September 2019.

David is an executive and career strategy coach, accredited team coach and founder and managing director of Coaching Futures. He co-founded the Raising Roofs programme which prepares future leaders for the boardroom, and runs governance training courses for the professional academy of the Institute of Chartered Accountants of England & Wales.

David has been chief finance officer for three leading UK house providers, starting in 1992. He is a recognised innovator in the financing of major housing developments. He is an active community volunteer and supporter of charitable causes.

Shalini Sequeira
Associate Non Executive Director

Shalini joined the Trust in September 2020. Her first career was in the City of London as a finance lawyer, where she held senior roles in global firms. More recently she is the founder of her own business specialising in executive coaching, peer learning and facilitation of leadership development programmes. She is particularly interested in how to develop inclusive leadership and augment inclusion and equity, both inside and outside the workplace.

Shalini has been chair of trustees for a domestic violence charity, chair of governors at a London primary school and is currently part of the leadership team for a social enterprise developing female leaders who are leading change. She also gives some of her coaching time pro bono to coach those living with cancer through Macmillan Cancer Support.

Board Sub-Committees

The Board delegates some of its oversight responsibilities to sub-committees, where matters of assurance and quality can be explored in more detail.

Committee	Membership April 2020– March 2021
Audit*	David Holt (Chair), Deborah Colson, David Levenson, Shalini Sequeira
Integrated Governance	Dinesh Sinha (Chair), Deborah Colson, Dinesh Bhugra, Paul Jenkins, Sally Hodges
Executive Appointments and Remuneration	Paul Burstow (Chair), all non-executive directors
Equality, Diversity & Inclusion Committee	Dinesh Bhugra (Chair)
Strategic and Commercial Committee	Helen Farrow (Chair), Paul Jenkins, Terry Noys, Brian Rock, Christine Caldwell, Dinesh Sinha, David Holt
Education & Training Committee	Paul Burstow (Chair until Apr 21), David Levenson (Chair from Apr 21), Paul Jenkins, Terry Noys, Brian Rock, Deborah Colson, Dinesh Bhugra, Sally Hodges, Dinesh Sinha, Christine Caldwell
Charitable Funds	Paul Burstow (Chair), Paul Jenkins, Terry Noys

* As part of her role as an Associate Non-Executive Director, Shalini Sequeira attended meetings of the Audit Committee

Audit Committee

The Board delegates certain of its duties and responsibilities and powers to the Audit Committee, so that these can receive suitably focussed attention. Principally, the purpose of the committee is to ensure, on behalf of the Board, that financial reporting, the external and internal audit processes and the systems of internal control and risk management are appropriate and effective across the activities of the Trust.

The committee fulfils its responsibilities by reviewing the work and the reports of the internal auditors, external auditors and the local counter fraud specialist. The committee also seeks assurances from senior managers and reviews other relevant reporting, such as that on debtors and the work of the Integrated Governance Committee (IGC).

The Deputy Chief Executive / Director of Finance, together with the Associate Director of Quality and Governance, present the annual report and accounts and the Quality Report to the committee, which reviews and scrutinises these, in particular, through questioning the external auditors and senior managers.

COMPOSITION AND ATTENDANCE

The committee comprises (at least) three non-executive directors, one of whom shall have recent and relevant financial experience and all of whom are independent non-executive directors of the Trust.

The chair of the committee is appointed from these non-executive directors.

The Chair of the Trust may not sit on the Committee.

The committee is quorate if at least two members are in attendance.

The Deputy Chief Executive / Director of Finance and representatives of the internal and external auditors and local counter fraud service usually attend each meeting.

The Chief Executive and other senior managers attend by invitation only.

The chair of the IGC and the Trust Chair each usually attend at least once per year, again by invitation. During the year the Medical and Quality Director (and chair of the IGC) provided the committee with an annual review of the work of the IGC and of other matters which fall within his areas of responsibility.

Attendance records – Audit Committee	
Member Name	Possible / Actual Attendances
David Holt (Chair)	5/5
Deborah Colson	5/5
David Levenson	5/5
Shalini Sequeira	3/3

David Holt was the Committee chair throughout the year.
Shalini Sequeira attended in her role as an Associate non-Executive Director.

Subsequent to each committee meeting, a note on the key issues addressed are provided to the Trust Board and at each Trust Board meeting the chair of the committee is invited to share any concerns or issues with the Board.

THE AUDIT COMMITTEE'S WORK 2020/21

Internal Audit

During the period, the Trust used the services of RSM Risk Assurance Services LLP ("RSM") to provide its internal audit function, such services being designed to conform to the Public Sector Internal Audit Standards. In setting the internal audit work plan for the year ahead, RSM (in conjunction with senior management and the committee) work within an overarching three year strategic plan and explicitly take into account the Business Assurance Framework (BAF) of the Trust. The Trust seeks also to use its limited, internal audit resources to focus on areas of actual or potential weakness.

During the year under review, the internal audit function addressed the following range of internal controls and potential risks:-

- Refurbishment (Advisory)
- Procurement and accounts payable (Reasonable assurance)
- Duty of candour (Reasonable assurance)
- IT equipment (Substantial assurance)
- Clinical audit (Reasonable assurance)
- Risk management culture (Reasonable assurance)
- Cyber security (yet to be finalized)

Thus, of the seven internal audits undertaken the Trust received Substantial Assurance from one of the audits and Reasonable Assurance from four. One of the audits was advisory and one is not yet finalized.

The committee is satisfied with the management responses regarding the issues raised by internal audit and time-bound action plans for improvements are in place to address any areas of outstanding weaknesses.

The committee is also satisfied that the Trust has an effective internal audit function that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the committee, the Chief Executive and to the Board.

LOCAL COUNTER FRAUD SERVICE

The Trust uses RSM to provide its Local Counter Fraud Specialist (LCFS) function. Each year the counter fraud plan is reviewed to ensure that the Trust continues to develop its programme of deterrence, prevention and detection, in line with NHS Counter Fraud Authority (NHS CFA) requirements and in response to emerging risks, both locally and throughout the healthcare sector.

The LCFS has continued to progress proactive work during the year, which included a focus on accounts payable, procurement and pre-employment screening, in accordance with relevant NHS CFA guidance. The LCFS has also undertaken a joint advisory review with the Internal Audit team, focusing on the governance processes followed in relation to a refurbishment project.

The LCFS has continued to deliver a bespoke fraud and bribery awareness programme,- including to both members of the Board and the Council of Governors. In spite of the challenges of the pandemic, training has continued to be provided to staff, ensuring that they remain aware of fraud and bribery risks and are suitably informed to be able to promptly identify, mitigate and respond to these risks. A survey to measure staff awareness confirmed that staff understood the types of fraud and bribery risks facing the Trust and that they would report such concerns using the appropriate methods.

During the year, the LCFS received three referrals relating to allegations of fraud and bribery, all of which have been subject to appropriate investigation. In addition, one investigation was carried over from 2019/20, which has resulted in the subject being charged with a criminal offence.

All LCFS activity has been directed and overseen by the Deputy Chief Executive / Director of Finance and the Audit Committee.

EXTERNAL AUDIT

The Trust's external auditors are Mazars LLP (Mazars), who were appointed in 2019, following a competitive tender process.

The audit fee for 2020/21 is £50,425 (2019/20: £53,425) plus VAT. In addition, there is a fee for reviewing the Quality Report. There is no fee for this for 2020/21 as NHSE/I do not require any external audit assurance. The fee for 2019/20 was £952 plus VAT. The reduced fee on the Quality Report reflected the decision by NHSE/I not to require a Quality Report in the normal way. Mazars did not provide any non-audit services to the Trust during 2020/21.

External audit work during the year covered a range of potential risks, most notably: validity and accuracy of NHS contract income recognized but not yet settled by commissioners; accounting for capital expenditure; and management override of controls. Work in these areas is fundamental to providing assurance to the Trust and to outside stakeholders that financial management is robust and that sound corporate governance procedures are in place.

As part of its work, the committee reviewed and confirmed the basis of the valuation of the Trust's land and buildings.

RISK MANAGEMENT

The committee has continued to develop its focus on risk management and corporate governance processes in accordance with guidance from NHSI and others. This has included in-depth reviews and presentations by management to the committee of a number of significant risks on the Business Assurance Framework / Strategic Risk Register (BAF). During the year the Trust continued to review and refine its approach and attitude towards risk management including (minor) revisions to its Risk Strategy, Policy and Procedures; an in-depth examination of the Trust's approach to risk appetite; regular reviews of the BAF; and, with assistance from RSM, further development of the Trust's use of assurance mapping. During the year, the Board has been provided with formal training on both managing risk and on local counter fraud.

The Trust has implemented new risk management software, in order that operational risks can be more efficiently tracked.

As part of its annual cycle, the committee undertakes a 'deep dive' of the risk register and of the BAF. During 2020/21 the committee looked closely at the risks around the relocation project.

Regular subjects of review throughout the year have been tender waivers, aged debtors and data quality. The committee has paid particular attention to the changes in the approach and make-up of the IGC, noting its increased emphasis on ensuring that lessons learned from incidents are cascaded effectively through the organization.

The committee has questioned management with regard to its preparations and activities in relation to Covid-19, although key assurances around this subject have been dealt with, primarily, at Board level.

The committee receives a report at each of its meetings on any ‘tender waivers’, whether or not due to the use of framework agreements or for other reasons.

The Trust carries significant non-NHS related debt and the committee, therefore, receives a report on debtors at each of its meetings.

The committee has received positive assurance from management on the overall arrangements for corporate governance, risk management and internal control and is satisfied that there is an effective system of integrated corporate governance, risk management and internal control across all of the Trust’s activities.

In addition, the working relationship with other relevant Board committees – notably the IGC; the Training and Education committee (TEC); and the Strategic and Commercial committee (SCC) - has been effective in ensuring that the work of the three committees is integrated and that the audit committee has appropriate oversight of the assurances provided to the Board by the other committees. In this respect, the audit committee finds it helpful that two of its members sit on the SCC and one of its members sits on the IGC.

The committee has reviewed the Annual Governance Statement, which is included in this report, and has confirmed to the Board that the wording of the Statement is consistent with the findings reported to the committee during the year.

Single Oversight Framework

NHS Improvement's (NHSI) single oversight framework provides a method for overseeing NHS trusts and identifying potential support needs. The framework looks at five themes:

- Quality of care.
- Finance and use of resources.
- Operational performance.
- Strategic change.
- Leadership and improvement capability (well-led).

Based on information from these themes, trusts are segmented from 1 to 4, where '4' reflects those in special measures and '1' reflects those with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it is found to be in breach, or suspected breach, of its licence.

Finance And Use Of Resources

In prior years the Trust was given a finance score is based on five measures which are scored from '1' to '4', where '1' reflects the strongest performance. These scores were then weighted to give an overall score.

However the advent of the Covid-19 pandemic has changed the way that finances across the NHS have been organised and top-up funding received to sustain Trusts, together with a more financially collaborative way of working with other ICS organisations, mean that an individual Trust's financial performance during 20/21, can no longer be disaggregated from the wider system. Hence financial scores were not used for 20/21.

Metric	2019/20 Month 12 Score	2020/21 Month 12 Score
Capital service capacity	1	n/a
Liquidity	1	n/a
Income and expenditure margin	1	n/a
Distance from financial plan	1	n/a
Agency spend	3	n/a
Overall score	**1**	n/a

Agency Expenditure

Due to the pandemic, NHSI removed the agency cap in the year. In the period, the Trust expended £904k on agency staff (versus an original indicative cap of £683k)

Statement Of The Chief Executive's Responsibilities As The Accounting Officer

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of a NHS foundation trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHSI.

NHSI, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require The Tavistock and Portman NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health and Social Care Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHSI, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health and Social Care Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements.
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance.
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy.
- Prepare the financial statements on a going concern basis.

The Accounting Officer is responsible for keeping proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Trust and to enable him / her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Paul Jenkins 29 June 2021
Chief Executive and Accounting Officer

Annual Governance Statement 2020/21

SCOPE OF RESPONSIBILITY

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of the Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in the Trust for the year ended 31 March 2021 and up to the date of approval of the annual report and accounts.

CAPACITY TO HANDLE RISK

The Trust's risk management strategy and policy clearly sets out the accountability and reporting arrangements for risk management. A revised Risk Management Procedure was approved in July 2020 which seeks to ensure that a consistent approach to the application of risk assessment techniques is applied across all services within the Trust in order to manage and mitigate risks and to create and maintain a culture of risk awareness within the Trust. This is reflected in both business planning and operational management.

A risk-aware organisation is promoted across all services. Policies and procedures are easily accessible to staff via the Trust's Intranet. Training and support is provided for staff who undertake risk assessments. Learning from good practice is identified and shared through a range of mechanisms including clinical supervision, reflective practice, individual and peer reviews, performance management, continuing professional development, clinical audit, specific seminars and the application of evidence-based practice.

THE RISK AND CONTROL FRAMEWORK

The risk management strategy and policy sets out the key responsibilities for managing risk within the organisation, including ways in which risk is identified, evaluated and controlled. A risk management matrix is used to support a consistent approach to assessing and responding to all risks and incidents.

This framework includes the approach used to engage stakeholders on risks that impact them, this is currently undertaken in conjunction with the Council of Governors.

To provide oversight and assurance the Integrated Governance Committee (IGC), a standing committee of the Board, is responsible for seeking assurance on the organisation's quality governance structures and systems of control. Within its remit it has an integrated governance forum that is responsible for seeking assurance on all matters of risk, safety, experience, data security and other corporate compliance requirements that impact quality. The IGC is also responsible for seeking assurance that the Trust's plans for complying with CQC regulatory requirements are delivered and, where there are deficits, that mitigating actions are in place.

The Trust's Risk Appetite Statement and assessment is generally agreed annually by the Board each July. This year, owing to the Covid-19 pandemic it was not reviewed until October 2020 by the Executive Management Team and at the November 2020 Board meeting. The Risk Appetite Statement was unchanged but it was recognised that the Covid-19 pandemic had had a significant impact on Trust operational policies and practice, which might not be consistent with the current Risk Appetite priorities. The 'risk appetite' matrix confirms the level of risk which the Trust will accept and supports discussion and robust challenge of risks.

Risk Appetite Assessment Against Strategic Aims

Strategic Aims/ Risk Category	Safety	Financial	Reputation	Compliance/ Regulation	Delivery
People	L	M	M	L	H
Services: Clinical	L	M	H	L	M
Services: Education	L	M	M	L	M
Growth and Development	M	S	H	L	H
Finance and Governance	M	M	M	M	H

L – Low; M – Medium; H – High; S - Substantial

The Covid-19 pandemic, changes across the local health system and financial costs arising from the GIDS Judicial Review have led to questions about whether having a Significant' risk appetite on delivery of Growth and Development was still appropriate. It was agreed that the Risk Appetite assessment section required further discussion before changes were made. These discussions will take place in the new financial year.

Risk appetite information is also used to inform target risk scores on new risks, which in turn helps inform the priority of actions to reduce levels of risk. A new electronic risk management system was developed and fully implemented in March 2021. This now provides a platform for all strategic and operational risks to be managed consistently.

Risks assessed as significant are monitored to ensure mitigating actions are undertaken to reduce risks to an acceptable level.

The Trust has an established Incident Panel that is chaired by the Trust's Medical and Quality Director. Its purpose is to monitor the quality of serious incidents and progress in embedding subsequent learning.

Serious incidents and serious risks are reported to the Board via the Trust's Incident Panel or the IGC. An Operational Risk report for risks rated 15+ (out of 25) is separately presented three times a year.

The BAF supports the process for monitoring ongoing compliance with the requirements for registration set by the CQC and licence conditions set by NHS England and NHSI. It sets out the principal risks to delivery of our corporate objectives and identifies the assurances available to the Board in relation to achievement of the objectives and these are also mapped to key controls. The director with responsibility for managing and monitoring each risk is clearly identified. During 2020/21, the BAF was presented to the Board four times.

The Trust has not identified any risks to compliance with the NHS Foundation Trust condition 4 (FT governance).

The Board approves the annual quality priorities for the Trust. These are agreed with stakeholders from our local community, following a review of national indicators of quality and internal priorities.

The Board reviews a number of metrics and performance data through its quarterly quality dashboard report, which is presented four times each year. The Board is satisfied that the Trust has adequate plans in place to respond to service user, staff and student surveys to support efforts to increase participation.

A range of methods have been put in place to ensure that the Trust complies with the requirements set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which are set out in the CQC's five domains. Approaches include service visits, quality improvement projects, effective systems of supervision and regular team meetings.

MAJOR RISKS IN 2020/21

The key risks to delivering the Trust's strategic objectives are recorded in detail in the BAF, which is reviewed four times a year by the Board.

The Trust identified 11 risks which could impact on the delivery of the strategic objectives, these were the risk that:

- The Trust fails to deliver the commitments of its Race Equality Strategy with a negative impact on staff engagement and the quality of its services.

- The pandemic and pressures on leadership have a negative impact on staff morale and engagement, with consequences for the delivery of the Trust's strategic objectives and the quality of its current services.

- If the Trust fails to deliver affordable and appropriate estates solutions there may be a negative impact on patient, staff and student experience, resulting in the possible need to reduce Trust activities with resulting loss of organisational autonomy.

- There may be insufficient staff capacity to keep activity within contracted levels across all services and manage all regulatory requirements because of a range of factors including morale, staff sickness, staff shielding and system pressures. This may also lead to poor engagement with the quality agenda with a negative impact on service quality and performance resulting in non-compliance with CQC fundamental standards of care.

- Our data systems and processes do not provide reliable information in a consistent way, making it difficult to track progress and outcomes resulting in poor performance, commissioner scrutiny and poor CQC ratings.

- Wider financial pressures in the NCL ICS in relation to the pandemic or finance have negative consequences for the delivery of the mental health programme in the ICS and the delivery of the Trust's wider objectives.

- Ongoing pressure on the GIDs service affects morale making it more difficult to continue to deliver a challenging agenda, which now includes addressing the impact of Covid-19.

- A failure to develop and modernise the Trusts educational offering has a negative impact on the sustainability of our provision.

- The Trust fails to raise its profile as an authority on workforce issues, impacting on external reputation and the future viability of the National Training Contract with Health Education England.

- Changes in the commissioning environment, and impact of the pandemic on funding and delivery models, will mean that the Trust's current service configuration will not be sustainable in the long term.

- The Trust fails to respond to changes in the regulatory environment following the pandemic, with negative consequences for our reputation and the quality of patient and student experience.

Against each of the strategic risks a responsible director is assigned to the risk, who is tasked with identifying control measures to mitigate the risk, identifying gaps in control measures and taking appropriate actions. It should be noted, however, that a number of the risks relate to factors in the external environment, which are outside of the Trust's control.

The Executive Management Team (EMT) review risks identified on the BAF and consider new and emerging issues which may impact on the delivery of the strategic objectives. Each year the BAF is refreshed to reflect any new strategic objectives and also to provide an opportunity to reflect on the current and emerging risks which should be captured, any gaps in assurance and that appropriate mitigations are identified.

The CQC framework is applied routinely through operational management and the standards are reviewed regularly through our established systems of control and assurance. The organisation has an overall rating of 'good', however, during 2020 the GIDS service underwent a planned inspection.

This inspection resulted in an overall 'inadequate' rating for this service. A detailed action plan to address identified issues has been agreed with the CQC.

As a result of this inspection, the Trust is not fully compliant with the registration requirements of the CQC, due to the imposition of a condition on the licence in January 2021 following this inspection outcome.

The Trust has published, on its website, an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance), as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all of the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust is currently developing its Green Plan to meet the NHS Net Zero Carbon agenda for 2030. It is our aim to take some of the learning from the Sustainability Development Unit's P4CR toolkit and set some targets during 2021 - as we are committed to being a more sustainable organisation that connects our people with environmental changes.

REVIEW OF ECONOMY, EFFICIENCY AND EFFECTIVENESS OF THE USE OF RESOURCES

The role of the Board and its standing committees are described within the Directors' Report. Attendance data is included as part of this information.

Cost savings to meet NHS efficiency targets are identified as part of the Trust's annual budget-setting process and on an ongoing basis throughout the year. Cost savings programmes address both pay and non-pay costs. A Recruitment Advisory Group was established in January 2021, due to the need to make substantial operating savings. The group meets weekly to review all recruitment requests from both clinical and non-clinical services.

The Board approves the annual budget and regularly reviews the Trust's financial position through formal reports to the Board. The Audit Committee similarly ensures the appropriate use of financial resources through internal reports concerning the Trust's financial controls.

Scrutiny of the Quality Report is undertaken by the Board on a quarterly basis to monitor effectiveness of resources. Monthly monitoring takes place at management level of individual service lines, corporate functions and the education and training portfolio.

The Trust's internal and external auditors are required through the annual audit processes to satisfy themselves that the Trust has appropriate arrangements in place for securing economy, efficiency and effectiveness in the use of resources. Any failings identified in these controls are detailed in the end-of-year opinion statements from the auditors.

INFORMATION GOVERNANCE (IG)

The Data Security and Protection Workstream of the IGC met regularly over the last year, to agree and take forward the IG agenda, including the Data Security and Protection Toolkit (DSPT) annual submission and Cyber Essentials / Cyber Essentials Plus certification.

The embedding of the requirements of the General Data Protection Regulation 2016 and the Data Protection Act 2018 has included the publication of a revised Data Protection Policy and the further development of the Trust's online privacy notice as an important point of reference for service users, students and staff. A new Data Protection Impact Assessment (DPIA) template and information sharing guidance has been made available to staff via the Intranet.

The 2019/2020 DSPT submission deadline was deferred nationally to end September 2020 due to Covid-19 pressures. The Trust achieved "Standards not fully met – plan agreed". This was due to non- achievement of full compliance with three mandatory assertions (95% mandatory staff training, Domain Messaging Authentication Reporting & Conformance (DMARC) and Independent Assessment of Toolkit status), for which an improvement plan was agreed with NHS Digital. The Trust has recently undergone an independent audit of our current DSPT status and an onsite audit of technical controls by NHS Digital is scheduled to take place during the summer of 2021.

The current DSPT includes new mandatory requirements for unsupported software (i.e. that no longer receive security updates) and the Trust will need to uninstall unsupported software, isolate such applications from the network or ensure such software has very limited connectivity to the network. This work has now been completed.

One information security incident was reported via the DSPT. As the incident was remedied quickly and did not cause harm to any individual it did not meet the DSPT threshold for reporting to the Information Commissioner's Officer (ICO). The Trust dealt with four complaints taken up by the ICO. Three of these related to requests made under the Freedom of Information Act (FOIA), of which one was upheld, one not upheld and one is still current. The fourth complaint concerned the Gender Identity Clinic (GIC)'s processing of a service user's previous name. The Trust has apologised to the service user and assured the ICO that robust systems will be implemented to ensure on-going compliance with the Gender Recognition Act and the Data Protection Act, so that records are updated and appropriately redacted where we do not have freely given consent to retain a record of the previous name.

Requests under the FOIA are often challenging and complex, due to the nature and volumes of the information requested, not of all which can be readily extracted or collected to complete the dataset(s) requested by the applicant. There has also been a significant surge in requests for contract information, staffing information, and a significant number of complex gender services related requests.

There has been an increase in police requests for information and in Subject Access Requests (SARs). SARs, police requests and requests for access to deceased person's records are most often complex and time consuming.

The NHS National Data Opt Out has been fully implemented.

A 24/7 children and young people's crisis line, operated by Barnet, Enfield & Haringey Mental Health Trust (BEHMHT), is now operational. This was a national directive by NHSE/I that required user helplines to be mobilised by NHS mental health trusts. Access has been granted to named BEHMHT staff to the Trust's Electronic Patient Record, which meets all necessary security requirements for access. It is envisaged that once the new Health Information Exchange (HIE) is fully operational, access by BEHMHT staff will be via the HIE platform.

DATA QUALITY AND GOVERNANCE

The Trust places great emphasis on the importance of having service user, student, staffing and financial data.

The organisation has implemented a number of policies, procedures and quality assurance mechanisms to ensure that information that is reported is validated and that where deficits exist there are appropriate action plans in place to address these.

To ensure a robust approach around data quality governance, the Trust has in place the following:

- A clinical data quality management procedure which sets out the process for data validation and verification of completeness.

- A broad range of standard operating procedures setting out the processes for data collection, validation and reporting.

- An established quality assurance team who work to lead the process of data validation and reporting of clinical datasets.

- A quality assurance group that assess and review the granularity of clinical information, with representation from the various clinical governance committees and clinical administrative teams.

- Monthly data reviews at the Trust's clinical governance committees.

- An operational committee, the Quality Assurance Board, which provides executive assurance on information and data being reported to the Board.

Combined together these mechanisms seek to act as a safeguard to ensure that information reported through the organisation is of a high quality and supports clinical and operational leaders to make informed decisions.

REVIEW OF EFFECTIVENESS

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audits and the executive managers and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me.

My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and the Integrated Governance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

In February 2021, the Trust became the first NHS Trust to be registered with the Office for Students, the body that monitors Higher Education providers. As a specialist provider trust, we are regulated by a number of agencies and arms-length bodies.

The most-recent CQC inspection in October 2018 rated the Trust as follows:-

Overall	Good
Caring	Good
Effective	Outstanding
Responsive	Good
Safe	Good
Well-led	Good

The most-recent Ofsted report in October 2017 rated the Trust's work overall as 'good' with the following ratings for specific areas:-

Leadership and management	Good
Quality of teaching, learning and assessment	Good
Personal development, behaviour and welfare	Outstanding
Outcomes for pupils	Good

In June 2018, the Quality Assurance Agency confirmed that the Trust met expectations.

CONCLUSION

No significant internal control issues have been identified.

Paul Jenkins 29 June 2021
Chief Executive and Accounting Officer

I present this accountability report.

Paul Jenkins 29 June 2021
Chief Executive and Accounting Officer

4 Annual Accounts

Independent auditor's report to the Council of Governors of The Tavistock and Portman NHS Foundation Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of The Tavistock and Portman NHS Foundation Trust ('the Trust') for the year ended 31 March 2021 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity , the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We are also required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the Annual Report is fair, balanced and understandable and whether the Annual Report appropriately discloses those matters that we communicated to the Audit Committee which we consider should have been disclosed.

We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of the Chief Executive's Responsibilities as the Accounting Officer, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2020/21 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health

Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accounting Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the NAO in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities.This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21; and
- the other information published together with the audited financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2020/21; or
- the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Council of Governors of The Tavistock and Portman NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

Lucy Nutley (electronic signature)

Lucy Nutley, Key Audit Partner
For and on behalf of Mazars LLP
1 July 2021

Audit Completion Certificate issued to the Council of Governors of the Tavistock and Portman NHS Foundation Trust for the year ended 31 March 2021

In our auditor's report dated 1 July 2021 we explained that the audit could not be formally concluded until we had completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

This work has now been completed.

No matters have come to our attention since 1 July 2021 that would have a material impact on the financial statements on which we gave our qualified opinion.

The Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

On the basis of our work, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have identified the following significant weakness in the Trust's arrangements for the year ended 31 March 2021:

Significant weakness in arrangements	Recommendation
Care Quality Commission (CQC) inspection of the Gender Identity Development Services In October and November 2020, the Care Quality Commission (CQC) carried out an announced focused inspection of the Trust's Gender Identity Development Services (GIDS). In their report, published in January 2021, the CQC rated the service as 'inadequate' and set out a number of areas for improvement that the Trust must address to comply with the conditions of registration. In our view, the conditions of registration imposed by the CQC represent a significant weakness in arrangements in 2020/21 in relation to: • Governance - how the Trust ensures that it makes informed decisions and properly manages its risks.	The Trust should implement and embed the action plans it has developed to address the issues identified by the Care Quality Commission in order to deliver sustainable improvements for patients. In particular, it should ensure that robust monitoring and reporting processes are maintained, and that challenge, scrutiny and escalation arrangements drive the required improvements for patients and maintain the progress made to-date in implementing the actions to address the issues raised by the CQC.

Certificate

We certify that we have completed the audit of the Tavistock and Portman NHS Foundation Trust in accordance with the requirements of chapter 5 of part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Lucy Nutley

Lucy Nutley, Key Audit Partner
For and on behalf of Mazars LLP

Tower Bridge House
St Katharine's Way
London
E1W 1DD

20 September 2021

Tavistock and Portman NHS Foundation Trust

Annual accounts for the year ended 31 March 2021

Foreword to the accounts

Tavistock and Portman NHS Foundation Trust

These accounts, for the year ended 31 March 2021, have been prepared by Tavistock and Portman NHS Foundation Trust in accordance with paragraphs 24 & 25 of Schedule 7 within the National Health Service Act 2006.

Signed

Name	Paul Jenkins
Job title	Chief Executive and Accounting Officer
Date	29 June 2021

Statement of Comprehensive Income

	Note	2020/21 £000	2019/20 £000
Operating income from patient care activities	3	41,420	35,275
Other operating income	4	24,022	26,407
Operating expenses	6, 7	(64,181)	(60,872)
Operating surplus/(deficit) from continuing operations		**1,261**	**810**
Finance income	11	3	54
Finance expenses	12	(11)	(38)
PDC dividends payable		(578)	(608)
Net finance costs		**(586)**	**(592)**
Surplus / (deficit) for the year from continuing operations		**675**	**218**
Surplus / (deficit) on discontinued operations and the gain / (loss) on disposal of discontinued operations	15	-	-
Surplus / (deficit) for the year		**675**	**218**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Revaluations	17	707	(450)
Total comprehensive income / (expense) for the period		**1,382**	**(232)**

Statement of Financial Position

	Note	31 March 2021 £000	31 March 2020 £000
Non-current assets			
Intangible assets	14	122	167
Property, plant and equipment	15	25,746	23,363
Total non-current assets		**25,868**	**23,530**
Current assets			
Receivables	19	9,997	9,574
Cash and cash equivalents	20	14,775	9,609
Total current assets		**24,772**	**19,183**
Current liabilities			
Trade and other payables	21	(10,678)	(7,870)
Borrowings	23	(445)	(445)
Provisions	24	(623)	(325)
Other liabilities	22	(7,064)	(4,128)
Total current liabilities		**(18,810)**	**(12,768)**
Total assets less current liabilities		**31,830**	**29,945**
Non-current liabilities			
Borrowings	23	(2,665)	(3,110)
Provisions	24	(63)	(69)
Total non-current liabilities		**(2,728)**	**(3,179)**
Total assets employed		**29,102**	**26,766**
Financed by			
Public dividend capital		4,678	3,724
Revaluation reserve		12,879	12,172
Income and expenditure reserve		11,545	10,870
Total taxpayers' equity		**29,102**	**26,766**

The notes on pages 82 to 113 form part of these accounts.

Name	Paul Jenkins
Position	Chief Executive and Accounting Officer
Date	29 June 2021

Statement of Changes in Equity for the year ended 31 March 2021

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2020 - brought forward	**3,724**	**12,172**	**10,870**	**26,766**
Surplus/(deficit) for the year	-	-	675	**675**
Revaluations	-	707	-	**707**
Public dividend capital received	954	-	-	**954**
Taxpayers' and others' equity at 31 March 2021	**4,678**	**12,879**	**11,545**	**29,102**

Statement of Changes in Equity for the year ended 31 March 2020

	Public dividend capital	Revaluation reserve	Income and expenditure reserve	Total
	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2019 - brought forward	**3,474**	**12,622**	**10,652**	**26,748**
Taxpayers' and others' equity at 1 April 2019 - restated	**3,474**	**12,622**	**10,652**	**26,748**
Surplus/(deficit) for the year	-	-	218	**218**
Revaluations	-	(450)	-	**(450)**
Public dividend capital received	250	-	-	**250**
Taxpayers' and others' equity at 31 March 2020	**3,724**	**12,172**	**10,870**	**26,766**

Information on reserves

Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve
Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Financial assets reserve
This reserve comprises changes in the fair value of financial assets measured at fair value through other comprehensive income. When these instruments are derecognised, cumulative gains or losses previously recognised as other comprehensive income or expenditure are recycled to income or expenditure, unless the assets are equity instruments measured at fair value through other comprehensive income as a result of irrevocable election at recognition.

Income and expenditure reserve
The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2020/21 £000	2019/20 £000
Cash flows from operating activities			
Operating surplus / (deficit)		1,261	810
Non-cash income and expense:			
Depreciation and amortisation	6.1	1,627	1,383
(Increase) / decrease in receivables and other assets		(465)	270
Increase / (decrease) in payables and other liabilities		5,663	1,715
Increase / (decrease) in provisions		292	(65)
Net cash flows from / (used in) operating activities		**8,378**	**4,113**
Cash flows from investing activities			
Interest received		3	54
Purchase of PPE and investment property		(3,258)	(2,275)
Net cash flows from / (used in) investing activities		**(3,255)**	**(2,221)**
Cash flows from financing activities			
Public dividend capital received		954	250
Movement on loans from DHSC		(445)	(445)
Interest on loans		(11)	(41)
PDC dividend (paid) / refunded		(455)	(616)
Net cash flows from / (used in) financing activities		**43**	**(852)**
Increase / (decrease) in cash and cash equivalents		**5,166**	**1,040**
Cash and cash equivalents at 1 April - brought forward		**9,609**	**8,569**
Cash and cash equivalents at 1 April - restated		**9,609**	**8,569**
Cash and cash equivalents at 31 March	20	**14,775**	**9,609**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

NHS Improvement, in exercising the statutory functions conferred on Monitor, has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2020/21 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

These accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents

After making enquiries, the Board of Directors have a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future. They have not identified any material uncertainties that may cast significant doubt on the Trust's ability to continue as a going concern. For this reason, they continue to adopt the going concern basis in preparing the accounts.

Note 1.3 Critical judgements in applying accounting policies

In Note 14 Property, Plant and Equipment, the Trust has recorded an Asset Under Construction with a value as at 31 Match 2021 of £3.6m in which £3.0m is for the relocation project. This asset represents the costs capitalised by the Trust in relation to its proposed relocation from its current sites in Hampstead to a new site in Camden. Due to changes in market conditions (notably the valuation of the Trust's freehold properties) there currently exists a gap between the proposed costs (to complete relocation) and the capital receipts / income which the Trust has available to it. The Trust is undertaking a number of initiatives to close this funding gap. It is the judgement of the Board of Directors that relocation of the Trust continues to be probable and, therefore, appropriate to continue to capitalise these costs. Should the expectations of the Board not be fulfilled, then the value of the said asset would need to be written off.

Other than the above, there are no judgements other than those involving estimation that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Note 1.3.1 Sources of estimation uncertainty

The preparation of financial statements under IFRS requires the Trust to make estimates and assumptions that affect the application of policies and reported amounts. Estimates and judgements are continually evaluated and are based on historical experience and other factors including expectations of future events that are believed to be reasonable under the circumstances. Actual results may differ from these estimates. The main areas which require the exercise of judgement are in accounting for property, plant and equipment, accounting for untaken annual leave and in accounting for receivables.

- Property, plant and equipment includes the Tavistock Centre, Portman Clinic and the Day Unit, properties of high value whose accounting is subject to property market fluctuations. The total current valuation, as shown in note 15, is £25,746k (20192020, £23,363k).

- Operating costs disclosed within note 6 (Staff and executive directors costs) include an estimate of £1,739k for the annual leave earned but not taken at the year-end date, as shown in note 6 (2019/20, £655k). This provision has grown as a consequence of the pandemic and the restrictions it has placed on staff.

Note 1.4 Interests in other entities

The trust has no interests in other entities

Note 1.5 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The accounting policies for revenue recognition and the application of IFRS 15 are consistently applied. The contracting arrangements in the NHS changed between 2019/20 and 2020/21 affecting the application of the accounting policy under IFRS 15. This difference in application is explained below.

2020/21

The main source of income for the Trust is contracts with commissioners for health care services. In 2020/21, the majority of the trust's income from NHS commissioners was in the form of block contract arrangements. During the first half of the year the trust received block funding from its commissioners. For the second half of the year, block contract arrangements were agreed at a [Integrated Care System/Sustainability and Transformation Partnership] level. The related performance obligation is the delivery of healthcare and related services during the period, with the trust's entitlement to consideration not varying based on the levels of activity performed.

The Trust has received additional income outside of the block and system envelopes to reimburse specific costs incurred and other income top-ups to support the delivery of services. Reimbursement and top-up income is accounted for as variable consideration.

Comparative period (2019/20)

In the comparative period (2019/20), the trust's contracts with NHS commissioners included those where the trust's entitlement to income varied according to services delivered. A performance obligation relating to delivery of a spell of health care was generally satisfied over time as healthcare was received and consumed simultaneously by the customer as the Trust performed it. The customer in such a contract was the commissioner, but the customer benefited as services were provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligned with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that were substantially the same and had a similar pattern of transfer. At the year end, the Trust accrued income relating to activity delivered

in that year, where a patient care spell was incomplete. This accrual was disclosed as a contract receivable as entitlement to payment for work completed was usually only dependent on the passage of time.

Revenue is recognised to the extent that collection of consideration is probable. Where contract challenges from commissioners are expected to be upheld, the Trust reflects this in the transaction price and derecognises the relevant portion of income.
Where the Trust recognises revenue in accordance with the agreement of balances exercise, and where contravention of this principle would invalidate the contract, the Trust has chosen to fully provide contract costs under IAS 37

The Trust receives income from commissioners under Commissioning for Quality and Innovation (CQUIN) schemes. The Trust agrees schemes with its commissioner, but they affect how care is provided to patients. That is, the CQUIN payments are not considered distinct performance obligations in their own right; instead, they form part of the transaction price for performance obligations under the contract.

Provider sustainability fund (PSF) and Financial recovery fund (FRF)

In 2019/2020, The Provider Sustainability Fund and Financial Recovery Fund enabled providers to earn income linked to the achievement of financial controls and performance targets. Income earned from the funds is accounted for as variable consideration.

Revenue from research contracts

Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases, it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

Note 1.5.1 Revenue grants and other contributions to expenditure

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5.2 Other forms of income

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Discontinued operations

Discontinued operations occur where activities either cease without transfer to another entity, or transfer to an entity outside of the boundary of Whole of Government Accounts, such as private or voluntary sectors. Such activities are accounted for in accordance with IFRS 5. Activities that are transferred to other bodies within the boundary of Whole of Government Accounts are ‘machinery of government changes’ and treated as continuing operations.

Note 1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

• it is held for use in delivering services or for administrative purposes
• it is probable that future economic benefits will flow to, or service potential be provided to, the trust
• it is expected to be used for more than one financial year
• the cost of the item can be measured reliably
• the item has cost of at least £5,000, or
• collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, e.g., plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.
Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

For all categories of PPE, the Trust considers that depreciated historical cost is an acceptable proxy for current value in existing use, as the useful economic lives used are considered to be a realistic reflection of the lives of assets and the depreciation methods used reflect the consumption of the asset.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.
Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

In 2020/21 this includes assets donated to the trust by the Department of Health and Social Care as part of the response to the coronavirus pandemic. As defined in the GAM, the trust applies the principle of donated asset accounting to assets that the trust controls and is obtaining economic benefits from at the year end.

Note 1.9.1 Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

The Trust has no PFI or Lift Schemes.

Note 1.9.2 Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	Max life Years
Land	-	-
Buildings, excluding dwellings	5	50
Dwellings	-	-
Plant & machinery	5	5
Transport equipment	-	-
Information technology	5	5
Furniture & fittings	5	5

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.10 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets

Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

	Min life Years	**Max life Years**
Information technology	5	5
Development expenditure	-	-
Websites	-	-
Software licences	5	5
Licences & trademarks	-	-
Patents	-	-
Other (purchased)	-	-
Goodwill	-	-

Note 1.11 Inventories

The Trust has no inventories.

Note 1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.13 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, i.e, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets are categorised as loans and receivables.

Financial assets and financial liabilities at fair value through income and expenditure

Financial assets measured at fair value through profit or loss are those that are not otherwise measured at amortised cost or at fair value through other comprehensive income. This category also includes financial assets and liabilities acquired principally for the purpose of selling in the short term (held for trading) and derivatives. Derivatives which are embedded in other contracts, but which are separable from the host contract are measured within this category. Movements in the fair value of financial assets and liabilities in this category are recognised as gains or losses in the Statement of Comprehensive income.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. They are included in current assets.

The trust's receivables are set out in Note 18. The trust has no loans in its assets.
Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective for 31 March 2021:

		Nominal rate
Short-term	Up to 5 years	0.51%
Medium-term	After 5 years up to 10 years	0.55%
Long-term	Exceeding 10 years	1.99%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective 31 March 2020:

	Inflation rate
Year 1	1.90%
Year 2	2.00%
Into perpetuity	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of minus 0.95% in real terms.

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at note 24.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets but are disclosed in note 25 where an inflow of economic benefits is probable.
Contingent liabilities are not recognised, but are disclosed in note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

• possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

• present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Value added tax

Most of the activities of the trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.18 Corporation tax

The Trust has no corporation tax liability to pay because its activities are within the public sector.

Note 1.19 Foreign exchange

The functional and presentational currency of the trust is sterling.

A transaction which is denominated in a foreign currency is translated into the functional currency at the spot exchange rate on the date of the transaction.

Where the trust has assets or liabilities denominated in a foreign currency at the Statement of Financial Position date:

• monetary items are translated at the spot exchange rate on 31 March
• non-monetary assets and liabilities measured at historical cost are translated using the spot exchange rate at the date of the transaction and
• non-monetary assets and liabilities measured at fair value are translated using the spot exchange rate at the date the fair value was determined.

Exchange gains or losses on monetary items (arising on settlement of the transaction or on re-translation at the

Statement of Financial Position date) are recognised in income or expense in the period in which they arise.

Exchange gains or losses on non-monetary assets and liabilities are recognised in the same manner as other gains and losses on these items.

Note 1.20 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.21 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.22 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2020/21.

Note 1.23 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 16 Leases

IFRS 16 Leases will replace *IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the re-measurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be defined by HM Treasury. Currently this rate is 0.91% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

Note 1.24 The Tavistock and Portman Charitable Foundation Trust

The Trust Board has considered both the size and nature of the charitable funds and taken the decision not to consolidate the Charitable Fund in the Annual Accounts at the 31st March 2020 on the grounds of materiality as permitted by the foundation trust annual reporting manual.

Note 2 Operating Segments

2020/21

	Operating income	Operating expenses	Operating Surplus before Restructuring	PDC Dividends
Education and Training	20,597	22,803	(2,206)	204
Children, Young People and Families Services	15,755	18,732	(2,977)	167
Gender Services	15,943	14,778	1,165	132
Adult Services and Forensic Services	5,942	6,444	(502)	58
Covid-related provision and Support	1,298	2,015	(717)	18
Support payments from NHS England and North Central London Integrated Care System	5,912	-	5,912	-
Total	**65,447**	**64,772**	**675**	**579**

The Operating segments align to how services are structured and managed internally.

2019/20

All figures £000	Operating income	Operating expenses	Operating Surplus before Restructuring	PDC Dividends
Adult Services and Forensic Services	6,204	6,414	(210)	62
Children, Young People and Families Services	33,266	33,413	(147)	327
Education & Training, Research	22,266	21,692	574	219
Total	61,736	61,519	217	608

The Operating segments align to how services are structured and managed internally.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.5

Note 3.1 Income from patient care activities (by nature)	**2020/21**	**2019/20**
	£000	**£000**
Block contract / system envelope income*	32,562	24,878
Additional pension contribution central funding**	1,809	1,785
Other clinical income	7,049	8,612
Total income from activities	**41,420**	**35,275**

*As part of the coronavirus pandemic response, transaction flows were simplified in the NHS and providers and their commissioners moved onto block contract payments at the start of 2020/21. In the second half of the year, a revised financial framework built on these arrangements but with a greater focus on system partnership and providers derived most of their income from these system envelopes. Comparatives in this note are presented to be comparable with the current year activity. This does not reflect the contracting and payment mechanisms in place during the prior year.

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

Note 3.2 Income from patient care activities (by source)

Income from patient care activities received from:	**2020/21** **£000**	**2019/20** **£000**
NHS England	18,770	17,181
Clinical commissioning groups	15,601	11,489
Other NHS providers	1,161	1,002
Local authorities	2,995	3,429
Non NHS: other	2,893	2,174
Total income from activities	**41,420**	**35,275**
Of which:		
Related to continuing operations	41,420	35,275

Note 4 Other operating income	2020/21			2019/20		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	466	-	**466**	612	-	**612**
Education and training	18,934	-	**18,934**	24,088	-	**24,088**
Provider sustainability fund (2019/20 only)			**-**	700		**700**
Reimbursement and top up funding	4,165		**4,165**			**-**
Other income	457	-	**457**	1,007	-	**1,007**
Total other operating income	**24,022**	**-**	**24,022**	**26,407**	**-**	**26,407**
Of which:						
Related to continuing operations			24,022			26,407

**Education and Training*

Education and Training includes £10.0m (19/20 £12.9m) from Health Education England - funding training activity across the Trust. Tuition fees and related HEFCE grants total £6.0m (19/20 £6.0m), Family Nurse Partnership no income (19/20 £2.5m). The Conferences and Short Courses Unit received £1.5m (19/20 £1.8m), Tavistock Consulting received £0.5m (19/20 £0.5m), and the remaining £0.9m (19/20 £0.9m) relates to bursary funding and other minor amounts received across a range of departments across the Trust.

**Provider sustainability fund income (PSF) formerly disclosed as Sustainability and transformation fund income.(STF)
The Trust was awarded £700k in 19/20 (18/19 £2,225k) Provider sustainability income as a result of meeting its targets.
***Other contract income
Other expenditure includes "pass-through" costs, where external funding is distributed to partner organisations to deliver services, £0.5m (Director of Nursing), £0.3m (Wellbeing Hub), £0.3m (Trainee costs), £0.5m (various projects), and another £0.9m of other costs across the Trust. (19/20 £3.2m)

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2020/21	2019/20
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	4,128	2,388
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2021 £000	31 March 2020 £000
within one year	-	4,128
after one year, not later than five years		
after five years		
Total revenue allocated to remaining performance obligations	**-**	**4,128**

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 6.1 Operating expenses

	2020/21	2019/20
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	-	-
Purchase of healthcare from non-NHS and non-DHSC bodies	-	-
Purchase of social care	-	-
Staff and executive directors costs	47,131	43,799
Remuneration of non-executive directors	104	87
Supplies and services - clinical (excluding drugs costs)	584	523
Supplies and services - general	-	-
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	116	208
Inventories written down	-	-
Consultancy costs	563	401
Establishment	2,973	3,047
Premises	3,340	3,258
Transport (including patient travel)	57	507
Depreciation on property, plant and equipment	1,582	1,323
Amortisation on intangible assets	45	60
Net impairments	-	-
Movement in credit loss allowance: contract receivables / contract assets	145	(53)
Movement in credit loss allowance: all other receivables and investments	-	-
Increase/(decrease) in other provisions	567	-
Change in provisions discount rate(s)	-	-
Audit fees payable to the external auditor		
audit services- statutory audit	50	45
other auditor remuneration (external auditor only)	-	6
Internal audit costs	-	31
Clinical negligence	28	23
Legal fees	401	380
Insurance	20	18
Research and development	186	204
Education and training	3,466	3,739
Rentals under operating leases	-	-
Early retirements	-	-
Redundancy	65	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	-	-
Charges to operating expenditure for off-SoFP PFI / LIFT schemes	-	-
Car parking & security	-	-
Hospitality	-	22
Losses, ex gratia & special payments	-	-
Grossing up consortium arrangements	-	-
Other services, eg external payroll	-	-
Other	2,758	3,244
Total	**64,181**	**60,872**
Of which:		
Related to continuing operations	64,181	60,872
Related to discontinued operations	-	-

Other expenditure includes "pass-through" costs, where external funding is distributed to partner organisations to deliver services, £0.6m (NWSDU), £0.5m (CYAF IAPT), £0.3m (Short Courses), £0.6m (various projects), and another £1.2m of other costs across the Trust. (19/20 £3.2m)

Note 6.2 Other auditor remuneration

	2020/21	2019/20
	£000	£000
Other auditor remuneration paid to the external auditor:		
1. Audit of accounts of any associate of the trust	-	-
2. Audit-related assurance services	-	6
3. Taxation compliance services	-	-
4. All taxation advisory services not falling within item 3 above	-	-
5. Internal audit services	-	-
6. All assurance services not falling within items 1 to 5	-	-
7. Corporate finance transaction services not falling within items 1 to 6 above	-	-
8. Other non-audit services not falling within items 2 to 7 above	-	-
Total	**-**	**6**

Note 6.3 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2019/20: £1 million).

Note 7 Employee benefits

	2020/21	2019/20
	Total	Total
	£000	£000
Salaries and wages	36,247	33,753
Social security costs	3,828	3,649
Apprenticeship levy	165	170
Employer's contributions to NHS pensions	5,966	5,559
Pension cost - other	21	13
Other post employment benefits	-	-
Other employment benefits	-	-
Termination benefits	-	(133)
Temporary staff (including agency)	904	788
Total gross staff costs	**47,131**	**43,799**
Recoveries in respect of seconded staff	-	-
Total staff costs	**47,131**	**43,799**
Of which		
Costs capitalised as part of assets	-	-
WTE (weighted average)	680	675

Note 7.1 Retirements due to ill-health

During 2020/21 there were no early retirements from the trust agreed on the grounds of ill-health (none in the year ended 31 March 2020). The estimated additional pension liabilities of these ill-health retirements is 0k (0k in 2019/20).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as at 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.
The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 at 20.6%, and the Scheme Regulations were amended accordingly.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

Note 9 Pension Costs

The Trust paid NHS Pension Agency £4,157k (£3,774k in 2019/20) and the National Employment Savings Scheme (NEST) £21k in 2019/20 (£12k in 2019/20)

Note 10 Operating lease

The Trust has no operating lease commitments.

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2020/21	2019/20
	£000	£000
Interest on bank accounts	3	54
Total finance income	**3**	**54**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2020/21	2019/20
	£000	£000
Interest expense:		
Loans from the Department of Health and Social Care	11	38
Total interest expense	**11**	**38**
Unwinding of discount on provisions	-	-
Other finance costs	-	-
Total finance costs	**11**	**38**

Note 13 Discontinued operations

[Disclose the nature of the discontinued operations where applicable]

Note 14 Intangible assets - 2020/21

	Software licences	Licences & trademarks	Patents	Internally generated information technology	Development expenditure	Goodwill	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2020 - brought forward	**484**	**-**	**-**	**249**	**-**	**-**	**-**	**733**
Valuation / gross cost at 31 March 2021	**484**	**-**	**-**	**249**	**-**	**-**	**-**	**733**
Amortisation at 1 April 2020 - brought forward	**469**	**-**	**-**	**97**	**-**	**-**	**-**	**566**
Provided during the year	11	-	-	34	-	-	-	**45**
Amortisation at 31 March 2021	**480**	**-**	**-**	**131**	**-**	**-**	**-**	**611**
Net book value at 31 March 2021	**4**	**-**	**-**	**118**	**-**	**-**	**-**	**122**
Net book value at 1 April 2020	**15**	**-**	**-**	**152**	**-**	**-**	**-**	**167**

Note 14.1 Intangible assets - 2019/20

	Software licences	Licences & trademarks	Patents	Internally generated information technology	Development expenditure	Goodwill	Intangible assets under construction	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**484**	**-**	**-**	**172**	**-**	**-**	**101**	**757**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2019 - restated	**484**	**-**	**-**	**172**	**-**	**-**	**101**	**757**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Transfers to / from assets held for sale	-	-	-	77	-	-	(77)	**-**
Disposals / derecognition	-	-	-	-	-	-	(24)	**(24)**

Valuation / gross cost at 31 March 2020	**484**	**-**	**-**	**249**	**-**	**-**	**-**	**733**
Amortisation at 1 April 2019 - as previously stated	**443**	**-**	**-**	**63**	**-**	**-**	**-**	**506**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Amortisation at 1 April 2019 - restated	**443**	**-**	**-**	**63**	**-**	**-**	**-**	**506**
Provided during the year	26	-	-	34	-	-	-	**60**
Amortisation at 31 March 2020	**469**	**-**	**-**	**97**	**-**	**-**	**-**	**566**
Net book value at 31 March 2020	**15**	**-**	**-**	**152**	**-**	**-**	**-**	**167**
Net book value at 1 April 2019	**41**	**-**	**-**	**109**	**-**	**-**	**101**	**251**

Note 15.1 Property, plant and equipment - 2020/21

	Land	**Buildings excluding dwellings**	**Dwellings**	**Assets under construction**	**Plant & machinery**	**Transport equipment**	**Information technology**	**Furniture & fittings**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Valuation/gross cost at 1 April 2020 - brought forward	**8,579**	**8,278**	**-**	**2,857**	**247**	**-**	**7,693**	**307**	**27,961**
Additions	-	879	-	790	58	-	1,531	-	**3,258**
Revaluations	701	(295)	-	-	-	-	-	-	**406**
Valuation/gross cost at 31 March 2021	**9,280**	**8,862**	**-**	**3,647**	**305**	**-**	**9,224**	**307**	**31,625**
Accumulated depreciation at 1 April 2020 - brought forward	**-**	**0**	**-**	**-**	**215**	**-**	**4,210**	**173**	**4,598**
Provided during the year	-	453	-	-	2	-	1,096	31	**1,582**
Revaluations	-	(301)	-	-	-	-	-	-	**(301)**
Accumulated depreciation at 31 March 2021	**-**	**152**	**-**	**-**	**217**	**-**	**5,306**	**204**	**5,879**
Net book value at 31 March 2021	**9,280**	**8,710**	**-**	**3,647**	**88**	**-**	**3,918**	**103**	**25,746**
Net book value at 1 April 2020	**8,579**	**8,278**	**-**	**2,857**	**32**	**-**	**3,483**	**134**	**23,363**

Note 15.2 Property, plant and equipment - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2019 - as previously stated	**9,279**	**8,329**	**-**	**1,866**	**214**	**-**	**6,592**	**157**	**26,437**
Valuation / gross cost at 1 April 2019 - restated	**9,279**	**8,329**	**-**	**1,866**	**214**	**-**	**6,592**	**157**	**26,437**
Additions	-	-	-	991	33	-	1,101	150	**2,275**
Revaluations	(700)	(51)	-	-	-	-	-	-	**(751)**
Valuation/gross cost at 31 March 2020	**8,579**	**8,278**	**-**	**2,857**	**247**	**-**	**7,693**	**307**	**27,961**
Accumulated depreciation at 1 April 2019 - as previously stated	**-**	**0**	**-**	**-**	**214**	**-**	**3,213**	**149**	**3,576**
Accumulated depreciation at 1 April 2019 - restated	**-**	**0**	**-**	**-**	**214**	**-**	**3,213**	**149**	**3,576**
Provided during the year	-	301	-	-	1	-	997	24	**1,323**
Revaluations	-	(301)	-	-	-	-	-	-	**(301)**
Accumulated depreciation at 31 March 2020	**-**	**0**	**-**	**-**	**215**	**-**	**4,210**	**173**	**4,598**
Net book value at 31 March 2020	**8,579**	**8,278**	**-**	**2,857**	**32**	**-**	**3,483**	**134**	**23,363**
Net book value at 1 April 2019	**9,279**	**8,329**	**-**	**1,866**	**(0)**	**-**	**3,379**	**8**	**22,861**

Note 15.3 Property, plant and equipment financing - 2020/21

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2021									
Owned - purchased	9,280	8,710	-	3,647	88	-	3,918	103	**25,746**
NBV total at 31 March 2021	**9,280**	**8,710**	**-**	**3,647**	**88**	**-**	**3,918**	**103**	**25,746**

Note 15.4 Property, plant and equipment financing - 2019/20

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Net book value at 31 March 2020									
Owned - purchased	8,579	8,278	-	2,857	32	-	3,483	134	**23,363**
NBV total at 31 March 2020	**8,579**	**8,278**	**-**	**2,857**	**32**	**-**	**3,483**	**134**	**23,363**

Note 16 Donations of property, plant and equipment

The trust had no donations in current year or prior year.

Note 17 Revaluations of property, plant and equipment

All land and buildings are revalued using professional valuations in accordance with IAS 16 every five years. Valuations are carried out by professionally qualified valuers in accordance with the Royal Institute of Chartered Surveyors (RICS) Appraisal and Valuation Manual. Asset valuations were undertaken in this financial year with the prospective valuation date of 31 March 2019. The revaluation undertaken at this date was accounted for on 31 March 2020. In 2019/20 a 'desktop valuation' was performed outside of this cycle of 5 year full valuations.

Land and buildings were revalued upwards by £707k.(19/20downwards by £450k)

Note 18 Investment Property

The Trust has no Investment property.

Note 19 Receivables

	31 March 2021	31 March 2020
	£000	£000
Current		
Contract receivables	7,631	7,185
Allowance for impaired contract receivables / assets	(341)	(196)
Prepayments (non-PFI)	1,280	849
PDC dividend receivable	-	42
VAT receivable	156	110
Other receivables	1,271	1,584
Total current receivables	**9,997**	**9,574**
Of which receivable from NHS and DHSC group bodies:		
Current	2,927	4,426
Non-current	-	-

Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

Note 19.1 Allowances for credit losses

	2020/21		2019/20	
	Contract receivables and contract assets	All other receivables	Contract receivables and contract assets	All other receivables
	£000	£000	£000	£000
Allowances as at 1 April - brought forward	**196**	**-**	**249**	**-**
Prior period adjustments			-	-
Allowances as at 1 April - restated	**196**	**-**	**249**	**-**
Changes in existing allowances	145	-	-	-
Reversals of allowances	-	-	(53)	-
Allowances as at 31 Mar 2021	**341**	**-**	**196**	**-**

Note 20 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2020/21	2019/20
	£000	£000
At 1 April	**9,609**	**8,569**
Prior period adjustments		-
At 1 April (restated)	**9,609**	**8,569**
Net change in year	5,166	1,040
At 31 March	**14,775**	**9,609**
Broken down into:		
Cash at commercial banks and in hand	3,181	1,548
Cash with the Government Banking Service	11,594	8,061
Total cash and cash equivalents as in SoFP	**14,775**	**9,609**
Total cash and cash equivalents as in SoCF	**14,775**	**9,609**

Note 20.1 Third party assets held by the trust

Tavistock and Portman NHS Foundation Trust held no cash and cash equivalents in the current year or prior year which relate to monies held by the Foundation Trust on behalf of patients or other parties.

Note 21.1 Trade and other payables

	31 March 2021	31 March 2020
	£000	£000
Current		
Trade payables	795	1,070
Accruals	8,090	5,110
Social security costs	1,055	1,022
PDC dividend payable	81	-
Other payables	657	668
Total current trade and other payables	**10,678**	**7,870**
Of which payables from NHS and DHSC group bodies:		
Current	668	500
Non-current	-	-

Note 21.2 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2021	31 March 2021	31 March 2020	31 March 2020
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	-		-	
- number of cases involved		-		-

Note 22 Other liabilities

	31 March 2021	31 March 2020
	£000	£000
Current		
Deferred income: contract liabilities	7,064	4,128
Total other current liabilities	**7,064**	**4,128**

Note 23.1 Borrowings

	31 March 2021	31 March 2020
	£000	£000
Current		
Loans from DHSC	445	445
Total current borrowings	**445**	**445**
Non-current		
Loans from DHSC	2,665	3,110
Total non-current borrowings	**2,665**	**3,110**

Note 23.2 Reconciliation of liabilities arising from financing activities - 2020/21

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2020	**3,555**	**-**	**-**	**-**	**3,555**
Cash movements:					
Financing cash flows - payments and receipts of principal	(445)	-	-	-	**(445)**
Financing cash flows - payments of interest	(11)	-	-	-	**(11)**
Non-cash movements:					
Application of effective interest rate	11	-	-	-	**11**
Carrying value at 31 March 2021	**3,110**	**-**	**-**	**-**	**3,110**

Note 23.3 Reconciliation of liabilities arising from financing activities - 2019/20

	Loans from DHSC	Other loans	Finance leases	PFI and LIFT schemes	Total
	£000	£000	£000	£000	£000
Carrying value at 1 April 2019	**4,003**	**-**	**-**	**-**	**4,003**
Prior period adjustment	-	-	-	-	**-**
Carrying value at 1 April 2018 - restated	**4,003**	**-**	**-**	**-**	**4,003**
Cash movements:					
Financing cash flows - payments and receipts of principal	(445)	-	-	-	**(445)**
Financing cash flows - payments of interest	(41)	-	-	-	**(41)**
Non-cash movements:					
Application of effective interest rate	38	-	-	-	**38**
Carrying value at 31 March 2020	**3,555**	**-**	**-**	**-**	**3,555**

Note 24.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Re-structuring	Equal Pay (including Agenda for Change)	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2020	**75**	**-**	**143**	**176**	**-**	**-**	**-**	**394**
Transfers by absorption	-	-	-	-	-	-	-	**-**
Change in the discount rate	-	-	-	-	-	-	-	**-**
Arising during the year	-	-	2	70	-	-	495	**567**
Utilised during the year	(6)	-	(93)	(176)	-	-	-	**(275)**
Reclassified to liabilities held in disposal groups	-	-	-	-	-	-	-	**-**
Reversed unused	-	-	-	-	-	-	-	**-**
Unwinding of discount	-	-	-	-	-	-	-	**-**
At 31 March 2021	**69**	**-**	**52**	**70**	**-**	**-**	**495**	**686**
Expected timing of cash flows:								
- not later than one year;	6	-	52	70	-	-	**495**	**623**
- later than one year and not later than five years;	24	-	-	-	-	-	**-**	**24**
- later than five years.	39	-	-	-	-	-	**-**	**39**
Total	**69**	**-**	**52**	**70**	**-**	**-**	**495**	**686**

Note 24.2 Clinical negligence liabilities

At 31 March 2021, £217k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Tavistock and Portman NHS Foundation Trust (31 March 2020: £217k).

Note 25 Contingent assets and liabilities

	31 March 2021	31 March 2020
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	-	4
Employment tribunal and other employee related litigation	-	-
Redundancy	-	-
Other	-	-
Gross value of contingent liabilities	**-**	**4**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**-**	**4**
Net value of contingent assets	**-**	**-**

At 31 March 2021, there where no cases of employer's liability litigation outstanding against the Trust.

It is possible that clinical litigation claims could arise in the future due to incidents that have already occurred.

There is no reliable statistical analysis available to estimate the potential liability for individual trusts in relation to incidents been reported which have occurred but have not yet been reported.

A national estimate for such potential liabilities in all NHS bodies, calculated on an actuarial basis, is included in the accounts of the NHS Resolution.

Note 26 Financial instruments

Note 26.1 Financial risk management

The Trust has no related financial risks associated within its financial instruments.

Financial risk

Due to the continuing service provider relationship that the Trust has with Clinical Commissioning Groups (CCGs) and the way those CCGs are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply.

The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

Interest rate risk

The majority of the Trust's financial assets and financial liabilities carry nil or fixed rates of interest. Tavistock and Portman NHS Foundation Trust is not therefore exposed to significant interest-rate risk.

Currency risk

The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Credit risk

The Trust operates primarily within the NHS market and receives the majority of its income from other NHS organisations as disclosed in note 3 to note 4. Bad debt provisions are calculated based on the Trust's bad debt provision policy which considers the type of debtor, age of the outstanding debt and knowledge of specific balances.

The Trust follows procedures for receivables management, so as to ensure that payments are received promptly and risk is managed. A provision for impairment (see Note 18.1) is made, and is reviewed regularly.

Liquidity risk

The Trust's net operating costs are incurred under annual service level agreements with local Clinical Commissioning Groups which are financed from resources voted annually by Parliament. The Trust also largely finances its capital expenditure from retained surpluses and funds made available from Government under agreed borrowing limits. Tavistock and Portman NHS Foundation Trust is not therefore exposed to significant liquidity risk.

Cash is held as far as possible with the Government Banking Service (see Note 19) at all times.

The Trust also has in place a £4m working capital revolving loan which has been drawn down in full.

The fair value of a financial instrument is the price at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arms-length transaction. All the financial instruments of the Trust are initially measured at fair value on recognition and subsequently at amortised cost.

There are no other financial instruments held, other than the ones already disclosed in notes 26.2 and 26.3.

Note 26.2 Carrying values of financial assets

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

Carrying values of financial assets as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non-financial assets	8,561	-	-	**8,561**
Cash and cash equivalents	14,775	-	-	**14,775**
Total at 31 March 2021	**23,336**	**-**	**-**	**23,336**

Carrying values of financial assets as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non-financial assets	7,475	-	-	**7,475**
Cash and cash equivalents	9,609	-	-	**9,609**
Total at 31 March 2020	**17,084**	**-**	**-**	**17,084**

Note 26.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2021	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	3,110	-	**3,110**
Trade and other payables excluding non-financial liabilities	9,542	-	**9,542**
Total at 31 March 2021	**12,652**	**-**	**12,652**

Carrying values of financial liabilities as at 31 March 2020	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Loans from the Department of Health and Social Care	3,555	-	**3,555**
Trade and other payables excluding non-financial liabilities	6,332	-	**6,332**
Total at 31 March 2020	**9,887**	**-**	**9,887**

Note 26.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2021	31 March 2020 restated*
	£000	£000
In one year or less	9,990	6,780
In more than one year but not more than five years	1792	1792
In more than five years	874	1,520
Total	**12,656**	**10,091**

* This disclosure has previously been prepared using discounted cash flows. The comparatives have therefore been restated on an undiscounted basis.

Note 29 Related parties

The Tavistock and Portman NHS Foundation Trust is a body corporate authorised by Monitor, the regulator of NHS Foundation Trusts.

The Trust has no positive disclosure of interests of senior manager related party transactions.

The Department of Health and Social Care is regarded as a related party. During the year the Tavistock and Portman NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent department (controlling party). The significant entities are listed below:

2020/21

	Total income for the year ended 31 March 2021	Total charge for the year ended 31 March 2021	Debtor/ (creditor) as at 31 March 2021
	£000	£000	£000
Health Education England	8,781	-	940
NHS England	21,676	-	(1,220)
North Central London ICS	13,733	-	-
City & Hackney CCG	1,131	-	121

	Total income for the year ended 31 March 2021	Total charge for the year ended 31 March 2021	Debtor/ (creditor) as at 31 March 2021
	£000	£000	£000
HM Revenue and Customs for Pay As You Earn income tax and National Insurance (included in staff costs)	-	3,993	(1,055)
NHS Pension Agency	-	5,966	(649)

2019/20

	Total income for the year ended 31 March 2020	Total charge for the year ended 31 March 2020	Debtor/ (creditor) as at 31 March 2020
	£000	£000	£000
Public Health England	2,050	-	-
Health Education England	12,799	-	(41)
NHS England	16,243	-	294
Camden CCG	7,755	-	196
City & Hackney CCG	1,099	-	127
Haringey CCG	1,180	-	208

	Total income for the year ended 31 March 2020	Total charge for the year ended 31 March 2020	Debtor/ (creditor) as at 31 March 2020
	£000	£000	£000
HM Revenue and Customs for Pay As You Earn income tax and National Insurance (included in staff costs)	-	3,819	(1,022)
NHS Pension Agency	-	5,559	(660)

The Trust is reimbursed by the Tavistock and Portman Charitable Fund and by the Tavistock Clinic Foundation for staff and other expenses borne on their account. For the Tavistock and Portman Charitable Fund the amount owed to the Trust is £1k and for the Tavistock Clinic Foundation the amount owed to the Trust is £91k.

During 2019/20, The Trust has an agreement with National Shared Business Services to provide certain accounting processes. The Trust paid £119,382 (2019/20 £116,850) for these services.

Note 32 Events after the reporting date

The Directors are not aware of any events that have arisen since the end of the year and to the date of this report which have affected or may significantly affect the operations and finances of the Trust.

Staff costs

	Permanent	Other	2020/21 Total	2019/20 Total
	£000	£000	£000	£000
Salaries and wages	35,852	395	**36,247**	33,753
Social security costs	3,828	-	**3,828**	3,649
Apprenticeship levy	165	-	**165**	170
Employer's contributions to NHS pension scheme	5,966	-	**5,966**	5,559
Pension cost - other	21	-	**21**	13
Other post-employment benefits	-	-	**-**	-
Other employment benefits	-	-	**-**	-
Termination benefits	-	-	**-**	(133)
Temporary staff	-	904	**904**	788
Total gross staff costs	**45,832**	**1,299**	**47,131**	**43,799**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**45,832**	**1,299**	**47,131**	**43,799**
Of which				
Costs capitalised as part of assets	-	-	**-**	-

Average number of employees (WTE basis)

	Permanent	Other	2020/21 Total	2019/20 Total
	Number	Number	Number	Number
Medical and dental	75	-	**75**	48
Ambulance staff	-	-	**-**	-
Administration and estates	297	37	**334**	333
Healthcare assistants and other support staff	-	-	**-**	-
Nursing, midwifery, and health visiting staff	21	-	**21**	19
Nursing, midwifery, and health visiting learners	-	-	**-**	-
Scientific, therapeutic, and technical staff	249	-	**249**	246
Healthcare science staff	-	-	**-**	-
Social care staff	31	-	**31**	29
Other	-	-	**-**	-
Total average numbers	**673**	**37**	**710**	**675**
Of which:				
Number of employees (WTE) engaged on capital projects	-	5	**5**	5

Reporting of compensation schemes - exit packages 2020/21

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	**-**
£10,000 - £25,000	-	-	**-**
£25,001 - 50,000	-	-	**-**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**-**	**-**	**-**
Total cost (£)	£0	£0	**£0**

Reporting of compensation schemes - exit packages 2019/20

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	-	**-**
£10,000 - £25,000	-	-	**-**
£25,001 - 50,000	2	-	**2**
£50,001 - £100,000	-	-	**-**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	-	-	**-**
>£200,000	-	-	**-**
Total number of exit packages by type	**2**	**-**	**2**
Total resource cost (£)	£65,000	£0	**£65,000**

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