The Tavistock and Portman NHS
NHS Foundation Trust

Annual Report and Accounts 2008/09

Tavistock & Portman NHS Foundation Trust

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1. Trust Chair's Statement

The Trust performed well in 2008/09, continuing to deliver and to grow the high quality patient services, mental health training, research, and consultancy the Trust provides. The Trust again won new work and pioneered new services. There was new or renewed focus on the articulation and improvement of quality, communication with Members and users of the Trust's services, and on ways to respond to feedback. All this was achieved with the retention of the Health Care Commission rating of "excellent" for clinical services, citations for some of the Trust's services, and sound financial results.

The Trust operates in rapidly changing environment both in the country as a whole and in the NHS. Clearly the Trust, in common with the whole of the NHS, will face a tough operating environment over the next few years, but I believe the Trust is well placed to respond to these challenges and build on its strengths. The demand for its services will certainly grow.

The Board of Governors has continued to develop and now operates well, adding much value to the Trust. Alison Armstrong and Caroline Garland resigned during the year due to the pressures of other work. We were sorry to see them both go but were grateful for their advice and support.

The Board of Directors is operating effectively. I am delighted that the new Chief Executive, Dr Matthew Patrick, has settled in to the role so well. Two Non-Executive Directors, Matthew Lewin and Professor Sir Andrew Likierman, completed their final terms of office. They were both a loss, and the Trust owes them considerable thanks. They served the Trust with distinction. The Governors appointed two excellent new Non-Executive Directors, Martin Bostock and Joyce Moseley. Both have distinguished careers, Martin in public relations, and Joyce in social services.

I will not be seeking a second term as Trust Chair when my term ends on 31 October 2009. This is purely for personal reasons. I continue to have the highest regard for the work of the Trust and all those who work at the Trust. It has been a pleasure and a privilege to have had the opportunity to contribute to the development of the Trust since 2005. The Trust has, I believe, a bright future.

Mr Nicholas Selbie
Trust Chair
5th June 2009

2. Chief Executive's Statement

I write this report at the end of my first year as Chief Executive of the Tavistock and Portman NHS Foundation Trust. The past year has been a turbulent one globally, with the credit crunch impacting on many, many people. As a provider of mental health services this is of particular relevance, given the rise in mental health problems that will ensue.

Within this difficult context, the year has been one of strong performance by the Trust, albeit not without some pain. Within a rapidly changing NHS environment, the Trust has reviewed the organisation of its services to ensure that we are in the best possible shape as we move forward and such change is always difficult. The Trust is also implementing Service Line Management, allowing clinicians and trainers to have more direct control over developments within their domain of activity and providing the Trust with even clearer information about its internal economy. We intend that these changes should support our continued capacity to deliver the high quality services that our reputation is built upon.

Many of the continued changes within the NHS, across the country and within London in particular, will have a direct bearing on the work of the Trust:

- Continued system reform, with progress towards a position where all NHS Trusts are authorised as Foundation Trusts, and with Primary Care Trusts across London reviewing their functioning and organisation
- The development of World Class Commissioning and increased contestability within the NHS marketplace
- The implementation of Healthcare for London based upon Lord Darzi's report on the NHS in London and, within this, the welcome focus on quality as a key principle for all providers services
- A new Operating Framework, supporting continued growth in NHS funding over the next two years but cautioning of an uncertain future beyond that
- An increasing focus on child protection following the tragic death of Baby P, and more broadly, on the importance of child and family development as contributors to future public mental health
- The continued roll out of Improving Access to Psychological Therapies (IAPT), the Department of Health led programme aimed at improving access to evidence based psychological treatments for mild to moderate anxiety and depression
- An increasing focus on the mental health of offenders, in relation to the publication of Lord Bradley's review of Offender Mental Health

The years ahead will bring very significant challenges to all NHS organisations. The NHS marketplace is highly competitive and recurrent efficiency targets

demanding. It is, therefore, realistic to think that the Trust's Annual Plan will need to be subject to ongoing review to ensure that we remain properly oriented in a changing external environment. Looking forward, however, I believe that there is a strong future for the Trust. There exists significant scope for growth and development of the Trust's services, and we have already demonstrated strong evidence of our capacity to compete and to win new work. This is supported by a highly talented staff group, a clear strategy, and a strong Board of Directors and Board of Governors.

We are very sorry that our Trust Chair, Nicholas Selbie, has decided not to stand for re-appointment. Nick has contributed greatly to the life and development of the Trust, and will be very much missed.

Personally I shall continue work with the management team and both Boards to lead continued cultural change within the organisation promoting a more open, outward-looking and responsive attitude, coupled with a greater sense of commercial awareness.

Dr Matthew Patrick
Chief Executive
5th June 2009

3. Directors' Report

This Annual Report and Accounts has been prepared under direction issued by Monitor, the Independent Regulator of NHS Foundation Trusts.

3.1 The History of the Tavistock & Portman NHS Foundation Trust

The Tavistock and Portman is a specialist mental health trust focused on psychological, social and developmental approaches to understanding and treating emotional disturbance and mental ill health, and to promoting mental health. It has a national and international reputation based on excellence in service delivery and clinical innovation, and high quality clinical training and workforce development.

The Trust achieved authorisation as an NHS Foundation Trust in 2006. Prior to this it was the Tavistock and Portman NHS Trust, established in 1994, bringing together the Tavistock Clinic, founded in 1920, and the Portman Clinic, founded in 1933.

3.2 Progress in 2008/09

In 2008/09, the Trust continued to deliver a broad range of high quality patient services, mental health training and education, research and consultancy. These activities resulted in an overall increase of 8% in income, in line with the Trust's business plan. Income from patient services in particular grew by 17%. This is largely accounted for by the full year effect of the Trust taking on tier 2 (community based) Child and Adolescent Mental Health Services (CAMHS) for Camden Primary Care Trust. The Trust was particularly proud of the citation of some of these services within the CAMHS review commissioned by the Department for Children Schools and Families (DCFS), and of the very positive Camden Joint Area Review (JAR). The Trust was also very pleased at the national commissioning of the Gender Identity Development Service, recognising the unique and high quality service that this team offers; and of its work in developing a broad portfolio of Continued Professional Development (CPD) trainings accessible to a broad range of health and social care workers.

Overall these achievements were recognised in the Trust's Healthcare Commission ratings of "excellent" for clinical services, and "good" for use of resources, and in the special letter of commendation received from the Health Secretary and Chairman of the Healthcare Commission in relation to this.

The Trust's training activity, alongside patient services, has also remained strong, with income growing by 5% during the year. The Trust was part of a successful consortium bid to provide and lead Educational Psychology training for three Government Office Regions, comprising London, the South East of England, and the East of England, and has further built on the range of applied and Continuing Professional Development (CPD) programmes it

provides. The Portman Clinic, as a part of a consortium funded by the Department of Health, has also been involved in the development of trainings for professionals working with patients with diagnoses of forensic and non-forensic personality disorder.

Throughout the year, the Trust has continued to promote equity of access and equality across the full range of its services. We are very pleased, therefore, that the black and minority ethnic profiles of the Trust's patient and student populations closely mirror the very diverse populations it serves.

In 2007/08 the Trust took decisive action to identify a programme of savings when its Financial Risk Rating (FRR) dropped from 3 to 2 at the end of the first quarter of that financial year. Within the 2008/09 Annual Plan, the Trust outlined a new economic model, in part based around strategic cost improvement programmes, in support of improved productivity. In 2008/09, the Trust retained a Financial Risk Rating of 4 (ahead of a planned 3) across the whole of the year.

The Trust recognises, however, that it is operating in a time of global financial difficulty, and that public sector spending cannot continue to grow at the same rate as in recent years. While the new Operating Framework supports continued growth in NHS funding for the next two years, lack of confidence is likely to impact on the NHS marketplace in advance of this, as it has done within other markets. As such, the Trust is continuing to look for significant improvements in productivity, while remaining focused on the quality of all of its activities.

The Trust achieved a financial surplus of £191k in the year, compared to £55k in 2007/08. This result is after making a provision of £270k for the expected cost of terminating a tenant lease on part of our main building, later in 2009, as the Trust needs the space for its own services. Without this exceptional cost, the surplus would have been £461k, compared to the planned £250k. (Note that the exceptional item was included in the 2008 Annual Plan, but as a cost in 2009/10.)

Table 1: Summary of Financial Performance 2008/09

	2007/08	2008/09	
	Actual £000	**Plan** £000	**Actual** £000
Income			
Clinical	9,299	11,117	10,867
Training	12,982	13,494	13,612
Research	616	365	413
Consultancy	847	1,088	911
Other	960	566	990
Total	24,704	26,630	26,793
Expenses			
Pay costs	20,109	21,370	20,899
Non-pay costs	3,751	4,161	4,528
Exceptional cost			270
Total	24,860	25,531	25,697
EBITDA	844	1,099	1,097
Depreciation, Interest and Dividend	-789	-849	-906
Net Surplus	55	250	191

3.3 Focus for 2009/10

As an organisation, the Trust has learnt more over the past year about the rapidly changing, and often unpredictable, nature of the NHS environment. These are lessons that have helped to shape the Trust's Annual Plan, targeting the increased availability of high quality mental health services for those who need them; high quality education and training for those who work as a part of the mental health and social care workforces; and further organisational growth and efficiency in support of future investment in service development.

In particular, the Trust is seeking to improve and increase access to our patient services, including Child and Adolescent Mental Health Services (CAMHS) and generic and forensic Adult Psychological Therapies. The Trust aims to build on its areas of existing strength, including the community provision of comprehensive integrated CAMHS, specialist expertise such as Forensic Psychotherapy and work with Looked After Children (LAC), and the development and delivery of Psychological Therapies across the age range in both community and specialist settings. The Trust is also aiming to build on its strong training portfolio, increasing the range of academically validated postgraduate courses and Continuing Professional Development programmes it provides, as well as its professional qualifying courses. The Trust will continue to support its rich activity in Research and Development, and to promote its consultancy work delivered through the Tavistock Consultancy Service.

Over the next year, the Trust will be developing an explicit quality agenda covering all of its activities. This agenda will bring together clinical and patient reported outcomes, safety, and patient experience. The Trust will be liaising with key stakeholders to identify those components of quality that are felt to

really matter and, alongside this, working internally to clarify its own conception of the distinctive quality of what it can contribute to the mental health of the populations it serve, and of the population in general. This work will be reflected in the development of the Trust's quality accounts for 2009/10, with their focus on patient experience, safety and outcomes.

Alongside this, the Trust will pursue forward-looking productivity programmes, to enable the Trust to deliver improved access to its services with greater efficiency. This work will involve looking at the skill mix required to deliver services, the way in which the Trust works as an organisation, and the way in which staff work as individuals. This work will be supported by the further implementation of Service Line Management.

The Trust is keen to continue developing its local and public accountability through the Board of Governors and membership, promoting a more active membership and a greater dialogue between Governors and Members. The Trust will also be working to develop Patient and Public Involvement through other local and national initiatives, including new ways for younger people to contribute.

Wherever possible, the Trust will explore the potential for working in partnership in pursuit of the highest quality of patient services, recognising that such quality often depends on providers working closely together. The Trust will also pursue opportunities for such partnerships in the development and delivery of training and education, and research and development, and consultancy. The Trust will be actively looking at the possibility of joining an Academic Health Science Centre as one model for achieving this.

Over the next twelve months, the organisation, activity, development and economy will be managed in line with the Trust's Annual Plan and in a manner that builds a secure platform for future development. The Trust will work to retain or improve upon our ratings of "excellent" for quality and "good" for use of resources from the Healthcare Commission, and our targeted Financial Risk Rating of 3 and Green ratings for governance and mandatory services from Monitor.

3.4 Finance

The audited accounts for 2008/09, the second full year as a Foundation Trust, are attached to this report.

The Trust again achieved all its statutory financial duties. The operating surplus was £603,000 (compared to £455,000 in 2007/08); and after allowing for interest and dividends, the Trust had a retained surplus of £191,000 (£55,000 in 2007/08). The surplus and the dividend together represent a 4.2% return on the assets employed (4.0% in 2007/08).

The cash balance at 31 March 2009 was £2,639,000 (up from £917,000 at 31 March 2008); cash forecasts indicate that the balance will reduce significantly but remain positive throughout 2009/10. The Foundation Trust has a loan facility of £2.0m in place, but no borrowing was necessary in the period.

The Trust expects its Financial Risk Rating issued by Monitor to be at level 4, based on the 2008/09 accounts but to revert to level 3 on the 2009 Annual Plan.

Based on the Trust's Annual Plan, and the risk assessments contained therein, the Directors have a reasonable expectation that the Trust has adequate resources to continue in operation for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

The accounts for 2009/10 and future years will be prepared in accordance with International Financial Reporting Standards (IFRS), as required by HM Treasury and Monitor. Work already done on this transition indicates that it should not materially affect the financial results.

Capital expenditure totalled £261,000. The Plan for the next three years allows for capital expenditure of around £560,000 per year. £440,000 will fund significant improvements to the Trust's facilities, under the estates strategy, which has now been approved; and £120,000 is for IT equipment.

Details of all remuneration to each senior manager of the Trust are given in the Remuneration Report, in [section 11].

As far as the Directors are aware, there is no relevant information of which the Auditors are unaware. The Directors have taken all steps they ought to have taken to make themselves aware of relevant information and to establish that the Auditors are also aware of that information. The Directors are not aware of any events that have arisen since the end of the year which have affected or may significantly affect the operations of the Trust.

4. Principal Activities and Stakeholder Relations

4.1 Principal Activities

The Trust is unusual in the range of its activities. All of these, however, are closely integrated and share the same underlying values and philosophy. At heart, the Trust is rooted in clinical practice with all activities deriving from the experience of working with patients. The Trust is proud of its history of innovation and excellence, and seeks to build on this in the future.

The Trust's two largest areas of activity are patient service and training and education:

- The Trust offers a range of outpatient mental health services to children and families, adolescents and adults. Treatment methods are based around psychological therapies with a limited use of medication
- The Trust provides a wide range of mental health education and training, offering 70 long courses locally, nationally and internationally, in addition to a new Continuing Professional Development (CPD) programme of short courses. The Trust enrols in the region of 2000 students each year

In addition, the Trust has a strong research tradition, and an active and important consultancy service:

- The Trust is active in research into the origins of mental health problems, models of social care, and research aimed at establishing the evidence base for its treatment methods. The Trust seeks to influence and develop new ideas by research, publication, and participation in policy making
- The Trust provides an extensive programme of organisational and management consultancy to the NHS, the public, the commercial, and industrial sectors. The Trust is well known for its original and influential work in this field

Patient services and training and education, accounting for over 90% of the Trust's income. Total income in 2008/09 was £26.8m, of which £13.6m was from education and training and £10.9m from patient services.

Table 2: Income by Trust Services 2008/09

Area	Income £m
Clinical Services	10.9
Training	13.6
Consultancy	0.9
Research & Development	0.4
Other	1.0
Income	**26.8**

The clinical and training staff group is multi-disciplinary, with psychiatrists, psychologists, child and adult psychotherapists, social workers, family therapists and nurses all taking leading roles in the Trust's activities. Current staff numbers are 494, or 382 whole-time equivalents (WTE), with many staff working flexible hours.

Services are delivered in a variety of community settings in north central London, at the Tavistock Centre in Belsize Lane, London, and at the adjoining Portman Clinic. Staff also provide some specialist patient services outside of London, and training and consultancy around the country. The Trust has no in-patients.

4.1.1 Core Purpose

The Tavistock and Portman NHS Foundation Trust is committed to improving mental health and emotional wellbeing. We believe that high quality mental health services should be available to all who need them. Our contribution is distinctive in the importance we attach to social experience at all stages of people's lives, and our focus on psychological and developmental approaches to the prevention and treatment of mental ill health.

We make this contribution through:

- Providing relevant and effective clinical services for children and families, young people and adults, ensuring that those who need our services can access them easily
- Providing training and education aimed at building an effective and sustainable NHS and Social Care workforce and at improving public understanding of mental health
- Undertaking research and consultancy aimed at improving knowledge and practice and supporting innovation
- Working actively with stakeholders to advance the quality of mental health, mental health care, and to advance awareness of the personal, social and economic benefits associated with psychological therapies

4.1.2 Philosophy and Practice

The Trust's work is based on the following ideas:

- Emotional disturbance and mental ill health are common, can be as disabling as serious physical illness, and affect not only individuals but also those around them
- A person's experiences within family and community have a lasting impact on their development

- Groups and organisations can be a source of support and well-being, but can also become dysfunctional and ineffective, resulting in real distress or even causing breakdown
- Having a sense of belonging and being accepted is important to people's mental health

These ideas shape the way in which we work, ensuring that:

- We actively seek patients' views and thoughts about their experiences and use these to shape the services we provide
- We offer non-stigmatising help to parents and families so that the next generation can achieve its full potential
- Our services reach out to the socially disadvantaged and those who experience discrimination
- We place an emphasis on the use of a full range of psychological therapies as a powerful way of promoting mental health and resilience, and on research to evidence these approaches
- We offer a range of training courses to develop and support individuals from a wide range of backgrounds and disciplines working in a diverse range of settings
- We provide consultancy to organisations, leaders and managers to enhance teamwork, satisfaction and productivity at work
- We support and encourage our own staff in extending their skills and capacity for care, creativity and innovation, ensuring that they remain our greatest asset

4.1.3 Vision

The Tavistock and Portman NHS Foundation Trust aims to build on its position as a national and international centre of excellence in mental health. It will remain dedicated to the development and delivery of the highest standards of mental health treatment, education and training, organisational consultancy and research.

4.2 Developing Services as a Foundation Trust

The Board of Governors has been actively involved in the development of the Trust's Annual Plan, shaping the overall direction of the Trust's services.

The Governors have been involved in developing the Trust's membership strategy, with Governors sitting on and chairing the Membership and Governors Review Committee.

The Trust has been developing a new website (to be launched in June 2009), which will be more user-friendly, be aimed at users, and will have a Members only section, in which Members and Governors can engage with each other and with the Trust. The Trust's aim is to engage with Members is a lively way, so that its services are shaped by this important feedback.

The Trust has been able to use its membership to elicit feedback from Members in a number of areas, for example, on the format of the Members' Newsletter, on the development of the new website, and on getting Members ideas on how to engage with the Trust.

The Trust's Patient and Public Involvement Committee continues to be actively involved in engaging with users and eliciting feedback on key areas of the Trust. For further information on PPI activity, see [section 10.6].

4.3 Performance Indicators

In 2008, the Trust received a rating of "excellent" from the Healthcare Commission for its quality of service. This is the sixth year running that the Trust has received the highest possible rating, and in 2008 its performance was marked by a letter of congratulation for the Secretary of State, a letter that was sent to the top 57 trusts which have performed consistently well over the past three years.

The Board of Directors declared compliance with all healthcare standards in 2008/09. Audit opinion in 2009 concluded "Taking account of the issues identified, in our opinion the Board can take substantial assurance that the controls upon which the organisation relies to manage this risk as currently laid down and operated, are effective".

The Trust performed well against its internal performance indicators, with the exception of targets set for induction and mandatory training, where performance was below the levels the Trust would have liked. These two areas will receive close attention during 2009/10.

The Trust once again achieved a very low did not attend (DNA) rate of 10%. The average in London mental health trusts is 15% for CAMHS and 12% for adult psychotherapy

4.4 New Patient Services and Significant Partnerships

In 2008/09, the Trust continued to work closely with Camden Primary Care Trust and Camden Local Authority to shape Camden Child and Adolescent Mental Health Services (CAMHS). The service was officially launched in April 2008. The newly configured service integrated CAMHS delivered in the community with those in clinical bases.

There was increased access to CAMHS in schools and primary care with increased outreach nursing and psychiatry. Other developments have included parenting support and skills for particular communities in Camden, such as the Somalian and Congolese communities, and an across the age range parenting service has been developed within the Trust.

There has been a focus on capacity building for tier 1 staff through training tailored to those staff seeing children, young people and families in universal services in relation to emotional well-being and mental health.

The Trust was particularly proud of the assessment of Camden CAMHS in Camden Joint Area Review (JAR).

> "*Outstanding Child and Adolescent Mental Health Services (CAMHS) providing a comprehensive service with a single point of access*"
>
> Camden Joint Area Review of Children's Services, 2008

The Trust was also very pleased at the national commissioning of the Gender Identity Development Service, recognising the unique and high quality service that this team offers and the Trust will continue to work in partnership with the national commissioning body to develop the service and ensure that it meets need nationwide.

The Trust was delighted to be awarded the contract to provide an innovative primary mental health service in City and Hackney for GP practices, providing consultation to the clinicians and clinical interventions focussed on patients who have complex needs and cause serious concern but do not meet thresholds or criteria for existing mental health services.

The Trust has continued to work in partnership with Barnet, Haringey, Camden and Islington Primary Care Trusts and local Mental Health Trusts to develop single points of entry for adults and children, whereby referral pathways are simplified as all patients are referred to one point, and then allocated to the most appropriate agency based on appropriateness and patient and referrer preference.

4.5 Service Improvements

Services continually improve as a result of feedback and findings from staff, patients and stakeholders, and also audit findings.

In 2008/09, a wide range of environmental improvements were made to the Trust.

- A wide consultation process took place for the redevelopment of the ground floor reception area. The main elements of the design, based on feedback, are:

    - More open plan but still with a screened area for patient privacy
    - Central reception desk, which is both Disability Discrimination Act (DDA) compliant and also protects patient privacy e.g. computer screens hidden from view
    - Design and décor in keeping with 60s style of building and DDA compliant re: flooring and colours on door frames etc.
    - PALS incorporated into reception area to ensure more patient-centred environment
    - Electronic information screen to dispense with plethora of notices and to ensure information is kept up to date
    - More vending machines enclosed in lift lobby for both patient and student benefit
- Refurbishment of toilet facilities throughout the Tavistock Centre
- Improved signage at the Tavistock Centre
- Re-balancing of the heating system at the Tavistock Centre

The Trust's Patient and Public Involvement Committee have redesigned the Trust's information literature (see [section 10.6] for further information).

The Trust has invested significantly in communications activity, in part due to feedback from patients and users about the information systems in place. This investment has allowed for the appointment of a Communications Lead and a full time Communications Specialist. A Communications Committee has been set up, with both Governors and Non-Executive Directors represented, and this Committee reports to the Board of Directors through a Non-Executive Director. The Committee have been working on a range of communication activities such as the new website, a website for primary school children in conjunction with the PPI Committee, internal communications, the new corporate style, and other web-based communications functioning.

4.6 Improving Quality

The development of the Trust's Quality Framework is led by the Trust Clinical Director. The Trust aspires to continual improvement in the quality of services and to document both its intentions and evidence of its success in achieving improvement. This work comprises work streams around patient safety, clinical outcomes and patient experience. The Medical Director holds direct responsibility for clinical outcomes and patient safety; and the Patient and Public Involvement Lead for patient experience.

The Director of Service Development and Strategy takes the overall leadership for ensuring compliance with national targets and *Standards for Better Health*. A Director is responsible for each of the core standards. Directors are asked to report any risk to compliance with the Standards for which they are

responsible as part of the bi-monthly risk reporting to the Board of Directors. Where there is concern that a Standard will not be met, performance will be included in the monthly Board of Directors' Finance and Performance Report.

4.7 Complaints Handling

The Trust has a low number of complaints (eight in 2008/09) and these are handled with detailed attention and sensitivity by the Complaints Manager under the supervision of the Chief Executive. A review of complaints is presented to the Board of Directors on a quarterly basis. The Trust has a robust Complaints Policy, subject to regular review. The Trust has a process of reviewing complaints to ensure that administrative and clinical processes are adjusted to take into account the concerns of patients.

4.8 Environment Issues

The Trust has a comprehensive Environmental Management Policy and a Trust-wide Green Group with a membership from all areas of the Trust's services. This group has led on issues around the reduction of consumption of energy, and facilitates the growing recycling and green transport initiatives. Awareness of environmental issues is highlighted as part of the overall Trust Staff Training Programme.

Representatives from the Green Group attend the Trust's In Service Training and Education (INSET) day and provide advice. As a result of initiatives from the Green Group, administrative staff are trying to reduce their consumption of paper. The Trust has also purchased two large non-confidential recycling bins, to ensure all paper waste is recycled. The Green Group reports on the amount of paper waste the Trust is recycling, and tries to encourage staff to reduce consumption where possible.

The Trust is shortly to undertake an audit of the Trust's energy consumption. This will enable the Trust to set informed performance indicators

In 2009/10, the Trust will investigate the merits of a number of projects, designed to reduce the Trust's energy consumption, including a new boiler system, separating the heating systems of the Tavistock Centre and the Portman Clinic, and improving the windows. There will follow a recommendation to the Board of Directors to decide the most effective way forward.

4.9 Social and Community Issues

While the Trust has no explicit policies in this area, the work of the Trust makes a positive contribution to public mental health through its emphasis on early years interventions and preventative work. In addition, the Trust has been making a positive and distinctive contribution to the development of

New Horizons, the Department of Health policy to follow on from the mental health National Service Framework.

4.10 Contractual Arrangements

4.10.1 Staff

The clinical and training staff group is multi-disciplinary, with psychiatrists, psychologists, child psychotherapists, social workers, family therapists and nurses all taking leading roles in the Trust's activities. Current staff numbers are 494, or 382 whole-time equivalents (WTE), with many staff working flexible hours.

Table 3: Trust Staff Profile as at 31 March 2009

Staff	WTE
Medical consultants	20
Junior doctors	19
Other clinical staff	176
Non-clinical staff	167
Total	**382**

4.10.2 Services

Patient services are funded by clinical contracts with twenty four NHS organisations. These are primarily Primary Care Trusts. The largest contract is with Camden Primary Care Trust.

Training services are largely funded by a contract with the London Strategic Health Authority

4.11 Fraud and Corruption

The Trust is proactive in countering fraud and corruption. The Trust has a policy on fraud and corruption, which is available to all staff via the Trust's Intranet. The Trust also has a Local Counter Fraud Specialist, who undertakes reviews and holds annual fraud awareness days at the Trust.

5. Board of Governors

5.1 Operation of the Boards of Governors and Directors

The Board of Directors is responsible for the governance, planning, and management of most of the Trust's activities. It meets on a monthly basis (with the exception of August and December) and authorises all the key decisions regarding the Trust's business. It operates according to the values and standards of conduct of the NHS. These include the Nolan principles (selflessness, integrity, objectivity, accountability, openness, honesty and leadership). The Board of Directors delegates the day-to-day running of the organisation to the Chief Executive and the Management Committee, which includes the Executive Directors. The Board of Directors works closely with the Board of Governors.

The Board of Governors has a number of statutory duties, including responsibility for appointments to (and removal from) the positions of Non-Executive Director, Trust Chair, and the Trust's External Auditors, approval of the appointment of the Chief Executive, and the setting of remuneration of Non-Executive Directors and Trust Chair. The Board of Governors is responsible for holding the Board of Directors to account for the performance of the Trust. In order to facilitate this, the Chief Executive and Finance Director report regularly to the Board of Governors on the key issues regarding the Trust's Annual Plan. Members of the Board of Governors are responsible for representing the interests and views of the Trust's Members and partner organisations in the local health economy in the governance of the Trust.

Governors are required to act in the best interests of the Trust and are required to adhere to its values and code of conduct.

The Board of Governors is an active and resourceful group, which provides valuable comment and advice to the Board of Directors. The Trust expects this role to continue to develop strongly and be a valuable resource that enhances the Trust's functioning.

5.2 Composition of the Board of Governors

5.2.1 Public Governors

Camden (Residents of the London Borough of Camden)

- Jennie Bird
  Elected November 2006. Term of office ends October 2009
- Ms Caroline Garland
  Elected November 2006. Resigned September 2008.
- Lou James
  Elected November 2006. Term of office ends October 2009

- Mr Michael Whiteley
  Elected November 2006. Term of office ends October 2009

Rest of London (Residents of London Boroughs other than Camden)

- Dr Robin Anderson
  Elected November 2006. Term of office ends October 2009
- Ms Stephanie Cooper
  Elected December 2006. Term of office ends October 2009
- Mr Jonathan Jewell
  Elected February 2008. Term of office ends October 2009
- Dr Caroline Lindsey
  Elected November 2006. Term of office ends October 2009
- Dr Claudine Strickland
  Elected December 2006. Term of office ends October 2009
- Mr John Wilkes
  Elected November 2006. Term of office ends October 2009

Rest of England & Wales (Residents of England & Wales outside London)

- Chrissie Kimmons
  Elected November 2006. Term of office ends October 2009

5.2.2 Staff Governors

Administrative and Technical (Staff on pay bands 1 – 7)

- Mrs Amanda Hawke
  Elected November 2006. Term of office ends October 2009

Clinical, Academic, Senior (Staff on pay bands 8 and above or equivalent)

- Dr David Bell
  Elected December 2006. Term of office ends October 2009

Representatives of Recognised Staff Organisations and Trade Unions[1]

[1] This Constituency was previously called "Trades' Unionists", and elected by members of trades' unions who chose not to be in the other Staff Constituencies. Monitor deemed this class illegal as classes cannot overlap and Members cannot be members of more than one class. The Trust's Constitution was amended to rename this class "Representatives of Recognised Staff Organisations and Trade Unions. Members of this class are those staff who are members of the Trust's Joint Staff Consultative Committee (JSCC). Only members of the JSCC are able to stand for election to, and vote for, that class, and are not able to stand for election to, or vote for, other classes. This amendment was approved by Monitor in April 2009.

- Mr Robin Bonner
  Elected November 2006. Term of office ends October 2009

5.2.3 Appointed Governors

Non-Statutory Sector (As appointed by Voluntary Action Camden; includes voluntary sector)

- Ms Simone Hensby
  Appointed November 2006. Term of office ends October 2009

University of Essex (A key education partner)

- Dr Aulay Mackenzie
  Appointed November 2006. Term of office ends October 2009

University of East London (A key education partner)

- Professor Susan Price
  Appointed November 2006. Term of office ends October 2009

Primary Care Trusts (As appointed by Camden PCT)

- Mr John Carrier
  Appointed November 2006. Term of office ends October 2009

Local Authorities (As appointed by the London Borough of Camden)

- Councillor Roger Freeman
  Appointed April 2007. Term of office ends October 2009

Specialist Commissioning (As appointed by London Strategic Health Authority as an interim arrangement prior to new arrangements being in place)

- Ms Alison Armstrong
  Appointed November 2006. Resigned October 2008.

Education Commissioning (As appointed by London Strategic Health Authority (representing the Department of Health))

- Vacant

5.3 Amendments to the Composition of the Board of Governors

Caroline Garland resigned from the Public: Camden Constituency on 7th September 2008. According to the Trust's *Constitution, Election Rules, Standing Orders*, paragraph 10.4, a by-election will not be necessary should a

vacancy arise with less than a year and a day until the end of the term of office. Given the timetable required under Annex 3, paragraph 2.1.1 of the Trust's *Constitution, Election Rules, Standing Orders*, this would have been the case, and thus the seat has remained vacant since Ms Garland's resignation.

Alison Armstrong resigned from her Specialist Commissioning seat as she had been unable to fulfil her commitments to the Trust as a Governor. The Trust is currently still trying to find a replacement for this seat.

The Trust proposed to abolish the Education Commissioning seat, as it has been unable to fill this position. This was proposed to the Board of Governors as an amendment to the Constitution, and was subsequently accepted.

5.4 Meetings of the Board of Governors

The Board of Governors meets formally four times a year.

Table 4: Attendance at Board of Governors Meetings

Name	May 22	Sep 11	Dec 4	Feb 12
N. Selbie*	•	•	•	•
A. Armstrong	--	--	N/A	N/A
R. Anderson	•	•	•	--
D. Bell	•	•	•	•
J. Bird	•	•	--	--
R. Bonner	•	•	•	•
J. Carrier	•	•	--	•
S. Cooper	--	•	•	•
R. Freeman	•	•	•	•
C. Garland	--	N/A	N/A	N/A
A. Hawke	•	•	•	•
S. Hensby	•	•	--	--
L. James	•	•	•	•
J. Jewell	•	•	•	•
C. Kimmons	--	•	--	•
C. Lindsey	--	--	--	•
A. Mackenzie	•	•	•	•
S. Price	•	--	--	•
C. Strickland	•	--	•	•
M. Whiteley	--	•	--	•
J. Wilkes	--	•	•	•

* Chair

5.5 Committees of the Board of Governors

There are three formal Committees of the Board of Governors, which enable the Governors to fulfil their responsibilities. These Committees do not have any delegated powers, but provide advice to the Board of Governors as a whole.

5.5.1 Trust Chair Appraisal and Appointment Panel

The Trust Chair Appraisal and Appointment Panel meets at least once annually, to consider the appraisal of the Trust Chair, and additionally where required, to consider appointments and remuneration. In 2008/09, the Panel met five times. See [section 8.1] for the work of this Panel in respect of appointments, and [section 11.4] for the work of this Panel in respect of setting remuneration.

Table 5: Attendance at Trust Chair Appraisal & Appointment Panel Meetings

Name	Jun 18	Jul 21	Oct 16	Nov 26	Jan 20
R. Anderson	--	--	•	•	•
R. Bonner	•	•	•	•	•
S. Cooper	•	•	--	•	--
R. Freeman	•	--	•	•	•
J. Wilkes*	•	•	•	•	•

* Chair

5.5.2 Non-Executive Director Appraisal and Appointment Panel

The Non-Executive Director Appraisal and Appointment Panel meets at least once annually, to consider the appraisals of Non-Executive Directors, and additionally where required to consider appointments and remuneration. In 2008/09, the Panel met nine times. See [section 8.2] for the work of this Panel in respect of appointments, and [section 11.5] for the work of this Panel in respect of setting remuneration.

Table 6: Attendance at Non-Executive Director Appraisal & Appointment Panel Meetings

Name	May 8	Sep 4	Oct 6	Oct 16	Oct 27	Nov 20	Nov 28	Dec 3	Jan 15
L. James	•	•	•	•	•	•	--	--	•
C. Kimmons	--	--	--	•	--	--	--	--	•
N. Selbie*	•	•	•	•	•	•	•	•	•
J. Wilkes	•	•	•	•	•	•	•	•	•

* Chair

5.5.3 Membership and Governors Review Committee

The Membership and Governors Review Committee meets on an ad hoc basis, to discuss Membership strategies. In 2008/09, the Panel met twice.

Table 7: Attendance at Membership & Governors Review Committee Meetings

Name	May 30	Jan 8
D. Bell*	•	•
J. Bird	--	--
S. Cooper	•	--
L. James	•	--
J. Jewell	--	--
A. Mackenzie	•	--
C. Strickland	•	--
L. Carney	•	•
S. Hodges	•	•

* Chair

5.6 Additional Committees and sub-groups of the Board of Governors

In addition to those Committees listed in [section 5.5], above, the groups listed below represent opportunities for the Board of Governors to ensure that their views are heard.

- Governors' Development Group (J. Bird; J. Wilkes)
- Board of Governors Agenda Planning Representative (R. Bonner)
- Board of Governors Objectives Group (R. Bonner; R. Freeman; A. Hawke; L. James; C. Kimmons; M. Whiteley) – this group completed its work in December 2008, and has now been disbanded
- Membership Engagement through the PPI Committee (C. Strickland; M. Whiteley)
- Members' Newsletter Editorial Board (C. Kimmons)

Additionally, Governors are represented on the Trust Committees below:

- Clinical Governance Committee (S. Cooper)
- Patient & Public Involvement Committee (C. Strickland; M. Whiteley)
- Equalities Committee (J. Carrier; L. James)
- Communications Committee (L. James)
- Trust Design Group (L. James)

5.7 The Register of Governors' Interests

Members of the public can view the Trust's website for the current report of Governors' disclosure of interests.

http://www.tavi-port.org/about/about-the-trust/board-of-governors.html

5.8 Understanding the views of Governors and Members

The Trust holds a number of open events that Governors and Members are invited to attend, including the Annual General Meeting. These events are opportunities for Governors and Members to meet with each other, and to meet with Trust staff to express their views on certain topics.

Meetings of both the Board of Directors and the Board of Governors are open to the public. Meetings are well-publicised on the Trust's website, and papers are available to download. Members of the public are encouraged to attend meetings, which provide a useful opportunity to meet with Directors and Governors, and an opportunity to see the work of the Trust in action.

The Trust holds a number of consultations with Governors, and encourages Governor involvement in a number of different areas of the Trust's work, in particular through involvement in Committees. In December, the Trust arranged an informal joint Christmas meeting of the Boards of Directors and Governors.

Non-Executive Directors are encouraged to attend meetings of the Board of Governors, in particular the Senior Independent Director.

5.9 Governors consultation with Members

Governors have been invited to develop their own ways of consulting with their Members, with the help of the Trust if required. The Members' Newsletter has had a section on each Public Governor, with details of their constituency and areas of interest, with contact details, so that Members can pass on thoughts and ideas directly to the relevant Governor. Some Governors were available at the Annual General Meeting, for Members to consult with.

In June 2009, the Trust will re-launch its new website, which will have a Members' only area, through which Members and Governors will be able to interact with each other, and with the Trust.

6. Board of Directors

6.1 Composition of the Board of Directors

6.1.1 Non-Executive Directors

Mr Martin Bostock, Non-Executive Director
Appointed 1 November 2008. Term of office ends 31st October 2011

Selected relevant experience

- Trustee, The Citizenship Foundation (2007 – present)
- Chairman, Nelson Bostock Communications, a leading public relations agency (1987 – present)
- Head of Press and Publicity, London Borough of Hackney (1984-87)
- Senior roles in a number of commercial PR agencies (1977-84)
- A year with VSO, teaching in Thailand (1971-72)

Qualifications

- BA (Hons), English and Drama, University of Hull

Mr Altaf Kara, Non-Executive Director
Appointed 1 November 2007. Term of office ends 31 October 2010

Selected relevant experience

- Director, Healthcare Practice, Ernst & Young (present)
- Managing Director, Alvarez and Marsal (2005-06)
- Independent Management Consultant (2003-04)
- Partner, Accenture, London (1995-2002)

Qualifications

- BA, Engineering, Cambridge University
- Postgraduate, Production Engineering, Cambridge University
- MBA INSEAD, France

Mr Matthew Lewin, Non-Executive Director
Appointed 1 November 2000. Re-appointed 1 November 2004. Term of office ended 31 October 2008.

Selected relevant experience

- Journalist, Novelist (present)
- Editor of the Hampstead & Highgate Express (1994-2000)

- Reporter, News Editor and Deputy Editor, Hampstead and Highgate Express (1973-94)
- Chairman of the Trustees of the Burgh House Community Arts Centre in Hampstead

Qualifications

- BA, Psychology and Social Anthropology, University of the Witwatersrand, Johannesburg

Professor Sir Andrew Likierman, Deputy Trust Chair and Senior Independent Director
Appointed 1 April 2000. Re-appointed 1 November 2003. Re-appointed for one extra year 1 November 2007. Term of office ended 31 October 2008

Selected relevant experience

- Professor, London Business School (1987-1993, 2004 – present)
- Director, then Managing Director, HM Treasury (1993-2004)
- Director of the Bank of England (Ministerial Appointment) (2004 – 2008)

Qualifications

- MA, Philosophy, Politics & Economics, Oxford University
- Fellow, Chartered Institute of Management Accountants
- Fellow, Association of Certified and Corporate Accountants

Ms Joyce Moseley, Non-Executive Director
Appointed 1 January 2009. Term of office ends 31 December 2012

Selected relevant experience

- Chief Executive of Catch22 (1999 – present)
- Director of Social Services, London Borough of Hackney (1991-97)
- Member of the Youth Justice Board (1998-2004)
- Trustee, The Who Cares? Trust (1997 – present)
- OBE in 2007 for services to youth justice

Qualifications

- BSc (Hon), Sociology, University of London (Bedford College)
- Certificate of Qualification in Social Work (CQSW), University of London (Bedford College)
- MSc, Social Research, Surrey University
- Strategy and Leadership, Ashridge Business School

Ms Emma Satyamurti, Non-Executive Director
Appointed 1 August 2003. Re-appointed 1 November 2007. Term of office ends 31 October 2010

Selected relevant experience

- Lawyer specialising in employment law (2002 – present)

Qualifications

- BA, Classics, Oxford University
- Educated at the Camden School for Girls

Mr Nicholas Selbie, Trust Chair
Appointed 1 November 2005. Term of office ends 31st October 2009

Selected relevant experience

- Chair, Aureos (private equity investment in SMEs in emerging markets) (2005-09)
- Chair of Trustees of CDC Pension Fund
- Non-Executive Directorship with UBA Capital (Europe) Ltd
- Non-Executive Directorship with Oxford Capital Partners Ltd
- Chair of Students Partnership Worldwide
- Trustee of Practical Action
- Trustee of StratReal Foundation
- Member of VSO's UK Committee
- Treasurer of the Royal African Society (2003-08)

Qualifications

- MSc, London Business School

Mr Richard Strang, Deputy Trust Chair, Senior Independent Director, Chair of Audit Committee
Appointed 1 August 2006. Term of office ends 31 July 2010

Selected relevant experience

- Governor and Chair of Finance Committee, Sherborne Girls (2008 – present)
- Corporate Finance Consultant (2004 – present)
- Senior Managing Director at Bear Stearns (Head of European M&A) (1998-2004)

- Corporate Finance at Morgan Grenfell (Deutsche Bank) (1978-97) (Director 1986-97)
- Non-Executive Director, Morgan Grenfell, Australia (1988-91)
- Seconded to Gleacher Morgan Grenfell in New York (1990-92)
- Seconded to British Rail Investments (1980-81)
- Accountant with Peat Marwick Mitchell (KPMG) (1971-78)

Qualifications

- MA, Politics, Philosophy & Economics, Oxford University
- Fellow of the Institute of Chartered Accountants of England and Wales

6.1.2 Executive Directors

Dr Neil Brimblecombe, Nurse Director
In post since May 2007.

Selected relevant experience

- Executive Director, South Staffordshire and Shropshire Healthcare NHS Foundation Trust (2007 – present)
- Visiting Professor of Mental Health Nursing, Nottingham University (2006 – present)
- Director of Mental Health Nursing, Department of Health (2004-07)
- Deputy Director of Mental Health Nursing, Department of Health (2003-04)
- Lead Nurse, Mental Health, Hertfordshire Partnership Trust (2001-03)

Qualifications

- PhD, "Assessment Outcomes in Crisis Services", Brunel University
- MSc, Medical Anthropology, Brunel University
- BSc, Nursing Studies, University of Herts
- Registered Mental Health Nurse

Ms Trudy Klauber, Dean of Postgraduate Studies
In post since September 2004.

Selected relevant experience

- Qualified Teacher (1971), Various roles in three secondary Comprehensive Schools, Catford Country, Willesden High and The Camden School for Girls – Head of Department, Head of Year, Head of House, School Counsellor (1969-82)

- Child Psychotherapist, Bromley, Kent, Tavistock Clinic, Child & Family Department (Development post with Autism Team)
- Consultant Child and Adolescent Psychotherapist, Donald Winnicott Centre
- Director, Donald Winnicott Centre, Hackney (1994-96)
- Head, Child Psychotherapy, Child & Family Department, Tavistock Clinic (2002-04)
- Organising Tutor of the PG Dip/MA in Psychoanalytic Observational Studies (largest course in the Trust) (1998-2004)
- Teaches and supervises regularly in Florence, and occasionally in France and in the USA (1987 – present)

Qualifications

- BA (Hons), Georgraphy with Anthropology, London University
- MACP Member of the Association of Child Psychotherapists
- Formerly Full Member of the British Association of Psychotherapists
- Member of the Tavistock Society of Psychotherapists – Child and Adolescent and Adult divisions.

Ms Louise Lyon, Trust Clinical Director
In post since March 2008.

Selected relevant experience

- Clinical Director, Adolescent Directorate, Tavistock & Portman NHS Foundation Trust (2007-08)
- Honorary Senior Lecturer University of Essex (2006 – present)
- Trust Head of Psychology, Tavistock & Portman NHS Foundation Trust (2004-06)
- Deputy Trust Clinical Governance Lead, Tavistock & Portman NHS Foundation Trust (2001-06)
- Consultant Clinical Psychologist, Adolescent Department, Tavistock & Portman NHS Foundation Trust (1996 – present)
- Consultant Clinical Psychologist, SW Kensington and Chelsea Mental Health Centre (1988-99)

Qualifications

- BA (Hons), Psychology, University of Durham
- Chartered Clinical Psychologist
- Member of the Institute of Psychoanalysis

Dr Matthew Patrick, Chief Executive
In post since March 2008.

Selected relevant experience

- Trust Director, Tavistock & Portman NHS Foundation Trust (2005-08)
- Consultant Psychiatrist in Psychotherapy, Adult Department, Tavistock and Portman Trust (1996 – present)
- Wellcome Trust Advanced Training Fellow, Tavistock and Portman NHS Trust (1993-99)
- Lecturer in Developmental Psychopathology, Academic Department of Psychiatry, University College London (1991-99)
- MRC Training Fellow, Tavistock Clinic (1990-93)

Qualifications

- MB BS, Royal London Hospital, London University
- BSc (Hons), Physiology , London University
- MRCPsych, London
- Fellow of the Institute of Psycho-Analysis (FIPA)
- Training and Supervising Analyst for the British Psycho-Analytical Society

Dr Rob Senior, Medical Director
In post since December 2006.

Selected relevant experience

- Senior Research Fellow, University College London
- Honorary Consultant Child and Adolescent psychiatrist, Tavistock Clinic and Royal Free Hospital
- Trust Named Doctor for Child Protection
- Systemic psychotherapist

Qualifications

- MRCPsych, London
- MB BS, London University
- MSc, Family Therapy, Birkbeck College / IFT
- BA (Cantab), History and Philosophy of Science
- MHA Section 12 Approved

Mr Simon Young, Finance Director
In post since April 1996.

Selected relevant experience

- Trained as a management accountant in manufacturing industry
- Worked for the National Can Corporation (1981-1987) and for Glaxo (1987-1991)
- Director of Finance at the London Ambulance Service (1991-1996)

Qualifications

- BA, Mathematics, University of York
- MSc, Mathematics, Cambridge University
- Fellow of the Chartered Institute of Management Accountants

6.2 Amendments to the Composition of the Board of Directors

Mr Matthew Lewin and Professor Sir Andrew Likierman reached the end of their terms of office on 31st October 2008. Mr Martin Bostock and Ms Joyce Moseley were appointed to replace them. On 30th June 2008, the Board of Directors appointed Mr Richard Strang Senior Independent Director (effective 1st November 2008), and on 11th September 2008, the Board of Governors appointed Mr Richard Strang Deputy Trust Chair (effective 1st November 2008). Both roles had previously been held by Professor Sir Andrew Likierman.

6.3 Independent Non-Executive Directors

The Non-Executive Directors listed below held no ministerial appointments and have no involvement in political activity:

- Mr Nicholas Selbie, Trust Chair
- Mr Martin Bostock, Non-Executive Director
- Mr Altaf Kara, Non-Executive Director
- Mr Matthew Lewin, Non-Executive Director
- Ms Joyce Moseley, Non-Executive Director
- Ms Emma Satyamurti, Non-Executive Director
- Mr Richard Strang, Non-Executive Director

Professor Sir Andrew Likierman held a ministerial position, but had no involvement in political activity.

6.4 Appointment and removal of Non-Executive Directors

Non-Executive Directors are appointed for a period of three years, and may serve an additional term. In exceptional circumstances, a further renewal for another year may be possible, to a total maximum of seven years.

Non-Executive Directors, including the Trust Chair, are appointed and removed by the Board of Governors at a general meeting of the Board. Removal of the Trust Chair or another Non-Executive Director requires the approval of three-quarters of the members of the Board of Governors.

6.5 Balance, completeness and appropriateness of membership

The Board of Directors is comprised of six Executive and six Non-Executive Directors, including a Non-Executive Trust Chair. Of the six Executive Directors, only five are voting members. One of the Executive Directors is the Finance Director. Two of the current Executive Directors are registered medical practitioners. One of the Executive Directors is a registered nurse. This Executive Director is a non-voting Director. All members of the Board of Directors have joint responsibility for every decision of the Board of Directors regardless of their individual skill or status. All members have responsibility to constructively challenge the decisions of the Board and help develop proposals on strategy.

The expertise of Non-Executive Directors includes finance, management consultancy, public relations and communications, employment law, and public policy.

6.6 Meetings of the Board of Directors

The Board of Directors meets on a monthly basis, with the exception of the months of August and December. In addition, there is an extraordinary meeting in early June to sign off the Annual Report and Accounts.

Table 8: Attendance at Board of Directors' Meetings

Name	Apr 29	May 29	Jun 12	Jun 30	Jul 29	Sep 30	Oct 30	Nov 27	Jan 27	Feb 24	Mar 31
M. Bostock	N/A	N/A	N/A	N/A	N/A	N/A	N/A	•	•	•	•
N. Brimblecombe	•	•	--	--	•	•	•	--	•	•	•
A. Kara	•	•	--	--	•	•	•	•	•	•	•
T. Klauber	•	•	•	•	•	•	•	•	•	•	•
M. Lewin	--	•	•	•	•	•	•	N/A	N/A	N/A	N/A
A. Likierman	•	•	•	•	•	•	•	N/A	N/A	N/A	N/A
L. Lyon	•	--	•	•	•	•	•	•	•	•	•
J. Moseley	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	•	•	--
M. Patrick	•	•	•	•	•	•	•	•	•	•	--
E. Satyamurti	•	•	•	•	•	•	•	•	--	•	•
N. Selbie	•	•	•	•	--	•	•	•	•	•	•
R. Senior	•	•	•	•	•	•	•	•	•	•	•
R. Strang	•	•	•	•	•	--	•	•	•	•	•
S. Young	•	•	•	•	•	•	•	•	•	•	•

6.7 Committees of the Board of Directors

The Board of Directors has seven formal Committees – the Audit Committee, the Business Development and Investment Committee, the Charitable Fund Committee, the Clinical Governance Committee, the Patient and Public Involvement Committee, the Remuneration and Terms of Service Committee, and the Risk Management Committee.

6.7.1 Audit Committee

The Audit Committee meets five times a year. In 2008/09, there was an additional meeting in April.

Table 9: Attendance at Audit Committee Meetings

Name	Apr 14	Jun 9	Sep 15	Nov 26	Jan 12	Mar 10
A. Kara	N/A	N/A	N/A	•	•	•
A. Likierman	•	•	•	N/A	N/A	N/A
E. Satyamurti	•	•	•	•	•	•
R. Strang*	•	•	•	•	•	•

* Chair

6.7.2 Business Development and Investment Committee

The Business Development and Investment Committee meets on an ad hoc basis, as required. In 2008/09, there were eight meetings of the Committee.

Table 10: Attendance at Business Development and Investment Committee Meetings

Name	Apr 29	Jun 24	Jul 29	Sep 22	Oct 23	Dec 18	Jan 26	Mar 23
A. Kara	•	•	•	--	•	--	--	•
L. Lyon	•	•	•	•	•	•	•	•
M. Patrick	•	•	•	•	•	•	•	•
N. Selbie	•	--	--	--	•	•	--	--
R. Strang*	•	•	•	•	•	•	•	--
S. Young	•	•	•	•	•	•	•	•

* Chair

6.7.3 Charitable Fund Committee

The Charitable Fund Committee meets once annually, to consider the annual accounts, and meets on an ad hoc basis, as required.

Table 11: Attendance at Charitable Fund Committee Meetings

Name	Jan 20
M. Lewin	N/A
M. Patrick	•
N. Selbie*	•
S. Young	•

* Chair

The Board of Directors agreed to remove the Non-Executive Director seat from this Committee from 2009/10 onwards.

6.7.4 Clinical Governance Committee

The Clinical Governance Committee meets on a bi-monthly basis. Departmental Clinical Governance Leads meet in the alternative months.

Table 12: Attendance at Clinical Governance Committee Meetings

Name	Apr 22	Jun 24	Sep 30	Nov 25	Jan 27	Mar 31
R. Senior*	•	•	•	•	•	•

* Chair

6.7.5 Patient and Public Involvement Committee

The Patient and Public Involvement Committee meets on a monthly basis, with the exception of August and December.

Table 13: Attendance at Patient and Public Involvement Committee Meetings

Name	Apr 22	May 27	Jun 24	Jul 22	Sep 30	Oct 28	Nov 25	Jan 27	Feb 24	Mar 31
M. Bostock	N/A	N/A	N/A	N/A	N/A	N/A	•	•	•	•
N. Brimblecombe	--	•	--	--	--	--	--	•	--	--
M. Lewin	--	--	•	•	•	--	N/A	N/A	N/A	N/A

6.7.6 Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee meets once annually to consider clinical excellence awards and additionally on an ad hoc basis as required. In 2008/09, there were two additional meetings.

Table 14: Attendance at Remuneration and Terms of Service Committee Meetings

Name	Apr 29	Dec 18	Mar 31
M. Bostock	N/A	--	•
A. Kara	•	--	•
M. Lewin	--	N/A	N/A
J. Moseley	N/A	N/A	•
E. Satyamurti	--	•	•
N. Selbie*	•	•	•
R. Strang	•	•	•

* Chair

6.7.7 Risk Management Committee

The Risk Management Committee meets on a quarterly basis. In 2008/09, there was an extraordinary meeting in March to review the Healthcare Commission *Standards for Better Health* evidence.

Table 15: Attendance at Risk Management Committee Meetings

Name	Apr 23	Jul 15	Oct 14	Jan 13	Mar 10
M. Bostock	N/A	N/A	N/A	•	•
M. Lewin	•	•	•	N/A	N/A
L. Lyon	--	•	•	•	•
M. Patrick*	•	•	•	•	•
R. Senior	•	•	•	--	--
S. Young	•	•	•	•	•

* Chair

6.8 Directors' Interests

Members of the public can view the Trust's website for the current report of Directors' disclosure of interests.

http://www.tavi-port.org/about/about-the-trust/trust-board-of-directors.html

6.9 Performance Evaluation

Performance evaluation for the Board of Directors took place in April 2009. The review conducted was by the Tavistock Consultancy Service, and was conducted by observing the Board of Directors at the April 2009 meeting, and holding one-to-one interviews with Executive and Non-Executive Directors. The review was presented to the Board of Directors in May 2009, for discussion.

The Board of Directors sees its main tasks as offering strategic guidance to the organisation, and steering the Trust through a changing external environment. There is a strong recognition of their role in being accountable for the Trust, and in ensuring its financial viability and the quality of the Trust's services. The Board of Directors gives significant weight to the need to work together to achieve its aims.

6.10 Commitments of the Trust Chair

The Trust Chair had no significant commitments affecting the work of the Trust or his time commitment.

7. Audit Committee

7.1 Composition of the Audit Committee

- Mr Richard Strang, Deputy Trust Chair, Senior Independent Director (Committee Chair)
- Ms Emma Satyamurti, Non-Executive Director
- Mr Altaf Kara, Non-Executive Director (from 1 November 2008)
- Professor Sir Andrew Likierman, Deputy Trust Chair, Senior Independent Director (until 31 October 2008)

The Finance Director is normally in attendance at meetings of the Audit Committee. In addition, representatives from External Audit, Internal Audit and Local Counter Fraud Specialist are also present.

7.2 Meetings of the Audit Committee

Information on dates and attendance at meetings of the Audit Committee can be found in [section 6.7.1].

7.3 Work of the Audit Committee

The Audit Committee reviewed the work of the Internal and External Auditors, counter fraud, financial systems and reporting, assurance processes, including risk management and clinical governance, and various corporate governance matters.

Much of the Committee's time has been spent on reports from Internal Auditors and on the annual external reporting of the Trust. These reports are essential to provide assurance to the Trust and to outside stakeholders that financial management is robust and that sound corporate governance procedures are in place. The Committee has continued to develop its focus on risk management and corporate governance processes in accordance with guidance from Monitor.

The Committee is satisfied that there is an effective internal audit function and a counter fraud function established by management that meet mandatory NHS Internal Audit Standards and counter-fraud directions; and that provide appropriate independent assurance to the Audit Committee, the Chief Executive and the Board of Directors.

The Committee has reviewed the work and the reports of the Internal Auditors and of the External Auditors and is satisfied with the findings and with management's responses.

The Committee has reviewed the process of other significant assurance functions and is satisfied that they can be relied on to provide the necessary information to management and to the Board of Directors regarding the Assurance Framework and corporate governance. 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 the Trust's activities. The Committee is satisfied with the Statement on Internal Control.

7.4 Additional Audit Work

The only additional work commissioned from the External Auditor during the year was a review of the April 2008 balance sheet re-stated according to International Financial Reporting Standards. This was effectively part of preparing for the 2009/10 accounts audit, and in no way compromised the independence of the Auditor.

8. Nomination Committees

The Trust's Board of Governors has two nomination committees for Non-Executive Directors and the Trust Chair. Details of the membership and meetings of the Trust Chair Appraisal and Appointment Panel and the Non-Executive Director Appraisal and Appointment Panel can be found in [sections 5.5.1 and 5.5.2] respectively.

8.1 Trust Chair Appointments 2008/09

There were no appointments to this post during 2008/09.

8.2 Non-Executive Director Appointments 2008/09

There were two appointments to Non-Executive Director posts during 2008/09.

The Non-Executive Director Appraisal and Appointment Panel oversaw the process of appointment, leading to the appointment of two high quality Non-Executive Directors with the relevant experience required to complement the existing Board of Directors.

This Panel has increasingly worked in close partnership with Governors and Directors and there is great confidence in the processes that have been developed and put in place for Non-Executive Director appointments.

8.3 Executive Director Appointments 2008/09

There were no appointments to Executive Director posts during 2008/09.

9. Membership

9.1 Eligibility Requirements

The Trust provides patient, training, consultancy, and research services. As mental ill health is still considered stigmatising, patients and carers are not required to disclose any connection with the Trust. Therefore one Public Constituency exists for all Members. As we provide national services, most of the population of England and Wales is eligible to join our membership.

Three classes of Public Constituency were set according to the volume of clinical activity: Camden (in which the Trust has its geographical base and is the borough to which the Trust provides more services than any other single borough) has four seats; the Rest of London has six seats (to which the Trust delivers the majority of services); and the rest of England and Wales has one seat (to which the Trust delivers a higher proportion of specialist services). It has been agreed that from the 2009 elections onwards the Camden Constituency will be reduced to have three seats and the Rest of England and Wales will be increased to have two seats, to reflect the distribution of the Trust's services.

All patients are invited to become Members by letter three months after their first appointment. All current students and staff are Members unless they opt out of membership.

9.2 Membership Statistics

The Trust continues to exceed its membership targets and recruitment remains strong. The Trust's Public membership broadly reflects the population of north central London (where it provides most of its services). The Trust's membership exceeds most trusts in proportion to revenue and activity. At year end, the Trust had 4,493 Public Members. The Trust set a target of 95% of staff to be Members; this was exceeded and the Trust has 100% of eligible Staff Members. At year end, the Trust had 495 Staff Members. The Trust is proud of its record in recruiting Members. In 2008/9 Public Membership increased by 1,028 Members, or 29%.

Table 16: Membership size and movements

	2008/09	2009/10*
Public Constituency		
At year start (01/04/08)	3,465	4,493
New Members	1,171	900
Members leaving	143	100
At year end (13/05/2009)	4,493	5,293
Staff Constituency		
At year start (01/04/08)	471	495
New Members	93	95
Members leaving	69	85
At year end (13/05/2009)	495	505
Total Members		
At year start (01/04/08)	3,936	4988
At year end (13/05/2009)	4,988	5,798

* Estimated figures

Table 17: Analysis of current Public Membership

Public Constituency	Number of Members	Eligible Membership
Age (years)		
0 – 16	2	42,882,883
17 – 21	53	
22 +	3,315	
Unknown	1,123	
Ethnicity		
White	2,396	42,882,883
Mixed	110	
Asian or Asian British	196	
Black or Black British	251	
Other	58	
Unknown	1,482	
Gender		
Male	894	42,882,883
Female	3,023	
Unknown	576	

Table 18 gives the best assessment available of the socio-economic mix of the Trust's Members, compared to the population. These figures are based on ACORN[2] profiles as recommended by Monitor, and classification is based on the electoral ward in which Members live.

[2] http://www.caci.co.uk/acorn/

Table 18: Socio-Economic Profile of Public Members

	Profile	%	Base	%
ABC1 (upper middle – lower middle class)	3,748	88.1	20,999,815	51.6
C2 (skilled working class)	131	3.1	6,149,928	15.1
C (working class)	30	0.7	6,976,630	17.2
E (those on lowest level of subsistence)	345	8.1	6,540,173	16.1
Total	**4,254**		**40,666,546**	

Profile: TAPT Public Members
Base: Total population (Wards) from TAPT catchment area

The Trust has a small and decreasing number of Members under 16s and a decreasing proportion of 17 – 21 year old Members. This is perhaps not unexpected given the difficulties in engaging with this group, but the Trust has made recruitment of Members in these age groups a priority in the coming year.

There are a greater number of female Members than male; this is apparently consistent with membership of other Trusts.

With regard to the socio economic profile of the membership, category ABC1 (upper-middle, middle, and lower-middle class) are over-represented, compared to the London population as a whole. It is likely that this reflects the presence in the Membership profile of students and alumni. Categories C2-E (skilled working class, working class, and those on the lowest level of subsistence) are under represented.

9.3 Membership Strategy

The Board of Directors monitors progress against targets. The Board of Governors agrees membership strategy with the Board of Directors. There are no significant issues to be addressed in membership recruitment, though the Trust will strive to achieve an ideal membership mix by finessing targets for recruitment. Within these targets, priority for growth will be under 16's.

The Trust is committed to developing membership activity. Current plans include:

- Continuing our mental health awareness campaign
- Working with the non-statutory sector to develop links with groups and organisations where collaboration would yield benefits to both organisations
- Using the Members' Newsletter to ensure that Members' views are sought on relevant issues

- Developing the Trust's website so that it is more relevant to Members
- Developing corporate governance arrangements to increase membership engagement
- Changing the Trust's Constitution to allow younger Members to join

We will continue to work to bring the profile of our Public Membership more in line with that of London. We are also mindful of the fact that we do not have any black or minority ethnic (BME) representation on our Board of Governors. Our Patient and Public Involvement Committee have been working on developing BME engagement, and two Governors are now part of this Committee. Elections for Governors will take place in November 2009. In the meantime we will be focusing on the needs of BME Members in order to elicit interest from BME Members to stand for election. We will also be offering one to one support sessions with potential Governors to ensure that language issues and unfamiliarity with the process do not deter potential BME Governors.

We are pleased with the size of our membership, and are developing ways of interacting with Members in a more lively way.

9.4 Contact procedures for Members

Members can contact Governors and Directors via the Trust Secretary in the first instance.

From June 2009, Members will be able to interact with Governors via the Members' only section of the Trust's new website.

10. Public Interest Disclosures

10.1 Provision of information to, and consultation with, employees

The Trust continues to view communication with its staff as a priority, and has built on the work of last year, involving staff formally through the Joint Staff Consultative Committee, with an increased number of sub-groups working on a number of policy developments. In addition to this, staff meetings continue to take place termly and the Chief Executive has instigated a series of Discussion Forums on a regular basis, where staff can meet directly with the CEO and share information and ideas, so that staff views are at all times taken into consideration. The Chief Executive also ensures continuous contact with a monthly e-mail update to all staff.

The Chief Executive and the Trust Clinical Director also held departmental consultations on the organisational review, to keep staff informed of progress with the review, and to ensure that the views of all staff were taken into consideration.

There are three staff Governors on the Trust's Board of Governors, who ensure that the interests of their Members are represented.

10.2 Policies in relation to disabled employees and equal opportunities

Further work has continued on the Trust's equalities agenda, with the establishment of a Workforce Subgroup of the Equalities Committee, and commencement on the development of a Single Equalities Scheme, to be in place by 2009/10.

The Trust values diversity and is committed to the development of anti-discriminatory practice and the provision of equal opportunities. The Trust provides ongoing disability awareness training and has policies on disability, which are subject to regular review.

The Trust has robust Race and Disability Equality Schemes in place, but in 2009/10, all equalities schemes will be incorporated into the Single Equalities Scheme, to ensure that staff, students and patients are not subject to any form of discrimination.

Stronger links are being developed with the Health and Work Centre (formerly Occupation Health) to ensure that staff with disabilities, or staff who develop a disability during the course of their employment can be given as much support as possible to enable them to continue in their post.

10.3 Health and Safety Performance

The Trust holds bi-annual In-Service Education and Training (INSET) days, to ensure attendance by all staff (held in April and September). It is mandatory

for all Trust staff to attend one of the INSET days in a two year period, proving that mandatory training can be delivered successfully in a large organised event.

The Trust also runs annual specific Clinical and Health & Safety mandatory training programmes. These are monitored by the Medical Director and the Health and Safety Manager respectively, and are overseen by the Training and Development Manager.

The Trust has a robust Health and Safety Policy, which is subject to regular review, available to all staff via the Trust's Intranet.

10.4 Occupational Health

The Royal Free Hospital continues to supply the Trust's Occupational Health support for all staff.

Occupational Health has re-launched itself as the Health and Work Centre, to emphasise the increased scope of services available to Trust staff. This includes support to managers and individual staff members, a range of preventative measures to assist staff in their employment, and a drop-in advisory service.

10.5 Consultations

The Trust's senior management attended the Camden Health Scrutiny Committee twice in 2008/09, in connection with the Healthcare Commission Standards for Better Health Declaration, and in connection with Equalities.

The Committee made the following comments on Governance (C7e):

> *Tavistock and Portman are showing a significant commitment to addressing underrepresentation of minority ethnic communities on their board by increasing awareness of their membership and to encourage election of suitable candidates. This is progress on last year's submission when they were a new Foundation Trust. The Committee noted good practice in the use of mentors, and working with stakeholders and community groups to improve representation on the board. More could be done by the Trust to raise awareness amongst suitably qualified and experienced potential candidates from minority ethnic backgrounds on what the role would involve, the application and election process, and to perhaps offer mentoring support to all new board members on their role and duties*

The Committee made the following comments on Accessible and Responsive Care (C17):

The Committee noted the Tavistock and Portman's commitment to using data collected about equalities to improve and target their services. They are using engagement methods appropriate to their patients including young people.

The Committee made the following comments on public health (C22)*:*

The Committee were pleased to hear the range of activities Tavistock and Portman is carrying out which contribute to promoting better mental health, in particular their work with children and adolescents which can improve coping strategies as adults. They demonstrate a clear commitment to tackling health inequalities in their outreach work to under represented communities

10.6 Patient and Public Involvement Activity

The Trust has an active Patient & Public Involvement (PPI) Committee, with representatives from all clinical and non-clinical departments, Governors, an Executive Director, a Non-Executive Director, and patient representatives. This Committee oversees all patient and public involvement across the Trust.

In 2008/09, the PPI team continued to work on developing creative ways of eliciting feedback from users of our services. Feedback is gained from small scale audits, the suggestions' box, surveys in the Members' Newsletter, and directly to our Patient Advice and Liaison Service. The Committee has established an annual survey for children and the feedback has been very positive.

The Trust continues to seek feedback through formal routes such as the annual patients' survey. One of the aspects of the Trust's services that most frequently elicits feedback is the catering services. The Trust also received a lot of feedback on its reception facilities. In 2009/10, the Trust hopes to address both of these areas with a refurbishment of the reception area that will include catering facilities for patients. The refurbishment of the reception area will also include a room for the Trust's Patient Advice and Liaison Service.

In 2008/09, the Committee redeveloped the Trust's information literature, and has produced much more informative documents that are targeted towards the users of the Trust's different services.

As part of the ground floor refurbishment, the Committee is developing a 'Patient Advice and Liasion' office which will bring together all of the patient information, across the Trust.

The Committee, in conjunction with the Adult Department, has developed a service in which patients who have been assessed but who have an extended

wait prior to their first session can meet with an ex-patient and a clinician of the Department, in order to think about the impact of the wait, with a patient who has been in this position.

The Committee has a sub-group tasked with considering how best to engage with children and young people. The Adolescent Department have taken forward some of this work, by contacting patients directly by phone for feedback on their services.

The Committee reports regularly to the Board of Directors and the Board of Governors to ensure that feedback is fully and routinely considered and responded to appropriately.

The Committee is aware that the local LINks have experienced difficulties in setting up. However, they are now established and the Committee is in the process of thinking with them about how best to work together.

10.7 Serious Untoward Incidents

The Trust reported and investigated one incident under its Serious Incident Policy in 2008/09 relating to the loss of five patient's paper files which contained personal identifiable data. The Trust reported the data loss as an SUI to the Strategic Health Authority, NHS London, and the Information Commissioners Office (ICO). The ICO conducted its enquiries and concluded that the Trust's action plan identified as part of the SUI was sufficiently robust to ensure that a similar incident was unlikely.

10.8 Sickness Absence Data

The Trust monitors its sickness absence data on a monthly basis, and reports to the Board of Directors on a bi-annual basis. The Trust's sickness absence rate was 1.8% as of 31 March 2009.

10.9 Better Payment Practice Code

Performance is detailed in Note 7.2 to the Accounts.

10.10 Cost Allocations

The Trust has complied with cost allocation and charging requirements set out in HM Treasury guidance.

10.11 Management Costs

Management costs were £2.3m in the year, equivalent to 8.5% of income.

10.12 NHS Foundation Trust Code of Governance

The Trust continues to keep its framework for corporate governance under review to ensure that it remains as effective as possible. During 2008/09, the Board of Directors were served by seven committees – the Audit Committee, the Business Development and Investment Committee, the Charitable Fund Committee, the Clinical Governance Committee, the Patient and Public Involvement Committee, the Remuneration and Terms of Service Committee, and the Risk Management Committee. Minutes of all these Committees are received by the Board of Directors, and both the Risk Management and the Clinical Governance Committees provide the Board of Directors with an annual report of activities.

The Trust complies fully with the *NHS Foundation Trust Code of Governance*, issued by Monitor.

11. Remuneration Report

11.1 Statement on Accounting Policies

The Trust's accounting policies for pensions and other retirement benefits are set out in Note 1 to the Accounts.

11.2 Contracts and Remuneration of Senior Managers

Senior managers are normally employed on permanent contracts. Those who are medical consultants are remunerated under the 2003 Consultants Contract. Non-medical senior managers are remunerated under Agenda for Change. Notice periods are in accordance with these national agreements, and there are no special provisions for termination periods.

The tables below show the remuneration and the pension entitlements of the senior managers employed by the Foundation Trust during 2008/09.

Table 19: Remuneration of Senior Managers

Name		2008/09 Salary (bands of £5000)	2007/08 Salary (bands of £5000)
Bostock, M.	Non-Executive Director, appointed 1 November 2008	0 – 5	N/A
Brimblecombe, N.R.	Nurse Director	10 – 15	10 – 15
Cooper, A.	Director of Research and Development	60 – 65	50 – 55
Elton, C.S.	Non-Executive Director to 31 October 2007	N/A	0 – 5
Graham, R.	Director of Adolescent Directorate from 1 May 2008	75 – 80	65 – 70
Harris, R.	Director of Child and Family Directorate	85 – 90	80 – 85
Kara, A.A.K.	Non-Executive Director, from 1 November 2007	5 – 10	0 – 5
Key, P.	Director of Corporate Governance & Facilities	80 – 85	85 – 90
Klauber, T.	Dean of Postgraduate Studies	90 – 95	80 – 85
Lewin, M.	Non-Executive Director to 31 October 2008	0 – 5	5 – 10
Likierman, A.	Non-Executive Director to 31 October 2008	0 – 5	5 – 10
Lyon, L.	Director of Adolescent Directorate until 1 May 2008, now Trust Clinical Director	70 – 75	60 – 65
Moseley, J.	Non-Executive Director from 1 January 2009	0 – 5	N/A
Patrick, M.P.H.	Chief Executive from 10 March 2008	145 – 150	125 – 130
Ruszczynski, S.	Director of Portman Clinic	80 – 85	80 – 85
Satyamurti, E.	Non-Executive Director	5 – 10	5 – 10
Selbie, G.N.	Trust Chair	20 – 25	15 – 20
Senior, R.	Medical Director	75 – 80	65 – 70
Smith, J.	Director of Service Development& Strategy	80 – 85	65 – 70
Stokoe, P.	Director of Adult Directorate from 20 August 2007	65 – 70	51 – 55
Strang, R.W.	Non-Executive Director	5 – 10	5 – 10
Thomas, S.	Director of Human Resources	80 – 85	80 – 85
Young, S.F.	Director of Finance	95 – 100	100 – 105

Table 20: Pension Entitlements of Senior Managers (audited)

Name		Pension at age 60		Lump sum at age 60		Cash Equivalent Transfer Value	
		Total accrued pension at 31 March 2009	Real increase since 31 March 2008	Total accrued pension at 31 March 2009	Real increase since 31 March 2008	at 31 March 2009	at 31 March 2008
		(Bands of £5,000)	(Bands of £2,500)	(Bands of £5,000)	(Bands of £2,500)	£000	£000
Brimblecombe, N.R.	Nurse Director	30 – 35	0.0 – 2.5	95 – 100	0.0 – 2.5	575	456
Graham, R.	Director of Adolescent Directorate from 1 May 2008	20 – 25	N/A	65 – 70	N/A	372	
Harris, R.	Director of Child and Family Directorate	35 – 40	5.0 – 7.5	110 – 115	15.0 – 17.5	836	557
Key, P.	Director of Corporate Governance & Facilities	20 – 25	0.0 – 2.5	65 – 70	0.0 – 2.5	478	357
Klauber, T.	Dean of Postgraduate Studies	30 – 34	10.0 – 12.5	100 – 105	30.0 – 32.5	0	420
Lyon, L.	Director of Adolescent Directorate until 1 May 2008, now Trust Clinical Director	35 – 40	0.0 – 2.5	105 – 110	0.0 – 2.5	771	596
Patrick, M.P.H.	Chief Executive from 10 March 2008	30 – 35	0.0 – 2.5	105 – 110	0.0 – 2.5	629	409
Ruszczynski, S.	Director of Portman Clinic	5 – 10	0.0 – 2.5	25 – 30	0.0 – 2.5	233	174
Smith, J.	Director of Service Development & Strategy	20 – 25	2.5 – 5.0	60 – 65	12.5 – 15.0	342	212
Stokoe, P.	Director of Adult Directorate from 20 August 2007	5 – 10	N/A	20 – 25	N/A	183	
Thomas, S.	Director of Human Resources	20 – 25	0.0 – 2.5	65 – 70	0.0 – 2.5	425	328
Young, S.F.	Director of Finance	20 – 25	0.0 – 2.5	60 – 65	2.5 – 5.0	510	360

Notes

The Cash Equivalent Transfer Value has been calculated on a different basis this year from previous years. The 2008 figures are therefore not directly comparable. This difference is a change in factors used to calculate Cash Equivalent Transfer Values, which came into force on 1 October 2008 as a result of the Occupational Pension Scheme (Transfer Value Amendment) Regulations.

Pension information for R. Graham and for P. Stokoe was not available last year.

The Trust made no contribution to individual's stakeholder pensions

Dr Matthew Patrick
Chief Executive
5th June 2009

11.3 Remuneration and Terms of Service Committee

Details of the membership of the Remuneration and Terms of Service Committee, and of meetings can be found in [section 6.7.6].

The Director of Human Resources, Ms Susan Thomas, and the Deputy Director of Human Resources, Mr Namdi Ngoka, provided information and support to the Committee during 2008/09.

11.4 Trust Chair's Appraisal and Appointment Panel

In 2008/09, this Panel considered the remuneration of the Trust Chair, in addition to its responsibilities with regards to appraisals and appointments.

Details of the membership of the Trust Chair's Appraisal and Appointment Panel, and details of meetings can be found in [section 5.1.1].

The Director of Human Resources, Ms Susan Thomas, the Deputy Director of Human Resources, Mr Namdi Ngoka, Assistant Director of Human Resources, Paul Martin, Human Resources Manager, and the Trust Secretary, Miss Louise Carney provided information and support to the Committee during 2008/09.

In February 2008, the Panel sought advice on the remuneration of the Trust Chair from the Trust's Human Resources Department. The Department undertook a benchmarking exercise and provided data from comparable organisations in order to assist the Panel in making recommendations of the Board of Governors.

The Board of Governors agreed to review the remuneration of the Trust Chair again in 2009. In line with Monitor's Code of Governance[3], the Panel sought external advice on the remuneration of the Trust Chair. The Panel commissioned, with the assistance of the Trust, Hewitt New Bridge Street, a consultancy firm with extensive experience in remuneration benchmarking and executive level remuneration analysis in both the public and private sectors, to undertake the exercise. The Non-Executive Director Appraisal and Appointment Panel agreed that Non-Executive Director remuneration should be considered as part of this exercise. The outcome of this exercise was not complete by the end of the financial year. Full details of this exercise will be published in the Trust's 2009/10 Annual Report. However, the findings from this exercise did not appear dissimilar to those established by the Human Resources Department in their previous exercise.

11.5 Non-Executive Directors Appraisal and Appointment Panel

In 2008/09, this Panel considered the remuneration of Non-Executive Directors, in addition to its responsibilities with regards to appraisals and appointments.

Details of the membership of the Non-Executive Directors Appraisal and Appointment Panel, and details of meetings can be found in [section 5.1.2].

The Director of Human Resources, Ms Susan Thomas, the Deputy Director of Human Resources, Mr Namdi Ngoka, Assistant Director of Human Resources, Paul Martin, Human Resources Manager, and the Trust Secretary, Miss Louise Carney provided information and support to the Committee during 2008/09.

In February 2008, the Panel sought advice on the remuneration of Non-Executive Directors from the Trust's Human Resources Department. The Department undertook a benchmarking exercise and provided data from comparable organisations in order to assist the Panel in making recommendations of the Board of Governors.

The Board of Governors agreed to review the remuneration of Non-Executive Directors again in 2009. In line with Monitor's Code of Governance[4], the Panel sought external advice on the remuneration of Non-Executive Directors. The Panel combined this with the Trust Chair's Appraisal and Appointment Panel exercise, and asked Hewitt New Bridge Street to consider Non-Executive Director remuneration as part of the same exercise they had been commissioned to do for the Trust Chair's remuneration. For information on this exercise, see [section 11.4], above.

[3] Monitor, *The NHS Foundation Trust Code of Governance*, E.2.3. "*The Board of Governors should consult external professional advisers to market-test the remuneration levels of the chairman and other non-executives at least once every three years.*"
[4] Ibid.

11.6 Performance Assessments

All Trust staff, including Directors and the Chief Executive, are paid either on Agenda for Change terms and conditions or on a medical consultants scale, both of which are determined by the NHS nationally. The only post in the Trust subject to any direct link between performance and pay is the Chief Executive, who, when appointed in 2008, was subject to a small performance related element to his salary (10%), which was for the first time determined by successful achievement of set and agreed objectives in 2009. These objectives are established by a cascade system emanating from the Trust's Annual Plan, and which take into account the Trust Chair's objectives. These objectives are agreed initially by the Trust Chair and the Chief Executive, and then formally by the Board of Directors and the Remuneration and Terms of Service Committee.

In 2008/09, the Remuneration and Terms of Service Committee agreed that the Chief Executive would receive the Performance Related Payment (PRP), provided he fulfilled his objectives. A meeting of the Committee in March 2009 agreed that the Chief Executive had fulfilled his objectives and the Committee agreed to remunerate him fully, including the performance related payment. The Committee agreed to meet subsequently to consider whether to continue with PRP, or perhaps to extend PRP to other members of the Board of Directors or Management Committee. It was agreed to discontinue PRP for the Chief Executive and not to extend it to other Directors.

12. Quality Accounts

12.1 Chief Executive's Statement

The Trust is proud of its record for the provision of high quality mental health services. The Healthcare Commission continues to award the Trust the highest possible rating of excellent for the quality of our clinical services. We have never believed it sufficient, however, to remain where we are. We therefore welcome the increased emphasis on quality of care signalled by High Quality Care for All (June 2008) and the introduction of Quality Accounts. The Board of Directors, Board of Governors and the staff are all committed to the maintenance and development of the highest quality across all of our clinical services, and we will continue to prioritise work in this area over the coming period.

Many of the national quality indicators being proposed do not apply to our Trust because we provide specialist outpatient services and few indicators have been developed for CAMHS or Adult Psychotherapies. The initial focus of our quality programme will, therefore, be to find ways of capturing and demonstrating the quality of the services we offer, expanding data collection and identifying areas for development. Whilst the overall programme will be led by a senior Quality Programme Board, the effective delivery of the programme will rely on the local development and implementation of quality indicators relevant to the patient group served by each clinical team. In this way, we intend to take full advantage of the opportunity to engage front line staff in promoting the quality of our services whilst also ensuring we use national measures where they exist to allow benchmarking.

Dr Matthew Patrick
Chief Executive
5th June 2009

12.2 Priorities for Quality Improvement in 2009/10

12.2.1 Improvements to the built environment and facilities

The Trust aimed to increase the standard of its buildings in 2008/09 and renovated a number of its toilet facilities. In 2009/10 planned improvements include refurbishment of the reception area, renovation of further toilet facilities and increased access to food and drink. This is a priority as patient surveys have repeatedly shown that patients would like to see improvements in the standard of facilities currently available and the Trust is pleased that it will be able to put improvements in place over 2009/10. The Trust will be tracking improvement in patient experience through the annual patient survey and the Experience of Service Questionnaire which is more regularly administered. The Trust will also carry out

specific pre and post refurbishment surveys, in order to fully explore the impact that this work on the environment has on its patient group.

12.2.2 Access to Information

In 2008/09, the Trust aimed to improve its patient information and radically redesigned and improved our information leaflets. In 2009 it will launch a new website and improve access to information about its services through the website during the course of 2009/10. Work is also continuing on the development of an innovative children's website. A quarter of respondents to the 2008 Patients' Survey indicated that they did not receive any written information about the Trust before their first appointment and the Trust will be able to monitor whether the launch of the new website leads to an improvement in this area. The website will also include information about mental health and well-being. The Trust will conduct a survey through its Members' Newsletter to find out how useful patients and carers have found the increased range and accessibility of information. The use of these areas of the site will be monitored through the number of times certain pages are accessed, in order to help the Trust understand the areas patients value most.

12.2.3 Outcome Monitoring Programme

The Trust's outcome monitoring programme is well established and throughout 2008/09 the Trust achieved good collection rates. The Trust now aims to further improve outcome monitoring form return rates and to develop patient reported outcome measures. The Trust aim to improve its outcome monitoring return rates in Child and Adolescent Mental Health Services using the Under 3s Strengths and Difficulties Questionnaire (SDQ), 3-4 years old Parent SDQ, 11+ Young Persons SDQ, 4-16 years old Parent SDQ and Teacher SDQ. In adult services, the Trust aims to build on existing high return rates of the Clinical Outcomes for Routine Evaluation (CORE) pre-assessment to improve return rates across the treatment episode.

The Trust has begun work on developing patient defined outcome measures and will undertake a pilot project to begin in October 2009. This will involve selecting a small number of CAMHS teams to document at assessment patients' hopes and expectations regarding treatment outcome and reviewing these at six months or at the end of treatment. Due attention will need to be paid to the subjective nature of this process and the dangers and difficulties associated with attempting to measure this empirically.

12.3 Quality Overview and Rationale

12.3.1 Patient Safety

- The safety of the Trust's services is reflected in its commitment to underpinning practice with sound polices and procedures. The Trust's aim in 2008/09 was to achieve a Level 1 rating in the NHSLA assessment of its risk policies and procedures. In March 2009 the NHSLA awarded the Trust a

Level 1 rating with a 100% pass rate for compliance with the requirements for written process. In 2009/10, the Trust has plans in place to proceed to Level 2, which will show that its risk management and patient safety policies and processes are effective in practice

- It is also reflected by the continued low number of patient safety incidents experienced each year in the Trust. Under the NPSA / National Reporting and Learning Programme, the Trust reported just two patient safety incidents in 2008/09. This reflects the very low risk to patients of experiencing a patient safety incident in the Trust's care, which the Trust believes to be a direct reflection on the safety of the services that it operates
- During 2008/09, following an audit of the risk of suicide amongst our patients (which remains a low risk), and in response to the changes to CPA, the Trust revised and reissued its procedure for patient risk assessment and fully revised the documentation used throughout the Trust for recording patient risk assessment. An audit in Summer 2008 showed that the new documents were being used effectively in practice and this has resulted in improved quality of documentation, supporting high quality communication about risks posed by or faced by the patient both between Trust staff, and between the Trust and referrers
- The Trust has solid arrangements in place to ensure that staff are safely inducted into Trust work practices. The Trust uses both termly Trust-wide induction, and focused local induction, together with formal supervision for all clinical staff. In 2008/09, the attendance for Trust-wide induction sessions was 66% but there are plans in place to increase future attendance with a target for 2009/10 of 75%. In 2008/09, the Trust published a Trust-wide staff handbook as a reference document for all staff covering mandatory and local Trust practices together with core information about the Trust for new staff
- Other indicators that will be used to assess patient safety include the number of adult safeguarding alerts, electronic recording of children in need and attendance at mandatory training

12.3.2 Clinical Effectiveness

- Clinical effectiveness is underpinned by good appraisal and personal development systems. In 2008/09, the Trust's aim was to improve the number of staff with Personal Development Plans. This was achieved, with 92% of staff reporting agreed personal development plans compared to 77% in 2007/08
- The Trust is also expanding the range of treatments provided at the Trust, for example, 15 staff attended basic training in Interpersonal Psychotherapy (IPT), a treatment indicated in NICE guidance for depression

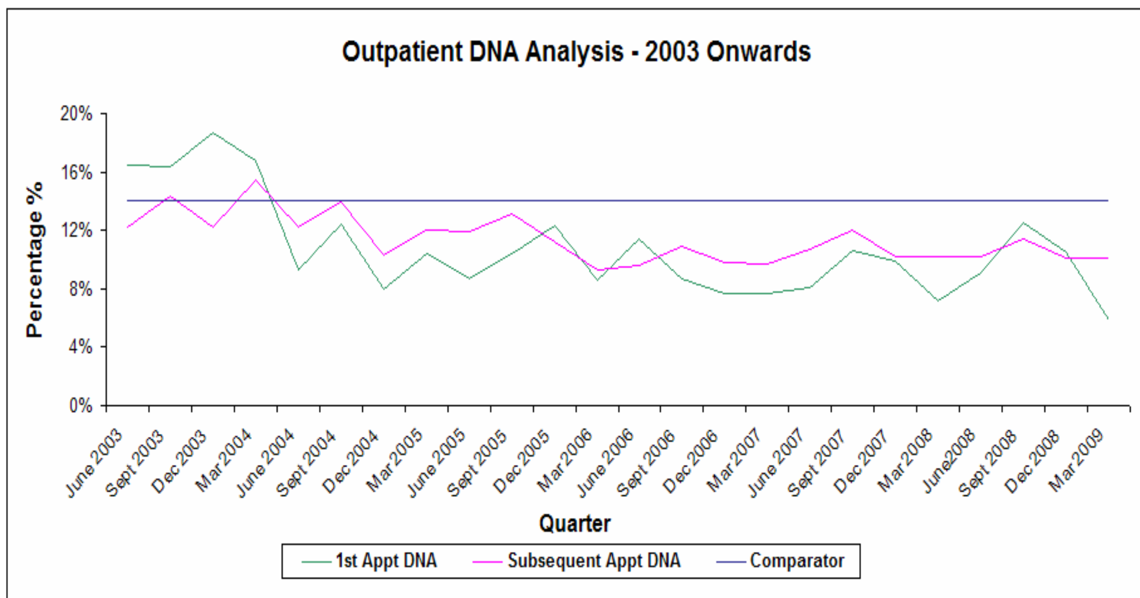
- The Trust has collected routine outcome monitoring data for the past five years. The Trust believes that gathering reliable information about outcomes of care is vital in evaluating the care of individuals and improving the service it provides and is committed to improve outcome form return rates

Other indicators that will be used to assess clinical effectiveness include attendance at designated staff training events on best clinical practice.

12.3.3 Patient Experience

Patient experience of our services is good and reflected in the annual patient survey.

- For instance 62% of respondents viewed their care as "excellent" or "very good", with a further 19% of respondents rating their care as "good" or "fair"; 73% would recommend the Trust's services to family or friends. This figure has been consistently high for the last four years. Patients often comment in the survey about how good the Trust's reception staff are, and how important being welcomed in to the buildings is
- The Trust believes that the environment in which services are provided conveys important messages about valuing patients and staff. In the past there have been a small number of complaints about the environment prompting the Trust to make improvements at the Tavistock Centre
- The Trust's small scale children's survey asked children between 6 and 14 what they thought about its services; for example, 37 of the 45 respondents thought that their therapist had listened to them and looked after them well. In response to the children's feedback, the Trust has brightened up the waiting room with new blinds and provided a wider range of magazines
- The Trust's small number of complaints – eight in 2008/09 – supports its assessment of the patients' experience of its services. This is also a decrease from last year when the Trust received ten formal complaints
- The Trust's low "did not attend" rate (DNA rate) of 9.5% for first attendances and 10.4% for subsequent attendances for 2008/09 can also considered as a proxy indicator of patient satisfaction and compares very favourably, with a rate of 14% in other mental health trusts



* Includes all appointments (individual & group) for all contracts but excludes Court Reports
Comparator based on all attends for a sample of our peer MH Trusts in London 07/08

The Trust will also be using indicators from the experience of service questionnaire once this has been introduced in all services.

12.4 Key Indicators

12.4.1 Improvements in Environment

- Completion of refurbishment of main reception, ground floor toilets, disabled facilities, and catering facilities
- Obtain positive feedback in annual patient survey

12.4.2 Access to Information

- New Trust website launched
- Staff and user feedback gathered on functionality through timely surveys and patient feedback. This will focus specifically on improvements in access to relevant information for different groups

12.4.3 Outcome Monitoring Programme

- Improvement of the number of outcome monitoring form return rates in both CAMHS and Adult Services

13. Statement of Accounting Officer's Responsibilities

The National Health Service Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of 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 Accounting Officers' Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the National Health Service Act 2006, Monitor has directed the Tavistock and Portman NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the Tavistock and Portman NHS Foundation 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 NHS Foundation Trust Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by Monitor, 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 Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- 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 NHS Foundation 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 NHS Foundation 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 Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Dr Matthew Patrick
Chief Executive
5th June 2009

Auditors' Report to the Board of Governors of The Tavistock and Portman NHS Foundation Trust

We have audited the financial statements of The Tavistock and Portman NHS Foundation Trust for the year ended 31 March 2009 under the National Health Service Act 2006. These comprise the Income and Expenditure Account, the Balance Sheet, the Cash flow Statement, the Statement of Total Recognised Gains and Losses and the related notes. These financial statements have been prepared under the accounting policies relevant to NHS Foundation Trusts set out therein.

This report is made solely to the Board of Governors of The Tavistock and Portman NHS Foundation Trust ('the Trust'), as a body, in accordance with the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Board of Governors of the Trust, as a body, those matters we are required to state to it 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 Trust and the Trust's Governors as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of directors and auditors

As described on pages 63 and 64 the Accounting Officer is responsible for the preparation of the financial statements in accordance with directions issued by Monitor. Our responsibilities, as independent auditors, are established by statute, the Code of Audit Practice issued by Monitor and our profession's ethical guidance.

We report to you our opinion as to whether the financial statements give a true and fair view of the state of affairs of the Trust and its income and expenditure for the year ended 31 March 2009.

We review whether the statement on internal control on pages 66 to 70 reflects compliance with Monitor's guidance issued in the NHS Foundation Trust Financial Reporting Manual. We report if it does not meet the requirements specified by Monitor or if the statement is misleading or inconsistent with other information we are aware of from our audit of the financial statements. We are not required to consider, nor have we considered, whether the directors' statement on internal control covers all risks and controls. We are also not required to form an opinion on the effectiveness of the Trust's corporate governance procedures or its risk and control procedures. Our review was not performed for any purpose connected with any specific transaction and should not be relied upon for any such purpose.

We read the information contained in the Annual Report and consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the statement of accounts.

Basis of audit opinion

We conducted our audit in accordance with the National Health Service Act 2006 and the Code of Audit Practice issued by Monitor, which requires compliance with relevant auditing standards issued by the Auditing Practices Board.

An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Trust's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion:

- the financial statements give a true and fair view, in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts in England, of the state of the Trust's affairs as at 31 March 2009 and of its income and expenditure for the year then ended; and
- the part of the Remuneration Report to be audited has been properly prepared in accordance with the requirements of the NHS Foundation Trust Financial Reporting Manual.

Certificate

We certify that we have completed the audit of the accounts in accordance with the requirements of the National Health Service Act 2006 and the NHS Foundation Trust Audit Code of Practice issued by Monitor.

N Thomas

Neil Thomas
for and on behalf of KPMG LLP
Chartered Accountants
London
1 June 2009

15. Statement on Internal Control

15.1 Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation 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 NHS Foundation 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.

15.2 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 Tavistock & Portman NHS Foundation 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 Tavistock & Portman NHS Foundation Trust for the year ended 31 March 2009 and up to the date of approval of the annual report and accounts.

15.3 Capacity to handle risk

As Chief Executive, I hold overall responsibility for risk management, the Risk Register, and the Assurance Framework. The Medical Director is responsible for the management of clinical risk, and has the overall responsibility for clinical governance. The Director of Service Development and Strategy is responsible for identifying risks to strategic objectives in the Risk Register. The Director of Corporate Governance and Facilities is responsible for non-clinical risk and provides a central resource of information and advice on all risk management. The Director of Corporate Governance and Facilities also leads and co-ordinates the assessment of progress on each of the standards set by the NHS Litigation Authority.

Strategic and operational risks are covered by a comprehensive Risk Register. The Management Committee agrees and implements the necessary actions, which are included in the reports to the Board of Directors (see below).

Through induction courses, the annual staff training day and other training events, staff are trained in managing the clinical and non-clinical risks relevant to their posts.

The Director of Finance is responsible for maintaining an effective system of internal financial control and for providing financial information to enable the Trust's management and Board to manage financial risk.

The Director of Corporate Governance and Facilities leads the Trust's action plans towards achieving compliance with healthcare standards; monitors progress; and reports to the Trust's management and Board of Directors.

The Dean of Postgraduate Studies is responsible for leading the Trust's management and delivery of training programmes, and any risks arising from this area of Trust activity. The Dean of Postgraduate Studies leads the Trust's annual contract negotiations with the Department of Health through the Strategic Health Authority.

15.4 The risk and control framework

15.4.1 Board Reporting

- Strategic and operational risks are identified and included in the Risk Register, which is presented in full to the Board of Directors annually. The Risk Register tabulates the risks, the actions being taken to manage them, who is taking these actions, and who is monitoring them. Every two months, the Board of Directors receives an update on the high level risks and the action being taken on them. The Board determines that the residual risks, after taking account of such actions, are acceptable to the Trust.
- The Risk Management Committee of the Board of Directors receives the Risk Register, which includes key operational and strategic risks including health and safety issues, and the actions being taken.
- The Board of Directors receives minutes and reports from the Risk Management Committee, the Clinical Governance Committee and the Audit Committee.

15.4.2 Committee Structure

- The Risk Management Committee's role is to ensure that risk is managed effectively within the Trust. This includes developing the Trust's understanding of risk management and its benefits.
- Health and safety issues are covered by the Health and Safety Committee which reports to the Risk Management Committee.
- The Clinical Governance Committee's responsibilities include clinical risk management and ensuring effective management action in response to clinical incident reporting.
- The Audit Committee reviews the establishment and maintenance of an effective system of internal control and risk management. This covers all areas of the Trust's activities, in conjunction with the Committees mentioned

above, as well as our core financial systems and procedures and our counter-fraud controls. The Audit Committee reviews all reports from the External Auditors, the Internal Auditors, and the Local Counter-Fraud Specialist. The Annual Report of the Internal Auditors provides the Audit Committee with assurance that the Trust's system of internal control is sound.

- The Training Committee's responsibilities include managing financial risks arising from non-recruitment to training courses, and risks associated with the quality assurance of courses in collaboration with University partners and QAA. The Committee is also responsible for managing performance on new training initiatives.

15.4.3 Independent Assurance

- As noted elsewhere in this statement, independent assurance has been provided principally by our External and Internal Auditors, and by the NHS Litigation Authority. The Trust has developed and implemented action plans in response to the recommendations of each of these bodies.
- Internal audit have reported to the Board that "Based on the work undertaken in 2008/09, significant assurance can be given that there is a sound system of internal control, designed to meet the organisation's objectives, and that controls are being applied consistently."

15.4.4 Stakeholder Involvement

- The Trust's Raising Concerns at Work policy encourages staff to be aware of risks and to report them so that action can be taken.
- Participation in risk management is part of the Trust's overall strategy for patient and public involvement. Two user members serve on the Clinical Governance Committee.
- Governors appoint the Trust's External Auditors and review with the Board of Directors the performance of the Trust, including any risk of breach of the Terms of Authorisation.

15.4.5 Information Governance

- The Trust's Information Governance Action Plan, approved in February 2008, has been implemented during the year.
- At 31 March 2009, the Trust has declared that it has reached at least level 2 against all the criteria of the Information Governance toolkit issued for the NHS.
- The Trust reported and investigated one incident under its Serious Incident Policy in 2008/09 relating to the loss of paper records containing person-identifiable information. The Board received a full report and approved an action plan to learn from this incident and to minimise the risks of recurrence.

- The Director of Finance has been appointed as Senior Information Risk Owner for the Trust, and has received initial training in this role.

15.4.6 Pension Contributions

- As an employer with staff entitled to membership of the NHS Pension scheme and the Teachers' Pension scheme, control measures are in place to ensure all employer obligations contained within regulations of each Scheme are complied with. This includes ensuring that deductions from salary, employer's contributions and payments in to the Schemes 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.

15.5 Review of economy, efficiency and effectiveness of the use of resources

The Trust identifies cost savings to meet NHS efficiency targets as part of the annual budget process, and also during the year. Savings programmes cover pay and non-pay costs, and include the benefits of improved procurement. The costs of services are compared to their income and benchmarked against other organisations where appropriate. The Board of Directors approves the budget and reviews the financial position monthly. The Audit Committee receives reports from Internal Audit on the Trust's financial reporting and budgetary control.

15.6 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 and the executive managers within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework, and comments made by the External Auditors in their 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 of Directors, the Audit Committee and the Risk Management Committee; and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Trust complied fully with the core Standards for Better Health. The Board of Directors reviewed the detailed evidence of compliance with each standard, and confirmed this assessment before signing the Declaration. (For 2007/08, the comparable declaration led to the Trust's rating of Excellent by the Healthcare Commission.)

We have identified no significant control weaknesses which could prejudice the Trust's services or service users; its strategic objectives; its reputation; or its financial stability.

15.7 Conclusion

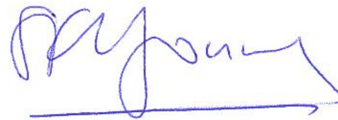
No significant internal control issues have been identified.

Dr Matthew Patrick
Chief Executive
5th June 2009

16. Foreword to the Accounts

These accounts for the period ended 31 March 2009 have been prepared by the Tavistock & Portman NHS Foundation Trust in accordance with paragraphs 24 and 25 of Schedule 7 to the 2006 Act.

Dr Matthew Patrick
Chief Executive
5th June 2009



Mr Simon Young
Finance Director
5th June 2009

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2009

	NOTE	**Year ended 31 March 2009**	Year ended 31 March 2008
		£000	£000
Income from activities	3	**10,867**	9,170
Other operating income	4	**15,926**	15,534
Total Income		**26,793**	24,704
Operating expenses	5	**(25,920)**	(24,249)
OPERATING SURPLUS		**873**	455
Exceptional item	8	**(270)**	0
SURPLUS BEFORE INTEREST		**603**	455
Interest receivable	9	**50**	37
Interest payable	10	**0**	0
Other net gains/(losses) on financial instruments			
Other finance costs - unwinding of discount	17	**(1)**	(1)
SURPLUS FOR THE FINANCIAL YEAR		**652**	491
Public Dividend Capital dividends payable		**(461)**	(436)
RETAINED SURPLUS FOR THE YEAR		**191**	55

All income and expenditure is derived from continuing operations.

Exceptional item

A tenant is occupying offices in one of the Trust's premises, under the terms of a lease which expires in 2009. The Trust has given notice that this lease will not be renewed, since the Trust needs the accommodation for its own services. Compensation is expected to be due under the Landlord and Tenant Act 1954, and provision for this cost has been made in the 2008/09 accounts.

BALANCE SHEET AS AT 31 March 2009

	NOTE	**31 March 2009 £000**	31 March 2008 £000
FIXED ASSETS			
Intangible assets	11	**78**	36
Tangible assets	12	**12,858**	12,414
		12,936	12,450
CURRENT ASSETS			
Stocks and work in progress	13	**13**	19
Debtors	14	**3,465**	2,798
Cash at bank and in hand	18.3	**2,639**	917
		6,117	3,734
CREDITORS: Amounts falling due within one year	16	**(5,316)**	(3,736)
NET CURRENT ASSETS / (LIABILITIES)		**801**	(2)
TOTAL ASSETS LESS CURRENT LIABILITIES		**13,737**	12,448
PROVISIONS FOR LIABILITIES AND CHARGES	17	**(434)**	(55)
TOTAL ASSETS EMPLOYED		**13,303**	12,393
FINANCED BY:			
TAXPAYERS' EQUITY			
Public dividend capital	18.2	**3,403**	3,403
Revaluation reserve	18.3	**8,208**	7,717
Income and expenditure reserve	18.3	**1,692**	1,273
TOTAL TAXPAYERS' EQUITY		**13,303**	12,393

The financial statements on pages 72 to 102 were approved by the Board on 4 June 2009 and signed on its behalf by:

Signed: ....(Chief Executive)

Date: 4 June 2009

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES

for the year ended 31 March 2009

	Year ended 31 March 2009	Year ended 31 March 2008
	£000	£000
Surplus for the financial year before dividend payments	**652**	491
Unrealised surplus on fixed asset revaluation	**3,070**	0
Unrealised deficit on update revaluation	**(2,351)**	0
TOTAL RECOGNISED GAINS AND LOSSES IN THE FINANCIAL YEAR	**1,371**	491

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2009

	NOTE	Year ended 31 March 2009 £000	Year ended 31 March 2008 £000
OPERATING ACTIVITIES			
Net cash inflow from operating activities	19.1	**2,309**	1,088
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE			
Interest received		**54**	37
Net cash inflow from returns on investment and servicing of finance		**54**	37
TAXATION PAID		**0**	0
CAPITAL EXPENDITURE			
Payments to acquire tangible fixed assets		**(132)**	(37)
Payments to acquire intangible assets		**(48)**	(6)
Net cash outflow from capital expenditure		**(180)**	(43)
DIVIDENDS PAID		**(461)**	(436)
Net cash inflow before management of liquid resources and financing		**1,722**	646
MANAGEMENT OF LIQUID RESOURCES			
Purchase of current asset investments		**(3,000)**	0
Sale of current asset investments		**3,000**	0
Net cash inflow / (outflow) from management of liquid resources		**0**	0
Net cash inflow before financing		**1,722**	646
FINANCING			
Net cash outflow from financing		**0**	0
Increase in cash	19.3	**1,722**	646

NOTES TO THE ACCOUNTS
1. Accounting Policies

1.1. Accounting Policies and other information

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Financial Reporting Manual which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the 2008/09 NHS Foundation Trust Financial Reporting Manual issued by Monitor. The accounting policies contained in that manual follow UK generally accepted accounting practice for companies (UK GAAP) and HM Treasury's Financial Reporting Manual to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.2. Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of tangible fixed assets at their value to the business by reference to their current costs. NHS foundation trusts, in compliance with HM Treasury's Financial Reporting Manual, are not required to comply with the FRS3 requirements to report "earnings per share" or historical profits and losses.

1.3. Acquisitions and Discontinued Operations

Activities are considered to be "discontinued" where they meet all of the following conditions:

a. the sale (this may be at nil consideration for activities transferred to another public sector body) or termination is completed either in the period or before the earlier of three months after the commencement of the subsequent period and the date on which the financial statements are approved;
b. if a termination, the former activities have ceased permanently;
c. the sale or termination has a material effect on the nature and focus

   of the reporting NHS Foundation trust's operations and represents a material reduction in its operating facilities resulting either from its withdrawal from a particular activity or from a material reduction in income in the NHS foundation trust's continuing operations; and
d. the assets, liabilities, results of operations and activities are clearly distinguishable, physically, operationally and for financial reporting purposes.

Operations not satisfying all these conditions are classifed as continuing. Activities are considered to be "acquired" whether or not they are acquired from outside the public sector.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.4 Income recognition

Income is accounted for applying the accruals convention. The main source of income for the trust is under contracts from commissioners in respect of healthcare services, and from NHS London in respect of training services.

Income is recognised in the period in which services are provided. There are two main sources of income where amounts are receivable in advance of the services being provided, and that income is deferred:

Tuition fees in respect of training courses are normally payable for an academic year from September to August. Income is recognised based on the number of weeks of tuition and training that have been delivered up to the date of the accounts. Income receivable in respect of tuition and training services to be delivered after the date of the accounts is deferred.

Income is recognised from contributions receivable towards the funding of projects and new developments as expenditure on those projects and new developments is incurred. Amounts receivable in excess of expenditure incurred is deferred unless no further expenditure is required.

1.5 Expenditure

Expenditure is accounted for applying the accruals convention.

1.6 Tangible fixed assets

Capitalisation

Tangible assets are capitalised if they are capable of being used for a period which exceeds one year and they:

individually have a cost of at least £5,000; or

form a group of assets which individually have a cost of more than £250, collectively have a cost of at least £5,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or

form part of the initial setting-up cost of a new building or refurbishment of a ward or unit, irrespective of their individual or collective cost.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.6 Tangible fixed assets continued

Valuation

Tangible fixed assets are stated at the lower of replacement cost and recoverable amount. On initial recognition they are measured at cost (for leased assets, fair value) including any costs, such as installation, directly attributable to bringing them into working condition. The carrying values of tangible fixed assets are reviewed for impairment in periods if events or changes in circumstances indicate the carrying value may not be recoverable. The costs arising from financing the construction of the fixed asset are not capitalised but are charged to the income and expenditure account in the year to which they relate.

All land and buildings are revalued using professional valuations in accordance with FRS 15 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. The last asset valuations were undertaken in 2004 as at the prospective valuation date of 1 April 2005. The revaluation undertaken at that date was accounted for on 31 March 2005. An interim valuation has also been carried out as at 1 April 2008.

In the light of the fall in the property market during the last six months, a further interim valuation has also been undertaken as at 31st March 2009. This valuation is referred to in these accounts as the update valuation.

The valuations are carried out primarily on the basis of depreciated replacement cost for specialised operational property and existing use value for non-specialised operational property. The value of land for existing use purposes is assessed at existing use value. For non-operational properties including surplus land, the valuations are carried out at open market value.

Additional alternative open market value figures have only been supplied for operational assets scheduled for imminent closure and subsequent disposal.

Assets in the course of construction are valued at cost and are valued by professional valuers as part of the five or three-yearly valuation or when they are brought into use.

Operational equipment is valued at net current replacement cost. Equipment surplus to requirements is valued at net recoverable amount.

Depreciation, amortisation and impairments

Tangible fixed assets are depreciated at rates calculated to write them down to estimated residual value on a straight-line basis over their estimated useful lives. No depreciation is provided on freehold land, and assets surplus to requirements.

Assets in the course of construction are not depreciated until the asset is brought into use.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.6 Tangible fixed assets continued

Depreciation, amortisation and impairments continued

Buildings, installations and fittings are depreciated on their current value over the estimated remaining life of the asset as assessed by the NHS foundation trust's professional valuers. Leaseholds are depreciated over the primary lease term.

Equipment is depreciated on current cost evenly over the estimated life in a range from 5 to 8 years. Currently all items of equipment are being depreciated over 5 years.

Fixed asset are reviewed for impairments. Impairments resulting from losses of economic benefits are charged to the income and expenditure account. All other impairments are taken to the revaluation reserve and reported in the statement of total recognised gains and losses to the extent that there is a balance on the revaluation reserve in respect of the particular asset.

Protected assets

Under the terms of the Foundation trust authorisation, certain patient services and training activities are defined as "mandatory services;" and the land and buildings needed for the purpose of providing these mandatory services are "protected assets". The Trust may not dispose of any protected assets without the approval of the regulator. Protected assets may therefore not be used as security for loans.

After authorisation in November 2006, the Trust determined that the Tavistock Centre and the Portman Clinic are protected assets; and all other assets are not protected. This information is recorded on the asset register.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.7 Intangible fixed assets

Intangible assets are capitalised when they are capable of being used in a trust's activities for more than one year; they can be valued; and they have a cost of at least £5,000.

Intangible fixed assets held for operational use are valued at historical cost and are amortised over the estimated life of the asset on a straight line basis. The carrying value of intangible assets is reviewed for impairment at the end of the first full year following acquisition and in other periods if events or changes in circumstances indicate the carrying value may not be recoverable.

Intangible asset impairments resulting from losses of economic benefits are charged to the income and expenditure account. All other impairments are taken to the revaluation reserve and reported in the statement of total recognised gains and losses to the extent that there is a balance on the revaluation reserve in respect of the particular asset.

Purchased computer software licences are capitalised as intangible fixed assets where expenditure of at least £5,000 is incurred and amortised over the shorter of the term of the licence and their useful economic lives.

1.8 Stocks and work-in-progress

Stocks are valued at the lower of cost and net realisable value. The Trust's stocks are all consumables, with no overheads included and no long term contracts.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.9 Cash, bank and overdrafts

Cash, bank and overdraft balances are recorded at the current values of these balances in the NHS foundation trust's cash book. These balances exclude monies held in the NHS foundation trust's bank account belonging to patients. Account balances are only set off where a formal agreement has been made with the bank to do so. In all other cases overdrafts are disclosed within creditors. Interest earned on bank accounts and interest charged on overdrafts is recorded as, respectively, "interest receivable" and "interest payable" in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

1.10 Research and Development

Expenditure on research is not capitalised.

Fixed assets acquired for use in research and development are amortised over the life of the associated project.

1.11 Provisions

The NHS foundation trust provides for legal or constructive obligations that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure 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 rate of 2.2% in real terms.

1.12 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 22 where an inflow of economic benefits is probable.

Contingent liabilities are provided for where a transfer of economic benefits is probable. Otherwise, they are not recognised, but are disclosed in note 22 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.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.13 Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS foundation trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS foundation trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS foundation trust is disclosed at note 17.

1.14 Non-clinical risk pooling

The NHS foundation 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 the NHS Litigation Authority 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.

1.15 Pension costs

Employers pension cost contributions are charged to operating expenses as and when they become due.

1.15a NHS Pension Scheme

Most past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, general practices and other bodies, allowed under the direction of Secretary of State, in England and Wales. As a consequence it is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme under FRS 17.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.15a NHS Pension Scheme

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

The NHS Pension Scheme is subject to a full valuation every four years by the Government Actuary. The latest published valuation relates to the period 1 April 1999 to 31 March 2004, was published in December 2007 and is available on the NHS Pensions Agency website at www.nhspa.gov.uk/nhspa_site/foi/foi1/Scheme_Valuation_Report/NHSPS_Valuation_report .pdf

The notional deficit of the scheme was £3.3 billion per the last scheme valuation by the Government Actuary for the period 1 April 1999 to 31 March 2004. The valuation concluded that the scheme continues to operate on a sound financial basis. Employer contribution rates are reviewed every four years following the scheme valuation, on advice from the actuary. At the last valuation, it was recommended that employer contribution rates should continue at 14% of pensionable pay. From 1 April 2008, employees' contributions will be on a tiered scale from 5% to 8.5% of their pensionable pay.

1.15b Teachers' Pension Scheme

Some current employees are covered by the provisions of the Teachers Pensions Scheme (England and Wales). The scheme is an unfunded, defined benefit scheme that covers teachers and schools and other educational establishments. As a consequence it is not possible for the NHS foundation trust to identify its share of the underlying scheme liabilities. Therefore, the scheme is accounted for as a defined contribution scheme under FRS 17.

The Teachers' Pension Scheme (England and Wales) is periodically subject to a full valuation by the Government Actuary. The latest published valuation relates to the period 1 April 2001 to 31 March 2004, was published in November 2006 and is available on the Teachers' Pensions Agency website at www.teachernet.gov.uk/docbank/index.cfm?id=10670 with an added Financial Note at May 2008 available on the Teachers' Pensions agency website at www.teachernet.gov.uk/docbank/index.cfm?id=11580

The notional deficit of the scheme would have been £3.26 billion as per the last scheme valuation by the Government Actuary for the period 1 April 2001 to 31 March 2004 and the Financial Note from May 2008, but new provisions were put into place which reduced the deficit to £1.84 billion. The conclusion of the valuation was that the scheme continues to operate on a sound financial basis. Contribution rates are reviewed on advice from the actuary. At the last valuation, it was recommended that employer contribution rates should be at 14.1% of pensionable pay from 1 January 2007, employees' contributions will be 6.4% of their pensionable pay. The next actuarial valuation will for the period to 31 March 2008.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.16 Value Added Tax

Most of the activities of the NHS foundation 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.

1.17 Foreign exchange

Transactions that are denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the income and expenditure account.

1.18 Leases

Where substantially all risks and rewards of ownership of a leased asset are borne by the NHS foundation trust, the asset is recorded as a tangible fixed asset and a debt is recorded to the lessor of the minimum lease payments discounted by the interest rate implicit in the lease.

The asset and liability are recognised at the inception of the lease, and are de-recognised when the liability is discharged, cancelled or expires.

The interest element of the finance lease payment is charged to the income and expenditure account over the period of the lease at a constant rate in relation to the balance outstanding.

Other leases are regarded as operating leases and the rentals are charged to the income and expenditure account on a straight-line basis over the term of the lease.

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.19 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 original NHS trust.

A charge, reflecting the forecast cost of capital utilised by the NHS foundation trust, is paid over as public dividend capital dividend. The charge is calculated at the real rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS foundation trust. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for donated assets and cash held with the Office of the Paymaster General. Average relevant net assets are calculated as a simple mean of opening and closing relevant net assets.

1.20 Financial instruments and financial liabilities

Details of the Trust's financial assets and financial liabilities are set out in Note 26, in accordance with FRSs 25, 26 and 29.

1.20a Recognition and derecognition of financial assets

Financial assets and financial liabilities which arise from contracts for 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, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

All financial assets are de-recognised when the rights to receive cashflows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

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

NOTES TO THE ACCOUNTS
1. Accounting Policies continued

1.20 Financial instruments and financial liabilities (continued)

1.20b Classification and measurement of financial assets

Assets and liabilities acquired principally for trading, i.e. for the purpose of selling in the short term, would be classified as "Financial assets - or financial liabilities - at fair value through income and expenditure." Derivatives are included in this category unless they are designated as hedges. Movements in the fair value for these assets and liabilities would be recognised as gains or losses in the income and expenditure account. The Trust holds no such assets or liabilities at present.

Debtors, accrued income, cash and any other non-derivative assets with fixed or determinable payments, not quoted in an active market, are classified as "Loans and receivables". If due within one year, they are included in current assets and are held at their original value. If any such assets are due in more than one year, they would be measured at amortised cost, using the effective interest method.

Creditors and accrued expenditure are classified as "Other Financial Liabilities". If due within one year, they are included in current liabilities and are held at their original value. If any such liabilities are due in more than one year, they would be measured at amortised cost, using the effective interest method.

1.20c Impairment of financial assets

At the balance sheet date, the Trust assesses whether any financial assets, other than those held at ‘fair value through income and expenditure’ is impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cashflows of the asset.

The loss is recognised in the income and expenditure account and the carrying amount of the asset is reduced by the use of a bad debt provision.

2. Segmental analysis

The Income and Expenditure account for 2008/09 has been examined, and from this examination it has been determined that all activities relate to healthcare, therefore no segmental analysis has been prepared.

3. Income from Activities

	Year ended 31 March 2009	Year ended 31 March 2008
	£000	£000
NHS Foundation Trusts	**201**	63
NHS Trusts	**65**	120
Strategic Health Authorities	**163**	7
Primary Care Trusts	**7,408**	5,256
Local Authorities	**2,366**	2,492
Non NHS:		
- Other	**664**	1,232
	10,867	9,170

Non NHS other income above includes

	Year ended 31 March 2009	Year ended 31 March 2008
	£000	£000
Court report assessment work	**579**	617
Mednet income	**0**	222
Other income	**85**	393
	664	1,232

Non NHS other income in 2007/8 included £222,000 related to Mednet services that is included within Income from PCTs in 2008/9.

3.2 Mandatory and Non-Mandatory Services Income

	Year ended 31 March 2009	Year ended 31 March 2008
	£000	£000
Cost and volume contract income	**1,687**	2,755
Block contract income	**5,097**	2,082
Other clinical income from mandatory services	**311**	803
	7,095	5,640
Other non protected clinical income	**3,772**	3,490
	10,867	9,130

3.3 Private Patient Income

Private patient income is defined as patient related income arising from charges imposed by an NHS foundation trust in respect of goods and services provided by the NHS foundation trust directly to patients other than for the purposes of the National Health Service. For the avoidance of doubt, income receivable in relation to NHS patients but not receivable from NHS bodies (eg NHS Injury Scheme income) and income from EEA, other overseas patients treated under reciprocal healthcare agreements and treatment given in an accident and emergency department are not private patient income. Section 44 of the National Health Service Act 2006 requires that the proportion of private patient income to the total patient related income of an NHS foundation trust should not exceed its proportion whist the body was an NHS Trust in 2002/03, and consequently the Tavistock and Portman NHS Foundation Trust may not and does not earn any private patient income.

4. Other Operating Income

	Year ended 31 March 2009	Year ended 31 March 2008
	£000	£000
Research and development	**413**	573
Education and training	**13,612**	12,936
Charitable and other contributions to expenditure	**50**	148
Consultancy	**911**	848
Clinical excellence awards	**209**	229
Property rentals	**131**	109
Car parking	**35**	39
Other income	**565**	652
	15,926	15,534

5. Operating Expenses

	Year ended 31 March 2009 £000	Year ended 31 March 2008 £000
Executive directors' costs	**606**	645
Non-executive directors' costs	**66**	56
Staff costs	**20,227**	19,408
External lecturers and seminar leaders	**944**	914
Staff training and development	**142**	243
Drug costs	**4**	5
Supplies and services - clinical (excluding drugs)	**130**	27
Supplies and services - general	**68**	61
Establishment	**580**	613
Transport	**8**	8
Premises	**1,328**	903
Increase in bad debt provision	**39**	88
Depreciation and Amortisation	**494**	389
Audit fees - statutory audit	**44**	50
Other auditor's remuneration	**6**	0
Clinical negligence contribution to NHS Litigation Authority	**86**	103
Other	**1,148**	736
	25,920	24,249

The following items included above were payable to other NHS Foundation Trusts:-

Leeds Partnership NHS Foundation Trust	External lecturers and seminar leaders	**1**
North Essex Partnership NHS Foundation Trust	External lecturers and seminar leaders	**7**
East London NHS Foundation Trust	External lecturers and seminar leaders	**11**
Cent Manchester Univ Hosp NHS Foundation Trust	Staff costs	**5**
Camden and Islington NHS Foundation Trust	Staff costs	**33**
Hertfordshire Partnership NHS Foundation Trust	Staff costs	**6**
Univ College London Hosp NHS Foundation Trust	Payroll services	**28**
		91

Operating expenses include:

	Year ended 31 March 2009 £000	Year ended 31 March 2008 £000
Hire of plant and machinery	**7**	0
Other operating lease rentals	**116**	139
	123	139

Annual commitments under non - cancellable operating leases are:

	Land and buildings 31 March 2009 £000	**Other 31 March 2009 £000**	**Total 31 March 2009 £000**	Total 31 March 2008 £000
Operating leases which expire:				
Within 1 year	**0**	**7**	**7**	6
Between 1 and 5 years	**133**	**0**	**133**	116
After 5 years	**0**	**0**	**0**	0
	133	**7**	**140**	122

The annual commitments under non-cancellable operating leases as at 31st March 2008 all related to land and buildings.

6. Staff costs and numbers

6.1 Staff costs

	Year ended 31 March 2009	Year ended 31 March 2008
	£000	£000
Salaries and wages	**16,064**	15,282
Social Security Costs	**1,471**	1,368
Employer contributions to NHS Pension Scheme	**2,034**	1,962
Other pension costs	**15**	0
Agency/Contract staff	**1,249**	1,441
	20,833	20,053

6.2 Average number of persons employed

	Year ended 31 March 2009	Year ended 31 March 2008
	Total	Total
	Number	Number
Medical and dental	**41**	43
Administration and estates	**147**	144
Nursing, midwifery and health visiting staff	**6**	6
Scientific, therapeutic and technical staff	**134**	130
Social care staff	**25**	21
Other bank and agency staff	**17**	18
Other	**4**	5
Total	**374**	367

All these figures are whole-time equivalents.

6.3 Employee benefits

No non-pay benefits were provided to staff in the year ended 31 March 2009 or in the year ended 31 March 2008.

6.4 Retirements due to ill-health

During the year ended 31 March 2009 (and also the year ended 31 March 2008) there were no early retirements from the Trust on the grounds of ill-health.

7. Payment Practice

7.1 The Late Payment of Commercial Debts (Interest) Act 1998

No interest or compensation was paid under this legislation.

7.2 Better Payment Practice Code

	31 March 2009					
	Number of bills paid	Number of bills paid within 30 days	% of bills paid within 30 days	Value of bills paid	Value of bills paid within 30 days	% by value of bills paid within 30 days
				£000	£000	£000
Year ended 31 March 2009	**4,454**	**3,936**	**88%**	**4,135**	**3,914**	**95%**

This is lower than the target of 95% set by the Better Payment Practice Code.

	31 March 2008					
	Number of bills paid	Number of bills paid within 30 days	% of bills paid within 30 days	Value of bills paid	Value of bills paid within 30 days	% by value of bills paid within 30 days
				£000	£000	£000
Year ended 31 March 2008	4,343	3,443	79%	4,009	3,647	91%

8. Exceptional Item

A tenant is occupying offices in one of the Trust's premises, under the terms of a lease which expires in 2009. The Trust has given notice that this lease will not be renewed, since the Trust needs the accommodation for its own services. Compensation is expected to be due under the Landlord and Tenant Act 1954, and £270,000 has been provided for this cost has been made in the 2008/09 accounts.

9. Finance income

	Year ended 31 March 2009	Year ended 31 March 2008
	£000	£000
Interest on loans and receivables	50	37
	50	37

10. Interest Payable

Interest was payable of £497 (2007/8: £nil).

11. Intangible Fixed Assets

	Software licences	**Total**
	£000	**£000**
Gross cost at 1 April 2008	69	69
Additions purchased	58	58
Gross cost at 31 March 2009	**127**	**127**
Amortisation at 1 April 2008	33	33
Provided during the year	16	16
Amortisation at 31 March 2009	**49**	**49**
Net book value		
- Purchased at 1 April 2008	36	**36**
- Donated at 1 April 2008	0	0
- Total at 1 April 2008	**36**	**36**
- Purchased at 31 March 2009	78	**78**
- Donated at 31 March 2009	0	0
- Total at 31 March 2009	**78**	**78**

12. Tangible Fixed Assets

12.1 Tangible fixed assets at the balance sheet date comprise the following elements:

	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2008	4,161	8,092	90	201	664	52	13,260
Revaluation	789	2,281	0	0	0	0	3,070
Additions purchased	0	26	89	0	73	15	203
Reclassifications	0	21	(21)	0	0	0	0
Update revaluation at year end (see note 1.6)	(1,455)	(896)					(2,351)
Cost or Valuation at 31 March 2009	**3,495**	**9,524**	**158**	**201**	**737**	**67**	**14,182**
Depreciation at 1 April 2008	0	452	0	71	271	52	846
Provided during the year	0	327	0	37	112	2	478
Depreciation at 31 March 2009	**0**	**779**	**0**	**108**	**383**	**54**	**1,324**
Net book value							
- Purchased at 1 April 2008	4,161	7,640	90	130	393	0	12,414
- Donated at 1 April 2008	0	0	0	0	0	0	0
- Total at 1 April 2008	**4,161**	**7,640**	**90**	**130**	**393**	**0**	**12,414**
- Purchased at 31 March 2009	3,495	8,745	158	93	354	13	12,858
- Donated at 31 March 2009	0	0	0	0	0	0	0
- Total at 31 March 2009	**3,495**	**8,745**	**158**	**93**	**354**	**13**	**12,858**

12.2 Protected assets (see note 1.6)

	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant and machinery	Information technology	Furniture & fittings	Total
Net book value							
- Protected assets at 31 March 2008	3,868	7,102	0	0	0	0	10,970
- Unprotected assets at 31 March 2008	293	538	90	130	393	0	1,444
Total at 31 March 2008	**4,161**	**7,640**	**90**	**130**	**393**	**0**	**12,414**
Net book value							
- Protected assets at 31 March 2009	2,995	8,125	0	0	0	0	11,120
- Unprotected assets at 31 March 2009	500	620	158	93	354	13	1,738
Total at 31 March 2009	**3,495**	**8,745**	**158**	**93**	**354**	**13**	**12,858**

12.3 Tangible Fixed Assets

Of the totals at 31 March 2009, none related to land or buildings valued at open market value. The valuer's report indicates that the open market value could be £680,000 higher than the values used here which reflect continuing use.

No assets were held under finance leases and hire purchase contracts at the balance sheet date.

No depreciation was charged to the income and expenditure in respect of assets held under finance leases and hire purchase contracts in the year.

12.4 The net book value of land and buildings at 31 March 2009 comprises:

	Protected *	Unprotected *	Total
	£000	£000	£000
Freehold	11,120	1,120	12,240
Long leasehold	0	0	0
Short leasehold	0	0	0
TOTAL	11,120	1,120	12,240

* = see Note 1.6

At 31 March 2008

	Protected *	Unprotected *	Total
	£000	£000	£000
Freehold	10,970	831	11,801
Long leasehold	0	0	0
Short leasehold	0	0	0
TOTAL	10,970	831	11,801

12.5 Fixed Asset Investments

The Trust does not hold any fixed asset investments (31st March 2008: £nil)

12.6 Asset Impairments

There have been no asset impairments (year ended 31st March 2008: £nil)

13. Stocks and Work in Progress

	31 March 2009	31 March 2008
	£000	£000
Raw materials and consumables	13	19
TOTAL	**13**	19

14. Debtors

	31 March 2009	31 March 2008
	£000	£000
Amounts falling due within one year:		
NHS debtors	**1,074**	946
Other debtors	**2,310**	1,914
Provision for irrecoverable debts	**(348)**	(290)
Prepayments	**194**	128
Accrued income	**235**	100
TOTAL	**3,465**	2,798

Other Debtors include no prepaid pension contributions at 31 March 2009 (or at 31 March 2008)

14.2 Provision for Impairment of Debtors

	Year ended 31 March 2009	Year ended 31 March 2008
	£000	£000
At 1 April 2008 (1 April 2007)	**290**	383
Increase in provision	**82**	119
Amounts utilised	**(24)**	(181)
Unused amounts reversed		(31)
TOTAL	**348**	290

14.3 Analysis of Impaired Debtors

	Year ended 31 March 2009	Year ended 31 March 2008
	£000	£000
Ageing of impaired debtors		
Up to three months	**66**	9
Three to six months	**145**	18
Over six months	**137**	263
Total impaired debtors	**348**	290
Ageing of non-impaired debtors past their due date		
Up to three months	**2,656**	665
Three to six months	**332**	119
Over six months	**48**	130
Total non-impaired debtors	**3,036**	914
TOTAL	**3,384**	1,204

15. Current Asset Investments

The Foundation Trust held current asset investments during the year of up to £1 million at any one time, but none was held at the year-end.

16. Creditors

16.1 Creditors at the balance sheet date are made up of:	**31 March 2009**	31 March 2008
	£000	£000
Amounts falling due within one year:		
NHS creditors	**364**	98
Other tax and social security costs	**497**	465
Capital creditors	**81**	1
Other creditors	**354**	594
Accruals	**966**	588
Deferred income	**3,054**	1,990
TOTAL	**5,316**	3,736

16.2 Loans and other long-term financial liabilities

There were no loans or other long term financial liabilities outstanding at 31 March 2009 (or at 31 March 2008) .

16.3 Finance lease obligations

There were no finance lease obligations in 2008/09 (or in the Year ended 31 March 2008).

16.4 Finance Lease Commitments

The Trust has not entered into any contract to lease an asset under a finance lease.

16.5 Prudential Borrowing Limit

The NHS Foundation Trust is required to comply and remain within a prudential borrowing limit. This is made up of two elements:

. The maximum cumulative amount of long-term borrowing. This is set by reference to the five ratio tests set out in Monitor's Prudential Borrowing Code. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit.

. The amount of any working capital facility approved by Monitor.

In 2008/09 these limits totalled £5.0m (2007/8 £4.6m), comprising maximum cumulative long-term borrowing of £3.0m and an approved working capital facility of £2.0m. The Trust did not borrow during 2008/09 or 2007/08.

The Trust has a working capital facility of £2.0m, which is within its approved limit. The Trust had not drawn down any of this facility at 31 March 2009 (or at 31 March 2008).

16.6 Early Retirements in NHS Creditors

Included in NHS Creditors above are	**31 March 2009**	31 March 2008
	£000	£000
To buy out early retirements over five years	**0**	0

16.7 Outstanding Pension Contributions in NHS Creditors

Included in NHS Creditors above are	**31 March 2009**	31 March 2008
	£000	£000
Outstanding pension contributions	**279**	259

17. Provisions for liabilities and charges

	Pensions relating to former directors	Pensions relating to other staff	Legal claims	Other	**Total**
	£000	£000	£000	£000	**£000**
At 1 April 2008	0	55			**55**
Change in discount rate	0				**0**
Arising during the year	0		113	270	**383**
Utilised during the year	0	(5)			**(5)**
Unwinding of discount	0	1			**1**
At 31 March 2009	**0**	**51**	**113**	**270**	**434**

Expected timing of cashflows:

Within one year	0	5	113	270	**388**
Between one and five years	0	21			**21**
After five years	0	25			**25**
	0	**51**	**113**	**270**	**434**

£ nil (31.3.2008: £nil) is included in the provisions of the NHS Litigation Authority at 31 March 2009 in respect of clinical negligence liabilities of the Trust

18.1 Movement in taxpayers' equity

	Year ended 31 March 2009 £000	Year ended 31 March 2008 £000
Taxpayers' equity at 1 April 2008 (1 April 2007)	**12,393**	12,338
Surplus for the financial year	**652**	491
Public dividend capital dividends	**(461)**	(436)
Surplus/(deficit) from revaluations of fixed assets and current asset investments	**3,070**	0
Deficit on update revaluation of fixed assets	**(2,351)**	0
Taxpayers' equity at 31 March 2009	**13,303**	12,393

18.2. Movement in Public Dividend Capital

	Year ended 31 March 2009 £000	Year ended 31 March 2008 £000
Public dividend capital at 1 April 2008 (1 April 2007)	**3,403**	3,403
Public Dividend Capital as at 31 March 2009	**3,403**	3,403

18.3 Movements on Reserves

	Revaluation Reserve	Donated Asset Reserve	Other Reserves	Income and Expenditure Reserve	**Total**
	£000	£000	£000	£000	**£000**
At 1 April 2008	7,717	0	0	1,273	**8,990**
Transfer from the income and expenditure account	0	0	0	191	**191**
Surplus on opening revaluation of fixed assets	3,070	0	0	0	**3,070**
Deficit on update revaluation of fixed assets	(2,351)	0	0	0	**(2,351)**
Transfer of depreciation on revalued amount in fixed assets ‡	(228)	0	0	228	**0**
At 31 March 2009	**8,208**	**0**	**0**	**1,692**	**9,900**

‡ Depreciation charged to the Income and Expenditure account each year is based on the current holding value of the assets. It is higher than the depreciation on the historic cost, because it includes an element which relates to the revaluation of these assets. This element is transferred from the Revaluation Reserve to the Income and Expenditure reserve each year, to avoid overstating the Revaluation Reserve.

19. Notes to the cash flow Statement

19.1 Reconciliation of operating surplus to net cash flow from operating activities:

	Year ended 31 March 2009 £000	Year ended 31 March 2008 £000
Total operating surplus	**873**	455
Exceptional item	**(270)**	0
Depreciation and amortisation charge	**494**	389
Decrease in stocks	**6**	0
Decrease / (increase)in debtors	**(668)**	23
Increase in creditors	**1,495**	225
Increase / (Decrease) in provisions	**379**	(4)
Net cash inflow from operating activities	**2,309**	1,088

19.2 Reconciliation of net cash flow to movement in net funds

	Year ended 31 March 2009 £000	Year ended 31 March 2008 £000
Increase in cash in the period	**1,722**	646
Change in net funds resulting from cash flows	**1,722**	646
Net cash at 1 April 2008 (1 April 2007)	**917**	271
Net cash at 31 March 2009	**2,639**	917

19.3 Analysis of changes in net funds

	At 1 April 2008 £000	Cash changes in year £000	**At 31 March 2009 £000**
Commercial cash at bank and in hand	35	13	**48**
OPG cash at bank	882	1,709	**2,591**
TOTAL	917	1,722	**2,639**

20. Capital Commitments

Commitments under capital expenditure contracts at 31 March 2009 were £nil (31 March 2008, £20,210).

21. Post Balance Sheet Events

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

22. Contingencies

At 31.3.2009, there were two employer's liability litigation cases outstanding against the Trust. The gross possible liability of the Trust for both these cases is £20,000, of which £12,500 is provided for in these accounts. There were no litigation claims against the Trust outstanding at 31 March 2008.

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 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 Litigation Authority.

23. Related Party Transactions

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

Dr Neil Brimblecombe is also a Director of the South Staffordshire and Shropshire NHS Foundation Trust, which has commissioned from the Tavistock and Portman NHS Foundation Trust a training course to the value of £22,500 (2007/8: £21,000) on behalf of a Strategic Health Authority. Dr Robert Senior is employed by University College London. University College London provides SIFT funding £4,236 (2007/8: £nil). Dr Robert Senior also has a research collaboration with the Anna Freud Clinic. The Anna Freud Clinic pays for teaching by Tavistock and Portman NHS Foundation Trust staff worth £11,300 in 2008/09. The Anna Freud Clinic also provides funding for an academic and professional tutor post £8,881 (2007/8: £nil) and consultancy to the Tavistock Adult Depression Study £6,500(2007/8: £nil). Apart from this, none of the Board Members or members of the key management staff or parties related to them has undertaken any material transactions during the period with the Tavistock and Portman NHS Foundation Trust.

The Department of Health 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. These entities are listed below:

	Total income for the year ended 31 March 2009	**Total charge for the year ended 31 March 2009**	**Debtor/ (creditor) as at 31 March 2009**	Total income for the year ended 31 March 2008	Total charge for the year ended 31 March 2008	Debtor/ (creditor) as at 31 March 2008
	£000	**£000**	**£000**	£000	£000	£000
London Strategic Health Authority	**10,412**	**5**	**118**	10,077	6	287
Barnet Primary Care Trust	**453**	**0**	**5**	416	0	(6)
Camden Primary Care Trust	**3,947**	**4**	**282**	2,591	7	51
Haringey Teaching Primary Care Trust	**436**	**0**	**7**	366	1	12
Hillingdon Primary Care Trust	**1,265**	**0**	**0**	1,143	0	0
Islington Primary Care Trust	**425**	**0**	**14**	379	18	10
Westminster Primary Care Trust	**192**	**0**	**(13)**	186	0	(13)
NHS Litigation Authority	**0**	**103**	**(21)**	0	119	0

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies.

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:

	Total charge for the year ended 31 March 2009	**Debtor/ (creditor) as at 31 March 2009**	Total charge for the year ended 31 March 2008	Debtor/ (creditor) as at 31 March 2008
	£000	**£000**	£000	£000
Tavistock and Portman Charitable Fund	**56**	**16**	51	(18)
Tavistock Clinic Foundation	**4**	**1**	37	12

The accounts for these two charities are published separately.

24. Private Finance Initiative transactions

The Trust has not undertaken any PFI schemes during 2008/09 or previously.

25. Pooled Budgets

The Trust has not entered into any pooled budget arrangements under s31 of the Health Act 1999.

26. Financial Instruments

	31 March 2009 £000	31 March 2008 £000
Financial assets		
Loans and receivables		
NHS debtors (net of provision)	**937**	819
Other debtors (net of provision)	**2,099**	1,751
Accrued income	**235**	100
Cash at bank and in hand	**2,639**	917
Total financial assets	**5,910**	3,587
Financial liabilities		
NHS creditors	**(364)**	(98)
Capital creditors	**(81)**	(1)
Other creditors	**(354)**	(594)
Accrued expenditure	**(966)**	(588)
Total financial liabilities	**(1,765)**	(1,281)

All the Trust's financial assets and liabilities are denominated in £ sterling. The Trust has negligible foreign currency income and expenditure, and therefore negligible risk in this area.

All the Trust's financial assets and liabilities are due within one year, and there is no difference between the book value (as shown above) and fair value.

None of the Trust's financial assets and liabilities are "held at fair value through the I&E" as defined in FRS29.

The Trust's financial liabilities at present are the creditors and accrued creditors as shown above, which do not bear interest. The Trust is not, therefore, exposed to significant interest-rate risk.

The Trust's income is largely received under contracts with local Primary Care Trusts and the Strategic Health Authority, which are financed from resources voted annually by Parliament. The Trust's liquidity risks are further reduced by the availability of the working capital facility and the ability to borrow if necessary for capital expenditure (see note 16.5).

In accordance with Financial Reporting Standard 26 the Trust has reviewed its contracts for embedded derivatives that are required to be separately accounted for. None has been found.

27. Losses and Special Payments

There were 4 cases of losses and special payments totalling £44,000 paid during the year ended 31 March 2009 (19 cases totalling £90,918 in the year ended 31 March 2008).

Note: The total costs included in this note are on a cash basis and will not reconcile to the amounts in the notes to the accounts which are prepared on an accruals basis.

28. Auditor's liability

There is no financial limitation on the the external auditor's legal liability to the Tavistock and Portman NHS Foundation Trust for the external audit service provided.